



# TOWN OF LILLINGTON NON-RESIDENTIAL CONSTRUCTION APPLICATION

Planning & Inspections Department  
102 East Front Street, PO Box 296 Lillington NC 27546  
• phone 910-893-0311 • fax 910-893-3693  
lillingtonnc.org

**PLEASE NOTE:**

1. Five sets of construction plans;
2. Three sets of site plans with setbacks;
3. All application items and signatures must be complete;
4. Permit costs based on construction costs.

**Owner Information:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Lot Number \_\_\_\_\_ Subdivision \_\_\_\_\_ Phase \_\_\_\_\_

**Site Location Information (if different from Owner's Home Address):**  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Lot Number \_\_\_\_\_ Subdivision \_\_\_\_\_ Phase \_\_\_\_\_

**General Contractor:**  
 Name – Please Print \_\_\_\_\_  
 \*N.C. State License # \_\_\_\_\_ Expiration of Workers Compensation Insurance \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 General Contractor's Signature \_\_\_\_\_ Contact Person \_\_\_\_\_

**Electrical Company:**  
 Company Name – Please Print \_\_\_\_\_  
 \*N.C. State License # \_\_\_\_\_ Authorized Contractor's Name (print legibly) \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Authorized Contractor's Signature \_\_\_\_\_

**Mechanical Company:**  
 Company Name – Please Print \_\_\_\_\_  
 \*N.C. State License # \_\_\_\_\_ Authorized Contractor's Name (print legibly) \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Authorized Contractor's Signature \_\_\_\_\_

**Plumbing Company:**  
 Company Name – Please Print \_\_\_\_\_  
 \*N.C. State License # \_\_\_\_\_ Authorized Contractor's Name (print legibly) \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Authorized Contractor's Signature \_\_\_\_\_

\*State license number must match name of company.

**Cost of work being performed:**

Electrical: \$ \_\_\_\_\_

Mechanical: \$ \_\_\_\_\_

Plumbing: \$ \_\_\_\_\_

Building: \$ \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

---

---

**CHARACTERISTICS OF BUILDING (Please check all that apply):**

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> New Building         | <input type="checkbox"/> Alteration    | <input type="checkbox"/> Addition       | <input type="checkbox"/> Fit Up        |
| <input type="checkbox"/> Repair               | <input type="checkbox"/> Monument Sign | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Sales Trailer |
| <input type="checkbox"/> Construction Trailer | <input type="checkbox"/> Multi-Family  | <input type="checkbox"/> Hotel/Motel    | <input type="checkbox"/> Temporary     |
| <input type="checkbox"/> Other : _____        |  |   |  |

---

**TYPE OF SEWER:**

Public  
 Private

**TYPE OF FRAME:**

Wood     Masonry     Concrete  
 Structural Steel

**TYPE OF FOUNDATION:**

Crawl Space  
 Basement  
 Slab

**NUMBER OF FLOORS PER BUILDING:** \_\_\_\_\_

**TOTAL SQ. FT. OF EACH FLOOR:** \_\_\_\_\_

---

---

**TYPE OF USE:**

|  |                                    |                                       |
|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> STORAGE   | <input type="checkbox"/> OFFICE       |
| <input type="checkbox"/> FLOOR SPACE   | <input type="checkbox"/> WAREHOUSE | <input type="checkbox"/> RESTAURANT   |
| <input type="checkbox"/> PUBLIC USE    | <input type="checkbox"/> SCHOOL    | <input type="checkbox"/> RECREATIONAL |

\_\_\_\_\_ # EMPLOYEES OVER 8 HOURS SHIFT TO WORK

\_\_\_\_\_ # EMPLOYEES PER SHIFT

\_\_\_\_\_ # OCCASIONAL EMPLOYEES

\_\_\_\_\_ # RESTAURANT SEATS

---

---

Please Contact \_\_\_\_\_ when permit is ready.

*(Name)*

*(Phone number)*

**Applicant Name – Print –** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Inspection Signature** \_\_\_\_\_ **Date** \_\_\_\_\_