

Application Date: _____

Application #: _____

Craven County

Planning and Inspections

2828 Neuse Blvd.

New Bern, NC 28562

(252) 635-1467 or (252) 636-6618

fax (252) 636-5190

BUILDING INSPECTION

Type of construction (ie. Metal, wood) _____ Type of occupancy _____

Number of bedrooms _____ Number of people served _____

Job Site Address: _____

Directions to the job site: _____

*****INSULATION PERMIT*****

Who is the contractor? _____ License # _____ Exp. Date _____

Number of heated square feet _____

Do you have worker's compensation insurance? ___ yes ___ no Amount Due: _____

*****MECHANICAL PERMIT*****

Who is the contractor? _____ License # _____ Exp. Date _____

Type of unit _____ Cost of installation _____

Do you have worker's compensation insurance? ___ yes ___ no Amount Due: _____

*****PLUMBING PERMIT*****

Who is the contractor? _____ License # _____ Exp. Date _____

Please list the total number of each fixture:

Tubs	_____	Laundry Tubs	_____	Bar Sinks	_____
Shower	_____	Urinals	_____	Whirlpool	_____
Lavoritories	_____	Floor Drains	_____	Water Cooler	_____
Water Closet	_____	Washing Machine	_____	Hot Tub	_____
Kitchen Sink	_____	Dishwasher	_____	Garbage Disposal	_____

Total Plumbing Fixtures: _____

Do you have worker's compensation insurance? ___ yes ___ no Amount Due: _____

*******ELECTRICAL PERMIT*******

Who is the contractor? _____ License # _____ Exp. Date _____

What power company will serve your home? _____

Size of service _____ Total cost of installation _____

Temporary service ___yes ___no

Do you have worker's compensation insurance? ___yes ___no Amount Due: _____

*******BUILDING PERMIT*******

Who is the general contractor? _____ License # _____ Exp. Date _____

Total square footage (include porches, garages, carports and heated area)? _____

Number of stories: _____ ___Renovation ___Addition ___New ___Flood Related Reconstruction

Type of roof: _____ Number of rooms: _____ Type of occupancy: _____

Type of building (brick, block, wood siding, vinyl siding): _____

Use (rent, sale, use by owner): _____ Total building cost: _____

Do you have worker's compensation insurance? ___yes ___no Amount Due: _____

**** Two days shall be allowed for an inspection after the request has been made. I have read and understand the Craven County Inspections Department procedures as set forth by the Inspections Department.**

Owner Signature _____ Date _____

General Contractor Signature _____ Date _____

****Office Use Only****

Inspections permit # _____ Date plans submitted _____

Fire inspection permit _____ Total Amount Due: \$ _____