

TOWN OF HOLLY SPRINGS
P.O BOX 8
HOLLY SPRINGS N.C. 27540
RESIDENTIAL APPLICATION FOR CONSTRUCTION
TELEPHONE # 557-3914 FAX # 557-7551

Directions: All application items and signatures must be complete and original **Permits voided if not picked up two months from issue date/processing fee forfeited. All information must be printed and legible. Please list all Contractor information. State license number must match name of company. If homeowner doing work, write "Homeowner" in contractor space. **All Homeowner Association approvals must be obtained prior to submittal of any new construction permits

Please indicate type of construction project, breakdown of square footage on second page.

*****ONLY ONE PROJECT PER APPLICATION**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> New Home | <input type="checkbox"/> Addition (only) | <input type="checkbox"/> Sunroom (only) | <input type="checkbox"/> Screened Porch (only) |
| <input type="checkbox"/> Garage (only) | <input type="checkbox"/> Deck (only) | <input type="checkbox"/> Carport (only) | <input type="checkbox"/> Basement Renovation |
| <input type="checkbox"/> Attic Renovation | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Other _____ | |

Site Location: STREET ADDRESS _____
LOT # _____ SUBDIVISION _____ PHASE _____ SECTION _____ FLOOD ZONE _____
OWNER _____ TELEPHONE # _____
ADDRESS _____

GENERAL CONTRACTOR _____ TELEPHONE # _____ FAX _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
NC STATE LICENSE # _____ PRIVILEGE LICENSE # _____
EXPIRATION OF WORKERS COMPENSATION INSURANCE _____ / _____ / _____

GENERAL CONTRACTOR'S SIGNATURE _____

E-MAIL ADDRESS _____
CONTACT PERSON _____ PHONE NUMBER _____ EXT. _____

ELECTRICAL COMPANY _____ TELEPHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
NC STATE LICENSE # _____ PRIVILEGE LICENSE # _____

AUTHORIZED CONTRACTOR'S SIGNATURE _____

PLUMBING COMPANY _____ TELEPHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
NC STATE LICENSE # _____ PRIVILEGE LICENSE # _____

AUTHORIZED CONTRACTOR'S SIGNATURE _____

MECHANICAL COMPANY _____ TELEPHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
NC STATE LICENSE # _____ PRIVILEGE LICENSE # _____

AUTHORIZED CONTRACTOR'S SIGNATURE _____

PREFABRICATED FIREPLACE COMPANY _____ TELEPHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PRIVILEGE LICENSE # _____

AUTHORIZED INSTALLER'S SIGNATURE _____

Please make sure cost breakdown equals total construction cost.

TOTAL Construction Cost\$ _____ ELECTRICAL \$ _____ BUILDING \$ _____
PLUMBING \$ _____ MECHANICAL \$ _____

*****NEW HOMES and ADDITIONS only-Please list all characteristics and sq footage of new homes and additions only. (Do not list if anything other than a new home or addition sq ft-see other residential construction)**

NEW HOME SINGLE FAMILY
 ADDITION MULTI-FAMILY

TYPE OF FRAMING

CONCRETE
 WOOD
 MASONARY

TYPE OF WATER

WELL
 PUBLIC

TYPE OF SEWER

SEPTIC
SQ FT)
 PUBLIC

TYPE OF FOUNDATION

CRAWL SPACE
 BASEMENT
 SLAB

STORIES _____

HOUSE HEATED SQ FT _____

HOUSE UNHEATED SQ FT _____

BASEMENT

*UNFINISHED SQ FT _____

*FINISHED SQ FT _____

ATTACHED GARAGE SQ FT _____

DETACHED GARAGE SQ FT _____

PORCH SQ FT _____

DECK SQ FT _____

SCREEN PORCH _____

TOTAL SQ FT _____ (TOTAL MUST EQUAL BREAKDOWN

****OTHER RESIDENTIAL CONSTRUCTION- Please list square footage for all other residential construction.**

DECK (ONLY) SQ FT _____ SCREENED PORCH (ONLY) SQ FT _____
 GARAGE (ONLY) SQ FT _____ CARPORT (ONLY) SQ FT _____
 SUNROOM (ONLY) SQ FT _____ BASEMENT RENOVATION _____
 ATTIC RENOVATION SQ FT _____ OTHER SQ FT _____

TOTAL SQ FT _____ (TOTAL MUST EQUAL BREAKDOWN SQ FT)

Please call _____ at _____ when permit is ready.
(name) (phone number)

APPLICANT SIGNATURE _____ DATE _____

INSPECTION SIGNATURE _____ DATE _____

PLANNING SIGNATURE _____ DATE _____

ENGINEERING SIGNATURE _____ DATE _____

***APPLICATION MUST BE COMPLETE WITH CURRENT INFORMATION. THERE WILL BE NO FOLLOW UP CALLS.**



Construction Utility Billing Information

Company Name: _____

Mailing Address for **Utility Bill**: _____

City: _____ State: _____ Zip: _____

Foreman/Job Contact Name: _____

Cell #: (_____) _____ Office: (_____) _____

Construction Address: _____

Lot #: _____

Subdivision: _____

Please complete this form so that a water meter can be installed on the lot listed above.

Finance Department Contact Information:

Gloria Heggie (919) 557-3922 or Gloria.heggie@hollyspringsnc.us

Debbie Mann (919) 557-3920 or Debbie.mann@hollyspringsnc.us

Form may be faxed to (919) 557-7407





RESIDENTIAL

Submittal Checklist

Building Code Enforcement • Town of Holly Springs • Box 8 Holly Springs NC 27540 • 919-557-3914

Please use the following check sheet to make sure your plan submittal is complete. Write in N/A for items that do not apply to your project.

- Complete application: Site address, general contractor's name or "homeowner," individual contractor's information or "homeowner," dollar totals, characteristics of new construction, applicant signature and date.
- Two sets of plans – hand drawn are acceptable.
- Two sets of engineered plans for projects requiring structural changes.
- Two site (plot) plans if building outside current house footprint – room additions, decks, sun rooms and screened-in porches
- Current privilege license numbers for all trade contractors.
- Current North Carolina contractor's license for all trade contractors.
- Correct address for all trade contractors.
- Original signatures on all applications.
- Plans logged in at front desk.

Signature _____ Date _____

Upon submittal of your application, please make sure the following information is listed on your plans.

Deck and Screen Porch

Plans shall include, but not limited to the following:

- Dimensions of the structure
- Footing sizes (depth, width, and spacing) and locations
- Beam sizes and spans
- Joist size, spacing, and spans
- Rafter size and spacing (Screen Porch)
- Ceiling joist size and spacing (Screen Porch)
- If a screen porch is build over an existing deck provide layout of existing deck with footings sizes as well as listing and labeling all structural framing
- Deck size
- Verify flashing type where required
- Decks attached to house – must describe attachment
- Post size and spacing

Garages/Detached Garage/Additions

Plans shall include, but are not limited to the following:

- Dimensions of the structure
- Structure Layout
- Footing Sizes
- Detail footing attachment to existing structure (attached garages and additions)
- Beam sizes and spans
- Joist size, spacing, and spans
- Rafter size and spacing
- Ceiling joist size and spacing
- Label type of / use of room (Additions)
- Electrical outlets and switch locations to be installed as well as what already exists
- Window and door sizes

Bonus room

Plans shall include, but are not limited to the following:

- Dimensions of the room
- Include existing framing on the plans of the floor (joist size, spacing, spans, beams etc)
- Label type of/use of room
- Electrical outlets and switch locations to be installed as well as what already exists
- Window and door sizes