

Plan Review Application  
**TOWN OF AHOSKIE**  
**INSPECTION DEPARTMENT**



**PROPERTY INFORMATION**

TAX PARCEL ID NUMBER (PIN) \_\_\_\_\_ PERMIT #: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONTRACTOR/ REPRESENTATIVE INFORMATION**

NAME: \_\_\_\_\_ Title: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PROJECT INFORMATION**

TYPE OF PROPERTY (CIRCLE ONE):            COMMERCIAL            RESIDENTIAL

TYPE(S) OF CONSTRUCTION:   BUILDING            MECHANICAL            ELECTRICAL

PLUMBING            DEMOLITION            INSULATION            OTHER: \_\_\_\_\_

DESCRIPTION OF JOB (IN DETAIL): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COST OF IMPROVEMENTS: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Plan Review Fee: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

Please allow up to 14 business days once payment as well as plans have been received to complete plan reviews unless otherwise noted.