



Project Check List-Residential

Make sure you have all documents ready at time of submittal

- If the property is identified in a flood zone, a Floodplain Development Application may be required
- If the property is located in the Historic Districts, a Certificate of Appropriateness maybe required.
- If the property utilizes or will utilize private utilities; well and or septic, a copy of an approved application from Lee County Environmental Health will be required.
- If applying as an Owner/Builder, a Homeowner Exemption Affidavit will be required.
- A Bonafide employee form will be required if pulling a permit on behalf of the contractor if not listed as a qualifier.
- Lien Agent-North Carolina law requires an appointment of a Lien Agent if you are a Contractor. Lien Agent appointments are not required when the valuation is under \$40,000.00, or to the owner's existing residence, or for public building projects.
- As per General Statute Chapter 97, a completed [Affidavit of Workers' Compensation Coverage](#) will be required for **ALL** permits.
- If applying as an Owner/Builder and the cost of construction exceeds \$40,000.00, an [Estimated Cost of Construction](#) form will be required.
- If applying as an Owner/Builder and the project exceeds \$40,000.00 and you **do not reside at the property**, a general contractor **will be required** for the project.



RESIDENTIAL PROJECT APPLICATION PACKET

This application is for new site-built home construction, new modular homes, accessory buildings (detached garages, storage buildings, etc.), residential renovations, residential additions, and swimming pools. For any project relating to a manufactured home, please use the Manufactured Home Application Packet.

SECTION 1: BUILDING PLAN REVIEW **(REQUIRED)**

Department Contact: buildingpermits@sanfordnc.net or 919-718-4654

'Place X and complete additional information for each permit type included.

Owner Name	Phone:	Email:
Address		
City	State:	Zip:

BUILDING CONTRACTOR

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

ELECTRICAL CONTRACTOR

*Please check box if this job will require Electrical Permit.

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

PLUMBING CONTRACTOR

*Please check box if this job will require Plumbing Permit.

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

MECHANICAL CONTRACTOR

*Please check box if this job will require Mechanical Permit.

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

ADDITIONAL CONTRACTOR

*Please check box if this job will require an additional permit.

Contractor	License#
Address	
City	State: Zip
Telephone	Email:

The undersigned hereby makes application for permit and inspection of all work described and agrees to comply with all building regulations and other laws applicable to the use of the structure referred to herein.

I hereby certify 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, Ordinances and Regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

NOTE: It is the contractor/applicant's responsibility to call for inspection at proper stage of work.

Permits will be issued personally to the license holder of record only. A bonafide employee of the licensee will be allowed to obtain permits upon submittal of the "Authorization for Permit Application by Employee of Licensed Contractor Form".

SIGNATURE OF LICENSE QUALIFIER

THE FOLLOWING AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE MUST BE COMPLETED BY THE APPLICANT FOR THE BUILDING PERMIT AND THEIR SIGNATURE NOTARIZED!

Affidavit of Workers' Compensation Coverage (N.C.G.S. §87-14)

The undersigned applicant for Building Permit Number _____ being the:

- ... Contractor
- ... Owner
- ... Officer/Agent of the Contractor or Owner

do hereby affirm under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

- ... has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,
- ... has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,
- ... has/have one or more subcontractor(s) who has/have their own policy of workers' compensation insurance covering themselves,
- ... has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Name of Company (if applicable) _____

Applicant Name: _____

Applicant Signature: _____

Today's Date: _____

ELECTRICAL

RESIDENTIAL: New

BASIC FEE: Repairs, Renovations, Alterations and Additions

Total Amperage:		Plus <input type="checkbox"/> Special Outlet	How many?
Basic Fee:	<input type="checkbox"/> Up to 200 AMPS	Plus <input type="checkbox"/> Subpanel	How many?
	<input type="checkbox"/> Per 100 AMPS above 200	Plus <input type="checkbox"/> Room Addition	How many?

