

**REGULAR RESIDENTIAL BUILDING APPLICATION**

**STATEMENT OF UNDERSTANDING**

I, , am submitting an application for a **residential** building permit to New Hanover County. **And, as the applicant or person submitting the application, I check the box/boxes below to acknowledge that:**

- I did not attach** an official CFPUA document that acknowledged approval of the payment made to CFPUA.
- I did not attach** an official proof of a Zoning sign-off from the City of Wilmington, for this work that will be done in the City of Wilmington.
- I did not attach** an official proof of an approval granted by the New Hanover County Environmental Health Department, for this work that requires an approval from Environmental Health.

**And because I did not attach the official proof of approvals along with my application for permit; New Hanover County cannot guarantee that the building permit will be issued within 4 (four) to 7 (seven) working days after the official submittal date/time (the stamped date/time notation made by the Building Safety Department on the application or submittal document)**

**Signed in acknowledgment:**

Signature

Printed Name

Date

Address for the proposed residential work:



# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT  
"Project Responsibility"

Application  
Number  
(office use)

APPLICANT'S NAME: \_\_\_\_\_ Date: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ BLDG LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROJECT CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXISTING CONSTRUCTION:  Alteration  Renovation  General Repairs

NEW CONSTRUCTION:  Erect New Residence  Addition to Existing Residence  Relocation

**\*\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT\*\*\***

Att Garage (SF) \_\_\_\_\_  Det Garage (SF) \_\_\_\_\_  Porch (SF) \_\_\_\_\_

Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_

Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) \_\_\_\_\_

Is the proposed work changing the existing footprint?  Yes  No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: \_\_\_\_\_ Unheated: \_\_\_\_\_

TOTAL PROJECT COST (Less Lot): \$ \_\_\_\_\_

Is the proposed work changing the number of bedrooms?  Yes  No

Is any **Electrical, Plumbing or Mechanical** work being done to the Accessory Structure  Yes  No

If the project is a **Relocation**, is there a Natural Gas Line on the current site?  Yes  No

Is there Electrical Power on this Building?  Yes  No

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: \_\_\_\_\_

**DISCLAIMER:** I hereby certify that all the 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 information. \*\*\*NOTE: Any work performed without the appropriate permits will be in violation of the NC State Bldg Code and subject to fines up to \$500.00\*\*\*

Owner/Contractor: \_\_\_\_\_ Signature: \_\_\_\_\_  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: \_\_\_\_\_

New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPUA  Community System  Private Well  Central Well  Aqua

SEWER:  CFPUA  Community System  Private Septic  Central Septic  Aqua

Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

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