

Residential Building Application

Office Use - Application 5 Application #: _____

Date _____

Project Address _____

Contact Person _____

Phone _____ E-mail _____

Property Owner _____ Address _____

City _____ State _____ Zip _____ Office Phone _____

Mobile Phone _____ E-Mail _____ Fax _____

Contractor _____ Address _____

City _____ State _____ Zip _____ Office Phone _____

Mobile Phone _____ E-Mail _____ Fax _____

NCGCL# _____

Permit Type Single Family Duplex Townhome Multi-Family

Type of Work New Addition Repair

Work Description _____

Stories _____ Peak Height _____ # of Units Created _____ Total Sq. Ft. Building(s) _____

Actual Setbacks from Property Lines: Front () Back () Right () Left ()

<u>Contractor Names</u>	<u>License #</u>	<u>Cost of Work</u>	<u>Permit Fees</u>
Building _____	_____	_____	_____
Electrical _____	_____	_____	_____
Plumbing _____	_____	_____	_____
Heating _____	_____	_____	_____
Fireplace _____	_____	_____	_____
Insulation _____	_____	_____	_____
Others _____	_____	_____	_____

Zoning _____
Driveway Permit _____

Total Project Cost _____ Fees \$ _____

PLEASE ATTACH – 2 Copies

Please Check if Attached or Mark NA (*not applicable*)

_____ **Building Drawing**

- _____ Building
- _____ Electrical
- _____ Mechanical
- _____ Plumbing

_____ **Site Plan(s) drawn to scale, showing:**

- _____ Lot dimensions along with building location(s) on the lot, along with width and length
- _____ Actual building setbacks from all property lines
- _____ Easements and/or Right-of-Ways located on the parcel
- _____ Address(s) and Adjoining streets with street names
- _____ Landscape Plan – New Home (*See UDO section 3.4 Landscaping*)
- _____ Show parking spaces (*See UDO Section 3.3 Off Street Parking, Stacking and Loading*)
- _____ North Arrow
- _____ Scale

____ Date, and person drawing Site Plan (*name, address and phone number*)

OTHER APPLICATIONS PERMITS AND PLANS REQUIRED AT SUBMITTAL

- ____ Town of Kernersville Driveway Application or Permit
- ____ Lots using septic, must provide a County Health Department release form or improvement permit.
- ____ Liens NC Form for all projects over \$30,000

I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge. I understand that the permit may be revoked, or a stop work order issued if any information is false or the approved construction plans are not followed.

_____ Signature of Applicant	_____ Date
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TOWN STAFF SECTION

Pin# _____

Zoning District: _____

Overlay: ___ Yes ___ No **Central Kernersville Design Standards Compliance** ___ Yes ___ No

Special Use Dist.: ___ Yes ___ No **Design Standards Compliance** ___ Yes ___ No (Calebs & Welden)

Approved Address ___ Yes ___ No

Setbacks Front ___ Rear ___ Side ___ Side ___ Street Side ___ Yes ___ No

Public Water: ___ Yes ___ No If no well location.

Public Sewer: ___ Yes ___ No If septic, Forsyth County Health Department site plan required.

Easements: ___ Yes ___ No **FEMA:** ___ Yes ___ No **Driveway** ___ Yes ___ No

Watershed ___ Yes ___ No

Stream Buffer ___ Yes ___ No

Zoning Approval: ___ Yes ___ No **Initials:** _____ **Date:** _____

Building Approval: ___ Yes ___ No **Initials:** _____ **Date:** _____

Conditions:

