



COUNTY OF DUPLIN
BUILDING INSPECTIONS DEPARTMENT
PO BOX 950
KENANSVILLE, NC 28349
PHONE: (910) 296-2124 FAX: (910) 296-2166

CHECKLIST FOR BUILDING PERMIT ISSUANCE

1. Blueprints or other documentation demonstrating dimensions of the proposed building or residence. These documents and/or prints shall specify foundation type, floor framework if applicable, load bearing wall framing, roof frame work (truss documents from mfr. and/or stick built spacing/species/sizing/lengths). Blueprints shall be sealed if. construction cost exceeds \$90,000; square footage exceeds 2,500; if construction consists of timber; if building is part of a pre-fabricated package.
2. Permit application completed to it's entirety including licensing affidavit, worker's compensation form, any applicable zoning approval if located in or adjacent of any city limit or extra territorial jurisdiction within Duplin County, Elevation Certificate if located within any floodplain in Duplin County, No-Rise Study Certification if located within any non-encroachment area located in Duplin County, copy of restrictive covenants pertaining to any subdivision of which the building to be altered or constructed is or will be located, current copy of license held by proposed General Contractor, approved septic plan, 911 address for location of proposed structure, any certification or approval from other governmental agencies that may also have jurisdiction of the project.
3. Any work regardless of nature shall be performed, managed, held liable for by the General Contractor. The General Contractor shall be licensed for the type of work to be performed and within the cost limits as established by the NC Licensing Board for General Contractors. In NC an owner may act as their own General Contractor as long as the owner intends to occupy, not sale or lease the building being altered or constructed for a period of at least I year AFTER COMPLETION. **EXCEPTION** Any repair or renovation of a building with a cost LESS THAN \$30,000, PLEASE NOTE YOU WILL BE REQUIRED TO SHOW PROOF OF THIS.
4. To determine that proposed building will be placed in accordance with all setbacks and right of ways established by the county or any of the cities within the county we reserve the right to request any deed, survey map, or in such case a survey may be required if not done previously to insure that building is placed in accordance with any setback and right of way requirements for location of such property.
5. This list was intended to list all information that is typically required however in some cases you may be required to produce other documents that may apply to any situation that may be unique to the construction type or method as well as the type of occupancy. Any questions or concerns please call (910)296-2124.



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Commercial Building Permit Application

PROPERTY OWNER	LAST NAME	ADDRESS NUMBER & STREET	TOWNSHIP
	FIRST NAME	CITY, STATE	ZIP CODE
GENERAL CONTRACTOR	COMPANY		
	LICENSE NUMBER		
ELECTRICAL CONTRACTOR	COMPANY		
	LICENSE NUMBER		
PLUMBING CONTRACTOR	COMPANY		
	LICENSE NUMBER		
MECHANICAL CONTRACTOR	COMPANY		
	LICENSE NUMBER		

PROVIDE INFORMATION REQUESTED INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

TYPE OF IMPROVEMENT

- New Building
- Addition
- Alteration
- Describe Other

- Change of Occupancy

FIRE PROTECTION FEATURES

- Sprinklers** Yes No
- Fire Alarm** Yes No

BUILDING AREAS

Total Area: _____ sq. ft.
 Under Construction: _____ sq. ft.
 Stories Above Grade: _____
 Stories Below Grade: _____

TYPE OF USE

- Amusement, Recreation
- Church
- Factory, Industrial
- Service Station, Repair Garage
- Hospital, Institutional
- Office, Bank, Professional
- School, Day Care
- Store, Mercantile
- Restaurant
- Describe Other

UTILITIES

Sanitary Sewer Permit Number: _____
 Sanitary Sewer District: _____
 Electrical Service Provider: EMC Progress

TYPE OF CONSTRUCTION

- I II III IV V

TYPE OF OCCUPANCY

- Assembly** 1 2 3 4 5
- Business**
- Educational**
- Factory** 1 2
- Hazardous** 1 2 3 4 5
- Institutional** 1 2 3 4
- Mercantile**
- Residential** 1 2 3 4
- Storage** 1 2

COST OF PROJECT

\$ _____ .00

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction shall conform to the regulations in the North Carolina Building Code and all other codes and regulations or private building restrictions, if any, which may be imposed on the above property by deed.

Signature (of owner or Authorized Agent)

Address

Printed Name

Company Name



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AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
 N.C.G.S. § 87-14

The undersigned applicant for Building Permit Number _____ 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 covering 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 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: _____

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

Official Seal
 Notary Public

 Signature of Notary

My commission expires _____, 20____.



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AFFIDAVIT AS TO STATUS OF LICENSURE
N.C.G.S. § 87-1

To Permit Applicant: Please check the appropriate lines, provide the requested Information, and sign and date below.

- I propose to construct a new building.
- I propose to set-up a properly labeled modular building.
- I am a North Carolina licensed general contractor. My license number is _____ .
- I am **not** a North Carolina licensed general contractor. The cost of the project I am entering Into does not exceed \$30,000.00 per N.C.G.S. § 87-1.
- I am **not** a North Carolina licensed general contractor. I am providing to the local inspection jurisdiction a \$5,000 surety bond in accordance with **N.C.G.S. § 143-139.1. (Modular set-up only)**
- I am the owner of the proposed building.** It is my intention to act as my own general contractor for constructing the proposed building or for setting up the proposed modular building. I have entered into a construction project where the cost of the undertaking exceeds \$30,000; I have read G.S. Section § 87-1. I certify that I am not allowing an unlicensed general contractor to perform the duties of a general contractor, which, I understand from reading G.S. Section § 87-1 Include 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, and to be occupied by me or my family for a minimum of one year after completion. I am not building a "speculation" project with the Intention of selling My project once it is completed. I understand that building a "spec" project without proper licensure is a violation of G.S. § 87-13; this may be a criminal offense. Also, I understand that problems which may arise due to construction of the building or set-up of the property labeled modular building, such as inaccurate or Insufficient foundation. improper or inadequate marriage line connections, improper plumbing, mechanical, or electrical connections between the units, etc., Will be solely my responsibility, and I will be left with no recourse and must assume total liability for correction of the problems. I personally have a thorough knowledge of the requirements of the NC State Building Code with regard to construction and/or setting up modular buildings.

 Signature of Permit Applicant

 Date

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

 Signature of Notary

Official Seal Notary Public

My commission expires _____, 20 _____.

STATE OF NORTH CAROLINA

**OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14(a)(1)**

COUNTY OF DUPLIN

BUILDING Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

I, _____
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

- 1. _____ I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

_____ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: _____)
- 2. _____ I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article I of Chapter 87 of the General Statutes of North Carolina;
- 3. _____ I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
- 4. _____ I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

(Signature of Affiant)

Date

Sworn to (or affirmed) and Subscribed before me
this the ___ day of _____, 20___

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____ (Notary Stamp or Seal)

(NOTE. It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law - G.S. 14-209)