PERMIT NO.:_________________  WORKERS' COMPENSATION
PERMIT ISSUED:______________  VERIFICATION:YES___NA___
JOB COMPLETED:___________LIEN AGENT DOCUMENTATION:YES___NA___

PERMIT FEES:  Building $_________ Insulation $_______ Impact Fee $__________
HOMEOWNERS' RECOVERY FUND FEE: $__________Elec. Availability Fee $__________

1) General Contractor_________________________ Phone # ___________________ Fax #____________
2) Owner_________________________________________________________ Phone # _______________
3) Project Address ___________________________________________ PIN #__
   Is this a corner lot: YES___/NO ___  Does the property owner own abutting property? YES___/NO __
4) Lot width (frontage) ______________ Lot depth (length) ______________ Total _______________
5) Type improvement:  New____ Addition ___ Remodel ___ Repair ___ Roofing ___ Siding ___
   Moving ___ Sign ___ Demolition ___
   Type of Occupancy/Proposed Use __________________________________ Rental: Yes _____ No _____
6) Single family _____ Two family _____ Multi-family _____ Accessory Bldg. _____ Other ______
7) # of Stories. _______; # of Dwelling Units: _______; # of Off-street Parking Spaces ________
   # of Bathrooms: _______; # of Bedrooms: _______; Flood Zone Designation: ______________
8) Utilities:  Please Circle one:
   Water: Public/Private   Sewer: Public/Health Dept Approval   Electric: Underground/Overhead
   Amperage ___________________ Phase ______________ Voltage ___________________
9) Estimated Cost Contractors N.C. License No. Phone #.
   Building $_____________ ___________________ ___________________ ___________________
   Electrical $_____________ ___________________ ___________________ ___________________
   Plumbing $_____________ ___________________ ___________________ ___________________
   Mechanical $_____________ ___________________ ___________________ ___________________
   Sprinkler $_____________ ___________________ ___________________ ___________________
   Public Utilities $_____________ ___________________ ___________________ ___________________

CITY OF ELIZABETH CITY
COMMUNITY DEVELOPMENT - BUILDING DIVISION
A.P. Midget Municipal Building
302 Colonial Avenue/P.O. Box 347
Elizabeth City, NC 27909
(252) 337-6672
Inspections (252) 337-6868

Building Permit Application – Long Form
Each contractor shall be responsible for purchasing their own permits. No work for required inspections shall be covered or concealed until approved by an Inspector from the City Inspections Department. A floor plan, with all rooms and buildings indicated, shall be drawn on a site plan and submitted for approval with this application. The site plan shall show the dimensions of the property, buildings, rooms, existing and proposed buildings with existing or proposed set backs from the property lines, off-street parking spaces and any required landscaping buffer strips when applicable. Said plan shall be neat and show accurate dimensions.

REQUIRED INSPECTIONS (Other “courtesy” inspections may be provided if requested)

1.) *Footing and/or Under Slab Inspection (PRIOR to placement of concrete). Any required tie downs, rebar, dowels, etc., shall be in place at the time of inspection.

2.) Foundations: Walls and/or piers. (Leave footings uncovered for this inspection.)

3.) Rough-ins Including but not limited to: general framing, any required blocking and rafter or truss connectors shall be in place/visible, all applicable electrical, plumbing, gas &/or mechanical system installations, fire blocking/stopping & insulation “baffles”, etc.

4.) Insulation.

5.) Final Inspection

MISCELLANEOUS: UG utilities, porch/and/or garage floor slabs prior to concrete, etc.

NOTE: Sanitary toilet facilities SHALL be on the job site at all times during the construction process. All wood in contact with slab on grade floor slabs shall be of approved, durable and treated wood. Wood grade stakes are not allowed in footings or slab. Galvanized nails shall be used to attach regular wood to pressure treated wood.

*Vegetation and organic material (top soil) shall be removed prior to digging footings and the placement of any fill material.

The applicant listed below, certifies that all information in this application is correct and hereby agrees to have the subject buildings(s) erected or altered in accordance with the N. C. State Building Code(s) and any other applicable local code.

