



WILKES COUNTY INSPECTIONS DEPARTMENT **COMMERCIAL BUILDING PERMIT APPLICATION**

CALL BEFORE YOU DIG 1-800-632-4949 or 811 "IT'S THE LAW"

Wilkes County
Inspections Department
110 North Street
Wilkesboro, NC 28697
336.651.7303
336-651-7567 (fax)

Building Permit No. _____ Lien Agent No. _____
Septic Permit No. _____ Well Permit No. _____ Zoning Permit No. _____

NAME OF BUSINESS

OWNER/APPLICANT INFORMATION

Property Owner Name: _____
Address: _____
Telephone No. _____ Email Address: _____

Applicant Name: _____
Address: _____
Telephone No. _____ Email Address: _____

PROPERTY INFORMATION

Parcel ID# _____ Subdivision: _____ Lot No. _____
911 Property Address: _____
Type of Water Supply: Public _____ New Well _____ Existing Well _____
Type of Sewer System: Public Sewer _____ Septic System _____
Power Company: Duke Energy _____ Surry Yadkin _____ Energy United _____ Blue Ridge of _____ Solar _____
How many Amps: _____

PROJECT DETAILS

New _____ Addition _____ Repair _____ Remodel _____ Reroof _____ Up Fit _____ Cell Tower _____
Description of Work: _____

Occupancy Type: _____ Previous Occupancy Type: _____
Construction Type: 1-A _____ 1-B _____ II-A _____ II-B _____ III-A _____ III-B _____ IV-A _____ IV-B _____ V _____ V-B _____
Sprinkled: Yes _____ No _____ Use of Property: _____
Type of Frame: _____ Number of Stories: _____
Estimated Total Cost: _____ Dimensions: Length _____ Width _____ Height _____
1st Floor Square Ft _____ 2nd Floor Square Ft _____ 3rd Floor Square Ft _____
Heated Square Feet: _____ Unheated Square Feet: _____ Total Square Feet: _____
Type of Heat: Heat Pump _____ Gas _____ Oil _____ Electric _____ Solar _____
No. of Units _____
Foundation Type: Basement _____ Crawlspace _____ Slab on Grade _____
Change of Use: Yes _____ No _____ Previous Use: _____



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CONTRACTORS

General Contractor Name: _____

Address: _____

Office Phone No. _____ Cell Phone No. _____

Email Address: _____

License No. _____ Class: _____

Electrical Contractor Name: _____

Address: _____

Office Phone No. _____ Cell Phone No. _____

Email Address: _____

License No. _____ Class: _____

Plumbing Contractor Name: _____

Address: _____

Office Phone No. _____ Cell Phone No. _____

Email Address: _____

License No. _____ Class: _____

Mechanical Contractor Name: _____

Address: _____

Office Phone No. _____ Cell Phone No. _____

Email Address: _____

License No. _____ Class: _____

Gas Contractor Name _____

Address: _____

Office Phone No. _____ Cell Phone No. _____

Email Address: _____

License No. _____ Class: _____

DIRECTIONS

Director: Jacob Patrick



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By signing below, the Applicant acknowledges and agrees to comply with the following setback regulations:

1. Building perimeter, including any attached structures (deck, porch, patio, etc.) must be a minimum of twenty-five (25) feet from any well.
2. Building foundation must be a minimum of five (5) feet from any part of a wastewater system and/or repair area.
3. Basement must be a minimum of fifteen (15) feet from any part of a wastewater system and/or repair area.

Applicant may contact the Wilkes County Environmental Health Department to assist with locating existing permits for well and/or wastewater systems.

North Carolina General Statute 160D-1111

A building permit issued pursuant to this article expires by limitation 6 months, or any lesser time fixed by ordinance, after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months, the permit shall immediately expire. No work authorized by any building permit that has expired shall be performed until a new permit has been secured.

I hereby certify that all information in this application is correct to the best of my knowledge and that all work will comply with N.C. Building Code, all other state and local laws, ordinances and regulations. My signature gives consent for Wilkes County Inspections Department personnel to enter this property for the purpose of conducting necessary inspections. I understand this permit is NOT TRANSFERABLE.

FEES	PAID
Building: \$ _____	Cash: _____
Electrical: \$ _____	Check: _____
Plumbing: \$ _____	Credit Card: _____
Mechanical: \$ _____	Date: _____
Temp Perm Power: \$ _____	
Homeowner Recovery: \$ _____	
Total: \$ _____	

APPLICANT SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

BUILDING INSPECTOR SIGNATURE: _____

DATE: _____