IREDELL COUNTY DEPARTMENT OF PLANNING & ENFORCEMENT
INSPECTION DIVISION
BUILDING PERMIT APPLICATION
P. O. BOX 788
227 S. CENTER ST.
STATESVILLE, NC 28687
TELEPHONE: (704) 878-3113
FAX: (704) 878-3171

ACCOUNT #: 86331 DATE: _____ FEE: _____ PERMIT #: _____

PARCEL #: 8000 3744 TOWNSHIP: 17 ZONING: _____

BUILDING OWNER: Gregory & Regina Forest PHONE: _____
OWNER'S ADDRESS: 130 Lynn Cove Lane
Mooresville, NC 28117 ZIP: _____
LOCATION OF JOB: Inground Pool

CONTRACTOR: Superior Pools PHONE 704-896-7665
CONTRACTOR'S ADDRESS: 20315 Knox Rd
Cornelius, NC 28031 ZIP: 28031

ESTIMATED COST: $ 55,000

DESIGN PROF. / CONTACT PERSON: _____ PHONE: _____
ADDRESS: _____ ZIP: _____

DEPARTMENT OF INSURANCE APPROVAL: _____

CITY SEWER: _____ HEALTH DEPT.: _____ HEALTH: IMPROVE: __ COMPLETE: __

PROJECT DESCRIPTION: Inground Pool 20X36

TYPE OF BUILDING: _____ TYPE OF CONSTRUCTION: _____

OCCUPANCY: _____

USE OF PROPERTY: _____

NO. OF STORIES: _____ NO. OF BATHS: _____ NO. OF BEDROOMS: _____

AREA OF BUILDING (SF): _____ HEATED AREA: _____ UNHEATED AREA: _____

ADDITIONAL PERMITS REQUIRED: ELEC. (✓) MECH. (✓) PLUMB. ( ) OTHER ( ) _____

I HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND ALL WORK WILL COMPLY WITH THE STATE CODE AND ALL OTHER APPLICABLE STATE AND LOCAL LAWS, ORDINANCES AND REGULATIONS. THE INSPECTION DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES IN THE APPROVED PLANS AND SPECIFICATIONS FOR THE PROJECT PERMITTED HEREIN. THIS APPLICATION BECOMES A PERMIT ONLY WHEN VALIDATED AND APPROVED. THE PERMIT PLACARD WILL BE POSTED AT JOB SIGHT.

SIGNATURE OF APPLICANT: _____
OWNER: ( ) AGENT: ( )

A NON-REFUNDABLE $45.00 APPLICATION FEE IS INCLUDED IN THE CHARGES ON ALL PERMITS.