



NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: COMMERCIAL NEW CONSTRUCTION
(PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS)

2/25/05

APPLICATION # _____
(For Office Use)

Project Responsibility

APPLICANT'S NAME _____ DATE _____
DEVELOPER _____ PHONE _____

PROJECT ADDRESS _____ CITY _____ ST _____ ZIP _____

CONTRACTOR _____ LICENSE # _____ ACCT # _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
PHONE _____

OWNER'S NAME _____ PHONE _____ FAX _____
OWNER'S ADDRESS _____ CITY _____ ST _____ ZIP _____

PROJECT CONTACT PERSON: _____ PHONE _____

DESIGN PROFESSIONAL (GEN) _____ PH: _____ ARCH / ENG. / NC REG# _____
DESIGN PROFESSIONAL (MECH) _____ PH: _____ ARCH / ENG. / NC REG# _____
DESIGN PROFESSIONAL (ELEC) _____ PH: _____ ARCH / ENG. / NC REG# _____
DESIGN PROFESSIONAL (PLBG) _____ PH: _____ ARCH / ENG. / NC REG# _____
OWNER / OTHER _____ PH: _____

DESCRIPTION OF WORK: _____

CIRCLE ONE: ERECT NEW BLDG OR ADDITION TO EXISTING BLDG

IS THIS PROJECT IN A FLOOD PLAIN? Yes / No

TOTAL PROJECT COST: \$ _____

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 _____

TOTAL AREA SQ. FT _____ BUILDING HEIGHT _____ NO. OF STORIES _____
HEATED _____ UNHEATED _____ AREA PER FLOOR _____
OF STRUCTURES _____ # OF FLOORS/STRUCTURE _____ # OF UNITS/STRUCTURE _____
NBR OF FIREPLACES: _____ MASONRY / WOODBURNING PREFAB / GAS APPLIANCE PREFAB / WOODBURNING INSERT
PLEASE LIST THE BUSINESS NAME(S) / COMPANY NAME(S) _____

PROPERTY USE: BUS OFFICE / APART / CONDO / MERCAN / STORAGE / FACT / OTHER:
TYPE OF CONST: 1A / IB / IIA / IIB / IIIA / IIIB / IV / VA / VB **OCCUP TYPE:** A-1 / A-2 / 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 / S1 / S2 / U / If Mixed Occup, circle each one
ZONING USE CLASSIFICATION: _____

(P, M, & E) **EQUIPMENT:** NEW / EXIST / ADDIT / N/A
If Storage Occup, is storage height greater than 12 ft? Yes / No
Are you installing a Fire Alarm System? Yes / No
Sprinkler System is: Required / Not Required

WATER: CITY / COUNTY / COMMUNITY SYSTEM / PRIVATE WELL
SEWER: CITY / COUNTY / CENTRAL SEPTIC/ PRIVATE SEPTIC / COMM. SYSTEM

ACRES DISTURBED: _____ PHASED DEVELOPMENT: YES (PERMIT # _____) / NO TOTAL SITE AREA: _____
NEW IMPERVIOUS AREA: _____ SQ. FT.

STATE AGENCY APPROVALS: NC DEPT OF INS : YES / NO / N/A PLAN APPROVAL: _____ # OF SHEETS _____ DATE: _____

SPECIFICATIONS: _____ # OF SHEETS _____ DATE NC DEPT OF LABOR: YES / NO / N/A ELEVATORS DATE: _____ BOILERS DATE _____

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

PAYMENT METHOD: CASH / CHECK - Payable to New Hanover County / BILL ACCOUNT / MASTER CARD / VISA
For Office Use _____

ZONE _____ OFFICER _____ SETBACKS: F _____ LH _____ RH _____ B _____
APPROVAL: CITY DATE FLD _____ A _____ V _____ BFE + 2 ft = _____
PERMIT FEE: \$ _____

COMMENTS : _____