MISCELLANEOUS AND SERVICE CHANGES:

<input type="checkbox"/> MINIMUM FEE FOR ITEMS NOT SHOWN	<input type="checkbox"/> CONDITIONAL POWER
<input type="checkbox"/> MECHANICAL CHANGE OUTS	<input type="checkbox"/> POWER RESTORATION
<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> SWIMMING POOL GROUNDING
<input type="checkbox"/> SERVICE CHANGE 125-200 AMP # of AMPS:	<input type="checkbox"/> SIGNS # of AMPS:
<input type="checkbox"/> SPECIAL OUTLETS # of Special Outlets:	<input type="checkbox"/> SERVICE CHANGE 100 AMP OR LESS # of AMPS:
<input type="checkbox"/> TEMPORARY SERVICE POLE	

MECHANICAL

Electrical Contractors Information for Change outs Name: _____

License #: _____

DESCRIBE TYPE & SIZE OF UNIT(S) TO BE INSTALLED/REPAIRED: _____

PLEASE NOTE THAT A SEPARATE ELECTRICAL PERMIT MAY BE REQUIRED FOR MECHANICAL INSTALLATIONS

RESIDENTIAL:

Items Not Shown	\$75.00	<input type="checkbox"/> Other (Bath Fans, Dryer Exhaust)	\$50.00
<input type="checkbox"/> HVAC-Electric <input type="checkbox"/> HVAC-Gas	\$75 per unit-electrical/gas piping permit may apply	<input type="checkbox"/> Gas Piping/ Gas Pressure Test	\$50.00
		<input type="checkbox"/> Gas Logs/Fireplace	\$50.00
		<input type="checkbox"/> Gas Accessories (Dryer/Range/Grill/Etc.) If Etc. above, Please Explain):	
Ductwork Additions/Only	\$75.00	LOCATION OF UNIT:	

PLUMBING

Basic Fee: **NEW**

- Full Bath: Qty: _____
- Half Bath: Qty: _____

Basic Fee: **MODULAR**

- Water Line: Qty: _____
- Sewer Line: Qty: _____

** Will you also be installing Water/Sewer Lines at this residence?

- YES NO

City of Sanford / County of Lee / Town of Broadway

115 Chatham St., Suite 1 Sanford, NC 27330

Telephone (919) 718-4654

www.sanfordnc.net

APPLICATION FOR TEMPORARY UTILITY SERVICE

Please read the following information carefully!

TEMPORARY/CONDITIONAL UTILITY SERVICES NOT ALLOWED FOR MODULAR UNITS!

The Following Items Must Be Completed Prior to Request and Inspection for Temporary Utility Service Inspection:

- All sheetrock must be installed.
- Only one BREAKER installed on a designated circuit will be allowed and must be GFCI protected.
- Must have disconnects and overload protection installed for heating system.
- All loose wires must be made safe.
- The applicant shall assume the responsibility to alert personnel working in the residents of the energized electrical system.

The Following Regulations are Enforced:

- Prior approval must be obtained from the Electrical Inspector before storing furniture, boxes and/or other combustible materials.
- Structure is not to be occupied until a Certificate of Occupancy / Compliance is issued. *Any infraction of this rule will result in forfeiture of temporary power privileges; and further, any future request for temporary utility will be prohibited.*
- An extension of time may be granted by the Electrical Inspector for completion of construction if it deems necessary.
- The responsible agent consents to all provisions of the 202 N.E.C w/ NC amendments.

Application is hereby made as follows:

Electrical Service in Name of: _____

Address of Temporary Service Request: _____

Occupancy Type: _____

APPLICATION TO CITY OF SANFORD FOR TEMPORARY UTILITY SERVICE AND TO _____ POWER COMPANY.

The undersigned are hereby requesting temporary utility service for _____ days beginning the date the temporary service is approved by the applicable City of Sanford/Lee County Inspector. Service will be disconnected the following day after the temporary service expires unless a permanent Certificate of Occupancy / Compliance has been issued.

General Contractor (signature & date)

Electrical Contractor (signature & date)



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SECTION 2: ZONING / SITE PLAN REVIEW **(REQUIRED)**

Department Contact: zoning@sanfordnc.net or 919-718-4656

SANFORD / LEE COUNTY / BROADWAY

ZONING CLEARANCE APPLICATION – RESIDENTIAL PROJECTS



115 Chatham Street, Sanford, NC 27330

919.718.46560

zoning@sanfordnc.net

This application is intended for all projects related to residential construction, including: new single- and two-family home construction, new additions to existing homes, the construction of accessory buildings, the construction of accessory dwellings (2nd homes), and interior renovations. For new construction and expansions of existing structures, please include a site plan/plot plan showing the scope of work intended and existing conditions such as septic systems and wells, if present. Site plan examples are provided for your reference. A site plan is **not** necessary for interior renovations to existing structures where no additional square footage is being constructed.

