



POLK COUNTY BUILDING INSPECTIONS MISCELLANEOUS PERMIT APPLICATION

PO BOX 308 COLUMBUS NC 28722
PHYSICAL LOCATION: 35 Walker St.
PHONE (828) 894-3739 FAX (828)894-2913
OFFICE HOURS 8am – 4:30pm M-F

Property Owner's Name _____
Mailing Address _____
Phone Number Home _____ Cell _____
Site Address (if different from mailing) _____ Tax Map/Parcel# _____ - _____
Name of Occupant/Tenant _____

Property Use: Single Family Apartment Commercial Other _____

Description of work to be performed: _____
COST OF PROJECT \$ _____

Directions to job site from Columbus: _____

Contractor's Name, Phone # and License # as it appears on their N.C. State License:

- () ELECTRICAL _____
Utility Company Duke Rutherford Electric Broad River
- () PLUMBING _____
- () GAS PIPING _____
- () MECHANICAL _____
- () RESIDENTIAL POOL Contractor _____
Type of Pool in ground above ground Dimensions _____
- () CONTRACTOR _____
 Residence Commercial Structure Other _____

PLEASE BRING IN; FAX OR EMAIL APPLICATION TO: bconner@polknc.org

I WISH TO PAY WITH CREDIT CARD. PLEASE CALL _____ (NAME) AT _____ (NUMBER)

I UNDERSTAND THAT TO DO ANY WORK AS "OWNER", I MUST OWN THE BUILDING AND PLAN TO OCCUPY THE BUILDING FOR AT LEAST (1) YEAR AFTER FINAL; I CANNOT RENT, LEASE, OR SELL THE BUILDING DURING THAT YEAR. I UNDERSTAND THAT IT IS UNLAWFUL TO HIRE ANYONE TO DO MY TRADEWORK WHO IS NOT LISCENSED IN THE STATE OF NC; I UNDERSTAND THAT I MUST INFORM THE BUILDING DEPARTMENT OF ANY CHANGE BEFORE THEY START WORK; I ALSO UNDERSTAND THAT I AM MAKING APPLICATION FOR PERMITS AND INSPECTIONS OF WORK ABOVE DESCRIBED AND AGREE TO COMPLY WITH ALL STATE AND COUNTY CODES OR LAWS REGULATING THE WORK.

Signature of Qualifier and/or Authorized Applicant: _____

Print name: _____ **DATE:** _____

OFFICE USE ONLY
FEE \$ _____ LOCATION # _____ TAX MAP/PARCEL # _____ - _____ PERMIT # _____ ZONING APPROVAL _____
APPLICATION APPROVED BY _____ DATE _____
miscpermit.3.24.2022