



NEW HANOVER COUNTY
DEPARTMENT OF BUILDING SAFETY
230 GOVERNMENT CENTER DRIVE - SUITE 170
WILMINGTON, NORTH CAROLINA 28403
Telephone: 910.798.7308 Fax: 910.798.7811
Internet: www.nhcgov.com

RESIDENTIAL APPLICATION THAT HAS NO PRIOR APPROVALS

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 receipt or 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: \$ _____