

RESIDENTIAL/COMMERCIAL

TOWN OF SWANSBORO

Permit # _____

601 W. CORBETT AVENUE
 SWANSBORO, NC 28584
 (910) 326-4428 (910)326-3101 fax
dhoward@ci.swansboro.nc.us

BUILDING PERMIT APPLICATION**PROJECT ADDRESS (Physical Job Location):**

Owner's Name:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
CONTRACTOR INFORMATION: (If Home Owner is performing work, write "self")	
NAME OF BUSINESS:	Phone#:
Address:	Email:
Project Contact Name:	Phone #:

TYPE OF PERMIT (Circle applicable area):

Building.....Demolition.....Moving.....Accessory Bldg.....Manufactured Home.....Modular Home.....Construction Trailer.....

Swimming Pool.....Electrical.....Mechanical.....Plumbing.....Sprinkle Bldg Sys.....Exhaust Hoods.....Other _____

Class of work(Circle one):New.....Addition.....Repair.....Renovation.....Demolition
Other _____**Structure Classification (Circle one):**Single Family.....Multi Family.....Industrial.....Commercial.....
Other _____**Building:**

Total Sq. Ft. _____, # of Stories _____, Stories Below Ground _____, Above Ground _____; Sq. Ft. per Floor _____/_____/_____;

Building Height _____, # of Bedrooms _____, Present Property Use _____, Proposed Use: _____

All new construction requires a copy of the survey showing the following:

- The building location or use in respect to the adjacent right of ways.**
- The location shape and dimensions of all buildings (existing or proposed) on said lot.**
- The location and dimensions of off-street parking spaces and means of access to such spaces.**

Note: Two Complete sets of building plans and plot plans with setbacks, Floodway Zone and flood fringe zone shown indicating base flood elevation; as well as wetlands shown. If site is located within Zone AE, show location of FEMA floodway and flood hazard area. One set of plans will be returned to the applicant and one set of plans will remain in the Code Enforcement Department. No reverse image plans allowed.

An "As Built" survey is required following the foundation wall inspection. PROCEED AT YOUR OWN RISK UNTIL SETBACK

VERIFICATION IS GIVEN.(Please note that the zoning setbacks and property use will be reviewed to the provisions of the UDO of the Town of Swansboro. There may be private covenants governing the use of the subject property, which may be more or less restrictive than the UDO. Nothing contained in this permit may be construed so as to allow the holder hereof to build upon or otherwise use the subject property in any manner contrary to such covenants.)

Sidewalks are required for most permits issued. A waiver of the requirement may be granted by the Town Manager, however if a waiver is granted, the applicant must submit a payment in lieu of sidewalk construction, per approved schedule of fees. Sidewalks must be installed or a waiver approved prior to the issuance of a Certificate of Occupancy where required.

DESCRIPTION OF WORK: _____**Utilities: (Circle which applies)**

Private Well.....Water /Sewer Connection..... Septic Tank

Health Dept Construction Authorization Permit #:**(Copy of Permit required)****Power Company and Premise/Acct#:**

NOTE: A copy of the Health Dept. Operation Permit is also required prior to Certificate of Occupancy. All building shall have approved address #'s on the buildings.

ALL CONSTRUCTION SITES SHALL DISPLAY A CONSTRUCTION PERMIT BOX WITH JOB SITE ADDRESS CLEARLY VISIBLE.

Any Federal and State Agencies permits when applicable, plans that require approval from the NC Dept. of Insurance, NC Dept. of Labor, Corp. Of Engineers, CAMA, or other agencies, **must have approval prior to being submitted to the Town Of Swansboro**. A copy of the approval from the specific agency must be submitted with the plans.

GENERAL Contractor:		Phone #:	
Address:		Email:	
License #:	License Class: _____ Commercial _____ Limited _____ Unlimited _____ Inter _____ Owner _____		
JOB COST (Contractor cost plus labor less land):			
ELECTRICAL Contractor:		Phone #:	
Address:		Email:	
License #:	License Class: _____ Commercial _____ Limited _____ Unlimited _____ Inter _____ Owner _____		
JOB COST (Contractor cost plus labor less land):			
MECHANICAL Contractor:		Phone #:	
Address:		Email:	
License #:	License Class: _____ Commercial _____ Limited _____ Unlimited _____ Inter _____ Owner _____		
JOB COST (Contractor cost plus labor less land):			
PLUMBING Contractor:		Phone #:	
Address:		Email:	
License #:	License Class: _____ Commercial _____ Limited _____ Unlimited _____ Inter _____ Owner _____		
JOB COST (Contractor cost plus labor less land):			
CONTRACTOR (Other		Phone #:	
Address:		Email:	
License #:	License Class: _____ Commercial _____ Limited _____ Unlimited _____ Inter _____ Owner _____		
JOB COST (Contractor cost plus labor less land):			

