COMMERCIAL
BUILDING PERMIT APPLICATION

Application No. ______________________ Date Submitted: ____________
Date Permit Issued: __________________ Permit No. _________________
Permit Fee: ________________________ Tax Parcel No. ______________
Correct Street Address: ________________________________________________
________________________________________________________________________

STOP! READ ALL OF THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING APPLICATION. IF YOU HAVE QUESTIONS, CONTACT THE CITY INSPECTIONS DIVISION AT 919-580-4346.

All of the attached information is required in order to obtain a commercial building permit from the City of Goldsboro. Please fill in all blank spaces. Place an “X” in all appropriate boxes or “n/a” in all spaces which do not apply. This application will not be processed with blank spaces or if any information is not legible. Please print!

Along with the application form, a plot plan for the property, drawn to scale, septic tank approval slip (if City sewer is not available) and a complete set of drawings containing the below indicated information (as detailed within the North Carolina General Statutes) must be submitted in order to process the commercial building permit application.

G.S. 87-3.2 Drawings and Specifications, Requirements: Two (2) copies of drawings and specifications, drawn to scale with sufficient clarity and detail to indicate the nature and character of the work, shall accompany the application for a permit. Such drawings and specifications shall contain information, in the form of notes or otherwise, as to the technical properties of the materials, where such properties are essential to show compliance with the technical codes. Such information shall be specific. The technical codes shall not be cited as a whole or in part, nor shall the term “legal” or its equivalent be used as a substitute for specific information. All information, drawings, specifications and accompanying data shall bear the name and signature of the person responsible for the design.

G.S. 87-3.2 Drawings and Specifications, Additional Data: The Inspections Division may require details, computations, stress diagrams, professional certification and other data necessary to describe the construction or installation of a system.
Applicant’s Name: ___________________________ Phone: ___________________

Address: _______________________________________________________________________________________

Property Owner: ____________________________ Phone: _____________________

Address: _______________________________________________________________________________________

Contact Person: _____________________________ Phone: _____________________

Project Address: ___________________________________________________________________________________

Subdivision: _______________________________________________________________________________________

Description of Work: ________________________________________________________________________________
______________________________________________________________________________________________

Utilities Available: City Water ________________ Private Well ________________
City Sewer ________________  *Septic Tank ________________

*Health Department Permit No. if new septic tank: __________________________

<table>
<thead>
<tr>
<th>Type Construction</th>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
<th>Type 4</th>
<th>Type 5</th>
<th>Type 6</th>
<th>Mixed Construction</th>
</tr>
</thead>
</table>

Building Area:
Total Square Footage: ________________
Total No. of Stories: ________________
Square Footage Per Floor: ________________
Total Building Height: ________________

Type of Work:
New ________ Addition ________ Renovation ________

Type of Construction: Woodframe ______ Block ______ Brick ______ Steel ______

Roof: Shingle _____ Built-Up _____ Metal _____ Foam _____
Rubber _____ Other _____ (Specify) __________________________

Insulation R-Values: Roof __________ Floor __________ Walls __________

Project Location: Downtown Fire District: ____________
Historic District: ____________
100-Year Flood Zone: ____________
Watershed Protection Area: ____________
Information Concerning Contractors: (Must be filled out completely.)

Electrical Contractor: ___________________________ Phone: ________________
Address: ___________________________ Estimated Cost: ________________

Plumbing Contractor: ___________________________ Phone: ________________
Address: ___________________________ Estimated Cost: ________________

Mechanical Contractor: ___________________________ Phone: ________________
Address: ___________________________ Estimated Cost: ________________

Insulation Contractor: ___________________________ Phone: ________________
Address: ___________________________ Estimated Cost: ________________

General Contractor: ___________________________ Phone: ________________
Address: ___________________________ Estimated Cost: ________________

Job Superintendent: ___________________________ Phone: ________________

Email Address: ___________________________

TOTA COST OF JOB: $______________________________

*GAS PERMIT IS SEPERATE
*UTILITY PERMIT IS REQUIRED BEFORE WORK STARTS

I hereby certify that all information contained within this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspections Division will be notified in writing if there are changes proposed to the approved plans and specifications for the submitted project detailed herein.

