

**Town of Beaufort**  
**Planning and Inspections Department**  
**215 Pollock Street**  
**Beaufort, North Carolina 28516**  
**Office: (252) 728-2141      Fax: (252) 728-3982**

**ACCESSORY BUILDING PERMIT APPLICATION PROCEDURES/CHECK OFF LIST**

*(For garages, sheds, docks, irrigation wells, decks, and porches)*

- 1. Two sets of building plans and specifications to show materials and methods of construction (for example: include foundation detail; electrical, and plumbing plans, anchoring methods etc. and any other information you can supply to describe your construction methods clearly).
- 2. A site plan or survey, drawn to scale, indicating the placement of proposed new construction and all other existing structures, located on the lot. Please indicate the distances of structures from property lines.
- 3. All required state permits, for example, a CAMA permit (if applicable).
- 4. All Town land use permits that are required including any variances, Special Use permits, or a Certificate of Appropriateness (COA) issued by the Beaufort Historic Preservation Commission.
- 5. All contractors must obtain a privilege license to perform work inside the Town limits.

**Failure to provide all of the above required information will result in the return of the application.**

- Please submit the complete application to the Town Hall for review
- All applicable fees must be paid at the time the permit is issued.
- Construction must begin within 6 months of the permit issue date, unless other restrictions apply, or the permit becomes null and void.



## ACCESSORY BUILDING PERMIT APPLICATION

### PROPERTY OWNER:

Name: \_\_\_\_\_  
Mailing Address, City, State, Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Construction Site Address: \_\_\_\_\_  
Site Parcel Number: \_\_\_\_\_  
\*Point of Contact for Job: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

### CONTRACTORS:

**General Contractor's Name:** \_\_\_\_\_  
Contractor's Mailing Address: \_\_\_\_\_  
Town's Privilege License #: \_\_\_\_\_  
State's Privilege License #: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

**Electrical Contractor's Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town Privilege License #: \_\_\_\_\_  
State Privilege License #: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

**Plumbing Contractor's Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town Privilege License #: \_\_\_\_\_  
State Privilege License #: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

**Mechanical Contractor's Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
  
Town Privilege License #: \_\_\_\_\_  
State Privilege License #: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

**(Other) Contractor's Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town Privilege License #: \_\_\_\_\_  
State Privilege License #: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

**Construction Type (Check the box that applies):**

- New
- Renovation
- Residential
- Commercial

**Work includes the following permits: (Check all that apply)**

- Mechanical
- Electrical
- Building
- Plumbing

**Accessory Area:**

- Garage: \_\_\_\_\_sf
- Shed: \_\_\_\_\_sf
- Dock: \_\_\_\_\_sf
- Deck: \_\_\_\_\_sf
- Porch: \_\_\_\_\_sf
- Other: \_\_\_\_\_sf

**Total Accessory Area:** \_\_\_\_\_

- Foundation Type (If Applicable): \_\_\_\_\_
- Electric Service Size (If Applicable): \_\_\_\_\_
- CAMA Permit# (If Applicable): \_\_\_\_\_
- Height (from average grade): \_\_\_\_\_

**Total Construction Value: \$** \_\_\_\_\_

**Detailed Description of Construction:** \_\_\_\_\_

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**-PLEASE READ BEFORE SIGNING-**

The applicant hereby certifies that the information as shown on this application and on such plans and specifications as have been submitted and are correct and true to his or her knowledge. The applicant also agrees to comply with the said information as approved, with the provisions of all ordinances and building codes in the State of North Carolina, County of Carteret, and the Town of Beaufort. Misinformation, lack of information, or statements made in error or falsehoods could result in the Building Permit being revoked and subject the application to litigation in the process.

\_\_\_\_\_  
**Owner/Agent**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

**Submittal Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Received By:** \_\_\_\_\_

**Receipt Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Completion Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Elevation Certificate : YES OR NO (Circle One)**