

Permit # _____

RED SPRINGS INSPECTION DEPARTMENT
PO Box 790, Red Springs, NC 28377

BUILDING PERMIT

OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____

CONTRACTOR'S NAME: _____ PHONE # _____

MAILING ADDRESS _____

NC LICENSES _____ JOB NAME OR NUMBER _____

LOCATION OF PROPOSED WORK: _____

E-911 ADDRESS

DESCRIPTION OF WORK: _____

TAX PARCEL ID # _____ TYPE OF CONSTRUCTION: () NEW () ADDITION

IS SITE LOCATED IN A FLOOD HAZARD AREA? YES _____ NO _____ IF SO, WHAT ZONE? _____

TYPE OF BUILDING OR STRUCTURE:

() RESIDENTIAL () BUSINESS () MERCHANTILE () FACTORY () INSTITUTIONAL () EDUCATIONAL () ASSEMBLY
() STORAGE () HAZARDOUS

COMMERCIAL/RESIDENTIAL:

Heated Sq. Ft. _____ X \$0.30 per Sq. Ft = \$ _____

Unheated Sq. Ft. _____ X \$0.20 per Sq. Ft. = \$ _____

COMMERCIAL:

Remodel (up to 1,000 sq. ft.) \$100.00 () plus \$0.10 per sq. ft. above 1,000 (_____ x \$0.10 = _____)

Cell Tower \$150.00 () Minimum Permit Fee \$100.00 ()

RESIDENTIAL:

Porch/Deck (covered) \$100.00 () Porch/Deck (uncovered) \$75.00 () Remodel \$75.00 ()

Re-roof \$75.00 () Minimum Fee \$75.00 ()

Homeowner Recovery Fee (General Contractor's only) \$10.00 ()

Application Fee \$50.00 (New Construction Only)

Technology Fee \$5.00

Total from above \$ _____

Total fee to be paid \$ _____

Request for inspections can be made by contacting the Red Springs Inspections Department between 8:00am & 5:00pm Monday thru Friday. The phone number is (910)843-5241 ext. 226

I hereby certify that all information in the application is correct and all work will comply with the NC State Building Code and all other applicable State and local laws, ordinances and regulations. I will notify the Red Springs Inspection Department in the event there are any changes in the approved plans of this project

Owner/Contractor Signature

Date of Application