



COUNTY OF PASQUOTANK

Building Inspector's Office

Inspectors: Stanley Ward and Bobby Micklewright

P.O. Box 39 Elizabeth City, NC 27909

Phone: (252) 338-1144 / Fax: (252) 337-6733

Inspector Office Hours: 8:00 am to 10: 00 am, Monday through Friday

RESIDENTIAL BUILDING PERMIT APPLICANTS:

Each contractor is responsible for obtaining his or her own permit(s). The applicant shall submit a **floor plan** for the proposed construction. The floor plan must indicate accurate dimensions for the proposed construction and all rooms must be identified. A **site plan** shall accompany the floor plan. The site plan shall indicate property lines, existing and proposed buildings. The site plan shall also indicate set back dimensions from property lines and existing structures. The floor and site plan shall be legible and drawn to scale.

An **Application Worksheet**, provided by the Building Inspections Department, shall be completed by the licensed general contractor or building permit application. The Application Worksheet is to be used for all residential construction and accessory uses including remodeling, renovations, additions, attached/detached garages, decks, porches, workshops, and other accessory storage buildings.

The intended purpose of the Application Worksheet is to provide details for materials and construction of the proposed structure. It is not inclusive of all North Carolina State Building Code requirements. **The applicant/contractor will be responsible for construction meeting North Carolina State Building Code.**

The applicant listed below certifies that all information on this application is correct and hereby agrees to erect or alter subject building(s) in accordance with North Carolina State Building Code and any other applicable local ordinances. Construction approval shall be granted after the work has been inspected and found to comply with the above.

Call the Building Inspections Office at least one working day in advance for all inspection requests, except footings. No work shall be covered or concealed until inspected and approved by the Pasquotank County Inspections Department.

The building permit expires within six (6) months from the Date of Issuance unless construction has begun.

No furniture or personal belongings are permitted within the structure until all construction is complete, inspected, and approved and a Certificate of Occupancy is issued.

Signature of Applicant: _____ Date: _____



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PAPERWORK REQUIRED BEFORE A BUILDING PERMIT IS ISSUED:

___ **Completed Permit Application**

___ **Address assigned by the County GIS Department** (252-331-2336)

___ **Site Plan** - Site plan should be generally drawn to scale but does not need to be drawn by a surveyor or engineer and should include the following items: LOT/PARCEL DIMENSIONS; ALL PROPERTY LINE SETBACK REQUIREMENTS; ALL EXISTING PHYSICAL FEATURES (STRUCTURES, BUILDINGS, STREETS, ROADS, ETC.); LOCATION AND DIMENSIONS OF PROPOSED CONSTRUCTION.

___ **Floor Plan** of structure to be built

___ **Environmental Health Dept Septic Tank Approval** (252-338-4490 / 110 Kitty Hawk Ln, ECity)

___ **CAMA Permit** (If building over the water or within 75 feet of water. 252-264-3901 / 401 S. Griffin St., Suite 300)

___ **New Lien Agent** (Required for any projects that cost \$30,000 or more. www.liencsnc.com)

___ **Owner Exemption Affidavit** (This notarized form is required if the project costs \$30,000 or more and the Homeowner is acting as their own General Contractor.)

Manufactured / Modular Homes - **In addition to the requirements above:

Installation Instructions – Footing/Foundation Plan

Surety Bond (If modular is not set-up by licensed general contractor.)

BUILDING PERMITS TYPICALLY TAKE THREE (3) WORKING DAYS TO REVIEW BEFORE A PERMIT IS ISSUED, BUT WILL TAKE LONGER IF ALL PAPERWORK IS NOT RECEIVED WITH THE APPLICATION.

Application Worksheet:

Address of Construction: _____ Height of Structure: _____

Type of Structure: _____

Parcel Identification Number (Map/Block/Parcel): _____

Owner Name _____ Owner Phone #: _____

Contractor Name _____ License Number: _____

Contractor Address: _____ Contractor Phone #: _____

Estimated Cost of Construction: \$ _____

PLEASE FILL IN ALL AREAS THAT PERTAIN TO THE NEW CONSTRUCTION THAT YOU ARE APPLYING FOR

1 story _____ 1.5 story _____ 2 story _____ 3 story _____

Total sq. ft. to include: porches, decks, heated space, and garages: _____

Total sq. ft. heated space: _____ T-Pole Needed? Yes ___ No ___

Exterior Siding: Brick Veneer ___ Vinyl/Aluminum Siding ___ Wood ___ EIFS ___ Other ___

1. **Foundation:** Continuous _____ Pier-Curtain-Wall _____ Slab _____
Trench footing size _____ X _____ deep
Pier footing size _____ X _____ X _____ deep
Anchor type _____ spacing _____
Block size _____ X _____ X _____
Cap block size _____ X _____ X _____
Maximum pier height: _____
Total # rows of piers _____

2. **Crawl Space:** Access door size _____ X _____
Ground vapor barrier: Yes _____ No _____
of foundation wall vents _____
Net free area per vent _____ sq. inches
Total net free area of ventilation provided: _____ sq. inches

3. **Floor System:** Double sheathing _____ Tongue & Groove _____
1st floor Girder size:
Interior girders size _____, _____ X _____
with a _____ clear span
Exterior girders size _____, _____ X _____
with a _____ clear span
1st floor Joist size _____ X _____, _____ in. o.c.
with a _____ clear span
Species: Southern Pine _____ Spruce/Fir _____ Lumber grade _____
2nd floor Joist size _____ X _____, _____ in o.c.
with a _____ clear span
Species: Southern Pine _____ Spruce/Fir _____ Lumber grade _____

4. **Ceilings:** Joist size ____ X ____, ____ in o.c. with a ____ clear span
Southern Pine ____ Spruce/Fir ____ Lumber grade ____
5. **Roof System:** Slope ____ / ____ Type: Gable ____ Hip ____ Other ____
Cathedral ceiling: Yes ____ No ____ Where _____
Trusses: Yes ____ No ____, ____ in o.c. with a ____ clear span
(If trusses are to be used, the truss specification sheets shall be provided to the inspector upon rough framing inspection.)
Ridge board size ____ X ____
Ridge beam size ____, ____ X ____ with a ____ clear span
Rafter size: ____ X ____, ____ in o.c. with a ____ clear span
Species: Southern Pine ____ Spruce/Fir ____ Lumber grade ____
Truss/rafter tie down type _____ Uplift capacity ____

NOTE: If all framing members (floor, ceiling joist and rafters) are not the same size, then all rooms shall be listed on the back of this sheet, specifying the above framing members, size, and clear spans of each room.

It shall be the responsibility of the builder to provide the inspection department load calculations, span tables, diagrams, or other information necessary to show construction compliance upon request. This includes headers, beams, girders, and/or other structural components.

6. **Type of Window :** _____ Design Pressure Rating _____

7. **Attic Area :** _____ square feet.
Attic access: Fixed stairs ____, Pull down ____,
Scuttle hole ____ size: ____ in. X ____ in.
Total net free area of attic ventilation provided _____ sq. in.
Roof vents: how many ____, net free area inches ____
Ridge vents: how long ____, size _____
Soffit vents: how many ____, net free area inches ____

8. **Garage :** Yes ____, No ____ Attached ____, Detached ____
Number of roll up doors ____, door width ____
Design pressure rating of doors _____
Finished room over garage: yes ____, no ____
Proposed use of room _____
Floor joist size: ____ X ____, ____ in. o.c., ____ clear span
Species: Southern Pine ____, Spruce/Fir ____, Grade ____

9. **Fireplace :** Yes ____, No ____ . Masonry ____, Manufactured/ Pre-fab ____
Fireplace opening ____ in. X ____ in.
Chimney height _____, Chimney flue size ____ X ____
Hearth extension: 16 in. ____, 20 in. ____, other _____ inches.
If masonry fireplace, Footing Size: ____ X ____ X ____ in. deep
Cricket: yes ____, no ____
Location of fireplace: _____
Number of fireplaces: _____.

NOTE: If more than one fireplace, please duplicate above information on the back of this sheet.

10. **Wood Deck :** Yes _____, No _____ Dimensions: _____ X _____
Height above grade: _____
Attached _____, Free standing _____
Girder size: _____, _____ X _____ with a _____ clear span
Post size : _____ X _____, How many _____
Floor joist size: _____ X _____, _____ in. o.c., with a _____ clear span

11. **Detached Accessory Building :** Yes _____ No _____
Dimensions: _____ X _____
Floor type: Concrete slab _____ Wood _____
Concrete footing: _____ deep X _____ wide,
_____ inches above adjacent grade.
Anchor size: _____ X _____ long , spacing: _____ apart.
Masonry foundation: Yes _____, No _____
If yes, give size: _____, X _____ high

Number of wood skids: _____. Size: _____ X _____ X _____ long
Floor joist size: _____ X _____, _____ in. o.c.
with a _____ clear span.
Number of anchors: _____
Size / type of anchors: _____
(These anchors must resist uplift / overturning with a capacity
of 20 pounds per square foot of floor area)

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Contact Phone Number: _____

Email Address: _____

Reviewed By: _____ Date: _____

Parcel Identification Number and address where the building is to be constructed: _____

Address _____

Type of construction: Residential Commercial Industrial Other

Intended use after completion (e.g. Personal residence): _____

Building permit number associated with this application: _____

I, _____ (_____) _____
(Print Full Name) (Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-5 below attesting to the following:

1. _____ I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made; OR
_____ I am legally authorized to act on behalf of the firm or corporation that 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 duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.

3. _____ I will be on site regularly during construction and 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 a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification 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 if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S. 160D-1115.

(Signature of Affiant)

(Date)

Sworn or affirmed and subscribed before me this the _____ day of _____, 20 _____

(Signature of Notary Public)

(Printed Name of Notary Public)

(My Commission Expires)

(Notary Stamp or Seal)