

Rec'd By: \_\_\_\_\_

- Is Property within City of Sanford Limits?
- Is Property within Lee County Jurisdiction?
- Is Property within Broadway Town Limits?
- Is Property within ETJ?
- Is Property within Historic District?

*City of Sanford / County of Lee / Town of Broadway*  
**BUILDING PERMIT APPLICATION**

115 Chatham Street, Sanford, NC 27330

Telephone (919) 718-4654

www.sanfordnc.net

Fax (919) 718-4636

<b>APPLICANT INFORMATION</b>			
Address/Location of Property			
Subdivision:			
Lot #:		Parcel #:	
Corner Lot?	Yes      No	Lot Size/Acreage:	
*Corner Lot: A lot abutting two (2) streets at their intersections		Road Frontage	feet
<b>POWER SUPPLIER</b>			
Duke Energy		Central Electric	
<b>UTILITIES</b>			
Existing		Proposed	
Public Water		Private Well*	
Public Sewer		Private Sewer System*	
Other, List Type:			
*Health Department approval required for private wells & private sewer systems.			
<b>TYPE OF CONSTRUCTION</b>			
Residential		Commercial	
<b>Description of Proposed Work:</b>			
<b>TYPE OF BUILDING</b>			
New	Total Project Cost		
Existing	Total Project Cost		
Addition	Total Project Cost		
Other	Total Project Cost		
*Copy of value, bid or quote required!			
Note: A notarized Accessory Building Certification is required before issuance of a Building Permit. (See Planning Dept.)			
<b>SQUARE FOOTAGE</b>			
Heated	Square Feet	Number of Stories	
Unheated	Square Feet	Number of Baths	
Porches/Decks	Square Feet	Basement	Yes      No
<b>OCCUPANCY CLASSIFICATION</b>			
Assembly A-1/A-2/A-3/A-4/A-5	Institutional I-1/I-2/I-3/I-4	Business	
Hazardous H-1/H-2/H-3/H-4/H-5	Factory/Ind F-1/F-2	Educational	
Residential R-1/R-2/R-3/R-4	Storage S-1/S-2	Mercantile	
Utility	Mixed		
<b>TYPE OF CONSTRUCTION</b>			
Type I A/B	Type II A/B	Type III A/B	Type IV
			Type V A/B

**Place X and complete additional information for each permit type needed.**

Further, YOU ARE HEREBY NOTIFIED that each individual LICENSED contractor is required to submit their own application(s) and sign the actual permit(s) after the building permit has been approved and issued.

**\*This application DOES NOT constitute a permit for all trades!\***

Owner Name				Phone		
Address						
City			State			Zip
<b>BUILDING CONTRACTOR</b>						
Contractor				License #		
Address						
City			State			Zip
Telephone			Email			Fax
<b>ELECTRICAL CONTRACTOR</b>						
*Please check box if this job will require Electrical Permit. This application DOES NOT constitute a permit.						
Contractor				License #		
Address						
City			State			Zip
Telephone			Email			Fax
<b>PLUMBING CONTRACTOR</b>						
*Please check box if this job will require Plumbing Permit. This application DOES NOT constitute a permit.						
Contractor				License #		
Address						
City			State			Zip
Telephone			Email			Fax
<b>MECHANICAL CONTRACTOR</b>						
*Please check box if this job will require Mechanical Permit. This application DOES NOT constitute a permit.						
Contractor				License #		
Address						
City			State			Zip
Telephone			Email			Fax
<b>SPRINKLER/FIRE ALARM CONTRACTOR</b>						
*Please check box if this job will require Sprinkler/Fire Alarm Permit. This application DOES NOT constitute a permit.						
Contractor				License #		
Address						
City			State			Zip
Telephone			Email			Fax

The undersigned hereby makes application for permit and inspection of all work described and agrees to comply with all building regulations and other laws applicable to the use of the structure referred to herein.

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and Local Laws, Ordinances and Regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

NOTE: It is the contractor/applicant's responsibility to call for inspection at proper stage of work.

Permits will be issued personally to the license holder of record only. A bonafide employee of the licensee will be allowed to obtain permits upon submittal of the "Authorization for Permit Application by Employee of Licensed Contractor Form".

\_\_\_\_\_  
*SIGNATURE OF QUALIFIER OF LICENSE*

**THE FOLLOWING AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE MUST BE COMPLETED BY THE APPLICANT FOR THE BUILDING PERMIT AND THEIR SIGNATURE NOTARIZED!**

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE (N.C.G.S. §87-14)**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:  

Contractor	Owner	Officer/Agent of the Contractor or Owner
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do hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

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

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

**THE SIGNATURE OF THE QUALIFIER OF THE LICENSCE MUST BE NOTARIZED BELOW.**

Firm or Company Name			
By		Title	
Date			

I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County and State of North Carolina do hereby certify that \_\_\_\_\_ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public Signature

My Commission Expires: \_\_\_\_\_  
 (SEAL)

\*\*\*\*\***(THIS PAGE FOR OFFICE USE ONLY)**\*\*\*\*\*

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**BUILDING INSPECTION DEPARTMENT REVIEWED SECTION**

PLANS & PAGE 1 OF APPLICATION REVIEWED BY: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

**OTHER PERMITS THAT THIS BUILDING PERMIT WILL REQUIRE:**    E M P SP Other: \_\_\_\_\_

COMMENTS (*If any*): \_\_\_\_\_  
\_\_\_\_\_

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**ZONING REVIEWED SECTION**

APPROVAL ATTACHED? REVIEWED BY: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

COMMENTS (*If any*): \_\_\_\_\_  
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**ENVIRONMENTAL HEALTH DEPARTMENT REVIEWED SECTION**

APPROVAL ATTACHED? REVIEWED BY: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

COMMENTS (*If any*): \_\_\_\_\_  
\_\_\_\_\_

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**FIRE DEPARTMENT REVIEWED SECTION**

APPROVAL ATTACHED? REVIEWED BY: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

COMMENTS (*If any*): \_\_\_\_\_  
\_\_\_\_\_

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**PUBLIC WORKS/ENGINEERING REVIEWED SECTION**

APPROVAL ATTACHED? REVIEWED BY: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

COMMENTS (*If any*): \_\_\_\_\_  
\_\_\_\_\_

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**E911 ADDRESSING SECTION**

APPROVAL ATTACHED? REVIEWED BY: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

COMMENTS (*If any*): \_\_\_\_\_  
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