

NEW HANOVER COUNTY
DEPARTMENT OF BUILDING SAFETY
230 Government Center Dr. Suite 170
Telephone (910) 798-7308
Fax (910) 798-7060

Nicholas Gadzekpo
Director of Building Safety

*****IMPORTANT NOTICE*****

FOR COMPLETE ELECTRONIC PROJECT SUBMITTALS BY EMAIL

If you wish to submit your Commercial or Residential project electronically by email, please attach your electronic plans in the “pdf format along with your application” before clicking the send button.

FOR COMPLETE ELECTRONIC PROJECT SUBMITTALS IN PERSON

If you wish to submit your Commercial or Residential project in person on CD, please fill out the building permit application on line, print it, scan and put it on your CD along with the plans and Appendix B if applicable in the “pdf format” & bring your CD to the Development Services Center, located at 230 Government Center Drive; Suite 170.

If you have questions about the electronic submittal process, please call the Development Services Center at (910) 798-7308.

Please note that we except Cash, Checks, and Credit Cards (American Express, Discover, VISA, and MasterCard).

Thank you.

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: FACILITY LICENSING

APPLICATION Number

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS "Project Responsibility"

(Office Use)

APPLICANT'S NAME: DATE: DEVELOPER: PHONE #: PROJECT ADDRESS: CITY: ZIP: SUBDIVISION: BLOCK #: LOT #: PROPERTY OWNER'S NAME: PHONE #: OWNER'S ADDRESS: CITY: ST: ZIP: CONTRACTOR: LICENSE #: ADDRESS: CITY: ST: ZIP: EMAIL ADDRESS: PHONE #: PROJECT CONTACT PERSON: PHONE #:

(CHECK ALL THAT APPLY)

ADULT CARE ADULT CARE-DFS CHILD CARE-Home CHILD CARE CENTER ALE

DESCRIPTION OF WORK:

DISCLAIMER: I hereby certify that all information in this application 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 NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00***

OWNER/CONTRACTOR: SIGNATURE: (Print Name)

TOTAL # OF PERSONS UNDER CARE: AGE RANGE OF PERSONS UNDER CARE:

IS CARE TO BE PROVIDED ON A 24 HR BASIS? Yes No

IF NO, WHAT ARE THE HOURS PER DAY?

WHAT IS THE TYPE/CLASSIFICATION SPECIFIED BY THE STATE LICENSING AGENCY WHICH YOU ARE APPLYING?

IS THE PROPERTY LOCATED IN A FLOODPLAIN? Yes No

IS ELECTRICAL POWER ON THE BUILDING? Yes No

IS A NATURAL GAS LINE ON THE PROPERTY? Yes No

TOTAL SQ FT:

** PLEASE ATTACH A COPY OF THE APPLICATION & FLOOR PLAN YOU ARE SUBMITTING TO THE STATE **

WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS ***

PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MC/VISA DISCOVER

ZONE: OFFICER: SETBACKS: F LH RH B: Approval: City: DATE: FLOOD: BFE+2ft=

Comment: PERMIT FEE: \$

*DISCLAIMER: SUBMITTING THIS APPLICATION MEANS THAT THE SUBMITTAL CHARGE IS NON-REFUNDABLE