

Building Inspections

PO Box 548
Pittsboro, NC 27312
(919) 542-8230

Building Permit #: _____

Parcel (AKPAR) #: _____

APPLICATION FOR BUILDING PERMIT

Chatham County, North Carolina

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Applicant Information:
Name: _____
Address: _____

Landowner Information (as appears on deed):
Name _____
Address _____

Home Phone#: _____
Work Phone#: _____
Cell Phone#: _____

Home Phone#: _____
Work Phone#: _____
Cell Phone#: _____

Location of Property: 911 Address _____
Subdivision Name: (if applicable) _____ Lot Number _____

In the space provided, give **specific directions to the property from Pittsboro:** _____

Are there any other houses, mobile homes, or other dwellings on your lot now? yes no If yes, how many? _____
If yes, is dwelling to be removed yes no OR has a dwelling recently been removed? yes no If yes, when? _____

Proposed Work: _____ Total Cost: \$ _____

[] Qualifies for green building rebate (Completed green building rebate application form required at time of permit issuance)

Addition Alteration Demolition Swimming Pool *notarized affidavit & plans required for pools, hot tubs & spas

Garage: circle: **Detached or Attached** Finished sq ft _____ Unfinished sq ft _____ #Stories _____
Second floor: Finished sq ft _____ Unfinished _____ sq ft Kitchen Kitchenette Bathroom _____ (1/2 or full)

Basement: Finished _____ sq ft Unfinished _____ sq ft **Attic:** Finished _____ sq ft Unfinished _____ sq ft

Other: Porch Fireplace Carport Uncovered Wood Deck Deck Dimensions _____ Concrete Patio _____

Total _____ sq. ft. Bldg Height _____ # of Stories _____ # of Baths _____ # of Bedrooms _____

First Floor Heated _____ sq. ft. Second Floor Heated _____ sq. ft. Third Floor Heated _____ sq. ft.

First Floor Unheated _____ sq. ft. Second Floor Unheated _____ sq. ft. Third Floor Unheated _____ sq. ft.

Onsite Project Contact: _____ **Contact Number:** _____

CONTRACTOR INFORMATION: General Contractors must provide proof of Worker's Compensation insurance or an exemption.

GENERAL CONTRACTOR:
Business Name _____ License # _____ Telephone # _____

ELECTRICAL:
Business Name _____ License # _____ Telephone # _____

MECHANICAL:
Business Name _____ License # _____ Telephone # _____

PLUMBING:
Business Name _____ License # _____ Telephone # _____

****Contractor Verification Affidavit(s) are required for ELECTRICAL, MECHANICAL & PLUMBING contractors listed****

Landowner is the contractor of record for the following: Notarized Owner's Statement Required Before Permit Issuance

GENERAL CONTRACTOR ELECTRICAL MECHANICAL PLUMBING

Planning Department

PO Box 54
Pittsboro, NC 27312
(919) 542-8204

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Use:

Type of Use: (i.e., residence, business, office, industry, accessory) _____

***If property has been subdivided, has the riparian buffer (buffer zoning) approval been obtained? [] Yes [] No**

***If needed, has lighting and signage approval been obtained from Planning? [] Yes [] No**

Building Height: Proposed _____ Maximum **60 ft**

Setbacks: How far is the structure from:

	Proposed	Minimum		Proposed	Minimum
front property line:	_____	_____	back property line:	_____	_____
center of state road:	_____	_____	a mobile home:	_____	_____
side property line:	_____	_____	rivers or streams:	_____	_____

In the space below, please draw the shape of the lot, location of the structure, setbacks from all property lines, front driveway and parking areas, and location of other houses or mobile homes on the property. Also show all the road(s) serving the property. (On-site surveys may be required if property boundaries cannot be determined).

I certify that if I change the position of the proposed structure from what is shown, it will meet the minimum setback requirements.

Applicant/Landowner/Contractor Signature

_____/_____/_____
Date

Planning fee of \$10 is not refundable due to a minimum \$25 refund limit.
PERMITS SHALL BE VALID FOR A PERIOD OF SIX (6) MONTHS

PLANNING JURISDICTION: FOR OFFICE USE ONLY

Zoning District _____ Census Tract _____ Watershed _____ Max % _____ Max Area _____

Flood Map # _____ Flood Zone _____ Elevation _____

Comments: _____

Planning Department _____ Date: _____/_____/_____

Signature

CityView #: _____

Check#: _____

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Water Source: Well [] Pittsboro [] State [] Community [] (letter **required**) County [] (Public Works receipt **required**) Aqua []
Sewer Source: Private [] Pittsboro [] State [] (NCDENR permit copy may be required) Aqua []

This application must be completed in full and have copies of approvals from applicable departments prior to plan submittal.

- [] Erosion *Required for residential lot disturbance greater than 20,000 sq ft except Pittsboro and Siler City ETJ. Contact: Erosion Control at 919 545-8339.
- [] Zoning *Required for all new residential dwellings, new construction that exceeds the existing footprint, detached buildings, porches and decks except Pittsboro and Siler City ETJ. Contact: Chatham County Planning Department, 919 542-8204. Contact: The Town of Pittsboro, 919 542-4621. Contact: The Town of Siler City, 919 742-2323.
- [] Env. Hlth. * Required for all new residential dwellings, new construction that exceeds the existing footprint, detached buildings, porches and decks that utilize private septic systems and/or wells including Siler City ETJ. Contact: Chatham County Environmental Health, 919 542-8208.
- [] Co. Water * Copy of tap-on receipt stamped "ok to permit" required for projects that utilize county water. Contact: Chatham County Public Works, 919 542-8270.
- [] Waste Management * Copy of Recycling Document reviewed and signed by Waste Management is required for projects 1,000 sq ft or greater in unincorporated areas of Chatham County. Contact: Chatham County Waste Management, 919 542-5516.

READ AND SIGN

This permit shall be revoked for any substantial departure from the approved application, plans or specifications; for refusal or failure to comply with the requirements of the North Carolina State Building code or any other applicable State or Local laws; or for false statements or misrepresentations made in securing this permit. (G.S. 153A - 362)

I hereby certify that I am making this application for the landowner or myself, and that the information given 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 Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

A permit shall expire six (6) months, after the date of issuance if an inspection on the work authorized by the permit has not been made. If after commencement, the work is discontinued for a period of twelve (12) months, and an inspection has not been made the permit shall expire. Work authorized by any permit that has expired shall not continue until a new permit has been secured.

The permit fee shall be doubled for beginning work without a permit. (ie. Footings)

_____ / _____ / _____
Applicant/Landowner/Contractor Signature Date

REFUNDS ARE ISSUED ON VALID PERMITS THAT HAVE NOT EXPIRED

*******For Use By Central Permitting Staff Only*******

Cost of Permit \$ _____ Plan Review Fee - _____ = Balance Due \$ _____ Credit Card Used []

Building Inspections: _____ / _____ / _____
Code Enforcement Officer Signature Permit Tech Initials Date

Inspections Plan Review: Approved by _____ Date _____ Total sq ft _____ Heated sq ft _____

Comments: _____