

Application Date: _____

Application # _____

CITY OF MONROE - APPLICATION FOR BUILDING PERMIT

Project Address: _____

Tax Id #: _____

Subdivision Name: _____ Lot: _____ Block: _____ Section: Phase: _____

Land Area: _____ SQ FT or Acres) Suite/Unit(s): _____

Total Project Cost: \$ _____

Owner/Tenant: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone No. _____

Developer: _____

Description of Proposed Work: _____	

Heated SQ FT: _____	Unheated SQ FT: _____ # of Stories: _____
_____ Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished	# of Full Baths: _____ # of Half Baths: _____ Bonus
Room: () Finished () Unfinished	
Type of Heat: _____	INTERIOR WORK ONLY ____ Yes ____ No

CONTRACTOR: _____

Address: _____

NC State License No. _____ Class(es): _____

City Privilege License #: _____ Proof of Workers Comp: _____

APPLICATION FOR ZONING PERMIT

Zoning District _____ Setbacks: Front ____ Right ____ Left ____ Rear ____ () _____

Size of Lot _____ SF/Acres _____ Is this a corner lot? YES NO

Flood Plain: YES NO Historic District: YES NO Building Height: _____

Watershed: YES NO Downtown: YES NO No. of Stories: _____

Water Supply: City County Private Well Community

Sewer Type: City County Septic Permit #: _____ Community

Property Use: _____

Verification of above information is required.

Zoning Permit Approved by: _____	Date: _____
<i>To be filled out by Permit Center staff</i>	

RESIDENTIAL APPLICATION	COMMERCIAL APPLICATION
(One or Two Family Residential - Check One)	
<input type="checkbox"/> S/F <input type="checkbox"/> Duplex <input type="checkbox"/> Modular <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Mercantile
<input type="checkbox"/> Accessory Building: Size _____ SQ FT <input type="checkbox"/> Solid Fence <input type="checkbox"/>	<input type="checkbox"/> High Hazardous <input type="checkbox"/> Factory/Industrial <input type="checkbox"/> Residential
<input type="checkbox"/> Addition <input type="checkbox"/> Renovations <input type="checkbox"/> Modular <input type="checkbox"/> Accessory	<input type="checkbox"/> Institutional <input type="checkbox"/> Storage
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Utility/Misc. _____
<input type="checkbox"/> Mobile Home If Mobile Home: Year: _____	<input type="checkbox"/> Utility Certification Form or Waste Disposal Form Attached
Make: _____ Size: _____	<input type="checkbox"/> Sprinkled <input type="checkbox"/> Unsprinkled
Landowner's Name: _____	Heated SQ FT _____ Unheated SQ FT _____
Fireplace: <input type="checkbox"/> Masonry <input type="checkbox"/> Prefab <input type="checkbox"/> None	Fire Suppression Equipment: ____ Yes ____ No
Swimming Pool <input type="checkbox"/> Dish Antenna <input type="checkbox"/> Other _____	
<input type="checkbox"/> Utility Certification Form Attached	SIGN <input type="checkbox"/> Attached Sign(s) ____ Number

	<input type="checkbox"/> Freestanding Sign(s) ___ Number <input type="checkbox"/> Sign(s) w/Electric ___ Number
PLEASE ATTACH A COPY OF A SITE PLAN SHOWING DISTANCES FROM PROPERTY LINES, LOT SHAPE, SIZE AND RELATIONSHIP TO STREET/S.	

UTILITIES:
 New
 Existing
(Check one)
 Electric
 Gas
 Sewer
 Water
(Check all that apply)

Power Company _____ **Gas Company:** _____
Additional Comments: _____

Equipment Type:
 New
 Existing
 Addition
 N/A

CONTRACTOR(S): (Name/Address as appearing on license)

BLDG: _____ Phone: _____ Lic # _____	Contract Cost
Address: _____	BLDG.
City/St: _____ Zip _____	\$ _____
Email: _____	
ELEC: _____ Phone: _____ Lic # _____	ELEC.
Address.: _____	
City/St: _____ Zip _____	\$ _____
Email: _____	
MECH: _____ Phone: _____ Lic # _____	MECH.
Address: _____	
City/St: _____ Zip _____	\$ _____
Email: _____	
PLBG: _____ Phone: _____ Lic # _____	PLBG.
Address: _____	
City/St: _____ Zip _____	\$ _____
Email: _____	

- **ALL INFORMATION MUST BE COMPLETED PRIOR TO APPLICATION BEING PROCESSED.**
- **WORK PERFORMED ON STRUCTURES USED FOR COMMERCIAL USE MAY REQUIRE PLANS OR MORE INFORMATION PRIOR TO ISSUING A PERMIT.**
- **THIS APPLICATION BECOMES A PERMIT ONLY UPON APPLICATION APPROVAL AND PAYMENT OF ALL FEES.**

If permits are granted, I hereby certify that all information in this application is correct and that all work will comply with the North Carolina State Building Code and all other applicable city ordinances, local laws and regulations of the State of North Carolina regulating such work and the specifications or plans submitted.

The Building Standards Department will be notified of any changes in the approved plans and specifications for the projects permitted herein. I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge.

PRINT APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **MOBILE:** _____ **PAGER:** _____

Email: _____

Method of Payment:
 Cash
 Check
 Charge

Building Permit Approved By: _____ **Denied By:** _____ **Date:** _____

City of Monroe
Building Standards Department
300 W. Crowell Street, Monroe, NC 28110
Telephone: 704.282.4524 FAX: 704.282.4735