

PITT COUNTY PERMITTING CENTER -FAX (252) 830-4974

****REQUEST FOR PERMIT ****

DATE _____

BUILDING PERMIT ISSUED? _____ YES _____ NO

PERMIT/PRJ NUMBER _____

CONTRACTOR'S NAME _____ CONTRACTOR'S LIC. NUMBER _____

OWNER'S NAME _____ OWNER'S PHONE # _____

OWNER'S ADDRESS AND DIRECTIONS TO JOB SITE

INSPECTION REQUESTED YES OR NO TYPE OF INSPECTION _____

TYPE OF PERMIT: ELEC MEC GAS PLUM BLDG (CIRCLE)

PLUMBING: NUMBER OF FIXTURES _____ HEATING: NUMBER OF UNITS _____

TYPE OF FIXTURE

TYPE OF UNIT(IE GAS PACK, A/C,ETC.)

ELECTRICAL: SIZE OF SERVICE _____

RESIDENTIAL OR COMMERCIAL (CIRCLE ONE)

**UTILITY SUPPLIER _____

AUTHORIZED SIGNATURE _____

CHARGE CARD NAME AND NUMBER _____ EXP _____

BILLING ADDRESS _____
