

# 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: \_\_\_\_\_

Total Heated Sq. Ft. \_\_\_\_\_ Unheated Sq. Ft. \_\_\_\_\_ Open Decks/Porches Sq. Ft. \_\_\_\_\_

No. Stories \_\_\_\_\_ Sq. Ft. of each floor: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

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)

**CONTRACTOR INFORMATION**

General Contractor

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

Electrical Contractor

Name: \_\_\_\_\_ *Phone Number* \_\_\_\_\_ *License No.* \_\_\_\_\_  
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.**

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

