



# CITY OF CREEDMOOR

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

## COMMERCIAL NEW 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

*Internal Use Only*

Planning & Zoning

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Building

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Public Works

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



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Re: Requesting a Zoning Compliance Permit for New Construction

Dear Applicant(s):

The “Zoning Compliance Permit” application has been revised and now requires applicant(s) to **show the location of water and sewer service lines, meters, buffers, rights of way, and easements on the lot or parcel** on their site plan.

Providing this detailed information will assist City officials to better serve our customers and citizens by eliminating relocations of utility lines and meters after initial inspection.

**In addition, a sealed “As-Built Survey” is required to be submitted for our records prior to the issuance of a Certificate of Occupancy (C.O.).**

If you have any questions or concerns related to these requirements, please contact the Community Development Office at the numbers listed below. Thank you for your understanding and cooperation.

Building Codes Administrator  
(919) 764-1017

Planning Director  
(919) 764-1016

Stormwater Administrator/Senior Planner  
(919) 764-1060

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)

<b>Building Setbacks</b>	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

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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 \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Date \_\_\_\_\_

Property Street Address \_\_\_\_\_

Driveway Type  Residential  Commercial  Industrial  Church/School  Other

Proposed Driveway

Proposed width \_\_\_\_\_ feet, centerline located \_\_\_\_\_ feet / miles north/south/east /west of the intersection of \_\_\_\_\_ and \_\_\_\_\_.

Proposed pipe material \_\_\_\_\_; Diameter \_\_\_\_\_ inches; Length \_\_\_\_\_ feet.

Agreement

I, the undersigned applicant, on behalf of the named property owner, request permission to construct driveway(s) on public right-of-way at the above location(s) and agree to the following:

- 1. To construct driveway(s) in absolute conformance with current City standards and approved plans as applicable; 2. To provide necessary sight distance easements if deemed necessary by the City; 3. To promptly repair areas disturbed by construction in City right-of-ways; 4. To provide and be responsible for work zone traffic control measures in and adjacent to City right-of-ways in conformance with guidelines established by the City of Creedmoor; 5. To maintain driveway(s) in a manner so as not to interfere with or endanger public travel; 6. To indemnify and save harmless the City of Creedmoor from all damages and claims for damage that may result from this construction; 7. To notify the City's Department of Public Works not less that 48 hours prior to beginning work.

I agree that the City of Creedmoor will assume no responsibility for any damages that may be caused to such facilities, within the public right-of-way limits, in carrying out its construction. I understand that any permit issued based on this application becomes void if construction of the driveway(s) is not completed within six (6) months of the approval date shown on the permit.

Property Owner \_\_\_\_\_ Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

In addition to this application,

1. Provide a sketch of proposed driveway(s) on reverse side or attach site plans. Sketch the proposed Driveway(s) to clearly show the following information:

- Locations of existing and proposed driveway(s) and street intersections adjacent to the property;
• Existing & proposed buildings, walls, fences, pipes/culverts, signs, poles, water meters, landscaping, etc.
• North arrow and applicable dimensions (driveway width, turn radii, distances, etc)
• Recommended scale is 1" = 20'. Please indicate if drawing is not to scale.

2. Submit three (3) copies of completed application and plans to the Planning Dept, PO Box 765, 111 Masonic Street, Creedmoor NC 27522. Call (919)528-3332 for additional information.

