



CITY OF CREEDMOOR

P.O. BOX 765
111 MASONIC STREET
CREEDMOOR, NC 27522
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(919) 528-3332

COMMERCIAL RENOVATIONS AND UPFITS CONSTRUCTION PACKET Cover Sheet

Applicant Name _____

Street Address _____ City, State, Zip Code _____

Project Contact Name _____ Daytime Phone Number _____

Email Address _____

Project Address _____ Subdivision _____ Lot Number _____

The following information is required to be submitted in order to process an application for construction.

Note: All forms must be completed before application will be processed.

1. To Planning Department:

- Zoning Application
- Plat with structure shown with distances to property lines and existing utilities

2. To Building Inspections Department

- Building Permit Application
- Three sets of construction plans
- Contractor information to include state license numbers and local privilege license numbers
- Fire Marshal's Permit Approval
- DOT Approvals (if applicable)

Internal Use Only

Planning & Zoning

Authorized Signature _____ Date _____

Building

Authorized Signature _____ Date _____

Public Works

Authorized Signature _____ Date _____

Date _____ Zoning Compliance Permit/Application # _____

Application for Construction of a building Relocation of a building Alteration of a building
 Change of Use Other

Applicant Information

Name _____ Phone _____

Mailing Address _____

Property Address (if different from mailing address) _____

Property Owner Information (if different from applicant)

Name _____ Phone _____

Mailing Address _____

Contractor Information

Name _____ Phone _____

Mailing Address _____

Primary State License # _____ Classification _____ Exp. Date _____

Description of Property

Tax Map ID/PIN # _____ Is property within 100-year Floodplain? Yes No

Lot Dimensions (As apply)

Length _____

Width _____

Area _____

Frontage from Right-of-Way _____

Is this a corner lot? _____

Structure Dimensions

Length _____

Width _____

Height _____

Principal Structure _____

Accessory Structure _____

Type of Use Single Family Residential Industrial Accessory
 Multi-Family Residential Commercial Institutional

Existing Structures on Property

- Vacant Lot (No Buildings/Manufactured Homes on Property)
- Accessory Bldg (Including Detached Carports, Garages, and Storage Buildings)
- Manufactured Home
- Site-Built Home
- Commercial/Industrial Building

Utility Services

City Water Well City Sewer Septic Tank Gas Electricity

Is Structure in the Right-of-Way of Any of the Following (Check all that apply):

City Utilities Railroad NCDOT or City Road Proposed Thoroughfare None

Description of Zoning

Zoning District _____ City Limits Extraterritorial Jurisdiction (ETJ)

Building Setbacks	REQUIRED	PROPOSED
Front yard	_____	_____
Rear yard	_____	_____
Side yard, left	_____	_____
Side yard, right	_____	_____
Height	_____	_____
Maximum lot coverage	_____	_____
Maximum density	_____	_____

Comments _____

Description of Proposed Work _____

Required Attachments

1. A site plan or sketch that shows the **LOCATION** of all proposed building(s), driveway(s), **WATER AND SEWER LINES, WATER AND SEWER SERVICE METERS**, setbacks from the property lines/right-of-ways, all primary and accessory buildings (existing or proposed), all building dimensions and any off-street parking or loading areas or other site elements.
2. For all new construction of primary buildings, a copy of the recorded plat/survey will need to be attached to this application. A copy can be obtained from the Register of Deed's office.
3. **Driveway Permit Application with required attachments.**

Notes

1. An approved Permit shall expire and be cancelled unless the work authorized by it shall have begun within six (6) months of its issue date, or if the work authorized is suspended or abandoned for a period of one year, unless vested rights are requested, then this permit is valid for a period of two (2) years.
2. The Planning Department must be notified to make on-site inspections once the setback lines have been identified on site (for new construction.)
3. The Planning Department will attempt to make zoning determinations within four (4) business days of submission of a fully completed application.

Owner/Applicant Statement

I certify that I am the property owner or truly represent the property owner(s). I certify that the foregoing statements are accurate and correct to the best of my knowledge. I understand that the City of Creedmoor is not bound by oral or written assertions or representations of its staff members. I agree to conform to all City of Creedmoor Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted. Any violation of the Zoning Ordinances will be grounds for revoking this permit and any other permits issued in reliance upon the same.

Signature of Applicant _____ Date _____

Internal Use Only

Approved Disapproved Comments _____

Signature of Zoning Official _____ Date _____

The following information is required to be submitted with all requests for permits. Additional information may be required to ensure compliance with state and local laws.

Applicant Name _____ Date _____

Email Address _____ Daytime Phone _____

Project Address _____

Subdivision _____ Lot # _____ County _____

Trade Costs: Electrical \$ _____ Mechanical \$ _____ Plumbing \$ _____ **Total Project Cost \$** _____

Developer _____ Daytime Phone _____

Email Address _____

Property Owner _____ Daytime Phone _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Project Contact _____ Daytime Phone _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Description of Proposed Work _____

Type of Building New Existing Addition N/A

Type of Construction IA IB IIA IIB IIIA IIIB IV VA VB

Occupancy A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2
 H-3 H-4 H-5 I-1 I-2 I-3 I-4 M R-1 R-2 R-3
 R-4 S-1 S-2 U Mixed

Equipment New Existing Addition N/A

Property Use Single Family Two Family Apartment
 Condominium Townhouse Other (Library, Office, etc.)

Building Size Total Area Sq. Feet _____ Area per Floor Sq. Feet _____

Building Height _____ No. of Stories _____

State Agency Approvals NC Department of Insurance: Yes No N/A
Plan Approval _____ No. of Pages _____ Date _____
Specifications _____ No. of Pages _____ Date _____
NC Department of Labor: Yes No N/A
Elevator Approval Date _____ Boiler Approval Date _____

Check type of permit(s) required and complete the information for each.

General Construction Permit

Contractor Name _____ Daytime Phone _____
Email Address _____
Address _____ City _____ State _____ Zip _____
Primary State License # _____ Classification _____ Exp. Date _____

Electrical Permit

Contractor Name _____ Daytime Phone _____
Email Address _____
Address _____ City _____ State _____ Zip _____
Primary State License # _____ Classification _____ Exp. Date _____

Mechanical Permit

Contractor Name _____ Daytime Phone _____
Email Address _____
Address _____ City _____ State _____ Zip _____
Primary State License # _____ Classification _____ Exp. Date _____

Plumbing Permit

Contractor Name _____ Daytime Phone _____
Email Address _____
Address _____ City _____ State _____ Zip _____
Primary State License # _____ Classification _____ Exp. Date _____

Sprinkler Protection Permit

Contractor Name _____ Daytime Phone _____
Email Address _____
Address _____ City _____ State _____ Zip _____
Primary State License # _____ Classification _____ Exp. Date _____

Fire Alarm System Permit

Contractor Name _____ Daytime Phone _____
Email Address _____
Address _____ City _____ State _____ Zip _____
Primary State License # _____ Classification _____ Exp. Date _____

Sign Permit

Location of Sign (Address) _____

- Off Premises Sign Wall Sign Ground Sign Awning Sign
 Projection Sign Special Event Sign Other

Sign/Business Owner _____ Daytime Phone _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Contractor Name _____ Daytime Phone _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Accessory Structures Permit

Accessory Building _____ Size _____ square feet

- Solid Fence Swimming Pool Other

I hereby certify that all 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 City of Creedmoor Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature _____ Date _____