

NON-RESIDENTIAL BUILDING PERMIT APPLICATION

Hertford County Code Enforcement • Building Inspections • Zoning

307 W Tryon St. • PO Box 424

Winton, NC 27986

Office: (252) 358-7814 • Fax: (252) 358-1241

Project Address: _____ **Parcel #:** _____

Property Owner: _____ Phone #: (____) _____ - _____

Address: _____

Email Address _____

Project Contractor: _____ Phone #: (____) _____ - _____

Address: _____

License #: _____ Classification: _____ Email Address: _____

Description of proposed work: _____

Project Cost: \$ _____

Type of Construction: Remodel ___ Addition ___ New ___ N/A ___ Other _____

Type of Occupancy: Check all that apply

Assembly Institutional Business Mercantile Educational

Residential Factory Storage High-Hazard Utility

Building Size: _____ sq. ft.

Building Height: _____ ft.

of Stories: _____

Renovations: Total Renovation Area (sq. ft): _____ Area per floor sq. ft: _____

Utilities: Water: Public Private

Sewer: Public Private

Electric Provider: REA Dominion

Gas Provider: _____

Accessory Structures:

Accessory Building - Size: _____ (sq. ft.) Conditioned: _____

Solid Fence Tower Swimming Pool Other _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances, and regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. • Permits expire 6 months after the issue date if no inspections are requested and also expire when work has started but discontinued for 12 months from the last inspection date.

Applicant Signature: _____ **Print Name:** _____ **Date:** _____

ALL PERMIT FEES ARE NON-REFUNDABLE – Checks payable to: Hertford County Inspections – Cash/Check ONLY

For parcel numbers go to https://maps.roktech.net/ROKMAPS_Hertford/ • All trades must sign and purchase permits separately

Permit Application Fees (office use only):

Project Cost (rounded to nearest \$1,000): \$ _____ / 1,000 x 5.00 = \$ _____

Cash/Check #: _____ Paid By: _____ Date: _____ Received By: _____