



**WAKE COUNTY COMMUNITY SERVICES**  
**INSPECTIONS/DEVELOPMENT PLANS/PERMITS**  
 Suite 101 Waverly Akins Office Building  
 PO Box 550, Raleigh, NC 27602  
 Permits Staff (919) 856-6222 Fax (919) 856-6229

**APPLICATION FOR RESIDENTIAL PERMIT**

PERMIT # \_\_\_\_\_

ES PERMIT # *D* \_\_\_\_\_

Owners Name – Last:		First:	Phone #
Address:			Zip:
Project Street Address:			Utility Provider:
City:	State:	Zip:	Project Cost:
Subdivision:		Lot #	Elect. Cost:
Existing Use			
Proposed Use of Structure:			
Bdrms. Finished or Unfinished	# Baths:	# Other Rms:	# of Stories:

Type of Work : New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Reconstruction <input type="checkbox"/> Accessory Building <input type="checkbox"/> Pool <input type="checkbox"/>
Basement: Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Porches: Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Deck: <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/>
Garage: <input type="checkbox"/> Fireplaces: Masonry <input type="checkbox"/> Prefab <input type="checkbox"/> Gas <input type="checkbox"/> Disposal: <input type="checkbox"/> Construction Power Pole: <input type="checkbox"/>
Plans: Print Copies Submitted <input type="checkbox"/> Submitted in Electronic Media <input type="checkbox"/> MPU File Name*

General Contractor:			License #
Street Address:			Phone # - -
City	State	Zip	Fax #
Contact Name:		Email	Phone:
Electrical Contractor:			License #
City	State	Zip	Phone #
HVAC Contractor:			License #
City	State	Zip	Phone #
Plumbing Contractor:			License #
City	State	Zip	Phone #
Directions to Project:			
Applicant/Owner/Agent Name:			Phone#
Signature:			Date:

<b>FOR OFFICE USE ONLY – DO NOT COMPLETE</b>			<b>Jurisdiction:</b>		
PIN/Tax Map/Parcel :		Unique #:	BM	Page	
Acres:	Census:	Zoning:	Approved By:		
Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>		Waste Water: Public <input type="checkbox"/> Private <input type="checkbox"/>		Lift Pump Required: <input type="checkbox"/>	
Flood Certification Required: <input type="checkbox"/>			Finished Square Ft.		
Conditions of Permit:					

Cost Category	Fee	Cost Category	Fee	Cost Category	Fee
Electrical		Building		Other	
Heating		Footage Fees		Recovery Fund	
Plumbing		Const. Pole		<b>Total</b>	

Plans Approved by: \_\_\_\_\_ Date: \_\_\_\_\_