I certify that all of the above information is true and accurate to the best of my knowledge and that all work will comply with state and local codes, laws, and ordinance. The Code Enforcement Department will be notified of any changes to the approved plans prior to the change being done. Any inspections that fail or are not ready when the inspector arrives at the job site will require a reinspection fee per failed trade. The re-inspection fee of \$60/trade must be paid prior to the re-inspection being scheduled. (Effective July 1, 2008). If applicable, sidewalks or payment in lieu of, in accordance with Town Code 93.030, must be installed/paid before certificate of occupancy is issued.

Owner/Agent: _____ **Date:** _____

****Code Enforcement Department Use Only**** Construction Type: Type I[A] [B]; Type II [A] [B]; Type III [A] [B]; Type IV [A] [B]; Type V [A] [B] Use & Occupancy: A1, A2, A3, A4, A5, B, E, F1, F2, H1, H2, H3, H4, H5, I1, I2, I3, I4, M, R1, R2, R3, R4, S1, S2, U Zoning District _____ Zoning Use _____ Parking Requirement _____ Sidewalks _____ Historic _____ Floodway _____ Flood Zone _____ Verification Bldg Height _____ CAMA _____ Wetlands _____	
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Verification signature of all contractor license and privilege license _____

Plans Reviewed by: _____ Date: _____

BUILDING PERMIT APPLICATION CHECKLIST

NOTE: EACH LINE MUST BE ACKNOWLEDGED AND INITIALED. THE COMPLETED FORM MUST BE RETURNED WITH THE PERMIT APPLICATION OR THE APPLICATION WILL NOT BE ACCEPTED. WRITE N/A WHERE NOT APPLICABLE.

JOB SITE ADDRESS _____

- _____ Completed application form
- _____ Two sets of building plans
- _____ For new construction, two copies of a survey depicting the following information:
- 1) The location shape and dimensions of all buildings (existing and proposed) on said lot and proposed setbacks from the property lines;
 - 2) The location and dimensions of any proposed off-street parking spaces and means of access to such spaces;
 - 3) Any areas of the property within the floodplain or wetlands;
 - 4) The proposed Built Upon Area (BUA) for all proposed impervious surface; and
 - 5) Any utility, drainage, or other easements;
 - 6) NCDOT Driveway Permit (*if applicable*).
- _____ I also acknowledge that a foundation survey will be due following the foundation inspection in order to verify the setback requirements, and that a final as-built survey showing the constructed BUA will be required prior to requesting the final inspections. **NOTE:** Further inspections will not be scheduled until the appropriate documentation is received
- _____ A site plan depicting the following information will be required for any accessory structure:
- 1) The location shape and dimensions of all buildings (existing and proposed) on said lot and proposed setbacks from the property lines;
 - 2) Any utility, drainage, or other easements
 - 3) Any areas of the property within the floodplain or wetlands
- _____ A Construction Authorization (CA) or Operations Permit (OP) issued by Onslow County Environmental Health
- _____ A letter of intent to provide service from ONWASA for water (and sewer if not on septic)
- _____ For construction contracts or project where the cost of the undertaking exceeds \$30,000:
- 1) A completed lien agent form. As of 4/1/13, NC law requires the appointment of a lien agent. Appointments are not required for (1) improvements under \$30,000, (2) to the owner's existing residence, or (3) for public building projects. For further information, visit <http://www.liensnc.com/>
 - 2) A completed Certification as To Status of Licensure
 - 3) A completed Affidavit of Workers' Compensation Coverage
- _____ An approved CAMA Permit (*if applicable*)
- _____ A completed Flood Development Permit
- _____ A completed Elevation Certificate for new construction in the floodplain. I also acknowledge that one will be due following the foundation inspection, and a final elevation certificate will be due prior to requesting the final inspections. **NOTE:** Further inspections will not be scheduled until the appropriate documentation is received.
- _____ I acknowledge that per the Town Code of Ordinances, Chapter 92, Section 92.01, construction cannot begin before 7:00 am and must conclude for the day at sunset.
- _____ I acknowledge that this is not a comprehensive list and that additional documentation or information may be requested depending on the nature of the development proposed.

SIGNATURE OF APPLICANT

DATE