



## Richmond County Building Inspection Department

221 South Hancock St  
Rockingham, NC 28379  
chacity.woolard@yahoo.com

Telephone: (910) 997-8204

Fax: (910-997-8206)

### Generator Permit Application

Owner/Project Name: \_\_\_\_\_

Owner/Project Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of work to be done: \_\_\_\_\_

\_\_\_ Residential      Project Cost: \_\_\_\_\_

\_\_\_ KW    \_\_\_ Propane    \_\_\_ Natural Gas

Installation Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_      Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_      Email: \_\_\_\_\_

State License #: \_\_\_\_\_      Signature: \_\_\_\_\_

Fuel Piping Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_      Email: \_\_\_\_\_

State License #: \_\_\_\_\_      Signature: \_\_\_\_\_

I hereby certify that the above statements are true and all work is being performed under the State License number above.

Contractor's Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_      Date: \_\_\_\_\_