City of Jacksonville

Development Services
Planning & Permitting
PO Box 128 • Jacksonville NC 28541-0128 • 910 938-5232
Fax 910 938-5208 • Central Email permittingspecialist@jacksonvillenc.gov

Permit Application

Date:_____ Permit #:_____

Type of Use: Daycare/Residential Care

Type of Work: Renovation

Square Footage:

Number of Bedrooms:

Number of stories:

Description of work to be completed:_____

_____

_____

Project Address:_____ Project Cost:_____

Property Owner:_____ Phone #:_____

Property Owner Address:_____
(If different from project address. If the same, please type in "same as above")

Contact Person:_____ Phone#:_____

Contact Person email:_____

Will you be submitting plans electronically? No
If so, please provide engineer/architect name, email address and phone number._____
_____

Is there an existing or proposed home occupation, family childcare, family care or group home at this location? No

Plumbing work not being done

Plumbing Fixture Summary: To be completed by contractor/owner/applicant and attached to all applications and Certificate of Occupancy applications. Indicate the number of existing and new plumbing fixtures to be incorporated in the building. This will determine assessment fees.

Water Meter Size: _____ Irrigation Meter Size: _____

Water: Scientific Wa Sewer: Private

Fixture Description	Existing	Added	Total
Toilet			
Bathroom Sink			
Bidet			
Urinal			
Bathtub-Shower Combo			
Stand Alone Shower			
Kitchen Sink			
Fountain Drink Machine			
Drinking Fountain			
Clothes Washing Machine			
Dishwashing Machine			
Outside Water Spigots			
Service Sink			
Mop Sink			
Other, please specify			

Licensure/Exemption and Insurance Coverage Certifications

Chapter 87, Article 1 of the NC General Statutes prohibits the City from issuing a building permit unless and until the applicant has complied with the general contractor licensing and insurance coverage requirements in that article (see attached copies of Sections 87-1 and 87-14). To ensure such compliance, the City requires that the applicant make the following certifications.

The undersigned applicant for a building permit certifies that the person, firm, or corporation performing, superintending, or managing the proposed construction or alteration, whether the applicant or another person, firm, or corporation contracted to do so, either:

Is duly licensed as a general contractor under Chapter 87, Article 1 of the NC General Statutes and maintains that license in good standing.

Licensee name:_____ License #:_____

OR

Is exempt from the statutory licensing requirements for general contractors because:

- ☐ The cost of the proposed construction is less than $30,000;
- ☐ The building being constructed or altered is located on land owned by the applicant and is intended solely for occupancy by the applicant (and family, if a person) for at least 12 months after its completion (i.e., the project is not a "speculation" project; or
- ☐ I am the owner of the proposed building. It is my intention to act as my own general contractor, and I understand that the problems which may arise, such as inaccurate or insufficient construction will be solely my responsibility, and I will be left with no resource and must assume total liability for correction of the problems. I personally have a thorough knowledge of all of the NC State construction codes.
- ☐ The applicant is engaged in the business of farming, owns the land containing the constructed or altered building, and intends to use the building for the business of farming after its completion;

OR

Modular Installation Contractor

- ☐ I am providing to the City of Jacksonville Planning & Permitting Division a $5,000 surety bond in accordance with NCGS Section 143-139.1.

AND

Insurance Coverage: The undersigned applicant also certifies that the person, firm or corporation performing, superintending or managing the proposed construction or alteration, as well as any subcontractor doing so:

- ☐ Carries worker's compensation insurance for employees as required by Chapter 97 of the NC General Statutes and will maintain that coverage for the duration of the permit construction or alteration; and
- ☐ Will provide certificates of insurance if requested by the Planning & Permitting Division before issuance of the permit or any time during the permitted construction or alteration.
- ☐ N/A Owner assumes insurance liability

The undersigned applicant further acknowledges that, pursuant to Chapter 87, Article 1A of the NC General Statutes, the City will collect a $10.00 fee with applications for construction or alteration of a single-family dwelling unit and forward $9.00 of the fee to the NC Licensing Board for General Contractors, which will deposit it into the Homeowners Recovery Fund for subsequent use in reimbursing homeowners' losses for construction by general contractors.

As part of the new state law passed April 1st, 2013, you are required to furnish us with a Notice of Appointment of Lien Agent for any projects that have a construction cost of $30,000 or more. Please go to this website http://www.liensnc.com/ to go through the process of obtaining the Notice of Appointment of Lien Agent. Please see example below of what the Notice looks like. Applications requiring this form will not be accepted unless attached as part of the permit process.

DO NOT REMOVE!

Details: Appointment of Lien Agent

Filed on: 04/12/2013
Initially filed by: BMorton

Designated Lien Agent

Investors Title Insurance

Property Type

Other

Owner Information

Project Property

Pre-Permit Workers

Notification Alert Emails:
1. RayMorton@sc.rr.com

Print & Post

Contractors:
Please post this notice on the Job Site.

Suppliers and Subcontractors:
Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Contractor Information

Filing Location Information:

Online: www.liensnc.com • **Address:** 19 W. Hargett St., Suite 507 / Raleigh, NC 27601 • **Email:** support@liensnc.com •
Fax: (919) 489-5231 • **Technical Support Hotline:** (888) 690-7384 •

Contractor & Subcontractor Confirmation

Contractor Name:_____ Phone:_____

Address:_____

Email address:_____

Contractor Signature_____

Electrical Contractor Name:_____ Phone:_____

Address:_____

Email address:_____ License #:_____

Electrical Contractor Signature_____

Plumbing Contractor Name:_____ Phone:_____

Address:_____

Email address:_____ License #:_____

Plumbing Contractor Signature_____

Mechanical Contractor Name:_____ Phone:_____

Address:_____

Email address:_____ License #:_____

Mechanical Contractor Signature_____

Fuel Piping Contractor Name:_____ Phone:_____

Address:_____

Email address:_____ License #:_____

Fuel Piping Contractor Signature_____

Submit