



Residential Application for Additions/Renovations/Improvements

Development Services

inspections@ci.fay.nc.us

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

- All required performance guarantees must be approved by the City prior to issuance of a building permit.
- 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
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2. Contractor Information:

Company Name:		Telephone #:
Address:		E-mail:
City/State/Zip:		
NC State License Number:	Classification:	Limitation:
Company Affiliation: <input type="checkbox"/> Owner – Name: _____ <input type="checkbox"/> Employee Name: _____		

Unlicensed Contractors: As an unlicensed contractor, I am aware that I cannot enter into a contract that the total amount of the project exceeds \$30,000.00 Signature _____

3. Owner Information:

Name:		
Mailing Address:		Telephone #:
City/State/Zip:		
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Owner's Designee	<input type="checkbox"/> Other
E-mail:		

4. Description of work:

<i>(Check all that apply)</i>			
<input type="checkbox"/> Exterior Renovations	<input type="checkbox"/> Detached Structure	<input type="checkbox"/> Pool	Water and Sewer
<input type="checkbox"/> Interior Renovations <input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Deck/ Porch/ Patio <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered	<input type="checkbox"/> Fence (Finished Side Out) Ht: Type:	<input type="checkbox"/> Public <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Private
<input type="checkbox"/> Addition	<input type="checkbox"/> Mono slab <input type="checkbox"/> Stem wall slab <input type="checkbox"/> Crawl Space	Other:	
Brief description of improvements: _____			
Square Footage of Improvement:		Value of Improvement:	Zoning:
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing <input type="checkbox"/> Insulation	<input type="checkbox"/> HRF <input type="checkbox"/> Full <input type="checkbox"/> 60% <input type="checkbox"/> 40%

5. 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 Residential Code and all other applicable state and local laws, ordinances and regulations. I understand that I am responsible for all work performed and the Inspections Department will be notified of any changes in the approved plans and specification for the projected permitted herein.

IF CONSTRUCTION IS PERFORMED BY THE OWNER WHO IS NOT A NORTH CAROLINA GENERAL CONTRACTOR: This is to certify that I, as the property owner, am presently occupying or will occupy the structure listed on this permit and this structure is not intended for rent, lease, or sale. I understand that I am totally responsible for all work performed per § GS 87-14. Any work over \$30,000 will require a separate notarized affidavit.

Signature of Owner/Agent/Contractor

Printed Name

Date

Zoning Administrator: _____	Date: ____/____/20__
Building Inspector: _____	Date: ____/____/20__
Permit Fee: _____	Permit Number: _____
	Date: ____/____/20__