



TOWN OF GARNER BUILDING PERMIT APPLICATION

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Sub-Contractors must complete a separate application.

- 1. TWO SETS OF PLANS MAYBE REQUIRED WITH THIS APPLICATION. THE INSPECTIONS DEPARTMENT WILL DETERMINE AT SUBMITTAL.
2. A PLOT PLAN OR APPROVED SITE / CUP IS REQUIRED SHOWING SETBACKS OF THE STRUCTURE TO THE PROPERTY LINE.
3. PLEASE COMPLETE ITEMS THAT ARE APPLICABLE TO YOUR PROJECT AND FOR WHICH YOU HAVE VALID INFORMATION. ITEMS LEFT BLANK OR THAT ARE INCORRECT AND NEEDED TO COMPLETE YOUR APPLICATION, WILL BE VERIFIED BY THE INSPECTIONS DEPARTMENT AND ENTERED ON THE APPLICATION.

OWNER/TENANT: Name Address City State Zip Tel E-mail

LOCATION: Street Number Street Name Lot Block Subdivision

CONTRACTOR: Name Address City State Zip NC State License# CONTACT PERSON TEL: E-mail

PLAN DESIGNER: Name Address City State Zip Tel E-mail

WORK DESCRIPTION: DESCRIBE WORK ASSOCIATED WITH THIS APPLICATION Change of Tenant Type of Building: New Addition Alteration/Repair Proposed use: Single Family Office/Business Mercantile/Retail Assembly Industrial/Factory Educational/School Storage/Warehouse Apartment/Condos Other Water/Sewer: Public Well/Septic Description: **if additional space is needed please submit description as an attachment.**

COST DATA: THIS INFORMATION IS FOR VERIFYING LICENSE REQUIREMENTS. THE CATEGORIES WILL NOT NECESSARILY EQUAL THE AMOUNT IN TOTAL COST! BUILDING: ELECTRICAL: PLUMBING: MECHANICAL: TOTAL COST: (TOTAL COST MAY INCLUDE OTHER CONSTRUCTION COSTS NOT LISTED IN PREVIOUS CATEGORIES.)

DIMENSIONS OF STRUCTURE: NUMBER OF STORIES HEATED AREA GARAGE AREA TOTAL AREA Number of Bedrooms Bathrooms

SIGNATURE OF OWNER/TENANT/AGENT: SIGNATURE: DATE:

DO NOT WRITE IN THIS SPACE BELOW: OFFICE USE ONLY!

PLANNING DEPARTMENT: INSIDE: YES / NO CENSUS: ZONING: PIN#: APPROVED BY: DATE: COMMENTS: INSPECTIONS DEPARTMENT: APPROVED BY: DATE: LEVEL: COMMENTS: