



This document is effective December 1, 2009  
All previous versions are expired

# TOWN OF HOLDEN BEACH

## BUILDING PERMIT APPLICATION

Office Only:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\* All information on this application must be filled out completely. Information that does not apply must show n/a. Incomplete applications shall be returned without being processed.*

A zoning permit application must be submitted prior to or at the same time as the application.

### PROPERTY OWNER INFORMATION:

Name: \_\_\_\_\_  
Holden Beach Property Address: \_\_\_\_\_  
Lot Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Permanent Mailing Address:  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Beach House Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### CONTRACTOR INFORMATION:

Business Name: \_\_\_\_\_ Qualifier: \_\_\_\_\_  
Mailing Address:  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
N.C. State Contractor's License Number: \_\_\_\_\_  
Workman's Compensation Number (Attach Copy): \_\_\_\_\_  
Current Holden Beach Privilege License Number Yes \_\_\_\_\_ No \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### ZONING: (check one)

Residential (R-1 Zone) \_\_\_\_\_ Residential (R-2 Zone) \_\_\_\_\_ Commercial (C-1 Zone) \_\_\_\_\_

### FLOOD PLAIN INFORMATON:

Flood Zone Designation (X, AE, VE) \_\_\_\_\_ Base Flood Elevation \_\_\_\_\_

### WORK CLASSIFICATION AND VALUE: (check one)

New \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ *List all repairs in detail on second page.*

### PROPERTY USE: (check one)

Single Family \_\_\_\_\_ Two Family \_\_\_\_\_ Condominium \_\_\_\_\_ Townhouse \_\_\_\_\_

Commercial \_\_\_\_\_ Other \_\_\_\_\_ Description \_\_\_\_\_

**ACCESSORY CONSTRUCTION:** (check one)

Boatlift \_\_\_\_\_ Dock \_\_\_\_\_ Bulkhead \_\_\_\_\_ Specify Use: \_\_\_\_\_ Value: \_\_\_\_\_

Driveway \_\_\_\_\_ Square Feet \_\_\_\_\_ Specify type of material used for driveway \_\_\_\_\_

**SUPPLEMENTAL INFORMATION:** (for proposed work only)

Ground Level

Open Concrete Area Under Home: \_\_\_\_\_ sf  
Enclosed Unheated: \_\_\_\_\_ sf  
Enclosed Heated: \_\_\_\_\_ sf

Floor 1

Enclosed Heated: \_\_\_\_\_ sf  
Enclosed Unheated: \_\_\_\_\_ sf  
Open Deck: \_\_\_\_\_ sf  
Covered Deck: \_\_\_\_\_ sf

Floor 2

Enclosed Heated: \_\_\_\_\_ sf  
Enclosed Unheated: \_\_\_\_\_ sf  
Open Deck: \_\_\_\_\_ sf  
Covered Deck: \_\_\_\_\_ sf

**NUMBER OF:**

Bedrooms \_\_\_\_\_

Baths \_\_\_\_\_

Kitchens \_\_\_\_\_

**CAMA INFORMATION:**

Has a minor CAMA permit been issued: yes \_\_\_\_\_ no \_\_\_\_\_ if yes, permit number \_\_\_\_\_

If no, has a CAMA exemption been issued: yes \_\_\_\_\_ no \_\_\_\_\_

**DESCRIPTION OF PROPOSED WORK:** (add additional sheets as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
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**Subcontractors must be listed Here:**

Electrician \_\_\_\_\_ license# \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature \_\_\_\_\_

Mechanical \_\_\_\_\_ License# \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature \_\_\_\_\_

Plumbing \_\_\_\_\_ License \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature \_\_\_\_\_



**APPENDIX D**

**AFFIDAVIT OF WORKER'S COMPENSTATION COVERAGE**  
**N.C.G.S §87-14**

The undersigned applicant for construction on Parcel # \_\_\_\_\_ being the

\_\_\_\_\_ Contractor

\_\_\_\_\_ Owner

\_\_\_\_\_ Officer/Agent of the Contractor

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 worker's compensation insurance to cover them,

\_\_\_\_\_ has/have one or more subcontractor(s) and have obtained worker's compensation insurance to cover them,

\_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy of worker's 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 \_\_\_\_\_ Worker's Compensation insurance prior to issuance of the permit at any time during the permitted work from any person, firm or corporation carrying out the work.

Company Name : \_\_\_\_\_

Signed : \_\_\_\_\_

Print : \_\_\_\_\_

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

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