

**IREDELL COUNTY DEPARTMENT OF PLANNING & ENFORCEMENT
INSPECTION DIVISION
BLANKET PERMIT APPLICATION FOR SUB TRADES
P. O. BOX 788
227 S. CENTER ST.
STATESVILLE, NC 28687
TELEPHONE: (704) 878-3113
FAX: (704) 878-3171
www.mspection.com/counties/iredell
www.co.iredell.nc.us**

This form to be used only for blanket permit applications where the blanket-building permit has been issued and the required fees for this permit have been paid by the owner or general contractor when the building permit was issued.

Permit #: _____ Date: _____

Application is for: Electrical _____ Plumbing _____ Mechanical _____ Ventilation _____
Sprinkler _____ Refrigeration _____ Fire _____ Gas _____ Other _____
(Please Specify)

Building Owner: _____ Phone: _____

Address of Project: _____

Contractor: _____

License #: _____ Phone: _____

Fax: _____ Cell: _____ Direct connect: _____

Contractor Address: _____

Contact Person: _____

Estimated Cost: \$ _____

Brief Description of Proposed Work: _____

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.

Signature of Contractor: _____