

Application # _____

Craven County Inspections Department
2824 Neuse Boulevard
New Bern, NC 28562
(252) 636-4987, Fax (252) 636-4984

www.cravencountync.gov



FIRE PERMIT APPLICATION

Date: _____

PERMIT FEE: \$ _____

APPLICANT/CONTRACTOR:

Name: _____ *Contractor License (if applicable) #: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

PROPERTY OWNER:

Name: _____ Address: _____

City: _____ Phone: _____ Parcel I.D. # ____ - ____ - ____

JOB SITE ADDRESS: _____

DIRECTIONS: _____

TYPE OF FIRE PERMIT: Residential _____ Commercial _____

Church _____ Daycare _____ Business (New/Owner Change) _____

Therapeutic Home _____ Foster Home (Private) _____ Foster Home (DSS-no charge) _____

Fireworks Display (purpose) _____ Total Building SqFt _____

Building Use (Owner, Rent, Sale) _____

Other (please explain) _____

Applicant/Owner Signature: _____ Date: _____