



WAKE COUNTY COMMUNITY SERVICES
INSPECTIONS/DEVELOPMENT PLANS/PERMITS
 Suite 101 Waverly Akins Office Building
 PO Box 550, Raleigh, NC 27602
 Permits Staff (919) 856-6222 Fax (919) 856-6229

APPLICATION FOR RESIDENTIAL PERMIT

PERMIT # _____

ES PERMIT # *D* _____

Owners Name – Last:		First:	Phone #
Address:			Zip:
Project Street Address:			Utility Provider:
City:	State:	Zip:	Project Cost:
Subdivision:			Lot #
Existing Use			
Proposed Use of Structure:			
Bdrms. Finished or Unfinished	# Baths:	# Other Rms:	# of Stories:

Type of Work : New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Reconstruction <input type="checkbox"/>			
Basement: Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Porches: Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Deck: <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/>			
Garage: <input type="checkbox"/> Fireplaces: Masonry <input type="checkbox"/> Prefab <input type="checkbox"/> Gas <input type="checkbox"/> Construction Power Pole: <input type="checkbox"/>			
Plans: Print Copies Submitted <input type="checkbox"/>		MPU File Name*	

General Contractor:			License #
Street Address:			Phone # - -
City	State	Zip	Fax #
Contact Name:			Phone:
E-mail:			

Electrical Contractor:			License #
City	State	Zip	Phone #
E-mail:			

HVAC Contractor:			License #
City	State	Zip	Phone #
E-mail:			

Plumbing Contractor:			License #
City	State	Zip	Phone #
E-mail:			

Directions to Project:

Applicant/Owner/Agent Name:	Phone#
Signature:	Date:

***** FOR OFFICE USE ONLY - - - DO NOT COMPLETE *****

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Waste Water: Public <input type="checkbox"/> Private <input type="checkbox"/>	Lift Pump Required: <input type="checkbox"/>
Flood Certification Required: <input type="checkbox"/>	Imperv Surface Sq Ft	Finished Square Ft.
Conditions of Permit:		

Cost Category	Fee	Cost Category	Fee	Cost Category	Fee
Electrical		Building		Other	
Heating		Footage Fees		Recovery Fund	
Plumbing		Const. Pole		Total	

Plans Approved by: _____ Date: _____

**WAKE COUNTY BUILDING INSPECTIONS
AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
NORTH CAROLINA GENERAL STATUES 87 AND 97**

The undersigned applicant for Building Permit Number _____ being the

Unlicensed Contractor Licensed Contractor License Number _____

do hereby aver under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

- has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- has/have one (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- has/have one or more subcontractor(s), who has/have no employees and have waived in writing their right to coverage by their contractor or if required have their own policy of workmen's compensation covering themselves,
- has/have not more than (2) employees and no subcontractors,
- has/have paid the licensing tax for General Contractor's as required by the Revenue Act of the State of North Carolina
- has/have applied for permit where the project cost is under \$30,000 and I am therefore exempt from Licensed General Contractor requirements specified by G.S.87-14,

while working on the project for which this permit is sought. It is understood that the Wake County Inspections Division may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. This document must be signed by the owner of the proprietorship, partner in the partnership, officer of the corporation or manager of the L.L.C. appearing as the contractor on the building permit.

Signatures are be witnessed by Permit Staff member or Notarized.

Firm Name:	
Completed By:	
Title:	
Signature:	Date:

Sworn to and subscribed before me this _____ day of _____, 19_____.

Signature of Notary Official Seal
Notary Public

My Commission expires _____, 19_____.

IDPP Staff member Initials: _____