



# PENDER COUNTY INSPECTION & PERMITTING DEPARTMENT

## RESIDENTIAL BUILDING PERMIT APPLICATION

**(APPLICATION WILL NOT BE ACCEPTED FOR PROCESSING UNLESS ALL REQUIRED INFORMATION IS PROVIDED)**

ZONING PERMIT \_\_\_\_\_

BUILDING PERMIT \_\_\_\_\_

CONSTRUCTION SITE ADDRESS: \_\_\_\_\_ Parcel # (PIN) \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Street Name: \_\_\_\_\_

NC Liens Entry #: \_\_\_\_\_ ([www.liensnc.com](http://www.liensnc.com)) DIRECTIONS TO CONSTRUCTION SITE: \_\_\_\_\_

Project Contact : \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

### NEW CONSTRUCTION

\_\_\_\_ Height \_\_\_\_ NO. of Stories \_\_\_\_ NO. of Bedrms \_\_\_\_ NO. of Bathrms

Total Heated: \_\_\_\_\_

Total Unheated area: \_\_\_\_\_

Heated Area: 1<sup>st</sup> Floor \_\_\_\_\_ sq. ft.  
2<sup>nd</sup> Floor \_\_\_\_\_ sq. ft.  
Other \_\_\_\_\_ sq. ft.

Unheated Area: Garage \_\_\_\_\_ sq. ft.  
Porch \_\_\_\_\_ sq. ft.  
Deck \_\_\_\_\_ sq. ft.

### ADDITION

\_\_\_\_ Height \_\_\_\_ NO. of Stories \_\_\_\_ NO. of Bedrms \_\_\_\_ NO. of Bathrms

Total Heated: \_\_\_\_\_

Total Unheated area: \_\_\_\_\_

Heated Area: 1<sup>st</sup> Floor \_\_\_\_\_ sq. ft.  
2<sup>nd</sup> Floor \_\_\_\_\_ sq. ft.  
Other \_\_\_\_\_ sq. ft.

Unheated Area: Garage \_\_\_\_\_ sq. ft.  
Porch \_\_\_\_\_ sq. ft.  
Deck \_\_\_\_\_ sq. ft.

### ACCESSORY STRUCTURE

Detached Garage \_\_\_\_\_ sq. ft. Carport \_\_\_\_\_ sq. ft. Shed \_\_\_\_\_ sq. ft. Deck \_\_\_\_\_ sq. ft. Seawall \_\_\_\_\_ sq. ft.

Porch \_\_\_\_\_ Screened Porch \_\_\_\_\_ Pool \_\_\_\_\_ Pool Depth \_\_\_\_\_ Dock/Pier \_\_\_\_\_

### RENOVATION/REPAIR/ALTERATION

Work will include: \_\_\_\_ Building \_\_\_\_ Electrical \_\_\_\_ Plumbing \_\_\_\_ Mechanical

DETAILED DESCRIPTION OF WORK: \_\_\_\_\_

Cost of Construction \$: \_\_\_\_\_



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**Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ License # \_\_\_\_\_

Print Name(Qualifier): \_\_\_\_\_ Signature: \_\_\_\_\_

**Electrical:** \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_AMPS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ License # \_\_\_\_\_

Print Name(Qualifier): \_\_\_\_\_ Signature: \_\_\_\_\_

**Mechanical:** \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ # of units

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ License # \_\_\_\_\_

Print Name(Qualifier): \_\_\_\_\_ Signature: \_\_\_\_\_

**Plumbing:** \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ # of Fixtures

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ License # \_\_\_\_\_

Print Name(Qualifier): \_\_\_\_\_ Signature: \_\_\_\_\_

**Gas Piping:** \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ # of Fixtures

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ License # \_\_\_\_\_

Print Name(Qualifier): \_\_\_\_\_ Signature: \_\_\_\_\_

**Insulation:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ License # \_\_\_\_\_



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### AFFIDAVIT OF WORKERS' COMPENSATION EXEMPTION N.C.G.S. § 87 AND 97

The undersigned applicant do hereby aver under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

Unlicensed Contractor       Licensed Contractor License # \_\_\_\_\_

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 Inspections and Permitting Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### AFFIDAVIT AS TO STATUS OF LICENSURE N.C.G.S. § 87-1

Applicant: Please check the appropriate boxes; provide requested information, sign, and date below.

I propose to construct a new building.

I propose to set-up a properly labeled modular building.

I am a North Carolina licensed general contractor. License Number: \_\_\_\_\_

I am **NOT** a North Carolina licensed general contractor. The cost of the project does not exceed \$30,000 per N.C.G.S. § 87-1.

I am **NOT** a licensed general contractor. I am providing a \$5,000 surety bond in accordance with N.C.G.S § 143-139.1. (For Modular set-up ONLY)  
Bond Company: \_\_\_\_\_ Bond Number: \_\_\_\_\_

I am the owner of the proposed building. It is my intention to act as my own general contractor for constructing the proposed building or for setting up the proposed modular building. I have entered into a construction project where the cost of the undertaking exceeds \$30,000. I have read N.C.G.S. § 87-1. I certify that I am not allowing an unlicensed general contractor to perform the duties of a general contractor, which I understand from reading N.C.G.S. § 87-1 includes construction superintending and managing in addition to, among other things signing written contracts. I intend to retain the finished house (or other project) exclusively for my own use and to be occupied by me or my family for a minimum of one year after completion. I am not building a "speculation" project with the intention of selling the project once it is completed. I understand that building a "spec" project without proper licensure is a violation of N.C.G.S. § 87-13; this may be a criminal offense. Also, I understand that problems which may arise due to construction of the building or set-up of the properly labeled modular building, such as inaccurate or insufficient foundation, improper or inadequate marriage line connections, improper plumbing, mechanical, or electrical connections between the units, etc., will be solely my responsibility, and I will be left with no recourse and must assume total liability for correction of the problems. I personally have a thorough knowledge of the requirements of the NC State Building Code with regard to construction and/or setting up modular buildings.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

*I hereby certify that all information in this application is correct and all work will comply with the NC State Building Code and all other applicable State and local laws, ordinances and regulations including approved zoning permit. The Inspections Division will be notified of any changes in the approved plans and specifications for the project permitted herein.*

**\*Check in lieu of signature to indicate agreement with the above statement if submitting electronically. Print name below.**

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

Date: \_\_\_\_\_