



CALDWELL COUNTY
APPLICATION FOR BUILDING PERMIT

Date: _____ Planning Approval By: _____

Owner: _____ Phone: Work: _____ Home: _____
Address: _____

General Contractor: _____ Contact Person: _____
Address: _____
Phone: _____ State License # _____ Classification: _____

Designer: _____ Phone: _____
Subcontractors (Yes/No) : Electrical Plumbing Heating A/C
Signs: Wall Ground Height: _____ Width: _____ Total Sq. Footage: _____

Subdivision Name: _____ **Lot #** _____ **Phase** _____
Physical Address: _____
Directions: _____

Type of Use (check all that apply)

- | | | | | |
|---|---|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Single Family (site built) | <input type="checkbox"/> Deck/Porch | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Hazardous | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Modular Dwelling | <input type="checkbox"/> Pool | <input type="checkbox"/> Assembly | <input type="checkbox"/> Institutional | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Accessory | <input type="checkbox"/> Business | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Tower |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Modular Office | <input type="checkbox"/> Educational | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Industrial | | | |

Type of Work Addition Remodel Chg Out Demolition Foundation Add/Remodel
 New Rehab Relocate Repairs Safety Insp. Shell Temp Event Upfit

Type of Const. (Circle) I II III IV V **Type of Protection** (Circle) A or B

Total Sq Ft _____ Heated Sq Ft _____ Unheated Sq Ft _____ (basement,garage,porches,etc)
Garage Sq Ft _____ Bonus Rm Sq Ft _____(finished/unfinished)Basement Sq Ft _____ (finished/unfinished)
1st Floor SqFt _____ 2nd Floor SqFt _____ Attic SqFt _____ Exterior Finish _____
Total # of Rms _____ # of Units _____ # of Stories _____ # of Bedrooms _____ # of Bathrooms _____
Fireplace Openings _____(masonry, prefab/gas, prefab/wood) Building Height _____
Type of Heat _____ Type of Foundation _____ **Estimated Cost:** \$ _____

Sewer Type: Septic Tank City Sewer
Flood Plain Y/N **Base Flood Elev.** _____ **Panel #** _____ **Req. Lowest Floor Elev.** _____
Flood Way Y/N **Flood Zone #** _____ **As Built Elev. Of Lowest Floor inc. base** _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Codes and all other applicable State and local laws and ordinances and regulations. I understand that a Certificate of Occupancy is required prior to occupying the premises and the Building Insp. Dept. will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature _____
Date

SUB-CONTRACTOR APPLICATION

Type of Permit: Electrical Plumbing Mechanical A/C Fire

Use of Structure: Single Family Multi-family Commercial Industrial
 Church Owned Government Owned Accessory

Electrical Contractor: _____ Telephone: _____

Address: _____ License #: _____

Panel # 1 _____ Amps Panel # 2 _____ Amps Panel # 3 _____ Amps Panel # 4 _____ Amps Total # _____

New Panel Pole Service Wire Mechanical Unit

Sub Panel Service Chg Interior Wiring

Temp Svc Load Control Modular Home

Sign Svc Mobile Home Camper Svc

Other _____

List each panel installed separately

Plumbing Contractor: _____ Telephone: _____

Address: _____ License #: _____

Full or Partial Bathrooms (include future installations) Fire Sprinkler Sys. (New Addition)

Mobile Home

Gas Line/Pressure Test

Modular Home

Water Heater

Other (List) _____

Mechanical Contractor: _____ Telephone: _____

Address: _____ License #: _____

(Check One) New Installation Change out existing system

Heat Pump Total # _____

Gas Line/Pressure Test

Furnace(Oil,Gas,Elec) Total # _____

Gas Logs Total # _____

Air Conditioner Total # _____

Unit Heater Total # _____

Water Heater (Elec/Gas) Total # _____

Hood System

Other (List) _____

Fire Contractor: _____ Telephone: _____

Address: _____ License #: _____

(Check applicable permit type)

Fire Extinguishing System Compressed Gases Spraying & Dipping

Fire Alarm/Detection System Hazardous Materials Standpipe Systems

Fire Pumps & Related Equip. Industrial Ovens Temp. Membrane Structures

Flammable/Combustible Liquids PVT Fire Hydrants Other (List) _____