

# TOWN OF SPRING LAKE BUILDING PERMIT APPLICATION

Please submit your application to our new online portal, [click here](#).

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

	<b>Cost</b>	<b>Contractor</b>	<b>Contractors Address</b>
<b>Gen. Constr.</b>	\$ _____	_____	_____
<b>Electrical</b>	\$ _____	_____	_____
<b>Mechanical</b>	\$ _____	_____	_____
<b>Plumbing</b>	\$ _____	_____	_____
<b>Insulation</b>	\$ _____	_____	_____
<b>Total Cost</b>	\$ _____	_____	_____

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:**

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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: \_\_\_\_\_