

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

APPLICATION FOR PERMIT
SINGLE FAMILY DWELLING

NOTE: Incomplete applications will not be processed

Tax Parcel Number _____ Development/Subdivision _____ Lot # _____
Project Address _____ City _____ State _____ Zip _____

Property Owner _____ Telephone # _____
Owner's Address _____ City _____ State _____ Zip _____

General Contractor _____ Tele # _____ # _____

Street Address _____ License#/Class: _____

Electrical Contractor _____ Tele # _____ # _____

Street Address _____ License#/Class: _____

HVAC Contractor _____ Tele # _____ # _____

Street Address _____ License#/Class: _____

Gas Contractor _____ Tele # _____ # _____

Street Address _____ License#/Class: _____

Plumbing Contractor _____ Tele # _____ # _____

Street Address _____ License#/Class: _____

Construction Type: VB Modular: _____ Number of Stories: _____ Termite Treatment-Type: _____

TOTAL AREA: Heated: _____ Unheated Area: _____ Total Square Footage: _____ Deck: _____ sq. ft.

FIREPLACE: _____ Masonry _____ Prefab-Wood _____ Prefab-Gas _____ GAS LOGS: _____ IMPROVEMENT VALUE: _____

WATER: _____ Public-Provider: _____ Well (# _____) \$ _____

SEWER: _____ Public-Provider: _____ Septic Tank (# _____)

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.

Gen. Contractor/Owner/Agent Signature _____

Printed Name _____

Date _____

METHOD OF PAYMENT: _____ Cash _____ Check # _____ FEES: New Single Family Dwelling \$ _____

Credit Card: _____ Visa _____ MasterCard Exp. Date _____ HORF \$ _____

Acct. # _____ V Code _____ TOTAL FEE: \$ _____

Billing Address: Street # _____ Zip Code _____

(PURSUANT TO NCGS 25-3-506, A \$25 PROCESSING FEE SHALL BE CHARGED FOR ALL RETURNED CHECKS)

FOR OFFICE USE ONLY

ZONE: _____ Corner Lot: _____ Flood Cert. Required: _____

_____ Structure to be placed in accordance with approved site plan.

SETBACKS: Front _____ Rear _____ Side-Left _____ Right _____

_____ Must be developed in accordance with site plan review & all Conditions of Approval-Case# _____

Comments: _____

Zoning: _____ Date: _____ Building: _____ Date: _____