

Sampson County Inspection and Planning Department

TRADES PERMIT APPLICATION

Permit Number (if applicable): _____ Estimated Construction Cost: \$ _____

Project Owner: _____

Project Address: _____

Telephone Number: _____ Email: _____

****Signature of Contractor/Applicant: _____ Date: _____****

PROJECT INFORMATION

Structure Use: ☐ Residential ☐ Commercial

Project Type: ☐ Building ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Demolition

Mobile Home: ☐ Singlewide ☐ Doublewide

Description of Project: (Please briefly explain the work you OR your company is doing)

CONTRACTOR USE ONLY:

Contractor/Company Name: _____

NC State Contractor's License #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone #: _____ Secondary Phone #: _____

Fax #: _____ Email: _____

****PLEASE ALLOW 3-4 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED****