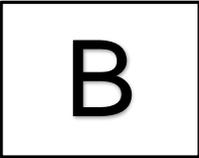




**TOWN OF BENSON**  
**PLANNING, ZONING, INSPECTIONS DEPARTMENT**  
**303 E. CHURCH ST. | BENSON, NC 27504 | 919-894-3553**  
[INSPECTIONS@TOWNOFBENSON.COM](mailto:INSPECTIONS@TOWNOFBENSON.COM)



**BUILDING** Permit Application

GENERAL INFORMATION				OFFICE USE ONLY	
Applicant Name:			Permit Number		
Job Site Address:			Received Date		
Parcel ID:			Received By		
Subdivision:		Lot #:	Permit FEE		
Property Owner:			Property Owner Phone #:		
Property Owner Email:					
Project Contact Name:			Project Contact Phone #:		
Project Contact Email:					
PROJECT INFORMATION					
Accessory Structure <input type="checkbox"/>	Demolition <input type="checkbox"/>	Sign <input type="checkbox"/>	Move Building <input type="checkbox"/>		
Addition <input type="checkbox"/>	Manufactured Home <input type="checkbox"/>	Remodel <input type="checkbox"/>	Pool <input type="checkbox"/>		
Alteration/Repair <input type="checkbox"/>	Single Family <input type="checkbox"/>	Commercial <input type="checkbox"/>	Fence <input type="checkbox"/>		
Provide a detailed project description:					
CONSTRUCTION INFORMATION					
Total Sq. Ft.:		Stories:	Building Height:		<b>PROJECT COST</b>
Heated Sq. Ft.:		Bedrooms:	Zoning District:		
Type:	Bathrooms:	Pool:			
MANUFACTURED HOME					
Make:		Model:		Serial #:	
Year:		Single Width/Length:		Double Width/Length:	
UTILITIES					
Water: Public <input type="checkbox"/>		Private <input type="checkbox"/>		Sewer: Public <input type="checkbox"/>	
				Private <input type="checkbox"/>	
Water Provider: Town of Benson <input type="checkbox"/>			Johnston Co. <input type="checkbox"/>	Johnston Co. Well/Septic Permit #	
Electric Provider:					
Premise #:					
Gas Company:					
CONTRACTOR INFORMATION					
GENERAL BUILDING CONTRACTOR					
DBA:			License Holders Name:		
State License Number:			Address:		
Phone Number:			Email:		
ELECTRICAL CONTRACTOR					
DBA:			License Holders Name:		
State License Number:			Address:		
Phone #:			Email:		
MECHANICAL CONTRACTOR					
DBA:			License Holders Name:		
State License Number:			Address:		
Phone #:			Email:		
PLUMBING CONTRACTOR					
DBA:			License Holders Name:		
State License Number:			Address:		
Phone #:			Email:		

<b>OTHER CONTRACTOR</b>	
DBA:	License Holders Name:
State License Number:	Address:
Phone #:	Email:

**G. S. 153.A-358. Time limitations on the validity of permits. A permit issued pursuant to G.S. 163A-357 expires six months, or any lesser time fixed by ordinance of the town, after the date of issuance if the work authorized by the permit has not commenced. If after commencement the work is discontinued for a period of 12 months, the permit therefore immediately expires. No work authorized by a permit that has expired may thereafter be performed until a new permit has been secured.**

**The Undersigned does hereby certify that the information given above is correct and agrees that any construction, alteration, or placement of a building or sign shall comply with all local and state laws, the Town of Benson's Zoning Ordinance, the North Carolina State Building Code, as well as any restrictions attached. The premises may not be used for any purpose or in any manner prohibited by local ordinances and/or regulations. The applicant furthermore declares that he/she is the property owner or their authorized agent.**

<b>Applicant Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	
<b>Approved By:</b>	<b>Date:</b>