



NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: BUILDING RELOCATION

APPLICATION # \_\_\_\_\_

(PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS)

(For office use)

Project Responsibility

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ BLOCK # \_\_\_\_\_ LOT # \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ LICENSE # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
PHONE # \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_
OWNER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PROJECT CONTACT PERSON: \_\_\_\_\_ PHONE \_\_\_\_\_

(Circle)
RESIDENTIAL / COMMERCIAL

DESCRIPTION OF WORK: \_\_\_\_\_

DISCLAIMER: I hereby 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 Dept. will be notified of any changes in the approved plans and specifications for the project permitted herein. (Print Name)

OWNER / AGENT: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

IS THERE A NATURAL GAS LINE ON THE CURRENT SITE? YES / NO THE NEW SITE? YES / NO
IS THERE ELECTRICAL POWER ON THIS BUILDING? YES / NO

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES / NO TOTAL PROJECT COST: \_\_\_\_\_
PROPERTY USE - OCCUP TYPE: SINGLE FAMILY / DUPLEX / TOWNHOUSE / OTHER: \_\_\_\_\_ IF
COMMERCIAL - ZONING USE CLASSIFICATION: \_\_\_\_\_

TOTAL SQ. FT. = \_\_\_\_\_ NO. OF STORIES \_\_\_\_\_ SQ. FT. HEATED \_\_\_\_\_ SQ. FT. UNHEATED \_\_\_\_\_

TYPE OF CONST: TYPE VI (UP) / OTHER: \_\_\_\_\_ FIRE DISTRICT: YES / NO

IS YOUR WATER: CITY / COUNTY / COMMUNITY SYSTEM / PRIVATE WELL

IS YOUR SEWER: CITY / COUNTY / CENTRAL SEPTIC / PRIVATE SEPTIC / COMMUNITY SYSTEM

ACRES DISTURBED \_\_\_\_\_ NEW IMPERVIOUS AREA \_\_\_\_\_ SQ. FT.

\*\*\*SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS, & INSERTS\*\*\*

PAYMENT METHOD: CASH / CHECK (PAYABLE TO NEW HANOVER COUNTY) / BILL ACCOUNT / MASTERCARD / VISA

(FOR OFFICE USE ONLY)

ZONE \_\_\_\_\_ OFFICER \_\_\_\_\_ SETBACKS: F \_\_\_\_\_ LH \_\_\_\_\_ RH \_\_\_\_\_ B \_\_\_\_\_
Approval: City Date

FLD \_\_\_\_\_ BFE+2ft = \_\_\_\_\_
A V N

COMMENTS: \_\_\_\_\_

12/10/00

PERMIT FEE:\$ \_\_\_\_\_

