**Town of Aberdeen**

**115 N. Poplar Street Planning Department Phone: 910-944-7024**

**PO Box 785 Building Inspections Fax: 910-944-7459**

**Aberdeen, NC 28315**

**Building Permit**

This is to certify that \_\_\_Applicants name\_\_\_\_ has filed an application for a BUILDING Permit with the Town of Aberdeen. This application having been found to comply with all applicable codes and regulations is hereby granted the right to commence work on this Building/Zoning Compliance project.

**Property Information**

**Property Address: (Bold and in Red)**

**Special Conditions Apply: Yes/No**

Owner: From Tax Record but changeable Tax ID: Tax Record Zoning District: Staff Generated

Applicant: Staff Generated LRK#: Tax Record Front Setback: Staff Generated

Primary Phone: Staff Generated Lot Number: Tax Record Rear Setback: Staff Generated

Cell Phone: Staff Generated Side Setback:Staff Generated

Primary Phone: Staff Generated

Occupancy Type: (Residential/Commercial) Current Use: Staff Generated Proposed Use: Staff Generated

**Construction Information**

Square Feet: Staff Generated Estimated Cost: Staff Generated Type of Construction: Staff Generated

**Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Heated SF: Staff Generated Porch SF: Staff Generated Stories: Staff Generated

Deck SF: Staff Generated Garage SF: Staff Generated Basement: Staff Generated

**Heating/Air Conditioning/Mechanical:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# of Systems: Staff Generated Gas Line: Staff Generated Duct Work for Alteration only: Y/N

**Plumbing (Total Number of Fixtures):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Total # of Bathrooms: Staff Generated Total # of Fixtures: Staff Generated

Toilets: Staff Generated Showers/Tubs: Staff Generated Clothes Washer: Staff Generated

Dishwasher: Staff Generated Wet Bar: Staff Generated Spa: Staff Generated

Water Heater: Staff Generated Kitchen/Laundry/Bathroom Sinks: Staff Generated

**Electrical:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Residential/Commercial (Drop down box) # of Amps: Staff Generated Temporary Pole? : Y/N

Notes:

**Contractor Information**

**General Contractor**

Name: State License #: Phone Number:

Site Manager: Cell Phone: Email:

**Sub Contractors**

Name: State License #: Phone Number:

Name: State License #: Phone Number:

Name: State License #: Phone Number:

Name: State License #: Phone Number:

Name: State License #: Phone Number:

Any permit issued expires six (6) months after issuance if no inspections have been made. If after commencement the work is discontinued for a period of 12 months, the permit therefore shall immediately expire.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Inspectors Signature Contractor/Applicant Signature