

****IF USING A MOBILE DEVICE - PLEASE USE THE
ADOBE ACROBAT READER APP****

REQUIRED APPLICATION MATERIALS:

Completed Residential Building Permit Application

Building plans: one (1) set. The Town no longer retains a set of residential building plans

Site plan showing the setbacks of the proposed structure(s) from all property lines

Proof of Address assigned by Moore County, if not previously established (Rachel Smith (910) 947-7142)

Lien Agent form, if applicable (www.liensnc.com)

Completed Construction on Town Right of Way form (driveway permit: Archie Daniel (910) 692-1983)

Completed Installation of Water/Sewer Service Permit Application or County Septic Tank Approval (Town: Ron Istre (910) 692-1983 or Moore County: (910) 947-6283)

Certificate of Appropriateness if the property is located within the Historic District (Mason Mattox (910)-692-4003)

APPROVAL PROCESS:

1. **Submit Completed Packet:** Preferred method is to upload the completed documents to SmartGov at <https://tw-n-southernpines-nc.smartgovcommunity.com/Public/Home> For assistance with SmartGov contact Mikie McNeill at (910) 692-4003.
2. **Staff review:** Staff will review the submittal and notify the applicant if additional information or documentation is needed.
3. **Permit fees** will be determined by a building inspector upon review of the application and building plans.
4. **Approval** of driveway, erosion control and water/sewer service (or proof of septic tank approval) must be received prior to issuance of the building permit.
5. **Issuance of Building Permit:** The applicant will be notified once all approvals are obtained and the Building Permit can be issued through SmartGov and payments can be made in the portal as well.

**INSPECTIONS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE BY
CALLING (910) 692-4003. WE DO NOT SCHEDULE INSPECTIONS VIA
VOICEMAIL.**

BUILDING PERMITS & INSPECTIONS
COMMUNITY DEVELOPMENT DEPARTMENT
TOWN OF SOUTHERN PINES
801 SE SERVICE ROAD
SOUTHERN PINES, NORTH CAROLINA 28387
(910) 692-4003
www.southernpines.net

Project Information:

Property Owner: _____

Property Address: _____ Phone: _____

PIN: _____ Parcel ID: _____

Project Type: New: ___ Alteration: ___ Addition: ___ Demolition: ___ Relocation: ___

Type of Construction: Wood frame: ___ Masonry: ___ Other: _____

Proposed Use: _____ Estimated Cost of Construction: \$ _____

New construction (including additions, accessory structures & swimming pools) setbacks:

Front: _____ Left Side: _____ Right Side: _____ Rear: _____

Note: If this permit is for a swimming pool, the location of the fence (with setbacks) must be shown on the site plan.

Contractor (exactly as name appears on license):

Company Name: _____ License No.: _____

Mailing Address: _____

Point of Contact: _____ Phone: _____ Email: _____

Date: _____

Signature of Applicant

Subcontractors (exactly as name appears on license):

Electrical: _____ License #: _____ Phone: _____

Plumbing: _____ License #: _____ Phone: _____

Heating/Air: _____ License #: _____ Phone: _____

Insulation: _____ License #: _____ Phone: _____

This section must be completed for all residential building permit applications, including new construction, additions and alterations.

Total **heated** area: _____ sq. ft.

Total area (including garage, decks, porches, etc.): _____ sq. ft.

Number of HVAC units: _____

Electrical service size: _____

Number of plumbing fixtures: _____

Temporary pole: yes: _____ no: _____

RPZ for landscaping: yes: _____ no: _____

Geo-thermal systems: yes: _____ no: _____ # of units: _____

Gas piping: yes: _____ no: _____ # of units: _____ natural gas: _____ propane: _____

Additional details:

PERMIT VOID IF WORK NOT BEGUN WITHIN 30 DAYS OF APPROVAL

Call Before you Dig - NC811---800.632.4949

Site Address: _____

Applicant Information

Name: _____

Address: _____

Phone #: _____

Email: _____

Property Owner

Name: _____

Address: _____

Phone #: _____

Email: _____

Contractor Information

Name: _____

Address: _____

Phone #: _____

Email: _____

DESCRIPTION OF WORK (check all that apply)

- Pavement Cut Driveway StormDrainage Tree Removal in R/W Sidewalk
 Driveway Pipe Installation by Town of Southern Pines Other

Description: Please attach a separate lot drawing depicting the location of the proposed driveway, structures, and any trees proposed to be removed within the Town right-of-way. Please include dimensions of driveway and dimensional distances from site features such as property lines, structures, specific trees or other improvements.

