



TOWN OF HOPE MILLS

5770 ROCKFISH ROAD, HOPE MILLS, NORTH CAROLINA 28348-1848

TELEPHONE (910) 426-4100 FAX (910) 424-4902

www.townofhopemills.com

APPLICATION FOR NEW RESIDENTIAL BUILDING PERMIT

PROJECT LOCATION:

STREET AND NUMBER	NAME OF SUBDIVISION	LOT NO	PARCEL NUMBER

General Contractor: _____ Telephone Number: _____

Address: _____

NC State Contractors License Number: _____ Classification: _____ Limitation: _____

Is the applicant an unlicensed property owner seeking to obtain building permit? Yes _____ No _____

IF YES THEN OWNER MUST FILL OUT **OWNER EXEMPTION AFFIDAVIT** form

Property Owner: _____ Telephone Number: _____

Address: _____

Value of Improvement \$ _____ * Value is the market value of the completed construction exclusive of land value, but inclusive of all its normal components. This includes electrical, mechanical, plumbing, etc.

Total square footage of heated space: _____	Building Height (Ft): _____	No. of stories: _____
Total square footage of unheated space: _____	Total Land Area (Sq. Ft.): _____	

Building Height (Ft): _____ No. of stories: _____ Fireplace: Masonry _____ Prefab, Wood _____ Prefab, gas _____ none _____

Total Land Area (Sq Ft): _____ Will there be a garage/carport? _____ Will there be a basement? _____

State Agency Approvals

	Y	N	N/A		Y	N	N/A
NC Department of Labor *Elevators: Date _____				Is the proposed development in a special flood Hazard area?			
Has soil erosion and sedimentation plan been approved by the NC Land Quality Section Office?				Has a flood hazard development permit been obtained and attached?			
Will there be new curb cuts or excavation in the Right-of-way?				Is the property in a Watershed?			

Utilities

Sub-contractors

Electric Company _____	_____	Electrical Contractor _____	_____
Water Company _____	_____	Plumbing Contractor _____	_____
Sewer Company _____	_____	Mechanical Contractor _____	_____
Well or septic tank (Health Dept. Approval) _____	_____	Insulation Contractor _____	_____

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

Signature of Owner/Agent

Date

Permit Fee: _____
Homeowner Recovery Fee: _____
Prefab Fireplace: _____

Total: _____
Permit Fees Paid On _____ Type of Payment _____

Permit Number

Approved By

Date Issued

Date