



TOWN OF CLAYTON
 Engineering & Inspections
 111 E. Second St., P.O. Box 879
 Clayton, NC 27528
 Phone: 919-553-5002
 Fax: 919-553-1720

BUILDING & ZONING COMPLIANCE PERMIT COVER SHEET

Project Address: _____ **Date:** _____

Applicant Name: _____

The following checklist to be completed by applicant:

- Completed Application
- Owner's Consent Form (required if applicant is not the property owner)
- Erosion Control Financial Responsibility Form AND property deed (for New Single-family only)
- Flood Plain Development Permit if the development request takes place within a floodplain.
- Verification of received or current Wastewater Allocation (if applicable for commercial projects)]
- Driveway Permit Application (for infill lots only)
- Lien Agent Form (required for projects that exceed \$30,000) (www.liensNC.com)
- Load Management Switch Request Form (required if Town of Clayton residential customer)
- Affidavit of Workers Compensation Coverage Form
- Conditional Power Application & Conditional Gas Application (if applicable)
- Copy of a plot plan OR site plan and/or survey to scale which identifies project boundaries, lot dimensions, acreage, structures (size and location), setbacks, parking and circulation, impervious surface area and percentage of lot coverage. ***If submitting building permits for an approved site plan from the Planning or Engineering Department, you MUST provide the associated project number.**

****For residential projects:** must include **3 copies** of plot plan as defined by the Residential Plot Plan checklist located on the Town of Clayton Inspections web page, and **one (1) hardcopy** of the plans for inspectors to review and stamp for jobsite construction work.

****For commercial projects:** must include a copy of approved and stamped site plan. Please submit **one (1) hardcopy and one (1) digital sets of plans on separate thumb drives**. ***A digital plan set is not required for sign applications.**

Are you submitting building permits for an approved site plan from the Planning or Engineering Department?
 Yes No If yes, provide the project number: _____

***Please note that an incomplete plan will result in a delay in the processing of the permit. All plan sets submitted must include the following:**

Scale Drawings: The plans have been drawn to scale (minimum 1/8" = 1') in ink.

Elevations: Elevation drawings include the front, rear, left side and right side.

Foundation Drawings: Identify all necessary structural details including but not limited to the following: Footing sizes (thickness and width) and location, foundation type (thickness and width) and location, pier sizes and locations, girder size and material species, floor joist size, material species, spacing and direction of span. Locate the structural information at the specific location utilized unless the information is typical.

Choose one foundation type below:

Slab / mono

Crawl / raised

Basement

Floor Plans: Provide a plan for each floor (and attic if planned to be finished). Identify all necessary structural details including but not limited to the following: Beam and header sizes at each location, the number of beam and header studs supports, ceiling joist/floor joists/rafter size, type of material, on center spacing, and direction of span. Provide layouts if engineered systems are specified "by others".

Roof Plan: Provide a plan view indicating structural members and the location of bearing. Identify which type of roof construction will be utilized (choose one only):

Conventional (stick-framed) Roof: Identify size, type of material, rafter spacing and direction of span.

Truss Roof: Include manufacturer's layout sheet and signed and sealed truss detail sheet (profile) sheets for each type of truss utilized in the design. Provide any additional details specified on the sheets of the individual trusses. Include hanger specifications if utilized for uplift connections.

Applicant Signature: _____

Reviewed by: _____



ZC Permit#: _____
 Building Permit# _____

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BUILDING PERMIT & ZONING COMPLIANCE PERMIT

Application Fee(s): The fee for Zoning Compliance review (\$100.00) must be paid at application submittal. Additional building permit fees for this application must be paid at the time of building permit pickup.

Application Review: Staff will review application for completeness within 24 hours of submission. Applicants will be notified to pick up incomplete applications and re-submit once the application packet is complete.

Type of Permit: Commercial: Residential: Commercial Property Use:

Applicant Name: _____ Date: _____

Applicant Address: _____ City: _____ State: _____ Zip: _____

Name of Business (if Commercial Upfit): _____ Contact Name: _____ Phone #: _____

Developer: _____ Phone #: _____ Email: _____

Property Owner: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Project Contact: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

SITE INFORMATION

Project Address/Lot #: _____

Description of Proposed Work: _____

Floodplain Onsite: Yes No Stream/wetland Onsite: Yes No

**If checked "yes" please provide Floodplain Development Permit*

Type of Permit: New Existing Addition Upfit/Renovation

Property Use: Single-Family Duplex Townhome Apartment Condominium
 Mobile Home Other (Library, Office, etc.)

