PENDER COUNTY PLANNING AND COMMUNITY DEVELOPMENT

APPLICATION TYPE: **PAINT & PATCH RENOVATION**

(FOR INTERIOR USE ONLY)

(PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS)

Project Responsibility Permit # _____

APPLICANT'S NAME: _____ **DATE**:_____
APPLICANT'S ADDRESS: _____**PHONE**:_____
CITY / STATE/ ZIP CODE_____

PROPERTY TAX IDENTIFICATION NUMBER: _____

PROJECT LOCATION: _____

CONTRACTOR: _____ **LICENSE #** _____ **PHONE #**_____
ADDRESS: _____ **CITY:** _____ **STATE:** ___ **ZIP:** _____

OWNER'S NAME: _____ **PHONE:** _____
OWNER'S ADDRESS: _____**CITY:** _____**STATE:** ___ **ZIP:** _____

DESCRIPTION OF WORK: _____

I will be performing minor renovations to an existing dwelling located at the above referenced project location. The proposed renovations and/or repairs do not exceed 50% of the value of the structure. The renovations and/or repairs, shall not increase the footprint of the structure, add to the height of the existing dwelling nor alter the exterior or interior layout of the structure.

Attached is a detailed scope of work, dictating the manner in which the renovation and/or repairs shall be completed.

The estimated costs of construction for the proposed renovations and/or repairs are as followed:

_____ **Building**
_____ **Electrical**
_____ **Plumbing**
_____ **Mechanical**

I have read and understood the contents of the above document. I understand that any deviation(s) without Pender County Zoning and/or Building Inspections Department, shall result in revocation of any permits obtained and/or a "Stop Work Order" shall be placed on site until the project is in compliance with all applicable Zoning, Environmental Health and/or Building Inspections requirements.

_____ _____
Signature **Date**

FOR OFFICE USE ONLY

IS STRUCTURE IN SFHA? YES / NO **FLOOD ZONE: X / AE / VE / OTHER**

BASE FLOOD ELEVATION: _____ **ELEVATION CERTIFICATE REQUIRED? YES / NO**

INTIALS OF PERMIT TECH.: _____ **DATE:**_____