



# ROBESON COUNTY COMMUNITY DEVELOPMENT

## BUILDING AND SAFETY

### CODE ENFORCEMENT

701 N. Elm Street

Lumberton, NC 28358

## APPLICATION FOR BUILDING PERMIT

**OWNER:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**BUILDING TO BE:** OWNER OCCUPIED \_\_\_\_\_, LEASED \_\_\_\_\_, RENTED \_\_\_\_\_, OR SOLD \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

NC LICENSE #: \_\_\_\_\_ Classification: \_\_\_\_\_ Limitation: \_\_\_\_\_

E-911 ADDRESS OF PROPOSED WORK: \_\_\_\_\_

**SUBDIVISION NAME:** \_\_\_\_\_ **LOT/UNIT #** \_\_\_\_\_

**TAX PARCEL ID #** \_\_\_\_\_ **TOWNSHIP** \_\_\_\_\_

(MAP) (BLOCK) (LOT)

IS SITE LOCATED IN A FLOOD HAZARD AREA: **yes** ( ) **no** ( ) **If Yes What Zone:** \_\_\_\_\_

FLOODPLAIN DEVELOPMENT PERMIT PROVIDED: **yes** ( ) **no** ( ) **n/a** ( )

<b>IMPROVEMENT</b>	<b>OCCUPANCY</b>		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Assembly	<b>Residential</b>	<b>Sprinkler System</b>
<input type="checkbox"/> Addition	<input type="checkbox"/> Business	<input type="checkbox"/> Single Family	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Alteration	<input type="checkbox"/> Educational	<input type="checkbox"/> Duplex	
<input type="checkbox"/> Interior Renovations	<input type="checkbox"/> Factory / Industrial	<input type="checkbox"/> Apartment	
<input type="checkbox"/> Exterior Renovations	<input type="checkbox"/> Hazardous	<input type="checkbox"/> Townhouse	<b># of Multi-family Units</b>
<input type="checkbox"/> Repairs/Replacements	<input type="checkbox"/> Institutional	<input type="checkbox"/> Hotel / Motel	( _____ )
<input type="checkbox"/> Sign(s)	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Modular Home	
<input type="checkbox"/> Garage / Accessory BLDG	<input type="checkbox"/> Storage	<input type="checkbox"/> <b>Manufactured Home</b>	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Utility		
<b>Total Cost: \$</b> _____	<b>Description of Work:</b> _____		

**Total Area:** \_\_\_\_\_ **Heated Area:** \_\_\_\_\_ **Unheated Area:** \_\_\_\_\_

**# of Stories:** \_\_\_\_\_ **Area per Floor:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ other \_\_\_\_\_

**Type of Construction:** IA \_\_\_\_\_, IB \_\_\_\_\_, IIA \_\_\_\_\_, IIB \_\_\_\_\_, IIIA \_\_\_\_\_, IIIB \_\_\_\_\_, IV \_\_\_\_\_, VA \_\_\_\_\_, VB \_\_\_\_\_

**Manufactured Homes** Type of Home: ( ) SINGLEWIDE ( ) DOUBLEWIDE ( ) TRIPLE WIDE

**Year:** \_\_\_\_\_ **Size:** \_\_\_\_\_ x \_\_\_\_\_ **Manufacture:** \_\_\_\_\_ **Serial #** \_\_\_\_\_

Requests for inspections can be made by contacting the Department between 8:15 am until 5:00 pm Monday thru Friday. Please note no inspection will be conducted the same day of request. I hereby certify that all information in the application is correct and all work will comply with the NC State Building or Residential Code (NC Regulations for Manufactured Homes) and all other applicable State and Local laws, ordinance and regulations in effect. I will notify the Robeson County Building Safety & Code Enforcement in the event there are any changes in the approved plans of this project. An inspection is required within 6 months of issuance of a permit & if work is discontinued for 12 months permits shall expire

**OWNER / CONTRACTOR**

**Date of Application**

