

# COMMERCIAL BUILDING 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  Shell  Up-fit  Remodel

**Permit Type:**  Building  Electric  Mechanical  Plumbing  Other \_\_\_\_\_

### PROPERTY INFORMATION

Address of property \_\_\_\_\_

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

Property Owner \_\_\_\_\_ PH:# \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contractor/Agent \_\_\_\_\_ Contractors Lic# \_\_\_\_\_

Phone:# \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # # \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Description of work applying for: \_\_\_\_\_

Construction Cost \$ \_\_\_\_\_

Total Heated Sq. Ft. \_\_\_\_\_

Number of Floors \_\_\_\_\_

Covered Unheated Sq. Ft. \_\_\_\_\_

Ft<sup>2</sup> of each floor: \_\_\_\_\_ First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Other \_\_\_\_\_

**Construction Type** (circle one): IA IB IIA IIB IIIA IIIB IV VA VB

**Primary Occupancy Classification** (circle one):

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2  
I-3 I-4 MR-1 R-2 R-3 R-4 S-1 S-2 U

**Secondary Occupancy Classification** (circle one):

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2  
I-3 I-4 MR-1 R-2 R-3 R-4 S-1 S-2 U

Mixed Occupancy:  No  Yes (Separated Mixed Use): \_\_\_\_\_ Hrs.

**Electrical Service Information:**

Number of Services \_\_\_\_\_ Service Size \_\_\_\_\_ Generator  Yes  No

Low Voltage Systems: (List all systems applicable) \_\_\_\_\_

**Mechanical/Plumbing Information:**

**Plumbing**

Number of: Lavatories \_\_\_\_\_ Water Closets \_\_\_\_\_ Sinks \_\_\_\_\_ Tub/Showers \_\_\_\_\_ Total # of traps \_\_\_\_\_

**Gas**

No  Yes Number of Taps: \_\_\_\_\_ (Please provide piping diagram including material type, sizes, fuel type, pressure and table used for calculations.)

**HVAC**

Tonnage \_\_\_\_\_ Number of Units \_\_\_\_\_

**Fire Suppression**

Sprinkler System - Type \_\_\_\_\_ Number of Heads \_\_\_\_\_

Other: \_\_\_\_\_

**Applicable attachments must be provided with applications.**

- Provide Lien agent documentation for all projects with a construction cost greater than \$30,000.
- All commercial projects require a completed Appendix B.
- Two sets of complete paper plans and one set of electronic plans (.PDF).
- Spray Polyurethane Foam Insulation if applicable (need completed check-list and certification number prior to permit)

**CONTRACTOR INFORMATION**

General Contractor

Name: _____	<i>Phone Number</i>	<i>License No.</i>
Address: _____	_____	_____
License Holder Signature _____	Authorized Agent: _____	
	Email: _____	

Electrical Contractor

Name: _____	<i>Phone Number</i>	<i>License No.</i>
Address: _____	_____	_____
License Holder Signature _____	Authorized Agent: _____	
	Email: _____	

Mechanical Contractor

Name: \_\_\_\_\_ *Phone Number* \_\_\_\_\_ *License No.* \_\_\_\_\_  
Address: \_\_\_\_\_  
License Holder Signature \_\_\_\_\_  
Authorized Agent: \_\_\_\_\_  
Email: \_\_\_\_\_

Plumbing Contractor

Name: \_\_\_\_\_ *Phone Number* \_\_\_\_\_ *License No.* \_\_\_\_\_  
Address: \_\_\_\_\_  
License Holder Signature \_\_\_\_\_  
Authorized Agent: \_\_\_\_\_  
Email: \_\_\_\_\_

Other

Name: \_\_\_\_\_ *Phone Number* \_\_\_\_\_ *License No.* \_\_\_\_\_  
Address: \_\_\_\_\_  
License Holder Signature \_\_\_\_\_  
Authorized Agent: \_\_\_\_\_  
Email: \_\_\_\_\_

Other

Name: \_\_\_\_\_ *Phone Number* \_\_\_\_\_ *License No.* \_\_\_\_\_  
Address: \_\_\_\_\_  
License Holder Signature \_\_\_\_\_  
Authorized Agent: \_\_\_\_\_  
Email: \_\_\_\_\_

**\*\*Note: Permit will not be issued unless ALL contractors' information is complete**

**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 \_\_\_\_\_

**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 agree 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: \_\_\_\_\_