

**Permit Application**  
**RESIDENTIAL PLAN MODIFICATION**



To Permit # \_\_\_\_\_ - \_\_\_\_\_

Received Date \_\_\_\_\_

**Town of Apex Building Inspections and Permitting**  
**Phone: 919-249-3418 Email: ePermit.Notify@ApexNC.org**

THE PURPOSE OF THIS APPLICATION IS FOR MODIFICATIONS TO APPROVED PLANS ONLY. NEW WORK WILL REQUIRE A NEW PERMIT APPLICATION.

Application Date: \_\_\_\_\_  
Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_  
Project Address \_\_\_\_\_ Apex, NC Zip \_\_\_\_\_  
Subdivision or Project Name \_\_\_\_\_ Lot # \_\_\_\_\_  
Project Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Proposed Modification Review Fee is 1/2 of the Review Fee required at time of submittal**

- Revision to approved plans    Revision to trusses    Changing elevation    Other

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Single-family dwelling    Townhome    Duplex

**Result of the Modification (required - enter NA if not applicable)**

The modification results in a change of square footage. The following square footage is  Added  Deleted: \_\_\_\_\_  
Note: The addition of square footage will require an additional permit fee (\$0.35/SF).

The modification results in a change of construction cost. The original cost is  Increased  Decreased by: \$ \_\_\_\_\_  
New Total Cost: \$ \_\_\_\_\_

**Check one:**

- This is a new modification.  
 This plan mod is to legalize modifications performed without a permit, inspections or approvals. I understand that all work must be uncovered and inspected before an approval can be granted that I cannot self-perform work subject to the NC Plumbing, Mechanical or Electrical codes if I do not intend to live in this house for (12) months from the date of permit final inspection approval. Work done without a permit is charged double permit fee.

**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 Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_