

## 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. ANY ADDITIONAL INFORMATION ADDED OR ITEMS CORRECTED WILL BE TRANSFERRED TO THE PERMIT FORM FOR YOUR SIGNATURE.

OWNER/TENANT: Name	Address
City State Zip Te	
LOCATION: Street Number Street Name	
Lot Block Subdivisi	
CONTRACTOR: Name	Address
City State Zip	NC State License#
TEL: E-mail	
PLAN DESIGNER: Name Address	
City State Zip Te	
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 Edu	
Apartment/Condos Other Water/Sewer: Public V	
Description:  **If additional space is needed please submit description as an attachment.**	
COST DATA:	ATEGORIES WILL NOT NECESSARILY EQUAL THE AMOUNT IN TOTAL COST!
BUILDING: ELECTRICAL: MECHANICAL: TOTAL COST:	PLUMBING:
(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 B	ELOW: OFFICE USE ONLY!
PLANNING DEPARTMENT:	
INSIDE: YES / NO CENSUS: ZONING:	PIN#:
APPROVED BY:	. DATE:
COMMENTS:	
INSPECTIONS DEPARTMENT:	
APPROVED BY:	DATE: LEVEL:
COMMENTS:	