

City of New Bern Inspections Division

303 First Street
P.O. Box 1129 New Bern, NC 28563-1129

Telephone: 252/ 639-2942
Fax: 252/ 635-4973

GENERAL BUILDING PERMIT & PLAN REVIEW APPLICATION

DATE: _____

OWNER'S NAME: _____ ADDRESS: _____
TELEPHONE #: _____ FAX #: _____

JOB ADDRESS: _____

SUBDIVISION NAME AND LOT #: _____

CONTRACTOR: _____ Telephone #: _____ FAX # _____

ADDRESS: _____ License #: _____ Class: _____

PROJECT CONTACT: _____ Telephone #: _____ FAX # _____

CONTRACTOR E-MAIL ADDRESS: _____ Fax# _____

E-Mail Address: _____

DESCRIPTION OF WORK: _____

CLASSIFICATION OF WORK: *PLEASE CIRCLE*

New Building Addition Renovation Remodel Other: _____

TYPE OF CONSTRUCTION: **I** **II** **III** **IV** **V**

Fire Rated System: YES NO Sprinkler System: YES NO

OCCUPANCY TYPE: Assembly: A-1 A-2 A-3 A-4 A-5 Business Educational
Factory: F-1 F-2 Hazardous: H-1 H-2 H-3 H-4 H-5 Institutional: I-1 I-2 I-3 I-4
Mercantile Residential: R-1 R-2 R-3 R-4 Storage: S-1 S-2 Utility

Mixed Occupancy: *Please list:*

BUILDING AREA: Attach Plot Plan/Survey showing ALL dimensions and Flood Plain Information

HEATED AREA: _____ Sq Ft Number of Stories: _____ Building Height: _____

Unheated Area: _____ Sq Ft Mezzanine(s) 1 _____ 2 _____

Heated Area per Floor (sq ft) 1 _____ 2 _____ 3 _____ 4 _____

Existing Square Footage (if any) _____ **LOT** (Sq. Ft.) _____ No. of Units: _____

Flood Plain: Yes _____ No _____ **Panel #** _____

Number of Bedrooms: _____ **Number of Bathrooms:** _____ **Fire Place:** _____

Which method of compliance will be used for Residential/Commercial Buildings:

____ Prescriptive ____ Performance

____ Compliance with 2012 NCIRC Chapter 11 ____ 2012 NC Energy Conservation Code

____ RESCHECK ____ Blower Door Test

OTHER AGENCY APPROVALS (already obtained): Please circle all that apply

NC Dept. of Insurance: N/A YES NO **NC Dept. of Transportation:** N/A YES NO

NC Dept. of Labor: N/A YES NO Elevators (#) _____ Boilers (#) _____

NC Div. of Coastal Management (CAMA) N/A YES NO

Craven County Health Department: N/A YES NO **Army Corps of Engineers** N/A YES NO

NC Div. of Land Quality, Erosion Control Permit # _____ N/A YES NO

NC Div. of Water Quality, Storm Water Permit # _____ N/A YES NO

UTILITIES: Please circle

Water: Public Water System: Y No Name: _____ Private well or water system _____

Sewer: Public Sewer System: Y No Septic Tank or Private System Health Department Approval: _____

Electricity: City of New Bern Progress Energy **Gas:** Natural Gas LP Gas

Estimated Project Construction Cost _____

APPLICANT CERTIFICATION:

I certify that all information in this application is correct, and all work will comply with all applicable state codes, laws and local ordinances. Departure from the approved plans and specifications without prior approval may result in revocation of permit. I agree to provide the City New Bern Development Services Department "as built" plans as a condition of occupancy if actual construction differs from the original plans as approved.

