



Inspections & Permits Department
 316 North Academy Street
 Cary, NC 27513
 (919) 469-4046 Fax: (919) 462-3840
 Email: BuildingSafety@townofcary.org
 www.townofcary.org

RESIDENTIAL APPLICATION FOR PERMIT

Application # _____ - _____

TOWN of CARY

PROPERTY INFORMATION

Project Address _____ City _____ ZIP _____
 Subdivision _____ Lot No. _____ County: Wake County Chatham County

Property Owner _____ Primary phone (____) _____
 Address _____ Suite _____ Secondary phone (____) _____
 City _____ State _____ ZIP _____ Owner Email _____

Applicant _____ Primary phone (____) _____
 Address _____ Suite _____ Secondary phone (____) _____
 City _____ State _____ ZIP _____ Fax number (____) _____
 Project Contact Person _____ Applicant Email _____

SCOPE OF WORK & BUILDING INFORMATION

FOR NEW DWELLINGS: CHECK THIS BOX AND COMPLETE PAGE 4 Total Construction Cost \$ _____

Description of work _____

Total area (SF) of the new work : _____
 Principal Building on this Lot: Single Family Dwelling Townhouse Duplex(a separate permit is required for each unit of a duplex)
 Permit Type: Addition to building Alteration to building Accessory structure (**complete page 3 of the application**)

UTILITY INFORMATION

Water <input type="checkbox"/> Cary <input type="checkbox"/> Private ¹ (well)	<input type="checkbox"/> New water and/or new sewer service is requested. A <u>Water and Sewer Service Application</u> detailing the scope has been provided with this application.
Sewer <input type="checkbox"/> Cary <input type="checkbox"/> Private (septic)	
Electric <input type="checkbox"/> Duke Progress Energy ² <input type="checkbox"/> Town of Apex ²	

Notes: 1. Installation of a new well requires additional Site/Subdivision Plan approval and County Health Department approval
 2. First time customers MUST apply with the appropriate agency checked above to set up an account

PROPERTY OWNER'S STATEMENT

Property Owner's Statement

I hereby certify that I have the authority to make the necessary application, 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 or private building restrictions, if any, which may be imposed by deed. The Inspection & Permits Department will be notified of any changes in the approved plans and specifications for the project herein prior to implementation. Fees will be calculated by staff based on applicant information provided at the time of building permit application review. Please see the Department's Fees Estimation Guide for more information.

Check one of the following boxes:

This permit application is for new work This permit application is to legalize work performed without a permit, inspections or approvals. I understand that this work must conform to the current code in effect and all wall coverings and insulation must be removed to expose all work done without a permit so all work can be visually inspected by the code enforcement official.

Property Owner/Agent (print) _____ Signature _____ Date _____

CONTRACTOR INFORMATION

GENERAL CONSTRUCTION (Building)

Contractor (Company Name) _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Fax (____) _____ Building Construction Cost \$ _____

Contact Person _____

License Number _____ Classification: Residential Building Limited Intermediate Unlimited

Check one of the following boxes:

- I am a general contractor duly licensed by the NC Licensing Board of General Contractors. I am permitted by my license to contract on projects not to exceed the limitations of my classification. The Plumbing, Mechanical and Electrical contractors listed below are considered subcontractors.
- I am an unlicensed contractor. I am permitted to contract on projects on this property with a total value of less than \$30,000. I am not permitted to perform or subcontract plumbing, mechanical or electrical work so all of the following contractors are considered prime contractors and have contracts directly with the property owner.
- I am the property owner acting as the general contractor. I have provided the completed form entitled: Owner Exemption Affidavit. By listing myself as a contractor for building, plumbing, mechanical and/or electrical on this application I do so knowing that I intend to live in this house for a period of twelve (12) months following completion.

PLUMBING

Contractor (Company Name) _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Fax (____) _____ Plumbing Construction Cost \$ _____

Contact Person _____

NC License Number _____ Classification: Class I Class II Owner N/A

MECHANICAL

Contractor (Company Name) _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Fax (____) _____ Mechanical Construction Cost \$ _____

Contact Person _____

NC License Number _____ Classification: H-1 H-2 H-3 Owner Class I Class II N/A

ELECTRICAL

Contractor (Company Name) _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Fax (____) _____ Electrical Construction Cost \$ _____

Contact Person _____

NC License Number _____ Classification: Limited Intermediate Unlimited Owner Other

Voltage: 50 or less 600 or less 600 or more

INFORMATION FOR PROPOSED ACCESSORY STRUCTURES

IF YOUR PROJECT IS A NEW DWELLING SKIP THIS PAGE AND GO TO PAGE 4

COMPLETE THE SECTIONS THAT BEST DESCRIBE THE WORK YOU INTEND TO PERMIT WITH THIS APPLICATION. CHECK THE APPROPRIATE BOX AND PROVIDE THE DIMENSIONS AND OVERALL SQUARE FOOTAGE OF THE PROJECT.

