

**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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**This application is not for commercial construction.**

**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 \_\_\_\_\_

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 dwelling recently been removed?    yes    no    If yes, when? \_\_\_\_\_

Proposed Work: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

<b>Garage Info Only:</b> Detached	Attached	Kitchen	Kitchenette	Bathroom	_____ (½ or full)	#Stories _____
First floor: Finished sq ft _____	Unfinished sq ft _____	Second floor: Finished sq ft _____		Unfinished sq ft _____		
House Info Only:						
<b>Basement:</b> Finished _____ sq ft	Unfinished _____ sq ft	<b>Attic:</b> Finished _____ sq ft	Unfinished _____ sq ft			
<b>Other:</b> Porch	Fireplace	Carport	Uncovered Wood Deck	Deck Dimensions _____	Concrete Patio	
Total _____ sq. ft.	Bldg Height _____	# of Stories _____	# of Baths _____	# of ½ 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) \_\_\_\_\_

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

**Proposed Building Height:** \_\_\_\_\_ **Maximum 60 ft**

**Setbacks:** How far is the structure from?

	<i><b>Proposed</b></i>	<i><b>Minimum</b></i>		<i><b>Proposed</b></i>	<i><b>Minimum</b></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**

*Planning fee of \$20 is not refundable due to a minimum \$25 refund limit.*  
**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** \_\_\_\_\_

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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

**C&D Debris Management:**

Is this project 1,000 sq ft or greater in an unincorporated area of Chatham County? Yes [ ] No [ ] (If no, skip this section.)  
If yes, how will C&D debris be managed? Source-Separated for Recycling [ ] Mixed & Sent to C&D Facility [ ] Combination of both [ ]  
If debris will be mixed, choose from the following C&D facilities licensed by Chatham County :  
Gold Hill Road    Coble's Sandrock Inc.    Raleigh C&D Processing Facility    Shotwell Transfer Station II, Inc.

**Permit applicant must keep all receipts and weight tickets for one year, from facilities accepting any C&D debris.**

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

- Erosion                    \*Required for all residential lots except Goldston & Siler City ETJ.  
Contact: Erosion Control 919 545-8343.
- Env. Quality            \*Required storm water management for land disturbance greater than 20,000 sq ft, except Goldston,  
Pittsboro & Siler City ETJ. Contact: Environmental Quality, 919 542-5516.
- Zoning                    \*Required for new construction and construction that exceeds the existing footprint.  
Contact: Chatham County Planning Department, 919 542-8204.  
Contact: Town of Pittsboro Planning Department, 919 542-1655.
- Env. Health            \*Required for new construction on property that utilize private septic systems and/or wells.  
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.

**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 \$ \_\_\_\_\_

Building Inspections: \_\_\_\_\_  
Code Enforcement Officer Signature      Permit Tech Initials      Date

Inspections Plan Review: Approved by \_\_\_\_\_ Date \_\_\_\_\_ Total sq ft \_\_\_\_\_ Heated sq ft \_\_\_\_\_

Comments: \_\_\_\_\_