

**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 FOR COMMERCIAL Permit # \_\_\_\_\_**

**Permit Type:** Building  Electric  Sign

**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 paper plans and one set of electronic plans (.PDF).
- If the sign is to be a free standing permanent sign over twelve feet in height this application must be accompanied by a letter with an engineers’ seal.

Total sign Sq. Ft. \_\_\_\_\_

Construction Cost \$ \_\_\_\_\_  
(To Be Entered By Building Official)

\_\_\_\_\_  
\_\_\_\_\_

## 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.\***  
BP-3

## 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. 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, calls and faxes must be in before 3:00 pm.**

**Your assistance in these areas will be greatly appreciated.**

**Thank You  
Building Inspections Department**

**Town Of Leland**

04/09/2004