

TOWN OF SPRING LAKE BUILDING PERMIT APPLICATION

PERMIT NO: B- _____

Complete address where work will be performed: _____

Parcel ID: _____ Name of Subdivision: _____ Spring Lake, NC. 28390

Zoning Class: _____

Applicants Name: _____ Phone No. _____

Applicants Address: _____ City _____ State _____ Zip _____
 Owner Contractor Developer

Developer: _____ Phone No. _____

Property Owner: _____ Phone No. _____

Property Owner's Address: _____ City _____ State _____ Zip _____

Contractor's Name: _____ Phone No. _____

Contractors Address: _____ City _____ State _____ Zip _____

NC License Number: _____ Spring Lake Business License No. _____

Type of Building: New Existing Addition N/A

Type of Construction: I II III IV V **A or B (circle one)**

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-2 R-3 R-4
 S-1 S-2 U Mixed Sprinkler Not Sprinkler

Equipment: New Existing Addition N/A

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

Building Area: Total Area sq. ft. _____, Area per floor sq. ft. _____

Building Height: Feet: _____, No. of Stories _____

	Cost	Contractor	Contractors Address
Gen. Constr.	\$ _____	_____	_____
Electrical	\$ _____	_____	_____
Mechanical	\$ _____	_____	_____
Plumbing	\$ _____	_____	_____
Insulation	\$ _____	_____	_____
Total Cost	\$ _____	_____	_____

Separate permits are required for Electrical, Mechanical, Signs, Plumbing, and Insulation work. Call Town of Spring Lake Inspections Department at 436-0241 for Footing, Foundation, Framing, Insulation, and Final Inspections. This permit becomes null and void if authorized work is not commenced within six (6) months from date of issue, or if construction is suspended or abandoned for a period of one (1) year anytime after work is commenced.

The undersigned hereby makes application to _____ (build, repair, extend, renovate, move, demolish, other) a building or structure at the location described above and agrees to comply with all laws applicable thereto.

Remarks/Conditions: _____

Signature of Applicant _____ Date _____

Print name _____

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 _____

PERMIT FEES CHARGED

BUILDING
 Credit for Plan Review _____
 HRF (required by State) _____
 Technology Fee \$5.00
TOTAL FEES _____

Approved by: _____

Date: _____

Disapproved by: _____ Date _____