

COMMERCIAL BUILDING PERMIT APPLICATION



102 Town Hall Drive, Leland, NC 28451
www.townofleland.com

Planning and Inspections Department
Phone 910-371-3754 Fax 910-371-1158

Project Type: New Construction Shell Up-fit Remodel

Permit Type: Building Electric Mechanical Plumbing Other _____

PROPERTY INFORMATION

Address of property _____

Business Name _____

Property Owner _____ PH:# _____

Email _____

Address: _____

Name of Contractor/Agent _____ Contractors Lic# _____

Phone:# _____ Cell # _____ Fax # # _____

Email _____

Address _____

Description of work applying for: _____

Construction Cost \$ _____

Total Heated Sq. Ft. _____

Number of Floors _____

Covered Unheated Sq. Ft. _____

Ft² of each floor: _____ First _____ Second _____ Third _____ Other _____

Construction Type (circle one): IA IB IIA IIB IIIA IIIB IV VA VB

Primary Occupancy Classification (circle one):

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2

I-3 I-4 MR-1 R-2 R-3 R-4 S-1 S-2 U

Secondary Occupancy Classification (circle one):

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2

I-3 I-4 MR-1 R-2 R-3 R-4 S-1 S-2 U

Mixed Occupancy: No Yes (Separated Mixed Use): _____ Hrs.

Electrical Service Information:

Number of Services _____ Service Size _____ Generator Yes No

Low Voltage Systems: (List all systems applicable) _____

Mechanical/Plumbing Information:

Plumbing

Number of: Lavatories _____ Water Closets _____ Sinks _____ Tub/Showers _____ Total # of traps _____

Gas

No Yes Number of Taps: _____ (Please provide piping diagram including material type, sizes, fuel type, pressure and table used for calculations.)

HVAC

Tonnage _____ Number of Units _____

Fire Suppression

Sprinkler System - Type _____ Number of Heads _____

Other: _____

Applicable attachments must be provided with applications.

- Provide Lien agent documentation for all projects with a construction cost greater than \$30,000.
- All commercial projects require a completed Appendix B.
- Two sets of complete paper plans and one set of electronic plans (.PDF).
- Spray Polyurethane Foam Insulation if applicable (need completed check-list and certification number prior to permit)

CONTRACTOR INFORMATION

General Contractor

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Electrical Contractor

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Mechanical Contractor

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Plumbing Contractor

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Other

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Other

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	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.

Contractor/Owner Printed Name _____

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: _____