

Permit Application
GRADING



Permit # _____ - _____

Received Date: _____

File Close Date: _____

TOWN OF APEX
Phone (919) 249-3418 Fax (919) 249-3407

Applicant Name _____ Phone _____ Email _____

Project Address _____ Suite _____ Apex, NC ZIP _____

Subdivision or Project _____ Lot Number(s) _____

Project Contact Person _____ Phone _____ Fax _____

Email _____ Contact preference: Phone Fax Email

Property Owner _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Description of Work _____

REQUIRED DOCUMENTS (Provide all)

- 1) A Certificate of Compliance for Soil Erosion and Sedimentation Control issued by Apex Environmental Programs.
- 2) A letter from the Third-Party Inspection firm has been provided herewith (see Third-Party section below).

GENERAL CONSTRUCTION (GRADING)

Contractor (Company Name) _____ Phone _____

Address _____ City _____ State _____ ZIP _____

License Number _____ Classification: Residential Building Limited Intermediate Unlimited

Email _____ Grading Cost (contract amount) \$ _____

Estimated Quantities of Excavation _____ CY and /or Fill _____

Authorized Agent (print) _____ Signature _____ Date _____

THIRD-PARTY TESTING AND INSPECTION (letter required – see below)

Company Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Registered Design Professional _____ NC Registration Number _____

Email _____

A letter is provided with this application from the aforementioned registered design professional stating that this firm has been retained to provide the required inspections for fill greater than 12 inches per the NC Building Code Appendix J and Section 1704.7. The letter shall reference the approved grading plan as the scope of work and state that the firm will provide a copy of all reports to the Apex Building Inspection Division and if their services are suspended they will immediately notify the Apex Building Inspection Office. **A list of lots with significant cut or fill and compaction reports for all lots will be required before those lots can be platted.**

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.

Applicants Name (print) _____ Signature _____ Date _____

APPROVALS (to be completed by Plans Examiner)

Zoning Approval Type: Construction Drawings Certificate of Zoning Compliance Administrative Approval Plot Plan

Zoning District _____

Approval to Issue Permit by _____ Date _____