

RESIDENTIAL PERMIT APPLICATION

Town of Leland, North Carolina



102 Town Hall Dr., Leland, NC 28451
www.townofleland.com

Economic & Community Development
Phone 910-371-3754 Fax 910-371-1158

Project Type: New Construction Addition Repair Remodel
 Accessory Building Accessory Structure
Permit Type: Building Electric Mechanical Plumbing Other _____

Location: Block# _____ Lot# _____ Section _____ Subdivision _____

PROPERTY INFORMATION

Property Owner: _____

Property Address _____ Tax Parcel Number _____

Phone No.: _____ Cell No.: _____ Fax No.: _____

E-Mail Address: _____

Name Of Contractor/Agent _____ Contractors License Number _____

Phone No.: _____ Cell No.: _____ Fax No.: _____

Address: _____ City/State/Zip: _____

E-Mail Address: _____

Description of work applying for: _____

Total Heated Sq. Ft. _____ Unheated Sq. Ft. _____ Open Decks/Porches Sq. Ft. _____

No. Stories _____ Sq. Ft. of each floor: 1st _____ 2nd _____ 3rd _____

No. Bedrooms _____ No. Baths _____

Foundation Type: _____ Construction Cost \$ _____

Required fire resistance rating of exterior walls and projections based on distance between structures is _____ hours. Describe method and materials to be used: _____

Electrical Service: Service Size _____ Water Heaters: Give Number _____ Electric Gas

Residential/Heating Air Conditioning (HVAC) Split System Package System Other

Plumbing: Give Number of: Lavatories _____ Water Closets _____ Sinks _____ Tub/showers _____

Gas Connections: Give Number of Taps: _____ (Please provide piping diagram including material type, sizes, fuel type, pressure and table used for calculations.)

Applicable attachments must be provided with applications.

- Provide Lien agent documentation for all projects with a construction cost greater than \$30,000.
- Spray Polyurethane Foam Insulation if applicable (need completed check-list and certification number prior to permit)
- Two (2) 8¹/₂ x 11" sets of building plans

CONTRACTOR INFORMATION

****Note: Permit will not be issued unless ALL contractors' information is complete. If owner is doing the work, owner must fill in applicable lines and sign to indicate they are the responsible party.**

General Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
Signature _____ *Authorized Agent:* _____
Email: _____

Electrical Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
Signature _____ *Authorized Agent:* _____
Email: _____

Mechanical Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
Signature _____ *Authorized Agent:* _____
Email: _____

Plumbing Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
Signature _____ *Authorized Agent:* _____
Email: _____

Other

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
Signature _____ *Authorized Agent:* _____
Email: _____

Other

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
Signature _____ *Authorized Agent:* _____
Email: _____

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. § 87-14

The undersigned applicant for Building Permit # _____ being the

Contractor Owner Officer/Agent of the Contractor or Owner

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

____ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

____ has/have one or more subcontractor(s) and has/have their own policy of workmen's compensation covering themselves,

____ has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought, it is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit. As well as at any time during the permitted work from any person, firm or corporation carrying out the work.

Date: _____ Firm Name: _____

By: _____ Title: _____

CERTIFICATION

I (We) agree to conform to all Federal, State and Local codes and ordinances. All materials will be kept presentable on the lot and all debris will be removed prior to issuance of a Certificate of Occupancy.

I (We) certify that the structure will be placed on the lot and will conform to all the set-back lines, yard requirements, and height limitation required by the North Carolina State Building Code and the Town of Leland zoning regulations.

I (we) agree that if work has not been started within six (6) months of permit issuance or the work has ceased for a period of twelve (12) months, permit will become void per North Carolina General Statute 160A-418. Fees are non-refundable.

Contractor/Owner Printed Name _____

Contractor/Owner Signature _____

Date _____