



PLANNING & COMMUNITY DEVELOPMENT



P.O. Box 905
1048 Carriage Oaks Drive
Carthage, NC 28327
Planning: 910.947.5010
Central Permitting: 910.947.2221
Fax: 910.947.1303
www.moorecountync.gov

EXTERNAL CHECKLIST FOR A MISCELLANEOUS PERMIT APPLICATION (SWIMMING POOL)

- Completed miscellaneous permit application. Applications can be obtained from our department, Planning and Community Development located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or online at www.moorecountync.gov, Department Planning & Zoning, Applications. If you would like to speak with someone regarding the application our phone number 910-947-5010 or 910-947-2221.
- 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 is 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.. when in the area of septic system and/or repair area.

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

- A completed residential plot plan included with miscellaneous permit application. The purpose of the residential plot plan is to clearly identify where the proposed and existing structure(s)/building(s) are/ will be located on the property. The residential plot plan shall identify the structure(s)/buildings distances measured to all property lines. The residential plot plan also ensures the proposed structure(s)/building(s) are not being located on top of the existing septic system, septic lines or septic repair area.
- A copy of recorded deed may be required 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 if the subject property is located within one of the following municipalities or their ETJ.

Cameron: 910-245-3212	Taylor Town: 910-295-4010
Carthage: 910-947-2331	Vass: 910-245-4676
Foxfire: 910-295-5107	Whispering Pines: 910-949-3141
Robbins: 910-948-2431	
- All swimming pools as defined by the 2012 North Carolina Codes shall have the required fencing/barrier installed and approved by the building inspections department before any water can be placed in the pool. A swimming pool is defined as "any structure, basin, chamber or tank containing an artificial body of water for swimming, diving or recreational bathing having a depth of 2 feet or more at any point." This means that any in-ground or above ground swimming pool that can hold 2 feet or more of water must have the required fencing/barrier.



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Miscellaneous Permit Application			
Application Date: _____			
Location/Address of Property: _____			
Description of Proposed Work: _____ _____ _____			
Applicant: _____			Phone: _____
Owner: _____			Phone: _____
Owner Address: _____		City: _____	St: _____ Zip: _____
Type of Permit: <input type="checkbox"/> ATF <input type="checkbox"/> Day Care <input type="checkbox"/> Group/Therapeutic Home <input type="checkbox"/> Bulkhead/Dock <input type="checkbox"/> Sign(s) <input type="checkbox"/> ABC <input type="checkbox"/> Demolition <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other: _____			
If the project is a bulkhead, dock or pool please list the estimated cost of the project			Total Estimated Cost \$ _____
Please list the names of the contractors who will be performing the work for this project. If the work will be performed by the owner just write owner or self in the name field. Please put N/A in any fields that are not applicable to the project.			
General Contractor:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
Electrical Contractor:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
Design Professional:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
Pool Contractor:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
<p>I hereby certify that all information in 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 Inspection Department will be notified of any changes in the approval plans and specifications for the project permitted herein. I understand if this application is incomplete, no inspections will be performed on the project.</p>			
Owner/Agent Signature: _____ Date: _____			