



Planning & Neighborhood Services  
PO Box 2430  
Indian Trail, NC 28079  
Telephone (704) 821-5401  
Fax (704) 821-9045

# EXTERIOR/INTERIOR UPFIT APPLICATION

## Submittal Requirements

- Completed Application (all applications must be complete before review)
- Description of work to be performed (for Exterior/Interior Upfits)
  - Structural, plumbing, electrical, etc.
- \$30 Fee for Review, \$50 if combined with Zoning Verification (check or cash only)
- **\*\*A TECHNOLOGY FEE, 10% OF APPLICABLE PERMIT FEE, WILL BE APPLIED TO THE TOTAL FEE.**

## General Information

Business Name \_\_\_\_\_

Project Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Tax Parcel ID \_\_\_\_\_ Zoning Designation \_\_\_\_\_

Project Purpose \_\_\_\_\_

Construction Value \_\_\_\_\_

Contractors Name \_\_\_\_\_ Phone \_\_\_\_\_

## Contact Information – Property Owner

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

# Exterior/Interior Upfit Permit

**Type of Upfit**    \_\_\_ Exterior    \_\_\_ Interior    \_\_\_ Other

*(Please indicate one of the three above choices; if "Other," please indicate below)*

If "Other:" \_\_\_\_\_

**Type of Use**    \_\_\_ Residential    \_\_\_ Commercial    \_\_\_ Industrial    \_\_\_ Other

*(Please indicate one of the four above choices; if "Other," please indicate below)*

If "Other:" \_\_\_\_\_

**Description of Work** *(please describe details of proposed upfit work)*

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**For Office Use Only:**

Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Notes:

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