

BUILDING PERMIT APPLICATION

Effective April 1 2005, Town of Tarboro is implementing a new computer system for issuing building permits. In order to apply for a permit, you must complete the form below.

Job Address:
Street Number: _____ Unit # (if any): _____ Street Name: _____ ZipCode: _____

Current Zoning: _____ Subdivision: _____

What (if anything) is on the property now? (i.e., house, restaurant, etc):

Lot #: _____ Section #: _____ or Legal Description: _____

Name of Owner: _____

Address of Owner: _____

City, ST ZIP: _____ Phone: _____

If Applicable:

Lessee Name: _____

Lessee Address: _____

Lessee City ST ZIP: _____ Phone: _____

If Applicable:

Contractor Name: _____

(Please fill out the Contractor Information Form to supply your address, license numbers, etc. if you have not already done so.)

Brief description of work to be done:

Name of Applicant (Agent or Owner): _____ Date of Application: _____

Value of Work: \$ _____

For Building Permits that add square footage to a property, enter the setbacks:

Front: _____ Left Side: _____ Right Side: _____ Rear: _____

For Building Permits:

Type of Construction Code (i.e., 5B): _____

Sprinkler System?: Y _____ N _____

(APPLICATION CONTINUED ON REVERSE)

For New Residential Construction:

of Stories: _____ # of Rooms: _____ # of Bedrooms _____ # of Baths _____ Fireplaces _____ Chimneys: _____

If Applicable:

of Buildings: _____ # of Units: _____ Sprinkler System Sq Footage: _____

If Applicable: Square Footage Per Floor (Including Decks):

Basement: _____ 5th Floor: _____

1st Floor: _____ 6th Floor: _____

2nd Floor: _____ 7th Floor: _____

3rd Floor: _____ 8th Floor: _____

4th Floor: _____ Garage: _____

Total: _____

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Thank you for completing this application. It will be processed as quickly as possible.

** Requests for inspections will not be scheduled unless the permit number is supplied at the time of the request.

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Applicant's Signature: _____

Telephone: _____

For Internal Use Only:

Approvals Required: _____

Entered By: _____

Permit #: _____