

**City of Whiteville**  
**Inspections & Planning Department**  
317 S. Madison St.  
Whiteville, NC 28472  
Phone (910) 640-1380  
Fax (910) 642-4407

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**Residential Building Permit Checklist**

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- 911 Address slip from Columbus County Addressing Center (910-640-1518)
- Septic tank permit if applicable from Columbus County Environmental Health (910-640-6617)
- Deed of Owner and Legal Description
  - Site Control/Lease/Transfer of Ownership Documentation:** *If the individual involved with the zoning permit application is not the owner of the property, then a letter or note needs to be included that shows permission to proceed with the specific project.*
- Zoning Permit Application** – If the property is located in a special flood hazard area then a Flood Development permit will be required.
- Site Plan** – Complete the attached Residential Plot Plan.
- Building Permit Application**
  - Structural Plans** including footing, foundation, floor system, wall sections, and roof components. (Reflecting all dimensions.)
  - Copy of General Contractor's License:** *If project exceeds \$30,000.*
  - Lien Agent Form:** *If project exceeds \$30,000.*
  - Affidavit of Worker's Compensation**
  - Owner Exemption Affidavit** – Complete only if the property owner is acting as a General Contractor and NOT using a NC General Contractor License.

**PLEASE READ AND SIGN:** *I have enclosed all of the required information, have read, and understand this form in its entirety. I am aware this does not guarantee any approval for any permit and that I am solely responsible for providing information that is accurate. Furthermore, the City of Whiteville will not be liable for false information provided. All fees must be paid per fiscal year fee schedule before any permit is issued.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** The building permit does NOT include all other trades: electrical, mechanical, plumbing, fuel gas, etc.)

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# City of Whiteville

Planning Department

317 S. Madison St.

Whiteville, NC 28472

Phone (910) 640-1380

Fax (910) 642-4407

## Application for Zoning Approval

(Use this form for Zoning Permit Approvals & Change of Use)

Application and plat/drawing may be returned by fax, mail, email, or in person.

**Please allow a minimum of three (3) business days to process applications.**

**Fee: \$25 Residential and \$75 Commercial**

Proposed Work/Use: _____	Business Name: _____
Address for permit: _____	(If Applicable)
Subdivision/Development/Lot# _____	(If Available)

<b>Property Owner(s) Information:</b>	
Name _____	Company Name _____
Address _____	City/State/Zip _____
Phone _____	Cell # _____
Fax _____	Email _____

<b>Applicant(s) Information (if different from owner):</b>	
Name _____	Company Name _____
Address _____	City/State/Zip _____
Phone _____	Cell # _____
Fax _____	Email _____

I hereby certify that I, the undersigned, am the owner of the subject property or I am making application with the full authority or the owner(s), and the statements herein are true and correct to the best of my knowledge. I am aware this does not guarantee any approval for any permit and that I am solely responsible for providing information that is accurate. Furthermore, the City of Whiteville will not be liable for false information provided.

\_\_\_\_\_  
**Owner/Applicant Signature**

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

### (For Office Use Only)

Permit # \_\_\_\_\_ Zoning \_\_\_\_\_ [ ] Approved [ ] Denied Date \_\_\_\_\_  
Property # \_\_\_\_\_ Setbacks \_\_\_\_\_ Review Officer \_\_\_\_\_  
Comments: \_\_\_\_\_

If Applicable NCDOT approval: \_\_\_\_\_

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Zoning Permit # \_\_\_\_\_  
Building Permit # \_\_\_\_\_

Est. Cost of Const. \$ \_\_\_\_\_

**CITY OF WHITEVILLE  
RESIDENTIAL BUILDING PERMIT APPLICATION**

Applicant/Property Owner: \_\_\_\_\_ Date \_\_\_\_\_

Project Address: \_\_\_\_\_

Applicant/Property owner telephone #: \_\_\_\_\_ cell #: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_

New  Addition  Renovation  Foundation Repair  Accessory Building  Deck/Ramp  Garage/Carport

Single Family \_\_\_\_\_ No. of Stories: \_\_\_\_\_ Duplex \_\_\_\_\_ Total Peak Height: \_\_\_\_\_ ft.

