

Building Inspections

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

Building Permit #: _____

Parcel (AKPAR) #: _____

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Chatham County, North Carolina

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This is a FILLABLE FORM.

Applicant Information:
Name _____
Address _____

Email _____
Work Phone# _____
Cell Phone# _____

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

Email _____
Work Phone# _____
Cell Phone# _____

Location of Property:
911 Address _____ Suite Numbers _____

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

Proposed Work: _____ Total Cost: \$ _____
Copy of signed bid for project required

Name of Business _____

Check if Applicable:

New Construction Addition Remodel/Upfit/Repair Change of Use Shell Only

Type of Use: (check all that apply)

Amusement/Recreational Factory/Industrial Service Station/Repair Garage Rest./Food Service Pool/Spa
Office/Bank/Professional School/ Day Care Hospital/Institutional Store/Mercantile Lodging Church
Other Description _____

Food Prep on site: Description _____

Lodging on site: Description _____

Building Area: Total _____ sq. ft. Heated _____ sq. ft # of Stories _____ # of Baths _____ # Beds _____

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

Planning Department

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

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

***Will there be any exterior lighting?** **Yes** **No** **If yes, please request additional information from the Planning staff.**

***Will there be any signage?** **Yes** **No** **If yes, has a separate sign permit been approved by Planning?** **Yes** **No**

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

Setbacks: How far is the structure from?

	<i>Proposed</i>	<i>Minimum</i>		<i>Proposed</i>	<i>Minimum</i>
front property line:	_____	_____	back property line:	_____	_____
side 1 property line:	_____	_____	rivers or streams:	_____	_____
side 2 property line:	_____	_____			

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

SITE PLAN MUST BE ATTACHED

PERMITS SHALL BE VALID FOR A PERIOD OF SIX (6) MONTHS

Applicant/Landowner/Contractor Signature

Date

PLANNING/ZONING DEPARTMENT:

FOR OFFICE USE ONLY

Zoning District _____ Watershed _____ Jordan Lake Buffer Area [] yes [] no

Township _____ T-Code? [] yes [] no If yes, T# _____

Flood Map # _____ Flood Zone _____ Elevation _____

02/02/2007

Comments: _____

Planning Department _____ Date: _____

Signature

City View #: PL20 **Check#:** _____ **C.C.** _____ **Cash** _____

