

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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**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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**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:**