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LENOIR COUNTY PLANNING & INSPECTIONS

101 N. Queen Street
P.O. Box 3289
Kinston, N.C. 28502

Phone: (252) 559-2260
Fax: (252) 559-2261

BUILDING PERMIT APPLICATION

Project Name: _____
Project Address: _____
Tax ID # on Land: _____

Owner's Name: _____
Owner's Present Address: _____
Owner's Phone Number: _____

General Contractor's Name: _____
License # _____ Phone Number: _____

Description of Proposed Work:

**Choose one: Building Air Leakage: _____ Visual _____ Blower Door Test
Required for permit. No final inspection without an Energy Efficiency
Certification.**

Building Area: First Floor: _____ Second Floor: _____
Garage/Carport: _____ Porches/Decks: _____
Septic Tank Permit # _____

Project Valuation: (total cost including plans, materials, labor of all trades and services)
\$ _____

Directions to Project:

Signed: _____ Date: _____

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DEMOLITION PERMIT APPLICATION

Project Name: _____
Project Address: _____
Tax ID # on Land: _____

Owner's Name: _____
Owner's Present Address: _____
Owner's Phone Number: _____

General Contractor's Name: _____
License # _____ Phone Number: _____

Description of Proposed Work:

Building Area: First Floor: _____ Second Floor: _____
Garage/Carport: _____ Porches/Decks: _____
Other: _____

Power Supplier: _____
Water Supplier: _____
Sewer: Public Utility Name: _____ Septic Tank # _____

Project Valuation: (total cost including plans, materials, labor, of all trades and services)
\$ _____

Directions to Project:

Contractor Signature _____ Date: _____
Contractor Address _____
License # _____ Phone # _____

ELECTRICAL UTILITIES: _____

Provide letter from electrical supplier certifying that service is disconnected.

Note: Letter must include: Name, Address, Phone, Signature and Date.

Letter on File: _____ Yes _____ No

GAS SUPPLIER: _____

Provide letter from gas supplier certifying that service is disconnected.

Note: Letter must include: Name, Address, Phone, Signature and Date.

Letter on File: _____ Yes _____ No

EPA ASBESTOS REGULATIONS:

EPA'S National emission standards for hazardous air pollutants (NESHAP) require an asbestos inspection and ten (10) working days notification prior to demolition and renovation of all commercial, institutional, or industrial facilities except residential buildings having four (4) or fewer dwelling units. The NESHAP requirement also applies to the demolition of all residences being demolished for commercial, institutional, or industrial purposes. Notification of all demolition is required whether or not the buildings are found to contain asbestos.

Please contact the State Department of Environmental Health, and Natural Resources, Division of Epidemiology for notification or additional information at:

PO Box 27687 Raleigh, NC 27611-7687 Phone: (919) 733-0820

Report Received: _____ Yes _____ No

UNDERGROUND FUEL TANKS:

Are underground fuel tanks located on the property? _____ Yes _____ No

Are they to be removed? _____ Yes _____ No

Note: A separate permit is required for the removal of underground tanks.

I certify that all information in this application is correct and all work will comply with the N.C. State Building Code and all other laws, ordinances and regulations. I also certify that I am familiar with and agree to comply with all laws regarding asbestos removal, agency notification and abatement.

Contractor / Agent: _____ Date: _____

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ELECTRICAL PERMIT APPLICATION

Project Name: _____

Project Address: _____

Owner's Name: _____

Owner's Present Address: _____

Owner's Phone Number: _____

Contractor Name: _____

License # _____ Phone Number: _____

Description of Proposed Work:

_____ Project Value: _____

FEES: Residential – Total Square Feet x .05

Commercial – Total Square Feet x .08

(Total Square Feet includes Heated and Unheated of all Floors, Garages, Porches, etc.....)

Mobile Home / Modular - \$50.00

HVAC only - \$50.00

New Service (to 200 Amps)-\$50.00 (\$10.00/each additional 100 amps)

Temporary Pole - \$50.00

Temporary Power (60 days) - \$50.00

Tobacco Barns, Grain Bins, Etc. - \$50.00 (\$10.00/additional structure)

Swimming Pools - \$50.00

Signs / Billboards - \$50.00

Motors- \$25.00 (\$10.00 per additional motors)

TOTAL: \$ _____.

(MINIMUM FEE \$50.00)

Directions to project: _____.

_____.

Signed: _____ Date: _____.

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INSULATION PERMIT APPLICATION

Project Name: _____
Project Address: _____

Owner's Name: _____
Owner's Present Address: _____
Owner's Phone Number: _____

Contractor Name: _____
License # _____ Phone Number: _____

Type of Work: _____ New _____ Addition _____ Repair/Replacement

Type of Building: _____

Fees: HEATED SQ.FT X .02
(MINIMUM \$50.00)

Directions to Project:

Signed: _____ Date: _____

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MECHANICAL PERMIT APPLICATION

Project Name: _____
Project Address: _____

Owner's Name: _____
Owner's Present Address: _____
Owner's Phone Number: _____

Contractor Name: _____
License # _____ Phone Number: _____

Description of Proposed Work: (Type and Tons of System or Systems)

Location of Air Handler for Split System: _____

Note: Duct Leakage Certificate required for final inspection (If new duct work is installed).

