



MOREHEAD CITY
PLANNING & INSPECTIONS DEPARTMENT
706 ARENDELL STREET
MOREHEAD CITY, NC 28557
TEL (252)726-6848 ext 125
FAX (252) 726-2267

COMMERCIAL APPLICATION FOR BUILDING PERMIT

MEMORANDUM

TO: Applicants

SUBJECT: Application Procedures

You will need to submit a completed and signed 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 ALL projects.
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.)

(b) Indicate the current location of electric meter and any overhead electric lines;
4. A copy of septic tank permit and/or well permit (if applicable)
5. CAMA permit (if applicable)
6. All contractors must obtain a privilege license to perform work inside the City limits.
7. Downtown Morehead City Revitalization Association review, if located East of 14th Street
They can be contacted at 808-0440, 1001 Arendell Street.

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

All of the above must be left with the secretary and will be reviewed by the Inspectors. 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 2 to 4 weeks.

You will be contacted when the permit is ready for pick-up.



**TOWN OF MOREHEAD CITY
COMMERCIAL APPLICATION FOR BUILDING PERMIT
CHECKLIST FOR NEW COMMERCIAL PROJECTS**

1 - DISCUSS PROPOSAL WITH THE **PLANNING DEPARTMENT**

726-6848 EXTENSION 121 or 119

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

728-8499

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

728-8499

4 - SUBMIT PLANS, DRAWINGS, SPECIFICATIONS TO **INSPECTIONS DIVISION**

726-6848 EXTENSION 138, 143 or 136

5 - OBTAIN INFORMATION WITH REGARDS TO TAP & IMPACT FEES FROM THE **PUBLIC UTILITIES DIRECTOR**

726-6848 EXTENSION 133

6 - OBTAIN INFORMATION WITH REGARDS TO SIDEWALKS & DRIVEWAY PERMITS FROM THE **PUBLIC WORKS DIRECTOR**

726-6848 EXTENSION 122

7 - OBTAIN BUSINESS LICENSE FROM THE **TAX DEPARTMENT**

726-6848 EXTENSION 112 or 129

8 - AFTER ALL WORK IS COMPLETED, SCHEDULE AN "OCCUPANCY INSPECTION" THROUGH THE **INSPECTIONS DIVISION**

726-6848 EXTENSION 125

9 - AFTER FURNISHINGS, STOCK, ETC. ARE IN PLACE, PRIOR TO OPENING, SCHEDULE A "FIRE INSPECTION" THROUGH THE **FIRE INSPECTION BUREAU**

726-5308 / 241-8250

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

PRINTED NAME

***THIS FORM TO BE SIGNED AND RETURNED TO THE INSPECTION DEPARTMENT
WITH COMPLETED CONSTRUCTION PACKET***



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Date: _____

Owner: (Name) (Work Phone)
(Mailing Address, City, State, Zip) (Home Phone)

Construction Site Address: _____

General: (Contractor Name) (Phone)
(Mailing Address, City, State, Zip) (License # or N/A)
Town of Morehead City Privilege License [] yes [] no [] n/a

Electrical: (Contractor Name) (Phone)
(Mailing Address, City, State, Zip) (License # or N/A)
Town of Morehead City Privilege License [] yes [] no [] n/a

Plumbing: (Contractor Name) (Phone)
(Mailing Address, City, State, Zip) (License # or N/A)
Town of Morehead City Privilege License [] yes [] no [] n/a

Water Treatment: (Softener) (Contractor Name) (Phone)
(Mailing Address, City, State, Zip) (License # or N/A)
Town of Morehead City Privilege License [] yes [] no [] n/a

Mechanical: (Contractor Name) (Phone)
(Mailing Address, City, State, Zip) (License # or N/A)
Town of Morehead City Privilege License [] yes [] no [] n/a

Fuel Piping: (Natural Gas) (Contractor Name) (Phone)
(Mailing Address, City, State, Zip) (License # or N/A)
Town of Morehead City Privilege License [] yes [] no [] n/a

Insulation: (Contractor Name) (Phone)
(Mailing Address, City, State, Zip) (License # or N/A)
Town of Morehead City Privilege License [] yes [] no [] n/a



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Refrigeration _____
Piping (Contractor Name) _____ (Phone) _____

 (Mailing Address, City, State, Zip) _____ (License # or N/A) _____
Town of Morehead City Privilege License [] yes [] no [] n/a

Fire _____
Sprinkler: (Contractor Name) _____ (Phone) _____

 (Mailing Address, City, State, Zip) _____ (License # or N/A) _____
Town of Morehead City Privilege License [] yes [] no [] n/a

1) Explanation of Construction: _____

2) If Construction is: Renovation:_____ Repair:_____ Total \$ Value of Construction:_____
 Work will include: Building:_____ Electrical:_____ Plumbing:_____ Mechanical:_____

3) If Construction is: Addition:_____ New Construction:_____ Total \$ Value of Construction:_____
 Number of Stories:_____ Height (from average grade):_____
 Overall Dimensions of Construction Area: _____
Square Footage Information (of area to be built):

1st floor _____ square feet
 2nd floor _____ square feet
 Other _____ square feet
 Total heated area: _____ square feet
 Accessory Areas: Garage _____ square feet
 Porch _____ square feet
 Porch _____ square feet
 Deck _____ square feet
 Deck _____ square feet
 Other _____ square feet
 Total accessory area: _____ square feet



