TOWN OF WINTERVILLE

BUILDING PERMIT APPLICATION

2936 Church St.
Fax: 252-756-6647
Inspections Line: **252-215-2419**

Date _____

Property Owner's Name _____

Contact Number _____ Winterville Business License # _____

Project Address _____ Parcel # _____

Subdivision _____ Lot # _____

Contractor's Name _____ License # _____

Contractor's Address _____

Contact Name _____ Contact # _____

TYPE OF PERMIT: ___Building ___ Demolition ___ Sign ___Swimming Pool

___ Driveway ___ Other _____

USE: ___ New Use ___ Existing Use ___ Change of Use ___ Other _____

_____

STRUCTURE: ___ Single Family ___Duplex ___ Manufactured Home ___ Modular

___ Multi-Family (___ Apartments ___ Condominiums ___ Townhomes)

___ Accessory (___ Attached *OR* ___ Detached)

___ Commercial ___ Commercial Upfit ___ Shell ___ Industrial

CLASS: ___ New ___ Addition ___ Repair ___ Alterations/Renovations ___ Roofing

Square Ft. Total _____ (heated and unheated) Stories _____ Total Height _____

SIGNS: ___ Wall Sign (No.____) ___ Freestanding (No. ___) ___Temporary Sign (No. ___)

Sign plans required (New *OR* Altered) along with site plan

DESCRIPTION OF WORK: _____

_____

_____

_____

Construction Cost: $_____ **Sewer System**: ____ Winterville ____ GUC ____ Septic System

Lien Agent Name: _____

Lien Agent E-Mail: _____

Lien Agent Physical Address: _____

Lien Agent Mailing Address: _____

Lien Agent Phone #: _____ Lien Agent Fax #: _____

THE APPLICANT / CONTRACTOR AGREES TO COMPLY WITH ALL THE APPLICABLE LAWS REGULATING THE DESCRIBED WORK AND BUILD ACCORDING TO THE CODE IN AFFECT AT THE TIME OF ISSUANCE OF THE PERMIT. APPLICANT / CONTRACTOR IS RESPONSIBLE FOR COMPLIANCE WITH DEED RESTRICTIONS AND DEVELOPMENT COVENANTSAND IS ALSO RESONSIBLE FOR SECURING ALL NCDOT APPROVALS AS RELATED TO SIGNS, DRIVEWAYS AND RIGHT-OF-WAY ENCROACHMENT AFFECTING STATE STREET SYSTEM UNDER DOT JURISDICTION. CONTRACTOR IS RESPONSIBLE FOR MAINTAING WORKSITEAND FOR THE REMOVAL OF ALL CONSTRUCTION WASTE FROM SITE. THIS PERMIT WILL EXPIRE IN SIX MONTHS IF THERE IS NO INSPECTION ACTIVITY DURING THAT TIME. IF AFTER INSPECTION ACTIVITY IS STARTED BUT WORK STOPS FOR MORE THAN ONE YEAR THE PERMIT WILL EXPIRE.

Print Applicants Name: _____

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Permit Number _____

Zoning District: _____ Flood Zone: _____ No _____ Yes (Min. Flood Elevation _____)

Easements: _____ Annexations Required: _____

Front (R/W) Setbacks: _____ Ft. Side Setback _____ Ft. Rear Setback _____ Ft.

Max. Height: _____ Max. Lot Coverage _____ % _____ Sq. Ft.

Accessory Separation: _____ Ft. From Dwelling _____ Ft. From Other Accessories

Comments: _____

_____

_____

Zoning Reviewed _____ Fire Marshal Reviewed _____ Building Inspector Reviewed _____