

405 County Complex Rd.
Clinton NC 28328
Inspection: 910-592-0146
Planning: 910-631-1039
Fax: 910-596-0773



Hours of Operation:
Mon-Thurs. 7AM-5:30PM

Sampson County Inspection and Planning Department

TRADES PERMIT APPLICATION

Permit Number (if applicable): _____ Estimated Construction Cost: \$ _____

Project Owner: _____

Project Address: _____

Telephone Number: _____ Email: _____

****Signature of Contractor/Applicant: _____ Date: _____****

PROJECT INFORMATION

| | | | | |
|----------------|-------------|------------|----------|------------|
| Structure Use: | Residential | Commercial | | |
| Project Type: | Building | Electrical | Plumbing | Mechanical |
| Mobile Home: | Singlewide | Doublewide | | |

Description of Project: (Please briefly explain the work you OR your company is doing)

CONTRACTOR USE ONLY:

Contractor/Company Name: _____

NC State Contractor's License #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone #: _____ Secondary Phone #: _____

Fax #: _____ Email: _____

PAYMENT INFORMATION:

CARD NUMBER: _____

EXPIRATION: _____ CVV # (back) _____ ZIP CODE: _____

CARD HOLDER NAME: _____

******PLEASE ALLOW 3-4 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED******