



Caswell County Building Inspections

144 Main Street, P.O. Box 1406, Yanceyville, NC 27379
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PERMIT APPLICATION

Application Type: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical			
Owners Name – Last:	First:	Phone #:	
Address:		Email:	
City:	State:	Zip:	Developer Name:
Project Street Address:		Developer Phone #:	
City:	State:	Zip:	Tax Map & Parcel #:
# Existing Buildings:	# Existing Mobile Homes:		Utility Provider:
Directions to Project:			

Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Modular (Off) <input type="checkbox"/> Modular (On) <input type="checkbox"/> Single-Wide(Year: _____) <input type="checkbox"/> Double-Wide (Year: _____)			
Construction Power Pole: <input type="checkbox"/>	Basement: <input type="checkbox"/>	Porches: <input type="checkbox"/>	Decks: <input type="checkbox"/> Garage: <input type="checkbox"/> Fireplaces: <input type="checkbox"/> Masonry <input type="checkbox"/> Pre Fab <input type="checkbox"/> Gas
Square Footage: _____	# Bedrooms: _____	# Baths: _____	# Others Rooms: _____
# Stories: _____	Electrical System:		
Height of Proposed Structure: _____	<input type="checkbox"/> 100 amp single phase <input type="checkbox"/> 200 amp single phase <input type="checkbox"/> 400 amp single phase <input type="checkbox"/> Extend existing wiring <input type="checkbox"/> Replace existing wiring <input type="checkbox"/> Adding additional fixtures/outlets <input type="checkbox"/> Service Change FROM ___ amp ___ overhead / ___ underground TO ___ amp ___ overhead / ___ underground		
Central Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of HVAC: <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other: _____		
Project Cost: _____	Proposed Use of Structure: _____		

General Contractor:		License #:
Address:		Phone #:
Contact Name:	Email:	Fax #:
Signature:		Phone #:
Electrical Contractor:		License #:
Address:		Phone #:
Signature:		Email:
HVAC Contractor:		License #:
Address:		Phone #:
Signature:		Email:
Plumbing Contractor:		License #:
Address:		Phone #:
Signature:		Email:

Notes:

Applicant/Owner/Agent Name:	Phone #:
Signature:	Date:

FOR OFFICE USE ONLY	
Received Date:	Received By:
Hyc0 Lake Zoning Area:	
Watershed:	
Floodplain:	
Agricultural Preservation District:	
Subdivision:	
Notes:	
Planning Department Initial:	Date:
Building Permit Number:	Entered onto IWORQ: <input type="checkbox"/>