



PERMIT UPDATE APPLICATION

CITY OF HIGH POINT
 211 S. Hamilton St., High Point, NC 27260, Suite 316
 Phone 336-883-3151

Please complete and submit the checklist, application, and all necessary supporting documentation to obtain a permit. Submitting complete and accurate information at the beginning will result in more efficient processing of your request.

Submittal Requirements

Staff Use	✓ or NA	All requests <u>shall</u> include:
		Enter ✓ or NA in column to the left ✓=Provided NA=Not Applicable
		Record ID Reference. This information is essential to updating or amending the correct record.
		This request <u>may</u> also require:
		Documents – When the documents provided are not sufficient for review or when a project scope has changed that requires submittal of additional plans, the plans must be provided with this request. Note: Revised plans addressing specific plan review comments are attached directly to the active record.
		Contacts – When additional contacts or professionals need to be added to an active request.
		Fields – Updated or corrected fields of information. These are areas of the request where the applicant types or identifies specific information that addresses a specific question.
		Completing Fields (General)
		Provide All Information: Providing clear and accurate information for the entire project/proposal is essential to processing your request correctly. Complete all information that is known about this particular project.
		Contact Information: If you need assistance or have question regarding this application please contact us at: Planning and Development Department Development Services Center 211 S. Hamilton St., Suite 316, High Point, NC 27260 Phone: 336-883-3151 Fax: 336-883-8518 Email: permits@highpointnc.gov For more information on permit updates: http://www.buildhighpoint.com/305/Permit-Update

GENERAL INFORMATION - PART 1

PROJECT INFORMATION (All fields in this section are required)

Project Address: _____

Existing Record to Update (Record ID): _____

Reason for Record Update: _____

PROPERTY OWNER INFORMATION (All fields in this section are required)

Property Owner: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email (Optional): _____

APPLICANT INFORMATION (All applicable fields in this section are required)

Company Name: _____

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Status of Applicant: Property Owner; Contractor; Legal Representative; Other: _____

License Number: _____ Classification: _____

PROFESSIONAL (CONTRACTOR) INFORMATION

Please list all professionals associated with this project. If the professional is already registered in Accela, provide just the Licensee's name, license # and classification. If identified as an Applicant you do not need to repeat below.

License Holder: _____
License #: _____ Classification: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Cell: _____
Email: _____

License Holder: _____
License #: _____ Classification: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Cell: _____
Email: _____

License Holder: _____
License #: _____ Classification: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Cell: _____
Email: _____

License Holder: _____
License #: _____ Classification: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Cell: _____
Email: _____

GENERAL INFORMATION – PART 2 (Please complete all applicable fields)		
BUILDING DATA SECTION (Please complete all information)		
Has a Building Permit been issued for the Project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are additional plans required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do the additional plans replace existing plan sheets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trades Being Updated (check all that apply)		
<input type="checkbox"/> Building		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> Mechanical		
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Fire		

AUTHORITY TO FILE APPLICATION		
Required	I hereby agree to conform to all applicable laws and regulations of the City of High Point, applicable County and State of North Carolina (as may be applicable to my request), and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. In addition, I acknowledge that by filing this application, representatives from the City of High Point Planning and Development Department may enter the subject property for the purpose of investigation and analysis of this request. Applications will not be accepted without signature(s).	
	Print Applicant Name	Applicant Signature
		Date