Electrical Contractor connecting Equipment: _____
_____ No electrical connections will be performed or wiring modified

Job Evaluation: _____.

- Fees: Residential (New) – Heated Square Ft x .05
- Commercial (New) – Heated Square Ft x .08
- Change Out - \$50.00 per System up to 10 Tons. > 10 Tons \$100.00 per System
- Mobile Home - \$50.00
- Gas Piping (Residential) - \$50.00
- Gas Piping (Commercial) - \$ 100.00
- Minimum (Residential) - \$50.00
- Minimum (Commercial) - \$100.00

Directions to Project:

Signed: _____ Date: _____

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NORTH CAROLINA MODULAR BUILDING
SET-UP CONTRACTOR LICENSE BOND

We, _____ as principal, located at
_____ and _____ (surety)
_____ (address) a corporation incorporated under the laws of the
State of _____ and duly licensed to transact a surety business in the State
of North Carolina as surety, are indebted and bound to the Lenoir County Planning & Inspection
Department in the sum of five thousand (\$5,000) dollars for which payment we bind ourselves and our
legal representatives jointly and severally.

The Condition Of This Obligation Is Such, that whereas the principal has entered into a
contract for the set-up and installation of the modular building described herein;

Now, Therefore, if the principal and all his agents and employees shall set-up and install said
modular building in compliance with the regulations of the North Carolina State Building Code governing
installation of modular buildings, then this obligation shall be null and void; otherwise, it shall be in full
force and effect.

It is expressly provided that:

1. This bond is executed by the said principal and surety to enable the principal to set-up one North Carolina labeled modular building.
2. This bond is in full force and effect as to the above State Building Code obligations of the principal for the set-up of one North Carolina labeled modular building at the following address:
Street _____
City _____, North Carolina
3. This bond will remain in force and effect for one year following the issuance of the certificate of compliance for the modular building.
4. The bond must remain on file with the Lenoir County Planning & Inspection Department.
5. The owner of the modular building described in paragraph 2, who sustains any loss or damage by reason of any act or omission covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name on this bond for the recovery of damages sustained by him.
6. It is further understood and agreed that this bond shall be open to successive claims up to the face value of the bond. The surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond.

In Witness Whereof, the above bounden parties have executed this instrument under their several seals, this the _____ day of _____, 20_____, the name and corporate seal of each corporation party being hereto affixed and these presents duly signed to be its undersigned representative, pursuant to authority of its governing body.

Signature of Principal _____

Title _____

Surety by (Signature) _____

Printed Name _____

Title _____

Address _____

N.C. Resident Agent _____

Address _____

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MODULAR PERMIT APPLICATION

Project Name: _____
Project Address: _____
Tax ID # on Land _____

Owner’s Name: _____
Owner’s Present Address: _____
Owner’s Phone Number: _____

Please check the appropriate line:

_____ I am a North Carolina licensed general contractor. License # _____

_____ I am not a North Carolina licensed general contractor. I am providing to the Lenoir County Planning & Inspection Department with a \$ 5,000.00 Surety bond in accordance with North Carolina General Status 143-139.1.

Dealer Name / Phone _____.

_____ I am the owner of the proposed modular building. It is my intention to act as my own general contractor for setting up the proposed building. I understand that problems which may arise due to set-up of the building, such as inaccurate or insufficient foundation, improper or inadequate marriage line connections, improper plumbing, mechanical or electrical connections, etc., will be solely my responsibility. I will assume total liability for correction of all problems. I personally have a thorough knowledge of the requirements of the North Carolina State Building Code with regard to setting up modular buildings.

_____ Off Frame Modular _____ On Frame Modular

Building Area: First Floor: _____ Second Floor: _____
Garage/Carport: _____ Porches/Decks: _____
Other: _____

Sewer: Public Utility Name: _____ Septic Tank # _____

Project Valuation: (total cost including plans, materials, labor, of all trades and services)
\$ _____

Directions to Project:

Signed : _____ Date: _____

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NCDOT DRIVEWAY PERMIT CERTIFICATION

FOR

LENOIR COUNTY PLANNING & INSPECTIONS

Any individual connecting to a N.C. State Maintained Road with a driveway must first receive permission by obtaining a driveway permit from the N.C. Department of Transportation. The authority for establishing policies for driveway connections and the regulation thereof is granted to the N.C. Board of Transportation through North Carolina's General Statutes.

This is to CERTIFY that the following person/company:

Property Owner: _____

Property Address: _____

has applied for a Driveway Permit from the N.C. Department of Transportation and the following action was taken:

_____ A Driveway Permit for a single-family residence was issued for this property.

_____ A Commercial Driveway Permit was issued for this property. Attached is a list of the special requirements pertaining to this permit which need to be met prior to granting a Certificate of Occupancy by the Lenoir County Planning & Inspection Department.