Jurisdiction: Sanford, including ETJ Lee County Broadway, including ETJ

Property Address/Location: _____ **Parcel/Tax ID #:** _____

Name of Subdivision: _____ **Lot #:** _____

Proposed Project Type (select only one option, as each of these must be reviewed/permitted separately):

- | | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New Home Construction | <input type="checkbox"/> Accessory Dwelling (2 nd Home) | <input type="checkbox"/> Addition to Existing Home |
| <input type="checkbox"/> Accessory Building (shop, garage, etc.) | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Renovations Only (no additions)
<i>(no site plan required!)</i> |

If Building a New Home, Select the Home Type: Site- or Stick-Built Modular Manufactured

If Building an Accessory Building: Total Square Footage: _____ Building Height: _____

Description of Project: _____

Proposed Minimum Building Setbacks

- Building setbacks are **the minimum required distance from the structure (home) to the property line.**
- If any structure proposed for construction/expansion is **within 5ft** of a minimum building setback, the property lines **must** be located by a licensed land surveyor.
This is also required if the location of your proposed structure is shifted to within 5ft of a minimum building setback line by the Lee County Environmental Health Department as part of the septic system approval process.

Proposed Setbacks: FRONT _____ ft. REAR _____ ft. LEFT SIDE _____ ft. RIGHT SIDE _____ ft.

Water Source: Is the source: EXISTING PROPOSED PUBLIC PRIVATE (well)

Sewer Source: Is the source: EXISTING PROPOSED PUBLIC PRIVATE (septic)

Access: Is the source: EXISTING PROPOSED PUBLIC (street) PRIVATE (easement)

I hereby certify that the information provided on and attached to this application is accurate to the best of my knowledge as of the date of my signature. Also, I have illustrated all existing conditions (easements, septic system, floodplain, etc.) on the site plan required to be submitted with this application.

