



RICHMOND COUNTY  
BUILDING INSPECTIONS  
221 South Hancock Street  
Rockingham, NC 28379  
910.997.8204

**THE FOLLOWING ITEMS MUST BE PROVIDED PRIOR TO SUBMITTING AN APPLICATION TO  
THE BUILDING INSPECTION DEPARTMENT FOR:**

**Building Permit**  
**Mobile Home Permit**  
**Pool Permit**

- **Plan/Drawing of project (*consult with Building Inspector to see if needed*)**  
-Provide all pages to the Richmond County Building Inspections Department
- **Zoning Approval from Appropriate Jurisdiction**  
-Richmond County, Hamlet, Ellerbe, Hoffman, Norman, or Dobbins Heights  
**RICHMOND COUNTY ZONING APPLICATION AVAILABLE BY CALLING (910) 417-4904 or ONLINE**  
<https://www.richmondnc.com/175/Planning-Zoning>.
- **Septic/Well Permit Approval**  
**RICHMOND COUNTY ENVIRONMENTAL HEALTH SEPTIC/WELL APPLICATION AVAILABLE BY  
CALLING (910) 997-8320: OFFICE- 127 Caroline Street Rockingham NC 28379 or ONLINE**  
<https://www.richmondnc.com/166/Environmental-Health>.
- **Proof of sewer/water**  
-If no septic/well permit

**SUBMIT ALL BUILDING PERMIT APPLICATIONS, COMPLETED IN  
ENTIRETY, TO THE BUILDING INSPECTION OFFICE**

**RICHMOND COUNTY BUILDING APPLICATIONS AVAILABLE BY CALLING (910) 997-8204 or ONLINE**  
<https://www.richmondnc.com/157/Building-Inspections>.

**PROJECTS TOTALING \$40,000 OR MORE:**

**\*\*In addition to items listed above\*\***

- Lien Agent
- Affidavit of Workers' Compensation with Certificate of Insurance
- Owner exemption affidavit (*If Applicable*)

**RICHMOND COUNTY BUILDING INSPECTIONS**



In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more, unless the application is for improvements to an existing dwelling that the applicant uses as a residence OR the property owner has designated a lien agent and provided the Inspection's office with the information below:

**Name of Lien Agent:** \_\_\_\_\_

**ENTRY #:** \_\_\_\_\_

**Mailing Address of Agent:** \_\_\_\_\_

\_\_\_\_\_

**Physical Address of Agent:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from the North Carolina G.S. 160A-417: "(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mailing address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued."

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT  
PURSUANT TO G.S. 87-14 (a) (1)

COUNTY OF Richmond

Building Inspection Department

Parcel Identification Number and address where the building is to be constructed: PIN \_\_\_\_\_

Address \_\_\_\_\_

Type of construction:  Residential     Commercial     Industrial     Other

Intended use after completion (e.g. Personal residence): \_\_\_\_\_

Building permit number associated with this application: \_\_\_\_\_

I, \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Print Full Name) (Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-5 below attesting to the following:

- 1. \_\_\_\_\_ I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;  
OR  
\_\_\_\_\_ I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

\_\_\_\_\_  
(Name of Firm or Corporation)

- 2. \_\_\_\_\_ I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
- 3. \_\_\_\_\_ I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.
- 4. \_\_\_\_\_ I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
- 5. \_\_\_\_\_ I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S 153A-362 or G.S. 160A-422.

\_\_\_\_\_  
(Signature of Affiant) (Date)

Sworn or affirmed and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

(Notary Stamp or Seal)

\_\_\_\_\_  
(Printed Name of Notary Public)

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to NC G.S. 14-209)

**AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE  
N.C. GENERAL STATUE 87-14**



**The undersigned applicant being the:**

- \_\_\_\_\_ General Contractor
- \_\_\_\_\_ Owner
- \_\_\_\_\_ Officer/Agent of the Contractor or Owner

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

\_\_\_\_\_ Has three (3) or more employees and has obtained workers compensation insurance to cover them.

