



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 Residential 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:** \_\_\_\_\_

**Total Project Cost:** \_\_\_\_\_

**Description of Proposed Work:** \_\_\_\_\_

**Construction Type:**  New  Renovation  Addition  Other: \_\_\_\_\_

**Total Building Area:** \_\_\_\_\_ sq. ft.      **Area per Floor:** \_\_\_\_\_ sq. ft.

**Total Heated Area:** \_\_\_\_\_ sq. ft.      **Number of Stories:** \_\_\_\_\_

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: \_\_\_\_\_

Please note that additional permit applications and approvals may be required for your project which include but are not limited to: Swimming pool, 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: \_\_\_\_\_