

Please return this completed application
to DSPermitting@hollyspringsnc.gov

Development Information

Project Name:					
Project Address:					
Number Stories:		Overall Building Sq Ft:		Project Sq Ft:	
Current Zoning:		Current Occupancy:		Proposed Use:	

Contact Information

Contact Company:	
Contact Name:	
Title:	
E-Mail:	
Phone:	

Construction Details

	Yes	No	Notes
Is project an alteration to an existing building?	<input type="checkbox"/>	<input type="checkbox"/>	
Is project in a Government/Municipal Agency?	<input type="checkbox"/>	<input type="checkbox"/>	
Any exterior work (site, façade, parking, sidewalk, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
Changing the footprint of the building?	<input type="checkbox"/>	<input type="checkbox"/>	
Are outside agency approvals needed? List	<input type="checkbox"/>	<input type="checkbox"/>	
Are all design professionals licensed in state of NC?	<input type="checkbox"/>	<input type="checkbox"/>	
Type of Construction: <input type="checkbox"/> I-A <input type="checkbox"/> I-B <input type="checkbox"/> II-A <input type="checkbox"/> II-B <input type="checkbox"/> III <input type="checkbox"/> IV-A <input type="checkbox"/> IV-B <input type="checkbox"/> V-A <input type="checkbox"/> V-B			

Express Review appointments are available Wednesdays at 10:00 am.

Date Choice #1

Date Choice #2

Date Choice #3

Staff Use:

<input type="checkbox"/> Express Application Approved	Application Reviewed By:
<input type="checkbox"/> Express Application Rejected	
Comments:	
Schedule Date:	