Building: Heated Area \_\_\_\_\_ sq ft Unheated Area \_\_\_\_\_ sq ft

Unfinished Basement Area \_\_\_\_\_ sq ft Bonus Room: \_\_\_\_\_ sq ft

Utilities: Public Water \_\_\_\_\_ Private Well \_\_\_\_\_ Public Sewer \_\_\_\_\_ Septic Tank \_\_\_\_\_

General Construction Permit:

Contractor Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License No. \_\_\_\_\_ Classification \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Contractor/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

CERTIFICATION AS TO STATUS OF LICENSURE  
GENERAL CONTRACTOR

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have entered into a construction contract where the cost of the undertaking exceeds \$30,000.00; the contract, whether written or oral is in the exact name as listed with the North Carolina Licensing Board for General Contractors. I am not in partnership (including any "joint venture" (unless in compliance with 12 NCAC 12.0207) with any unlicensed entity). I certify that I am presently licensed under \_\_\_\_\_ and my license number is \_\_\_\_\_. My license is active and in good standing. I have filed all the necessary renewals with the North Carolina Licensing Board for General Contractors. I am not presently under any disciplinary order issued by the Licensing Board, which disqualifies me for entering into construction contract.

I have in effect all required worker's compensation insurance coverage and I agree to submit certificates of such coverage to the building inspector upon request. I understand that I am responsible for ascertaining whether I am obligated by law to obtain worker's compensation coverage and to assure that my insurance coverage is adequate. I understand that a licensed general contractor must pay a \$10.00 fee upon issuance of a residential building permit pursuant to NCGS 87-15.3 the Homeowner's Recovery Fund of North Carolina; \$9.00 of which the permitting official will forward to the Licensing Board. I understand that the unlicensed practice of general contracting is a criminal offense of NCGS 87-13 and that the licensing board may pursue and injunction against me if I practice without a license as required by law. I also understand that North Carolina case law; an unlicensed practitioner may be barred from recovery of any civil damages if the job owner refuses to pay. I have been informed that any authority issuing a building permit to an unlicensed contractor where a license is required may be found guilty if a misdemeanor and I certify to this department that they may rely on my statement as truthful regarding the status of my license.

AFFADAVIT OF WORKER'S COMPENSATION

The undersigned applicant or authorized agent for a building permit being the [ ] contractor, [ ] owner, [ ] agents for owner or contractor do hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Have three (3) or more employees and have obtained worker's compensation insurance to cover them.
- Have one or more subcontractors and have obtained worker's compensation insurance to cover them.
- Have one or more subcontractors who have their own policy of workers compensation covering them.
- Have no 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 will require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying the work.

Firm Name: \_\_\_\_\_ By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

State of \_\_\_\_\_-County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

(Seal)

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**OWNER EXEMPTION AFFIDAVIT  
PURSUANT TO G.S. 87-14(a)(1)**

STATE OF NORTH CAROLINA  
COUNTY OF COLUMBUS  
CITY OF WHITEVILLE INSPECTION DEPARTMENT

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

\_\_\_\_\_

I, \_\_\_\_\_,

(Print Full Name)

Hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 and attesting to the following:

1. \_\_\_\_\_ I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

\_\_\_\_\_ I am legally authorized to act on behalf of the firm or corporation which 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 of Chapter 87 of the General Statutes of North Carolina;

3. \_\_\_\_\_ 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 a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that 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 that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

Sworn to (or affirmed) and Subscribed before me  
this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

(Notary Stamp or Seal)

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_

**(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law-G.S. 14-209)**

**City of Whiteville**  
**Building Inspections**

**CONFIRMATION AS CONTRACTOR / SUBCONTRACTOR**

If building permit is approved, I agree to conform to all laws of the State of North Carolina regulating such work. I confirm that the information listed below is true and accurate.

