

Please Note: All applications MUST be submitted in person to the Inspections Department.
You CAN NOT submit an application online, through e-mail or by fax.

Perquimans County Building Inspections

104 Dobbs Street
P O Box 462
Hertford, N.C. 27944

252-426-8283

Building, Plumbing, Electrical, Mechanical,
Manufactured and Modular Home Permits

Izell (Zeke) Jackson

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Monday-Friday



INSPECTION DEPARTMENT PERQUIMANS COUNTY

P.O. Box 462 • Hertford, N.C. 27944 • (919) 426-8283
Building, Plumbing, Electrical, Mechanical

BUILDING PERMIT APPLICATION

PERMIT FEES: Gas _____ Building _____ Insulation _____
Homeowners Recovery Fee: \$ _____ Workman's Comp. expiration Date _____

- 1) General Contractor _____ Phone # _____ Fax # _____
 - 2) Owner _____ Phone # _____
 - 3) Owners Current Address _____
 - 4) Project Address _____ Subdivision _____
- Is this a corner lot? Yes ___ No ___ Does the property owner own abutting property? Yes ___ No ___
FLOOD ZONE: Yes ___ No ___ **ELEVATION:** _____ ft

- 5) Map # _____ Block # _____ Parcel # _____
- 6) Lot width (frontage) _____ Lot Depth (length) _____ Total _____

- 7) Type Improvement: New _____ Addition _____ Remodel _____ Repair _____ Roofing _____
 Siding _____ Moving _____ Sign _____ Demolition _____
 Proposed use: _____

- 8) Type construction: Wood Frame _____ Masonry _____ Steel/Metal _____ Other _____

- 9) Total square footage of structure: _____ Dimensions _____ X _____

- 10) Single family _____ Two family _____ Multi-family _____ Accessory Bldg _____
 Other _____

- 11) Used as: Single family _____ Apartment _____ Condominium _____ Townhouse _____

- 12) # of Bldgs _____ # of Dwelling Units: _____ # of Off-street parking spaces _____
 # of bathrooms _____

	Estimated Cost	Contractors	License #	Phone #
Building	\$ _____	_____	_____	_____
Electrical	\$ _____	_____	_____	_____
Plumbing	\$ _____	_____	_____	_____
Mechanical	\$ _____	_____	_____	_____
Insulation	\$ _____	_____	_____	_____
Gas	\$ _____	_____	_____	_____
TOTAL	\$ _____	Surveyor / Flood Plain _____		

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NOTE

Each Contractor, **shall** be responsible for purchasing **their own** permits, and requesting **their own rough-in** and **final** inspections. No work shall be covered, or concealed, until approved by an Inspector from Perquimans Inspections Department. **A floor plan**, with all rooms and buildings identified, shall be drawn on **a site plan**, and submitted for approval with this application. The site plan shall show the **dimensions** of the **property, buildings, rooms, existing, and proposed buildings**, with there existing or proposed set backs from the property lines, off street parting spaces, and any required landscaping buffer strips when applicable. Said plan shall be neat, and show accurate dimensions.

NOTE

Sanitary toilet facilities **SHALL** be on the job site at all times during the construction process. All wood in contact with slab or grade floor slabs, shall be approved, durable or **treated** wood. Wood grade stakes **are not allowed** in footings or slab.

REQUIRED INSPECTIONS

- 1) Footings and/or Under slab Inspections (PRIOR to placement of concrete). Will need to **re-bar and vertical reinforcement**.
- 2) Foundations: Walls and/or piers. (Leave footings **UNCOVERED** for this inspection). Will also inspect **Vertical** attachment through masonry.
- 3) Floor framing (**PRIOR** to placement of sheathing) (Crawl space shall be properly graded for this inspection).
- 4) Wall and roof sheathing inspection **PRIOR** to covering.
- 5) Rough-in for electrical, plumbing, mechanical, framing, and **insulation baffles**.
- 6) Insulation.
- 7) Suspended porch slab, **PRIOR** to concrete.
- 8) Final Inspection.

