

Residential Building Application

Office Use - Application 5

Permit #:

Date

Project Address

Contact Person

Phone E-mail

Property Owner Address  
City State Zip Office Phone  
Mobile Phone E-Mail Fax

Contractor Address  
City State Zip Office Phone  
Mobile Phone E-Mail Fax

NCGCL#

Permit Type Single Family Duplex Townhome Multi-Family

Type of Work New Addition Repair

Work Description

# Stories Peak Height # of Units Created Total Sq. Ft. Building(s)

Actual Setbacks from Property Lines: Front Back Right Left

Contractor Names	License #	Cost of Work	Permit Fees
Building			
Electrical			
Plumbing			
Heating			
Fireplace			
Insulation			
Others			
Zoning			
Driveway Permit			

Total Project Cost Fees \$

PLEASE ATTACH – 2 Copies

Please Check if Attached or Mark NA (not applicable)

- Building Drawing

Building

Electrical

Mechanical

Plumbing
- Site Plan(s) drawn to scale, showing:

Lot dimensions along with building location(s) on the lot, along with width and length

Actual building setbacks from all property lines

Easements and/or Right-of-Ways located on the parcel

Address(s) and Adjoining streets with street names

Landscape Plan – New Home (See UDO section 3.4 Landscaping)

Show parking spaces (See UDO Section 3.3 Off Street Parking, Stacking and Loading)

North Arrow

Scale

\_\_\_\_ Date, and person drawing Site Plan (*name, address and phone number*)

**OTHER APPLICATIONS PERMITS AND PLANS REQUIRED AT SUBMITTAL**

- \_\_\_\_ Town of Kernersville Driveway Application or Permit
- \_\_\_\_ Lots using septic, must provide a County Health Department release form or improvement permit.
- \_\_\_\_ Liens NC Form for all projects over \$30,000

I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge. I understand that the permit may be revoked, or a stop work order issued if any information is false or the approved construction plans are not followed.

_____ <b>Signature of Applicant</b>	_____ <b>Date</b>
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**TOWN STAFF SECTION**

**Pin#**\_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Overlay:** \_\_\_\_ Yes \_\_\_\_ No      **Central Kernersville Design Standards Compliance** \_\_\_\_ Yes \_\_\_\_ No

**Special Use Dist.:** \_\_\_\_ Yes \_\_\_\_ No      **Design Standards Compliance** \_\_\_\_ Yes \_\_\_\_ No (Calebs & Welden)

**Approved Address** \_\_\_\_ Yes \_\_\_\_ No

**Setbacks** Front \_\_\_\_ Rear \_\_\_\_ Side \_\_\_\_ Side \_\_\_\_ Street Side \_\_\_\_ Yes \_\_\_\_ No

**Public Water:** \_\_\_\_ Yes \_\_\_\_ No If no well location.

**Public Sewer:** \_\_\_\_ Yes \_\_\_\_ No If septic, Forsyth County Health Department site plan required.

**Easements:** \_\_ Yes \_\_ No      **FEMA:** \_\_\_\_ Yes \_\_\_\_ No      **Driveway** \_\_ Yes \_\_ No

**Watershed** \_\_\_\_ Yes \_\_\_\_ No

**Stream Buffer** \_\_ Yes \_\_ No

**Zoning Approval:** \_\_\_\_ Yes \_\_\_\_ No      **Initials:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Building Approval:** \_\_\_\_ Yes \_\_\_\_ No      **Initials:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Conditions:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

House bill 252 gives the permit holder the right to an internal review of any disagreement of inspection decisions made by a Building Safety Official. If you would like to request an internal review, contact:

Keith Marion, Code Inspection Supervisor      Email: [kmarion@toknc.com](mailto:kmarion@toknc.com)      Phone: 336-992-5450