MOREHEAD CITY

PLANNING & INSPECTIONS DEPARTMENT

706 ARENDELL STREET
MOREHEAD CITY, NC 28557
TEL (252) 726-6848 X125
FAX (252) 726-2267

COMMERCIAL APPLICATION FOR BUILDING PERMIT

MEMORANDUM

TO: Applicants

SUBJECT: Application Procedures

You will need to submit a completed and signed (or check box in lieu of signature) application form along with the following information:

1. Two (2) sets of building plans (sealed by an engineer, if required by Building Code);

2. Completed Appendix B for new projects, not renovations.

3. (a) A site plan or survey **(drawn to scale)**, indicating placement of proposed new construction and all other existing structures located on the lot (to include, but not limited to, fireplaces, steps, condensing units, etc.) must be attached and include the following:

   - ☐ show all property lines with dimensions
   - ☐ label distance to all property lines from existing and proposed structures
   - ☐ show easements, if applicable
   - ☐ flood zone must be labeled on site plan
   - ☐ flood zone must be labeled on site plan
   - ☐ label road front, rear, and sides
   - ☐ location of driveway/access
   - ☐ septic tank/drain lines, if applicable
   - ☐ square footage of lot must be shown (not acreage)

   The site has to be checked for zoning (setbacks and maximum lot coverage).

   (b) Indicate the current location of electric meter and any overhead electric lines;
   (c) An interior floor plan if any walls are being relocated or added. All rooms must be labeled.

4. A copy of well permit and septic tank permit or a Development Application, if applicable.

5. CAMA permit (if applicable).

6. Check Lien Agent Requirements and attach two copies, if required.

7. Downtown Morehead City Revitalization Association (DMCRA) review, if located East of 14th Street. *DMCRA can be contacted at 252-808-0440, 1001 Arendell Street.*

Failure to provide ALL of the above-required information will result in the return of the application.

The application must be left with the secretary and will be reviewed by Staff. Results of the plan review will be forwarded to the designer of record for revisions or clarifications. Once received, a follow-up review is conducted and, if approved, the permit will be issued. The total turn around time varies, but generally takes two to four weeks.

You will be contacted when the permit is ready for pick-up; no money is accepted until permit is issued.

TOWN OF MOREHEAD CITY
COMMERCIAL APPLICATION FOR BUILDING PERMIT

CHECKLIST FOR NEW COMMERCIAL PROJECTS

1. DISCUSS PROPOSAL WITH THE **PLANNING AND INSPECTIONS DEPARTMENT (P&I)**
   252-726-6848 EXTENSION 121, 119, OR 140

2. FOR "FOOD SERVICE" ESTABLISHMENTS - SUBMIT PLANS, DRAWINGS, SPECIFICATIONS TO **CARTERET COUNTY HEALTH DEPARTMENT** FOR APPROVAL IN WRITING
   252-728-8499

3. IN AREAS WITHOUT CITY WATER OR WITHOUT CITY SEWER, CONTACT THE **CARTERET COUNTY HEALTH DEPARTMENT** FOR APPROVAL IN WRITING
   252-728-8499

4. SUBMIT PLANS, DRAWINGS, SPECIFICATIONS TO **P&I**
   252-726-6848 EXTENSION 125

5. OBTAIN INFORMATION WITH REGARDS TO TAP & IMPACT FEES FROM **PUBLIC UTILITIES**
   252-726-6848 EXTENSION 122 OR 132

6. OBTAIN INFORMATION WITH REGARDS TO SIDEWALK & DRIVEWAY PERMITS FROM **PUBLIC WORKS**
   252-726-6848 EXTENSION 122 OR 132

THIS IS TO CERTIFY THAT I HAVE READ AND UNDERSTAND THESE REQUIREMENTS AND FULLY UNDERSTAND ALL REQUIREMENTS GIVEN TO ME BY THE APPROPRIATE DEPARTMENTS.

I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY CAUSE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT OR A DELAY IN THE OPENING OF MY ESTABLISHMENT.*

_____ _____

OWNER/AGENT SIGNATURE OWNER/AGENT TYPED NAME

☐ ***Check box in lieu of signature to indicate agreement with the above statement if submitting electronically.***

TOWN OF MOREHEAD CITY, N.C.
COMMERCIAL APPLICATION FOR BUILDING PERMIT

Date: _____

Property Owner: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ Email: _____

Construction Site Address: _____

General: _____ Contractor Phone: _____

Mailing Address: _____

License #: _____ Fax #: _____ Email: _____

Electrical: _____ Contractor Phone: _____

Mailing Address: _____

License #: _____ Fax #: _____ Email: _____

Plumbing: _____ Contractor Phone: _____

Mailing Address: _____

License #: _____ Fax #: _____ Email: _____

Water Treatment: _____ Contractor Phone: _____

(Softener)

