

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. : 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: _____

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 _____

LOCATION OF CONSTRUCTION

Address _____

Subdivision _____ Lot # _____

GENERAL CONTRACTOR _____ Phone # _____

Address _____ City _____ State _____ Zip _____

State License # _____ **OR** Unlicensed Contractor Under 30K ()

HOMEOWNER ACTING AS OWN CONTRACTOR _____ Phone # _____

ELECTRICAL CONTRACTOR _____ Phone # _____

Address _____ City _____ State _____ Zip _____

State License # _____

MECHANICAL CONTRACTOR _____ Phone # _____

Address _____ City _____ State _____ Zip _____

State License # _____

PLUMBING CONTRACTOR _____ Phone # _____

Address _____ City _____ State _____ Zip _____

State License # _____

***** **CONTINUED ON BACK** *****

SIGNATURE REQUIRED ON BACK OF FORM

INSULATION CONTRACTOR _____ Phone # _____

Address _____ City _____ State _____ Zip _____

SPRINKLER PROTECTION CONTRACTOR _____ Phone # _____

Address _____ City _____ State _____ Zip _____

State License # _____

FIRE ALARM SYSTEM CONTRACTOR _____ Phone # _____

Address _____ City _____ State _____ Zip _____

State License # _____

I 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 and ordinances and regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

SIGNATURE OF CONTRACTOR / AUTHORIZED AGENT

DATE