

CUMBERLAND PLANNING & INSPECTION
PO DRAWER 1829, FAYETTEVILLE, NC 28302-1829
(910)321-6636 FAX (910)321-6637

**APPLICATION FOR PERMIT
BUILDING/ZONING**

NOTE: Incomplete applications will not be processed

Parcel # _____ OFFICE USE: Bldg _____ Zoning _____ Zoned _____ Corner Lot _____

PROJECT ADDRESS _____ Ste _____ City _____ State _____ Zip _____

Subdivision/Development _____ Lot _____ Bldg _____ Unit _____

Directions: _____

Property Owner _____ Phone # _____ / _____

Prop. Owner's Address _____ City _____ State _____ Zip _____

STRUCTURE IS: _____ Residential _____ Commercial _____ Multi-Family _____ Signs
IMPROVEMENT IS: _____ New Structure _____ Addition to Existing Structure _____ Renovation/Alteration/Upfit _____ Insulation

DESCRIBE WORK: _____

PRIMARY BUILDING OCCUPANCY/USE (per NC State Building Code):

_____ Condo/Townhouse _____ Apt/Duplex _____ Single-Family _____ Utility _____ Assembly _____ Institutional
_____ Business _____ Mercantile _____ Educational _____ Storage _____ Factory/Ind. _____ Hazardous

The entire project cannot be permitted at this time. This application is for: _____ Foundation Only _____ Shell Only

CONTRACTOR _____ Phone # _____ # _____

Contractor Address _____ City _____ State _____ Zip _____

St. License # & Classification _____ Contact: _____ Phone: _____

CONSTRUCTION TYPE: IA _____, IB _____, IIA _____, IIB _____, IIIA _____, IIIB _____, IV _____, VA _____, VB _____

Number of STORIES: _____ Heated Area: _____ Unheated Area: _____ TOTAL AREA: _____

Area per Floor: 1st _____ 2nd _____ 3rd _____ TOTAL CONSTRUCTION COST: \$ _____

WATER: Public _____ Provider: _____ Well _____ Permit #: _____ SEWER: Public _____ Provider: _____ Septic _____ Permit # _____

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable State and local laws, ordinances and regulations. The Planning and Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature Printed Name Date

Method of Payment: Cash _____ Check _____ Mastercard _____ Visa _____ FEES: Building \$ _____
Zoning \$ _____
Acct #/Ck# _____ Exp. Date _____ HOF \$ _____
Other: _____ \$ _____
Billing Address-St # _____ Zip _____ TOTAL FEES: \$ _____
(PURSUANT TO NCGS 25-3-506, A \$25 PROCESSING FEE SHALL BE CHARGED FOR ALL RETURNED CHECKS)

FOR OFFICE USE ONLY SETBACKS: Front: _____ Rear: _____ Left Side: _____ Rt. Side: _____

COMMENTS: _____

_____ To be sited in accordance with approved site plan _____ & all Conditions of Approval—Case # _____

_____ Fire Damaged area must be inspected after damaged material is removed. Disposal must be in accordance w/all laws & reg.

Bldg Approval: _____ Date: _____ Zoning Approval: _____ Date: _____