



BUILDING PERMIT APPLICATION

For all Residential and Commercial Requests

Residential application

Commercial application

The following information is required on all permit applications.
Additional information may be included to ensure that all state and local laws are complied with.

<u>Property Owner Information</u>	<u>*Contractor/General Contractor/Agent/Other</u>	
Name:	Bus./Cont. Name:	
Phone(H/O): (include area code)	Phone(O): (include area code)	
Phone (Cell):	Phone (Cell):	
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Owner Email:	Contractor Email:	
	State License #:	Other St. License. #:

Project Manager: (Name) _____ Phone # _____

Construction site address:

Construction value: \$		Est. start date:	
Type of Building: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Addition <input type="checkbox"/> N/A		Equipment: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Addition <input type="checkbox"/> N/A	
Occupancy: <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U			
Type of Construction: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> V A <input type="checkbox"/> V B			
Property Use: <input type="checkbox"/> Single-Family <input type="checkbox"/> Two Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Other (Library, Office, etc.)			
Total (new) Heated area:	Total (new) Unheated area:	No. of stories:	
1 st Floor sq.ft.	Carport*** sq.ft.	Bldg. height:	
2 nd Floor sq.ft.	Garage*** sq.ft.	***Accessory dimensions:	
3 rd Floor sq.ft.	Porch/Deck sq.ft.	***Accessory height:	
Other sq.ft.	Porch/Deck sq.ft.	CAMA Permit #: <input type="checkbox"/> Yes <input type="checkbox"/> No (please include copy)	
	Shed/Outbuilding*** sq.ft.	Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No (please include copy of the following)	
	Other sq.ft.	Certificate of Appropriateness: <input type="checkbox"/> Yes <input type="checkbox"/> No Minor Works: <input type="checkbox"/> Yes <input type="checkbox"/> No	
**Total: sq.ft.	**Total: sq.ft.	** Total (new) square footage:	

*** Required information for most structural permits.

General description of work to be performed: (Please print and be specific)

(May attach another page if necessary to complete the description.)

PLEASE READ BEFORE SIGNING. By signing this application, I certify all information within this application is correct and all work will comply with the applicable N.C. State Building Codes and all other applicable State and local codes, ordinances, and regulations. The Town's Inspection Department will be notified **immediately** of any change in the approved application and/or specifications for the project permitted. A final inspection shall be called for by the owner, contractor, agent, or other individual listed below within ten (10) working days of substantial completion of project. Unless restrictions apply, construction must begin within six (6) months of the permit issue date or the permit becomes null and void.

Owner, General Contractor, or Agent Signature

Date of Signature

Print or type name above

Phone

PERMIT INFORMATION

*Signatures are needed in the boxes below if the person submitting this application is not a North Carolina licensed general contractor.

Application will be returned if not complete and does not contain the required signatures.

<u>Electrical Contractor</u>	<u>Mechanical Contractor</u>
Name/Contact:	Name/Contact:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone (O): <i>(include area code)</i>	Phone (O): <i>(include area code)</i>
Phone (Cell):	Phone (Cell):
Email address:	Email address:
State License #:	State License #:
Design Professional:	Design Professional:
<u>*Signature:</u>	<u>*Signature:</u>

<u>Plumbing Contractor</u>	<u>Fire Alarm System Contractor</u>
Name/Contact:	Name/Contact:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone (O): <i>(include area code)</i>	Phone (O): <i>(include area code)</i>
Phone (Cell):	Phone (Cell):
Email address:	Email address:
State License #:	State License #:
Design Professional:	Design Professional:
<u>*Signature:</u>	<u>*Signature:</u>

<u>Sprinkler Contractor</u>	<u>Sign Contractor</u>
Name/Contact:	Name/Contact:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone (O): <i>(include area code)</i>	Phone (O): <i>(include area code)</i>
Phone (Cell):	Phone (Cell):
Email address:	Email address:
State License #:	State License #:
Design Professional:	Design Professional:
<u>*Signature:</u>	<u>*Signature:</u>

<u>Fuel Piping Contractor</u>	<u>Demolition Contractor</u>
Name/Contact:	Name/Contact:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone (O): <i>(include area code)</i>	Phone (O): <i>(include area code)</i>
Phone (Cell):	Phone (Cell):
Email address:	Email address:
State License #:	State License #:
Design Professional:	Design Professional:
<u>*Signature:</u>	<u>*Signature:</u>

<u>Other Contractor</u>	<u>Other Contractor</u>
Name/Contact:	Name/Contact:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone (O): <i>(include area code)</i>	Phone (O): <i>(include area code)</i>
Phone (Cell):	Phone (Cell):
Email address:	Email address:
State License #:	State License #:
Design Professional:	Design Professional:
<u>*Signature:</u>	<u>*Signature:</u>

The information below may be filled out but is not a substitute for the description of work on page 1 of this application.

