

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**

Parcel # \_\_\_\_\_

OFFICE USE: Zoned \_\_\_\_\_ Corner Lot \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 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: \_\_\_\_\_

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

TOTAL AREA: Heated: \_\_\_\_\_ Unheated Area: \_\_\_\_\_ Total Square 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

**METHOD OF PAYMENT:** Cash \_\_\_\_\_ Check \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ **FEES:** New Single Family Dwelling \$ \_\_\_\_\_

Acct #/Ck# \_\_\_\_\_ Exp. Date \_\_\_\_\_ **HORF** \$ \_\_\_\_\_

Billing Address-St. # \_\_\_\_\_ Zip \_\_\_\_\_ **TOTAL FEE:** \$ \_\_\_\_\_

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

**FOR OFFICE USE ONLY** Flood Cert. Required: \_\_\_\_\_ SETBACKS: Front \_\_\_\_\_ Rear \_\_\_\_\_ Left Side \_\_\_\_\_ Rt Side \_\_\_\_\_

Comments \_\_\_\_\_

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

Zoning: \_\_\_\_\_ Date: \_\_\_\_\_ Building: \_\_\_\_\_ Date: \_\_\_\_\_