



City of Dunn Inspections Department
 102 N. Powell Ave. P.O. Box 1065
 Dunn, NC 28335
 Main: (910) 230-3505 Fax: (910) 230-9005
 www.dunn-nc.org

Application for Commercial Construction

Project Address: _____ Inside City Limits: Yes No

Applicant Name: _____ **Phone:** _____

Property Owner Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Project Contact: _____ **Phone:** _____ **Email:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Name of Project: _____ **Total Project Cost:** _____

Description of Proposed Work: _____

Construction Type: New Renovation Addition Other: _____

Type of Construction: I-A I-B II-A II-B III-A III-B IV-A IV-B V-A V-B

Occupancy Type: *Assembly* A-1 A-2 A-3 A-4 A-5 *Business* *Educational*
Factory F-1 F-2 *Hazardous* H-1 H-2 H-3 H-4 H-5
Institutional I-1 I-2 I-3 I-4 *Mercantile* *Utility*
Residential R-1 R-2 R-3 R-4 *Storage* S-1 S-2

Total Building Area: _____ sq. ft. **Area per Floor:** _____ sq. ft.

Total Building Height: _____ ft. **Number of Stories:** _____

State Agency Approvals (If applicable):

NC Dept. of Insurance: Yes No N/A

Plan Approval: _____ **Number of Sheets:** _____ **Date:** _____

Specifications: _____ **Number of Sheets:** _____ **Date:** _____

NC Dept. of Labor: Yes No N/A

Elevators: _____ **Date:** _____

Boilers: _____ **Date:** _____

Utilities Approval:

Water: Public Private – Health Dept. Permit Number: _____

Sewer: Public Private – Health Dept. Permit Number: _____



GENERAL CONTRACTOR

Name: _____ Phone: (____) ____ - ____ Email: _____
Address: _____ City: _____ State: ____ Zip: _____
N.C. License Number: _____ Class: _____ Expiration of Workman's Comp: _____
License Holder Signature: _____

DESIGN PROFESSIONAL: Architect Engineer Owner Other: _____

Name: _____ Phone: (____) ____ - ____
Address: _____ City: _____ State: ____ Zip: _____
N.C. License Number: _____ Email: _____

ELECTRICAL CONTRACTOR **Electrical Cost:** _____

Name: _____ Phone: (____) ____ - ____ Email: _____
Address: _____ City: _____ State: ____ Zip: _____
N.C. License Number: _____ Class: _____ Expiration of Workman's Comp: _____
License Holder Signature: _____

MECHANICAL CONTRACTOR **Mechanical Cost:** _____

Name: _____ Phone: (____) ____ - ____ Email: _____
Address: _____ City: _____ State: ____ Zip: _____
N.C. License Number: _____ Class: _____ Expiration of Workman's Comp: _____
License Holder Signature: _____

PLUMBING CONTRACTOR **Plumbing Cost:** _____

Name: _____ Phone: (____) ____ - ____ Email: _____
Address: _____ City: _____ State: ____ Zip: _____
N.C. License Number: _____ Class: _____ Expiration of Workman's Comp: _____
License Holder Signature: _____

GAS PIPING CONTRACTOR **Gas Piping Cost:** _____

Name: _____ Phone: (____) ____ - ____ Email: _____
Address: _____ City: _____ State: ____ Zip: _____
N.C. License Number: _____ Class: _____ Expiration of Workman's Comp: _____
License Holder Signature: _____



***Fire Sprinkler Contractor**

Name: _____ Phone: (____) ____ - _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

N.C. License Number: _____ Class: _____ Expiration of Workman’s Comp: _____

License Holder Signature: _____

***Fire Alarm Contractor**

Name: _____ Phone: (____) ____ - _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

N.C. License Number: _____ Class: _____ Expiration of Workman’s Comp: _____

License Holder Signature: _____

*** = Separate Application and Fee required**

Please note that additional permit applications and approvals may be required for your project which include but are not limited to: Swimming pool, Signs, Accessory structure, fence, etc. Please contact the Inspections Dept. with any questions.

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and any other applicable State and Local laws, ordinances, and regulations. The Inspection Department shall be notified of any changes in the approved plans and specifications for the project submitted herein.

Applicant Signature _____ Date: _____