<u>ELECTRICAL INFORMATION</u>	
Service Change: From _____ To _____	New Service Size: _____
Service/Temporary Pole: <input type="checkbox"/> Yes <input type="checkbox"/> No	Connect to HVAC: <input type="checkbox"/> Yes <input type="checkbox"/> No Connecting to Sign: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>DEMOLITION INFORMATION</u>	
<i>If the structure to be demolished is commercial, or a contractor is performing the work, an asbestos removal inspection and/or permit from the state may be required pursuant to N.C.G.S. 130A-449. For more information, please contact our office.</i>	
<u>MECHANICAL INFORMATION</u>	
Number of new units installed: _____	Type of system installed: _____
New or Additional Service: _____	No. of BTU's and/or unit tonnage: _____
Change Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Electric Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Please submit electrical contractor information above.</i>	
<u>PLUMBING INFORMATION</u>	
Water tap size for meter: _____	Sewer tap size: _____
Water provided by: _____	Sewer provided by: _____
Private Permit # (please include copy): _____	Private Permit # (please include copy): _____
<u>SIGN INSTALLATION INFORMATION</u>	
Location of Sign: <input type="checkbox"/> Off Premises Sign <input type="checkbox"/> Wall Sign <input type="checkbox"/> Projection Sign	<input type="checkbox"/> Special Event Sign <input type="checkbox"/> Monument Sign <input type="checkbox"/> Hanging Sign
No. of Flush Mounted Signs: _____	Square Footage each sign: _____
No. of Free Standing Signs: _____	Square Footage each sign: _____
Linear feet of <i>building</i> frontage: _____	Linear feet of <i>lot</i> frontage: _____
	*Electric Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Please submit electrical contractor information above.</i>	
<u>**OTHER INFORMATION</u>	
Irrigation Meter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phased Development: <input type="checkbox"/> Yes <input type="checkbox"/> No
Landscaping plan required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total site area: _____
Sprinkler Installation: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Sprinkler Heads: _____

(This form is required only if improvements are valued at \$30,000 or more pursuant to [NCGS Section 87-14.](#))

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

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), firm(s), or corporation(s) performing the work set forth in the permit:
(check appropriate box or boxes below)

- 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 (1) 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 this project for which this permit is sought. It is understood that the Inspections 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: (Please print and sign*) _____

By: _____

Title: _____ **Date of Signature:** _____

**Electronic signatures will not be accepted.*



Town of Beaufort

701 Front St. • P.O. Box 390 • Beaufort, N.C. 28516

252-728-2141 • 252-728-3982 fax

www.beaufortnc.org

It is intended for this application to replace all existing applications for the Town of Beaufort. Contractors, builders, homeowners, and others who plan to build, renovate, demolish, install signs, etc. should use this application. In order to cut down on multiple applications, we ask for one application to be turned in per project with all of the proposed work for such project. All parties involved with the project should sign the application in the appropriate area(s) when necessary. The Town does accept faxed applications. Our office will not sell email information but may use the information to contact individual parties. For more information, please call our office at 252-728-2142.

MATERIALS NEEDED WITH APPLICATION SUBMITTAL

- 1) **Two (2) sets of building plans** with specifications showing all materials and methods of construction used should be submitted. Please include the following information *where applicable*:
Footing and slab sizes; foundation details, wall section details; dimensions of lumber and how far it will span; electric, plumbing, heating, and cooling layouts; and insulation values.
- 2) **One (1) copy of a site plan** is required for any new construction and/or additions to existing property including sheds, outbuildings, porches, decks, etc. The site plan must show the dimensions of the structure to be built as well as the measurements relative to the existing true property lines and must also show any existing structure(s) and measurements relative to the new proposed construction. **The site plan must be drawn to scale** and must provide a proper legend with map scaling, relation to an existing road or roads, as well as a north arrow. The site plan should show any and all utility services located on the property.
- 3) **Site Plan Standards for Commercial & Residential Structures with over five thousand (5,000) square feet** will be required to submit additional information. The standards and what information to submit are available in **Section 18** of the Town's ***Land Development Ordinance*** or you may call our office to obtain a copy.
- 4) Where applicable, a copy of the well and/or septic permits issued by the County Health Department should be submitted with this application.
- 5) A copy of any required State permits should be included. This includes, but is not limited to, storm water and CAMA permits.
- 6) A copy of any Town land use orders or permits should be submitted. This includes, but is not limited to, Zoning Variance Orders, Special Use Permits, Final Plat approvals, and/or Certificates of Appropriateness or Minor Works documentation.
- 7) Commercial applications should be accompanied by an Appendix B, where applicable. A copy of Appendix B can be found on the Town's website.
- 8) Applications are reviewed by a number of internal departments including the Public Utilities Department. All applicable fees must be paid at the time a permit is issued including water & sewer taps, and water & sewer capacity use fees. Please allow at least 24-48 hours for the review of your application to be completed depending on the scope of the project. If additional information is needed, a phone call will be made to the contact listed on the application. If the application is deemed incomplete and cannot be resolved in a timely manner, the application will be voided and returned to the applicant.

Homeowners Recovery Fund. All residential applications for new construction and/or alterations submitted by a NC licensed general contractor will be assessed a \$10.00 fee pursuant to [N.C.G.S. 87-15.6](#) "Homeowners Recovery Fund." The Town of Beaufort submits 100% of this fee to the [N.C. General Licensing Board](#) on a quarterly basis.

Scheduling an Inspection. When an inspection is required, call **252-728-2142** or email d.graham@beaufortnc.org at least **one full day prior to the inspection request**. Scheduling allows our Inspector to spend quality time on job sites with our customers. We try to work with customers if they need a same day inspection however **we will not guarantee scheduling or completion**. Please email or call for more information.