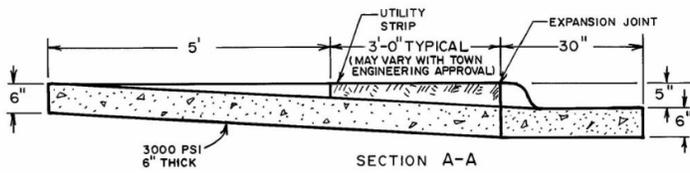
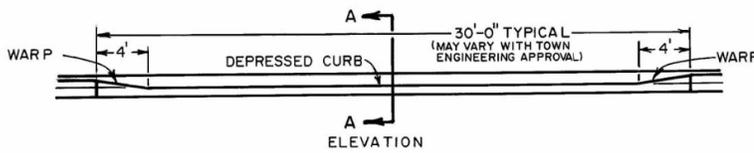
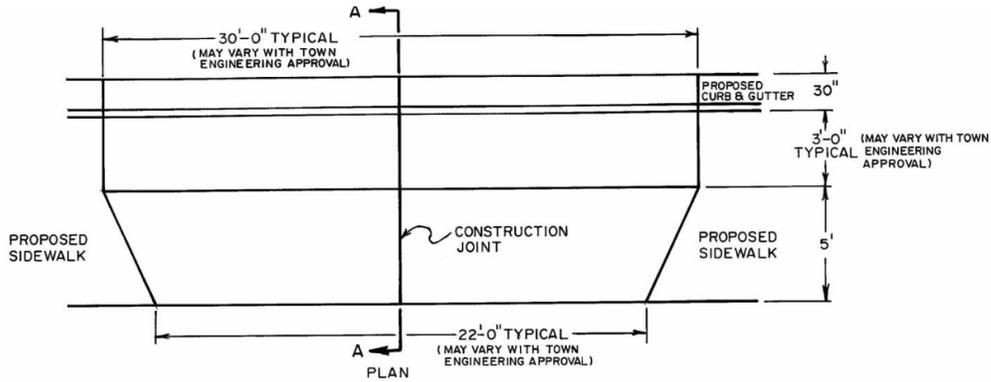
Internal Use Only

Approved Permit # \_\_\_\_\_

Denied Reason \_\_\_\_\_

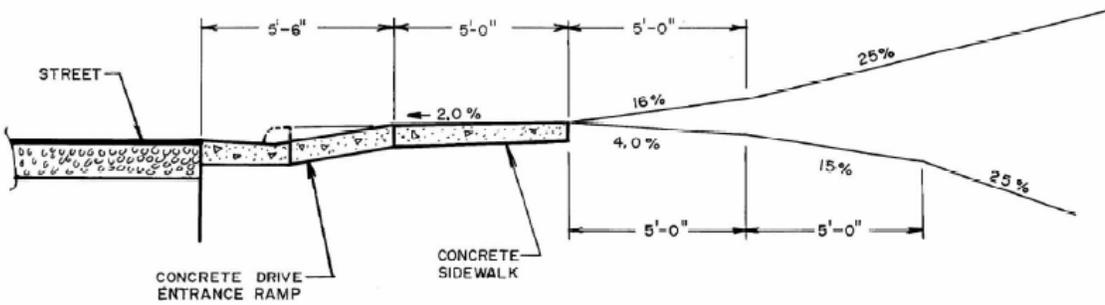
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

