



## Richmond County Building Inspection Department

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Rockingham, NC 28379  
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Telephone: (910) 997-8204

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### MISCELLANEOUS PERMIT APPLICATION

Owner/Project Name: \_\_\_\_\_

Owner/Project Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Type of work to be done: \_\_\_\_\_

Demolition     Signs (if lighted add for Electrical)     Fire Sprinkler Systems (per riser)

Tanks (add for Electrical)     Day Care License Inspections     ABC License Inspection

Accessory Structures (decks, retaining walls, etc.)     Other: \_\_\_\_\_

Project Cost: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_    Email: \_\_\_\_\_

State License #: \_\_\_\_\_

I hereby certify that the above statements are true, and all work is being performed under the State License number above.

**Contractor's Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Permits expire after 6 months of issuance if work has not commenced or if work has discontinued for a period of 12 months from last inspection.**