Mailing Address: _____

License #: _____ Fax #: _____ Email: _____

Mechanical: _____ Contractor Phone: _____

Mailing Address: _____

License #: _____ Fax #: _____ Email: _____

Fuel Piping: _____ Contractor Phone: _____

(Natural Gas)

Mailing Address: _____

License #: _____ Fax #: _____ Email: _____

Insulation: _____ Contractor Phone: _____

Mailing Address: _____

License #: _____ Fax #: _____ Email: _____

TOWN OF MOREHEAD CITY, N.C.
COMMERCIAL APPLICATION FOR BUILDING PERMIT

Refrigeration Piping: _____ Contractor Phone: _____

Mailing Address: _____

License #: _____ Fax #: _____ Email: _____

Fire Sprinkler: _____ Contractor Phone: _____

Mailing Address: _____

License #: _____ Fax #: _____ Email: _____

1) Explanation of Construction:

2) _____ Initial here if the proposed improvements requested within this application are within the existing footprint of that which currently exists (e.g. no roofline extension, no structural addition, etc.).

3) If Construction is: ☐ Renovation ☐ Repair Total $ Value of Construction: _____

☐ Building ☐ Electrical ☐ Plumbing ☐ Mechanical

4) If Construction is: ☐ Addition ☐ New Construction Total $ Value of Construction: _____

Number of Stories: _____ Height (from average grade): _____

Overall Dimensions of Construction Area: _____ sq. ft.

Square Footage Information (of area to be built):

Heated area:

1st floor: _____ sq. ft.

2nd floor: _____ sq. ft.

Other: _____ sq. ft.

Total heated area: _____ sq. ft.

Accessory Areas (sq. ft.): Garage: _____ sq. ft.

Porch: _____ sq. ft. Deck: _____ sq. ft.

Porch: _____ sq. ft. Deck: _____ sq. ft.

Other: _____ _____ sq. ft.

Total accessory area: _____ sq. ft.

TOWN OF MOREHEAD CITY, N.C.
COMMERCIAL APPLICATION FOR BUILDING PERMIT

5) Total area covered by roof *(including new and existing)* _____ sf

6) Property is located in flood zone: _____

Flood elevation certificate is due 21 days from time first floor elevation is established: ☐

6) Septic tank permit is: ☐

7) Water line size from meter: _____ Sewer line size: _____

8) Height of building (from average grade to highest point of structure): _____

9) Any additional information included with application:

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 and ordinances and regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. **

_____ Date

_____ (Owner/Agent Signature)

_____ Owner/Agent Typed Name

☐ ***** Check box in lieu of signature to indicate agreement with the above statement if submitting electronically.***

Below to be completed by Staff

Property Information:

Data Entry By: _____ Date: _____

Tax Parcel #: _____ Zoning District _____ City limits: Inside _____ Outside _____

Flood Zone: _____ Structure Value: _____ CAMA required (yes/no) If yes, CAMA permit #: _____

Zoning Review:

Setbacks: front _____ side _____ rear _____ corner lot (yes/no) Any encroachment in setback: _____ DMCRA (yes/no)

Lot size: _____ Maximum lot coverage allowed: _____ Lot coverage after this permit issued: _____

Zoning Official Signature: _____ Date: _____

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. 87-14

The undersigned applicant for a Building Permit, being the

Contractor _____

Owner _____

Officer/Agent of the Contractor or Owner _____

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

☐ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

☐ has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,

☐ has/have one or more subcontractor(s) who has/have their own policy of workers' compensation covering themselves,

☐ has/have not more than two (2) employees and no subcontractors,

while working on this project for which this permit is sought. It is understood that the Inspection Department issuing the permit may required certificates 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*.

Firm Name: _____

Signature: _____

Title: _____

Date: _____

☐ **** Check box in lieu of signature to indicate agreement with the above statement if submitting electronically.***

NC Administration & Enforcement ©

Print Form

Submit by Email

TOWN OF MOREHEAD CITY, N.C.
COMMERCIAL APPLICATION FOR BUILDING PERMIT

Frequently Asked Questions: Lien Agents
liensnc.com

Q: Does the Lien Agent law apply to commercial construction?
A: Yes. The requirement applies to any commercial work over $30,000 as well as to construction of any new residence over $30,000.

Q: If a homeowner is building their own new residence valued over $30,000 with no other contractor or subcontractors, is a lien agent required?
A: Yes.

