

Permit Application
TEMPORARY TRAILER



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

Application Date _____
Applicant Name _____ Phone _____ Fax _____
Project Address _____ Suite _____ Apex, NC ZIP _____
Subdivision or Project Name _____ Lot Number _____
Project Contact _____ Phone _____ Email _____
Property Owner _____ Phone _____ Fax _____
Address _____ City _____ State _____ ZIP _____

Use of Trailer

Construction Sales Other _____ Type of Business _____

Planning Department Approval Phone: 919-249-3426 email: PlanningInfo@ApexNC.org

Provide site/plot plan signed by the Planning Dept with this application Date Permit Expires: _____
Zoning Approval Type: Construction Dwgs Certificate of Zoning Compliance Administrative Approval Plot Plan

Utilities

Water Apex° Private 3/4" Water Meter Requested (A Double Check Valve Required)
Sewer Public Private Temporary Electrical Power Requested No Temporary Board
Electric Apex° Duke °First time customers MUST apply with the Apex Finance Dept. for service
 Well and/or Septic Permit, Provide Wake Co. Permit Number(s) _____

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 _____

General Construction or Setup

Contractor Name _____ Phone _____
Address _____ City _____ State _____ ZIP _____
License Number _____ Classification: Residential Building Limited _____
Total Construction Cost (Including electrical & plumbing) \$ _____
Applicant's Name (print) _____ Signature _____ Date _____

Electrical Permit

Contractor Name _____ Phone _____
Address _____ City _____ State _____ ZIP _____
License Number _____ Classification: Limited Intermediate Unlimited Owner Other
Electrical Cost \$ _____
Applicant's Name (print) _____ Signature _____ Date _____

Plumbing Permit

Contractor Name _____ Phone _____
Address _____ City _____ State _____ ZIP _____
License Number _____ Classification: Class I Class II Owner N/A
Plumbing Cost \$ _____
Applicant's Name (print) _____ Signature _____ Date _____