

**CARTERET COUNTY PLANNING AND DEVELOPMENT DEPARTMENT
APPLICATION FOR BUILDING PERMIT
Courthouse Square ♦ Beaufort, N.C. 28516-1898
Main Office (252) 728-8545 ♦ Western Office (252) 222-5833**

PARCEL ID #: _____ DATE: _____

PROPERTY OWNER NAME: _____

PHONE #: _____ E-Mail _____

AGENT NAME: _____ PHONE #: _____ E-Mail _____

LOCATION OF PROPERTY: _____

DESCRIPTION OF WORK: _____

EXISTING STRUCTURES: YES / NO _____ LOT SIZE: _____

CAMA PERMIT YES / NO # _____ HEATED SF: _____ UNHEATED SF: _____

TYPE OF CONSTRUCTION: _____ NO. OF STORIES: _____ OCCUPANCY TYPE: _____

COST/VALUE: \$ _____ MANUFACTURED HOME (ZONE: _____) EXPOSURE D: YES / NO

NEW SEPTIC: YES / NO NEW WELL: YES / NO PUBLIC WATER AVAILABLE: YES / NO #OF BED / BATHROOMS ___ / ___

GAS: YES / NO IF YES, HOW MANY APPLIANCES: _____

OPERATIONS PERMIT # / AUTH. TO CONSTRUCT #: _____

CONDITIONED CRAWLSPACE: YES / NO SQUARE FOOTAGE OF AREA TO BE ENCLOSED _____

COMMENTS: _____

OWNER / AGENT SIGNATURE: _____

FOR OFFICIAL USE ONLY

CASE / PERMIT # _____

COMM NO.	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	BASE FLOOD ELEV.	ELEV. CERT. REQ. YES / NO	BASE FLOOD ELEV. REQ. *

50' BUFFER REQUIRED: YES / NO PUBLIC WATER REQUIRED: YES / NO DECO: YES / NO

JURISDICTION: _____ ZONING: _____ MAX BLDG HT: _____

SETBACKS: PRINCIPAL STRUCTURE: _____ FRONT _____ REAR _____ SIDE _____ SIDE ON CORNER

ACCESSORY STRUCTURE: _____ FRONT _____ REAR _____ SIDE _____

TYPE OF BUSINESS: _____ NO. OF REQ. PARKING SPACES: _____

SIGN REQUIREMENTS: _____

COMMENTS: _____

Bogue
 Cedar Point
 County
 Indian Beach
 Peletier

The applicant has certified that the information shown on the application, plans and specifications is correct and true to his/her knowledge. All work performed shall comply with the North Carolina State Building Code, Flood Damage Prevention Ordinance of Carteret County and all other regulations, rules and ordinances as applicable. Misinformation, lack of information, or statements made in error could result in revocation of all permits and subject the owner/agent to litigation in the process.

Date: _____

Case / Permit#: _____

Carteret County Department of Planning & Development

Property Owner / Agent Name: _____

Job Site Address: _____

The subcontractors listed below will be responsible for performing the trade in which they are currently licensed at the above site address.

<u>Trade</u>	<u>Business Name</u>	<u>License #</u>	<u>Representative Signature</u>
Building	_____	_____	_____
E-Mail	_____	_____	_____
Electrical	_____	_____	_____
E-Mail	_____	_____	_____
Mechanical	_____	_____	_____
E-Mail	_____	_____	_____
Plumbing	_____	_____	_____
E-Mail	_____	_____	_____
Insulation	_____	_____	_____
E-Mail	_____	_____	_____
Gas	_____	_____	_____
E-Mail	_____	_____	_____
MH Set-up	_____	_____	_____
E-Mail	_____	_____	_____

