COMMERCIAL DEVELOPMENT & BUILDING PERMIT APPLICATION
Town of Wake Forest Planning & Inspections Department
301 S. Brooks Street / Wake Forest, NC 27587
Inspections Tel.: 919.435.9530 / Fax: 919.435.9538
Planning Tel.: 919.435.9510 / Fax: 919.435.9539
(Last updated: March 2016)

APPLICANT INFORMATION:

Applicant/General: ___________________________________________ License #: ___________________________
Address: ___________________________________________________ Phone #: ___________________________
Email (Permitting): ___________________________________________ Email (Inspections): _______________________

PROPERTY OWNER INFORMATION:

Property Owner: ___________________________________________ Phone #: ___________________________
Address: __________________________________________________

PERMIT INFORMATION:

Project Address: _________________________________________________ Subdivision/Lot#: _______________________
Wake County Tax PIN Number: ________________________________ Size of Property (in acres): _____________ Zoning District: _____________
Project Square Footage: _____________ Cost of Construction: _____________ Electrical Provider: _______________________
Special Flood Hazard Area: ☐ Yes ☐ No (If yes, a Floodplain Development permit may be required)
Town Jurisdiction: ☐ Inside Corporate Limits ☐ Extra-Territorial Jurisdiction (ETJ)
Description of Work/Use: ________________________________________________________________
______________________________________________________________

Total Cost of Construction: ___________________________
Trade Type (check all that apply & provide cost per each trade)
☐ Building ___________________________ ☐ Electrical ___________________________ ☐ Plumbing ___________________________
☐ Mechanical ___________________________ ☐ Sprinkler ___________________________ ☐ Other ___________________________

TRADE | CONTRACTOR NAME | LICENSE # | PHONE # | CONTACT PERSON
-------|-----------------|-----------|---------|-----------------
General
Electrical
Mechanical
Plumbing
Fire Alarm
Sprinkler
Other

SIGNATURES:
I/we the undersigned do hereby certify that all information given above is true, complete, & accurate to the best of my/our knowledge.
An inspection is required for construction involving a building permit. To schedule an inspection, please call (919) 435-9531.

(Applicant Print Name) (Applicant Signature) (Date)

For Department Use Only:
☐ Approval ☐ Denial ☐ Total Development Permit Fee: ___________________________
Building Approval: __________________________________ Date: ______________
Planning Approval: __________________________________ Date: ______________
Notes: ____________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________