Applicant Signature: _____ Date: _____

Applicant Print Name: _____

Building Inspector Signature: _____ Date: _____

Comments: _____

For office use:

Date Initial Application Received: (initial/date) _____ Note Flood Zone: _____

Other Department Approvals, if applicable:

Planning/Zoning Administrator Signature: _____ Date: _____

Comments: _____

HPC Approval Signature: _____ Date: _____

Comments: _____

Engineering: _____ Fire: _____ Public Works: _____

Electric: _____

Comments: _____

APPENDIX D
AFFIDAVIT OF WORKERS' COMPENSATION
COVERAGE
N.C.G.S. § 87-14

The undersigned applicant for Building Permit# _____ being the

_____ Contactor

_____ 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 to cover them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workers' 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: _____

REQUIRED INFORMATION FOR COMMERCIAL/RESIDENTIAL PERMITTING AND INSPECTIONS.

NOTICE : SIGNATURE IS REQUIRED BELOW

The City of New Bern requires the following information to be submitted with the permit application. Also provided is a list of required inspections that must be completed in order to obtain a Certificate of Compliance or a Certificate of Occupancy.

PERMITTING APPLICATIONS: Permit will not be issued until all required information below has been received.

- (1) Plans two (2) for residential; three (3) sets for commercial, (sealed if applicable).
- (2) Plot Plan/Survey with location of over head or underground electrical power lines.
- (3) 911 Address Confirmation - Obtain from New Bern Police Communications call 252-672-4107
- (4) Driveway Permit - Obtain from New Bern Public Works call 252-639-7501
- (5) CFM Calculations/Location and size of return air ducts and grill sizes.
- (6) Copy of paid water/sewer tap fee receipt.
- (7) All state/local permits (if applicable).

REQUIRED INSPECTIONS: Inspections must be scheduled 24 hours in advance call 252-639-2941/42 to schedule.

- (1) Footing inspection-to be made after all trenches are excavated, all grade stakes, anchorage are installed, all reinforcing steel & supports are in place & tied appropriately.
- (2) Electrical/Mechanical/Plumbing in slab inspection prior to covering with fill material with air/ water test on mechanical and plumbing lines.
- (3) Slab inspection-after all forms are in place, all reinforcing steel with supports, welded wire fabric, vapor retarders, etc. when required and before any concrete is poured. Termite treatment ticket required to be submitted.
- (4) Foundation inspection-to be checked when foundation and piers are complete with floor system in place, **WITHOUT** floor sheathing installed. Check grade under house. Floor elevation certificate required within twenty-one (21) days of established finished floor.
- (5) Sheathing Inspection - Exterior structural wall sheathing required prior to being covered with house wrap or finish materials.
- (6) Rough-in Inspection:
 - (a) Building framing which include chimneys and vents, wall openings, flashing, fire stopping.
 - (b) Electrical systems.
 - (c) Plumbing systems with test on all systems.
 - (d) Mechanical systems-heating & air conditioning systems.
 - (e) Gas piping systems with test on systems.
- (7) Insulation inspection before being covered up.
- (8) Water and sewer installed prior to power being released conditionally.
- (9) Final Electric Inspection: Power will be released by inspection department to check equipment.
- (10) Each inspection above will receive written confirmation of inspection results, which will be left at the job site.
- (11) Final Inspection:
 - (a) Final inspection to include the following items before a certificate of occupancy/compliance is issued.
 - (b) A FINAL plot plan must be submitted by a registered surveyor.
 - (c) Electrical system to be complete, (Including load management where applicable).
 - (d) Plumbing system complete.
 - (e) Mechanical system complete. Duct leakage test documents.
 - (f) All gas appliance connections.
 - (g) All decks, porches, hand and guard rails to be installed and completed.
 - (h) Above ceiling and floor insulation inspection.
 - (i) Address numeration required and must be posted.
 - (j) Grade under house to be level & grade on exterior perimeter to be in code compliance.
 - (k) Blower door test or performance documentation
- (12) Certificate of Occupancy/Compliance
A certificate of Occupancy/Compliance will be issued once all final inspections have been completed and complied with. Additional information/inspections may be required to ensure that all city ordinances/state and local laws are complied with.
- (13) **IMPORTANT NOTICE:** Any improvements, additions or deletions to your real property requires the owner, by law, to report them in writing to the Craven County Tax Office in January following the change.

Signature required

Date