



# Caswell County Building Inspections

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

<b>Application Type:</b> <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:			

<b>Type of Work:</b> <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:	<b>Electrical System:</b> <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		
Height of Proposed Structure:	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:			

<b>General Contractor:</b>		License #:
Address:		Phone #:
Contact Name:	Email:	Fax #:
Signature:		Phone #:
<b>Electrical Contractor:</b>		License #:
Address:		Phone #:
Signature:		Email:
<b>HVAC Contractor:</b>		License #:
Address:		Phone #:
Signature:		Email:
<b>Plumbing Contractor:</b>		License #:
Address:		Phone #:
Signature:		Email:

Notes:

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

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