

# ACCESSORY STRUCTURE APPLICATION



102 Town Hall Drive, Leland, NC 28451  
 Website: www.townofleland.com  
 FEE: \$35.00 plus building and trade permit fees, if applicable

Planning and Inspections Department  
 Phone 910-371-3390 Fax 910-371-1158

## Section 1 – Application for Zoning Approval

### Applicant Information

Applicant: \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Property Information

Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Floodplain Zone: \_\_\_\_\_ Site Acreage: \_\_\_\_\_

Owner Email: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

List all existing structures on the property. All existing structures must be shown on the provided site plan.

Type of Existing Structure	Square Footage	Dimensions (width, length)	Height
<i>(list type)</i>			
Primary structure	_____	Primary structures dimensions are not needed unless requested	_____
Structure #1	_____	_____	_____
Structure #2	_____	_____	_____
Other	_____	_____	_____
TOTAL	_____		

**Accessory Structure Information**

Type of Proposed Structure (sunroom, patio, garage, pool, etc.) \_\_\_\_\_

Structure Dimensions: \_\_\_\_\_ Structure Height: \_\_\_\_\_ Fencing: \_\_\_\_\_

Location on Property (circle one): **Side Yard** or **Rear Yard** Square Footage of Side or Rear Yard: \_\_\_\_\_

***If the accessory structure is greater than 12' in any dimension, a building permit is required. Please also complete Section 2 for building permit application.***

**Additional Information for Pools**

Surrounding Decking Square Footage: \_\_\_\_\_ Pool Square Footage: \_\_\_\_\_

Does existing fencing or fencing being installed surround the propose location of the pool: \_\_\_\_\_

Does fencing or barrier meet the criteria as required by Appendix V of the North Carolina Residential Building Code: \_\_\_\_\_ (Provide location of fencing on site plan)

***Building and trade permits are required for pools. Please also complete Section 2 for building and trade permit application.***

**Certification**

I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, that I am authorized to grant, and do grant, permission to the local zoning official and local building official to enter on the property described above for the purpose of inspections. I understand that if this application is approved, failure to meet any conditions of the approval shall result in the revocation of any permit(s) based upon this certificate. Failure to do so could result in fines and/or revocations of this zoning compliance permit should it be approved.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

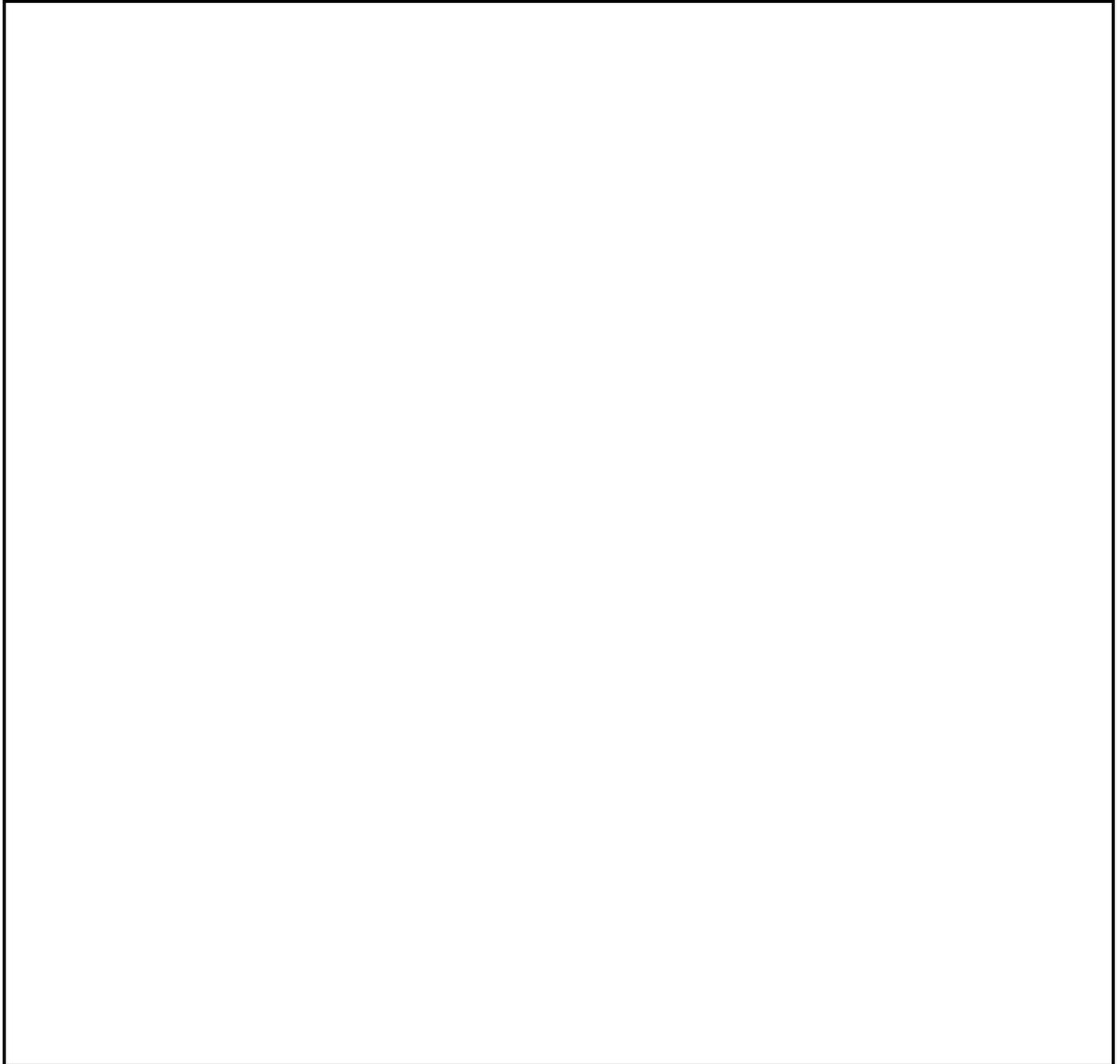
\_\_\_\_\_  
Date

Applicant is required to attach plans, drawn to scale, or use the provided box (page 3) to indicate existing and proposed structures and site information

The following information is required on the plan:

- Property lines
- Other structures located on the property
- Location, including setbacks, of the proposed structure
- Distance between proposed structure and existing structures on the same and adjacent properties

- Any existing or propose fencing
- CAMA Areas of Environmental Concern (if applicable)
- Special Flood Hazard Areas
- Location of well & septic tank, if applicable



## Section 2 – Application for Building and Trade Permits

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

## 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.

Applicant/Contractor/Owner Printed Name \_\_\_\_\_

Applicant/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: \_\_\_\_\_