Commercial Building Permit

Development Services|Permitting & Inspections
www.fayettevillenc.gov
433 Hay Street Fayetteville, NC 28301
Phone (910) 433-1707 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:

Project Address	Project Name	Tax Parcel Identification Number

2. Contractor Information

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

3. Owner Information:

Name:			
Mailing Address:			
City:	State:	Zip:	
Email Address:			Phone #:
☐ Property Owner	☐ Contractor	☐ Owner's Designee	☐ Other

4. Other Trade Contractor Information:

☐ Electrical Company	Name:	Phone Number:	Email:
☐ Mechanical Company	Name:	Phone Number:	Email:
☐ Plumbing Company	Name:	Phone Number:	Email:
☐ Low Voltage Electrical Company	Name:	Phone Number:	Email:

5. E-mail Information:

Architect:	Phone Number:	Email:
Engineer:	Phone Number:	Email
Developer:	Phone Number:	Email
Other:	Phone Number:	Email

6. Description of Proposed Work:

Improvement Type (*Check all that apply*)		Type of Construction	
☐ New Construction	☐ Fire Damage	☐ Type IA	☐ Type IIIB
☐ Upfit	☐ Major ☐ Minor	☐ Type IB	☐ Type IV
☐ Shell	☐ Addition	☐ Type IIA	☐ Type VA
☐ Pool	☐ Renovation	☐ Type IIB	☐ Type VB
☐ Other	☐ Change of Occupancy	☐ Type IIIA	

7. Occupancy Type (*Check all that apply):*

☐ Assembly – A – 1,2,3,4,5	☐ Hazardous – H – 1,2,3,4,5	☐ Apartment – R - 2	☐ Hotel/Motel – R - 1
☐ Business - B	☐ Educational - E	☐ Day Care - E	☐ Storage – S – 1,2
☐ Factory – F – 1,2	☐ Institutional – I – 1,2,3,4	☐ Mercantile - M	☐ Utility - U
☐ Duplex – R-2	☐ Single Family – R - 3	☐ New Townhouse R - 3	☐ Daycare – R – 3 or 4
☐ Cell Tower - U	☐ Garage/Carport - U	☐ Other	☐ Day Care - E

8. Project Information:

A) General Project Description
Please provide a detailed description of your project (attach additional sheets if necessary).

9. Value and Size:

Value is the market value of the completed construction exclusive of land value, but inclusive of all normal development components, including foundations, structural, mechanical, electrical, plumbing, and related improvements.		
Calculated Value:	Current Assessed Value of Existing Structure (from Cumberland County Tax Collector):	
Land Area (sq. ft.):	Total Floor Area, entire structure (sq. ft.):	
Height ft.: Stories:	Square footage of each suite/unit:	Square footage per story:
Number of Suites/Units:	Number of units per Building:	Square footage of upfit:
Square footage of suite/unit if different:	Square footage of renovated area:	Size of scope of work area:
Well or Septic Tank (Health Dept. Approval) Yes No	Heated area - ☐ Yes ☐ No	**Type of Floor system:** ☐ Mono Slab ☐ Stem Wall Slab ☐ Crawl Space
Is this property located in the Historic/Landmark Overlay District or on the National Historic Register ☐ YES ☐ NO		

10. Applicant's Signature & Authorization:

Permit Expiration: The permit will expire if no inspection occurs within the first six (6) months for each trade from the date the permit was issued. If an inspection has been done, the permit will expire 12 months from the date of the inspection.

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