



Inspections & Permits Department
 316 North Academy Street
 Cary, NC 27513
 (919) 469-4046 Fax: (919) 462-3840
 Email: BuildingSafety@townofcary.org
 www.townofcary.org

COMMERCIAL APPLICATION FOR PERMIT

Application # _____ - _____

TOWN OF CARY

PROPERTY INFORMATION

Project Address _____ Suite _____ City _____ ZIP _____

Subdivision/Center _____ Lot No. _____ County: Wake County Chatham County

Property Owner/Developer _____ Primary phone _____ (____) _____

Address _____ Suite _____ Secondary phone _____ (____) _____

City _____ State _____ ZIP _____ Owner Email _____

Applicant _____ Primary phone _____ (____) _____

Address _____ Suite _____ Secondary phone _____ (____) _____

City _____ State _____ ZIP _____ Fax number _____ (____) _____

Project Contact Person _____ Applicant Email _____

BUILDING INFORMATION A Building Code Summary and Statement of Special Inspections are required with the application

Permit Type: New building¹ Addition Alteration Does this work constitute a change of occupancy? yes no

Design Code: Current NCSBC Current Rehab Code Code year or other clarification _____

Occupancy Classification _____ Total area (SF) for this permit (new work) _____ Total Construction Cost \$ _____

Description of work _____

Work includes building façade or sitework changes (i.e. building material or color change, exterior lighting, exterior equipment change, parking, etc.).

Description of work _____

Note 1: Provide lowest finished floor elevation (FFE) _____ Provide the rim elevation of the next upstream manhole _____

TENANT INFORMATION

Business name of tenant _____ First-time tenant in this space? yes no

Business activities of the tenant _____

UTILITY INFORMATION

Water Cary Private¹(well) New water and/or new sewer service is requested. A Water and Sewer Service Application

Sewer Cary Private (septic) detailing the scope has been provided with this application.

Electric Progress Energy² Town of Apex² Duke Energy²

Notes: 1. Installation of a new well requires additional Site/Subdivision Plan approval and County Health Department approval

2. First time customers MUST apply with the appropriate agency checked above to set up an account

COUNTY APPROVALS

Food preparation Institutional Lodging facilities Pool facility Daycare Waste hauling Other _____

Well Permit No _____

Completed Wake County Environmental Health Department application is provided with this application County approvals are not required

PROPERTY OWNER'S STATEMENT

Property Owner'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 & Permits Department will be notified of any changes in the approved plans and specifications for the project herein prior to implementation. Fees will be calculated by staff based on applicant information provided at the time of building permit application review. Please see the Department's Fees Estimation Guide for more information.

Check one of the following boxes:

- This permit application is for new work This permit application is to legalize work performed without a permit, inspections or approvals. I understand that this work must conform to the current code in effect and all wall coverings and insulation must be removed to expose all work done without a permit so all work can be visually inspected by the code enforcement official.

Property Owner/Agent (print) _____ Signature _____ Date _____

CONTRACTOR INFORMATION

GENERAL CONSTRUCTION (Building)

Contractor (Company Name) _____ Phone (____) _____
 Address _____ City _____ State _____ ZIP _____
 Email _____ Fax (____) _____ Building Construction Cost \$ _____
 Contact Person _____
 License Number _____ Classification: Residential Building Limited Intermediate Unlimited

Check one of the following boxes:

- I am a general contractor duly licensed by the NC Licensing Board of General Contractors. I am permitted by my license to contract on projects not to exceed the limitations of my classification. The Plumbing, Mechanical and Electrical contractors listed below are considered subcontractors.
- I am an unlicensed contractor. I am permitted to contract on projects on this property with a total value of less than \$30,000. I am not permitted to perform or subcontract plumbing, mechanical or electrical work so all of the following contractors are considered prime contractors and have contracts directly with the property owner.
- I am the property owner acting as the general contractor. By listing myself as a contractor for building, plumbing, mechanical and/or electrical on this application I do so knowing that I intend to retain ownership of this building and operate the business located in this building for a period of twelve (12) months from the date of final acceptance by the Town. I have provided the completed form entitled: General Contractor Licensing Exemption.

PLUMBING

Contractor (Company Name) _____ Phone (____) _____
 Address _____ City _____ State _____ ZIP _____
 Email _____ Fax (____) _____ Plumbing Construction Cost \$ _____
 Contact Person _____
 NC License Number _____ Classification: Class I Class II Owner N/A

MECHANICAL

Work includes an HVAC change out. A Non-Residential HVAC Change Out Supplement has been provided with this application.

Contractor (Company Name) _____ Phone (____) _____
 Address _____ City _____ State _____ ZIP _____
 Email _____ Fax (____) _____ Mechanical Construction Cost \$ _____
 Contact Person _____
 NC License Number _____ Classification: H-1 H-2 H-3 Owner Class I Class II N/A

ELECTRICAL

Contractor (Company Name) _____ Phone (____) _____
 Address _____ City _____ State _____ ZIP _____
 Email _____ Fax (____) _____ Electrical Construction Cost \$ _____
 Contact Person _____
 NC License Number _____ Classification: Limited Intermediate Unlimited Owner Other
 Voltage: 50 or less 600 or less 600 or more

COMMERCIAL CONTRACTORS SUPPLEMENT

Complete this sheet as necessary based upon the scope of work of the permit

FIRE SUPPRESSION

Contractor (Company Name) _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Fax (____) _____ Suppression Construction Cost \$ _____

NC License Number _____ Classification _____

Contact Person _____ Primary Phone _____ Secondary Phone _____

NC Professional Designer _____ NC Registration Number _____

FIRE ALARM

Contractor (Company Name) _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Fax (____) _____ Fire Alarm Construction Cost \$ _____

NC License Number _____ Classification _____

Contact Person _____ Primary Phone _____ Secondary Phone _____

NC Professional Designer _____ NC Registration Number _____

FIRE SPRINKLER

Contractor (Company Name) _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Fax (____) _____ Fire Sprinkler Construction Cost \$ _____

NC License Number _____ Classification _____

Contact Person _____ Primary Phone _____ Secondary Phone _____

NC Professional Designer _____ NC Registration Number _____

ELECTRICAL LIGHTING (Site or Parking Lot)

Contractor (Company Name) _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Fax (____) _____ Electrical Construction Cost \$ _____

NC License Number _____ Classification _____

Contact Person _____ Primary Phone _____ Secondary Phone _____

REFRIGERATION

Contractor (Company Name) _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Fax (____) _____ Refrigeration Construction Cost \$ _____

NC License Number _____ Classification _____

Contact Person _____ Primary Phone _____ Secondary Phone _____