01/30

DURHAM
1869
CITY OF MEDICINE

DURHAM CITY/COUNTY INSPECTION DEPARTMENT
BUILDING PERMIT APPLICATION
101 City Hall Plaza, Durham NC, 27701
Phone: (919) 560-4144
FAX: (919) 560-4484
www.durhamnc.gov

1510284

DURHAM COUNTY

JOB ADDRESS 610 CARROLL ST.
ADDRESS DESCRIPTION (LOT, UNIT) _____

JOB DESCRIPTION NEW SINGLE FAMILY RESIDENCE
CONTRACTOR: AMERICAN BUILDERS
Email _____
ADDRESS _____
CITY _____ STATE _____
ZIP CODE _____ TEL. NO. 919 949-3193
ARCHITECT: design solutions NC
Email designsolutionsnc@gmail.com
ADDRESS 214 BROADWAY ST.
CITY Durham STATE NC
ZIP CODE _____ TEL. NO 919-524-8108

PROPERTY OWNER: TRAVIS FERRY
TEL. NO. 919-685-6562

Is any existing or proposed structure on this property currently serviced or to be serviced by a well or septic tank? ( )Yes (X)No

If "Yes", contact Environmental Health at 560-7800 for their approval.

TYPE PAYMENT: ( )CASH (X)CHECK ( )CC ( )CHG ACCT.
JURISDICTION: ( )CITY (X)COUNTY
CONTR. ACCT. NO: _____
STATE CONTR. LIC. NO: NC # 38876

OWNER OR AUTHORIZED AGENT OF THE OWNER

BILL GORDON JR
PRINT NAME

Bill Gordon
SIGNATURE

1/15/15
DATE

Applications which are not completed to "ISSUED" status within 6 months will expire.

JOB COSTS

General Cost:	$ 25,000
***Electrical Work:** ( )yes ( )no ____ **Cost:**	$ 1,000
***Plumbing Work:** ( )yes ( )no ____ **Cost:**	$ 1,000
***Mechanical Work:** (X)yes ( )no ____ **Cost:**	$ 8,000.00
Other Work: (X)yes ( )no ____ **Cost:** (Site)	$ 8,000.00
TOTAL PROJECT	$ 43,000.00

***A separate application and permit is required for each trade.**

*** If using a residential sprinkler system, check here YES ( )**

The owner or authorized agent of the owner that signs this application is responsible for determining whether sewer, water, gas, and other utilities are available for this site. Also, all easements and restrictions must be shown on the plot plan. Where applicable, allowable impervious coverage must be verified by a certified survey at the completion of all site work. The applicant must adhere to all codes and ordinances. By signing this application, the applicant assumes all responsibility for these items. If there are any questions concerning these issues please contact the Public Works Department for assistance.

-----FOR OFFICE USE ONLY----

No. Baths _____	No. Units _____	Fuel Type _____	Sq. Ft. Land _____	Type Occupancy: _____
Bedrooms _____	Basement _____	Type Const. _____	Sq. Ft. Floor _____	Type Application: _____
Rooms _____	HC Units _____	Type Roof _____	No. Park Sp. _____	
Stories _____	Sprinkler _____		No. HC Park Sp. _____	PIN NO. -- -- --

Zoning _____	Slab.....( ) Y/N	PubOwned.....( ) Y/N	Non-TaxProp....( ) Y/N	SB.....( ) Y/N
Census Trt. _____	DTA.....( ) Y/N	Landscaping.....( ) Y/N	SewerBasin _____	CWS.....( ) Y/N
Census Code _____	Erosion.....( ) Y/N	SitePlan.....( ) Y/N	FloodPlain.....( ) Y/N	MTC.....( ) Y/N
BOA _____	Deptins.....( ) Y/N	DeptFacServ.....( ) Y/N	WellPermit.....( ) Y/N	HD _____
ImprPermit.....( ) Y/N	HealthDept.....( ) Y/N	PlanStatus _____	FireDist.....( ) Y/N	AO.....( ) Y/N

SETBACK F:____ LS:____ RS:____ R:____ HT:____ MOBILE HOME EXPIRATION DATE: _____
BUILDING PERMIT FEE IMPACT FEE ( ) Y/N HOMEOWNERS RECOVERY FUND ( ) Y/N

APPROVED FOR ISSUANCE _____ DATE _____

NIS Approval required for all Minimum Housing Permits _____ DATE _____