

**STOKES COUNTY INSPECTIONS DEPARTMENT
APPLICATION FOR COMMERCIAL
BUILDING/ZONING PERMIT**

Date _____ Power Company _____

Location of Job _____

Property Owners Name _____ Phone _____
Current Mailing Address _____

Contractor's Name _____
Address _____
Office # _____ Cell phone: _____ Fax: _____
License # _____ Workman's Comp Affidavit Yes _____ No _____

Plumbing Contractor Name _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Htg/Air Contractor _____ Phone _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Electrical Contractor Name _____ Phone _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Copy of Septic Approval

*******ONE SET OF PLANS TO HAVE IN OFFICE*******

Lien agent see website for details www.liensnc.com

Total Sq Ft 1st Floor _____ 2nd Floor _____

Additional Floors: _____

Construction Value of Structure \$ _____

Contact the Fire Marshal's @ 336-593-2484 for details of what needs to be provided to receive the Fire Permit

**STOKES COUNTY INSPECTIONS DEPARTMENT
APPLICATION FOR COMMERCIAL ADDITION
BUILDING/ZONING PERMIT**

Date _____ Power Company _____

Location of Job _____

Property Owners Name _____ Phone _____
Current Mailing Address _____

Contractor's Name _____
Address _____
Office # _____ Cell phone: _____ Fax: _____
License # _____ Workman's Comp Affidavit Yes _____ No _____

Plumbing Contractor Name _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Htg/Air Contractor _____ Phone _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Electrical Contractor Name _____ Phone _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Copy of Septic Approval

*******ONE SET OF PLANS TO HAVE IN OFFICE*******

Total Sq Ft 1st Floor _____ 2nd Floor _____

Additional Floors: _____

Construction Value of Structure \$ _____

Contact the Fire Marshal's @ 336-593-2484 for details of what needs to be provided to receive the Fire Permit

**STOKES COUNTY INSPECTIONS DEPARTMENT
APPLICATION FOR COMMERCIAL
ELECTRICAL BUILDING/ZONING PERMIT**

Date _____ Power Company _____

Location of Job _____

Property Owners Name _____ Phone _____
Current Mailing Address _____

Electrical Contractor Name _____ Phone _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Description of work to be done: _____

**.12/SQ FT MINIMUM INSPECTION \$60.00 per number of trips to job site.
Change of service: 125 amps or less \$60.00
First 200 amps \$.40 per amp
Plus \$20 per 200 amp after the first 200 amps**

Signature _____ Date _____

**Mail application to:
Stokes County Inspections
PO Box 20
Danbury, NC 27016**

**STOKES COUNTY INSPECTIONS DEPARTMENT
APPLICATION FOR COMMERCIAL
BUILDING REFRIGERATION UNIT**

Date _____ Power Company _____

Location of Job _____

Property Owners Name _____ Phone _____
Current Mailing Address _____

Electrical Contractor Name _____ Phone _____
Office PH # _____ Cell PH# _____ Fax: _____
Address _____ License# _____

Refrigeration Contractor Name _____ Phone _____
Office PH # _____ Cell PH# _____ Fax: _____
Address _____ License # _____

Description of work to be done: _____

Fee:

**1ST Unit-\$65.00 Each additional unit \$35.00
Electrical- \$60.00
Plan review-\$60.00**

Signature

Date

**Mail application to:
Stokes County Inspections
PO Box 20 or 1014 Main St
Danbury, NC 27016**

**STOKES COUNTY INSPECTIONS DEPARTMENT
APPLICATION FOR COMMERCIAL
BUILDING/ZONING PERMIT**

Date _____ Power Company _____

Location of Job _____

Property Owners Name _____ Phone _____
Current Mailing Address _____

Contractor's Name _____
Address _____
Office # _____ Cell phone: _____ Fax: _____
License # _____ Workman's Comp Affidavit Yes _____ No _____

Plumbing Contractor Name _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Htg/Air Contractor _____ Phone _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Electrical Contractor Name _____ Phone _____
Office # _____ Cell phone: _____ Fax: _____
Address _____ License# _____

Copy of Septic Approval

*******ONE SET OF PLANS TO HAVE IN OFFICE*******

Lien agent see website for details www.liensnc.com

Total Sq Ft 1st Floor _____ 2nd Floor _____

Additional Floors: _____

Construction Value of Structure \$ _____

Contact the Fire Marshal's @ 336-593-2484 for details of what needs to be provided to receive the Fire Permit