



City of Havelock

Planning and Inspections Department

PO Box 368 1 Governmental Ave.

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

BUILDING & ZONING PERMIT APPLICATION

No work shall begin prior to issuance of the permit and all fees being paid. Conducting work without a permit is illegal and may result in a penalty being added to the permit fees due.

ITEMS REQUIRED FOR COMMERCIAL/RESIDENTIAL SUBMITTAL

- Plat of Survey/Site Plan (Residential- 2 copies)(Commercial- 2 full size copies & one 11"x17"copy): drawn to scale, depicting all existing and proposed structures on the property
- 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 (containing an original engineer's seal when necessary)
- Electronic Copy of Site Plan and Building Plans
- Copy of Septic Tank System Permit: for properties with septic systems (Contact Craven County Central Permitting (252) 636-4987)
- Wastewater Allocation and/or Water-Sewer System Development Worksheets: required for any new construction, additions, or any other project that requests additional capacity, taps or meters
- Notarized Written Statement from the Property Owner: (or managing agent) granting permission for the proposed work, if the property is being rented/leased
- Copy of Asbestos Test Results: for any projects involving demolition (Contact the Health Hazards Control Unit 919-707-5950)
- Any Additional State or Local Permits: that may be required due to the nature of the proposed work or site (such as a driveway permit, erosion & sedimentation control plan, health department approval, etc)
- Commercial ONLY: For each business proposing to operate on the property a commercial zoning permit must be approved and issued prior to any business sell and operating on site.

Failure to provide ALL required information will result in the return of the application to the applicant.

REVIEW PROCESS

- Permits are reviewed in the order they are received. Review time varies based on the complexity of the project, staff availability, and how busy the Department is.
- The applicant will be contacted when the permit is ready for pick up and the cost of the permit will be released at that time. (All applications with projects requiring water/sewer tap fees and any other applicable fees must be paid prior to the permit being issued.)

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.

Applicant Initials _____



****Office Use Only****

Application # _____

Date _____

Received by _____

BUILDING & ZONING PERMIT APPLICATION

Project Information

Project Address: _____ Residential Commercial

Description of Proposed Work (*please be specific*): _____

Type of Work: New Building Addition Renovation Demolition Fence Other : _____

Value of Proposed Work: \$ _____ Building to be used as: _____

Additional Project Information

Driveway: New Driveway/Alterations/Additions? Yes No If YES: Complete Driveway Permit Application

Swimming Pool/Hot Tub/Spa: Fenced In Yard? Yes No Above Ground In-ground

Pool Diameter: _____ Gallons: _____

Existing Building: Heated Area _____ sq ft Unheated Area _____ sq ft # of stories _____ # of units _____

Building Height _____

Proposed Building: Heated Area _____ sq ft Unheated Area _____ sq ft # of stories _____ # of units _____

Building Height _____

Applicant

Applicant Name : _____

Address: _____

Phone: _____ **Email:** _____

Owner

(if different from Applicant)

Owner Name : _____

Address: _____

Phone: _____ **Email:** _____

Business/Tenant

Business/Tenant Name : _____

Address: _____

Phone: _____ Email: _____

Design Professional

Design Professional Name : _____

Address: _____

Phone: _____ Email: _____

Architect Engineer Lic. # _____ Other

General Contractor

GC Name : _____

Address: _____

Phone: _____ Email: _____

NC License # & Classification _____

Signature: _____

Electrical Contractor

Electrical Contractor Name : _____

Address: _____

Phone: _____ Email: _____

NC License # & Classification _____

Signature: _____

Additional Electrical Information

Cost of Electrical Work \$ _____

Electrical Work to be Performed: _____

Temp Service for Construction Mobile Home Service New Service: _____ Amps Phase: _____

Service Change- Upgrade To: _____ Other: _____

Electric Co: Carteret-Craven Electric Co-op Duke Progress (Premise # _____) New Bern Electric

Plumbing Contractor

Plumbing Contractor Name : _____

Address: _____

Phone: _____ Email: _____

Continued on next page.....

NC License # & Classification _____

Signature: _____

Additional Plumbing Information

Cost of Plumbing Work \$ _____

Sewer Lateral Water Lateral

Plumbing Work to be Performed: _____

Mechanical Contractor

Mechanical Contractor Name : _____

Address: _____

Phone: _____ Email: _____

NC License # & Classification _____

Signature: _____

Additional Mechanical Information

New Duct Work: Yes No Area Affected: _____ sq ft Cost of Mechanical Work \$ _____

Mechanical Work to be Performed: _____

Other Work: Commercial Range Hood Gas Piping System # of Gas Appliances: _____

Type of System: Package Unit Electric Gas Split System Air Handler Location: _____

Insulation Contractor

Insulation Contractor Name : _____

Address: _____

Phone: _____ Email: _____

NC License # & Classification _____

Signature: _____

Additional Insulation Information

Cost of Insulation Work \$ _____

Insulation Work to be Performed: _____

Other Contractor

Other Contractor Name : _____

Address: _____

Phone: _____ Email: _____

NC License # & Classification _____

Signature: _____

Continued on next page.....

Additional Information

Cost of Work \$ _____

Work to be Performed: _____

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: _____

LIEN AGENT INFORMATION Effective January 1, 2021

In accordance with North Carolina General Statute 160D-1110(g), Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent:
Mailing address of Agent:
Physical address of Agent:

Telephone _____ Fax _____ Email _____

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G. S. 160D-1110(g):

No building permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the owner occupies as a residence, or for the addition of an accessory building or accessory structure as defined in the North Carolina Uniform Residential Building Code, the use of which is incidental to that residential dwelling unit, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued. Where the improvements to a real

property leasehold are limited to the purchase, transportation, and setup of a manufactured home, as defined in G.S. 143-143.9(6), the purchase price of the manufactured home shall be excluded in determining whether the cost of the work is thirty thousand dollars (\$30,000) or more.

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 specifications 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:	_____						
												*Based on Standards set forth in § 154.07		YES	NO	NLR:	_____	
Utilities:	Water	Sewer	Public	Private	Health Dept. Permit #:							_____						
Approved by Planning/Zoning Official:											_____			Date:	_____			
Approved by Fire Marshal (if applicable):											_____			Date:	_____			
Approved by Building Official:											_____			Date:	_____			