

## Cabarrus County Construction Standards Codes Enforcement Building and Trade Permit Application for Commercial Projects

I hereby certify that all information in this application is correct, and all work will comply with the State Building Code and all other applicable State and local laws, ordinances, and regulations. The Cabarrus County Construction Standards Code Enforcement office must be notified of any changes to approved plans and specifications for the project permitted herein. **The Cabarrus County Construction Standards Code Enforcement Office may request contract validation at any time. I understand that I must provide the information and/or documents requested to avoid revocation of the permits. By signing the application, I am agreeing to comply. Per § 87-14. Regulations as to issue of building permits.**

- COMM ADDITION     COMM NEW     COMM UPFIT     COMM REPAIR     COMM SIGN
- COMM SHELL (only)     COMM OFFICE TRAILER     COMM WALL     COMM WALL
- COMM RACKING     COMM DECK     COMM POOL     COMM DEMO: Partial All     COMM TENT
- COMM CONSTRUCTION TRAILER (must have zoning permit, NO PLAN REVIEW)     SOLAR: Rooftop Ground Residential Commercial
- ABC PERMIT     DAYCARE     FOSTER CARE     GROUP HOME

*The applicant is the person responsible for the work being complete, all inspections, and building permit will be put in applicant's name.*

APPLICANT (PRINT CLEARLY): \_\_\_\_\_

- Applicant is  Property Owner                       Forms: Owner Affidavit - owner MUST own property and owner's business must occupy 12 months after work is complete.  
Lien ([www.liensnc.com](http://www.liensnc.com)) required for projects \$30,000 or more
- NC GC License. # \_\_\_\_\_                       Form: Lien ([www.liensnc.com](http://www.liensnc.com)) required for projects \$30,000 or more

EMAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ UNIT/SUITE/BLDG/LOT \_\_\_\_\_

**BUILDING PERMIT**    Signature of Building Applicant: \_\_\_\_\_

DETAILED SCOPE OF WORK: \_\_\_\_\_

JURISDICTION \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_    **BLDG ESTIMATED COST: \$** \_\_\_\_\_

ESTIMATED SQUARE FOOTAGE (Project area ONLY): \_\_\_\_\_    ZONING PERMIT #: \_\_\_\_\_

- This parcel  IS HAS EXISTING SEWER CONNECTION AND DOES NOT REQUIRE CONNECTION TO CABARRUS COUNTY (WSACC).
- REQUIRES SEWER CONNECTION FROM THE STREET TO THE WSACC PLANT FOR PROCESSING. The fee is calculated by the domestic water meter size.

**TOTAL ESTIMATED COST INCLUDING BUILDING AND TRADES: \$** \_\_\_\_\_

**ELECTRIC PERMIT**

Signature of Electrical Applicant: \_\_\_\_\_

Applicant (PRINT CLEARLY): \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ NC EL License # \_\_\_\_\_

DETAILED SCOPE OF WORK: \_\_\_\_\_

POWER COMPANY (required) \_\_\_\_\_  NEW SERVICE AMPERAGE \_\_\_\_\_

CHANGE OF SERVICE AMPS (from-to) \_\_\_\_\_  SOLAR

RECONNECT due to power being off for more than 1 year  RECONNECT due to damage

SAW POLE SERVICE (temporary to power tools for construction) This service is included on the electric permit.

TEMPORARY POWER (temporary to check equipment, acclimate floors or cabinets, etc.) Temporary power is available for an additional fee and is used to energize part of the panel. Additional permit and fee are required. *\$123.42 at time of permitting, \$193.40 after permits have been issued* - THIS IS NOT FOR SAW SERVICE OR PERMANENT POWER. What will be powered? (REQUIRED) List unit or suite if applicable: \_\_\_\_\_

SOLAR:

**ELECTRIC ESTIMATED COST: \$** \_\_\_\_\_

**LOW VOLTAGE** (separate permit at no cost if blanket permit)

Applicant (PRINT CLEARLY): \_\_\_\_\_  Applicant is Homeowner

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ NC EL License # \_\_\_\_\_

DETAILED SCOPE OF WORK: \_\_\_\_\_

**LOW VOLTAGE ELECTRIC ESTIMATED COST: \$** \_\_\_\_\_

**MECHANICAL PERMIT**

Signature of Mechanical Applicant: \_\_\_\_\_

Applicant (PRINT CLEARLY): \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ NC HE License # \_\_\_\_\_

DETAILED SCOPE OF WORK: \_\_\_\_\_

GAS COMPANY (required) \_\_\_\_\_ TYPE OF HEAT:  ELECTRIC  GAS  ELECTRIC AND GAS

NUMBER AND TYPE OF UNITS: \_\_\_\_\_ NUMBER OF GAS CONNECTIONS: \_\_\_\_\_

**MECHANICAL ESTIMATED COST: \$** \_\_\_\_\_

**UTILITY PERMIT (Separate from Plumbing)**

**Signature of Utility Applicant:** \_\_\_\_\_

Applicant (PRINT CLEARLY): \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ NC Utility/Plumbing License #: \_\_\_\_\_

DETAILED SCOPE OF WORK: \_\_\_\_\_

**A SEPARATE UTILITY PERMIT IS REQUIRED AT NO COST**, IN ADDITION TO THE PLUMBING PERMIT FOR COMMERCIAL SITE WORK ON PRIVATE PROPERTY. THIS PERMIT ALLOWS FOR INSPECTION OF UTILITY WORK INCLUDING SITE SEWER, SITE WATER SERVICE AND SITE BACKFLOW ASSEMBLIES. MUNICIPAL INSPECTIONS COVERS WORK IN THE RIGHT OF WAY, CABARRUS COUNTY INSPECTS WORK ON PRIVATE PROPERTY. DO NOT COVER WORK ON PRIVATE PROPERTY WITHOUT A PERMIT AND INSPECTION. WORK NOT INSPECTED WILL NEED TO BE UNCOVERED FOR VISUAL INSPECTION.

WATER/SEWER UNDERGROUND    WATER/SEWER CONNECTION    BACKFLOW DEVICE # \_\_\_\_\_    PRV

**UTILITY PLUMBING ESTIMATED COST: \$** \_\_\_\_\_

**PLUMBING PERMIT**

**Signature of Plumbing Applicant:** \_\_\_\_\_

Applicant (PRINT CLEARLY): \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ NC PL License # \_\_\_\_\_

DETAILED SCOPE OF WORK: \_\_\_\_\_

This property on  WELL    CITY WATER    CITY SEWER    PRIVATE SEPTIC    COMMUNITY SEPTIC    COMM. WELL  
(CHECK ALL THAT APPLY)    EXISTING TAPS ON PROPERTY *(Must provide proof to have WSACC fee waved-Contact utility company or zoning)*

WATER COMPANY (required) \_\_\_\_\_

**NUMBER OF FIXTURES BEING INSTALLED**

___ WATER CLOSET toilets	___ SINK (kitchen, mop, bar, etc.)	___ FLOOR DRAIN(S)
___ LAVATORY bath sinks	___ WASH. MACHINE	___ URINAL(S)
___ TUB OR TUB/SHOWER	___ *WATER HEATER	___ FOUNTAIN(S)
___ SHOWER (only)	___ DISPOSAL	

**PLUMBING ESTIMATED COST: \$** \_\_\_\_\_

