



City of Havelock

Planning & Inspections Department

PO Box 368

1 Governmental Avenue

Havelock, NC 28532

(252) 444-6433 Email: permits@havelocknc.us

Communication Tower/Antenna Permit Application Procedures & Check-off List

**Failure to provide ALL required information will result in the return of the application to the applicant.
No work shall begin prior to issuance of the permit and all fees being paid. Conducting work without a permit may result in a penalty being added to the permit fees due.**

Step 1: Submit the completed **Communication Tower/Antenna** and **Commercial Building** permit applications to the Planning & Inspections Department with all necessary attachments.

The following items must be submitted (additional copies may be necessary):

- Plat of Survey/Site Plan (2 full size copies + one 11"x17" copy): must include all information that is typically included on a Survey or Site Plan and be drawn to scale, depicting all existing and proposed structures on the property.
- Digital copy of site plan and building plans.
- Building Plans (3 sets, 1 set must be original): must specify all building materials, methods of construction, and dimensions, as well as all other information to clearly describe the project construction and layout (to contain an engineer's seal when necessary)
- Written Notice from the Property Owner: (or managing agent) granting permission for the proposed work, if the property is being rented/leased
- Any Additional State or Local Permits: that may be required due to the nature of the proposed work or site (ex: driveway permit, erosion & sedimentation control plan, health department approval, etc.)
- Any additional information that staff determines is necessary to complete an accurate and thorough review of the proposed project

Step 2: The applicant will be contacted if additional information is required, or when the permit is ready for pick up. Payment of all Building Permit and other applicable fees is required at time of issuance.

The applicant will be contacted when the permit is ready for pick-up.

All applicable fees must be paid in full before the permit will be issued (including any building permit fees).

PERMIT EXPIRATION: Construction must begin and at least one inspection performed within six (6) months from the permit issue date otherwise the permit will expire. The permit will also expire if at least one inspection is not scheduled and performed every twelve (12) months until the project has passed its final inspection. If a permit has expired, a new permit must be applied for and approved before work may continue.



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| | |
|------------------------|-----------------|
| OFFICE USE ONLY | |
| Application #: | _____ |
| Received: | _____ By: _____ |

Communication Tower/Antenna Permit Application

Applicant: **Property Owner** **Tower Lessee** **Contractor** **Other:** _____

Project Address: _____ Residential Commercial

| | |
|--|--|
| Applicant: Name: _____ Address: _____ Phone: _____ Email: _____ | Property Owner: (if <i>different</i> from Applicant) Name: _____ Address: _____ Phone: _____ Email: _____ |
|--|--|

| Contractor Information | |
|--------------------------|-------------------------|
| Contractor: _____ | |
| Contact: _____ | |
| Address: _____ | NC License #: _____ |
| Phone: _____ | Classification: _____ |
| Email: _____ | Signature: _____ |
| | Date: _____ |

| Project Information | |
|--|--|
| Description of Proposed Work: _____ | Type of Tower/Antenna: (please be specific) _____ |
| | |
| | Please check all that apply: <input type="checkbox"/> New Structure |
| | <input type="checkbox"/> Change of Use <input type="checkbox"/> Addition <input type="checkbox"/> Repair |
| Total Cost of Proposed Work: _____ | <input type="checkbox"/> Replacement <input type="checkbox"/> Demolish <input type="checkbox"/> Move |

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE (N.C.G.S. 87-14)
Required for any project worth \$30,000 or more:
 The undersigned applicant for Building Permit # _____ being the
 _____ Contractor
 _____ Owner
 _____ Officer/Agent of the Contractor or Owner

Do hereby aver 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 have obtained workers' compensation insurance to cover them,
 _____ has/have one or more subcontractor(s) who has/have their own policy of workers' 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 Planning & Inspection 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: _____

| | |
|---|---|
| Business/Tenant: _____ Contact: _____ Address: _____ Phone: _____ Email: _____ | Design Professional: _____ Contact: _____ Address: _____ Phone: _____ Email: _____ <input type="checkbox"/> Architect <input type="checkbox"/> Engineer Lic. # _____ <input type="checkbox"/> Other |
|---|---|

| | |
|---|---|
| Electrical Contractor: _____ Contact: _____ Address: _____ Phone: _____ Email: _____ Signature: _____ NC License #: _____ | Plumbing Contractor: _____ Contact: _____ Address: _____ Phone: _____ Email: _____ Signature: _____ NC License #: _____ |
|---|---|

| | |
|--|--|
| Other Contractor: _____ Contact: _____ Address: _____ Phone: _____ Email: _____ Signature: _____ NC License #: _____ | Other Contractor: _____ Contact: _____ Address: _____ Phone: _____ Email: _____ Signature: _____ NC License #: _____ |
|--|--|

READ BEFORE SIGNING: By signing below, I am acknowledging that I have included ALL applicable information required on the plan in order to be considered "Complete and ready for review." If it is discovered that required information is not included on the plans or I have not provided some required information, I understand that the above referenced project may be deemed "Not ready for review" and may require additional staff time or may be rejected. Additionally, I understand that the City of Havelock reserves the right to request any additional information as necessary.

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all applicable State and Local Laws along with all City of Havelock Ordinances and Regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specification for the permitted herein.

Applicant Signature: _____ **Date:** _____

Only ORIGINAL signatures will be accepted

| | | | | | | | | | | | |
|---|------------------------------------|---------|----------------------------------|-------------|-------------|----------------------------------|---|------------|--|-------------|--|
| **FOR OFFICE USE ONLY** | | | | | | | | | | | |
| Zoning District: _____ | Setback Requirements: Front: _____ | | | Side: _____ | Rear: _____ | | | | | | |
| Feet from Side Prop. Line: _____ | | | Feet from Rear Prop. Line: _____ | | | Flood Zone: _____ | Requires Flood Zone Certificate: YES NO | | | | |
| APZ: YES No | Zone: _____ | | Noise Contour: _____ | | | Sound Attenuation* Req'd: YES NO | | NLR: _____ | | | |
| <small>*Based on standards set forth in §154.07</small> | | | | | | | | | | | |
| Utilities: Water Sewer | Public | Private | Health Dept. Permit #: _____ | | | | | | | | |
| Approved by Planning/Zoning Official: _____ | | | | | | | | | | Date: _____ | |
| Approved by Building Official: _____ | | | | | | | | | | Date: _____ | |