

One and Two Family Dwellings Log Sheet

Applicant to complete prior to submittal

Inspections Department

One Exchange Plaza Suite 404, Raleigh, NC 27601 phone 919-516-2495 fax 919-516-2686

After Review Return to: <input type="checkbox"/> One Exchange Plaza <input type="checkbox"/> Litchford			
Plan Review Type <input type="checkbox"/> Regular Review <input type="checkbox"/> 1 st Redi-Review <input type="checkbox"/> 2nd Redi-Review (approved PIN#) <input type="checkbox"/> Certified Plan Review	Transaction #	Review # <input type="checkbox"/> Re-submittal <input type="checkbox"/> Plot plans re-stamp <input type="checkbox"/> Change in house plans <input type="checkbox"/> Field Revision	Bin
Address			
Lot #		Subdivision	
In an effort to better serve you and reduce delays in your permit processing and issuance, please check each block next to the following items, if applicable.			
	<input type="checkbox"/> Subdivision map has been recorded and completed recordation process		
	<input type="checkbox"/> Demolition has occurred on the lot and is being replaced by this structure. Demo permit # _____ Demo final date _____		
	<input type="checkbox"/> Square footage includes all conditioned and unconditioned space for each floor (include walk up attic). Provide screen porch and garage square footage separately.		
	<input type="checkbox"/> Minimum (2) copies of your Plot Plan drawn to engineers scale, no larger than 8 1/2 x 14		
	<input type="checkbox"/> Dimensions of house shown on Plot Plan including all cantilevers, fireplace and attached storage buildings		
	<input type="checkbox"/> All setbacks shown, including driveway, easements, property lines and curve line dimensions		
	<input type="checkbox"/> Engineers seal date on building plans does not exceed (1) year from date stamped		
	<input type="checkbox"/> Truss and/or TJI layouts provided		
	<input type="checkbox"/> LVL, Microllam etc. sealed data provided		
Signature _____ Date _____ Title _____ Phone # _____			

Office Use Only

Transaction # _____ Date In _____ Time In _____

Projected Completion Date _____ Contractor _____

Reviews Required

<input type="checkbox"/> Technical Services	Approved / Disapproved	<input type="checkbox"/> Public Imp	Approved / Disapproved
<input type="checkbox"/> Zoning	Approved / Disapproved	<input type="checkbox"/> Transportation	Approved / Disapproved
<input type="checkbox"/> Stormwater	Approved / Disapproved	<input type="checkbox"/> Parks & Recreation	Approved / Disapproved
<input type="checkbox"/> Building	Approved / Disapproved	<input type="checkbox"/> Other	Approved / Disapproved

Re-Review Fee Due Yes No Reviewer _____

If a **Re-Review Fee is Due**, include a miscellaneous receipt. Fee is half of building, electric, plumbing and mechanical permit fees.

Final Review Date _____ Time _____ Re-stamp - Forwarded to Cashier Date _____ Fee \$ _____

Date Voided _____ Per _____