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LENOIR COUNTY PLANNING & INSPECTIONS

101 N. Queen Street  
P.O. Box 3289  
Kinston, N.C. 28502

Phone: (252) 559-2260  
Fax: (252) 559-2261

**BUILDING PERMIT APPLICATION**

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Tax ID # on Land: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Owner's Present Address: \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_

General Contractor's Name: \_\_\_\_\_  
License # \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Choose one: Building Air Leakage: \_\_\_\_\_ Visual \_\_\_\_\_ Blower Door Test  
Required for permit. No final inspection without an Energy Efficiency  
Certification.**

Building Area: First Floor: \_\_\_\_\_ Second Floor: \_\_\_\_\_  
Garage/Carport: \_\_\_\_\_ Porches/Decks: \_\_\_\_\_  
Septic Tank Permit # \_\_\_\_\_

Project Valuation: (total cost including plans, materials, labor of all trades and services)  
\$ \_\_\_\_\_

Directions to Project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**DEMOLITION PERMIT APPLICATION**

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Tax ID # on Land: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Owner's Present Address: \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_

General Contractor's Name: \_\_\_\_\_  
License # \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Building Area: First Floor: \_\_\_\_\_ Second Floor: \_\_\_\_\_  
Garage/Carport: \_\_\_\_\_ Porches/Decks: \_\_\_\_\_  
Other: \_\_\_\_\_

Power Supplier: \_\_\_\_\_  
Water Supplier: \_\_\_\_\_  
Sewer: Public Utility Name: \_\_\_\_\_ Septic Tank # \_\_\_\_\_

Project Valuation: (total cost including plans, materials, labor, of all trades and services)  
\$ \_\_\_\_\_

Directions to Project:  
\_\_\_\_\_  
\_\_\_\_\_

Contractor Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Contractor Address \_\_\_\_\_  
License # \_\_\_\_\_ Phone # \_\_\_\_\_

**ELECTRICAL UTILITIES:** \_\_\_\_\_

Provide letter from electrical supplier certifying that service is disconnected.

**Note:** Letter must include: Name, Address, Phone, Signature and Date.

Letter on File:    \_\_\_\_\_  Yes           \_\_\_\_\_  No

**GAS SUPPLIER:** \_\_\_\_\_

Provide letter from gas supplier certifying that service is disconnected.

**Note:** Letter must include: Name, Address, Phone, Signature and Date.

Letter on File:    \_\_\_\_\_  Yes           \_\_\_\_\_  No

**EPA ASBESTOS REGULATIONS:**

EPA'S National emission standards for hazardous air pollutants (NESHAP) require an asbestos inspection and ten (10) working days notification prior to demolition and renovation of all commercial, institutional, or industrial facilities except residential buildings having four (4) or fewer dwelling units. The NESHAP requirement also applies to the demolition of all residences being demolished for commercial, institutional, or industrial purposes. Notification of all demolition is required whether or not the buildings are found to contain asbestos.

Please contact the State Department of Environmental Health, and Natural Resources, Division of Epidemiology for notification or additional information at:

PO Box 27687   Raleigh, NC 27611-7687           Phone: (919) 733-0820

Report Received:    \_\_\_\_\_  Yes           \_\_\_\_\_  No

**UNDERGROUND FUEL TANKS:**

Are underground fuel tanks located on the property?    \_\_\_\_\_  Yes           \_\_\_\_\_  No

Are they to be removed?    \_\_\_\_\_  Yes           \_\_\_\_\_  No

**Note: A separate permit is required for the removal of underground tanks.**

I certify that all information in this application is correct and all work will comply with the N.C. State Building Code and all other laws, ordinances and regulations. I also certify that I am familiar with and agree to comply with all laws regarding asbestos removal, agency notification and abatement.

Contractor / Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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**ELECTRICAL PERMIT APPLICATION**

Project Name: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

Owner's Present Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

License # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Proposed Work:

\_\_\_\_\_ Project Value: \_\_\_\_\_

FEES: Residential – Total Square Feet x .05

Commercial – Total Square Feet x .08

(Total Square Feet includes Heated and Unheated of all Floors, Garages, Porches, etc.....)

Mobile Home / Modular - \$50.00

HVAC only - \$50.00

New Service (to 200 Amps)-\$50.00 (\$10.00/each additional 100 amps)

Temporary Pole - \$50.00

Temporary Power (60 days) - \$50.00

Tobacco Barns, Grain Bins, Etc. - \$50.00 (\$10.00/additional structure)

Swimming Pools - \$50.00

Signs / Billboards - \$50.00

Motors- \$25.00 (\$10.00 per additional motors)

TOTAL: \$\_\_\_\_\_.

(MINIMUM FEE \$50.00)

Directions to project: \_\_\_\_\_.

\_\_\_\_\_.

Signed:\_\_\_\_\_ Date:\_\_\_\_\_.

