



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

Owner Name	Phone:	Email:
Address		
City	State:	Zip:

**BUILDING CONTRACTOR**

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

**ELECTRICAL CONTRACTOR**

\*Please check box if this job will require Electrical Permit.

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

**PLUMBING CONTRACTOR**

\*Please check box if this job will require Plumbing Permit.

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

**MECHANICAL CONTRACTOR**

\*Please check box if this job will require Mechanical Permit.

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

**ADDITIONAL CONTRACTOR**

\*Please check box if this job will require an additional permit.

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

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 LICENSE QUALIFIER**

**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

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.

Name of Company: \_\_\_\_\_  
(if applicable)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ELECTRICAL

**RESIDENTIAL:** New

**BASIC FEE:** Repairs, Renovations, Alterations and Additions

Total Amperage:		Plus <input type="checkbox"/> Special Outlet	How many?
Basic Fee:	<input type="checkbox"/> Up to 200 AMPS	Plus <input type="checkbox"/> Subpanel	How many?
	<input type="checkbox"/> Per 100 AMPS above 200	Plus <input type="checkbox"/> Room Addition	How many?

**MISCELLANEOUS AND SERVICE CHANGES:**

<input type="checkbox"/> MINIMUM FEE FOR ITEMS NOT SHOWN	<input type="checkbox"/> CONDITIONAL POWER
<input type="checkbox"/> MECHANICAL CHANGE OUTS	<input type="checkbox"/> POWER RESTORATION
<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> SWIMMING POOL GROUNDING
<input type="checkbox"/> SERVICE CHANGE 125-200 AMP # of AMPS:	<input type="checkbox"/> SIGNS # of AMPS:
<input type="checkbox"/> SPECIAL OUTLETS # of Special Outlets:	<input type="checkbox"/> SERVICE CHANGE 100 AMP OR LESS # of AMPS:
<input type="checkbox"/> TEMPORARY SERVICE POLE	

# MECHANICAL

Electrical Contractors Information for Change outs Name: \_\_\_\_\_

License #: \_\_\_\_\_

**DESCRIBE TYPE & SIZE OF UNIT(S) TO BE INSTALLED/REPAIRED:** \_\_\_\_\_

\*PLEASE NOTE THAT A SEPARATE ELECTRICAL PERMIT MAY BE REQUIRED FOR MECHANICAL INSTALLATIONS\*

**RESIDENTIAL:**

Items Not Shown	\$75.00	<input type="checkbox"/> Other (Bath Fans, Dryer Exhaust)	\$50.00
<input type="checkbox"/> HVAC-Electric <input type="checkbox"/> HVAC-Gas	\$75 per unit-electrical/gas piping permit may apply	<input type="checkbox"/> Gas Piping/ Gas Pressure Test	\$50.00
		<input type="checkbox"/> Gas Logs/Fireplace	\$50.00
		<input type="checkbox"/> Gas Accessories (Dryer/Range/Grill/Etc.) If Etc. above, Please Explain):	
Ductwork Additions/Only	\$75.00		

# PLUMBING

Basic Fee: **NEW**

- Full Bath: \_\_\_\_\_ Qty: \_\_\_\_\_
- Half Bath: \_\_\_\_\_ Qty: \_\_\_\_\_

Basic Fee: **MODULAR**

- Water Line: \_\_\_\_\_ Qty: \_\_\_\_\_
- Sewer Line: \_\_\_\_\_ Qty: \_\_\_\_\_

\*\* Will you also be installing Water/Sewer Lines at this residence?

- YES                       NO

**City of Sanford / County of Lee / Town of Broadway**

115 Chatham St., Suite 1 Sanford, NC 27330

☎ Telephone (919) 718-4654      🌐 www.sanfordnc.net

**APPLICATION FOR TEMPORARY UTILITY SERVICE**

**Please read the following information carefully!**

**TEMPORARY/CONDITIONAL UTILITY SERVICES NOT ALLOWED FOR MODULAR UNITS!**

**The Following Items Must Be Completed Prior to Request and Inspection for Temporary Utility Service Inspection:**

- All sheetrock must be installed.
- Only one BREAKER installed on a designated circuit will be allowed and must be GFCI protected.
- Must have disconnects and overload protection installed for heating system.
- All loose wires must be made safe.
- The applicant shall assume the responsibility to alert personnel working in the residents of the energized electrical system.

**The Following Regulations are Enforced:**

- Prior approval must be obtained from the Electrical Inspector before storing furniture, boxes and/or other combustible materials.
- Structure is not to be occupied until a Certificate of Occupancy / Compliance is issued. *Any infraction of this rule will result in forfeiture of temporary power privileges; and further, any future request for temporary utility will be prohibited.*
- An extension of time may be granted by the Electrical Inspector for completion of construction if it deems necessary.
- The responsible agent consents to all provisions of the 202 N.E.C w/ NC amendments.

