

Town of Leland



“Gateway to Brunswick County”

Town of Leland
Inspections Department
102 Town Hall Drive
Leland, NC 28451
910-371-3754 phone
910-371-1158 fax

Permit Application FOR COMMERCIAL Up-fit Permit #

(PLEASE PRINT CLEARLY & ANSWER ALL REQUESTED INFORMATION)

What is the proposed name of the business or company?: _____

Project Address _____ City _____ State _____ Zip _____

Number of units that are included in this upfit: _____

Owner’s Name _____ Phone: _____

Owner’s Address _____ City _____ State _____ Zip _____

Project Contact Person _____ Office Phone _____ Cell Phone _____

*General Contractor Name: _____ Phone: _____

Address _____ City: _____ State: _____ Zip _____

Contractor License #: _____ Privilege License # _____

*Mechanical Contractor Name: _____ Phone: _____

Address _____ City: _____ State: _____ Zip _____

Contractor License #: _____ Privilege License # _____

*Electrical Contractor Name: _____ Phone: _____

Address _____ City: _____ State: _____ Zip _____

Contractor License #: _____ Privilege License # _____

*Plumbing Contractor Name: _____ Phone: _____

Address _____ City: _____ State: _____ Zip _____

Contractor License #: _____ Privilege License # _____

Description Of Work: _____

DISCLAIMER: 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 Leland Building Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/ Agent: _____

Signature: _____ Date: _____

(Print name) _____

Total Project Cost: \$ _____ Building Height _____ Number of Stories _____

Total Area SQ. Ft: _____ Heated area per floor _____ Unheated area per floor _____