_________________________________________  __________________________________________
Date  Owner or Agent Signature

_________________________________________
Date  Building Inspector
Planning and Community Development Comments:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature: _________________________________ Date: ______________________

Engineering Division Comments:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature: _________________________________ Date: ______________________
## COMMERCIAL PROJECTS
### BUILDING CODE SUMMARY

**Site Address/Location:** _______________________________________________________

**Owner/Contact Person:** _________________________  **Phone:** _____________________

**Designer of Record**

<table>
<thead>
<tr>
<th>Draftsman/Surveyor</th>
<th>Name</th>
<th>Phone</th>
<th>License No.</th>
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<tbody>
<tr>
<td>Architect</td>
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<tr>
<td>Plumbing</td>
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<td>Mechanical</td>
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<tr>
<td>Structural</td>
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</tr>
<tr>
<td>Sprinkler</td>
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</tbody>
</table>

**Sprinkler:**

- Yes: _____
- No: _____

**Sprinkler Contractor:** _________________________________________________________

<table>
<thead>
<tr>
<th>Address: _________________________________</th>
<th>Phone: _________________</th>
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</table>

**Fire Resistance Ratings:**

<table>
<thead>
<tr>
<th>Exterior Party/Fire Walls</th>
<th>Hourly Rating</th>
<th>Detail &amp; Sheet No.</th>
<th>% Wall Opening</th>
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<tbody>
<tr>
<td>North:</td>
<td></td>
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<tr>
<td>South:</td>
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<td>East:</td>
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<tr>
<td>West:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Interior Walls</th>
<th>Hourly Rating</th>
<th>Detail &amp; Sheet No.</th>
<th>% of Wall Opening</th>
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</thead>
<tbody>
<tr>
<td>Ceiling Floor</td>
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<tr>
<td>Assembly</td>
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<tr>
<td>Beams</td>
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<tr>
<td>Columns</td>
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<tr>
<td>Tenant</td>
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<tr>
<td>Separation</td>
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</tr>
<tr>
<td>Ceiling Roof</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Assembly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Life Safety System**

- Emergency Lighting/Exit Signs: Yes: _____  No: _____
- Fire Alarm and Smoke Detectors: Yes: _____  No: _____
- Panic Hardware: Yes: _____  No: _____

**Exit Requirements**

- Number of Exits: _________________________
- Dead End Limits (Maximum Distance): _________________________
- Travel Distance to Exit: _________________________
Handicap Requirements:  No. Handicap parking spaces provided: ____________________

Distance to Entrance: _____________________ Ft.

Handicap Accessibility:
Walkway Entrance:  Yes: _____  No: _____
Ramp:  Yes: _____  No: _____
Ramp Length: _________________________ Ft.

Handicap Restrooms:  Yes: _____  No: _____
Male:  Yes: _____  No: _____
Female:  Yes: _____  No: _____
Unisex:  Yes: _____  No: _____

For General Contractor’s Signature: (Please read and complete as required.)

I understand that that I am signing this document under oath and certify that statements made herein are truthful to the best of my knowledge. I have read and understand Sections 87-1 and 87-14 of the General Statutes of the State of North Carolina, as amended, July 6, 1992 and have entered into a construction contract where the cost of the undertaking exceeds $30,000 and 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 a partnership (including any “joint venture” unless in compliance with 21 NCAC 12.0207) with any unlicensed entity. I certify that I am presently licensed under the name of __________________________________ and under license number __________________________. My license is active and in good standing. I have filed all necessary renewal forms with the North Carolina Licensing Board for General Contractors. I am not presently under any disciplinary order issued by the North Carolina Licensing Board for General Contractors which disqualifies me for a building permit.

I certify to the City of Goldsboro Building Inspection Division that I have paid all license tax(es) as required by the North Carolina Department of Revenue, and have all required workers’ compensation insurance coverages in effect. I have filled out the attached worksheet/affidavit regarding workers’ compensation and I agree to submit certificates of insurance coverage upon the request of the Building Inspector. I understand that I am responsible for ascertaining whether I am obligated by law to obtain workers’ compensation insurance and to assure that my insurance coverage is adequate. I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all workers’ compensation required by law.

I understand that a licensed general contractor must pay a $5.00 fee upon applying for a residential permit pursuant to General Statute 87-15.5 “Homeowner’s Recovery Fund” Act of North Carolina, $4.00 of which the permitting official shall forward to the North Carolina Licensing Board for General Contractors.

I understand that the unlicensed practice of general contracting is a criminal offense under Section 87-13 of the General Statutes of the State of North Carolina and that I may be sued by the North Carolina Licensing Board for General Contractors for an injunction if I practice without a license as required by law. I also understand that, under North Carolina case law, an unlicensed practitioner may be barred from recovery of any civil damages if the job owner refuses to pay me.

