



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 ADDITION/RENOVATION/IMPROVEMENTS

Project Information

INCLUDE 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 \$30,000.

Signed _____

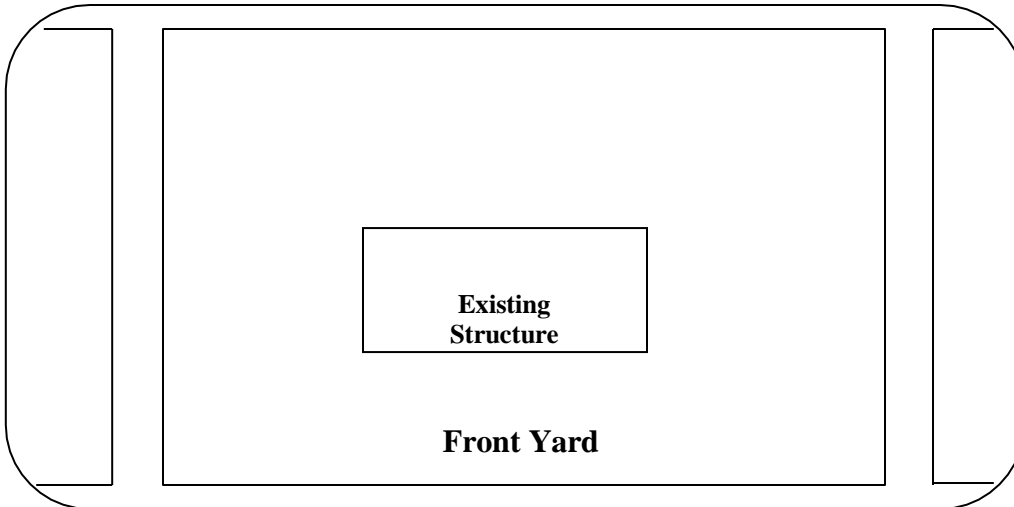
Property Owner: _____ Telephone Number: _____

Address: _____

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

Type of Construction:

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



Permit Fee: _____

Permit # _____

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