City of Raeford Planning, Zoning & Code Enforcement

701 S Main St, Raeford NC 28376-3238
TELEPHONE (910) 875-5031 FAX (910) 875-1462
Email: flocklear@raefordnc.org
www.raefordcity.org

APPLICATION FOR BUILDING PERMIT

PROJECT LOCATION:

STREET AND NUMBER	NAME OF SUBDIVISION	LOT NO	PARCEL NUMBER

General Contractor: _____Phone Number: (____)____-____Cell phone: (____)____-_____

Address: _____City:_____State:_____Zip:_____

NC State Contractors License Number: _____ Classification: _____ Limitation: _____

Unlicensed Contractors: As an unlicensed contractor, I am aware that I cannot enter into a contract that the total amount of the project (including change orders) exceeds $30,000.

Print Name:_____ ***Signed*** _____***Date:***_____

Email:_____

Property Owner: _____Phone Number: (____)____-____Cell phone: (____)____-_____

Address: _____City:_____State:_____Zip:_____

Improvement	Occupancy	Residential	Type of Construction
_____ New Construction	_____ Assembly	_____ Apartment	_____ Type 1A
_____ Addition	_____ Business	_____ Dormitory	_____ Type 1 B
_____ Alteration	_____ Educational	_____ Hotel/Motel	_____ Type II A
_____ Repairs/Replacement	_____ Factory-Industrial	_____ Single Family	_____ Type II B
_____ Interior Renovations	_____ Hazardous	_____ Duplex	_____ Type III A
_____ Exterior Renovations	_____ Institutional	_____ Townhouse	_____ Type III B
_____ Fire Sprinkler	_____ Mercantile	_____ Condominium	_____ Type IV
_____ Other _____	_____ Storage		_____ Type V A
_____			_____ Type V B

Value of Improvement $ _____ * Value is the market value of the completed construction exclusive of land value, but inclusive of all its normal components. This includes electrical, mechanical, plumbing, etc.

Total Floor Area (Sq Ft): _____
(Excludes basement, carport, and/or garage)

Area Per Floor (Sq Ft): _____

Building Height (Ft): _____

Total Land Area (Sq Ft): _____

Units: _____
Stories: _____

Parking: _____
(If off Street Spaces)

Electric Company: _____
Water: Public ____ Private ___
Sewer: Public ____Private ____
-Tap Fees must be paid prior to construction
-Water & Sewer must be accessible ***BEFORE*** *construction begins*

Will there be a carport/garage? Yes _____ No _____ N/A _____ Foundation: Slab _____ Conventional Crawl _____

Will there be a basement? Yes _____ No _____ N/A _____ Exterior Wall Covering: Brick _____ Siding _____ Other_____

Fireplace: Masonry _____ Prefab, Wood _____ Prefab, Gas _____ None _____

Will building be sprinklered? Yes _____ No _____ N/A _____

State Agency Approvals

	Y	N	N/A		Y	N	N/A
NC Department of Insurance				Is the proposed development in a special flood Hazard area?			
NC Department of Labor -Elevators: Date_____ -Boilers: Date _____				Has a flood hazard development permit been obtained and attached?			
Will land disturbing activities on this project exceed one (1) acre? (NCDENR)				Is the property in a Watershed?			
Has soil erosion and sedimentation plan been approved by the NC Land Quality Section Office?				Will there be new curb cuts or excavation in the Right-of-way?			

Design Professional

Name: _____Phone Number: (____)____-____Cell phone: (____)____-_____

Address: _____City:_____State:_____Zip:_____

NC Reg # _____ Architect _____ Engineer _____

IF CONSTRUCTION IS PERFORMED BY A PROPERTY OWNER WHO IS NOT A NORTH CAROLINA LICENSED GENERAL CONTRACTOR, please complete the following:

This is to certify that I, as property owner, am presently occupying or will occupy the structure listed on building permit application and this structure is not intended for rent, lease or sale. I understand that I am totally responsible for all work performed.

Signature of Property Owner: _____

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable state and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the projected permitted herein.

_____ _____

Signature of Owner/Agent **Date**

Method of Payment: Cash _____Check# _____Credit/Debit Card ___ *Contact Name/Phone:_____

Application Fee: _____

Homeowner Recovery Fee: _____

Total: _____

For Office Use Only

Technical Plan Review
Required: Y N
Scheduled:
_____
Approved:_____

APPROVALS
____City Hall
____PZI
____Public Works
____Water/Sewer
____Fire
____Other

Permit Fee (s) Paid on _____

_____ _____

Approved By Date

PERMIT #: _____ **ISSUED**: _____

*Cash or Check (made payable to the City of Raeford)