



Town of Apex
Building Inspection Division

RESIDENTIAL EXPRESS PLAN CHECK
REQUEST APPLICATION & SCHEDULING CONFIRMATION

OFFICE USE: An Express Plan Check Session has been scheduled:

		P.M.
Date	Day	Time

Project Address _____

Application Date _____

Subdivision _____

Lot Number: _____

Contact Person Name: _____

Phone Number: _____

Company Name: _____

Fax Number: _____

Email Address: _____

Mobile Number: _____

Project Designers of Record, Owner and Project Contact Person to be in attendance at the plan check session. The individual who seals the plan must be in attendance.

<u>Profession</u>	<u>Name</u>	<u>This individual will attend</u>	
		<u>Yes</u>	<u>No</u>
Architectural	_____		
Structural	_____		
Fire Suppression	_____		
Builder / General Contractor	_____		

A completed Residential Projects Plan Checklist has been provided with the application.

Building Use: Single Family Dwelling Duplex Townhome No. of stories _____ Total Bldg SF _____

Yes No

Does building have a sprinkler system? If yes, designer must be present for review.

Does building require Wake County approval for Well, Septic, or Waste Hauling? If yes, approval required at review.

Is home in Small Town Character District? If yes, obtain approval from Planning Dept. prior to review.

Alternate materials or methods included in design:

Staff Use:

This application has been approved with the conditions listed below This application has been denied with the conditions listed below

Start Time: _____ P.M. End Time: _____ P.M. Total Time: _____ Hours Amount paid with application: \$ _____ Amount due: \$ _____ Approved By _____