



RESIDENTIAL CONSTRUCTION APPLICATION

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

Check the type of work to be performed:

New Home Addition (only) Sunroom (only) Screened Porch (only)
 Garage (only) Deck (only) Carport (only) Basement Renovation
 Attic Renovation Other (Please Describe: _____)

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 _____

Prefabricated Fireplace 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. State license number is not required if homeowner (owner occupied) is the contractor.

Cost of work being performed:

Electrical: \$ _____

Mechanical: \$ _____

Plumbing: \$ _____

Building: \$ _____

TOTAL: _____

NEW HOMES and ADDITIONS ONLY (Please check all characteristics and list square footage):

_____ New Home	_____ Single-Family	TYPE OF FOUNDATION	SEWER TYPE	WATER TYPE
_____ Addition	_____ Multi-Family	_____ Crawl Space	_____ Public	_____ Public
_____ Stores		_____ Basement	_____ Septic	_____ Well
		_____ Slab		

SQUARE FEET:

HEATED _____
 UNHEATED _____
 GARAGE _____
 PORCH _____
 DECK _____
 SC. PORCH _____

TYPE OF FRAMING:

_____ WOOD _____ CONCRETE _____ MASONARY

TOTAL SQ FT _____ (TOTAL MUST EQUAL BREAKDOWN SQ FT)

OTHER RESIDENTIAL CONSTRUCTION Please check all characteristics and square footage

_____ DECK (ONLY) SQ FT _____	_____ SCREENED PORCH (ONLY) SQ FT _____
_____ GARAGE (ONLY) SQ FT _____	_____ CARPORT (ONLY) SQ FT _____
_____ SUNROOM (ONLY) SQ FT _____	_____ BASEMENT RENOVATION _____
_____ ATTIC RENOVATION _____	_____ OTHER SQ FT _____

TOTAL SQ FT _____ (TOTAL MUST EQUAL BREAKDOWN SQ FT)

Please Contact _____ when permit is ready.
(Name) (Phone number)

Applicant Name – Print – _____

Applicant Signature _____ Date _____

Inspection Signature _____ Date _____