

Residential Renovations/Additions Permit Application

One- and Two-Family Dwellings
Hertford County Code Enforcement • Building Inspections • Zoning
Office: (252) 358-7814 • Fax: (252) 358-1241

Project Address: _____ Parcel #: _____

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

Address (if different from project address): _____

Email Address _____

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

Address: _____

License #: _____ Email Address: _____

Primary Residence Secondary Residence Rental Property

Description of proposed work: _____

Project Cost: \$ _____

Property Use: Single-Family Dwelling Multi-Family Dwelling Townhouse

Type of Construction: Renovation Addition Other: _____

Building Area: Total Renovation/Addition Area (sf): _____

Building Height: _____ (ft) # of Stories: _____ # of Bedrooms: _____ # of Baths: _____

Zoning Authorization: Town County N/A

Utilities: Public Private (health permit #: _____)

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, regulations. As the property owner, I understand that executing this permit pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the permit is issued for twelve (12) months after completion, during which time it may not be offered for rent, lease or sale unless permit is issued to a NC licensed contractor. 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 & purchase their permits separately

Permit Application Fees (*office use only*)

Total: \$ _____ Cash/Check #: _____ Date Paid: _____

Paid By: _____ Received By: _____