



PERMIT APPLICATION

PERMIT #: _____

ACCESSORY BUILDINGS/STRUCTURES

CITY OF KINGS MOUNTAIN CODE ENFORCEMENT DEPARTMENT
N. PIEDMONT AVENUE - PO BOX 429 - KINGS MOUNTAIN, NC 28086
PHONE (704)734-4599 – FAX (704)730-2106 E-MAIL: tammy.scruggs@cityofkm.com

A ZONING PERMIT MUST BE APPROVED AND SUBMITTED WITH THIS APPLICATION. PLEASE CONTACT THE ZONING ADMINISTRATOR LOCATED AT CITY HALL OR Phone: (704) 730-2108 Email: peggyh@cityofkm.com

APPROVAL FROM THE CLEVELAND COUNTY ENVIRONMENTAL HEALTH MUST BE SUBMITTED WITH THIS APPLICATION IF A SEPTIC TANK IS LOCATED ON THE PROPERTY. Address: 200 S. POST RD. SHELBY, NC 28150 Phone: (980) 484-5100

PLEASE CONTACT THE KINGS MOUNTAIN ELECTRICAL DEPARTMENT AT 704-730-2125 PRIOR TO SUBMITTING THIS APPLICATION IF THE CITY UTILITY DEPARTMENT WILL BE INSTALLING A NEW SERVICE OR METER ON THIS PROJECT.

PROJECT ADDRESS: _____

OWNERS INFORMATION

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

SCOPE OF WORK: _____

Check all that apply: ACCESSORY BUILDING GARAGE/CARPORT DECK/PORCH POOL/SPA
 RETAINING WALL GAZEBO FENCE SIGN OTHER _____

POWER COMPANY: KINGS MOUNTAIN DUKE REMC

CONTRACTORS INFORMATION

GENERAL CONTRACTOR: _____ PHONE: _____ LICENSE #: _____

ADDRESS: _____ CONTACT PERSON: _____

ELECTRICAL CONTRACTOR: _____ PHONE: _____ LICENSE #: _____

PLUMBING CONTRACTOR: _____ PHONE: _____ LICENSE #: _____

MECHANICAL CONTRACTOR: _____ PHONE: _____ LICENSE #: _____

PROJECT COST: \$ _____ NOTE: A lien agent is required if total project cost is \$30,000 or more.

APPLICANT'S SIGNATURE AND PRINTED

PHONE NUMBER

DATE

By signing above I hereby certify that I am either the owner of the property or an authorized agent of the owner and that the information in this application is correct and that all work will comply with applicable State laws and local ordinances.