

Permit Application
RETAINING WALL

Phone 919-249-3418



Permit # _____ - _____

Received Date: _____

Town of Apex

Applicant Name _____ Phone _____ Fax _____

Project Address _____ **Suite** _____ **Apex, NC** ZIP _____

Subdivision or Project Name _____ Lot Number _____

Project Contact Person _____ Phone _____ Fax _____

Email _____ Contact Preference: Phone Fax Email

Property Owner _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Description of Work _____

Material of walls _____ No of walls _____ Total length (feet) _____ Max wall height _____

Total Construction Cost: _____

- Wall continues beyond property lines
- Residential Cost >\$30,000: Workers Comp affidavit and Certificate of Insurance provided
- Commercial Cost >\$30,000: Workers Comp affidavit and Certificate of Insurance provided

Zoning Approval Type:

- Approved site plan - included with application (approved means bearing signatures of Town TRC staff)
- None - wall is contained entirely on residential lots and no prior zoning approval is required (unless address is in the Small Town Character district). Proposed plot plan is included with application.

General Construction (Building)

Contractor Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

License Number _____ Classification: Residential Building Limited Intermediate Unlimited

Registered Design Professional _____ NC Registration # _____

Email _____

Authorized Agent (print) _____ Signature _____ Date _____

Third Party Testing and Inspection

Company Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Registered Design Professional _____ NC Registration # _____

- A letter is provided with this application from the aforementioned registered design professional stating that this firm has been retained to provide the required inspections per the North Carolina Building Code section 1806 in compliance with NCBC section 1704. The letter shall also state that the firm will provide a copy of the reports to the Apex Building Inspection Division and if their services are suspended they promise to notify the Inspection Division immediately.

Email _____

Applicant Statement

I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations or private building restrictions, if any, which may be imposed by deed. The Inspection Department will be notified of any changes in the approved plans and specifications for the project herein.

Applicant's Name (print) _____ Signature _____ Date _____