

City of Whiteville

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

Business Checklist

(New or Relocating)

- 1. Address slip from the Columbus County 911 Addressing Center (910) 640-1518.
- 2. Zoning Permit Planning Department (Fee \$75)
- 3. If eating establishment contact Waste Water Treatment Plant regarding grease trap (910) 642-5818.
- 4. If eating establishment contact Columbus County Environmental Health at (910) 640-6617.
- 5. Building Inspection A building inspection will be required to issue a "Certificate of Occupancy".
- 6. Fire Inspection Contact Hal Lowder at (910) 642-8046 ext. 2004 to schedule.

FIRE	
Inspections	Fee
Scheduled Inspection: Public Schools,	Exempt
Churches, and Synagogues	and the second second
Scheduled Inspection: Less than ⁸ 5,000 Sq Ft	\$50.00
Scheduled Inspection: 5,000 to 10,0009 Sq Ft	\$75.00
Scheduled Inspection: Greater than 10,000 -	\$100.00
15,000 ¹⁰ Sq Ft	
Scheduled Inspection: Greater than 15,00011	\$150.00
Sq Ft	
Scheduled Inspection: Special Situation (i.e.,	\$50.00
Outside Storage, LP Bulk Storage, No	
Building)	
Scheduled Inspection: Residential Occupancies	\$75.00
(Multi-Family-Footprint greater than ¹² 10,000	
Sq Ft, this inspection only covers the common	
areas of the structure	
Scheduled Inspection: Foster Care	\$50.00
Scheduled Inspection: Wasted Trip Fee	\$25.00
Civil Penalty Schedule: First Offense	\$100.00
Civil Penalty Schedule: Second Offense	\$300.00
Civil Penalty Schedule: Third and Subsequent	\$500.00
Offenses	

7. Water – set up account at City Hall (\$120 deposit, lease agreement, id & ss# required).

Notes:

- If the structure does NOT have power then a licensed electrician is needed to obtain an electrical reconnect permit (\$50) from the Inspection Department prior to an inspection.
- A sign permit is required from the Inspection/P&Z Department before erecting any signs. Sign Fees: \$75 zoning sign permit

\$50 building sign permit (Up to 16 square feet) In excess of 16 sq. ft. \$50 + an additional .50 per square foot



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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						
Fee. 925 Residential and 975 Commercial						
Proposed Work/Use	BusinessName					
	(If Applicable)					
	(If Available)					
Property Owner(s) Informatio	n:					
Name	Address					
City/State/Zip	Phone					
Cell #	Fax					
Email						
Applicant(s) Information (if di						
Name	Company Name					
Address						
Phone						
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 of 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/App	licant Signature	Date			
(For Office Use Only)					
Permit #	Zoning	[] Approved [] Denied Date			
Property #	Setbacks	Review Officer			
Comments:					



The following items will need to be submitted with this form if applicable:

- 1. Site plan on any changes to the structure exterior.
- 2. If any remodel, mechanical, electrical, or plumbing changes are needed permits may be required.
- 3. Sign plans and Sign Permit Application required for any signage.

Project Information		
Project Address:		
Prior Occupancy Type:		
Proposed Occupancy:		
Business Owner Name:		
Business Owner Phone #:		
Business Owner Email:		

Description of changes to the Business (if applicable):

I hereby affirm that I am the property owner, or authorized agent representing the property owner for the specific property for which this permit application is being made. Date: ______ Printed Name of the Property Owner/Agent: ______ Signature of the Property Owner/Agent: ______

Office Use Only			
Zoning Permit Approved/ Reviewed by:	Date:		
Comments (if any):			
Fire Inspection Performed/Reviewed by:	Date:		
Comments (If any):			
Building Inspected/Reviewed by:	Date:		
Comments (if any):			