Gates County

Inspection Department
PO Box 411 200 Court Street Gatesville, NC 27938

OFFICE (252) 357-0122

ALARM PERMIT APPLICATION

FAX (252) 357-4577

PROJECT ADDRESS:

Owners Name:				Phone:
Address:				Mobile:
City/State/Zip				Email:
Structure Classification:	☐ Single Family ☐ Duplex	☐ Manufactured/Mobile ☐ Modular Home	☐ Commercial ☐ Other	**Type of Alarm:** ☐ Burglar ☐ Fire ☐ Other_____

Provide description of work: **Total (Including Material) Estimated Projected Cost: $_____**

_____

_____

_____

Contractor Information (Exactly as listed on North Carolina Alarm System Licensing Board)

Name of Business:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
North Carolina Alarm Contractors License#	Type:

Contractor Information (Exactly as listed on North Carolina Board of Examiners Electrical Contractors)

Name of Business:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
North Carolina Electrical Contractors License#	Class:

NOTICE

This permit becomes null and void if work or construction authorized under this permit is not commenced within 6 months or if after commencement of work no required inspection is requested and approved within any 12-month period thereafter or for substantial deviations from plans. Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction.

_____	_____	_____	_____
Printed Full Name of Applicant	Signature of Applicant	Date	IDPP initials

_____ County
_____ State

I, _____, a Notary Public in and for said State and County do hereby certify that _____, personally appeared before me this day and acknowledge that due execution of the foregoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20____

_____ My commission expires:_____
Notary Public

FOR OFFICE USE	PERMIT FEE	PERMIT #	ISSUE DATE:	PERMIT PAID: