

TOWN OF PINE KNOLL SHORES
100 Municipal Circle
Pine Knoll Shores, North Carolina 28512
(252)-247-4353 • Fax (252) 247-4355 • E-Mail biceo@townofpks.com
RESIDENTIAL BUILDING PERMIT APPLICATION

| | |
|----------|----------|
| Owner: | Phone #: |
| Address: | |

Project Information (please attach a specific project description on page 2)

| | | |
|---|--|---|
| Project Address: | | Zoning District: |
| Lot: | Block or Subdivision: | Parcel: |
| Occupancy Type: R2 <input type="checkbox"/> (MF) R3 <input type="checkbox"/> (SFD) | | Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> |
| Building Type: New <input type="checkbox"/> Existing <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| Building Height: ft. | Number of Living Levels: | |
| Total Area of Heated Space: sq. ft. | | Area Per Floor: sq. ft. |
| Garage Area: sq. ft. | Total Area of Decks, Walkways, etc.: sq. ft. | |
| Elevation of First Living Level: ft. MSL | | No. of Bedrooms: sq. ft. |
| Security System: No <input type="checkbox"/> Yes <input type="checkbox"/> (separate permit required) | | |
| Water: Public <input type="checkbox"/> Private <input type="checkbox"/> Private Health Dept. Permit # | | |
| Sewer: Public <input type="checkbox"/> Private <input type="checkbox"/> Health Dept. Permit # | | |
| TOTAL PROJECT COST (Includes labor and materials): \$ | | |

I hereby certify that the information in this application is correct and all work will comply with the STATE BUILDING CODE and all other applicable STATE and PINE KNOLL SHORES LAWS and REGULATIONS. The INSPECTIONS DEPARTMENT will be notified of any changes in the approved plans and specifications for the permitted project herein.

OWNER/AGENT SIGNATURE: _____ DATE: _____

(Do Not Write Below This Line: Office Use ONLY)

| | | |
|----------------------|--------------------|------------------|
| Building Fee: \$ | Electrical Fee: \$ | Plumbing Fee: \$ |
| Mechanical Fee: \$ | Landscape Fee: \$ | HORF Fee: \$ |
| Total Fee: \$ | | |

Coastal Management and Flood Information Zone Information

| | | | | |
|---------------------------|--|---|---|------------------------------|
| CAMA AEC: | Estuarine Shoreline <input type="checkbox"/> | Ocean Erodible <input type="checkbox"/> | Flood Prone Area <input type="checkbox"/> | N/A <input type="checkbox"/> |
| CAMA Permit #: | | CAMA Exemption Date: ___/___/___ | | |
| FLOOD (FIRM) ZONE: | | Base Flood Elevation: _____ FT. | | |

| | | |
|---|--|---------|
| Total Permit Fee: \$ | Street Deposit: \$500 YES <input type="checkbox"/> NO <input type="checkbox"/> | CHECK # |
| Refund Deposit to: <div style="text-align: center;">(Name and address)</div> | | |

Application For Building Permit, Continued

Please provide a description of the project below:

Description of Project/Scope of the Work

Application For Building Permit, Continued

General Contractor

| | |
|-----------------|-----------------|
| Name: | Phone Number: |
| Address: | |
| State License # | Classification: |

Electrical Contractor

| | |
|-----------------|-----------------|
| Name: | Phone Number: |
| Address: | |
| State License # | Classification: |

Plumbing Contractor

| | |
|-----------------|-----------------|
| Name: | Phone Number: |
| Address: | |
| State License # | Classification: |

Mechanical Contractor

| | |
|-----------------|-----------------|
| Name: | Phone Number: |
| Address: | |
| State License # | Classification: |

Insulation Contractor

| | |
|-----------------|-----------------|
| Name: | Phone Number: |
| Address: | |
| State License # | Classification: |

Design Professional

| | |
|----------|---------------|
| Name: | Phone Number: |
| Address: | |



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The undersigned, who has submitted plans for a structure to be built at:

STREET ADDRESS: _____

LOT _____ BLOCK OR SUBDIVISION _____

PARCEL # _____

is familiar with the requirements of the Town’s Zoning Ordinances, and in particular with Section 74-280, which provides that, “only single family residences shall be erected in residential property zones R-1, R-2, R-3, and R-4.”

To insure compliance with the foregoing, I hereby agree that if my plans are approved and my house is built, I will at no time lease any portion of the house of any period whatsoever, although I reserve the right to lease the house in its entirety as a single family residence. I further agree that I should lease the house or if I should sell the house, I shall impose on the lessee or the purchase, as the case may be, the same restrictions.

I understand that issuance by the Building Inspector of the building permit should not be taken indicative of approval by any homeowners association of the plans. The Town does not enforce restrictive covenants in various portions of the town. **I understand that I am advised to consult with appropriate representatives of my homeowners associations to be certain that I am in compliance with all required restrictive covenants. Otherwise, and despite the issuance of the building permit, I may well be subject to injunctive or other legal actions brought against myself and my properties by my homeowners associations.**

I further acknowledge North Carolina General Statute 160A-423 which states, “No new building or part thereof may be occupied, and no addition or enlargement of an existing building that has been altered or moved be occupied, until the inspection department has issued a certificate of compliance.” Furthermore, the Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner’s Signature

Date

Contractor’s Signature

Date



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DEPARTMENT OF INSPECTIONS

CERTIFICATION AS TO STATUS OF LICENSURE

FOR THE OWNER/APPLICANT TO 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 contract where the cost of the undertaking exceeds \$30,000. I have read G.S. Section 87-1 as amended by S.L. 2011-376. 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, 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 the completion of construction. I understand that building a "spec" project without proper licensure is a violation of G.S. Section 87-1 and G.S. Section 87-13; this may be a **criminal offense**. Also, I understand that under G.S. Section 87-15.5 the "Homeowners' Recovery Fund," no homeowner acting as a general contractor has any right to recovery.

I have filed out the attached worksheet/affidavit regarding **workers' compensation** and I certify 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 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.

This is the _____ day of _____, 20_____.

Name

Title

Date

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

Notary Public My commission expires : _____

Affidavit of Workers' 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/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 or more subcontractor(s) who has/have their own policy of workmen'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 Inspection 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: _____

By: _____

Title: _____

Date: _____