IF YOU NEED HELP COMPLETING ANY PART OF THIS APPLICATION A CUSTOMER SERVICE REPRESENTATIVE WILL BE GLAD TO ASSIST YOU. IF YOU ARE CURRENTLY OUTSIDE OUR OFFICE PLEASE CALL 469-4043 FOR ASSISTANCE.

Accessory Structure. Structures attached to the main dwelling or detached structures without sides or walls.

- | | | |
|---|--|--|
| <input type="checkbox"/> Deck (wood) | Size: _____ x _____ | Total Floor Area (SF): _____ |
| <input type="checkbox"/> Porch with roof (screened or open) | Size: _____ x _____ | Total Floor Area (SF): _____ |
| <input type="checkbox"/> Structure without sides (carport, gazebo) | Size: _____ x _____ | Total Floor Area (SF): _____ |
| <input type="checkbox"/> Sunroom (a structure where the combined area of windows and skylights exceed 40% of the total area of the exterior walls and roof) | | |
| <input type="checkbox"/> Unheated | <input type="checkbox"/> Heated by: <input type="checkbox"/> Gas <input type="checkbox"/> Electric | Size: _____ x _____ Total Floor Area (SF): _____ |
| <input type="checkbox"/> Pergola/Trellis | Size: _____ x _____ | Total Floor Area (SF): _____ |
| <input type="checkbox"/> Other _____ | Size: _____ x _____ | Total Floor Area (SF): _____ |

Notes:

1. A design by a NC Licensed PE or Architect is required for a deck (post & beam) supporting an enclosed space
2. An electrical permit is required for all sunrooms and may be required for decks and covered porches

Detached Building. Structures separated from the main dwelling which are enclosed with walls.

- Storage building, workshop or garage* Size: _____ x _____ Total Floor Area (SF): _____

A. List the total gross floor area of all floors for existing and proposed detached accessory buildings on this lot _____

B. List the heated square footage of the principal dwelling from the Wake County Register of Deeds website _____

*For lots less than 40,000 square feet (0.918 acre) the combined floor area of all detached accessory buildings/structures cannot be greater than 33 percent of the heated square footage of the main dwelling. For lots larger than 40,000 SF see LDO 5.3.2 for building limitations.

Swimming Pools, Hot Tubs & Spas. Any structure intended for swimming or recreational bathing that contains 24 inches of water.

- | | | |
|--|---------------------|-------------------------|
| <input type="checkbox"/> Spa or hot tub supported by a deck** | Size: _____ x _____ | Total Area in SF: _____ |
| <input type="checkbox"/> Spa or hot tub supported by a concrete slab | Size: _____ x _____ | Total Area in SF: _____ |
| <input type="checkbox"/> Swimming pool | Size: _____ x _____ | Total Area in SF: _____ |
| <input type="checkbox"/> Patio/decking associated with pool | Size: _____ x _____ | Total Area in SF: _____ |
| <input type="checkbox"/> Other _____ | Size: _____ x _____ | Total Area in SF: _____ |

**Deck requires foundation design by a NC Licensed PE or Architect (provide the design with this application)

Notes:

1. A drawing showing the existing or proposed barrier fence design must be provided with this permit application
2. More information is provided on our Department's [Guide for Residential Swimming Pools, Spas, and Hot Tubs](#)

Plot Plan. Two copies of the plot plan are required for projects with proposed work outside of the exterior walls of the principal dwelling.

- Draw with a permanent medium (no pencil) showing the entire lot with the outline of all buildings located on the lot
- Draw to an engineer's scale (1" = 20' or 1" = 30') using the largest scale that will fit on 8½" x 11" or 8½" x 14" paper
- Include cantilevers, decks, porches, driveways, retaining walls, HVAC equipment and electrical service/meter
- Include easements, buffers and the setback table from the recorded plat along with any other deed restrictions
- Include dimensions for all proposed buildings and structures consistent with the plans provided for review
- Indicate the distance from each property line to the proposed building or structure at the nearest point as measured at a right angle to the respective property line
- For swimming pools, spas or hot tubs include the associated pool decking surround (usually concrete, masonry or stone), the distance of the decking surround to the property line and the location of the required barrier fencing
- Include impervious surface calculations on lots where impervious limitations are listed on the recorded plat
- Provide a plot plan stamped "Approved" by the appropriate county if a well or septic system exists on the lot

