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 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 within residential building 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.

☐ One set of building plans.

☐ A copy of the Soil and Erosion Control approval from NCDEQ, if applicable.

☐ A copy of the US Fish and Wildlife approval letter is required if located in a designated active or inactive Red Cockaded Woodpecker area. Phone (919) 856-4520

☐ 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 if the subject property is located within one of the following municipalities or their ETJ.

- Cameron: 910-245-3212
- Carthage: 910-947-2331
- Foxfire: 910-295-5107
- Robbins: 910-948-2431
- Taylor Town: 910-295-4010
- Vass: 910-245-4676
- Whispering Pines: 910-949-3141

Revised 2/3/2022
# Residential Building Permit Application

## (Site Built Homes, Modular Homes, Additions, Renovations and Accessory Buildings)

<table>
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<tr>
<th>Application Date:</th>
<th>Email Address:</th>
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**Location/Address of Property:**

**Description of Proposed Work:** ____________________________________________________________________________
____________________________________________________________________________________________________________________

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<tr>
<th>Applicant (Your Name):</th>
<th>Phone:</th>
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<th>Property Owner:</th>
<th>Phone:</th>
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<tr>
<th>Property Owner Address:</th>
<th>City</th>
<th>St</th>
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**Type of Project:**

- [ ] Site Built Home
- [ ] Modular Home
- [ ] Additions
- [ ] Renovations
- [ ] Accessory Building

**Bldg Height (ft):**

- # of Stories: 
- # of Bedrooms:

**Total Project Cost:** $

**Area (sqft):**

- Total: 
- Finished Heated: 
- Unfinished: 
- Garage: 
- Porch(es): 
- Deck(s):

**Utilities:**

- [ ] Private Well
- [ ] Public Water
- AND
- [ ] Private Septic System
- [ ] Public Sewer

**Electric:**

- # of Amps: _______________
- [ ] Temporary Pole
- [ ] Generator
- [ ] Additional Wiring

**Mechanical:**

- # of Systems______
- Type of Systems ___________________ 
- Size ________
- [ ] Fuel Gas Piping

**Plumbing:**

- # of Baths ________
- # of 1/2 Baths ________
- # Water Heaters ________
- # Clothes Washers ________
- # Additional Sinks ________
- # Spas ________
- # Dishwashers ________
- [ ] Other ________

**General Contractor:**

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<th>Phone:</th>
<th>License:</th>
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**Plumbing Contractor:**

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**Mechanical Contractor:**

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**Electrical Contractor:**

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**Fuel Gas Contractor:**

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**Insulation Contractor:**

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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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*NOTE: The General Contractor/owner representative must fill out and sign all pages of this application.*
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

______________________________ Date
Owner / Agent Signature