

**IREDELL COUNTY  
INSPECTION DEPARTMENT  
BUILDING PERMIT APPLICATION  
P. O. BOX 788      349 N. CENTER ST.  
STATESVILLE, NC 28687  
TELEPHONE: (704) 878-3113  
FAX: (704) 878-3171  
[www.mspection.com/counties/iredell](http://www.mspection.com/counties/iredell)**

Permit #: \_\_\_\_\_ Account #: \_\_\_\_\_ Date: \_\_\_\_\_

PIN #: \_\_\_\_\_ Township: \_\_\_\_\_ Zoning: \_\_\_\_\_

Public Sewer: \_\_\_\_ Provider: \_\_\_\_\_ Private Sewer: \_\_\_\_

Public Water Supply: \_\_\_\_ Provider: \_\_\_\_\_ Private Water Supply \_\_\_\_

Building Owner: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Address of Project: \_\_\_\_\_

Contractor: \_\_\_\_\_

License #: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Direct Connect: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_

Type of Construction: \_\_\_\_\_ Occupancy Type: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

# of Stories: \_\_\_\_ # of Baths: \_\_\_\_ # of Bedrooms: \_\_\_\_ Basement: \_\_\_\_ Garage: \_\_\_\_

Heated Area: \_\_\_\_\_ Unheated Area: \_\_\_\_\_ Total Area: \_\_\_\_\_

Additional Permits Required: Elec: \_\_\_\_ Fireplace: \_\_\_\_ Gas: \_\_\_\_ Mech: \_\_\_\_ Plumb: \_\_\_\_

Other: \_\_\_\_\_

*I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The inspection department will be notified of any changes in the approved plans and specifications for the project permitted herein. This application becomes a permit only when validated and approved.*

Signature of Contractor: \_\_\_\_\_

**A NON-REFUNDABLE \$61.80 APPLICATION FEE IS INCLUDED  
IN THE CHARGES ON ALL PERMITS.**