



New Residential Building Permit Application

Development Services | Permitting & Inspections

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433 Hay Street Fayetteville, NC 28301

Phone (910) 433-1707/910-433-1768 Fax (910) 433-1588

Notes: Please fill out application COMPLETELY – Failure to do so will delay processing – Thank you

1. All required performance guarantees must be approved by the City prior to issuance of a building permit.
2. Building Permits shall not be issued unless the proposed development complies with all requirements in the City Code.

1. Project Location:

Number and Street	Name of Subdivision	Lot Number	Parcel Number
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2. Contractor Information:

Company Name:	Telephone #:
Address:	E-mail:
City/State/Zip:	
NC State Contractors License Number, Classification & Limitation	

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

Applicant:	Telephone #:
Address:	E-mail:
City/State/Zip:	

4. Value of Improvement: \$ _____

Value is the market value of the completed construction exclusion of land value, but inclusive of all its normal components. This includes electrical, mechanical, plumbing, etc.

5. Building Information:

Square Footage		Floor System:	Fireplace		Gas Piping		
Heated Space:	Building Height:	Mono Slab:	Yes	No	Masonry:	Yes	No
Unheated Space:	No. of Stories:	Stem Wall Slab:	Prefab/Wood:		Prefab/Gas:	Natural	LP
Total Sq. Footage of heated/unheated space:		Crawlspace:			How many gas appliances:		

6. 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 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?			

7. Utilities:

8. Sub-contractors:

Electric Company	Electrical:	Telephone #:	E-mail:
Water Company	Plumbing:	Telephone #:	E-mail:
Sewer Company	Mechanical:	Telephone #:	E-mail:
Well or Septic Tank (Health Dept. Approval) Yes No	Insulation:	Telephone #:	E-mail:

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 Inspections Department will be notified of any changes in the approved plans and specification for the projected permitted herein.

Signature of Owner/Agent

Printed Name

Date

Authorization to Issue Permit:

Permit Fee: _____
Date: ____/____/20__

Zoning Approved By: _____	Date: ____/____/20__
Building Inspector: _____	Date: ____/____/20__