

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

COMMERCIAL PERMIT APPLICATION PROCEDURES/CHECK OFF LIST:

(Remodel, repair, or altering commercial, non-residential, or multifamily structure)

- 1. Two sets of building plans and specifications to show materials and methods of construction (sealed by an engineer, if required by the NC Building code).
 - 2. Completed Appendix B (attached) for all projects, as required by the NC Building Code.
 - 3. A site plan or survey, drawn to scale, indicating the placement of proposed new construction, all other existing structures, and proposed parking. Please indicate the distances of structures from the property line.
 - 4. For new construction a landscape plan is required which shows: all existing trees which measure 5 inches or larger in diameter four feet from existing grade, all proposed new trees (one new tree which measures 2 inches in diameter four feet above grade is required for every 4,000 square feet of developed area), all buffer vegetation whether existing or proposed, all trees between the property lines and adjacent street paving, and all required parking lot landscaping.
 - 5. A copy of septic tank permit (if the property is located outside of Town limits).
 - 6. All required state permits, for example a CAMA permit (if applicable).
 - 7. 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.
 - 8. 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 Town Hall for review. Permits are reviewed by a number of departments, including Public Works to determine the location of existing utilities to serve the property.
 - Construction must begin within 6 months of the permit issue date, unless other restrictions apply, or the permit becomes null and void.
 - All applicable fees must be paid at the time the permit is issued.



COMMERCIAL BUILDING APPLICATION

PROPERTY OWNER:

Name: _____

Mailing Address, City, State, Zip: _____

Home Phone: _____ (Include Area Code)

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: _____ (Include Area Code)

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:

- New
- Renovation
- Residential
- Commercial

Total Construction Value: \$ _____

Work Includes: (Check all that apply)

- Building
- Electrical
- Plumbing
- Mechanical

Height (from average grade): _____

Number of stories: _____

Heated Area:

- 1st Floor _____ sf
- 2nd Floor _____ sf
- 3rd Floor _____ sf
- Other _____ sf

Total Heated Area: _____

Accessory Area:

- Garage: _____ sf
- Porch: _____ sf
- Porch: _____ sf
- Deck: _____ sf

Total Accessory Area: _____

- Number of Bedrooms: _____
- Number of Bathrooms: _____
- Foundation Type (If Applicable): _____
- Electric Service Size (If Applicable): _____
- CAMA Permit# (If Applicable): _____
- Water Line size from meter: _____
- Irrigation Meter: Yes No
- Size of Irrigation Line: _____
- Septic Tank Permit #: _____
- Construction Meter: _____

Description of Construction: _____

TOWN OF BEAUFORT
AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

(Required for any improvements valued at \$30,000 or more pursuant to NCGS Section 87-14)

The undersigned applicant for a 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, or

_____ has/have one or more subcontractor(s) who has /have obtained workers' compensation insurance covering them, or

_____ has/have one or more subcontractor(s) who has/have their own policy of workers' compensation covering themselves, or

_____ has/have not more than two (2) employees and no subcontractors,

while working on this project for which this permit is sought. It is understood that the Inspections 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: _____

-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)