

Town of Sparta

Planning and Development
304 S. Main Street, Sparta, NC, 28675
P: (336)372-4257 / F: (336)372-2051



Permit Type: _____

Permit Number: _____

Feasibility Permit Application

PROJECT INFORMATION

New Lot _____ Existing Lot _____ Zoning: City Limits _____, or ETJ _____
Water: Public ___ Well/Community Well _____ Sewer Type: City/Public _____, Septic _____
Property/Project Physical Address _____
Tax ID: _____ Total Acreage: _____

APPLICANTS INFORMATION

Name: _____
Email Address: _____
Phone (1): _____ Phone (2): _____
Mailing Address: _____
City/State: _____ Zip: _____

DESCRIPTION OF WORK

WORK CLASS

___ New Construction ___ Addition ___ Remodel ___ Other: _____

TYPE OF USE (mark all that apply)

___ Single Family ___ Modular Dwelling ___ Duplex ___ Townhouse ___ Deck/Porch
___ Accessory Building (___ Metal ___ Wood ___ Pre-Fab ___ Other: _____)
___ Carport
___ Commercial Building
USE: ___ Personal, ___ Business, ___ Other: _____

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PROJECT DETAILS

Building Dimensions _____ Height _____ Construction Cost \$ _____

Number of Bedrooms (if applicable) _____ Number of Bathroom (if applicable) _____

1st Floor Sq. Ft _____ 2nd Floor Sq Ft _____ Garage Sq. Ft _____ Total Proj Sq. Ft _____

Basement: Yes ___ No ___ Heated Sq Ft _____ Unheated Sq Ft _____

Attic/Bonus Room: Yes ___ No ___ Heated Sq Ft _____ Unheated Sq Ft _____ Total Proj Sq. Ft _____

Porch size: Square Footage: _____

Covered: (Circle One) Yes/No (if yes), Height Covered: _____

Deck size: Square Footage: _____

Covered: (Circle One) Yes/No (if yes) Height Covered: _____

BACKLAW PREVENTOR (if applicable)

Company Name: _____

Name of Contact Person: _____

Company Address: _____ City/State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ - _____

E-Mail Address: _____

NC State Contractor License Type:

() Plumbing () Mechanical () Fire Sprinkler () Utility Contractor License Number: _____

I certify that all information provided in this application is accurate, and that all work will adhere to the N.C. State Building Code and applicable laws. I will notify the Town of Sparta and Alleghany of any modifications to the approved plans. My signature grants permission for inspections, and I understand this permit is NON-TRANSFERABLE. Permits will only be issued once all applicable fees are paid according to the adopted fiscal year schedule.

Applicant's Signature: _____

Date: _____

Printed Name: _____