Town of Mount Olive Application for Building Permit

	DATE:		
NAME OF OWNER(S) CONTRACTOR:			
NAME OF SUBDIVISION:	LOT NO:		
PERMANENT 911 ADDRESS:			
RESIDENTIAL PROJECTS:	RENOVATION OR REPAIR TO AN EXISTING RESIEDNCE:		
(NEW OR EXISTING) NEW HOME CONSTRUCTION ONLY: (INCLUDING ON-FRAME MODULARS AND OFF-FRAME MODULARS)	ATTACHED GARAGE:	DETACHED G	ARAGE:
	COMPLETION OF AN UNFINISHED BONUS RM/STORY:		
	DETACHED STORAGE OR ATTACHED PORCH/DECK: SETBACKS: FRONT	OTHER:	
	# OF LIVING QUARTERS/R RESIDENCE WILL HAVE OF FINISHED BONUS RM: TOTAL SQUARE FOOTAGE	OOMS (NO BATHROO GARAGE OR CARPORT UNFINISHED BO	MS/CLOSETS): ? YES: NO NUS RM/STORY
COMMERCIAL/INDUSTRIAL PROJECTS: (SCHOOL, CHURCH, BUSINESS, FACTOR	EXTERIOR FINISH: BRICK TOTAL PROJECTED CONS	I: SIDING: TRRUCTION COST: \$	BLOCK:
EXPIRATION DATE (MM/YY)	ERMISSION TO USE MY CREI	DIT CARD: YES	NO
3 DIGIT CVV/VVID/V-CODE ON THE BA BILLING ADDRESS OF CREDIT CARD: _	CK OF CREDIT CARD:		
2.) CASH PAYMENT: YES, HOW MUCH? \$ 3.) CHECK PAYMENT:	NO CASH PA	YMENT WILL BE USE	D:
YES, HOW MUCH? \$	CHECK NO N	NO CHECK PAYMENT	WILL BE USED:
	CONTRACTOR/O	WNER/BUSINESS LIST	TING WITH THE STATE
	MAILING ADDR	ESS	
	NC LICENSE NO	·	
	MOBILE NO.		WORK NO.

A RE-INSPECTION FEE OF \$60.00 WILL BE CHARGED FOR FIRST DENIAL \$60.00 EACH DENIAL THEREAFTER 2 TIMES TOTAL PERMIT FEE IF WORK IS STARTED BEFORE PERMIT IS ISSUED. TOWNOF MOUNT OLIVE INSPECTION DEPARTMENT CONTACT INFORMATION: MAILING ADDRESS: PO BOX 939, MOUNT OLIVE, NC 28365, PHYSICAL ADDRESS: 114 E JAMES STREET, MOUNT OLIVE, NC 28365 PHONE NO.: (919) 658-9539 EXT. 111 OR 120 WEBSITE: TOWNOFMOUNTOLIVENC.ORG A BUILDING PERMIT MUST BE OBTAINED BY A CONTRACTOR OR HOME/LAND OWNER IN PERSON ONLY.

A BUILDING PERMIT MUST BE OBTAINED BY A CONTRACTOR OR HOME/LAND OWNER IN PERSON ONLY. MODULAR HOME SET UP - \$500.00 SURETY BOND REQUIRED.

PROPERTY OWNERS WHO PULL PERMIT FOR \$30,000.00 PLUS MUST SIGN A NOTORIZED OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14 (A) (1).