



COMPLETE ALL APPLICABLE SECTIONS OF THE APPLICATION

Building & Development Services

405 Martin Luther King Jr Blvd Chapel Hill, NC
 Building/ Zoning 919-968-2718 or 919-969-5066

Email: permits@townofchapelhill.org or zoning@townofchapelhill.org

Commercial Permit Application Submittal Checklist

Electronic submission required

Planning Approval Needed

All non-residential work, that includes new land disturbance (i.e. exterior site work, clearing, grading, land disturbance, removal of vegetation, addition, new building), requires an [Administrative Zoning Compliance Permit](#) (see full link below).

New development, floor area expansion, parking, land disturbance, or changes of use to a more intense use group may require approval of a [Development Project Application](#) (see full link below) before a Zoning Compliance Permit can be submitted.

Contact Planning at planning@townofchapelhill.org for additional information!

Commercial Permit Requirements

Up to 2 business days for trade only permits and 30 business days for those requiring commercial building plan review.

Documents	Applicability
Permit Application	Required for all applications. Complete all applicable fields.
2018 Appendix B	The appendix B can be completed separately or included in the plan set as a design tool. For projects limited in scope, you may contact our office prior to submitting to determine which portions of the summary are needed.
Recyclable Materials Forms	For renovations, remodels, repairs, alterations, new construction, demolition, upfits, etc. Required for all properties in Orange County.
Electronic Construction Plans	For renovations, remodels, repairs, alterations, new construction, demolition, upfits, etc. Plans must be legible. See
Workers' Compensation Affidavit and COI	For renovations, remodels, repairs, new construction, demolition, etc. with a cost of \$30,000 or more. A certificate of insurance (COI) for the GC is needed.
Lien Agent Information	For renovations, remodels, repairs, new construction, demolition, etc. with a cost of \$30,000 or more. Appointments can be made at www.liensNC.com .
Owner Exemption Affidavit	For projects with a cost of \$30,000 or more and the owner is the GC.
Haz Mat Disclosure Form	Any aerosols, flammable liquids, combustible liquids or other hazardous materials being used or stored in the building.
Special Inspections Application	Required per Chapter 17 of the NC State Building Code. Examples include retaining walls, steel, concrete, fireproofing, etc.
Check with OWASA to determine if prior approval is needed for proposed improvements including but not limited to changes in use or ownership, changes in use from single family to commercial, etc. You may contact Joe Leo (jleo@owasa.org) at 919-537-4242 or Carlton Hawkins (chawkins@owasa.org) at 919-537-4243.	
If Planning approval is required, the applicant must provide a copy of the approved Zoning Compliance Permit.	
Any required upfront fees are due at submittal. See amounts at https://www.townofchapelhill.org/town-hall/departments-services/planning-and-development-services/development-services/fees-for-development-services .	

Admin ZCP Application - <https://www.townofchapelhill.org/town-hall/departments-services/planning-and-development-services/development-services/permits/administrative-zoning-compliance-permit>)

Development Project Application - <https://www.townofchapelhill.org/town-hall/departments-services/planning-and-development-services/development-services/large-development-projects/development-project-application-forms>



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Town of Chapel Hill Commercial Permit Application

Zoning Approval: _____

Permit Number:

Building Approval: _____

A. Property and Owner Information				
Property Address:				
Property Type:	<i>Apartment</i>	<i>Condominium</i>	<i>Office</i>	<i>Retail</i>
Other:	_____			
Owner Name:				
Owner's Address:				Same as Property Address
Email:				Phone:
Existing Building Use:			Proposed Building Use:	
Zoning Use:				

B. Provide a detailed description of ALL proposed work for all trades. Include location of work (2nd fl bath, etc.)

Total Cost of Project: \$

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C. Types of Work			
Trade Work Only (for installations of heating/cooling equipment, generators, and all other trade only work):			
Electrical Only	Electrical/Mechanical	Plumbing Only	Plumbing /Electrical
Mechanical Only	Mechanical/Plumbing	Electrical/Mechanical/Plumbing	

D. General Contractor		Same as Property Owner	
Name:		NC License #:	
Address:			
Email:		Phone:	
Total cost of building work:			
<p>I am a general contractor duly licensed by the NC Licensing Board for General Contractors.</p> <p>I am permitted to contract on projects on one property at a time not to exceed \$30,000. I acknowledge and understand that I am not permitted to perform or subcontract plumbing, mechanical, or electrical work, so all of the following contractors are considered licensed sub-contractors and have contracts directly with the property owner.</p> <p>I own the property where the building, or portion thereof, will be constructed or altered and I am acting as the General Contractor of record. I acknowledge and understand that I must occupy the property for a period of not less than 12 months and have attached the completed, signed, and notarized Owner Exemption Affidavit, a required by State Law, stating the same.</p>			

E. Design Professional Information (if applicable)	
Name:	NC License #:
Address:	
Email:	Phone:

F. Mechanical Contractor		Same as Property Owner	
Name:		NC License #:	
Address:			
Email:		Phone #:	
Total cost of mechanical work:			