Applicant's Name: _____

Applicant Signature: _____ **Date:** _____

Mailing Address: _____

Email Address: _____ **Phone:** _____

SANFORD / LEE COUNTY / BROADWAY

RESIDENTIAL SITE PLAN EXAMPLE



115 Chatham Street, Sanford, NC 27330

919.718.4656

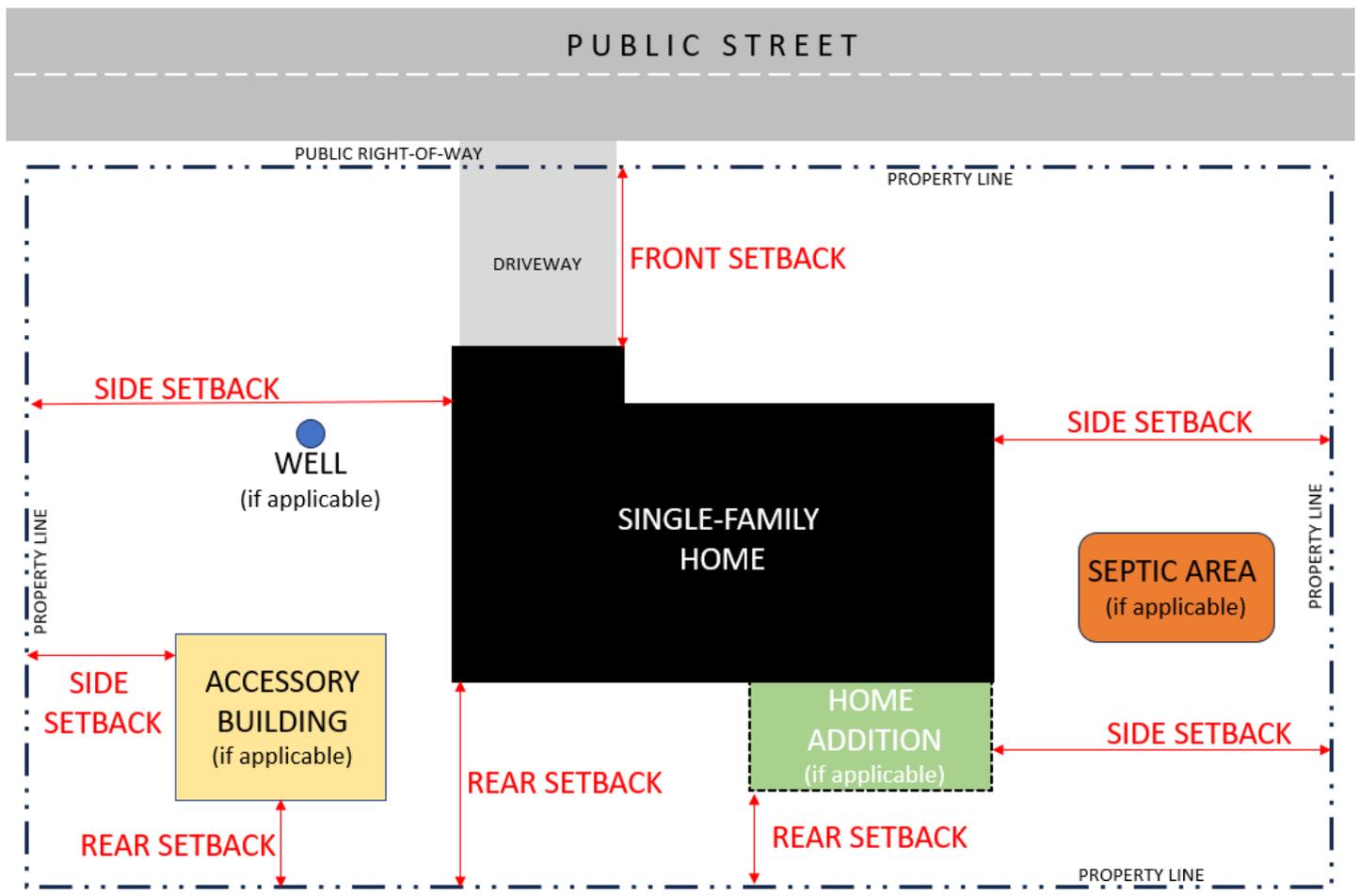
zoning@sanfordnc.net

This example site plan below is provided as a guide for the information that must be included on your submitted site plan for a complete Planning Department review of your proposed project. Please illustrate where you propose to construct your new project, whether it be a new home, an addition to an existing home, an accessory building, or a pool.

Provide the distance between your new structure and all property lines so that minimum building setbacks can be verified. **It is extremely important that your property lines are located prior to starting construction.** Building a structure within a minimum building setback will result in the failing of your inspection and you will be required to demolish and/or relocate the portion of the structure found to be within the minimum building setback.

If you are unaware of your property line locations, you will need to contact a **licensed professional land surveyor** to either mark your property corners or draft a to-scale site plan to submit. Your minimum building setbacks are determined by your property's zoning designation. If you do not know your property's zoning and/or minimum building setbacks, please contact the Department of Community Development at 919-718-4656 or zoning@sanfordnc.net.

SITE PLAN EXAMPLE (NEW HOME, ACCESSORY STRUCTURE, AND HOME ADDITION)





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SECTION 3: LEE COUNTY ENVIRONMENTAL HEALTH REVIEW

REQUIRED IF USING A PRIVATE SEPTIC SYSTEM

APPLICANT MUST SELECT EITHER "PUBLIC SEWER" OR "PRIVATE SEPTIC" FOR THEIR WASTEWATER SERVICE

Department Contact: envhealth@leecountync.gov or 919-718-4641



Public Sewer (Skip This Application)

Private Septic

Lee County Health Department
Application for New / Modified Septic System or Existing Septic System Approval

GENERAL INFORMATION

Applicant: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone #: _____
 Email: _____

Owner: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone #: _____
 Email: _____

PIN/Lot Identifier: _____ Property Acreage: _____

Date Parcel Originally Deeded and Recorded: _____

Property Location/Address: _____

Subdivision: _____ Lot #: _____ Block: _____ Section: _____

Directions to property: _____

NEW / MODIFIED SEPTIC SYSTEM (IP / CA)

New Single-Family Residence

Site Built Home

Maximum number of bedrooms/occupants: ____/____

Modular Home

Maximum Dimensions of Home: _____

Manufactured Home

Basement? Yes No

Crawl Space Foundation? Yes No

Basement Fixtures? Yes No NA

Stem-Wall / Monolithic Slab? Yes No

Is a grinder pump proposed before the septic tank? Yes No

If applying for a Construction Authorization, please indicate desired system type(s):

