

**ZONING/BUILDING
PERMIT
APPLICATION - SIGNS
Fee: \$30.00**

City of New Bern



**Planning & Inspections
Department
(252) 639-7581
Greg McCoy
(252) 639-7585
(252) 639-2941**

Applicant/Building Contractor: _____

Property Owner: _____

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Fax _____

Fax _____

Email _____

Email _____

Legal relationship of applicant to property owner _____

Electrical Contractor/if applicable: Name _____ Title _____
License # _____

Property information:

1. Business name: _____

2. Address of Property: _____

3. Purpose of permit: _____

4. Zoning District: _____ Lot size: _____ PLF _____ S.L.F. _____

5. Primary lot frontage _____ feet Secondary lot frontage _____ feet

Is lot presently or will lot be occupied by a shopping center with at least 3 attached units? YES / NO

6. Maximum allowable sign area: Wall _____ sq. ft. Free Standing _____ sq. ft.
Other _____ sq. ft. Total _____ sq. ft.

7. Existing sign area: Wall _____ sq. ft. Free Standing _____ sq. ft.
Other _____ sq. ft. Total _____ sq. ft.

8. Proposed sign dimension: Wall _____ sq. ft. Free Standing _____ sq. ft.
Other _____ sq. ft. Total _____ sq. ft.

9. Total sign area: Wall _____ sq. ft. Free Standing _____ sq. ft.
Other _____ sq. ft. Total _____ sq. ft.

Estimated total cost of project \$ _____

All requested information must be fully completed prior to submitting the application.

- Attach the following:** 1) survey or site plan with dimensions of the building and lot
2) a sign plan with the dimensions and location of the sign message(s)
3) detailed drawing of sign including footers with design professional seal.

I certify that the information provided is true to the best of my knowledge.

Applicant's signature: _____ **Date** _____

For a sign permit for areas other than in the Historic District, please direct questions to:

Greg McCoy, Zoning Enforcement Officer

Phone: (252) 639-7585

Fax: (252) 636-2146

E-mail: mccoypg@newbern-nc.org

Zoning: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Use Class: _____
Staff Comments: _____	

_____	_____
Zoning Officer	Date

For a sign permit in the Historic District, please direct questions to:

Annette Stone, City Planner

Phone: (252) 639-7583

Fax: (252) 636-2146

E-mail: stonea@newbern-nc.org

Historic District: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Use Class: _____
Staff Comments: _____	

_____	_____
City Planner	Date

For a sign permit in relation to inspections, please direct questions to:

Sherry Cobb, Office Assistant

Phone: (252) 639-2941

Fax: (252) 635-4973

E-mail: cobbs@newbern-nc.org

Building Inspections: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Use Class: _____
Staff Comments: _____	

_____	_____
Building Inspector	Date

City of New Bern Inspections Division

248 Craven Street First Floor Dunn Building
P.O. Box 1129 New Bern, NC 28563-1129

Telephone: 252/ 639-2941
Fax: 252/ 635-4973

GENERAL BUILDING PERMIT & PLAN REVIEW APPLICATION

DATE: _____

OWNER'S NAME: _____ ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

JOB ADDRESS: _____

SUBDIVISION NAME AND LOT #: _____

CONTRACTOR: _____ Telephone #: _____

ADDRESS: _____ License #: _____ Class: _____

PROJECT CONTACT: _____ Telephone #: _____

DESCRIPTION OF WORK: _____

CLASSIFICATION OF WORK: *PLEASE CIRCLE*

New Building Addition Renovation Remodel Other: _____

TYPE OF CONSTRUCTION: **I** **II** **III** **IV** **V**

Fire Rated System: YES NO Sprinkler System: YES NO

OCCUPANCY TYPE: Assembly: A-1 A-2 A-3 A-4 A-5 Business Educational
Factory: F-1 F-2 Hazardous: H-1 H-2 H-3 H-4 H-5 Institutional: I-1 I-2 I-3 I-4
Mercantile Residential: R-1 R-2 R-3 R-4 Storage: S-1 S-2 Utility

Mixed Occupancy: *Please list:* _____

BUILDING AREA: Attach Plot Plan/Survey showing ALL dimensions and Flood Plain Information

HEATED AREA: _____ Sq Ft Number of Stories: _____ Building Height: _____

Unheated Area: _____ Sq Ft Mezzanine(s) 1 _____ 2 _____

Heated Area per Floor (sq ft) 1 _____ 2 _____ 3 _____ 4 _____

Existing Square Footage (if any) _____ **LOT** (Sq. Ft.) _____ No. of Units: _____

Flood Plain: No _____ Yes _____ **Panel #** _____

Number of Bedrooms: _____ **Number of Bathrooms:** _____ **Fire Place:** _____

OTHER AGENCY APPROVALS (already obtained): Please circle

NC Dept. of Insurance N/A YES NO

NC Dept. of Transportation N/A YES NO

NC Dept. of Labor N/A YES NO

Elevators (#) _____ Boilers (#) _____

NC Div. of Coastal Management (CAMA) N/A YES NO
 Craven County Health Department N/A YES NO
 NC Div. of Land Quality, Erosion Control Permit # _____ N/A YES NO
 NC Div. of Water Quality, Storm Water Permit # _____ N/A YES NO

UTILITIES: (Please circle)

Water: Public Water System: Name: _____ Private well or water system
 Sewer: Public Sewer System Septic Tank or Private System Health Dept Approval : _____
 Electricity: City of New Bern Progress Energy
 Gas: Natural Gas LP Gas

Estimated Project Construction Cost: _____

APPLICANT CERTIFICATION:

I certify that all information in this application is correct, and all work will comply with all applicable state codes, laws and local ordinances. Departure from the approved plans and specifications without prior approval may result in revocation of permit. I agree to provide the New Bern City Planning & Inspections Department "as built" plans as a condition of occupancy if actual construction differs from the original plans as approved.

Applicant Signature: _____ Date: _____

Building Inspector Signature: _____ Date: _____

Comments:

For office use: Date Initial Application Received: (initial/date) _____ Note Flood Zone: _____

Other Department Approvals, if applicable:

[] Planning/Zoning Administrator Signature: _____ Date: _____

[] HPC Approval Signature: _____ Date: _____

[] Engineering: _____ Date: _____

[] Fire: _____ Date: _____

[] Public Works: _____ Date: _____

[] Electric: _____ Date: _____

Comments if applicable: _____

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

The undersigned application for Building Permit # _____ being the

_____ Contractor

_____ Owner

_____ Officer/Agent of the Contractor or Owner

Do hereby aver under the 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 workmen's compensation covering themselves,

_____ has/have one or more than two (2) employees and no subcontractors,

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

Firm name: _____

By: _____

Title: _____

Date: _____