

Town of Leland



“Gateway to Brunswick County”

**Town of Leland
Inspections Department
102 Town Hall Drive
Leland, NC 28451
910-371-3754 phone
910-371-1158 fax**

Permit Application MECHANICAL & PLUMBING Permit #

Fees \$50.00 (Per Inspection)

- New Equipment \$100.00 Change-Out: \$ 50.00 Gas Connection: \$50.00**
- Commercial Mechanical \$100.00 (per unit) Commercial change out \$50.00**
- Commercial Plumbing \$100.00 Commercial change out \$50.00**
- Sprinkler System \$100. 00 \$2.00 per Head**

Tax Parcel # _____

Location: House # _____ Street _____ Subdivision _____

Name of Owner _____ PH: #(____) _____

Name Of Contractor/Agent _____ Contractors Lic# _____ Ph: #(____) _____

NC Dept of Agriculture LP Gas Dealers License# _____ Privilege Lic# _____

Address _____ Fax# _____

Description of Work: (Please include type/size gas piping & schematic, if applicable) _____

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 be conforming to all the set-back lines, yard requirements, and height limitation, required by the Town Of Leland zoning regulation.

I (we) agree that if work has not been started within six months of permit issuance or the work has ceased for a period of twelve months, permit will become void and all fees will be surrendered.

Date _____ Signed by _____ Owner

Date _____ Signed by _____ Contractor

Permit: Approved Date _____

Disapproved Date _____ Building Official _____

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:

that the inspection department issuing the permit may require certificates of coverage of workers' compensation insurance.

_____ 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.

Firm Name: _____

By: _____

Title: _____

Date: _____

Memo to Contractors

It is important that all inspections pertaining to the project in progress be completed before a request for an inspection is called in. All inspections that are requested are assumed to be ready for an inspection at 8:00 am on the scheduled date. Any inspection that is incomplete when inspected will be charged a \$50.00 fee and deemed as not meeting the state requirements.

Inspections must fall in sequence, as this will speed up the process and insure that all inspections are complete before continuing to the next stage of construction.

Failure to call in for proper inspections can create many problems that will need to be addressed. For inspections to be scheduled for the following work day requests via call, fax, email or drop off must be received prior to 3:30 pm. Any request received after 3:30 pm will be scheduled for two (2) business days later.

Your assistance in these areas will be greatly appreciated.

Thank You,

**Building Inspections Department
Town Of Leland**

02/2012