***Application is hereby made as follows:***

Electrical Service in Name of: \_\_\_\_\_

Address of Temporary Service Request: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_

**APPLICATION TO CITY OF SANFORD FOR TEMPORARY UTILITY SERVICE AND TO  
\_\_\_\_\_ POWER COMPANY.**

The undersigned are hereby requesting temporary utility service for \_\_\_\_\_ days beginning the date the temporary service is approved by the applicable City of Sanford/Lee County Inspector. Service will be disconnected the following day after the temporary service expires unless a permanent Certificate of Occupancy / Compliance has been issued.

\_\_\_\_\_  
General Contractor (signature & date)

\_\_\_\_\_  
Electrical Contractor (signature & date)

# SANFORD / LEE COUNTY / BROADWAY

## ZONING CLEARANCE APPLICATION – RESIDENTIAL PROJECTS



115 Chatham Street, Sanford, NC 27330

919.718.4656

[zoning@sanfordnc.net](mailto:zoning@sanfordnc.net)

This application is intended for all projects related to residential construction, including: new single- and two-family home construction, new additions to existing homes, the construction of accessory buildings, the construction of accessory dwellings (2<sup>nd</sup> homes), and interior renovations. Please include a site plan/plot plan showing the scope of work intended and existing conditions such as septic systems and wells, if present. Site plan examples are provided for your reference.

**Jurisdiction:**  Sanford, including ETJ  Lee County  Broadway, including ETJ

**Property Address/Location:** \_\_\_\_\_ **Parcel/Tax ID #:** \_\_\_\_\_

**Name of Subdivision or Mobile Home Park:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**Proposed Project Type** (select only one option, as each of these must be reviewed/permitted separately):

- New Home Construction  Accessory Dwelling (2<sup>nd</sup> Home)  Addition to Existing Home  
 Accessory Building (shop, garage, etc.)  Renovations Only (no additions)  Swimming Pool

**If Building a New Home, Select the Home Type:**  Site- or Stick-Built  Modular  Manufactured

**If Building an Accessory Building:** Total Square Footage: \_\_\_\_\_ Building Height: \_\_\_\_\_

**Description of Project:** \_\_\_\_\_

### **Proposed Minimum Building Setbacks**

- Building setbacks are **the minimum required distance from the structure (home) to the property line.**
- If any structure proposed for construction/expansion is **within 5ft** of a minimum building setback, the property lines **must** be located by a licensed land surveyor.
  - This is also required if the location of your proposed structure is shifted to within 5ft of a minimum building setback line by the Lee County Environmental Health Department as part of the septic system approval process.

**Proposed Setbacks:** FRONT \_\_\_\_\_ ft. REAR \_\_\_\_\_ ft. LEFT SIDE \_\_\_\_\_ ft. RIGHT SIDE \_\_\_\_\_ ft.

**Water Source:** Is the source:  EXISTING  PROPOSED  PUBLIC  PRIVATE (well)

**Sewer Source:** Is the source:  EXISTING  PROPOSED  PUBLIC  PRIVATE (septic)

**Access:** Is the source:  EXISTING  PROPOSED  PUBLIC (street)  PRIVATE (easement)

*I hereby certify that the information provided on and attached to this application is accurate to the best of my knowledge as of the date of my signature. Also, I have illustrated all existing conditions (easements, septic system, floodplain, etc.) on the site plan required to be submitted with this application.*

**Applicant's Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

# SANFORD / LEE COUNTY / BROADWAY

## RESIDENTIAL SITE PLAN EXAMPLE



115 Chatham Street, Sanford, NC 27330

919.718.4656

[zoning@sanfordnc.net](mailto:zoning@sanfordnc.net)

This example site plan below is provided as a guide for the information that must be included on your submitted site plan for a complete Planning Department review of your proposed project. Please illustrate where you propose to construct your new project, whether it be a new home, an addition to an existing home, an accessory building, or a pool.

Provide the distance between your new structure and all property lines so that minimum building setbacks can be verified. It is extremely important that your property lines are located prior to starting construction. Building a structure within a minimum building setback will result in the failing of your inspection and you will be required to demolish and/or relocate the portion of the structure found to be within the minimum building setback.

If you are unaware of your property line locations, you will need to contact a licensed professional land surveyor to either mark your property corners or draft a to-scale site plan to submit. Your minimum building setbacks are determined by your property's zoning designation. If you do not know your property's zoning and/or minimum building setbacks, please contact the Department of Community Development at 919-718-4656 or [zoning@sanfordnc.net](mailto:zoning@sanfordnc.net).

### SITE PLAN EXAMPLE (NEW HOME, ACCESSORY STRUCTURE, AND HOME ADDITION)

