

**GRANVILLE COUNTY INSPECTIONS DEPARTMENT**

122 WILLIAMSBORO STREET, P.O. BOX 877  
OXFORD, NC 27565  
(919) 603-1326 OR FAX (919)693-6794

**FOR OFFICE USE ONLY**

Revised 10/12/18

Area: \_\_\_\_\_

Bldg Level: \_\_\_\_\_

\_\_\_\_ Eng. Plans

\_\_\_\_ Zoning

\_\_\_\_ Health Dept

\_\_\_\_ Lien Agent Appt

\_\_\_\_ Fire Marshal

\_\_\_\_ Owner Affidavit

Plan Approval: \_\_\_\_\_

Date: \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS OR DIRECTIONS: \_\_\_\_\_

APPLICANT NAME & PHONE NUMBER: \_\_\_\_\_ ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF PROPOSED WORK: \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_ TOTAL SQUARE FOOTAGE: \_\_\_\_\_

TEMPORARY SER. POLE:  Yes  No

POWER COMPANY: \_\_\_\_\_

IS PROPERTY LOCATED IN A FLOODPLAIN?  Yes  No

IS PROPERTY LOCATED IN THE CITY OF OXFORD FIRE DISTRICT?  Yes  No

**GENERAL CONTRACTOR INFORMATION**

NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

PHONE #: ( ) \_\_\_\_\_

**ELECTRICAL CONTRACTOR INFORMATION**

NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

PHONE #: ( ) \_\_\_\_\_

**PLUMBING CONTRACTOR INFORMATION**

NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

PHONE #: ( ) \_\_\_\_\_

**MECHANICAL CONTRACTOR INFORMATION**

NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

PHONE #: ( ) \_\_\_\_\_

*I hereby certify that all information in this application is correct and I will notify the Inspections Department of any changes made in the approved plans for the project permitted herein.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_