

PERMIT NO _____

TOWN OF FUQUAY-VARINA INSPECTION DEPARTMENT
APPLICATION FOR BUILDING PERMIT

Applicant Name _____ Date _____

Project Address _____

Subdivision _____ Lot No _____ Lot Size _____ Zoning _____

Property Located: Inside City Limits () ETJ() Outside the City Limits () PIN Number _____

Description of Proposed Work _____

Type of Building: () New () Existing () Addition () N/A

Type of Construction: () IA () IB () IIA () IIB () IIIA () IIIB () IV () VA () VB

OCCUPANCY: () A-1 () A-2 () A-3 () A-4 () A-5 () B () E () F-1 () F-2 () H-1
() H-2 () H-3 () H-4 () H-5 () I-1 () I-2 () I-3 () I-4 () M () R-1
() R-1 () R-2 () R-3 () R-4 () S-1 () S-2 () U

Equipment: () New () Existing () Addition () N/A

Property Use: () Single Family () Two Family () Townhouse () Apartment () Condominium
() Other (Library, Office, Etc.)

Developer: _____ Telephone Number _____

Property Owner _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

Project Contact Person _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

Total Project Cost _____ Electrical Cost _____

Building Area: Total Square Feet _____ Heated Square Feet _____

Area per floor sq. ft. : 1st _____ 2nd _____ 3rd _____ 4th _____

Number of Stories _____ Depth _____ Width _____ Height _____ Number of Family Units _____

Number of Bedrooms _____ Bonus Room: () Finished () Unfinished Sq. Ft. _____

STATE AGENCY APPROVALS:

NC Department of Insurance () Yes () No () N/A

Plan Approval _____ #of Sheets _____ Date: _____

Specifications _____ #of Sheets _____ Date: _____

NC Department of Labor () Yes () No () N/A

Elevators _____ Date _____ Boilers _____ Date _____

NC Facilities Planning () Yes () No

() Family Care Home - Number of Occupants Ambulatory _____ Semi Ambulatory _____

Wake County Health Department () Yes () No Restaurant () Public Swimming Pool ()

Utilities: Water: () Public Private () Health Dept. Permit# _____

Sewer: () Public Private () Health Dept. Permit# _____

Town Use Permit Approved By: _____ Date _____ Verified Flood Plain _____

Permit Amount _____ Receipt# _____ Date Paid _____

Census Code _____