

**STOKES COUNTY INSPECTIONS DEPARTMENT
APPLICATION FOR
STORAGE BUILDING/GARAGE
BUILDING/ZONING PERMIT**

Date _____ Power Company _____

Address 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# _____

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

Total sq footage of building: _____

Total sq footage of attached shelters: _____

Amp of Electrical Service: _____

Plumbing: _____ Heating: _____