

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

Permit #

Permit Type: Building Electric Mechanical Plumbing Other _____

Zoning Type: R-20 R-15 RMH C-1 C-2 C-3 O&I M-F PUD R-6

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

Address of property _____ Tax Parcel _____

Name of Owner _____ PH:# _____

Name of Business _____

Address _____

Name Of Contractor/Agent _____ Contractors Lic# _____ PH:# _____
Privilege Lic# _____

Address _____ Fax# _____

Description of work applying for: _____

Applicable attachments must be provided with applications.

- Site plan showing location of structure in relation to the required zoning setbacks, septic tank field water tap, driveways, etc.
- Two sets of complete house plans.
- Septic permits(if applicable)
- Sewer hook up approval.
- Storm water control permit (DENR 910-395-3900) For land disturbing, construction of 1 acre or more
- Setup manual and footer plans(Manufactured Home Permit Only)

Total Heated Sq. Ft. _____	Construction Cost \$ _____
Covered Unheated Sq. Ft. _____	No. Bedrooms ___ Bath _____
Open Decks –Size _____	No. Stories _____
Concrete (Walks /Driveways) _____	1 st _____ 2 nd _____ 3 rd _____
	(Sq. Ft. of each floor)

Foundation Type: _____ **Size:** _____ **Depth:** _____

Wall Construction: Wood siding Stucco Vinyl Siding Other

Sub flooring Type: _____ **Flooring Type:** _____

Electrical Service: Service Size _____ Number of Services _____

Residential/Heating Air-conditioning (HVAC) Split System Package System

Commercial/Heating Air-conditioning (HVAC) Split System Package System

Residential Replacement **Commercial Replacement** **Commercial Hood System**

Give number of systems _____

Plumbing: Give Number of: Lavatories _____ Water Closets _____ Sinks _____

Tub/showers _____ Water Heaters _____

Gas Connections: Give Number of Taps: _____

Contractors Information

Name and address: _____ Phone Number _____ License Number _____ Privilege License Number _____

(General Contractor) _____

(Electrical Contractor) _____

(Mechanical Contractor) _____

(Plumbing Contractor) _____

(Other) _____

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:
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

07/09