

Date submitted: _____

Permit # _____

City of Jacksonville
Building Inspections Division
P.O. BOX 128/815 NEW BRIDGE STREET
JACKSONVILLE, NC 28541
(910) 938-5232 or 5235 (910) 938-5208 (fax)
www.ci.jacksonville.nc.us

BUILDING PERMIT APPLICATION

TYPE OF PERMIT: Commercial Residential Demolition Mobile Home
Construction Trailer/Temp Pole Accessory Bldg. Other _____
Swimming Pool Moving Permit Modular Alteration up-fit
Shell Building Day Care/ Residential Care Foundation only

CLASS OF WORK: Single Family Duplex Multi-Family Industrial Institutional
Commercial/Office Townhouse Other. _____

BUILDING AREA: Existing Sq. Ft. _____ Heated Sq. Ft. _____
Of stories _____ Area per floor Sq. Ft. _____ Total New Sq. Ft. _____
Porch Sq.Ft. _____ Deck Sq.Ft. _____ Garage Sq.Ft. _____

CONSTRUCTION TYPE: Wood Masonry Metal Other _____

OCCUPANCY TYPE: Assembly Business Educational Hazardous Utility
Factory-Industrial Institutional Mercantile Residential Storage

USE/ TYPE OF BUSINESS _____

DESCRIPTION OF WORK BEING DONE: _____

Applicant Signature: _____ **Total Construction Cost:** _____

Name of **Contractor** _____ Phone _____

Address _____
City State Zip

NC Contractor's License# _____

Project Address: _____

Project Contact Person: _____ **Telephone #** _____

Owner _____ **Address** _____ **Phone** _____

Attachments: Construction Plan Sketch Plan Site Plan/Survey

OFFICE USE ONLY: -----

Zoned _____ Official Zoning Use: _____

Fire District **Yes No**
Historical Building **Yes No**
CAMA permit **Yes No**
Health Dept. Approval **Yes No**
State Agency Approval: **Yes No**
Flood zone _____ Is an Elevation Certificate required? **Yes No**

Public Services Approval by: _____ Date: _____

Zoning Approval by: _____ Date: _____

Inspections Approval by: _____ Date: _____

Public Services / Plumbing Fixture Summary Permit # _____

To be completed by Contractor/Owner/Applicant and attached to all Building Permit Applications and Certificate of Occupancy Applications. **Indicate the number of EXISTING and NEW plumbing fixtures** to be incorporated in the building. **This will determine the fees that will be charged**

Commercial buildings MUST specify meter size desired: _____

Is there a sprinkler system in this building? Yes No

Has there ever been a structure at this location? Yes No

If so, how was water and sewer provided?

Water: CITY COUNTY WELL UNSURE Please circle one

Sewer: CITY COUNTY SEPTIC UNSURE Please circle one

Will there be an irrigation system? Yes No Size of Meter: _____

Fixture Description	Type (Circle the appropriate type where indicated)	Number of Existing Fixtures	Number of New Added Fixtures	Total Number of Fixtures
Toilet	Flush Tank Or Flush Valve			
Bathroom Sink				
Bidet				
Urinal	3/4" Flush Valve Or 1" Flush Valve			
Bathtub/Shower Combination				
Stand Alone Shower Stall				
Stand Alone Tub (No Shower)				
Kitchen Sink				
Fountain Drink Machine				
Drinking Fountain				
Clothes Washing Machine				
Dishwashing Machine				
Outside Water Spigots				1
Service Sink				
Mop Sink				
Other (Please Describe)				

Misinformation or Failure to fill out this form completely will cause a delay in Permit Issuance

I attest that this is a correct fixture count to the best of my knowledge

Signature of Applicant: _____ Date: _____

Permit # _____

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

_____ has liability insurance for said company (self),

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

_____ has/have one or more subcontractor(s) and have obtained worker's compensation insurance to cover them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workmens' 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 Division 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: _____