\_\_\_\_\_ Has one (1) or more subcontractor(s) and has obtained workers compensation insurance to cover them.

\_\_\_\_\_ Has one (1) or more subcontractor(s) who have their own policy of workers compensation insurance to cover themselves.

\_\_\_\_\_ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Inspections Department issuing the permit may require certificates of coverage of workers compensation insurance prior to issue of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Please Print)

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Richmond County, North Carolina

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Official Seal)

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.



## Richmond County Building Inspection Department

221 South Hancock St

Rockingham, NC 28379

chасы.woolard@richmondnc.com

Telephone: (910) 997-8204

Fax: (910) 997-8206

### Building Permit Application

Owner/Project Name: \_\_\_\_\_

Owner/Project Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Type of work to be done: \_\_\_\_\_

Building Use: \_\_\_\_\_

Residential       Commercial       Modular       Detached Accessory Building

New Project       Remodeling       Addition

Project Cost: \_\_\_\_\_

No. Stories: \_\_\_\_\_

Total Sq. Ft.: \_\_\_\_\_

Heated Sq Ft.: \_\_\_\_\_

Garage sq ft.: \_\_\_\_\_

Basement sq ft: \_\_\_\_\_

Sewer:

Public

Private

Water:

Public

Private

Building Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

State License #: \_\_\_\_\_

I hereby certify that the above statements are true, and all work is being performed under the State License number above.

Contractor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Permits expire after 6 months of issuance if work has not commenced or if work has discontinued for a period of 12 months from last inspection.



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221 South Hancock St  
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[chacity.woolard@richmondnc.com](mailto:chacity.woolard@richmondnc.com)

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Fax: (910) 997-8206

**Electrical Permit Application**

Owner/Project Name: \_\_\_\_\_

Owner/Project Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of work to be done: \_\_\_\_\_

Residential    Commercial    Agriculture (per bldg.)    Single Phase    Three Phase

Service Amp \_\_\_\_\_      Number of Sub-panels and Disconnects: \_\_\_\_\_

Project Cost: \_\_\_\_\_      Temp Construction Service

Change of Service       Upgrade Service (Residential)

Photovoltaic Systems (No. of inverters) \_\_\_\_\_      Fire Alarm

Electrical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_      Email: \_\_\_\_\_

State License #: \_\_\_\_\_

**I hereby certify that the above statements are true, and all work is being performed under the State License number above.**

**Contractor's Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Permits expire after 6 months of issuance if work has not commenced or if work has discontinued for a period of 12 months from last inspection.**



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### Plumbing Permit Application

Owner/Project Name: \_\_\_\_\_

Owner/Project Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of work to be done: \_\_\_\_\_

Residential

Commercial

Project Cost: \_\_\_\_\_

Under Slab Inspection

Gas Piping

Gas Appliance (gas piping included)

Waterline

Municipal Sewer

Private Sewer

Number of Fixtures (trapped fixture, floor drain, roof drain, Water Heaters, etc.) \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

State License #: \_\_\_\_\_

I hereby certify that the above statements are true, and all work is being performed under the State License number above.

Contractor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Permits expire after 6 months of issuance if work has not commenced or if work has discontinued for a period of 12 months from last inspection.



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### Mechanical Permit Application

Please indicate below the date that the job will be ready to be inspected. If you are not sure of date, please indicate that you will be calling for inspection later.

Will call for inspection \_\_\_\_ yes

Estimated date to be inspected \_\_\_\_\_

Owner/Project Name: \_\_\_\_\_

Owner/Project Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Residential

Commercial

Project Cost: \_\_\_\_\_

New

Change Out

No. of Units: \_\_\_\_\_

Tonnage: \_\_\_\_\_

BTU's: \_\_\_\_\_

Gas Piping? \_\_\_\_\_

Exhaust Hood

Fire Suppression sys

No. of Refrigeration Equip: \_\_\_\_\_

No. of Fan Coil units, Exhaust Fans, etc: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

State License #: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

State License #: \_\_\_\_\_

Signature: \_\_\_\_\_

I hereby certify that the above statements are true, and all work is being performed under the State License number above.

Contractor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_