

# TOWN OF WELDON BUILDING PERMIT APPLICATION

PERMIT NO.:		
PROJECT ADDRESS	PARCEL ID	DATE
OWNER	ADDRESS	PHONE
CONTRACTOR	ADDRESS	PHONE
LICENSE NO	CLASS OF WORK	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR
TYPE OF CONSTRUCTION <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		
OCCUPANCY <input type="checkbox"/> A, LARGE <input type="checkbox"/> A, SMALL <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> I, UNRESTRAINED <input type="checkbox"/> I, RESTRAINED <input type="checkbox"/> M <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> MIXED		
PROPERTY USE <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> OTHER (LIBRARY, OFFICE ETC)		
TOTAL COST OF PROJECT \$ _____		ELECTRICAL COST \$ _____
BUILDING AREA    TOTAL AREA: _____ SQ FT    1ST FLOOR _____ SQ FT    2ND FLOOR _____ SQ FT		
BUILDING HEIGHT: _____ FEET    NO. OF STORIES _____		
DESCRIBE PROPOSED WORK:		
STATE AGENCY APPROVALS: NC DEPT OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
PLAN APPROVAL _____ # OF SHEETS _____ DATE / SPECIFICATIONS _____ # SHEETS _____ DATE		
NC DEPT OF LABOR <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A    ELEVATORS _____ DATE _____    BOILERS _____ DATE _____		
UTILITIES		
WATER: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE HEALTH DEPT. PERMIT # _____		
SEWER: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE HEALTH DEPT. PERMIT # _____		
SPECIAL CONDITIONS:		

<p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 12 MONTHS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND ALL WORK WILL COMPLY WITH THE NC STATE BUILDING CODE AND ALL OTHER APPLICABLE STATE AND LOCAL LAWS, ORDINANCES AND REGULATIONS. THE DEPT. OF PLANNING AND DEVELOPMENT WILL BE NOTIFIED OF ANY CHANGES IN THE APPROVED OR SPECIFICATIONS FOR THE PERMITTED HEREIN.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE OF CONTRACTOR OR AGENT</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE OF OWNER</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">FOR OFFICE USE ONLY</th> </tr> <tr> <td>ZONING DISTRICT</td> <td> </td> </tr> <tr> <td>FIRE DISTRICT</td> <td> </td> </tr> <tr> <td>FLOOD PLAIN</td> <td> </td> </tr> <tr> <td>DRIVEWAY PERMIT</td> <td> </td> </tr> <tr> <td>HISTORIC DISTRICT</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>BUILDING PERMIT FEE</td> <td> </td> </tr> <tr> <td>HOME OWNERS RECOVERY FEE</td> <td> </td> </tr> <tr> <td>OTHER</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>TOTAL PERMIT FEE(S):</td> <td> </td> </tr> <tr> <td colspan="2" style="height: 50px;"> </td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">BUILDING INSPECTOR</td> <td style="text-align: center;">DATE</td> </tr> </table>	FOR OFFICE USE ONLY		ZONING DISTRICT		FIRE DISTRICT		FLOOD PLAIN		DRIVEWAY PERMIT		HISTORIC DISTRICT				BUILDING PERMIT FEE		HOME OWNERS RECOVERY FEE		OTHER				TOTAL PERMIT FEE(S):				_____	_____	BUILDING INSPECTOR	DATE
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