

HOKE COUNTY APPLICATION FOR PERMITS

Permit #: _____

Owner's Name: _____ Date: _____
Address: _____ Phone: _____
Direction to job site: _____

Subdivision: _____ Lot #: _____

Type of Construction: (Please Check) NEW RENOVATION ADDITION
 MOVED HOUSE OTHER
Building Use: (Please Check) RESIDENTIAL COMMERCIAL INDUSTRIAL
 MODULAR APARTMENTS

Specify Type of Work: _____

Building Permit Information

Heated Sft: _____ Unheated Sft: _____ Stories: _____ Bld. Const. Cost: \$ _____

*Building Contractor's Company Name*_____
*Address*_____
*Signature of Officer(s) of Corporation*_____
*License #*_____
Telephone/Mobile Number

Electrical Permit Information

Description of Work: _____ Electrical Cost: \$ _____ Permit #: _____

TS Pole: Yes NoPermanent Service: Underground Overhead**Service Size:** _____ Amps_____
*Electrical Contractor's Company Name*_____
*Address*_____
*Signature of Officer(s) of Corporation*_____
*License #*_____
Telephone/Mobile Number

Plumbing Permit Information

Description of Work: _____ Permit #: _____

Baths _____ Plumbing Costs: \$ _____

*Plumbing Contractor's Company Name*_____
*Address*_____
*Signature of Officer(s) of Corporation*_____
*License #*_____
Telephone/Mobile Number

Mechanical Permit Information

Description of Work: _____ Permit #: _____

of units _____ Type System: _____ Mechanical Costs: \$ _____

*Mechanical Contractor's Company Name*_____
*Address*_____
*Signature of Officer(s) of Corporation*_____
*License #*_____
Telephone/Mobile Number

Insulation Permit Information

Permit #: __________
*Insulation Contractor's Company Name*_____
*Address*_____
Telephone/Mobile Number

I hereby certify that I have the authority to make application, that the application is correct and that the construction will conform to the regulations to the Building, Electrical, Plumbing and Mechanical Codes, and the Hoke County Zoning Ordinance. I state the information on the above contractors are correct to my knowledge and if any changes occur in the above contractors it is my responsibility to notify the Hoke County Inspections Department of the changes.

*Signature of Owner/Contractor/Officer(s) of Corporation*_____
*Signature of Chief of Inspection*_____
*Date*_____
Date