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**INSULATION PERMIT APPLICATION**

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

Owner's Name: \_\_\_\_\_  
Owner's Present Address: \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
License # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Work: \_\_\_\_\_ New \_\_\_\_\_ Addition \_\_\_\_\_ Repair/Replacement

Type of Building: \_\_\_\_\_

Fees: HEATED SQ.FT X .02  
(MINIMUM \$50.00)

Directions to Project:  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**MECHANICAL PERMIT APPLICATION**

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

Owner's Name: \_\_\_\_\_  
Owner's Present Address: \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
License # \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Note: SUBMIT "ONE" PAGE SUMMARY ONLY OF LOAD CALCULATION**

Description of Proposed Work: (Type and Tons of System or Systems)  
\_\_\_\_\_  
\_\_\_\_\_

Location of Air Handler for Split System: \_\_\_\_\_

**Note: Duct Leakage Certificate required for final inspection (If new duct work is installed).**

Electrical Contractor connecting Equipment: \_\_\_\_\_  
\_\_\_\_\_ No electrical connections will be performed or wiring modified

Job Evaluation: \_\_\_\_\_.

- Fees: Residential (New) – Heated Square Ft x .05
- Commercial (New) – Heated Square Ft x .08
- Change Out - \$50.00 per System up to 10 Tons. > 10 Tons \$100.00 per System
- Mobile Home - \$50.00
- Gas Piping (Residential) - \$50.00
- Gas Piping (Commercial) - \$ 100.00
- Minimum (Residential) - \$50.00
- Minimum (Commercial) - \$100.00

Directions to Project:  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**NORTH CAROLINA MODULAR BUILDING  
SET-UP CONTRACTOR LICENSE BOND**

# \_\_\_\_\_

We, \_\_\_\_\_ as principal, located at \_\_\_\_\_ and \_\_\_\_\_ (surety) \_\_\_\_\_ (address) a corporation incorporated under the laws of the State of \_\_\_\_\_ and duly licensed to transact a surety business in the State of North Carolina as surety, are indebted and bound to the Lenoir County Planning & Inspection Department in the sum of five thousand (\$5,000) dollars for which payment we bind ourselves and our legal representatives jointly and severally.

**The Condition Of This Obligation Is Such**, that whereas the principal has entered into a contract for the set-up and installation of the modular building described herein;

**Now, Therefore**, if the principal and all his agents and employees shall set-up and install said modular building in compliance with the regulations of the North Carolina State Building Code governing installation of modular buildings, then this obligation shall be null and void; otherwise, it shall be in full force and effect.

It is expressly provided that:

1. This bond is executed by the said principal and surety to enable the principal to set-up one North Carolina labeled modular building.
2. This bond is in full force and effect as to the above State Building Code obligations of the principal for the set-up of one North Carolina labeled modular building at the following address:  
Street \_\_\_\_\_  
City \_\_\_\_\_, North Carolina
3. This bond will remain in force and effect for one year following the issuance of the certificate of compliance for the modular building.
4. The bond must remain on file with the Lenoir County Planning & Inspection Department.
5. The owner of the modular building described in paragraph 2, who sustains any loss or damage by reason of any act or omission covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name on this bond for the recovery of damages sustained by him.
6. It is further understood and agreed that this bond shall be open to successive claims up to the face value of the bond. The surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond.

In Witness Whereof, the above bounden parties have executed this instrument under their several seals, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the name and corporate seal of each corporation party being hereto affixed and these presents duly signed to be its undersigned representative, pursuant to authority of its governing body.

Signature of Principal \_\_\_\_\_

Title \_\_\_\_\_

Surety by (Signature) \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

N.C. Resident Agent \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



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**MODULAR PERMIT APPLICATION**

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Tax ID # on Land \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Owner's Present Address: \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_

Please check the appropriate line:

\_\_\_\_\_ I am a North Carolina licensed general contractor. License # \_\_\_\_\_

\_\_\_\_\_ I am not a North Carolina licensed general contractor. I am providing to the Lenoir County Planning & Inspection Department with a \$ 5,000.00 Surety bond in accordance with North Carolina General Status 143-139.1.

Dealer Name / Phone \_\_\_\_\_.

\_\_\_\_\_ I am the owner of the proposed modular building. It is my intention to act as my own general contractor for setting up the proposed building. I understand that problems which may arise due to set-up of the building, such as inaccurate or insufficient foundation, improper or inadequate marriage line connections, improper plumbing, mechanical or electrical connections, etc., will be solely my responsibility. I will assume total liability for correction of all problems. I personally have a thorough knowledge of the requirements of the North Carolina State Building Code with regard to setting up modular buildings.

\_\_\_\_\_ Off Frame Modular

\_\_\_\_\_ On Frame Modular

Building Area: First Floor: \_\_\_\_\_ Second Floor: \_\_\_\_\_  
Garage/Carport: \_\_\_\_\_ Porches/Decks: \_\_\_\_\_  
Other: \_\_\_\_\_

Sewer: Public Utility Name: \_\_\_\_\_ Septic Tank # \_\_\_\_\_

Project Valuation: (total cost including plans, materials, labor, of all trades and services)  
\$ \_\_\_\_\_

Directions to Project:  
\_\_\_\_\_  
\_\_\_\_\_

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

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**NCDOT DRIVEWAY PERMIT CERTIFICATION**

**FOR**

**LENOIR COUNTY PLANNING & INSPECTIONS**

Any individual connecting to a N.C. State Maintained Road with a driveway must first receive permission by obtaining a driveway permit from the N.C. Department of Transportation. The authority for establishing policies for driveway connections and the regulation thereof is granted to the N.C. Board of Transportation through North Carolina's General Statutes.

