

Permit Application  
**ONE & TWO-FAMILY**

Phone 919-249-3418  
Fax 919-249-3407



Permit # \_\_\_\_\_ - \_\_\_\_\_

Received Date: \_\_\_\_\_

File Close Date: \_\_\_\_\_

**Town of Apex  
2012**

Applicant Name Evergreen Companies Inc Phone 919-469-9900 Fax \_\_\_\_\_

Project Address \_\_\_\_\_ **Apex, NC** ZIP \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot number (new construction only) \_\_\_\_\_

Project Contact Person CHRIS FORTUNES Phone 919-469-9900 Fax \_\_\_\_\_

Email mail@evergreenenc.com Contact Preference:  Phone  Fax  Email

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Description of work IRRIGATION INSTALLATION Number of stories \_\_\_\_\_

Moving a house. Moving from location: \_\_\_\_\_

**Prior to moving the house, a "Demo" inspection must be done to inspect that all utilities have been disconnecte**

Building Use:  Single Family Dwelling  Duplex  Townhome Total area of the new work (sf): \_\_\_\_\_

Permit Type:  New Building (see next section)  Addition to existing building  Alteration to existing building

Total Construction Cost \$ \_\_\_\_\_ (unlicensed GC's must provide copies of all contracts)

**New Dwellings Only**

Basement?  yes  no Unfin/Fin Walk-up Attic?  yes  no Unfin/Fin ; Height of building(grade to ridge 36' max) \_\_\_\_\_

Are accessory structures included?  yes  no If yes, complete the Accessory Structure Supplemental (page 3)

**Wake County Approvals (required for the following)**

Well  Septic system  Waste hauling  Provide Wake Co. permit number(s) \_\_\_\_\_

Wake County permits have been provided with this application  Wake County approval is not required

**Utilities**

Sewer  Public  Private\* (septic)  Water meter requested → New water meter size \_\_\_\_\_

Water  Apex°  Private\* (well)  Irrigation meter requested → New water meter size 3/4

Electric  Apex°  Progress Energy  Temporary board requested\*\* →  Temp board is not requested

\*First time customers MUST apply with the Apex Finance Department for water and electric service

\*\*Wake County Health Department permit(s) are a prerequisite for accepting this application

\*\*Temporary power boards for townhomes require a separate Single Trade Permit for each temp board (apply separately)

**Lead-Based Paint Renovation Activities (GS: 130A-453 effective January 1, 2010)**

Was this house built prior to 1978?  No  If Yes, a current Certified Renovator Certificate is required to perform work or a written determination of no lead paint present from a certified inspector or risk assessor . NC Licensed General Contractors that are certified may direct all work as relating or if GC is unlicensed all trade contractors must have a certification. \*Home Owners and certain projects may be exempt from the program based on disturbed area.\*

**Applicant's Statement**

I hereby certify that I have the authority to make the necessary application; 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 and ordinances and regulations or private building restrictions, if any, which may be imposed by deed. The Inspection Department will be notified of any changes in the approved plans and specifications for the project herein.

Check one of the following boxes:  This is new work  This permit is to legalize work performed without a permit, inspections or approvals. I understand that all work must be uncovered and inspected before an approval can be granted and that I cannot self-perform work subject to the NC Plumbing, Mechanical or Electrical codes if I do not intend to live in this house for the twelve (12) months from the date of permit final inspection approval.

Applicant (print) CHRISTOPHER FORTUNES Signature \_\_\_\_\_ Date \_\_\_\_\_

**Zoning (to be completed by plans examiner)**

This lot **is not** located in a regulatory (FEMA) or a non-regulatory (Calculated) flood plain.

This lot **is** located in a flood plain (complete line below). FFE (finished floor elevation): \_\_\_\_\_

Type of flood plain:  FEMA  Calculated  "Fill Placement in Flood Area" form is completed and attached

Are Zoning Conditions applicable to this property?  Yes  No If Yes, I confirm a copy has been provided:  Yes

Zoning approval type:  Plot plan  Other: \_\_\_\_\_ Zoning District: \_\_\_\_\_ By: \_\_\_\_\_