



City of Boiling Spring Lakes

9 East Boiling Spring Road Boiling Spring Lakes, NC 28461
Phone ~ 910-363-0025 Fax ~ 910-363-0029 Web page ~ www.cityofbsl.org

Project Number _____

Residential One and Two Family Dwelling Building Permit Application

- Please include all information required on the check list form
- **Submit signed application to the Building Inspections Department at City Hall.**
- **Work cannot begin on project until a permit is issued by the Building Inspector.**

A. Project Address: Address _____ Parcel ID # _____

B. Property Owner: Name _____

Physical Address _____

Mailing Address (if different) _____

Phone _____ Email Address _____

C. Type of Construction: New Home Addition Alteration Relocation Demolition
 Site Built Modular ~ Off Frame _____ On Frame _____

Value of Work	\$
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D. Building Characteristics:

Heated Area Sq. Ft	Stories	Bedrooms	Bathrooms	Garage Sq. Ft.	Storage Sq. Ft.	Covered Porches Sq., Ft	Open Decks Sq. Ft.	Building Height

Is a T- Pole Requested? Yes No If yes, to be paid by: General Contractor or Electrician

Will you need power before the Certificate of Occupancy Issued? Yes ~ Fee No

E. Building Contractor: Name _____

Address _____ License Number _____ Classification _____

Phone Number _____ Email Address: _____

F. Approvals: Zoning Health Department Authorization to Construct Permit

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 and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Signature of Owner/Builder _____ Date _____

~Office Use ~

Approved Declined _____ Construction Value _____

Building Inspector _____ Date _____

~ Fees ~

Building Permit (05)	Home Owner Fee (19)	T- Pole ~ Optional (39)	Temporary Main Power ~ Optional (39)	Total Fee's