



Town of Rolesville Planning
 502 Southtown Cir.
 P.O. Box 250
 Rolesville, NC 27571
 Phone: 919-554-6517
 Fax: 919-556-6852

<http://www.wakegov.com/inspect>

TRADE PERMIT APPLICATION

Date

Please submit the following project request details (* = Required,)

PIN (Parcel ID #)* **Project Site – Address1*** **Address 2**

City **State** **Zip Code** **Book of Map/Deed** **Page Number**

Owners Name **Address** **City** **State** **ZIP**

Primary Contact – First Name* **M.I.** **Last Name*** **Relationship to Project***

Company Name **Address 1**

Address 2 **City** **State** **ZIP Code**

Telephone Number **Number Type** Work Cell Home **Email Address**

1. Does this project involve trenching, boring or digging more than 5' from house? Yes No
2. Does project involve NEW connection to public water or sewer? Yes No
3. Is proposed to be on a one or two family structure or its accessory structures? Yes No
4. Is this work on a non-residential structure or building (Commercial)? Yes No
5. Does this project include Plumbing work? Yes No
6. Does the project include Mechanical work? Yes No
7. Does the project include Electrical work? Yes No
8. Does the project include Fire Suppression/System work? Yes No
9. Does this permit include Refrigeration work? Yes No

Type of Work* Change of Service Water or HVAC System Replace Repair/Replacement Commercial

Existing Use of Property/Structure* Number Stories*	Description of work to be performed	Project Cost*
<input type="text" value="<drop down>"/>	<input type="text" value="<free form text>"/>	<input type="text"/>

Water Supply Source* - Provider	Wastewater Disposal Type* - Provider*
<input type="text" value="<drop down>"/>	<input type="text" value="<drop down>"/>
<input type="text" value="<drop down>"/>	<input type="text" value="<free form text>"/>
<input type="text" value="<drop down>"/>	<input type="text" value="<drop down>"/>

Plumbing Cost	Mechanical Cost	Electrical Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

New Electric Service?*	Electric Service Provider*	Fire System Cost
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

Contractor - First Name**	M.I.	Last Name*	OR Company Name **
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contractor Type	Address 1*	Address 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

City*	State*	Zip Code*	License Number*	License Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number*	Number Type*	Email Address*
<input type="text"/>	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="text"/>

Contractor - First Name**	M.I.	Last Name*	OR Company Name **
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contractor Type	Address 1*	Address 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

City*	State*	Zip Code*	License Number*	License Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number*	Number Type*	Email Address*
<input type="text"/>	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="text"/>

Documents Included?* Yes No
 (ex. Site/Building Plans, Lien Agent Document, Utility Approvals, Owner Affidavit, Worker's Comp Certificate, etc.)

Signature