



# Town of Bridgeton Inspection Department

202 B Street, PO Box 570, Bridgeton, NC 28519

Telephone (252) 637-3697, Fax (252) 637-9844

## General Building Permit & Plan Review application

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NC Dept. of Environment, Health, and Natural Resources

Div. of Land Quality, Erosion control Permit # \_\_\_\_\_ N/A YES NO

Div. of Water Quality, Storm Water Permit # \_\_\_\_\_ N/A YES NO

Craven County Health Department N/A YES NO

### UTILITIES: PLEASE CIRCLE

Water: Public Water System: If Private well or water system, then Health Department Approval #: \_\_\_\_\_

Sewer: Public Sewer System If Septic tank or Private System, then Health Department Approval #: \_\_\_\_\_

Gas: Natural Gas LP Gas **Estimated Construction Cost:** \_\_\_\_\_

### APPLICANT CERTIFICATION:

I certify that all information in this application is correct, and all work will comply with all applicable state codes, laws and local ordinances. Departure from the approved plans and specifications without prior approval may result in revocation of permit. I agree to provide the Town of Bridgeton Inspection Department "as built" plans as a condition of occupancy if actual construction differs from the original plans as approved.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

### =====For Office Use:

Date Initial Application Received: (initial date) \_\_\_\_\_ Note Flood Zone: \_\_\_\_\_

### Other Department Approvals, if applicable:

Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Flood Plain Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Public Works: \_\_\_\_\_

Electric: \_\_\_\_\_ 911 Address confirmation: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_