This is to CERTIFY that the following person/company:

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

has applied for a Driveway Permit from the N.C. Department of Transportation and the following action was taken:

\_\_\_\_\_ A Driveway Permit for a single-family residence was issued for this property.

\_\_\_\_\_ A Commercial Driveway Permit was issued for this property. Attached is a list of the special requirements pertaining to this permit which need to be met prior to granting a Certificate of Occupancy by the Lenoir County Planning & Inspection Department.

\_\_\_\_\_ No Driveway Permit is required from the N.C. Department of Transportation.

Remarks: \_\_\_\_\_

**N.C. Department of Transportation verification:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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



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**PLUMBING PERMIT APPLICATION**

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

Owner's Name: \_\_\_\_\_  
Owner's Present Address: \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
License # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Proposed Work:  
\_\_\_\_\_  
\_\_\_\_\_ Project Value: \_\_\_\_\_

- Fees: Residential – Heated Square Feet x .05
- Commercial – Heated Square Feet x .08
- Mobile Homes / Modular - \$50.00
- Gas Piping (Residential) - \$50.00
- Gas Piping (Commercial) - \$100.00
- Minimum (Residential) - \$50.00
- Minimum (Commercial) - \$100.00

TOTAL: \_\_\_\_\_.

Directions to Project:  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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**SIGN PERMIT APPLICATION**

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

Property Owner's Name: \_\_\_\_\_  
Property Owner's Present Address: \_\_\_\_\_  
Property Owner's Phone Number: \_\_\_\_\_

Installer / Contractor Name: \_\_\_\_\_  
License # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Design Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Proposed Sign:  
\_\_\_\_\_  
\_\_\_\_\_

Electrical Contractor connecting Equipment: \_\_\_\_\_  
\_\_\_\_\_ No electrical connections will be performed or wiring modified

Note: Engineer structural and footings plans are required for all signs.  
(Design for the 110-mph Wind Zone)

Project Value: \_\_\_\_\_

Directions to Project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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**WORKERS COMPENSATION INSURANCE COVERAGE**

NC General Statute 87-14 requires you to have worker’s compensation coverage for workers on your project. If your project exceeds \$30,000.00 please provide a copy of your workers compensation insurance policy or complete the form below.

Affidavit of Workers Compensation Coverage

\_\_\_\_\_ (Officer of Agent of the Contractor or Owner) do hereby certify under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ Have three or more employees and have obtained worker’s compensation insurance covering all employees on the job site.

\_\_\_\_\_ Have one or more subcontractors who have obtained worker’s compensation insurance covering all employees on the job site.

\_\_\_\_\_ Have not more than two employees and no subcontractors.

While working on the project for which this permit is sought, it is understood that the Lenoir County Planning & Inspection Department issuing the permit may require certificates of coverage and/or waivers 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 work on such project.

I hereby certify that all information in this application is correct and all work will comply with the NC State Building Codes and all other applicable state and local laws, ordinances and regulations. The Lenoir County Planning & Inspection Department will be notified of any changes in the approved plans and specifications for the project herein.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Sworn to and subscribed to me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
**Notary Public** \_\_\_\_\_  
**My Commission expires:**

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**Certification as to Status of Licensure**

Owner/Builder Must Sign:

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 project where the cost of the undertaking exceeds \$30,000.00. Per North Carolina General Statute 87-1, I am not allowing an unlicensed general contractor to perform the duties of a N.C. Licensed General Contractor. This 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 (12 months) following the completion (issuance of a Certificate of Occupancy) of construction.

I understand that building a "speculation" project without proper licensure is a violation of North Carolina General Statute 87-1 and 87-13; this may be a criminal offense. Also, I understand that under North Carolina General Statute 87-15.5, the "Homeowners Recovery Fund": No Homeowner acting as a General Contractor (Owner/Builder) has any rights to recovery.

I have filled out the Worksheet/Affidavit regarding Workers Compensation and certify either that I am not required by law to carry such coverage or that I 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 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 legal counsel to assure that I am providing all Workers Compensation coverage required by law.

**Print Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sworn to and subscribed to me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**My commission expires:**

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**TEMPORARY POWER APPLICATION**

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

Name of Responsible Agent (General Contractor or Owner):  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

Reason for Temporary Power \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Consent of Responsible Agent (General Contractor or Owner):

I agree as responsible agent to the following:

- 1- Maintain the energized electrical system in a secured and locked manner or under constant supervision to exclude unauthorized personnel.
- 2- Assume the responsibility to alert personnel working in the vicinity of the energized system to its presence.
- 3- Consent to remove or allow removal of all power supplying building or structure when in the discretion of the Building Inspector, service is no longer consistent with the provisions of the National Electrical Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent of Subcontractors for Utilization of Systems:

Electrical Contractor: \_\_\_\_\_ License # \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ License # \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ License # \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_