| Permit Application
PLAN MODIFICATION / RESTAMP | APEX 1873 NORTH CAROLINA | To Permit # _____ - _____

Received Date _____ |

Phone: 919-249-3418 ▪ Fax: 919-249-3407

THE PURPOSE OF THIS APPLICATION IS FOR MODIFICATIONS TO APPROVED PLANS ONLY. NEW WORK WILL REQUIRE A NEW PERMIT APPLICATION.

Application Date: _____

Applicant Name _____ Phone _____

Project Address _____ Suite _____ Apex, NC Zip _____

Subdivision or Project Name _____ Lot # _____

Project Contact _____ Phone _____

Email _____

Proposed Modification (Residential & Commercial) – Fee is ½ of the Review Fee required at time of submittal

☐ Revision to approved plans   ☐ Revision to trusses   ☐ Changing elevation   ☐ Other

Description: _____

_____

_____

Restamp Plans/Trusses – Residential Fee is $60 / Commercial Fee is $75/trade required at time of submittal

☐ Restamp approved plans   ☐ Restamp truss plans

Building Type

☐ Single-family dwelling   ☐ Townhome   ☐ Commercial

Result of the Modification – THIS SECTION MUST BE COMPLETED AT SUBMITTAL

The modification results in a change of square footage. The following square footage is ☐ Added ☐ Deleted: _____
Note: The addition of square footage will require an additional permit fee. For 1- and 2-family dwellings the fee is $0.35/SF. For commercial projects the fee will be computed based upon the base square foot price by occupancy classification published in the current edition of the Commercial Building Permit Fee.

The modification results in a change of construction cost. The original cost is ☐ Increased ☐ Decreased by: $_____

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.

Applicant Name (print) _____ Signature _____ Date _____

Rev 2020