PLAN INFORMATION SUPPLEMENT

COMPLETE THIS SHEET FOR NEW DWELLINGS ONLY

NEW DWELLING DETAILS			
Dwelling Type:	<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Single Family Attached (Townhouse)	<input type="checkbox"/> Duplex
Construction:	<input type="checkbox"/> Conventional/Built on Site	<input type="checkbox"/> Modular (factory built)	<input type="checkbox"/> Manufactured (factory built)
Foundation:	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space (vented)	<input type="checkbox"/> Crawl Space (closed) <input type="checkbox"/> Monoslab
Number of Stories:	_____	Mean Bldg Hgt (ft): _____	Number of bedrooms _____ Number of bathrooms _____
Finished Basement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Finished Attic:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Fireplace:	<input type="checkbox"/> Masonry <input type="checkbox"/> Gas

PLAN DESIGN & STRUCTURAL DESIGNER CONTACT INFORMATION	
Plan Name or Number _____	Elevation _____
Structural Designer _____	Office phone (____) _____
Email _____	Office fax (____) _____

SQUARE FOOTAGE																		
COVERED AREAS (UNDER ROOF) IN SQ FT			UNCOVERED AREAS (NOT UNDER ROOF)															
Description of Area	✓	Finished (conditioned)	Unfinished (unconditioned)															
<input type="checkbox"/> Basement																		
<input type="checkbox"/> 1st Floor																		
<input type="checkbox"/> 2nd Floor																		
<input type="checkbox"/> 3rd Floor/Walk-up attic																		
<input type="checkbox"/> Attached Garage																		
<input type="checkbox"/> Front Porch																		
<input type="checkbox"/> Screen Porch																		
<input type="checkbox"/> Open Covered Porch/Covered Deck																		
<input type="checkbox"/> Sunroom (thermally isolated)																		
<input type="checkbox"/> Other _____																		
Totals																		
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Description of Area</th> <th style="width: 5%;">✓</th> <th style="width: 35%;">Square Footage</th> </tr> <tr> <td><input type="checkbox"/> Deck</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Patio/Terrace</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Totals</td> <td></td> </tr> </table>	Description of Area	✓	Square Footage	<input type="checkbox"/> Deck			<input type="checkbox"/> Patio/Terrace			<input type="checkbox"/> Other _____			Totals		
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<input type="checkbox"/> Other _____																		
Totals																		
MAXIMUM ALLOWABLE IMPERVIOUS SURFACE AREA																		
Max. Allowable Impervious Surface																		
Total Proposed Impervious Area																		
Total Area Under Roof																		
(Finished Area + Unfinished Area)			→ <input style="width: 50px;" type="text"/>															

TOWN OF CARY APPROVALS (To be completed by Town staff for all projects)	
<p>Instructions: Each reviewer enters her/his initials upon completing each section. Check "N/A" if the section does not apply. When completing the "SQUARE FOOTAGE" section the reviewer is to check the appropriate box only.</p>	
ZONING: <input type="checkbox"/> N/A Reviewed By _____	Type: <input type="checkbox"/> Plot Plan <input type="checkbox"/> Minor Alteration <input type="checkbox"/> Director's Modification <input type="checkbox"/> Other _____ Note conditions (if any) _____
COUNTY: <input type="checkbox"/> N/A Reviewed By _____	<input type="checkbox"/> Well Permit No _____ <input type="checkbox"/> Septic Permit No _____ <input type="checkbox"/> A copy of the plot plan stamped "APPROVED" by the appropriate county has been provided herewith <input type="checkbox"/> Site/Subdivision Plan approval has been obtained for a new well Site Plan Approval # _____
BUFFERS: <input type="checkbox"/> N/A Reviewed By _____	Is the new work located in a buffer? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: <input type="checkbox"/> Neuse River Basin <input type="checkbox"/> Cape Fear River Basin Neuse Basin: NCDENR/DWQ determination: <input type="checkbox"/> Stream is not subject <input type="checkbox"/> Approval granted by NCDENR/DWQ Cape Fear Basin: Town of Cary Stormwater determination: <input type="checkbox"/> Stream is not subject <input type="checkbox"/> Approval granted by TOC
FLOODPLAIN: <input type="checkbox"/> N/A Reviewed By _____	Is a floodplain located on the lot? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, approval is granted by the Town of Cary Floodplain Manager <input type="checkbox"/> with conditions, or <input type="checkbox"/> without conditions. By _____ Date: _____
SQUARE FOOTAGE: Reviewed By _____	<input type="checkbox"/> I confirmed the information on this sheet for a New Dwelling as provided by the applicant <input type="checkbox"/> I entered the information on this sheet as collected from the application and construction documents