



City of Havelock

Planning & Inspections Department
1 Governmental Ave., Havelock, NC 28532
(252) 444-6433 FAX (252) 463-7180

SIGN PERMIT APPLICATION

Failure to provide ALL required information will result in the return of the application to the applicant. No work shall begin prior to all fees being paid and issuance of the permit.

Conducting work without a permit is illegal and may result in a penalty being added to the permit fees due.

The following items must be submitted with the completed permit application:

- Plat of Survey (2 copies): required for all projects that include ground signs; must be drawn to scale and depict all existing and proposed structures on the property
- Sign Plans (1 original engineer sealed set + 2 additional copies): must specify all building materials, methods of construction, and dimensions, as well as all other information to clearly describe the project construction and layout; plans must also include a design/stress diagram for the 130 mph wind zone
- General Contractors License: required for all projects exceeding \$30,000
- Copy of Septic Tank System Permit: required for all projects that include ground signs; for properties with septic systems (Contact Craven County Health Department 252-636-4936)
- Any Additional State or Local Permits: that may be required due to the nature of the proposed work or site

Permits are reviewed in the order they are received by the Planning & Inspections Department.

- **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 water/sewer tap 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: _____

Sign Permit Application

Applicant: **Property Owner** **Business/Tenant** **General Contractor** **Design Professional**

Project Address: _____

Description of Proposed Work: (please be specific)

Type of Sign: Ground Roof Wall
 LCD/LED Awning Projection Marquee
 Special Event Other: _____

Construction Sign: one (1) sign per lot not to exceed thirty-two (32) square feet in area may be placed at a construction site during construction, alteration, or repair of a structure as a temporary sign to denote the architect, builder, and/or the name of the structure and its occupants-to-be, or other particulars concerning the project. Such signs may be illuminated and SHALL BE REMOVED IMMEDIATELY UPON COMPLETION of said construction, alteration or repair projects.

Total Cost of Proposed Work: \$ _____

Height of Sign: _____ Ft (50' max)

Total Sign Face Area: _____ Sq Ft

Clearance to Ground: _____ Ft

Applicant:

Name: _____
 Address: _____
 Phone: _____
 Email: _____

Property Owner: (if different from Applicant)

Name: _____
 Address: _____
 Phone: _____
 Email: _____

Sign Contractor: _____

Contact: _____
 Address: _____
 Phone: _____
 Email: _____

NC License #: _____
 Classification: _____
Signature: _____
 Date: _____

Electrical 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****

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: _____

FOR OFFICE USE ONLY											
Zoning District: _____			Setback Requirements: _____			Front: _____		Side: _____		Rear: _____	
Feet from Front Prop. Line: _____			Feet from Side 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: _____			