



CAPE CARTERET DEPARTMENT OF INSPECTIONS GENERAL CONSTRUCTION PERMIT APPLICATION

Date: _____

Applicant: Property Owner Contractor

Project Address: _____

Parcel Identification Number: _____

Property Owner : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

General Contractor : _____

Phone #: _____ E-mail: _____

Current City Privilege License: Yes No N/A _____

Contractor License Number and Classification: _____

Type of Work:

- New Building
- Existing Alteration
- Addition
- Demolition
- Other

Total Sqft: _____

Heated Sqft: _____

Unheated Sqft: _____

Other Sqft: _____

Building Height: _____

Description of proposed work: _____

Type of Construction: _____ Occupancy Type: _____ Cost: _____

Design Professional: _____

Phone #: _____ E-mail: _____

- Architect Engineer
- Owner Other

Electrical Contractor: _____

Phone #: _____ E-mail: _____

Current City Privilege License: Yes No N/A _____

Electrical License Number and Classification: _____

Cost: \$ _____ Signature: _____

Mechanical Contractor: _____

Phone #: _____ E-mail: _____

Current City Privilege License: Yes No N/A _____

Mechanical License Number and Classification: _____

Cost: \$ _____ Signature: _____

Plumbing Contractor: _____
Phone #: _____ **E-mail:** _____
Current City Privilege License: Yes No N/A _____
Plumbing License Number and Classification: _____
Cost: \$ _____ **Signature:** _____

Insulation Contractor: _____
Phone #: _____ **E-mail:** _____
Current City Privilege License: Yes No N/A _____
Insulation License Number and Classification: _____
Cost: \$ _____ **Signature:** _____

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 and ordinances and regulations. The Inspection Department will be notified of any changes in the approval plans and specifications for the project permitted herein. Misinformation, lack of information, or statements made in error could result in the revocation of all permits and subject the owner/agent to litigation in the process.

Signature of Applicant/Agent: _____
 Note: Only ORIGINAL signatures will be accepted.

**** FOR OFFICE USE ONLY****

Date

_____ State Licenses Checked		
_____ Privilege Licenses Checked		
_____ Zoning Permit Secured	Permit #	_____
_____ CAMA Permit Secured, if applicable	Permit #	_____
_____ Health Department Authorization	Permit #	_____
_____ Received Elevation Cert, if required	Zone	_____

Building Inspector: _____ **Date:** _____