**PLANNING & INSPECTIONS DEPARTMENT
CARTERET COUNTY, NORTH CAROLINA**

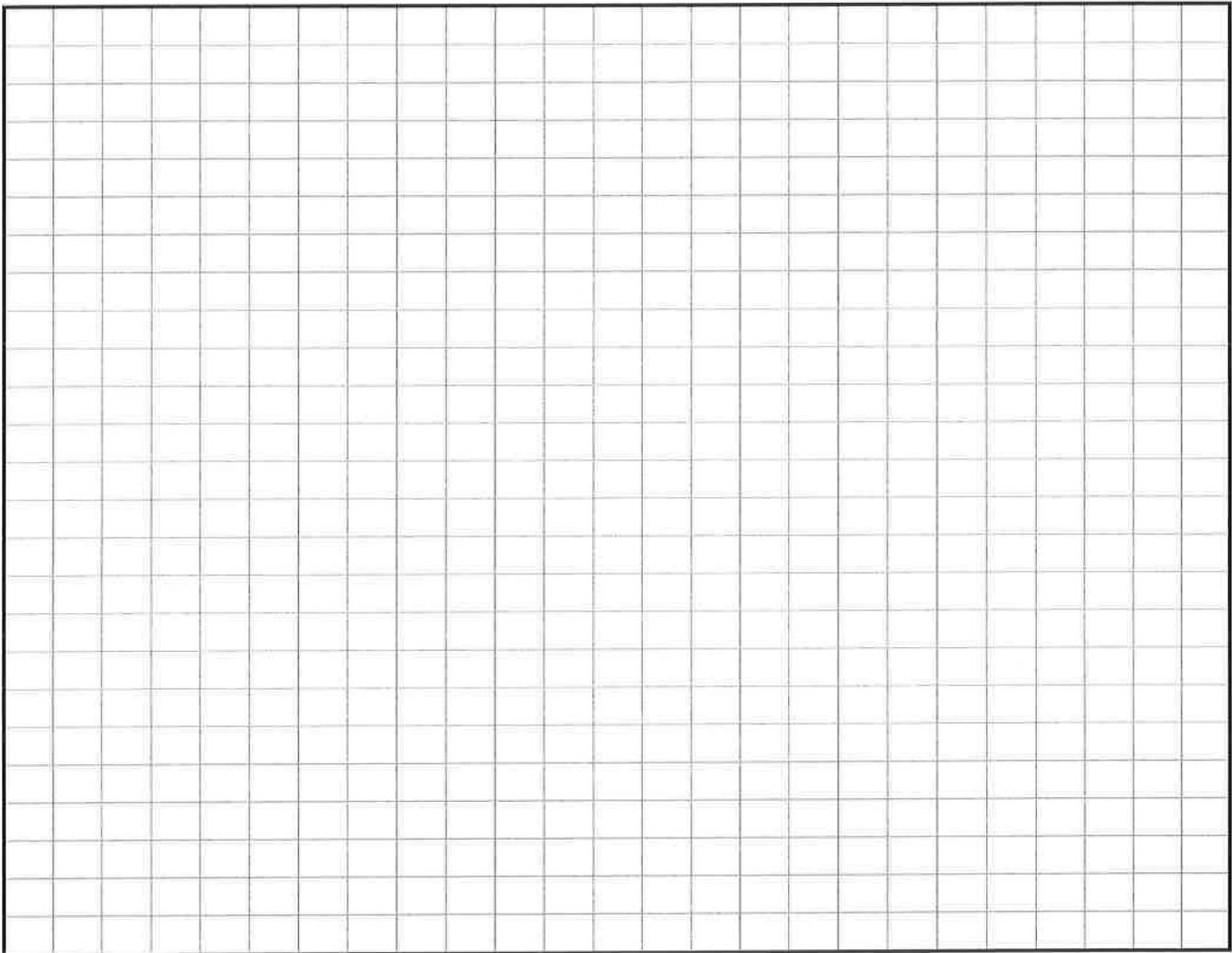
DATE: _____

PIN: _____

APPLICANT: _____

- Show property lines with dimensions
- Show proposed structure with approximate dimensions
- Show any other existing structures on property
- Label distance to all property lines from proposed structure
- Label road, front, rear, and sides

DRAW PLOT PLAN BELOW



APPLICANT / OWNER

ZONING OFFICIAL INITIALS

AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE
N.C.G.S. §87.14

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), or corporation(s) performing the work set forth in the permit:

_____ has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,

_____ has/have one or more subcontractor(s) who have obtained worker's compensation insurance covering them,

_____ has/have one or more subcontractor(s) who has/have their own policy or worker's 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 Inspections Department issuing the permit may require certificates of coverage 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 the work.

Firm Name: _____

By: _____

Title: _____

Date: _____