I have been informed that any authority issuing a building permit to an unlicensed contractor where a license is required may be found guilty of a misdemeanor and I certify that this department may rely on my statement as a truthful statement regarding the status of my license.

________________________________________  ________________________________
Date                                       Contractor’s Signature
To All Applicants:

Effective January 1, 2002 a Fire Permit will be issued in conjunction with all Commercial Building Permits. The permit fees are in accordance with Resolution 2006-18. A basic fire permit will be $50.00; along with a $15.00 Technology surcharge, making the cost of the fire permit a total of $65.00. Other fire permit fees may be applicable. If you have any questions, please call me at (919) 580-4348 or the Plans Reviewer at 919-580-4298.

City Fire Inspector

FIRE PROTECTION – BACKFLOW

1. Existing fire sprinkler systems where backflow protection will be added, will need to have the fire protection system hydraulically calculated by a Fire Protection Specialist or a Professional Engineer.

2. Any and all new private fire systems must have approved backflow protection installed above grade, as close to the main supply as possible. Adequate means must be taken to protect the backflow assembly from freezing.

3. Before permits are approved, two (2) sets of drawings sealed by a Professional Engineer or Fire Protection Specialist will be required to be reviewed by the City of Goldsboro. Plan review fees may be applicable.

PLEASE NOTE: ON A NEW SERVICE, A CERTIFICATE OF OCCUPANCY SHALL NOT BE ISSUED WITHOUT THIS REQUIRED COMPLIANCE WITH ALL FEDERAL, STATE AND LOCAL REGULATIONS!

____________________________________  __________________
Signature of Applicant           Date

Revised 2/21/08
TO ALL APPLICANTS:

Effective immediately, a backflow prevention assembly shall be required for all facilities identified by the City of Goldsboro as having a potential for backflow into the City’s public water supply system. This includes all residential and commercial projects. This action is taken in accordance with the Federal Safe Drinking Water Act Amendments of 1986 and with the State of North Carolina and City of Goldsboro Cross Connection Control “Water Regulations” Chapter 51-06 of the Code of Ordinance No. 2004-89.

A Reduced Pressure Principle Assembly, an Air Gap, a Double Check Valve Assembly, a Reduced Pressure Principle-Detector Backflow Preventive Assembly or a Double Check-Detector Backflow Prevention Assembly shall be installed and maintained on the water service to or within the premises affected contained herein this building permit application.

Before installation, the applicant shall submit to the City of Goldsboro Inspections Department plans and specifications to determine the degree of hazard and the degree of protection needed to protect the public potable water system. Once approved, the assembly shall be installed and tested by a certified backflow prevention assembly tester. (A list of certified testers can be obtained from the City of Goldsboro Inspections Department.) After the assembly has passed the required test, the applicant shall retain from the tester a copy of the North Carolina Backflow Preventer Test and Maintenance Report to be submitted to the inspection department in order to establish water service and occupancy for the facility.

PLEASE NOTE: A CERTIFICATE OF OCCUPANCY SHALL NOT BE ISSUED WITHOUT THIS REQUIRED DOCUMENTATION SHOWING COMPLIANCE WITH ALL FEDERAL, STATE AND LOCAL REGULATIONS!

Plumbing Inspector/Fire Inspector
City of Goldsboro

__________________________________                        ________________________
Signature of Applicant            Date
APPLICATION FOR SITE WORK PERMIT

Prior to any construction work being done, silt fencing must be placed in a manner as to protect the City Storm Water System. This protection must be kept in good working condition for the duration of the construction.

If you plan to start site work before the building permit is issued, you must obtain a site work permit. **Please note that this requirement is for residential as well as commercial construction.** The cost of this permit is $200 for commercial sites and $100 for residential sites. An inspection of the silt fencing is required prior to site work continuing. If you intend to start the site work after you have obtained your building permit, you will not be required to obtain a separate permit; however, an inspection of the silt fencing is required prior to work continuing.

Date:_______________  Square Footage:___________  Cost of Job:_____________

Commercial  Residential  
(Please circle one)

Project Address:_________________________________________________________

Applicant’s Name:_______________________________________________________

Applicant’s Address:_____________________________________________________

Applicant’s Phone Number:______________________________________________

Anyone who does not adhere to the above requirements will be Issued a “Stop Work Order” until such time as the problem is corrected.