



PENDER COUNTY INSPECTIONS & PERMITTING DEPARTMENT

COMMERCIAL BUILDING PERMIT APPLICATION

(ALL INFORMATION IS REQUIRED; INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)

ZONING PERMIT _____

BUILDING PERMIT _____

PROJECT LOCATION: _____ Parcel # (PIN) _____

NC Liens Entry #: _____ (www.liensnc.com) DIRECTIONS TO CONSTRUCTION SITE: _____

Project Contact : _____ Phone: _____ Email address: _____

Property Owner: _____ Phone: _____ Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

NEW CONSTRUCTION

New Structure Shell Upfit Addition to Existing Structure Accessory Structure Construction Trailer

Building Height: _____ # of Units: _____ # of Stories: _____ # of Floors: _____ Sq. Ft. per FLR: _____

Total Area Sq. Ft.: _____ Total Sq. Ft. Under Roof: _____

EXISTING CONSTRUCTION

Alteration Renovation Repairs

IS THIS A CHANGE OF OCCUPANCY? Yes No

If Yes, what was the Previous Occupancy Type? _____

What is the New Occupancy? _____

DESCRIPTION OF WORK: _____

Is food or beverage prepared or served in this structure? Yes No



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Contractor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

License # _____ Building Scope of Work \$ _____

Electrical: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

License # _____ Building Scope of Work \$ _____

Mechanical: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

License # _____ Building Scope of Work \$ _____

Plumbing: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

License # _____ Building Scope of Work \$ _____

Gas Piping: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

License # _____ Building Scope of Work \$ _____

TOTAL PROJECT COST \$ _____

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: _____



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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