_____ No Driveway Permit is required from the N.C. Department of Transportation.

Remarks: _____

N.C. Department of Transportation verification:

Signed: _____ Date: _____

Title: _____



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PLUMBING PERMIT APPLICATION

Project Name: _____
Project Address: _____

Owner's Name: _____
Owner's Present Address: _____
Owner's Phone Number: _____

Contractor Name: _____
License # _____ Phone Number: _____

Description of Proposed Work:

_____ Project Value: _____

- Fees: Residential – Heated Square Feet x .05
- Commercial – Heated Square Feet x .08
- Mobile Homes / Modular - \$50.00
- Gas Piping (Residential) - \$50.00
- Gas Piping (Commercial) - \$100.00
- Minimum (Residential) - \$50.00
- Minimum (Commercial) - \$100.00

TOTAL: _____.

Directions to Project:

Signed: _____ Date: _____

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SIGN PERMIT APPLICATION

Project Name: _____
Project Address: _____

Property Owner's Name: _____
Property Owner's Present Address: _____
Property Owner's Phone Number: _____

Installer / Contractor Name: _____
License # _____ Phone Number: _____

Design Engineer: _____
Address: _____ Phone Number: _____

Description of Proposed Sign:

Electrical Contractor connecting Equipment: _____
_____ No electrical connections will be performed or wiring modified

Note: Engineer structural and footings plans are required for all signs.
(Design for the 110-mph Wind Zone)

Project Value: _____

Directions to Project:

Sign: _____ Date: _____

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WORKERS COMPENSATION INSURANCE COVERAGE

NC General Statute 87-14 requires you to have worker’s compensation coverage for workers on your project. If your project exceeds \$30,000.00 please provide a copy of your workers compensation insurance policy or complete the form below.

Affidavit of Workers Compensation Coverage

_____ (Officer of Agent of the Contractor or Owner) do hereby certify under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

_____ Have three or more employees and have obtained worker’s compensation insurance covering all employees on the job site.

_____ Have one or more subcontractors who have obtained worker’s compensation insurance covering all employees on the job site.

_____ Have not more than two employees and no subcontractors.

While working on the project for which this permit is sought, it is understood that the Lenoir County Planning & Inspection Department issuing the permit may require certificates of coverage and/or waivers of worker’s compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out work on such project.

I hereby certify that all information in this application is correct and all work will comply with the NC State Building Codes and all other applicable state and local laws, ordinances and regulations. The Lenoir County Planning & Inspection Department will be notified of any changes in the approved plans and specifications for the project herein.

Print Name: _____ Phone: _____

Sign: _____ Date: _____

Sworn to and subscribed to me this the _____ day of _____, 20____.

Notary Public _____
My Commission expires:

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Kinston, N.C. 28502

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Certification as to Status of Licensure

Owner/Builder Must Sign:

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have entered into a construction project where the cost of the undertaking exceeds \$30,000.00. Per North Carolina General Statute 87-1, I am not allowing an unlicensed general contractor to perform the duties of a N.C. Licensed General Contractor. This includes construction superintending and managing in addition to, among other things, signing written contracts. I intend to retain the finished house (or other project) exclusively for my own use. I am not building a "speculation" project with the intention of selling the project once it is completed. I will occupy the property for at least one year (12 months) following the completion (issuance of a Certificate of Occupancy) of construction.

I understand that building a "speculation" project without proper licensure is a violation of North Carolina General Statute 87-1 and 87-13; this may be a criminal offense. Also, I understand that under North Carolina General Statute 87-15.5, the "Homeowners Recovery Fund": No Homeowner acting as a General Contractor (Owner/Builder) has any rights to recovery.

I have filled out the Worksheet/Affidavit regarding Workers Compensation and certify either that I am not required by law to carry such coverage or that I agree to submit certificates of insurance coverage upon demand by the Building Inspector. I understand that I am responsible for ascertaining whether I am obligated by law to obtain Workers Compensation Insurance and to assure that our insurance coverage is adequate. I have made all reasonable inquiries of the appropriate authorities and/or sought legal counsel to assure that I am providing all Workers Compensation coverage required by law.

Print Name: _____ **Phone:** _____

Sign: _____ **Date:** _____

Sworn to and subscribed to me this the _____ day of _____, 20__

Notary Public

My commission expires:

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TEMPORARY POWER APPLICATION

Project Name: _____
Project Address: _____

Name of Responsible Agent (General Contractor or Owner):

Phone Number: _____

Reason for Temporary Power _____

Beginning Date: _____ Ending Date: _____

Consent of Responsible Agent (General Contractor or Owner):

I agree as responsible agent to the following:

- 1- Maintain the energized electrical system in a secured and locked manner or under constant supervision to exclude unauthorized personnel.
- 2- Assume the responsibility to alert personnel working in the vicinity of the energized system to its presence.
- 3- Consent to remove or allow removal of all power supplying building or structure when in the discretion of the Building Inspector, service is no longer consistent with the provisions of the National Electrical Code.

Signature: _____ Date: _____

Consent of Subcontractors for Utilization of Systems:

Electrical Contractor: _____ License # _____
Signature: _____ Date: _____

Mechanical Contractor: _____ License # _____
Signature: _____ Date: _____

Plumbing Contractor: _____ License # _____
Signature: _____ Date: _____