

**NEW HANOVER COUNTY  
DEPARTMENT OF BUILDING SAFETY  
230 Government Center Dr. Suite 170  
Telephone (910) 798-7308  
Fax (910) 798-7060**

Nicholas Gadzekpo  
Director of Building Safety

**\*\*\*IMPORTANT NOTICE\*\*\***

**FOR COMPLETE ELECTRONIC PROJECT SUBMITTALS BY EMAIL**

If you wish to submit your Commercial or Residential project electronically by email, please attach your electronic plans in the “pdf format along with your application” before clicking the send button.

**FOR COMPLETE ELECTRONIC PROJECT SUBMITTALS IN PERSON**

If you wish to submit your Commercial or Residential project in person on CD, please fill out the building permit application on line, print it, scan and put it on your CD along with the plans and Appendix B if applicable in the “pdf format” & bring your CD to the Development Services Center, located at 230 Government Center Drive; Suite 170.

If you have questions about the electronic submittal process, please call the Development Services Center at (910) 798-7308.

Please note that we except Cash, Checks, and Credit Cards (American Express, Discover, VISA, and MasterCard).

Thank you.



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: ELECTRICAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

OCCUPANT/BUSINESS NAME: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

ELECTRICAL CONTRACTOR: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ NC STATE LICENSE #: \_\_\_\_\_ JOURNEYMAN LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

PROJECT CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DISCLAIMER: 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, ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work "Performed" W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Print Name)

TOTAL SQ FT OF BUILDING: \_\_\_\_\_ IS THE PROPERTY LOCATED IN A FLOODPLAIN? \_\_ Yes \_\_ No

NOTE: If the electrical system(s) you are permitting serves only a small portion and not the entire building put the square footage of the small area it serves. The square footage is not required if you are only changing out a single component of a system.

IF BLDG PROJECT - PERMIT NUMBER: \_\_\_\_\_ TOTAL ELECTRICAL COST: \_\_\_\_\_

NOTE: If you have the Project Permit Number you need not fill out the Owners Name, Address or Phone Number.

IS FOOD PREPARED IN THIS BLDG? \_\_ YES \_\_ NO

IS YOUR PROJECT: \_\_ RESIDENTIAL (House, Duplex or Townhome) OR \_\_ COMMERCIAL (All other construction)
\_\_ New Construction \_\_ Addition \_\_ Alteration \_\_ Existing Building

NOTE: Residential is defined as a single-family detached home, a duplex or up to a maximum of (8) attached Townhouses only! Commercial Projects are defined as Apartments, Condos, Offices and other Businesses.

IF COMMERCIAL, WHAT IS THE OCCUPANCY TYPE: \_\_ Assembly \_\_ Business \_\_ Educational
\_\_ Factory/Industrial \_\_ Hazardous \_\_ Institutional \_\_ Mercantile \_\_ Residential \_\_ Storage

Please CHECK below next to the description of work that you are doing. Please use the space below in (Details) to better describe your scope of work including all work which requires an electrical permit. If applicable, please enter the total number of fixtures you are installing or replacing in the building.

- \_\_ Install/Replace Electrical System \_\_ Add/Alter Existing System
\_\_ Temporary Power Pole (Tpole) \_\_ Upgrade of Existing Electrical System
\_\_ Chg Out Component of Electrical System \_\_ Change Out Meter Base

TOTAL AMPS: \_\_\_\_\_

## PLEASE GIVE DETAILED SCOPE OF WORK IN SECTION BELOW

SPECIFIC

DETAILS: \_\_\_\_\_

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD: \_\_ CASH \_\_ CHECK (PAYABLE TO NHC) \_\_ BILL ACCOUNT \_\_ MC/VISA \_\_ DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED 4/13/12

Comment: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_