

**MINIMUM HOUSING  
PERMIT APPLICATION**

**Application No.:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Date Permit Issued:** \_\_\_\_\_

**Permit No:** \_\_\_\_\_

**Permit Fee:** \_\_\_\_\_

**Tax Parcel No:** \_\_\_\_\_

**Current Phase:** \_\_\_\_\_

**Correct Street Address:**  
\_\_\_\_\_

**STOP! READ ALL THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING APPLICATION. IF YOU HAVE QUESTIONS, CONTACT THE CITY INSPECTIONS DIVISION AT 919-580-4346.**

**All of the attached information is required in order to obtain a building permit from the City of Goldsboro. Please fill in all blank spaces. Place an “X” in all appropriate boxes or “n/a” in all spaces which do not apply. The application will not be processed with blank spaces or if any information is not legible. Please print!**

**G. S. 87-3.2 Drawings and Specifications, Additional Data: The Inspections Department may require details, computations, stress diagrams, professional certification and other data necessary to describe the construction or installation of a system.**

**MINIMUM HOUSING PERMIT APPLICATION**

**Applicant's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_

**Project Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Briefly describe intended work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Utilities Available:** City Water \_\_\_\_\_ Private Well \_\_\_\_\_  
City Sewer \_\_\_\_\_ \*Septic Tank \_\_\_\_\_

**\*Health Department Permit No. if new septic tank:** \_\_\_\_\_

**Property Use:** Single-Family \_\_\_\_\_ Duplex \_\_\_\_\_  
Townhouse \_\_\_\_\_ Condominium \_\_\_\_\_  
Apartments \_\_\_\_\_

**Proposed Project:** Exterior Upfit \_\_\_\_\_ Interior Upfit \_\_\_\_\_

Roofing \_\_\_\_\_ Detached Building \_\_\_\_\_

**Building Area:** Total Square Footage: \_\_\_\_\_

Total No. of Stories: \_\_\_\_\_

Square Footage Per Floor: \_\_\_\_\_

**Type of Construction:** Wood Frame: \_\_\_\_\_ Block: \_\_\_\_\_

Brick: \_\_\_\_\_

**Roof:** Shingle: \_\_\_\_\_ Built-Up: \_\_\_\_\_ Metal: \_\_\_\_\_

Foam: \_\_\_\_\_ Rubber: \_\_\_\_\_

**Project Location:** Downtown Fire District: \_\_\_\_\_

Historic District: \_\_\_\_\_

100-Year Food Zone: \_\_\_\_\_

Watershed Protection Area: \_\_\_\_\_



**Electrical Contractor:** \_\_\_\_\_

Cost: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Plumbing Contractor:** \_\_\_\_\_

Cost: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Mechanical Contractor:** \_\_\_\_\_

Cost: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Insulation Contractor:** \_\_\_\_\_

Cost: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

Cost: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**TOTAL COST OF PROJECT: \$**\_\_\_\_\_

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**I hereby certify that all information in this application is true and correct and all work will comply with North Carolina State Building Codes and all other applicable State and local laws, ordinances and regulations. The Inspections Division will be notified, in writing, of any changes in the approved plans and specifications for the above detailed project.**

**Owner or Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_