

GRANVILLE COUNTY INSPECTIONS DEPARTMENT

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

FOR OFFICE USE ONLY

Revised 6/12/20

Area: _____

Bldg Level: _____

____ Eng. Plans Plan # _____

____ Zoning Occupancy _____

____ 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: _____