



County of Moore

Planning and Inspections

Inspections/Permitting: (910) 947-2221
Planning: (910) 947-5010
Fax: (910) 947-1303

EXTERNAL CHECKLIST FOR RESIDENTIAL BUILDING PERMIT APPLICATION

- ☐ Completed residential building permit application. Applications can be obtained from our department, Planning and Inspections located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or online at www.moorecountync.gov, Department Planning & Inspections, Applications. If you would like to speak with someone regarding the application our phone number 910-947-5010 or 910-947-2221.
- ☐ If you are installing an irrigation system you will need to complete a separate irrigation application. This application can be obtained from our department, Planning and Inspections located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or online at www.moorecountync.gov. We cannot process any irrigation permits without the proper documentation being provided to our office.
- ☐ For a new septic system, an improvement permit issued by the Moore County Environmental Health Department for the proposed use. The Environmental Health Department is located at 1042 Carriage Oaks Drive, Carthage, NC 28327. Their phone number is 910-947-6283.
- ☐ Existing septic systems: A septic system recertification permit or affidavit of on-site system may be required by the County of Moore Health Department, Environmental Health Division for the following:
 - Additions extending outside the existing foundation.
 - Interior renovations that result in an increased number of bedrooms.
 - Replacement or addition of storage buildings, swimming pools, decks, concrete pads, irrigation systems, geothermal systems, driveways, etc..

The Environmental Health Department is located at 1042 Carriage Oaks Drive, Carthage, NC 28327. Their phone number is 910-947-6283.

- ☐ One set of floor plans. Metal buildings will require stamped engineer plans as per NCDOT guidance.
- ☐ A copy of the Soil and Erosion Control approval from NCDEQ guidance: contact Penny Markle at 919-218-5490
- ☐ An elevation certificate will be required if it is determined that the structure is being built in part or in whole in an area prone to flooding per NCDOT guidance.
- ☐ One copy of the designated lien agents contact information per NC §44A-11.1 See www.liensnc.com for further details and registration of your project.
- ☐ A copy of recorded deed to verify ownership. A survey may also be required if lot configuration does not reflect the current records of the county.
- ☐ A zoning permit may be required.

Cameron: 910-245-3212
Carthage: 910-947-2331
Foxfire: 910-295-5107

Taylor Town: 910-295-4010
Vass: 910-245-4676
Whispering Pines: 910-949-3141

Robbins: 910-948-2431
Moore County: 910-947-5010



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Residential Building Permit Application (Site Built Homes, Modular Homes, Additions, Renovations and Accessory Buildings)					
Application Date:		Email Address:			
Location/Address of Property:					
Description of Proposed Work: _____					
Applicant (Your Name):					Phone:
Property Owner:					Phone:
Property Owner Address:			City	St:	Zip:
Type of Project: <input type="checkbox"/> Site Built Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Additions <input type="checkbox"/> Renovations <input type="checkbox"/> Accessory Building					
Bldg Height (ft):	# of Stories:	# of Bedrooms:	Total Project Cost: \$		
Area (sqft) Total:	Finished Heated:	Unfinished:	Garage:	Porch(es):	Deck(s):
Utilities: <input type="checkbox"/> Private Well <input type="checkbox"/> Public Water AND <input type="checkbox"/> Private Septic System <input type="checkbox"/> Public Sewer					
Electric: # of Amps: _____ <input type="checkbox"/> Temporary Pole <input type="checkbox"/> Generator <input type="checkbox"/> Additional Wiring					
Mechanical: # of Systems _____ Type of Systems _____ Size _____ <input type="checkbox"/> Fuel Gas Piping					
Plumbing: # of Baths _____ # of 1/2 Baths _____ # Water Heaters _____ # Clothes Washers _____ # Additional Sinks _____ # of Spas _____ # Dishwashers _____ <input type="checkbox"/> Other _____					
General Contractor:		Phone:		License:	
Address:		City		St	Zip
Plumbing Contractor:		Phone:		License:	
Address:		City		St	Zip
Mechanical Contractor:		Phone:		License:	
Address:		City		St	Zip
Electrical Contractor:		Phone:		License:	
Address:		City		St	Zip
Fuel Gas Contractor:		Phone:		License:	
Address:		City		St	Zip
Insulation Contractor:		Phone:		License:	
Address:		City		St	Zip
I hereby certify that all information in this application is correct and all work will comply with the State Building Code and other applicable State and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand if this application is incomplete, no inspections will be performed on the project. By signing below I attest that I have obtained all subcontractors permission to obtain these permits.					
Owner/Agent Signature: _____ Date: _____					



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AFFIDAVIT FOR WORKER'S COMPENSATION N.C.G.S. 87-14

The undersigned applicant being the:

____ General Contractor

____ Owner

____ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit

____ Has three (3) or more employees and has obtained workers compensation insurance to cover them.

____ Has one (1) or more subcontractor(s) and has obtained workers compensation insurance to cover them.

____ Has one (1) or more subcontractor(s) who have their own policy of workers compensation insurance to cover themselves.

____ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of workers compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Company or Owners Name

Owner / Agent Signature

Date