

TOWN OF SPRING LAKE BUILDING PERMIT APPLICATION

Email Permit to: shutchins@townofspringlake.com

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: _____ Email: _____

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 _____

Please continue on back

	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 the Town of Spring Lake Inspections Department at (910) 985-7265 to schedule all inspections. This permit becomes null and void if authorized work is not commenced within six (6) months from the date of issue, or if construction is suspended or abandoned for a period of one (1) year anytime after work is commenced.

I hereby certify that all information in this application is correct and all work will comply with the State Building Code, 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 project permitted herein.

Description of Proposed Work:

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 \$ 10.00
Convenience Fee (All Card Transactions \$4.50) \$ _____
TOTAL FEES \$ _____

Approved by: _____

Date: _____