Q: If a homeowner is building their own new residence using a subcontractor whose portion of the work is under $30,000, is a lien agent required?
A: Yes.

Q: If a homeowner is building their own new residence using a subcontractor whose portion of the work is over $30,000, is a lien agent required?
A: Yes.

Q: If a homeowner is acting as their own contractor, and is not utilizing any subcontractors to renovate an existing home in which they reside and the renovation will cost over $30,000, is a lien agent required?
A: No.

Q: If a homeowner is doing a renovation to an existing home in which they reside and is utilizing a subcontractor whose portion of the work is over $30,000, is a lien agent required?
A: No.

Filing Location Information
(For use when applying for a building permit or for filing with the system)

Address: 19 W. Hargett Street, Suite 507/Raleigh, NC 27601
(Office Hours: Mon-Fri, 9:00 a.m. - 4:00 p.m. / Closed for lunch: 12:00 - 1:00 p.m.
Email: support@liensnc.com
Fax: 913-489-5231
Technical Support: 1-888-690-7384

(Technical support available during normal business hours - Answering services available 24/7)

TOWN OF MOREHEAD CITY, N.C.
COMMERCIAL APPLICATION FOR BUILDING PERMIT

APPENDIX B
BUILDING CODE SUMMARY
FOR ALL COMMERCIAL PROJECTS

Name of Project: _____

Address: _____

Proposed Use: _____

Owner or Authorized Agent: _____ Phone: _____

Owned By: Select Code Enforcement Jurisdiction: _____

LEAD DESIGN PROFESSIONAL: _____

DESIGNER	FIRM	NAME	LICENSE #	TELEPHONE #
Architectural				
Civil				
Electrical				
Fire Alarm				
Plumbing				
Mechanical				
Sprinkler-Standpipe				
Structural				
Retaining Walls >5' High				
Other				

YEAR EDITION OF CODE: _____

☐ New Construction ☐ Renovation (Existing Building) ☐ Upfit ☐ Alteration

TOWN OF MOREHEAD CITY, N.C.
COMMERCIAL APPLICATION FOR BUILDING PERMIT

BUILDING DATA

Construction Type: ☐ I-A ☐ I-B ☐ II-A ☐ II-B ☐ III-A ☐ III-B ☐ IV ☐ V-A ☐ V-B

Mixed Construction: _____ Types: _____

Sprinklers: ☐ No ☐ Yes ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D

Standpipes: ☐ No ☐ Yes Class: ☐ I ☐ II ☐ III ☐ Wet ☐ Dry

Fire District: ☐ No ☐ Yes

Building Height: _____ Feet _____ Stories ☐ Unlimited per _____

Mezzanine: ☐ No ☐ Yes

High Rise: ☐ No ☐ Yes Central Reference Sheet # (If Provided): _____

Gross Building Area:

FLOOR	EXISTING (SQ FT)	NEW (SQ FT)	SUB-TOTAL
6th Floor			
5th Floor			
4th Floor			
3rd Floor			
2nd Floor			
Mezzanine			
1st Floor			
Basement			

TOTAL: _____

ALLOWABLE AREA

Primary Occupancy: ☐ Assembly ☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5

☐ Business ☐ Educational ☐ Factory-Industrial ☐ F-1 ☐ F-2

☐ High-Hazard ☐ H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5

☐ Institutional ☐ I-1 ☐ I-2 ☐ I-3 ☐ I-4 I-3 Use Condition: ☐

☐ Mercantile ☐ Residential ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4

☐ Storage ☐ S-1 ☐ S-2 ☐ High-piled

☐ Parking Garage ☐ Open ☐ Enclosed ☐ Repair

Secondary Occupancy: _____

☐ 508.2 ☐ 508.3 ☐ 508.4 ☐ 508.5 ☐ 508.6 ☐ 508.7 ☐ 508.8

Mixed Occupancy: ☐ Separation: _____ Hr. Exception: _____

☐ Non-Separated Mixed Occupancy (303.1 Exception)

The required type of construction for the building shall be determined by applying the height and area limitations for each of the applicable occupancies to the entire building. The most restrictive type of construction, so determined, shall apple to the entire building.

