



City of Greensboro: Development Services
Residential Building Permit Application
300 W. Washington St.
Greensboro, NC 27405
Office: 336-373-2155 Fax: 336-373-3637

[Plan Review & Tracking](#)

PROJECT ADDRESS: _____ **Date:** _____

Owner: _____ **Telephone:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Contact Person: _____ **Telephone:** _____ **Fax:** _____

Email Address: _____

Contact Person will receive all the correspondence, notices and questions from Plan Review

Contractor Name: _____	Telephone: _____	Fax: _____
Address: _____	City/State: _____	Zip: _____
CONTRACTOR CODE #: _____	State License #: _____	Classification: _____
Design Professional: _____	PE <input type="checkbox"/> Arch <input type="checkbox"/> Reg #: _____	

Description of Work: _____ **Work Area Sq. Ft.:** _____

Property Use: ☐ Single Family ☐ Two Family ☐ Townhouse

Building Construction: ☐ Brick Veneer ☐ Frame/Siding ☐ Other _____

Is the Residence: ☐ New ☐ Existing/Renovation ☐ Addition

Number of Rooms: _____ **Number of Bedrooms:** _____ **Number of Bathrooms:** _____

Heated Area:	Basement: _____ Sq. Ft.	Unheated Area:	Basement: _____ Sq. Ft.
	1st Floor: _____ Sq. Ft.		Garage: _____ Sp. Ft.
	2nd Floor: _____ Sq. Ft.		Deck/Porch: _____ Sq. Ft.
	3rd Floor: _____ Sq. Ft.		

Total Heated Area: _____ **Sq. Ft.** **Total Unheated Area:** _____ **Sq. Ft.**

Total Heated Plus Unheated: _____ **Sq. Ft.**

Utilities: **Type of Heat:** ☐ Gas ☐ Electric ☐ Other

Water: ☐ Public ☐ Private **For Private, Health Dept. Permit #:** _____

Sewer: ☐ Public ☐ Private **For Private, Health Dept. Permit #:** _____

Check if Residence Located ☐ Flood Plain ☐ Fire District ☐ Overlay

in or Classified as: ☐ Landmark Property ☐ Local Historic District ☐ National Historic District

***Owner is responsible for verifying property historic status and obtaining Certificate of Appropriateness if required COA#** _____

Construction:	Total _____	Sub-Contractor Names:
	Electrical _____	
	Plumbing _____	
	Mechanical _____	
	General _____	

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Division will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature _____