

TOWN OF FOUR OAKS INSPECTIONS DEPARTMENT
304 N. MAIN ST. FOUR OAKS, NC 27524~PHONE 919-963-3112
carol.allen@fouroaks-nc.com

TRADE PERMIT APPLICATION

PROJECT INFORMATION:

Applicant Name & Phone Number: _____

Property Owner & Phone Number: _____

Project Address: _____

Total Cost of Project: _____

Power/Gas/Water Company: _____

TYPE OF WORK: LICENSE: NAME: ADDRESS: PHONE:

Building: _____

Electrical: _____

Plumbing: _____

Mechanical: _____

Gas Piping: _____

Description of Work:

PLEASE NOTE:

If any changes were made inside the residence (i.e changing breakers, feeder wire, etc.) access to the inside of the house and breaker panel must be provided at time of inspection.

REGULATIONS:

The undersigned does hereby declare that the information given above is correct and agrees with all State and Local law, Local ordinances and regulations, and the North Carolina State Building Code. The under-signer also declared all subcontractors for this project have been notified of their contractual obligation to this project. The applicant furthermore declares that he/she is the property owner or legally represents the property owner. This application only becomes a permit when it has been processed and approved by the Town of Four Oaks Inspections Department and all applicable fees paid.

Owner/Contractor/Agent Signature: _____

Print Name: _____

Date: _____ Email Address: _____