☐ Separated Mixed Occupancy (303.1/303.2 Exception) - See below for calculations

For each story, the area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided divided by the allowable floor area for each use shall not exceed 1.

$$\frac{\textit{Actual Area of Occupancy A}}{\textit{Allowable Area of Occupancy A}} + \frac{\textit{Actual Area of Occupancy B}}{\textit{Allowable Area of Occupancy B}} \leq 1$$

_____ + _____ = _____ ≤ 1.00

STORY NO.	DESCRIPTION AND USE	(A) BLDG AREA PER STORY (ACTUAL)	(B) TABLE 503[5] AREA	(C) AREA FOR OPEN SPACE INCREASE[1]	(D) AREA FOR SPRINKLER INCREASE[2]	(E) ALLOWABLE AREA OR UNLIMITED[3]	(F) MAXIMUM BUILDING AREA[4]

[1] Open space area increases from Section 506.2 are computed thus:

a. Perimeter which fronts a public way or open space having 20 feet minimum width = ___ (F)
b. Total Building Perimeter = ___ (P)
c. Ratio = ___ (F/P)
d. Minimum width of public way = ___ (W)
e. Percent of frontage increase I_f = 10 [F/P - 0.25] x W/30 = ___%

[2] The sprinkler increase per Section 506.3 is as follows:

a. Multi-story building I_s = 200 percent
b. Single story building I_s = 300 percent

[3] Unlimited area applicable under conditions of Section Group B, F, M, S, A-4 (507.1, 507.2, 507.3, 507.5); Group A motion pictures (507.8); Malls (402.6); and H-2 aircraft paint hangers (507.6).

[4] Maximum Building Area = total number of stories in the building x E but not greater than 3 x E.

[5] The maximum area of parking garages must comply with 406.3.5. The maximum area of air traffic control towers must comply with 412.1.2.

ALLOWABLE HEIGHT

	ALLOWABLE (TABLE 503)	INCREASE FOR SPRINKLERS	SHOWN ON PLANS	CODE REFERENCE
Type of Construction	Type		Type	
Building Height in Feet	Feet	Feet = H + 20' =		
Building Height in Stories	Stories	Stories + 1 =	Stories	

FIRE PROTECTION REQUIREMENTS

Life Safety Plan Sheet #, if Provided: _____

Building Element	Fire Separation Distance (feet)	Rating Required	Rating Provided (w/ Reduction*)	Detail # and Sheet #	Design # for Rated Assembly	Design # for Rated Penetration	Design # for Rated Joints
Structural frame, including columns, girders, trusses							
Bearing walls							
Exterior							
North							
East							
West							
South							
Interior							
Nonbearing walls and partitions							
Exterior							
North							
East							
West							
South							
Interior							
Floor construction including supporting beams and joists							
Roof construction including supporting beams and joists							
Shafts - Exit							
Shafts - Other							
Corridor Separation							
Occupancy Separation							
Party/Fire Wall Separation							
Smoke Barrier Separation							
Tenant Separation							

* Indicate section number permitting reduction.

LIFE SAFETY SYSTEM REQUIREMENTS

Emergency Lighting: ☐ Smoke Detection Systems: ☐ Fire Alarm: ☐

Exit Signs: ☐ Panic Hardware: ☐

EXIT REQUIREMENTS

NUMBER AND ARRANGEMENT OF EXITS

	Minimum[2] Number of Exits		Travel Distance		Arrangement of Means of Egress[1,3] (Section 1004.1)	
Floor, Room or Space Designation	Required	Shown on Plans	Allowable Travel Distance (Table 1004.2.4)	Actual Travel Distance Shown on Plans	Required Distance Between Exit Doors	Actual Distance Shown on Plans

1 Corridor dead ends (Section 1004.3.2.3)
2 Single exits (Table 1005.2.2)
3 Common Path of Travel (Section 1004.2.5)

EXIT WIDTH

	(a)	(b)	(c)		Exit Width (in)[2,3,4,5,6]			
			Egress Width Per Occupant (Table 1003.2.3)		Required Width (Section 1003.2.3) (a÷b) x c		Actual Width Shown on Plans	
Use Group or Space Description	Area[1] sq. ft.	Area[1] per occupant (Table 1003.2.2.2)	Stair	Level	Stair	Level	Stair	Level

1 See Table 1003.2.2.2 to determine whether net or gross area is applicable. See definition "Area, Gross" and "Area, Net" (Section 1002)
2 The sprinkler increase per Section 506.3 is as follows:
c. Multi-story building I_S = 200 percent
d. Single story building I_S = 300 percent
3 Minimum stairway width (Section 1003.3.3); min. corridor width (Section 1004.3.2.2); min door width (Section 1003.3.1)
4 Minimum width of exit passageway (Section 1005.3.3)
5 The loss of one means of egress shall not reduce the available capacity to less than 50 percent of the total required (Section 1003.2.3)
6 Assembly Occupancies (Section 1008)

STRUCTURAL DESIGN

DESIGN LOADS:

Importance Factors:

