



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

Non Residential Building Permit Application

Date: _____

Zoning Permit #: _____

Project:

Address _____ Parcel ID # _____

Applicant:

Name: _____ Phone: _____

Email Address _____

Property Owner:

Name _____

Physical Address _____

Mailing Address (if different) _____

Phone _____ Email Address _____

Project Contact:

Name _____ Phone _____

Email Address: _____

Description of Proposed Work:

Construction:

Type: New Existing Alteration Relocation Demolition

Building Type: Site Built Modular ~ Off Frame _____ On Frame _____

Building Characteristics:

Building Total Area Sq. Ft	Area per Floor Sq. Ft.	Number of Stories	Building Height

Occupancy Type:

- Assembly Business Educational Factory High Hazard
- Institutional Mercantile Residential Storage Utility

State Agency Approvals

NC Department of Insurance Yes No N/A

Plan Approval _____ Number of Sheets _____ Date _____

Specifications _____ Number of Sheets _____ Date _____

NC Department of Labor Yes No N/A

Number of Elevators ~ Date _____ Boilers ~ Date _____

NC Plan Sedimentation Pollution Control Commission Yes No

Plan Approval _____ Date _____ Permit Number _____

Building Contractor: Name _____

Address _____ License Number _____ Classification _____

Phone Number _____ Email Address: _____

Utilities:

Water: Public Private Environmental Health Permit # _____

Sewer: Public Private Environmental Health Permit # _____

Gas Provider _____ Electric Provider _____

**General Construction ~
General Contractor**

Name _____ Phone _____ Email _____

Company Name _____

Address _____ City _____ State _____ Zip _____

License Number _____ Classification _____

Design Professional ~ Architect Engineer NC Reg # _____ Owner _____ Other _____

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Electrical ~ (Cost of Electrical for Project \$ _____)

Contractor Name _____ Phone _____ Email _____

Company Name _____

Address _____ City _____ State _____ Zip _____

License Number _____ Classification _____

Design Professional ~ Architect Engineer NC Reg # _____ Owner _____ Other _____

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Mechanical ~

Contractor Name _____ Phone _____ Email _____

Company Name _____

Address _____ City _____ State _____ Zip _____

License Number _____ Classification _____

Design Professional ~ Architect Engineer NC Reg # _____ Owner _____ Other _____

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Plumbing ~

Contractor Name _____ Phone _____ Email _____

Company Name _____

Address _____ City _____ State _____ Zip _____

License Number _____ Classification _____

Design Professional ~ Architect Engineer NC Reg # _____ Owner _____ Other _____

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Life Safety ~

Contractor Name _____ Phone _____ Email _____

Company Name _____

Address _____ City _____ State _____ Zip _____

License Number _____ Classification _____

Design Professional ~ Architect Engineer NC Reg # _____ Owner _____ Other _____

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Sprinkler Protection ~

Contractor Name _____ Phone _____ Email _____

Company Name _____

Address _____ City _____ State _____ Zip _____

License Number _____ Classification _____

Design Professional ~ Architect Engineer NC Reg # _____ Owner _____ Other _____

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Fire Alarm System ~

Contractor Name _____ Phone _____ Email _____

Company Name _____

Address _____ City _____ State _____ Zip _____

License Number _____ Classification _____

Design Professional ~ Architect Engineer NC Reg # _____ Owner _____ Other _____

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Sign ~

Contractor Name _____ Phone _____ Email _____

Company Name _____

Address _____ City _____ State _____ Zip _____

License Number _____ Classification _____

Design Professional ~ Architect Engineer NC Reg # _____ Owner _____ Other _____

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Accessory Structures

Accessory Building ~ Total Sq. Ft. _____ Conditioned _____ Sq Ft Unconditioned _____

Solid Fence _____ Tower _____ Swimming Pool _____ Other _____

Cost ~ Total Project Cost \$ _____

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.

Owner/Agent Signature _____ Date _____

~ ALL TRADE CONTRACTORS MUST PURCHASE AND SIGN FOR THEIR PERMITS ~
Please include a copy of your North Carolina Contractor's License

.....
-Office Use -

Approved Declined _____

Building Inspector _____ Date _____

Notes

