

**EDGECOMBE COUNTY PLANNING & INSPECTIONS**

P O BOX 10 201 St. Andrew Street

Tarboro NC 27886

Phone: 252-641-7802 Email: permit@co.edgecombe.nc.us

**MISCELLANEOUS PERMIT APPLICATION**

Application Date: \_\_\_\_\_ Tax/Parcel ID #: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Land Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Land Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Permit: Moving Home/Structures:  Day Care Inspection:   
Family Care Home Inspection:  Group Home Inspection:  Other:

Description of Work: \_\_\_\_\_

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws ordinances and regulations. I further understand that this is not an authorization to begin work. **Work may only commence after approval and issuance of the permit.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**