**CITY OF JACKSONVILLE
INSPECTIONS DIVISION**

**CERTIFICATION AS TO STATUS OF LICENSURE
FOR THE GENERAL CONTRACTOR TO SIGN:**

Permit # _____

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have read G.S. Sections 87-1 and 87-14 as amended July 6, 1992. 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 a partnership (including any "joint venture" [unless in compliance with 21 N.C.A.C. 12.0207]) with any unlicensed entity. I certify that I am presently licensed under the name _____ and under license number _____. My license is active and in good standing – I have filed all necessary renewal forms with the North Carolina Licensing Board for General Contractors. I am not presently under any disciplinary order issued by the North Carolina Licensing Board for General Contractors, which disqualifies me for a building permit.

I certify to this Building Inspections Division that I have paid license tax (es) as required by the N.C. Department of Revenue; I have in effect all required workers compensation insurance coverage. I have filled out the attached worksheet/affidavit regarding workers' compensation and I agree to submit certificates of responsible for ascertaining whether I am obligated by law to obtain workers' compensation insurance and to assure that our insurance coverage is adequate; I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all workers' compensation coverage required by law.

I understand that a licensed general contractor must pay a \$10.00 fee upon applying for a residential permit pursuant to G.S. Section 87-15.5 "Homeowner's Recovery Fund" Act of North Carolina, \$9.00 of which the permitting official shall forward to the North Carolina Licensing Board for General Contractors.

I understand that the unlicensed practice of general contracting is a criminal offense under G.S. Section 87-13 and that I may be sued by the North Carolina Licensing Board for General Contractors for an injunction if I practice without a license as required by law. I also understand that, under North Carolina case law, an unlicensed practitioner may be barred from recovery of any civil damages if the job owner refuses to pay me.

I have been informed that any authority issuing a building permit to an unlicensed contractor where a license is required may be found guilty of a misdemeanor and I certify that this Department may rely on my statement as a truthful statement regarding the status of my license.

This is the _____ day of _____, 20__.

NAME: _____ TITLE: _____ TELEPHONE NUMBER: _____

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

NOTARY PUBLIC

MY COMMISSION EXPIRES:

**CITY OF JACKSONVILLE
INSPECTIONS DIVISION**

FOR THE OWNER/APPLICANT TO SIGN

Permit # _____

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. I have read G.S. Section 87.1 as amended July 6, 1992. 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 below, includes 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; I am not building a "speculation" project with the intention of selling the project once it is completed. I will occupy the property for at least one year following completion of construction. I understand that building a "spec" project without proper licenser is a violation of G.S. 87.1 and G.S. 87.13; this may be a criminal offense. Also, I understand that under G.S. Section 87.15.5, the "Homeowner's Recovery Fund" no homeowner acting as a general contractor has any right of recovery.

I have filled out the attached worksheet/affidavit regarding worker's compensation and I certify either that I am not required by law to carry such coverage or that I will agree to submit certificates of insurance coverage upon demand by the building inspector. I understand that I am responsible for ascertaining whether I am obligated by law to obtain worker's compensation insurance and to assure that our insurance coverage is adequate. I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all workers' compensation required by law.

This the _____ day of _____, 20_____.

NAME

TITLE

TELEPHONE NUMBER

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

NOTARY PUBLIC



CONFIRMATION AS CONTRACTOR/SUBCONTRACTOR

PERMIT # _____

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 Number** _____

Contractor Signature _____

Electrical Contractor Name: _____ **NC License #** _____

Address: _____ **Telephone:** _____

Electrical Contractor Signature _____

Plumbing Contractor Name: _____ **NC License #** _____

Address: _____ **Telephone:** _____

Plumbing Contractor Signature _____

Mechanical Contractor Name: _____ **NC License #** _____

Address: _____ **Telephone:** _____

Mechanical Contractor Signature _____

Fuel Piping Contractor Name: _____ **NC License#** _____

Address: _____ **Telephone:** _____

Fuel Piping Signature: _____