__________________________________________  ____________________________
Signature of Applicant Date

EMAIL ADDRESS IF AVAILABLE

For Office use only

Zoning District ___________________________________

Property is located inside: City Limits Yes ____ No____
Flood Plain Yes ____ No____
Historic District Yes ____ No____
Fire District Yes ____ No____
CAMA District Yes ____ No____

53
1) 1 story ____ 1½ story ____ 2 story ____ 3 story ____ 
Siding: Brick veneer ____; vinyl/aluminum siding ____; wood ____; EIFS ____

2) Foundation: Continuous ____; Piers ____; Pier-curtain wall ____; Slab ____
Trench footing size ____ wide X ____ deep; concrete thickness: ____ inches
Pier footing size ____X____X____ deep; concrete thickness: ____ inches
Block size ____X____X____; Cap block size ____X____X____
Maximum pier height: ___________ Total # rows of piers ____ House width _____
Exterior girder size: ____X____X____ with a ______ clear span; Species ________
Interior girder size: ____X____X____ with a ______ clear span; Species ______

4) Crawl Space: Access door size ____X____; Ground vapor barrier: Yes____No_____

5) Floor system: Double sheathing _________ OR Tongue & Groove ________
   ▪ 1st floor joist size ____X____, ______ in. o.c. with a ______ clear span
      Species: Southern Pine ____; Spruce/Fir ____; Lumber grade ______
   ▪ 2nd floor joist size ____X____, ______ in. o.c. with a ______ clear span
      Species: Southern Pine ____; Spruce/Fir ____; Lumber grade ______
   ▪ 3rd floor joist size ____X____, ______ in. o.c. with a ______ clear span
      Species: Southern Pine ____; Spruce/Fir ____; Lumber grade ______

6) Ceilings: joist size ____X____, ______ in. o.c. with a ______ clear span
Species: Southern Pine ____; Spruce/Fir ____; Lumber grade ______
Cathedral ceiling: YES____/NO____

7) Roof System: Slope _____/_____ Type: Gable ____; Hip ____; Other _____
Trusses: YES____/NO____; ________ in. O.C. with a ______ clear span
Ridge Board size ____X____
Rafter size: ____X____, ______ in. O.C. with a ______ clear span
Species: Southern Pine ____; Spruce/Fir ____; Lumber grade _______

NOTE: If all framing members (floor, ceiling joist and rafters) are not of the same size, then all
rooms shall be listed on the back of this sheet, specifying the above framing members
sizes and clear spans for each room.
8) ATTIC Area: _______ sq. ft.  Insulation:  Batts _______ Blown-in_____
   Access: Fixed stairs_____  Pull down _____  Access Hole _____, (_____X_____
   #_____ roof vents w/_____ sq. in.  net free area/vent
   #_____ soffit vents w/_____sq. in.  net free area/vent
   ______ linear ft. of continuous soffit ventilation, w/ sq.  in net free area
   TOTAL net free area of attic ventilation _____ sq. in. provided

9) Structural steel I-Beam:  Yes_____ No_____; Size: _____X_____, _____ clear span

10) Garage:  Yes: ___ No: ___  Door width____: Header size_____, _____X_____
     Room over the garage:  Yes ___ No ___; Proposed use: ____________________________
     Floor joist size _____X_____ , ____ in. o.c. with a _______ clear span
     Species: Southern Pine_____; Spruce/Fir_____; Lumber grade_____

11) Type of heat: _______ Location of unit _________ # of returns _____________

12) Type of water heater:  Electric: _____; Gas: _____; Location: _________________________

13) Fireplace:  Yes_____/No_____; Masonry: _____ or Prefab: _____
     Fire place opening _____X_____; flue liner size _____X_____
     Hearth Extension:  16 in.____  20 in._____  Other_____ inches

14) Deck:  Yes:_____/No:_____ Dimensions: _____X_____ Height above grade:_____
     Girder size: _____. _____X______ with a _______ clear span between posts
     Floor joist size _____X_____, ____ in. o.c. with a _______ clear span
     Species: Southern Pine_____; Spruce/Fir_____; Lumber grade_____ 

15) Detached Accessory Bldg.  Yes:_____/No:_____ Dimensions: _____X_____ 

Submitted by: ________________________________  Date:_____________________

Reviewed by: ________________________________  Date:_____________________

55