DRIVEWAYS



NO SCALE

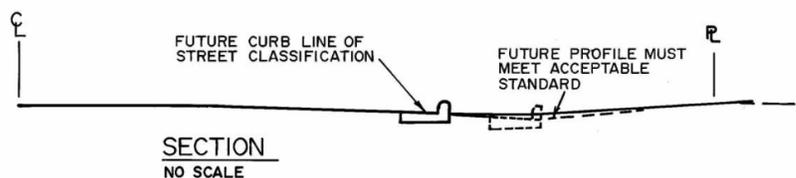
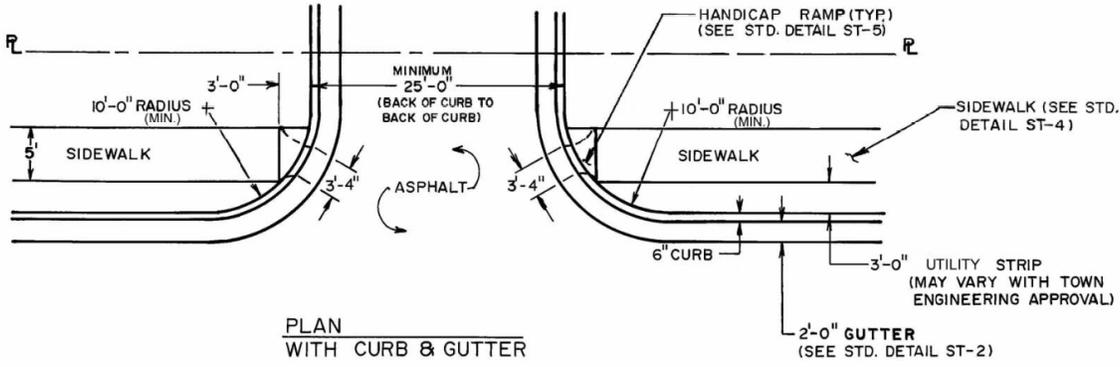
<b>TITLE</b>			<b>REVISIONS</b>		
FAN TYPE DRIVEWAY ENTRANCE			NO	DATE	BY



NOTE:  
 1. GRADES ARE SHOWN FOR SINGLE FAMILY & TWO FAMILY LOTS ONLY. COMMERCIAL TYPE USES MUST FLATTEN GRADES ACCORDINGLY FOR HIGHER VOLUMES OF TRAFFIC, ACCORDING TO THE TOWN ENGINEER'S DIRECTION.

NO SCALE

<b>TITLE</b>			<b>REVISIONS</b>		
DRIVEWAY GRADES			NO	DATE	BY

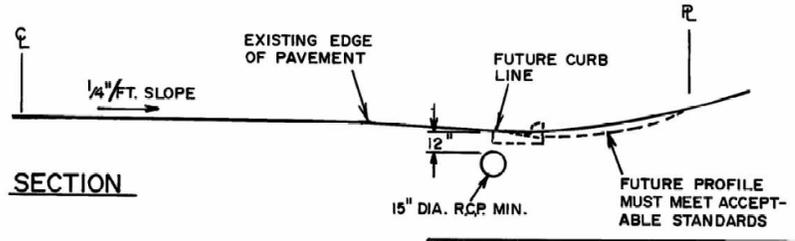
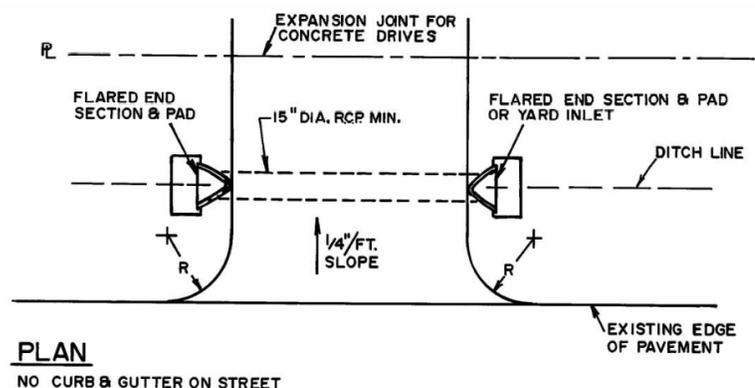


- NOTES:
1. FOR COMMERCIAL & MULTI-FAMILY USES ONLY.
  2. DRIVES TO BE GRADED TO DRAIN TOWARD STREET FROM PROPERTY LINE & AWAY FROM STREET FROM PROPERTY LINE UNLESS STORM DRAINAGE STRUCTURES ARE PROVIDED TO INTERCEPT STORM FLOWS.
  3. DRIVE GRADE PROFILE SHALL BE DESIGNED TO TIE IN WITH ULTIMATE WIDENING OF STREET.