Project Address: \_\_\_\_\_

Gen. Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Contractor Signature \_\_\_\_\_

Electrical Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Electrical Contractor Signature \_\_\_\_\_

Plumbing Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Plumbing Contractor Signature \_\_\_\_\_

Mechanical Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Mechanical Contractor Signature \_\_\_\_\_

Fuel Piping Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Fuel Piping Contractor Signature \_\_\_\_\_

Refrigeration Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Refrigeration Contractor Signature \_\_\_\_\_

Sprinkler Contractor Name: \_\_\_\_\_ NC License # \_\_\_\_\_

Sprinkler Contractor Signature \_\_\_\_\_

## Lien Agent Information

**Effective April 1, 2013**

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent: \_\_\_\_\_

Mailing address of Agent: \_\_\_\_\_

\_\_\_\_\_

Physical address of Agent: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

**(Effective April 1, 2013)** No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the owner occupies as a residence, or for the addition of an accessory building or accessory structure as defined in the North Carolina Uniform Residential Building Code, the use of which is incidental to that residential dwelling unit, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued."

You can complete online at:

[www.liensnc.com](http://www.liensnc.com)



# Electrical

City of Whiteville Permit Application

Electrical



317 S. Madison Street

PO Box 607

Whiteville, NC 28472

Office: (910)640-1380

Fax: (910)642-4407

<https://whitevillenc.gov/planning-inspection>

## Information about Property

### Project Address

Address Line 1

Whiteville North Carolina 28472

### Property Owner

Title First MI Last

### Property Owner's Phone Number \*

### Property Owner's Email

## Project Information

### Type of Structure

- Residential  Commercial

## Electrical

### Description of Work

### Please check below

- New Construction  Remodel  Service Change/Upgrade  T-Pole
- HVAC Reconnect  Reconnect  Sign  Transfer Switch  Fire Alarm
- Manufactured Home  Solar Panels  Other

### Additional Details about Project

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## Electrical Contractor Information

Contractor's Name of Business

Owner of Business

First

Last

Address of Contractor

Address Line 1

City

State

Zip Code

Contractor's Contact

Contractor's Fax (if available)

Contractor's Email

NC License #

Class

Expiration Date



Project Cost?

I hereby agree to perform the work in accordance with NC Mechanical & NEC & all NC State Building Codes and its amendements. In the event that changes are made different than this applicaiton, I will notify the City of Whiteville Inspection Department.

Signature \*

Upload

or drag files here.

Printed name of applicant/agent \*

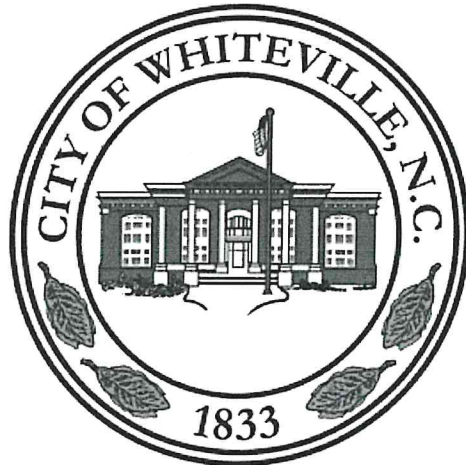
Date of Application \*



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# Mechanical Permit

City of Whiteville Permit Application  
Mechanical



317 S. Madison Street  
PO Box 607  
Whiteville, NC 28472  
Office: (910)640-1380  
Fax: (910)642-4407  
<https://whitevillenc.gov/planning-inspection>

## Information about Property

### Project Address

Address Line 1  
Whiteville North Carolina 28472

### Property Owner

Title First MI Last

### Property Owner's Phone Number

### Property Owner's Email

## Project Information

### Type of Structure

Residential  Commercial

### Project Type \*

Mechanical  Electrical

## Mechanical

### Description of Work

### Number of Systems

### What type of system?

Heat Pump  Air Handler  
 Package Unit  Condenser Only

### Size (tons, gas, BTU's)

### Size of Auxiliary Head (KW)

Complete duct work replacement?

Partial Only?

