

TOWN OF FUQUAY-VARINA INSPECTION DEPARTMENT  
APPLICATION FOR BUILDING PERMIT

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Project Address \_\_\_\_\_ Premise Number \_\_\_\_\_

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. : 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

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: \_\_\_\_\_

Email: \_\_\_\_\_

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 \_\_\_\_\_