G. Electrical Contractor		Same as Property Owner	
Name:		NC License #:	
Address:			
Email:		Phone #:	
Total cost of electrical work:			

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H. Plumbing Contractor		Same as Property Owner	
Name:		NC License #:	
Address:			
Email:		Phone #:	
Total cost of plumbing work:			

I. Other Contractor		Same as Property Owner	
Type:			
Name:		NC License #:	
Address:			
Email:		Phone #:	
Total cost of work:			

J. Other Contractor		Same as Property Owner	
Type:			
Name:		NC License #:	
Address:			
Email:		Phone #:	
Total cost of work:			

K. Project Information – Please answer ALL applicable questions.			
Existing Square Footage: _____	New Unheated Square Footage: _____		
New Heated Square Footage: _____	Total Existing Square Footage: _____		
Total Number of Units: _____			
<u>New multi-family projects must submit a Permitting Matrix in addition to the information below.</u>			
1. Has the work begun or has the work been completed?	Yes	No	
a. If yes, the project will fall under our After-the-Fact policy. The permit fee will be doubled and any work previously covered must be exposed for inspection.			
2. Will the project be completed at different times or in multiple stages?	Yes	No	
a. If yes, you will need to submit separate applications for each stage.			
3. Does the work impact the fire sprinkler system?	Yes	No	Not Applicable
4. Will the project include a pool?	Yes	No	
a. If yes, the pool will require a separate permit.			
5. Are you adding insulation?	Yes	No	
a. If so, please provide the number of residential units you are insulating or the proposed number of insulation			

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inspections. _____

ELECTRICAL: Which of the following best describes the proposed work?

- | | | | |
|--|----------------------------|-----------------------|---------|
| New Service* | Service Change (same size) | Temporary Service | Re-wire |
| Change in location of existing meter/panel | | Service Size Upgrade* | |

*When a new service is installed, the new utility power line MUST be installed underground to comply with LUMO Section 5.12.2. Repairs and maintenance work are exempt from this requirement and do not have to be moved below grade.

- How many existing or new panels are associated with the electrical work? _____
- Service Size (amps): _____
- Power Company Service Provider: Duke Energy Duke Progress Piedmont Electric
Other: _____
- Does the proposed work include a generator? Yes No
- Is temporary power needed for the project? Yes No
 - If yes, please complete the Temporary Power application and include it with your permit submittal.

MECHANICAL: Please check all that apply and specify the number of each.

- | | | | |
|-----------|----------|-------------------|------|
| Duct work | Gas Line | Geothermal System | Hood |
|-----------|----------|-------------------|------|
- Heat Pump(s)/Gas Pack(s): _____ Air Handlers (AHU): _____ Exhaust Fan(s): _____
 Condenser(s): _____ Package Unit(s): _____ Gas Stove (s): _____ Fireplace(s): _____
 Split System (Coil and Condensing Unit): _____ Split System (Coil Only): _____ Mini-split: _____
 Split System (Condensing unit only): _____ Heat Towers: _____ Boilers: _____
 VAV Boxes: _____ Other appliances**: _____

*Appliances includes, but is not limited to: AC units, gas furnaces, electric furnace, air handler units, condensers, coils, chillers, humidifiers, etc.

PLUMBING: Please check all that apply and answer all applicable questions.

- Gas Water Heater: _____ Electric Water Heater: _____
 Tankless Gas Water Heater: _____ Tankless Electric Water Heater: _____

- Indicate proposed # of plumbing fixtures/ connections: _____
- Are you installing a backflow preventer? Yes No
- Are you installing an irrigation system? Yes No
- Will there be a new water connection? Yes No
- Will there be a new sewer connection? Yes No

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6. What is the source of water for the building/structure?	Septic	Well	OWASA
7. Are you replacing any pipes?	Yes	No	
For the entire building/unit?	Yes	No	
8. Are you installing a grease trap or oil interceptor?	Yes	No	

The applicant certifies that he/she is the Property Owner or does truly represent the Property Owner; he/she is authorized to submit this application; that all required documents are included and the information is correct; and the work shall comply with the State Building Codes and all other applicable State and local laws. The applicant agrees to notify the Building & Development Services Department of any changes to the approved application and plans prior to implementing the changes. The applicant understands that knowingly providing false information on this application is subject to civil and criminal prosecution resulting in revocation of the permit. The applicant accepts responsibility for any damage to public improvements including, but not limited to streets, curbs, sewer, or other utility lines. By signing my name below or providing an authenticated electronic or digital signature (such as is provided through services like DocuSign or Dotloop), I attest that the information provided is true and valid to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Print Name and title: _____

Company (if applicable): _____

Relationship to Property Owner: **Self** **Licensed General Contractor** **Non-licensed contractor**
(project does not exceed \$30,000) **Other (explain)** _____

OFFICE USE ONLY: PERMIT FEE TOTALS			
Admin Fee:	Paid:	Remaining Building:	Fire & Life Safety Plan Review:
Insulation:	Electrical:		
Plumbing:	Mechanical:	Fire Const.:	Plan Review:
Homeowner Recovery:	Recycling:	Other:	
Total Permit Fees:		Total Due at Issuance:	
\$ _____		\$ _____	