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Yes

No

Yes

No

### Mechanical Contractor Information

**Contractor's Name of Business**

**Owner of Business**

**Address of Contractor**

**Contractor's Contact**

**Contractor's Fax (if available)**

**Contractor's Email**

**NC License #**

**Class**

**Expiration Date**



**Project Cost?**

I hereby agree to perform the work in accordance with NC Mechanical & NEC & all NC State Building Codes and its amendements. In the event that changes are made different than this applicaiton, I will notify the City of Whiteville Inspection Department.

**Signature \***

**Printed name of applicant/agent \***

**Date of Application \***



or drag files here.

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# Insulation Permit Application

City of Whiteville Permit Application

Insulation



317 S. Madison Street

PO Box 607

Whiteville, NC 28472

Office: (910)640-1380

Fax: (910)642-4407

<https://whitevillenc.gov/planning-inspection>

Property Owner:

Project Address:

Contractor:

Contractor's Address:

 ▼

Contractor's Phone #:

## Project Information:

Type of Structure:

Residential  Commercial

Walls-R value

Floor-R value

Ceiling-R value

Total HEATED square footage:

Insulation Permit Fee:



fasdfsdfsdfs

Up to 1,000 sq

ft.....\$50.00

Above 1,000 sq ft add an additional .03 per sq ft \_\_\_\_\_ x .03 = \$ \_\_\_\_\_

Total =

I do hereby certify that all information in this application is correct and that all work will comply with the 2009 International Energy Code for the State of North Carolina and all other State and Local Codes. In the event that changes are made different than this application I will notify the City of Whiteville Inspection Department.

**Owner/Contractor/Agent Signature**

**Date of Application**



Submit

# Plumbing, Fuel Gas & Refrigeration

Permit Application

City of Whiteville Permit Application  
Plumbing



317 S. Madison Street

PO Box 607

Whiteville, NC 28472

Office: (910)640-1380

Fax: (910)642-4407

<https://whitevillenc.gov/planning-inspection>

## Information about Property

### Project Address \*

Address Line 1

Whiteville

North Carolina

28472

### Property Owner \*

First

Last

### Property Owner's Phone Number \*

### Property Owner's Email

## Project Information

### Type of Structure \*

Residential

Commercial

### Project Type \*

Plumbing

Fire Sprinkler

Fuel Gas Piping

Refrigeration

Other

## Plumbing

### Description of Work

### Number of Plumbing Fixtures

New Construction

Addition/Remodels

Grease Trap

Sewer/Water Line  
Replacement



- Water Heater Replacement
- Manufactured Home
- Fire Sprinkler
- Other

## Plumbing/Refrigeration/Fuel Gas Piping Contractor Information

Contractor's Name of Business

Owner of Business

Address of Contractor

Contractor's Contact

Contractor's Fax (if available)

Contractor's Email

NC License #

Class

Expiration Date



Project Cost?

## Fuel Gas Piping

Description of Work

Number of Gas Appliances

Number of Gas Lines Tank to Meter

## Refrigeration

Description of Work

Refrigeration: Number of Units

HP:

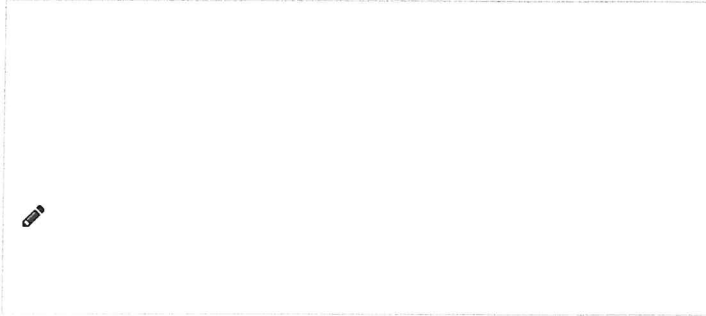
## Additional Documentation

*Not required unless advised*

or drag files here.

I hereby agree to perform the work in accordance with NC Mechanical & NEC & all NC State Building Codes and its amendments. In the event that changes are made different than this applicaiton, I will notify the City of Whiteville Inspection Department.

Signature



Printed name of applicant/agent

Date of Application

Submit