



TOWN OF LILLINGTON NON-RESIDENTIAL APPLICATION FOR CONSTRUCTION

Planning & Inspections Department
106 West Front Street, PO Box 296 Lillington NC 27546 • phone 910-893-2654 • fax 910-893-3693

- PLEASE NOTE:**
1. Three sets of plans
 2. Three sets of site plans with setbacks
 3. All application items and signatures must be complete
 4. Permit costs based on construction costs.

Owner Information: Name _____ Phone _____
 Home Street Address _____ City _____ State _____ Zip _____
 Lot Number _____ Subdivision _____ Phase _____

Site Location Information:
 Address _____ City _____ State _____ Zip _____
 Lot Number _____ Subdivision _____ Phase _____

General Contractor:
 Name – Please Print _____ *N.C. State License # _____
 Expiration of Workers Compensation Insurance ____/____/____ Phone _____ Fax _____
 Street Address _____ City _____ State _____ Zip _____
 General Contractor's Signature _____ Contact Person _____

Electrical Company:
 Company Name – Please Print _____ *N.C. State License # _____
 Authorized Contractor's Signature _____ Phone _____
 Street Address _____ City _____ State _____ Zip _____

Mechanical Company:
 Company Name – Please Print _____ *N.C. State License # _____
 Authorized Contractor's Signature _____ Phone _____
 Street Address _____ City _____ State _____ Zip _____

Plumbing Company:
 Company Name – Please Print _____ *N.C. State License # _____
 Authorized Contractor's Signature _____ Phone _____
 Street Address _____ City _____ State _____ Zip _____

*State license number must match name of company.

Cost of work being performed: Electrical \$ _____ Mechanical \$ _____ Plumbing \$ _____
 Building \$ _____ **Total \$** _____

(Resume to next page)

CHARACTERISTICS OF BUILDING:

TYPE OF IMPROVEMENT

- NEW BUILDING
- ADDITION
- ALTERATION
- FIT UP
- REPAIR
- MONUMENT SIGN
- RETAINING WALL
- SALES TRAILER
- CONSTRUCTION TRAILER

TYPE OF SEWER

- PUBLIC
- PRIVATE

PROPOSED USE

- MULTI-FAMILY
- HOTEL / MOTEL
- TEMPORARY
- OTHER

TYPE OF FRAME

- WOOD
- MASONRY
- CONCRETE
- STRUCTURAL STEEL

_____ NUMBER OF FLOORS PER BUILDING

_____ SQ. FT. EACH FLOOR

TYPE OF USE:

- MANUFACTURING
- FLOOR SPACE
- PUBLIC USE

- STORAGE
- WAREHOUSE
- SCHOOL

- OFFICE
- RESTAURANT
- RECREATIONAL

_____ # EMPLOYEES OVER 8 HOUR SHIFT OF WORK

_____ # EMPLOYEES PER SHIFT

_____ # OCCASIONAL EMPLOYEES

_____ # RESTAURANT SEATS

Please Contact _____ when permit is ready.
(Name) *(Phone number)*

Applicant Name – Print – _____

Applicant Signature _____ Date _____

Inspection Signature _____ Date _____