***Note: Applicant shall physically mark the driveway location on the lot using paint, flags, stakes, or similar prior to submitting this form for review. Please provide picture documentation of the marked locations with this form.**

Applicant Signature: _____

Date: _____

Approved By: _____

Date: _____

APPLICANT SHALL CONTACT THE TOWN TO PERFORM A DRIVEWAY INSPECTION PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY. FAILURE TO ARRANGE AN INSPECTION FROM THE TOWN MAY RESULT IN REINSTALLATION OF THE DRIVEWAY AT THE SOLE RESPONSIBILITY OF THE APPLICANT.

Today's Date _____ Lot # _____ LRK / Parcel ID / PIN _____
 Applicant's Name _____ Email _____
 Phone Numbers: Cell _____ Other _____
 Service Address _____ City _____
 Property Owner _____ Phone _____

Type of Account	Service & Meter Size Requested				Applicant Notes:
Single Family Detached	Water	3/4"	1.5"	2"	
Multi-Family	Sewer	4"			
Commercial	Irrigation	3/4"	1.5"	2"	
Other	Fire				

SUBMIT THIS FORM

OFFICE USE ONLY

Date Paid _____ In Town Yes No _____ \$ _____
 Account # _____ \$ _____
 Work Order # _____ \$ _____
 Route & Sequence # _____ \$ _____
 ****COMBO** _____ \$ _____
TOTAL AMOUNT PAID \$ _____

	<u>WATER</u>	<u>SEWER</u>	<u>IRRIGATION</u> <u>WATER</u>	<u>FIRE CONTROL</u> <u>WATER</u>	<u>MC SEWER</u>
Service Available	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Size	_____ "	_____ "	_____ "		
Meter Only (pre-installed)	\$ _____	\$ _____	\$ _____	\$ _____	
Tap Fee **	\$ _____	\$ _____	\$ _____	\$ _____	*Backflow Preventer required - see memo <input type="checkbox"/> Yes <input type="checkbox"/> No
System Development Fee	\$ _____	\$ _____	\$ _____	\$ _____	
Street Cut	\$ _____	\$ _____	\$ _____	\$ _____	
Sub Totals	\$ _____	\$ _____	\$ _____	\$ _____	
Combo Sub Total	\$ _____				
TOTAL	\$ _____				

Non-SDF fees are updated annually, October 1st, according to CPI-U. Applications are subject to current fees at time of payment

Delinquent Water Bill Yes No Quoted by _____ Date Quoted _____



Public Works Department
801 SE Service Rd
Southern Pines, NC 28387

SOUTHERN PINES CUSTOMER,

This memorandum is for customers who intend to install a commercial water service, fire suppression system, lawn irrigation system, swimming pool or any other equipment or system that may pose a hazard to the public water supply. In accordance with the Federal Safe Drinking Water Act (P.L. 93-523), NCAC Title 15A, NC Plumbing Code and Building Code and the Town Code of Ordinances, § 50.039, a backflow prevention assembly must be installed to help protect the public water supply from potential contamination.

All commercial supply lines shall have a Reduced Pressure Zone (RPZ) assembly installed on the service line at a point determined by the Town Engineer. New lawn irrigation systems shall have an RPZ installed within ten (10) feet of the service meter. Residential swimming pools shall have an RPZ installed within ten (10) feet of the domestic meter. Coordinate with Utilities staff for backflow prevention configuration.

The backflow device must be installed and tested by a certified backflow technician. These can be found online or in the phone book. We can provide a backflow FAQ sheet and list of local testers at www.southernpines.net/227/Water-Sewer but cannot recommend one over another. Backflows are to be tested upon installation, annually thereafter, and after any maintenance or repairs.

We have partnered with BSI Online to manage administration of this program. Once the backflow is installed and tested, the backflow technician must contact BSI and provide them with tester’s certification, test kit certification, and backflow test results. BSI can be contacted at 1-800-414-4990 or bsionline@backflow.com. BSI will verify the tester’s credentials and provide a way for the test results to be placed in their database.

NEW RESIDENTIAL: An approved backflow prevention device must be installed, tested, and test data reported to BSI within 90 days of a new meter installation and before Certificate of Occupancy (CO) will be issued.

NEW COMMERCIAL: An approved backflow prevention device must be installed, tested, and test data reported to BSI within 90 days of a new meter installation and before CO will be issued.

If you have further questions, you may contact BSI Online at the contact information above, or you can call Public Works, Utilities Division at 692-1983.

Please sign and upload this document to SmartGov.

Service Address:

_____ (street address)

_____ (city, state, zip code)

Applicant Name:

(print) _____

(sign) _____

(date) _____

Phone: 910-692-1983

Fax: 910-692-1085