



# BUILDING PERMIT APPLICATION

For all Residential and Commercial Requests

Residential application

Commercial application

The following information is required on all permit applications.  
Additional information may be included to ensure that all state and local laws are complied with.

<u>Property Owner Information</u>	<u>*Contractor/General Contractor/Agent/Other</u>	
Name:	Bus./Cont. Name:	
Phone(H/O): (include area code)	Phone(O): (include area code)	
Phone (Cell):	Phone (Cell):	
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Owner Email:	Contractor Email:	
	State License #:	Other St. License. #:

**Project Manager:** (Name) \_\_\_\_\_ Phone # \_\_\_\_\_

## Construction site address:

Construction value: \$		Est. start date:	
Type of Building: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Addition <input type="checkbox"/> N/A		Equipment: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Addition <input type="checkbox"/> N/A	
Occupancy: <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U			
Type of Construction: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> V A <input type="checkbox"/> V B			
Property Use: <input type="checkbox"/> Single-Family <input type="checkbox"/> Two Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Other (Library, Office, etc.)			
<b>Total (new) Heated area:</b>	<b>Total (new) Unheated area:</b>	<b>No. of stories:</b>	
1 <sup>st</sup> Floor sq.ft.	Carport*** sq.ft.	<b>Bldg. height:</b>	
2 <sup>nd</sup> Floor sq.ft.	Garage*** sq.ft.	***Accessory dimensions:	
3 <sup>rd</sup> Floor sq.ft.	Porch/Deck sq.ft.	***Accessory height:	
Other sq.ft.	Porch/Deck sq.ft.	CAMA Permit #: <input type="checkbox"/> Yes <input type="checkbox"/> No (please include copy)	
	Shed/Outbuilding*** sq.ft.	Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No (please include copy of the following)	
	Other sq.ft.	Certificate of Appropriateness: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Minor Works:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>**Total:</b> sq.ft.	<b>**Total:</b> sq.ft.	<b>** Total (new) square footage:</b>	

\*\*\* Required information for most structural permits.

General description of work to be performed: (Please print and be specific)

(May attach another page if necessary to complete the description.)

**PLEASE READ BEFORE SIGNING.** By signing this application, I certify all information within this application is correct and all work will comply with the applicable N.C. State Building Codes and all other applicable State and local codes, ordinances, and regulations. The Town's Inspection Department will be notified **immediately** of any change in the approved application and/or specifications for the project permitted. A final inspection shall be called for by the owner, contractor, agent, or other individual listed below within ten (10) working days of substantial completion of project. Unless restrictions apply, construction must begin within six (6) months of the permit issue date or the permit becomes null and void.

\_\_\_\_\_  
Owner, General Contractor, or Agent Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Print or type name above

\_\_\_\_\_  
Phone