



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

Plan Review & Tracking

Total Construction Cost: _____ Electrical Cost: _____ Plumbing Cost: _____ Mechanical Cost: _____ General Construction Cost: _____
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Date: _____

Applicant Name: _____
 Check one: Architect/Engineer/Designer Contractor Owner Tenant

Project Name: _____

Project Address: _____

Contact Person: _____ **Phone:** _____ **Fax:** _____

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

Additional Contacts:
 (optional) _____ **Phone:** _____ **Fax:** _____

Email: _____

Description of Work: _____

For New Buildings: New Shell Only Initial Upfit

For Existing Buildings: Addition Alteration or Tenant Upfit

Work Area: _____

Check If Building Located In Or Classified As:	<input type="checkbox"/> Flood Plain	<input type="checkbox"/> Fire District	<input type="checkbox"/> Overlay
	<input type="checkbox"/> Landmark Property	<input type="checkbox"/> Local Historic District	<input type="checkbox"/> National Historic District

Describe the use of the building/ nature of the business: _____

Previous occupancy/use: _____

This permit will be issued to (check only one): General Contractor Owner Tenant

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.

Applicant Signature _____