

Application Date _____

Application # _____

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

www.cravencountync.gov



PERMIT APPLICATION

Applicant name: _____ Phone #: _____

Commercial: _____ Residential: _____

Job Site Address: _____

Directions to the job site: _____

BUILDING PERMIT

Contractor _____ License #: _____ Exp. Date : _____

Phone #: _____ Email Address: _____

Address of company: _____

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

Number of stories: ___ Renovation ___ Addition ___ New ___ Flood Related Reconstruction _____

Number of bedrooms: _____

Occupancy type (commercial, residential, storage, etc) _____

Type of construction (masonry, wood, metal): _____

Use (rent, sale, use by owner): _____ Total Building Cost: _____

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

INSULATION PERMIT

Contractor _____ License #: _____ Exp. Date: _____

Phone #: _____ Email Address: _____

Address of company: _____

Total heated square feet: _____

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

MECHANICAL PERMIT

Contractor _____ License #: _____ Exp. Date : _____

Phone #: _____ Email Address: _____

Address of company: _____

Type of unit: _____

Total heated square feet: _____

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

GAS LINE PERMIT

Contractor _____ License #: _____ Exp. Date : _____

Phone #: _____ Email Address: _____

Address of company: _____

Type of Gas Piping: _____ Type of Fuel System: _____

Stove _____ Furnace _____ Pool Heater _____

Cook Top _____ Grill _____ Fireplace/Gas Logs _____

Oven _____ Wall Heater _____ Water Heater _____

Dryer _____ Gas Pack _____ Total Contract Cost _____

TOTAL FIXTURE(S): _____ Fuel Gas Provider _____

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

PLUMBING PERMIT

Contractor _____ License #: _____ Exp. Date : _____

Phone #: _____ Email Address: _____

Address of company: _____

Tubs _____ Laundry Tubs _____ Bar Sinks _____

Lavatories _____ Urinals _____ Whirlpools _____

Water Closets _____ Floor Drains _____ Water Coolers _____

Showers _____ Washing Machines _____ Hot Tub _____

Kitchen Sinks _____ Garbage Disposal _____ Water Heaters _____

TOTAL PLUMBING FIXTURE(S): _____ Dishwashers _____

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

ELECTRICAL PERMIT

Contractor _____ License #: _____ Exp. Date : _____

Phone #: _____ Email Address: _____

Address of company: _____

What is the scope of work? _____

Size of service: _____ Temporary service? ___ yes ___ no

What power company will serve your site? _____

***Premise Number** (issued by power company) if applicable: _____

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

**** Note: All buildings shall be constructed such that there is positive drainage from beneath and away from the perimeter of the structure per North Carolina Building Code requirements.**

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

Owner Signature _____ **Date** _____

General Contractor Signature _____ **Date** _____