NO SCALE

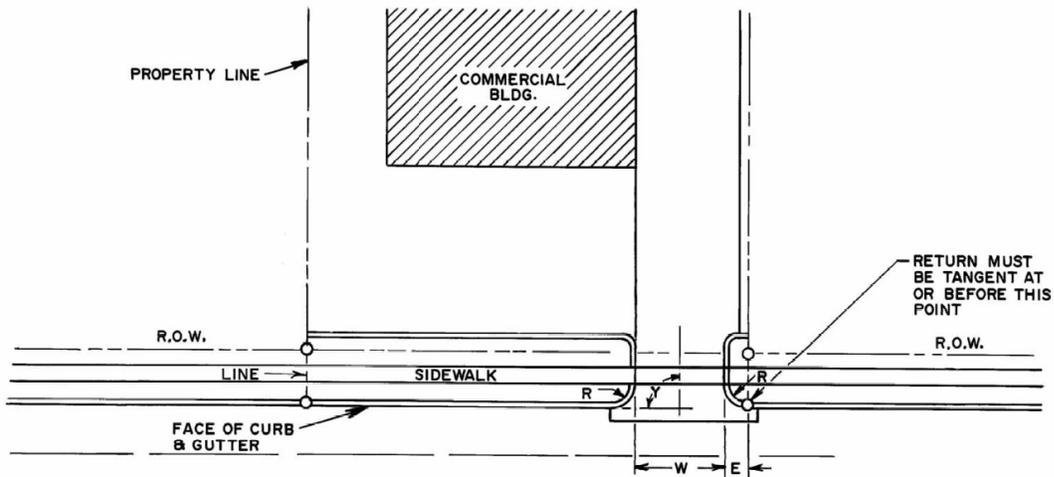
TITLE			REVISIONS		
NO	DATE	BY	NO	DATE	BY
DRIVEWAY-STREET TYPE, CURB & GUTTER SECTION					

- NOTES:
1. FOR SINGLE FAMILY OR TWO FAMILY USE ONLY.
  2. ASPHALT DRIVES ARE PREFERRED: CONCRETE WILL BE ALLOWED. IF CONCRETE DRIVE IS USED, AN EXPANSION JOINT SHALL BE PROVIDED AT THE PROPERTY LINE OR BACK OF FUTURE SIDEWALK LINE WHICHEVER IS FURTHER FROM STREET.
  3. GRADE PROFILE SHALL BE DESIGNED TO PROPERLY TIE IN WITH THE ULTIMATE WIDENING OF THE STREET.
  4. DRIVEWAY PROFILE SHALL FALL @ 1/4"/FT. FROM EDGE OF PAVEMENT TO C OF ROADSIDE DITCH. PIPE SHALL BE PLACED TO HAVE 12" OF CLEARANCE BELOW FINISHED PAVEMENT AT THIS POINT.



NO SCALE

TITLE			REVISIONS		
NO	DATE	BY	NO	DATE	BY
DRIVEWAY-NO CURB-DITCH SECTION STREET					



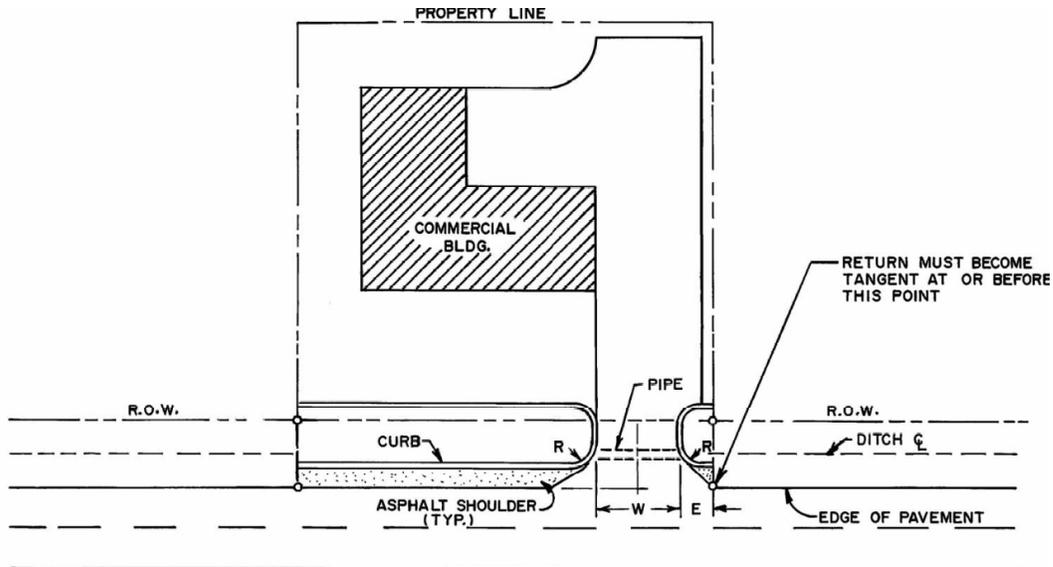
NOTES:

- 1. R- 3' (TOWN STD. RAMP)
    - 10' MIN., 20' MAX. (STREET TYPE)
  - W- (STREET TYPE)
    - ONE WAY: 12' MIN., 20' MAX.
    - TWO WAY: 20' MIN., 36' MAX.
  - E- 3' MIN.
  - Y- 90° PREFERRED
    - 75°-90° WITH TOWN ENGINEERING APPROVAL
2. ALL RADII ARE TO BACK OF CURB.

SINGLE DRIVEWAY COMMERCIAL ESTABLISHMENT  
FIGURE 1

TITLE		REVISIONS		
COMMERCIAL SINGLE DRIVEWAY-CURB AND GUTTER		NO	DATE	BY

NO SCALE



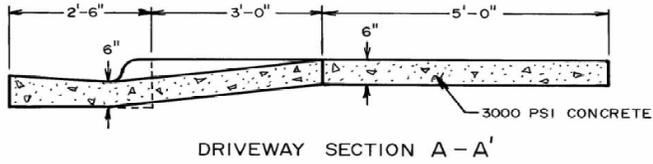
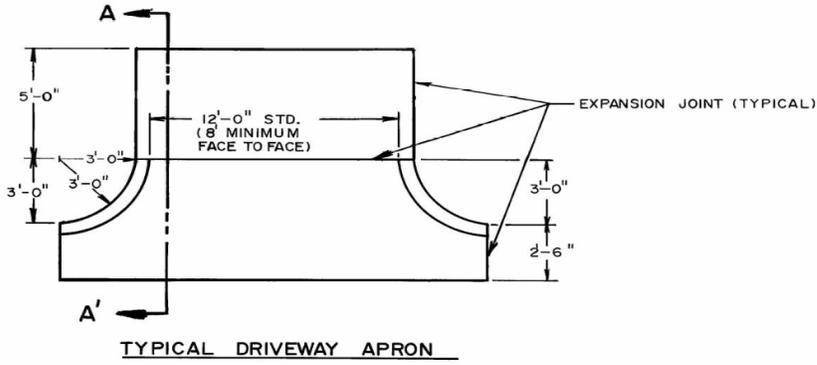
NOTES:

- 1. R- 10' MIN., 30' MAX.
    - E- 10' MIN.
    - W- ONE WAY, 12' MIN., 20' MAX.
    - TWO WAY, 20' MIN., 36' MAX.
2. ALL RADII ARE TO BACK OF CURB.

SINGLE DRIVEWAY COMMERCIAL ESTABLISHMENT  
FIGURE 3

TITLE		REVISIONS		
COMMERCIAL SINGLE DRIVEWAY-DITCH SECTION		NO	DATE	BY

NO SCALE



NO SCALE

TITLE	REVISIONS		
	NO	DATE	BY
DRIVEWAY RAMP - CURB & GUTTER SECTION (ALT)			