The applicant listed below, certifies that all information in this application is correct and hereby agrees to have the subject building(s) erected or altered in accordance with the N.C. State Building Code(s) and any other applicable local ordinances or requirements of the Perquimans County Inspection Department **A minimum twenty four (24) hours notice is requested for inspections.**

Signature of Applicant

Date

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OVERVIEW: 1 story _____ 1½ story _____ 2 story _____ 3 story _____

Exterior Siding: brick veneer _____ vinyl/aluminum siding _____ wood _____ EIFS _____
Other _____

1) **Foundation:** Continuous _____ Piers _____ Pier curtain-wall _____ Slab _____
Trench footing size _____ X _____ X _____ deep, Concrete thickness _____ inches
Pier footing size _____ X _____ X _____ deep, Concrete thickness _____ inches
Anchor type _____, Spacing _____
Block size _____ X _____ X _____ Cap block size _____ X _____ X _____
Maximum pier height _____ Total **rows** of piers _____
House width _____ X _____
Exterior girder size: _____ - _____ X _____ with a _____ clear span: Species _____
Interior girder size: _____ - _____ X _____ with a _____ clear span: Species _____

2) **Crawl Spaces:** Access door size _____ X _____
Ground vapor barrier: Yes _____ No _____
of foundation wall vents _____ Net free area per vent _____ sq. inches
Total Net free area of ventilation provided: _____ sq. inches

3) **Floor system:** Double sheathing _____ OR Tongue & Groove _____
1st floor joist size _____ X _____, _____ in. o.c. with a _____ clear span
Species: Southern Pine _____ Spruce/Fir _____ Lumber grade _____
2nd floor joist size _____ X _____, _____ in. o.c. with a _____ clear span
Species: Southern Pine _____ Spruce/Fir _____ Lumber grade _____
3rd floor joist size _____ X _____, _____ in. o.c. with a _____ clear span
Species: Southern Pine _____ Spruce/Fir _____ Lumber grade _____

4) **Ceilings:** Joist size _____ X _____, _____ in. o.c. with a _____ clear span
Species: Southern Pine _____ Spruce/Fir _____ Lumber grade _____

5) **Roof System:** Slope ____ / ____ Type: Gable _____ Hip _____ Other _____
Cathedral Ceiling: Yes _____ No _____
Trusses: Yes _____ No _____, _____ in. o.c. with a _____ clear span
Ridge board size _____ X _____
Rafter size: _____ X _____, _____ in. o.c. with a _____ clear span
Species: Southern Pine _____ Spruce/Fir _____ Lumber grade _____
Truss/Rafter: Tiedown Type _____ Uplift Capacity _____

NOTE

If all framing members (ceiling joist, floor and rafters) are not of the same size, then all rooms shall be listed on the back of this sheet (or attached sheet), specifying the above framing members, size, and clear spans of each room.

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- 6) **Type of Window:** _____ Design Pressure _____
- 7) **Attic Area:** _____ sq.ft. Insulation: Batts _____ Blown-in _____
Access: Fixed stairs _____ Pulldown _____
Access hole: Yes ___ No ___ size: (_____ X _____)

of roof vents _____, w/ _____ sq.in. Net free area/vent
_____ linear ft. of ridge ventilation w/ _____ sq.in Net free area/vent

of soffit vents _____, w/ _____ sq.in. Net free area/vent
_____ linear ft. of continuous soffit ventilation w/ _____ sq.in Net free area/vent

TOTAL: Net free area of attic ventilation _____ sq.in. provided
- 8) **Structural steel I-Beam:** Yes ___ No ___
Size: _____ X _____, _____ clear span
- 9) **Garage:** Yes ___ No ___ : Door width _____
Header size _____, _____ X _____
Room over the garage: Yes ___ No ___
Proposed use: _____
Floor joist size _____ X _____, _____ o.c. with a _____ clear span
Species: Southern Pine ___ Spruce/Fir ___ Lumber grade _____
- 10) **Type of heat:** _____ Location of unit _____ # of returns _____
- 11) **Type of water heater:** Electric ___ Gas ___
Location: _____
- 12) **Fireplace:** Yes ___ No ___ Masonry ___ PreFab ___
Fireplace opening _____ X _____ : flue liner size _____ X _____
Hearth Extension: 16 in. ___ 20 in. ___ Other _____ in.
- 13) **Deck:** Yes ___ No ___ Dimensions _____ X _____
Height above grade _____
Girder size _____, _____ X _____ with a _____ clear span, between posts
Floor joist size _____ X _____, _____ o.c. with a _____ clear span
Species: Southern Pine ___ Spruce/Fir ___ Lumber grade _____
- 14) **Detached Accessory Bldg:** Yes ___ No ___ Dimensions _____ X _____

Submitted by: _____ Date: _____

Reviewed by: _____ Date: _____