



Project Check List

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.



COMMERCIAL/INDUSTRIAL PROJECT APPLICATION PACKET

This application is for new construction, additions, expansions, or accessory structures associated with commercial, multifamily, or industrial projects.

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

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

ELECTRICAL

- 0-200 AMPS
- 201-400 AMPS
- 401-600 AMPS
- 601-800 AMPS
- 801-1000 AMPS
- 1001-2000 AMPS
- 2001 & Up AMPS

TOTAL AMPS: _____
 NUMBER OF SUB-PANELS: _____
 NUMBER OF SPECIAL OUTLETS: _____
 NUMBER OF FEEDERS: _____

MISCELLANEOUS AND SERVICE CHANGES:

- | | |
|--|---|
| <ul style="list-style-type: none"> <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"/> SIGNS | <ul style="list-style-type: none"> <input type="checkbox"/> TEMPORARY SERVICE POOL <input type="checkbox"/> SWIMMING POOL GROUNDING <input type="checkbox"/> SPECIAL OUTLETS: QTY: _____ <input type="checkbox"/> SERVICE CHANGE 125-200 AMP
of AMPS: _____ <input type="checkbox"/> SERVICE CHANGE 100 AMP OR LESS
of AMPS: _____ |
|--|---|

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

**TOTAL SQUARE FOOTAGE (HEATED & UNHEATED) _____ **OCCUPANCY _____

Basic Fee PLUS, ANY OF THE FOLLOWING THAT APPLY.	\$100.00 PLUS, ANY OF THE FOLLOWING THAT APPLY.
<input type="checkbox"/> Boilers <input type="checkbox"/> Chillers <input type="checkbox"/> HVAC- Electric <input type="checkbox"/> HVAC-Gas <input type="checkbox"/> Refrigeration <input type="checkbox"/> Gas Appliances	* (Up to 10 tons) \$3 per thereafter * \$50.00

<input type="checkbox"/> Gas Piping/ Pressure Test	* \$50.00 per service point
<input type="checkbox"/> Ductwork Additions	\$75.00
<input type="checkbox"/> Canopy Hood	\$100.00 each

(For calculation purposes: ■ Horsepower to BTU: 1 HP = 33,475 BTU ■ 12,000 BTU = 1 Ton)

PLUMBING

** Commercial Modular and NEW COMMERCIAL, Alterations, Repairs, Additions

(Specify, how many of each of the following fixtures)

FIXTURE	#	FIXTURE	#	FIXTURE	#	FIXTURE	#
KITCHEN SINK		SPA TUB		WATER HEATER GAS		INTERCEPTOR	
CAN WASH SINK		SHOWER		WATER HEATER ELECTRIC		ROOF LEADER	
OTHER SINK		LAVATORIES		WATER LINE		FLOOR DRAINS	
WASHING MACHINE		WATER CLOSET		SEWER LINE		GREASE TRAPS	
DISH WASHER		URINAL		WATER SOFTENER		GAS PIPING	
GARBAGE DISPOSAL		CATCH BASIN		WATER TANK		OTHER	
LAUNDRY TUB		DENTAL CHAIR		FEED WATER TREATMENT			
BATHTUB		WATER FOUNTAIN		BIDET			

'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		
<input type="checkbox"/> *Please check box if this job will require Electrical Permit.		
Contractor		License#
Address		
City	State:	Zip
Telephone	Email	:
PLUMBING CONTRACTOR		
<input type="checkbox"/> *Please check box if this job will require Plumbing Permit.		
Contractor		License#
Address		
City	State:	Zip
Telephone	Email	:
MECHANICAL CONTRACTOR		
<input type="checkbox"/> *Please check box if this job will require Mechanical Permit.		
Contractor		License#
Address		
City	State:	Zip
Telephone	Email	:
ADDITIONAL CONTRACTOR		
<input type="checkbox"/> *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 QUALIFIER OF LICENSE

**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: _____

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)



COMMERCIAL/INDUSTRIAL PROJECT APPLICATION PACKET

This application is for new construction, additions, expansions, or accessory structures associated with commercial, multifamily, or industrial projects.

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

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

SANFORD / LEE COUNTY / BROADWAY

ZONING CLEARANCE APPLICATION – NON-RESIDENTIAL PROJECTS



115 Chatham Street, Sanford, NC 27330

919.718.4656

zoning@sanfordnc.net

This application is intended for all projects related to non-residential construction (commercial, industrial, and multifamily), including new site development (ground-up construction), additions/expansions to existing non-residential sites, new tenants in existing commercial or industrial spaces, or major site improvements like a parking lot expansion. Please note that approval from the Technical Review Committee (TRC) may be required before permitting. A **site plan** and **floor plan** are typically required.

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

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

Project / Business Name: _____

Name of Subdivision/Business Park: _____ **Lot:** _____ **Acreage:** _____

Project Type: New Development (vacant parcel) Addition/Expansion of Existing Site
 Change of Tenancy/Occupancy Interior Renovations (no new square footage)

COMPLETE THIS SECTION IF PROPOSING A NEW CONSTRUCTION PROJECT OR ADDITION/EXPANSION OF EXISTING SITE:

Proposed Gross Floor Area (GFA): _____ SF **Number of Employees (at max. shift):** _____

Existing Pre-Construction Gross Floor Area (GFA) (if expanding an existing building): _____ SF

Impervious Surface: _____ SF / _____ % **Total Area of Land Disturbed (Acre/SF):** _____

Number of Proposed Parking Spaces: _____ **Number of Existing Parking Spaces:** _____

Water Source: Public Private (well) **Sewer Source:** Public Private (septic)

Access: Public Street Private Road Easement

Proposed Setback Distances (measured from exterior building walls to all property lines):

Front: _____ FT Rear: _____ FT Left: _____ FT Right: _____ FT

Description of Project/Scope of Work: _____

COMPLETE THIS SECTION IF PROPOSING A CHANGE OF TENANCY/OCCUPANCY WITHIN EXISTING STRUCTURES WITH NO PROPOSED EXPANSION:

Total Gross Floor Area (GFA): _____ SF **Number of Employees** (at max. shift): _____
(if occupying a unit of a multi-tenant structure, provide the GFA of the unit)

If Proposing a Restaurant, Provide the Number of Seating Accommodations (indoor & outdoor): _____

Number of Existing Parking Spaces: _____ **Number of Proposed New Parking Spaces** (if any): _____

Are there any proposed renovations to the interior or exterior of the building? Yes No

If “yes,” what renovations are being completed? (Please note that certain improvements will require a building permit):

Please be aware:

- **Signs require a separate permitting process** and must be reviewed by Zoning staff and, if requiring a building permit, Building Inspections staff.
- New businesses occupying existing commercial structures **may be required to perform site improvements to the property if found to be a change of use.** These improvements include, but are not limited to:
 - Planting of landscaping along street fronts and perimeter property lines
 - The paving of required parking spaces
 - The retrofitting of the exterior façade of the structure if fronting a major thoroughfare
 - Screening of solid waste containers from view from a public street

I hereby certify that the information provided is accurate to the best of my knowledge as of the date of my signature.

Applicant's Name (print): _____ **Date:** _____

Applicant's Name (signature): _____

Mailing Address: _____

Email Address: _____ **Phone:** _____



COMMERCIAL/INDUSTRIAL PROJECT APPLICATION PACKET

This application is for new construction, additions, expansions, or accessory structures associated with commercial, multifamily, or industrial projects.

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.

