

**APPLICATION FOR PERMIT
SINGLE FAMILY DWELLING**

NOTE: Incomplete applications will not be processed

9/05

Parcel # _____

OFFICE USE: Zoned _____ Corner Lot _____

PROJECT ADDRESS _____ City _____ Zip _____

Subdivision/Development _____ Lot _____ Bldg _____ Unit _____

Directions: _____

PROPERTY OWNER _____ Phone # _____

Prop. 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: _____

(Additional contractors may be listed on the back of this form or on the Contractor Attachment form)

Construction Type: VB Modular: _____ Number of Stories: _____ Bait Termite Treatment: Yes _____ No _____

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

FIREPLACE: Masonry _____ Prefab-Wood _____ Prefab-Gas _____ GAS LOGS: _____ TOTAL CONST. COST \$ _____

WATER: Public _____ Provider: _____ Well _____ Prmt#: _____ SEWER: Public _____ Provider: _____ Septic Tank _____ Prmt# _____

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

FOR OFFICE USE ONLY Flood Cert. Required _____

Setbks: Front _____ Rear _____ Left _____ Rt _____

Comments _____

To be sited in accordance with approved site plan

& all Conditions of Approval---Case# _____

Zoning: _____ Date: _____

Bldg: _____ Date: _____

FEES: New Single Family Dwelling \$ _____

HORF (Licensed Contractors Only) \$ _____

TOTAL FEE -Single-Family \$ _____

Additional Fees:

Env. Health---Pmt _____ \$ _____

Little Rockfish -Pmt _____ \$ _____

TOTAL ALL FEES \$ _____

PMT SUBMITTED BY: Ck# _____

Crdt Card on File _____ Pay when approved _____

CUMBERLAND COUNTY PLANNING & INSPECTIONS DEPARTMENT

Complete this section if there are any additional contractors:

Contractor: _____ Tele # _____ Type Contractor _____

Street Address _____ License#/Class _____

Work performed by this contractor: _____

Contractor: _____ Tele # _____ Type Contractor _____

Street Address _____ License#/Class _____

Work performed by this contractor: _____

(Contractor Attachment Application may be used if additional space is required)

THE FOLLOWING SECTIONS MUST BE COMPLETED

THE APPLICANT'S RESPONSIBILITY - IDENTIFYING PROPERTY LINES

I, _____, certify that I am authorized for myself or on behalf of _____, owner, to make this application for a permit. I agree to be responsible for placing stakes to indicate property boundaries and right-of-way boundaries for the project location above. I agree to verify the accuracy of such stakes before requesting any inspection. I acknowledge that I will not receive any inspections if these markers are not in place when an inspector arrives.

I waive any claim against the county and release it completely from liability for any damages resulting from any structures that do not meet the county zoning ordinance criteria because of incorrect marking of property or right-of-way boundaries.

Signature _____ Date _____

REQUIRED AFFIDAVIT FOR PROJECTS OF \$30,000 OR MORE

The undersigned applicant for Building Permit # _____ being the Contractor Homeowner Agent does hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

1. NCGS 87-1: NC General Contractors Licensing

_____ has, since this project meets or exceeds \$30,000, a NC General Contractor's License in effect, # _____.
_____ owns the land on which the building is to be constructed *and* the building *is solely for occupancy by the owner*—not for rent, lease or sale. Occupancy by the owner must be for a period of at least one year.

2. NCGS 87-14: Workers' Compensation Coverage

_____ has three (3) or more employees and have obtained workers' compensation insurance to cover them.
_____ has one or more subcontractor(s) and have obtained workers' compensation insurance covering them.
_____ has one or more subcontractor(s), who have their own policy of workers' compensation covering themselves.
_____ has not more than two (2) employees and no subcontractors.

It is understood that the Planning and Inspections Department issuing the permit may require certificates of coverage and/or waivers compensation insurance coverage or copies of other licenses and taxes prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

PLEASE PRINT:

Firm Name: _____ Phone _____

Signature: _____ Title: _____ Date: _____

Application—SFD9-05

