

Zoning Permit # \_\_\_\_\_  
Building Permit # \_\_\_\_\_

Est. Cost of Const. \$ \_\_\_\_\_

## Town of Sunset Beach RESIDENTIAL BUILDING PERMIT APPLICATION

Applicant/Property Owner: \_\_\_\_\_ Date \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

Project Address: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Applicant/Property owner telephone #: \_\_\_\_\_ cell #: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_

[ ] New [ ] Addition [ ] Renovation [ ] Foundation Repair [ ] Accessory Building [ ] Deck/Ramp [ ] Garage/Carport

Single Family \_\_\_\_\_ No. of Stories: \_\_\_\_\_ Duplex \_\_\_\_\_ Total Peak Height: \_\_\_\_\_ ft.

No. of Baths: \_\_\_\_\_ Heat: Electric \_\_\_\_\_ Gas \_\_\_\_\_

Building: Heated Area \_\_\_\_\_ sq ft Covered Unheated Area \_\_\_\_\_ sq ft

Total Uncovered/Unheated Space \_\_\_\_\_ sq ft Total Concrete Area \_\_\_\_\_ sq ft (Driveway, ect)

Utilities: Public Water \_\_\_\_\_ Public Sewer \_\_\_\_\_ Septic Tank \_\_\_\_\_

Exterior Footing detail: Depth \_\_\_\_\_ ft/in Width \_\_\_\_\_ ft/in

Interior Pier footing detail: Depth \_\_\_\_\_ ft/in Width \_\_\_\_\_ ft/in

Interior Pier Size \_\_\_\_\_ Pier Spacing \_\_\_\_\_ ft. (max) Number of HVAC Systems \_\_\_\_\_

Foundation: Solid (8") \_\_\_\_\_ Pier & Curtain \_\_\_\_\_ Slab on Grade \_\_\_\_\_ Pilings \_\_\_\_\_

Interior girder size \_\_\_\_\_ Exterior girder size \_\_\_\_\_

Floor Joist: Span \_\_\_\_\_ ft. \_\_\_\_\_ in. Size of Joist \_\_\_\_\_ O.C. \_\_\_\_\_

Ceiling Joist: Span \_\_\_\_\_ ft. \_\_\_\_\_ in. Size of Joist \_\_\_\_\_ O.C. \_\_\_\_\_

Rafters: Span \_\_\_\_\_ ft. \_\_\_\_\_ in. Size of Joist \_\_\_\_\_ O.C. \_\_\_\_\_

Insulation Values: walls \_\_\_\_\_ roof/ceiling \_\_\_\_\_ floor \_\_\_\_\_

Exterior Walls: Hardi Board \_\_\_\_\_ V-Siding \_\_\_\_\_ Brick \_\_\_\_\_ Other \_\_\_\_\_

Roof: Material \_\_\_\_\_ Flat \_\_\_\_\_ Pitch \_\_\_\_\_ Engineered Trusses \_\_\_\_\_

General Construction Permit:

Contractor Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License No. \_\_\_\_\_ Classification \_\_\_\_\_

I hereby affirm that I am the property owner, or authorized agent representing the property owner for the specific property for which this permit application is being made and certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Contractor/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

# Building Inspections

## CONFIRMATION AS CONTRACTOR / SUBCONTRACTOR

If building permit is approved, I agree to conform to all laws of the State of North Carolina regulating such work. I confirm that the information listed below is true and accurate.

Project Address: \_\_\_\_\_

Gen. Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Contractor Signature \_\_\_\_\_

Electrical Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Electrical Contractor Signature \_\_\_\_\_

Plumbing Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Plumbing Contractor Signature \_\_\_\_\_

Mechanical Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Mechanical Contractor Signature \_\_\_\_\_

Fuel Piping Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Fuel Piping Contractor Signature \_\_\_\_\_

Refrigeration Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Refrigeration Contractor Signature \_\_\_\_\_

Sprinkler Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Sprinkler Contractor Signature \_\_\_\_\_

Elevator Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Elevator Contractor Signature \_\_\_\_\_

CERTIFICATION AS TO STATUS OF LICENSURE  
GENERAL CONTRACTOR

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 contract where the cost of the undertaking exceeds \$30,000.00; the contract, whether written or oral is in the exact name as listed with the North Carolina Licensing Board for General Contractors. I am not in partnership (including any "joint venture" (unless in compliance with 12 NCAC 12.0207) with any unlicensed entity). I certify that I am presently licensed under \_\_\_\_\_ and my license number is \_\_\_\_\_. My license is active and in good standing. I have filed all the necessary renewals with the North Carolina Licensing Board for General Contractors. I am not presently under any disciplinary order issued by the Licensing Board, which disqualifies me for entering into construction contract.

I have in effect all required worker's compensation insurance coverage and I agree to submit certificates of such coverage to the building inspector upon request. I understand that I am responsible for ascertaining whether I am obligated by law to obtain worker's compensation coverage and to assure that my insurance coverage is adequate. I understand that a licensed general contractor must pay a \$10.00 fee upon issuance of a residential building permit pursuant to NCGS 87-15.3 the Homeowner's Recovery Fund of North Carolina; \$9.00 of which the permitting official will forward to the Licensing Board. I understand that the unlicensed practice of general contracting is a criminal offense of NCGS 87-13 and that the licensing board may pursue and injunction against me if I practice without a license as required by law. I also understand that North Carolina case law; an unlicensed practitioner may be barred from recovery of any civil damages if the job owner refuses to pay. I have been informed that any authority issuing a building permit to an unlicensed contractor where a license is required may be found guilty if a misdemeanor and I certify to this department that they may rely on my statement as truthful regarding the status of my license.

AFFADAVIT OF WORKER'S COMPENSATION

The undersigned applicant or authorized agent for a building permit being the [ ] contractor, [ ] owner, [ ] agents for owner or contractor do hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Have three (3) or more employees and have obtained worker's compensation insurance to cover them.
- Have one or more subcontractors and have obtained worker's compensation insurance to cover them.
- Have one or more subcontractors who have their own policy of workers compensation covering them.
- Have no 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 will 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 the work.

Firm Name: \_\_\_\_\_ By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

State of \_\_\_\_\_-County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

(Seal)

**OWNER EXEMPTION AFFIDAVIT**

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

STATE OF NORTH CAROLINA

COUNTY OF BRUNSWICK

TOWN OF SUNSET BEACH INSPECTION 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 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;

OR

- \_\_\_\_\_ 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 duly will not be delegated to any person not duly licensed under the terms of Article 1 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 by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
5. \_\_\_\_\_ 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

(Notary Stamp or Seal)

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_

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

## Lien Agent Information

**Effective April 1, 2013**

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent: \_\_\_\_\_

Mailing address of Agent: \_\_\_\_\_

\_\_\_\_\_

Physical address of Agent: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“ **(Effective April 1, 2013)** No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the owner occupies as a residence, or for the addition of an accessory building or accessory structure as defined in the North Carolina Uniform Residential Building Code, the use of which is incidental to that residential dwelling unit, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”

**You can complete online at:**

[www.liensnc.com](http://www.liensnc.com)