

RESIDENTIAL BUILDING APPLICATION

COUNTY OF STANLY

DATE OF APPLICATION _____

APPLICANT NAME _____ PHONE# _____

MAILING ADDRESS, CT, ST, ZIP _____

OWNER NAME _____ PHONE _____

911 ADDRESS/SITE LOCATION _____

DIRECTIONS TO SITE FROM OUR OFFICE _____

NOTE: CIRCLE WHAT APPLIES - PUBLIC WATER, WELL WATER PUBLIC SEWER, SEPTIC SYSTEM

TYPE OF PROPOSED WORK/STRUCTURE AND SIZE _____

IF NEW/ADDITION--FOUNDATION INFORMATION: CRAWL, BASEMENT, SLAB

OF BEDROOMS _____

1ST FLOOR _____ 2ND FLOOR _____ GARAGE _____ PORCH _____ BONUS ROOM _____

BASEMENT- F OR U _____ TOTAL SQ FEET _____ DECK _____

PROJECTS ESTIMATED COST _____

MOBILE HOMEOWNER IF DIFFERENT THAN LANDOWNER _____

SERIAL# _____ MODEL # _____ MAKE _____

SIZE _____ COLOR _____ UNDER PINNING TYPE _____ MH CLASS A B C D E

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 INSPECTION DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES IN THE SPECIFICATIONS FOR THE PROJECT PERMITTED HEREIN.. WILL NEED AUTHORIZATION FROM SOIL CONSERVATIONS OFFICE IF LAND IS DISTURBED IN EXCESS OF 1 ACRE.

CONTRACTOR _____ LICENSE# _____ CLASS _____

SIGNATURE _____ DATE _____

NOTE: ALL INFORMATION ON THIS FORM IS PUBLIC NEW 2012 CODES.