

**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: _____

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

#OF BED / BATHROOMS ____ / ____ GAS: YES / NO IF YES, HOW MANY APPLIANCES: _____

NEW SEPTIC: YES / NO NEW WELL: YES / NO PUBLIC WATER AVAILABLE: YES / NO

SEPTIC 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. *

30' CAMA 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

Cape Carteret

Cedar Point

County

Indian Beach

Pelotier

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	_____	_____	_____

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 setforth 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: _____



Date: _____

PIN/Address: _____

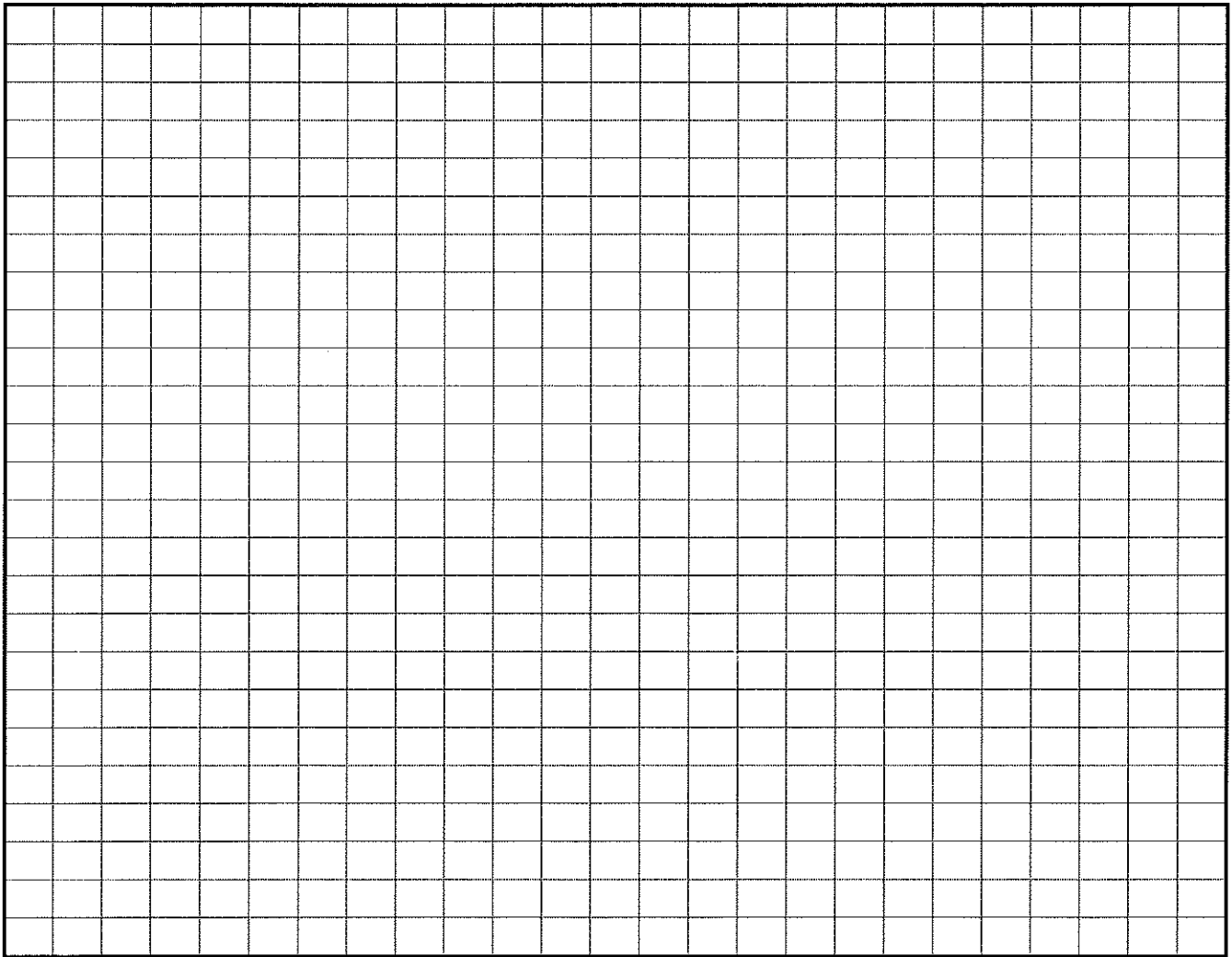
Applicant: _____

Requirements

- Label distance to all property lines from proposed structure
- Label road, front, rear, and sides
- Show existing or proposed septic and well locations
- Show property lines with dimensions
- Impervious information required if applicable

All plan requirements must be shown on template.
Incomplete applications will not be accepted.

SCALE YOUR PLOT PLAN BELOW



APPLICANT / OWNER

ZONING OFFICIAL INITIALS