

TOWN OF HOPE MILLS
 5770 ROCKFISH ROAD, HOPE MILLS, NORTH CAROLINA 28348-1848
TELEPHONE (910) 426-4100 FAX (910) 429-3386
www.townofhopemills.com

APPLICATION FOR ADDITIONS/RENOVATIONS/IMPROVEMENTS

Project Information

FULL ADDRESS	NAME OF SUBDIVISION OR BUSINESS	PARCEL NUMBER
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Contractor: _____ Telephone Number: _____
 Address: _____ Email: _____
 NC State Contractors License Number: _____ Classification: _____ Limitation: _____
Unlicensed Contractors- As an unlicensed contractor, I am aware that I cannot enter into a contract that the total amount of the project exceeds \$40,000.
 Signature: _____

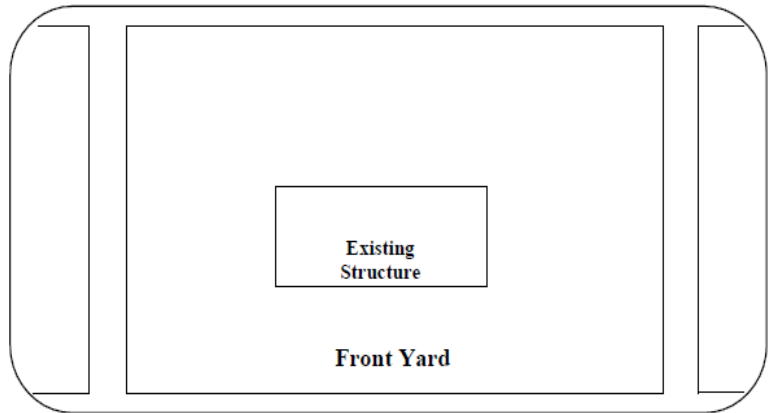
Property Owner: _____ Telephone Number: _____
 Address: _____

Building: Residential: _____ Commercial: _____	Zone: _____ Fire Zone: _____ Flood Plain: _____	Corner Lot: _____ Thru Lot: _____ Annex: _____
Is this property on a septic tank? Y _____ N _____		Has approval been received from the Health Department? Y _____ N _____

Type(s) of Construction

Addition _____	Porch _____	Fireplace _____	Pool _____	Square Feet _____
Garage _____	Patio _____	Fence _____	Other _____	Stories _____
Carport _____	Deck _____	Int Renos _____	Value of Improvement: \$ _____	
Shed _____	Re-roof _____	Ext Renos _____		

Please include the detailed scope of work for this project. Use the diagram to the right if necessary.



I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable state and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the projected permitted herein.

Signature of Applicant

Date

Signature of Approving Inspector

Date

OFFICE USE ONLY

Permit Fee: _____

Permit #: _____