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- 4) Property is located in flood zone:
(Flood elevation certificate is due 21 days from time first floor elevation is established: Yes No)
5) Copy of septic tank permit is attached; or septic tank permit not applicable.
6) Water line size from meter: Sewer line size:
7) Height of building (from average grade to highest point of structure):
8) 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 Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Date

(Owner/Agent Signature)

(Printed Name)

Below to be completed by Staff:

Tax Parcel # Zoning District City limits: Inside Outside
Setbacks: front side rear corner lot (yes/no) Any encroachments in setback
Maximum lot coverage allowed Lot size:
Lot coverage after this permit issued Flood Zone:
CAMA required (yes/no) If yes, CAMA permit #: Flood Map Panel #:
Brandywine Homeowner Association approval : DMCRA approval:
Zoning Official Signature: Date:



**TOWN OF MOREHEAD CITY
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AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. 87 - 14

The undersigned applicant for a Building Permit, being the

_____ Contractor (PRINTED NAME)

_____ Owner (PRINTED NAME)

_____ Officer/ Agent of the Contractor or Owner (PRINTED NAME)

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 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.

Firm Name: _____

By: _____

Title: _____

Date: _____

NC Administration & Enforcement ©



**TOWN OF MOREHEAD CITY
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**APPENDIX B
BUILDING CODE SUMMARY
FOR ALL COMMERCIAL PROJECTS
(EXCEPT 1 AND 2-FAMILY DWELLINGS AND TOWNHOUSES)
(Reproduce the following data on the building plans sheet 1 or 2)**

Name of Project: _____
 Address: _____
 Proposed Use: _____
 Owner or Authorized Agent: _____ Phone # _____
 Owned By: City/County Private State
 Code Enforcement Jurisdiction: City _____ County _____

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 Bldg) Upfit Alteration

BUILDING DATA

Construction Type: I-A I-B II-A II-B III-A III-B
 IV V-A V-B
 Mixed construction: No Yes 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 _____ Number of 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
6 th Floor	_____	_____	_____
5 th Floor	_____	_____	_____
4 th Floor	_____	_____	_____
3 rd Floor	_____	_____	_____
2 nd Floor	_____	_____	_____



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Mezzanine

1st Floor

Basement

TOTAL

ALLOWABLE AREA

- Primary Occupancy:**
- | | | | | | |
|--|--------------------------------------|---|-------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 |
| <input type="checkbox"/> Business | <input type="checkbox"/> Educational | <input type="checkbox"/> Factory-Industrial | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 | |
| <input type="checkbox"/> High-Hazard | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | |
| <input type="checkbox"/> Mercantile | I-3 Use Condition | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Residential | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 |
| <input type="checkbox"/> Utility and Miscellaneous | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 | <input type="checkbox"/> High-piled | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | Parking Garage | | <input type="checkbox"/> Open | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Repair |

Secondary Occupancy: _____

Special Occupancy: 508.2 508.3 508.4 508.5 508.6 508.7 508.8

Mixed Occupancy: No Yes 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 apply to the entire building.

Separated Mixed Occupancy (303.1/303.2) - See below for area 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 by the allowable floor area for each use shall not exceed 1.

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

$$\text{_____} + \text{_____} + \dots = \text{_____} \leq 1.00$$

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:

- Perimeter which fronts a public way or open space having 20 feet minimum width = _____ (F)
- Total Building Perimeter = _____ (P)
- Ratio (F/P) = _____ (F/P)
- W = Minimum width of public way = _____ (W)
- Percent of frontage increase $I_f = 100 [F/P - 0.25] \times W/30 = \text{_____} (\%)$

² The sprinkler increase per Section 506.3 is as follows:

- Multi-story building $I_s = 200$ percent
- Single story building $I_s = 300$ percent

³ Unlimited area applicable under conditions of Sections Group B, F, M, S, A-4 (507.1, 507.2, 507.3, 507.5); Group A motion picture (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



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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		DETAIL # AND SHEET #	DESIGN # FOR RATED ASSEMBLY	DESIGN # FOR RATED PENETRATION	DESIGN # FOR RATED JOINTS
		REQ'D	PROVIDED (w/_____* REDUCTION)				
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							



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* Indicate section number permitting reduction

LIFE SAFETY SYSTEM REQUIREMENTS

- Emergency Lighting: No Yes
 Exit Signs: No Yes
 Fire Alarm: No Yes
 Smoke Detection Systems: No Yes
 Panic Hardware: No Yes

EXIT REQUIREMENTS

NUMBER AND ARRANGEMENT OF EXITS

FLOOR, ROOM OR SPACE DESIGNATION	MINIMUM ² NUMBER OF EXITS		TRAVEL DISTANCE		ARRANGEMENT MEANS OF EGRESS ^{1,3} (SECTION 1004.1)	
	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

USE GROUP OR SPACE DESCRIPTION	(a) AREA ¹ sq. ft.	(b) AREA ¹ PER OCCUPANT (TABLE 1003.2.2.2)	(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	
	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)



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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 furnish 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 annual energy cost budget.

THERMAL ENVELOPE

Method of Compliance:

- Prescriptive Performance Energy Cost Budget

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



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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

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

ELECTRICAL SUMMARY

ELECTRICAL SYSTEM AND EQUIPMENT

Method of Compliance:

- Prescriptive Performance Energy Cost Budget

Lighting schedule

- lamp type required in fixture
- number of lamps in fixture
- ballast type used in the 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



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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

Building heating load

Building cooling load

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 capacity. If oversized, state reason.

List equipment efficiencies

Equipment schedules with motors (mechanical systems)

motor horsepower
number of phases
minimum efficiency
motor type
of poles