Wind (I_W) _____

Snow (I_S) _____

Seismic (I_E) _____

Live Loads:

Roof _____ psf

Mezzanine _____ psf

Floor _____ psf

Snow Load:

_____ psf

Wind Load:

Basic Wind Speed _____ mph (ASCE-7-98)

Wind Base Shears (for MWFRS) Vx= _____ Vy= _____

SEISMIC DESIGN CATEGORY A:

Compliance with Section 1616.4 only? ☐ Yes ☐ No

SEISMIC DESIGN CATEGORY B, C, & D

Provide the following Seismic Design Parameters:

Seismic Use Group

_____

Spectral Response Acceleration S_{MS} _____ %g S_{M1} _____ %g

Site Classification

_____

Basic Structural System Select

Seismic base shear Vx= _____ Vy= _____

Analysis Procedure Select

Architectural, Mechanical, Components Anchored? _____

LATERAL DESIGN CONTROL: Earthquake _____ Wind _____

SOIL BEARING CAPACITIES:

Field Test (provide copy of test report) _____ psf Presumptive Bearing Capacity _____ psf

Pile size, type, and capacity _____

PLUMBING FIXTURE RQUIREMENTS

OCCUPANCY	WATERCLOSETS		URINALS	LAVATORIES		SHOWERS/ TUBS	DRINKING FOUNTAINS	
	MALE	FEMALE		MALE	FEMALE		REGULAR	ACCESSIBLE

ACCESSIBLE PARKING

LOT OR PARKING AREA	TOTAL # OF PARKING SPACES		# OF ACCESSIBLE SPACES PROVIDED		TOTAL # ACCESSIBLE PROVIDED
	Required	Provided	Regular with 5' access aisle	Van spaces with 8' access aisle	
TOTAL					

SPECIAL APPROVALS

Special approval: (Local Jurisdiction, Department of Insurance, SBCCI, ICC, etc. describe below)

ENERGY SUMMARY

Energy Requirements:
The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each designer shall furnished the required portions of the project information for the plan data sheet. If energy cost budget method, state the annual energy cost budget vs allowable energy cost budget.

THERMAL ENVELOPE

Method of Compliance: Select

Roof/ceiling Assembly (each assembly)

- Description of assembly
- U-Value of total assembly
- R-Value of insulation
- Skylights in each assembly
  - U-Value of skylight
  - total square footage of skylights in each assembly

Exterior Walls (each assembly)

- Description of assembly
- U-Value of total assembly
- R-Value of insulation
- Openings (windows or doors with glazing)
  - U-Value of assembly
  - Shading coefficient
  - Projection factor
  - Low e required, if applicable
- Door R-Values

Walls adjacent to unconditioned space (each assembly)

Description of assembly
U-Value of total assembly
R-Value of insulation
Openings (windows or doors with glazing)
    U-Value of assembly
    Low e required, if applicable
Door R-Values

Walls below grade (each assembly)

Description of assembly
U-Value of total assembly
R-Value of insulation

Floors over unconditioned space (each assembly)

Description of assembly
U-Value of total assembly
R-Value of insulation

Floors slab on grade (each assembly)

Description of assembly
U-Value of total assembly
R-Value of insulation
Horizontal/vertical requirement
Slab heated

ELECTRICAL SUMMARY

ELECTRICAL SUMMARY

Method of Compliance:

☐ Prescriptive ☐ Performance ☐ Energy Cost Budget

Lighting Schedule

Lamp type required in fixture
Number of lamps in fixture
Ballast type used in fixture
Number of ballasts in fixture
Total wattage per fixture
Total interior wattage specified vs allowed
Total exterior wattage specified vs allowed

Equipment schedules with motors (not used for mechanical systems)

Motor horsepower
Number of phases
Minimum efficiency
Motor type
# of poles

MECHANICAL SUMMARY

MECHANICAL SYSTEMS, SERVICE SYSTEMS AND EQUIPMENT

Method of Compliance:

☐ Prescriptive ☐ Energy Cost Budget

Thermal Zone

Winter dry bulb
Summer dry bulb

Interior design conditions

Winter dry bulb
Summer dry bulb
Relative humidity

Mechanical Spacing Conditioning System

Unitary
    Description of unit
    Heating efficiency
    Cooling efficiency
    Heat output of unit
    Cooling output of unit
Boiler
    Total boiler output. If oversized, state reason.
Chiller
    Total chiller output. If oversized, state reason.

Building heat load

Building cooling load

List equipment efficiences

Equipment schedules with motors (mechanical systems)

Motor horsepower
Number of phases
Minimum efficiency
Motor type
# of poles