

City of Sanford * County of Lee * Town of Broadway
RESIDENTIAL COMBINATION BUILDING PERMIT APPLICATION

115 Chatham St, Sanford, NC 27330
 (919) 718-4654 www.sanfordnc.net

APPLICANT INFORMATION

Address/Location of Property: 105 geminole Fields Dr. Broadway NC 27505

Subdivision:

Lot#:

Parcel#:

Comer Lot? ☐ Yes ☒ No

*Corner Lot: A lot abutting two(2) streets at their intersections

POWER SUPPLIER:

☒ Duke Energy Progress ☐ Central Electric

UTILITIES:

Circle One: Existing Proposed

☐ Public Water ☒ Private Well*
☐ Public Sewer ☒ Private Sewer System*
☐ Other- List Type:

***Health Department approval required for private wells & private sewer systems.*

Description of Proposed Work:

Add shed to property tie into electrical

TYPE OF BUILDING

New

Existing

Addition

Other

Detached shed

Total Project Cost: \$23,000

Total Project Cost:

Total Project Cost:

Total Project Cost: shed and pod \$23,000

*Copy of value, bid or quote required!

Note: A notarized Accessory Building Certification is required before issuance of a Building Permit. (See Planning Dept.)

SQUARE FOOTAGE:

Heated:

Square Feet

Number of Stories

1

Unheated:

504

Square Feet

Number of Baths

0

Porches/Decks:

Square Feet

Number of Bedrooms

0

Basement

☐ Yes ☒ No

TYPE OF CONSTRUCTION:

Type IA/B

Type II A/B

Type III A/B

Type IV

Type V A/B

'Place X and complete additional information for each permit type included.

| | | | |
|------------|------------------------|---------------------|-----------------------------|
| Owner Name | Mark D. Roberts | Phone: 256 508 6703 | Email: mdrobert21@gmail.com |
| Address | 105 Seminole Fields Dr | | |
| City | Breadway | State: NK | Zip: 27505 |

BUILDING CONTRACTOR

| | | |
|------------|------------------|---------------|
| Contractor | Shed Depot | License# |
| Address | 1732 Westover Dr | |
| City | Sanford | State: NK Zip |
| Telephone | 919 776 0206 | Email: |

ELECTRICAL CONTRACTOR

☒ *Please check box if this job will require Electrical Permit.

| | | |
|------------|---------------|------------|
| Contractor | Comfort First | License# |
| Address | | |
| City | | State: Zip |
| Telephone | | Email: |

PLUMBING CONTRACTOR

☐ *Please check box if this job will require Plumbing Permit.

| | | |
|------------|--|------------|
| Contractor | | License# |
| Address | | |
| City | | State: Zip |
| Telephone | | Email: |

MECHANICAL CONTRACTOR

☐ *Please check box if this job will require Mechanical Permit.

| | | |
|------------|--|------------|
| Contractor | | License# |
| Address | | |
| City | | State: Zip |
| Telephone | | Email: |

ADDITIONAL CONTRACTOR

☐ *Please check box if this job will require an additional permit.

| | | |
|------------|--|------------|
| Contractor | | License# |
| Address | | |
| City | | State: Zip |
| Telephone | | Email: |

The undersigned hereby makes application for permit and inspection of all work described and agrees to comply with all building regulations and other laws applicable to the use of the structure referred to herein.

I hereby certify 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, Ordinances and Regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

NOTE: It is the contractor/applicant's responsibility to call for inspection at proper stage of work.

Permits will be issued personally to the license holder of record only. A bonafide employee of the licensee will be allowed to obtain permits upon submittal of the "Authorization for Permit Application by Employee of Licensed Contractor Form".

Mark D Roberts

SIGNATURE OF LICENSE QUALIFIER

**THE FOLLOWING AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE MUST BE COMPLETED
BY THE APPLICANT FOR THE BUILDING PERMIT AND THEIR SIGNATURE NOTARIZED!**

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE (N.C.G.S. §87-14)

The undersigned applicant for Building Permit#

being the:

☐ Contractor

☒ Owner

☐ Officer/Agent of the Contractor or Owner

do hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

...has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

...has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,

✓ ...has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,

... has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Name of Company: _____
(if applicable)

Print Name: Mark D. Roberts

Signature: Mark D. Roberts

Date: 9/4/25

ELECTRICAL

RESIDENTIAL: New

BASIC FEE: Repairs, Renovations, Alterations and Additions

| | | | |
|-----------------|-------------------------------------------------|----------------------------------------------|-----------|
| Total Amperage: | 100 | Plus <input type="checkbox"/> Special Outlet | How many? |
| Basic Fee: | <input type="checkbox"/> Up to 200 AMPS | Plus <input type="checkbox"/> Subpanel | How many? |
| | <input type="checkbox"/> Per 100 AMPS above 200 | Plus <input type="checkbox"/> Room Addition | How many? |

MISCELLANEOUS AND SERVICE CHANGES:

| | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> MINIMUM FEE FOR ITEMS NOT SHOWN | <input type="checkbox"/> CONDITIONAL POWER |
| <input type="checkbox"/> MECHANICAL CHANGE OUTS | <input type="checkbox"/> POWER RESTORATION |
| <input checked="" type="checkbox"/> ACCESSORY BUILDING | <input type="checkbox"/> SWIMMING POOL GROUNDING |
| <input type="checkbox"/> SERVICE CHANGE 125-200 AMP # of AMPS: | <input type="checkbox"/> SIGNS # of AMPS: |
| <input type="checkbox"/> SPECIAL OUTLETS # of Special Outlets: | <input type="checkbox"/> SERVICE CHANGE 100 AMP OR LESS # of AMPS: |
| <input type="checkbox"/> TEMPORARY SERVICE POLE | |

MECHANICAL

Electrical Contractors Information for Change outs Name:

License #:

DESCRIBE TYPE & SIZE OF UNIT(S) TO BE INSTALLED/REPAIRED:

PLEASE NOTE THAT A SEPARATE ELECTRICAL PERMIT MAY BE REQUIRED FOR MECHANICAL INSTALLATIONS

RESIDENTIAL:

| | | | |
|----------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------|
| Items Not Shown | \$75.00 | <input type="checkbox"/> Other (Bath Fans, Dryer Exhaust) | \$50.00 |
| <input type="checkbox"/> HVAC-Electric | \$75 per unit-electrical/gas piping permit may apply | <input type="checkbox"/> Gas Piping/ Gas Pressure Test | \$50.00 |
| <input type="checkbox"/> HVAC-Gas | | <input type="checkbox"/> Gas Logs/Fireplace | \$50.00 |
| | | <input type="checkbox"/> Gas Accessories (Dryer/Range/Grill/Etc.) If Etc. above, Please Explain): | |
| Ductwork Additions/Only | \$75.00 | | |

PLUMBING

Basic Fee: **NEW**

- ☐ Full Bath: _____ Qty: _____
- ☐ Half Bath: _____ Qty: _____

Basic Fee: **MODULAR**

- ☐ Water Line: _____ Qty: _____
- ☐ Sewer Line: _____ Qty: _____

** Will you also be installing Water/Sewer Lines at this residence?

- ☐ YES ☐ NO