

ALEXANDER COUNTY INSPECTIONS DEPARTMENT

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828) 632-1000 Fax: (828) 632-1095

DECK OR PORCH PERMIT

Owners Name _____ Permit Number _____

Address: _____ Phone # _____

JOB DESCRIPTION: _____

Estimated Cost of Project \$ _____

ALL CONTRACTORS SHALL BE LISTED BELOW BEFORE TRADE INSPECTIONS ARE SCHEDULED

GENERAL CONTRACTOR

License # _____

Name (as licensed) _____ Phone # _____

Email _____ Address _____

City _____ State _____ Zip _____

ELECTRICAL CONTRACTOR

License # _____

Name (as licensed) _____ Phone # _____

Email _____ Address _____

City _____ State _____ Zip _____

MECHANICAL CONTRACTOR

License # _____

Name (as licensed) _____ Phone # _____

Email _____ Address _____

City _____ State _____ Zip _____

PLUMBING CONTRACTOR

License # _____

Name (as licensed) _____ Phone # _____

Email _____ Address _____

City _____ State _____ Zip _____

PLEASE CONTINUE

Number of Decks _____ Total Sq. /Ft _____ Number of porches _____ Total Sq. / Ft _____

Electrical Circuits: Yes No

Gas Appliances: Yes No

Number of Gas Appliances _____

Plumbing Fixtures: Yes No

Number of Plumbing Fixtures _____

(Please complete a *Fixtures Form* for Gas and Plumbing items.)

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for permit and inspection of work described and agrees to comply with all applicable laws regulating the work.

Signature

Printed Name

Date

OFFICE USE ONLY

<u>DESCRIPTION</u>	<u>(X)</u>	<u>Fee</u>
	Those Permits Needed	
Building Permit	_____	_____
Gas Permit	_____	_____
Plumbing permit	_____	_____
Mechanical Permit	_____	_____
Electrical Permit	_____	_____
Zoning	_____	_____
	<u>TOTAL</u>	_____

CC / CASH / CK # _____

Munis #: _____

Parcel #: _____