☐ ALTER
☐ ERECT
☐ MOVE
☐ MOBILE HOME
☐ MODULAR
☐ CHANGE OF OCCUPANCY
☐ CONDEMNED
☐ LISTED
☐ CITY LIMITS
☐ ONE MILE
☐ COUNTY
☐ DEMOLISH

CASWELL COUNTY
Electrical Permit

Caswell County
Inspections Department
144 Main Street • P.O. Box 1406
Yanceyville, NC 27379

Office (336) 694-9731
Fax (336) 694-5547

Plot Plan

North

Building Permit No.
Elec. Ser. By
Location
Power Co. Cert. No.
Tax No.
Tax Map
Zoning
Subdivision
Lot No.
Lot Size
Bldg. Size
Sq. Ft

Town | Township | Street | Road No.

Owner | Phone No. | Drives ☐ City ☐ State

Address | Protection: ☐ Unprotected ☐ One Hour | Plans ☐ Yes ☐ No

Contractor | Lic. No. | Type of Construction | Septic Tank No.

Address | ☐ Fireproof ☐ Non. Com. ☐ Fire Resis. ☐ Ordinary ☐ Hvy. Tim. ☐ Wd. Frame ☐ Bk. Veneer ☐ -------- | Fire District

Architect | Water

Occupancy | | | No. of Dwelling Units | Basement ☐ Yes ☐ No | No. Stories | No. Rooms | No. Baths

					Work to be Done By:	Seperate Permit
Total Cost						
General						
Electrical						
Heating						
Air Cond.						
Plumbing						
Grading						
Paving						
Sprinkler						
Elevators						
Gasoline Island						
Sign w/Service						
Appliances						
Water						
Sewer						
Temp. Service						
Permit Fee						
TOTAL						

ELECTRICAL:

Size of Service: | Change ☐ Yes ☐ No

Underground | Type of Water Heater

Amps | Volt

HEAT/AIR CONDITIONING:

Source of Fuel | Stor. Cap.

Type Heat | BTU

Type A/C | Ton

PLUMBING:

Air Cond. Unit		Shower		Storm Drain			
Bath Tub		Sink		Urinal			
Catch Basin		Roof Leader		Laundry			
Dental Chair		Wash Mach.		Lavatory			
Dish Washer		Water Clos.		Disposal			
Drink Fount.		Water Soft		Water Htr.			
Floor Drain		Stor. Tank		Interceptor			
Water Conn.		Sewer Conn.					
TOTAL							

Building Contractor

The undersigned hereby makes application as designed above, and agrees to conform to all applicable laws of Caswell County and the State of North Carolina, and that the structure designated above is not to be occupied or used until a certificate of occupancy is issued by the Caswell County Inspection Dept. The undersigned further states that all statements made herein are true.

DIRECTIONS/REMARKS _____

_____ ___Owner ___Contractor ___Agent _____

Signature of Applicant | Date of Application

Not Valid Unless Validated And Approved

Date _____
Referred To _____
Granted To _____
Denied To _____

Date _____
Affirmed By _____
Reversed By _____
Modified By _____

_____
Director of Inspections

Call 694-9731

NOTICE: This permit is void if no inspections are called for within 6 months. After the 1st inspection there should be at least one inspection every twelve months.