

**APPLICATION FOR PERMIT
BUILDING/ZONING**

NOTE: Incomplete applications will not be processed

3/04

Parcel # _____ OFFICE USE: Bldg ___ Zoning ___ Zoned _____ Corner Lot _____

PROJECT ADDRESS: _____ City _____ Zip _____

Subdivision/Development _____ Lot _____ Bldg _____ Unit _____

Directions: _____

PROPERTY OWNER: _____ Phone # _____ / _____

Prop. Owner's Address _____ City _____ State _____ Zip _____

STRUCTURE IS: ___ Residential ___ Commercial ___ Multi-Family ___ Signs

IMPROVEMENT IS: ___ New Structure ___ Addition to Existing Structure ___ Renovation/Alteration/Upfit ___ Insulation

DESCRIBE WORK: _____

PRIMARY BUILDING OCCUPANCY/USE (per NC State Building Code):

___ Condo/Townhouse ___ Apt/Duplex ___ Single-Family ___ Utility ___ Assembly ___ Institutional
___ Business ___ Mercantile ___ Educational ___ Storage ___ Factory/Ind. ___ Hazardous

The entire project cannot be permitted at this time. This application is for: ___ Foundation Only ___ Shell Only

CONTRACTOR _____ Phone # _____ # _____

Contractor Address _____ City _____ State _____ Zip _____

St. License # & Classification _____ Contact: _____ Phone: _____

CONSTRUCTION TYPE: IA ___, IB ___, IIA ___, IIB ___, IIIA ___, IIIB ___, IV ___, VA ___, VB ___,

Number of STORIES: _____ Heated Area: _____ Unheated Area: _____ TOTAL AREA: _____

Area per Floor: 1st _____ 2nd _____ 3rd _____ TOTAL CONSTRUCTION COST: \$ _____

WATER: Public ___ Provider: _____ Well ___ Permit #: _____ SEWER: Public ___ Provider: _____ Septic ___ Permit # _____

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable State and local laws, ordinances and regulations. The Planning and Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature Printed Name Date

Method of Payment: Cash ___ Check ___ Mastercard ___ Visa ___ FEES: Building \$ _____

Acct #/Ck# _____ Exp. Date _____ Zoning \$ _____

Billing Address-St # _____ Zip _____ Other: \$ _____

TOTAL FEES: \$ _____

(PURSUANT TO NCGS 25-3-506, A \$25 PROCESSING FEE SHALL BE CHARGED FOR ALL RETURNED CHECKS)

FOR OFFICE USE ONLY SETBACKS: Front: _____ Rear: _____ Left Side: _____ Rt. Side: _____

COMMENTS: _____

___ To be sited in accordance with approved site plan ___ & all Conditions of Approval—Case # _____

___ Fire Damaged area must be inspected after damaged material is removed. Disposal must be in accordance w/all laws & reg.

Zoning Approval: _____ Date: _____ Bldg. Approval: _____ Date: _____

CUMBERLAND COUNTY PLANNING & INSPECTIONS DEPARTMENT

THE APPLICANT'S RESPONSIBILITY – IDENTIFYING PROPERTY LINES

I, _____, certify that I am authorized for myself or on behalf of _____, owner, to make this application for a permit. I agree to be responsible for placing stakes to indicate property boundaries and right-of-way boundaries for the project location above. I agree to verify the accuracy of such stakes before requesting any inspection. I acknowledge that I will not receive any inspections if these markers are not in place when an inspector arrives.

I waive any claim against the county and release it completely from liability for any damages resulting from any structures

that do not meet the county zoning ordinance criteria because of incorrect marking of property or right-of-way boundaries.

Signature Date

REQUIRED AFFIDAVIT FOR PROJECTS OF \$30,000 OR MORE

The undersigned applicant for Building Permit # _____ being the

____ Contractor ____ Homeowner ____ Agent for Contractor or Owner

does hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

1. NCGS 87-1: NC General Contractors Licensing

_____ has, since this project meets or exceeds \$30,000, a NC General Contractor's License in effect, # _____.

_____ owns the land on which the building is to be constructed *and* the building *is solely for occupancy by the owner*—not for rent, lease or sale. Occupancy by the owner must be for a period of at least one year.

2. NCGS 87-14: Workers' Compensation Coverage

_____ has three (3) or more employees and have obtained workers' compensation insurance to cover them.

_____ has one or more subcontractor(s) and have obtained workers' compensation insurance covering them.

_____ has one or more subcontractor(s), who have their own policy of workers' compensation covering themselves.

_____ has not more than two (2) employees and no subcontractors.

It is understood that the Planning and Inspections Department issuing the permit may require certificates of coverage and/or waivers compensation insurance coverage or copies of other licenses and taxes prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

PLEASE PRINT:

Firm Name: _____ Date: _____

Phone _____

By: _____ Signature: _____ Title: _____

