



WILKES COUNTY
INSPECTIONS DEPARTMENT
RESIDENTIAL BUILDING PERMIT APPLICATION
CALL BEFORE YOU DIG 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. _____

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 _____ Community Well _____ Spring _____
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 Construction: _____ Addition: _____ Repair, Replace, Alter: _____ Other: _____
Description of Work: _____
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: _____
Number of Bedrooms: _____ Number of Full Baths: _____ Number of Half Baths: _____
Garage: Yes _____ No _____ Garage Square Ft: _____
Bonus Room: Yes _____ No _____ Bonus Room Finished Square Ft: _____
Basement: Yes _____ No _____ Basement Finished Square Feet: _____
Type of Heat: Heat Pump _____ Gas _____ Oil _____ Electric _____ Solar _____
No. of Units: _____

DIRECTIONS TO PROPERTY



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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: _____

FEES

Building: \$ _____

Electrical: \$ _____

Plumbing: \$ _____

Mechanical: \$ _____

Temp Perm Power: \$ _____

Homeowner Recovery: \$ _____

Total: \$ _____

PAID

Cash: _____

Check: _____

Credit Card: _____

Date: _____

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.

APPLICANT SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

BUILDING INSPECTORS SIGNATURE: _____ DATE: _____