



OFFICE USE ONLY	
Permit #	
Date Received	
Permit Technician	
Floodplain (Y/N)	

Building Permit Application

Physical Address: 260 Town Hall Drive, Suite B, Morrisville, NC 27560

Mailing Address: 100 Town Hall Drive, Morrisville, NC 27560

Fax: 919.460.6584, Email: ddsinspections@townofmorrisville.org, Phone: 919.463.6190

General Information			
Applicant:		Date:	
Project Address (include Suite #):			
Subdivision/Project Name:		Lot #	
Property Owner:		Property Owner Phone:	
Property Owner Address:			
Property Owner Email:			
Project Contact:		Project Contact Phone:	
Project Contact Email:			
PROJECT INFORMATION			
Review Type:	Residential Review (1 and 2 family dwelling or townhome)	Commercial Review	Shop Drawings
Choose a Work Type:			
Accessory Structure	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Addition	<input type="checkbox"/>	Fit-up Interior Completion	<input type="checkbox"/>
Alteration/Repair	<input type="checkbox"/>	Multi-Family	<input type="checkbox"/>
Change of Use/Occupancy	<input type="checkbox"/>	New Construction	<input type="checkbox"/>
		Sprinkler	<input type="checkbox"/>
		Fire Alarm	<input type="checkbox"/>
		Hood Suppression	<input type="checkbox"/>
		Other	<input type="checkbox"/>
Provide a detailed project description:			
ADDITIONAL PROJECT INFORMATION (complete all that apply)			
Building Information		Additional Questions	
ALL INFORMATION IN THIS AREA TO BE PROVIDED FOR NEW COMMERCIAL AND COMMERCIAL ALTERATIONS/UPFITS Square footage of area of work: _____ Entire square footage of tenant space: _____ Entire square footage of building: _____ Building area per floor (sf): _____ Building Height: _____ Building # of stories: _____ Apartments- Number of Units: _____ Construction Type (IA, IB, etc...): _____ Primary Occupancy Type (A1, A2, B, E, M, etc...): _____ Is any exterior work to the building/site proposed? _____ Are there any new elevators? _____ Does this require DOI review and approval? _____ **If yes to DOI review, provide copy of DOI review letter.		For One and Two Family Dwellings/Townhomes: Square footage of area of work: _____ Total square footage under roof: _____ Total square footage: _____ For Accessory Buildings: Building Dimensions (l x w x h) : _____ All projects provide the following: If project is part of an existing permit, please provide existing permit number: _____ Total construction cost: _____ **Breakdown required per trade on next 2 pages **Please note- administrative fee of \$80 applies for processing any requested refunds due to incorrect cost of construction provided	

ADDITIONAL PROJECT INFORMATION CONTINUED (complete all that apply)

Types of Systems Being Installed (circle all that apply)

Compressed Gas	Generator- Emergency/Standby	Rack Storage
Fire Pump	Hazardous Materials	Sprinkler
Flammable/Combustible Liquids	High Piled Storage	Standpipe
Flammable Spray/Dip	Hood	Storage Battery
Fuel Tank	Industrial Ovens	Suppression Other

Signatures are required for all license holders performing work. Permits will not be issued until all signatures are received.
A Homeowner's Affidavit is required for Homeowner acting as General Contractor

BUILDING

Contractor:	NC License #/Class:	Expiration:
Address:	City/State/Zip:	
Phone:	Email:	
Total Project Sq. Ft.:	Total Building Cost:	
Workers Compensation # (provide copy of certificate):	Expiration:	
License Holder Signature:		

ELECTRICAL

Contractor:	NC License #/Class:	Expiration:
Address:	City/State/Zip:	
Phone:	Email:	
License Holder Signature:	Total Electrical Cost:	
Voltage:	50 or less	600 or less over 600

PLUMBING

Contractor:	NC License #/Class:	Expiration:
Address:	City/State/Zip:	
Phone:	Email:	
License Holder Signature:	Total Plumbing Cost:	

MECHANICAL

HVAC

Contractor:	NC License #/Class:	Expiration:
Address:	City/State/Zip:	
Phone:	Email:	
License Holder Signature:	Total HVAC Cost:	
Type of Heating:	Electrical	Gas Hot Water Oil
Work Includes:	Appliances	Appliance/Duct Refrigeration Fuel Piping

REFRIGERATION

Contractor:	NC License #/Class:	Expiration:
Address:	City/State/Zip:	
Phone:	Email:	
License Holder Signature:	Total Refrigeration Cost:	

HOOD CONTRACTOR

Contractor:	NC License #/Class:	Expiration:
Address:	City/State/Zip:	
Phone:	Email:	
License Holder Signature:	Total Mechanical Cost:	

FIRE

COMMERCIAL SPRINKLER CONTRACTOR		
Contractor:	NC License #/Class:	Expiration:
Address:	City/State/Zip:	
Phone:	Email:	
License Holder Signature:	Total Sprinkler Cost:	
FIRE ALARM CONTRACTOR		
Contractor:	NC License #/Class:	Expiration:
Address:	City/State/Zip:	
Phone:	Email:	
License Holder Signature:	Total Fire Alarm Cost:	
FIRE SUPPRESSION CONTRACTOR		
Contractor:	NC License #/Class:	Expiration:
Address:	City/State/Zip:	
Phone:	Email:	
License Holder Signature:	Total Fire Suppression 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. I acknowledge that it is my (applicant) responsibility to pick up plans after each review cycle. If plans are not picked up 180 days from the last review cycle, I understand they will be considered abandoned and will be destroyed.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Conditions or Comments: _____

Reviewed & Approved by: _____ **DATE:** _____