



**Town of Burgaw – Inspections Department**  
**Building Permit Application**  
 109 N. Walker St. · Burgaw · NC · 28425 · 910-663-3452

**PROJECT ADDRESS (Physical Job Location):**

<b>Owner's Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Mobile:</b>
<b>City/State/Zip:</b>	<b>Email:</b>

**CONTRACTOR INFORMATION: (If Home Owner is performing work, write "self")**

<b>NAME OF BUSINESS:</b>	<b>Phone:</b>
<b>Contractor License#</b>	<b>Address:</b>
<b>Project Contact Name:</b>	<b>Email :</b>

**Building:**  
 Total Sq. Ft. \_\_\_\_\_, # of Stories \_\_\_\_\_, Stories Below Ground \_\_\_\_\_, Above Ground \_\_\_\_\_; Sq. Ft. per Floor \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Total Project Cost \$ \_\_\_\_\_  
 Description :

<b>ELECTRICAL Contractor:</b>	<b>Phone:</b>
<b>Email address:</b>	<b>Address:</b>
<b>License #:</b>	<b>Service Amp</b> _____ <b>No. of outlets</b> _____

**Description**

<b>MECHANICAL Contractor:</b>	<b>Phone:</b>
<b>Email address:</b>	<b>Address:</b>
<b>License #:</b>	<b>No. of units</b> _____ <b>Walk in cooler</b> _____ <b>Commercial Hood</b> _____ <b>Change out with duct work</b> _____ <b>Change out without duct work</b> _____

**Description**

<b>PLUMBING Contractor:</b>	<b>Phone:</b>
<b>Email address:</b>	<b>Address:</b>
<b>License #:</b>	<b>Number of fixtures</b> _____

**Description**

<b>Gas Contractor:</b>	<b>Phone:</b>
<b>Email address:</b>	<b>Address:</b>
<b>License #:</b>	<b>__ Nat Gas __ LP Gas (drawing may be required) System Pressure</b> _____ <b>Pipe type</b> _____ <b>Pipe length total</b> _____ <b>Total BTU on system</b> _____

**Description**

**Owner/Agent:** \_\_\_\_\_ **Date** \_\_\_\_\_