

RESIDENTIAL BUILDING APPLICATION



Planning and Inspections Department
Phone 910-371-3754 Fax 910-371-1158
102 Town Hall Drive, Leland, NC 28451
www.townofleland.com

PLAN NUMBER: _____

PERMIT NUMBER: _____

- All applications are subject to review for zoning compliance.
- Projects that require building or trade permits will also be reviewed and permitted by Inspections.

Project Type: New Construction Addition Repair Remodel

Permit Type: Building Electric Mechanical Plumbing Other _____

PROPERTY INFORMATION

Property Owner: _____

Property Address _____ Tax Parcel Number _____

Phone No.: _____ Cell No.: _____ Email: _____

Water Source:

- Well
- H2Go
- Town of Leland
- BCPU

Wastewater Treatment:

- Septic
- H2Go
- Town of Leland
- BCPU

Zoning District:

- R-20 R-15 R-6 RMH O&I
- C-1 C-2 C-3 PUD MF
- T-2 T-3 T-4 T-4O T-5 SD-1

Special Flood Hazard Area Yes No If Yes, Zone _____ as per FIRM panel _____

PROJECT CONTACT PERSON INFORMATION

Name of Project Contact Person _____

Company Name: _____ Cell No.: _____ Email: _____

Address: _____ City/State/Zip: _____

PROJECT INFORMATION

Description of work applying for: _____

Total Heated Sq. Ft. _____ Unheated Sq. Ft. _____ Open Decks/Porches Sq. Ft. _____

Side Yard Sq. Ft. _____ Rear Yard Sq. Ft. _____

No. Stories _____ Building Height _____ Sq. Ft. of each floor: 1st _____ 2nd _____ 3rd _____

No. Bedrooms _____ No. Baths _____

Foundation Type: _____ Construction Cost \$ _____

Required fire resistance rating of exterior walls and projections based on distance between structures is ____ hours.

Describe method and materials to be used: _____

Electrical Service: Service Size _____ Water Heaters: Give Number _____ Electric Gas

Residential/Heating Air Conditioning (HVAC) Split System Package System Other

Plumbing: Number of: Lavatories _____ Water Closets _____ Sinks _____ Tub/showers _____

Gas Connections: Number of Taps: _____ (Please provide piping diagram including material type, sizes, fuel type, pressure and table used for calculations.)

The following documents and information must be included with this application:

- Lien agent documentation for all projects with a construction cost greater than \$30,000.
- Spray Polyurethane Foam Insulation if applicable (need completed check-list and certification number prior to permit)
- Site Plan/Plot Plan, drawn to scale, clearly showing the following:

- Property lines
- CAMA Areas of Environmental Concern
- Location of proposed structure(s)
- Location, dimensions, and height of any existing structures including pools, decks, sheds, homes, etc.
- Elevation plan
- Location of well & septic tank, if applicable
- Erosion control requirements
- Front yard setback
- Side yard setbacks
- Rear yard setback
- Setbacks from adjacent structures
- Special Flood Hazard Areas per FIRM Panel
- For new home construction:
 - Plot plan prepared by registered surveyor
 - Location of any sidewalks being installed during construction
 - Driveway width and length to meet off-street parking requirements

CONTRACTOR INFORMATION

General Contractor

Company Name: _____ Authorized Agent: _____
Address: _____ Phone: _____ Email: _____
Email: _____ License No: _____ License Holder Signature: _____

Electrical Contractor

Company Name: _____ Authorized Agent: _____
Address: _____ Phone: _____ Email: _____
Email: _____ License No: _____ License Holder Signature: _____

Mechanical Contractor

Company Name: _____ Authorized Agent: _____
Address: _____ Phone: _____ Email: _____
Email: _____ License No: _____ License Holder Signature: _____

Plumbing Contractor

Company Name: _____ Authorized Agent: _____
Address: _____ Phone: _____ Email: _____
Email: _____ License No: _____ License Holder Signature: _____

Other

Company Name: _____ Authorized Agent: _____
Address: _____ Phone: _____ Email: _____
Email: _____ License No: _____ License Holder Signature: _____

Other

Company Name: _____ Authorized Agent: _____
Address: _____ Phone: _____ Email: _____
Email: _____ License No: _____ License Holder Signature: _____

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: _____