



PERMIT APPLICATION

PERMIT #: _____

GRADING

(required if grading exceeds one acre)

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

RESIDENTIAL

COMMERCIAL

PROJECT ADDRESS: _____

OWNERS INFORMATION

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

SCOPE OF WORK: _____

CONTRACTORS INFORMATION

BUSINESS NAME: _____ LICENSE #: _____

ADDRESS: _____ PHONE NUMBER: _____

CONTACT PERSON: _____ CONTACT PERSON #: _____

PROJECT COST: \$ _____

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.