Any Accepted (chamber, polystyrene, etc.) Conventional (rock trench) Alternative

Innovative (pretreatment, drip, etc.) Other _____

Expansion or Relocation of Existing Septic System

If expansion: Number of Bedrooms (Before/After): ____/____ If relocation, why: _____

New Non-Residential Type of Structure

Type of business: _____ Total Square footage of Building: _____

Maximum number of employees: _____ Maximum number of seats: _____



EXISTING SEPTIC SYSTEM APPROVAL (ESA)

Are you requesting any changes to wastewater design flow or wastewater strength? [] Yes [] No

Year wastewater system was installed, if known: _____

Name(s) that original permit could have been issued to, if known: _____

Former address (es) that original permit could have been issued to, if known: _____

[] Reconnection to Existing Septic System (e.g., mobile home replacement, home replacement, etc.)

Footprint Type: [] Proposed facility is in same footprint as existing/previous facility.

[] Proposed facility is not in same footprint as existing/previous facility.

Existing/Previous Facility Type: [] House/Modular [] Mobile/Manufactured Home [] Business [] Other: _____

Proposed Facility Type: [] House/Modular [] Mobile/Manufactured Home [] Business [] Other: _____

Proposed Dimensions of New Home/Business (ft): _____

Residences: Proposed # of bedrooms: _____ Proposed # of Occupants: _____ Other: _____

Businesses: # of seats: _____ # of Employees: _____ Other: _____

[] Site Modification (e.g., storage building, swimming pool, etc.)

Dimensions of Proposed (ft): _____ Proposed Plumbing: [] Yes [] No

[] Storage Building / Shed

[] Carport

[] Detached Garage

[] Ground Mounted Solar

[] Swimming Pool

[] Pool House

[] Subdividing Land / Minor Subdivision

[] Other: _____

[] Expansion to Footprint of Existing Facility (e.g., deck, family room, etc. – No additional bedrooms/seats/employees)

Dimensions of Proposed (ft): _____ Proposed Plumbing: [] Yes [] No

[] Deck / Porch

[] Patio / Concrete Pad

[] Family Room / Bonus Room

[] Bedroom / Bathroom Expansion (No change in bedroom count)

[] Attached Garage

[] Sunroom

[] Other: _____

[] Exempt - (e.g., roof mounted solar, foundation repair, interior only remodel (no additional bedrooms/seats/employees), etc.)

[] Describe: _____

In-Office Review (For Office Use Only)

Based on the information provided by the authorized agent/owner, the proposed construction will not increase sewage flow or affect the septic system and/or repair area and does not require a site visit by this office. This does not indicate the condition or reparability of the existing system. Remarks: _____

Authorized Agent's Signature: _____

Date: _____





WATER SUPPLY

Type of Water Supply: Public water New well Existing well Shared well Other: _____

Are there any existing wells, springs, or existing waterlines on this property? Yes No

SITE PLAN

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

Yes No

EXISTING CONDITIONS

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

- Yes No Does the site contain any existing wastewater systems?
- Yes No Does the site contain any jurisdictional wetlands?
- Yes No Is any wastewater going to be generated on the site other than domestic sewage?
- Yes No Is the site subject to approval by any other public agency?
- Yes No Are there any easements or right of ways (ROW) on this property?

If yes to any, please explain: _____

UNDERGROUND UTILITY LOCATIONS

North Carolina 811 Service (Dial 811 or 1-800-632-4949) – Free Service - Required if your lot contains existing underground utilities.

Ticket/Reference #: _____ Visit Date: _____

CONFIRMATION STATEMENT

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT (IP) AND/OR CONSTRUCTION AUTHROIZATION (CA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE PERMITS SHALL BECOME INVALID. I UNDERSTAND THAT THE PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. (COMPLETE SITE PLAN = 60 MONTHS; COMPLETE PLAT = WITHOUT EXPIRATION)

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit (IP) and/or Construction Authorization (CA) shall be invalid.

Sites not meeting the criteria will be assessed a "Lot Unprepared for Evaluation Fee" and this determination will be conveyed to the applicant. The application will be considered "inactive" until the fee paid and confirmed requirements are met.

Applicant's Signature

Date

Are you (applicant) the current owner of the property? * Yes No

***Note:** Owner Information Required: If NOT the current owner of the property an **Authorization to Act as Agent** form is required.