Type of Construction: _____
**Appendix B NC Building Code must be provided*

Type of Occupancy: _____
**Appendix B NC Building Code must be provided*

If Mobile Home: Year: _____ Make/Model: _____ Size: _____

Square Footage: 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____ Deck: _____

Foundation Type: _____ Porch: _____ Building Height: _____

Garage-Attached: _____ Garage-Detached: _____

Number of Bedrooms: _____ Total Heated Square Footage: _____ Total Square Footage: _____

Number of Bathrooms: _____ Accessory Structure Dimensions: _____

Total Project Cost: _____

UTILITIES

Sewer Source: Town County Septic Other

If septic system is present, a copy of the permit **MUST be provided from Johnston County Environmental Health.*

Water Source: Town County Well Other

Power: Town Duke If Duke, must provide Duke Energy Premise #: _____

Town residential customers **MUST include Load Management Switch Request Form.*

Natural Gas: Yes No

CONTRACTOR INFORMATION

Place an X and complete additional information for each permit type needed.

General Construction Permit Job Cost: _____

Contractor Name: _____		Phone #: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	License #: _____
Classification: _____		Design Professional (if applicable): <input type="checkbox"/>	
Phone #: _____		Architect: _____	
Engineer: _____	Owner: _____	Other: _____	NC Reg#: _____
Address: _____		City: _____	
State: _____		Zip Code: _____	
Email: _____		Email: _____	

Electrical Permit Job Cost: _____

Contractor Name: _____		Phone #: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	License #: _____
Classification: _____		Design Professional (if applicable): <input type="checkbox"/>	
Phone #: _____		Architect: _____	
Engineer: _____	Owner: _____	Other: _____	NC Reg#: _____
Address: _____		City: _____	
State: _____		Zip Code: _____	
Email: _____		Email: _____	

Mechanical Permit

Job Cost: _____

Contractor Name: _____ Phone #: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Email: _____ License #: _____
 _____ Classification: _____ Design Professional (if applicable):
 _____ Phone #: _____ Architect: _____
 _____ Engineer: Owner: _____ Other: _____ NC Reg#: _____ Address: _____
 _____ City: _____ State: _____
 _____ Zip Code: _____ Email: _____

Plumbing Permit

Job Cost: _____

Contractor Name: _____ Phone #: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Email: _____ License #: _____
 _____ Classification: _____ Design Professional (if applicable):
 _____ Phone #: _____ Architect: _____
 _____ Engineer: Owner: _____ Other: _____ NC Reg#: _____ Address: _____
 _____ City: _____ State: _____
 _____ Zip Code: _____ Email: _____

Sprinkler Protection Permit

Job Cost: _____

Contractor Name: _____ Phone #: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Email: _____ License #: _____
 _____ Classification: _____ Design Professional (if applicable):
 _____ Phone #: _____ Architect: _____
 _____ Engineer: Owner: _____ Other: _____ NC Reg#: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Email: _____

Fire Alarm Permit

Job Cost: _____

Contractor Name: _____ Phone #: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Email: _____ License #: _____
 _____ Classification: _____ Design Professional (if applicable):
 _____ Phone #: _____ Architect: _____
 _____ Engineer: Owner: _____ Other: _____ NC Reg#: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Email: _____

The following documents are required prior to permit issuance:

One Lien Agent Form if the project exceeds \$30,000 (*www.liensNC.com*)

Water/Sewer receipt from Town of Clayton for new buildings only

Workers Comp information provided.

Any missing information from permit application

Cost of construction provided.

All plan reviewers have signed off on approvals.

Fee paid at pick-up

SIGNATURES

I/We 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 Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

I/We, the undersigned, do hereby make application and petition to the Planning Department of the Town of Clayton to approve the subject Zoning Compliance Permit. I/We hereby certify that all activities will be carried out in compliance with the Unified Development Code and understand that violations will result in a Code Enforcement action and fine. I/We further certify that I/We have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I/We understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.

Applicant's Signature

Date

Owner's Signature

Date

Staff Approvals:

Inspector's Approval

Date

Zoning Compliance Approval

Date

NWS Entry Date: _____

Date to Zoning: _____

Date to Building Review: _____

Date Issued: _____