



**Permit Procedure Guide
Commercial Construction
Development Services Town of Oak Island
4601 E. Oak Island Drive
Oak Island, NC 28465
(910)278-5024 (Fax) 278-1811**

Owners and contractors will be required to furnish the following information:

1. A completed application with all required appendages as listed in this guide (attached)
2. Water and Sewer/Septic Approval
 - a. Contact:
Brunswick County Health Department: 1-888-428-4429 or 457-5281
Southeast Brunswick Sanitary District: 457-0006
Town of Oak Island: David Kelly (910) 201-8041
3. Department of Transportation Permit
 - a. Contact DOT Shallotte 754-4540
Town of Oak Island- John Michaux (910) 201-8008
4. A survey or certified site plan addressing all of the following items:
 - a. Property lines
 - b. Front, back, and side setbacks
 - c. CAMA setbacks when building in an AEC
 - d. Total lot area in square feet
 - e. Total impervious surfaces in square feet
 - f. Placement of all structures, driveways, stairs, steps, walkways, parking, etc....
 - g. Benchmark location, elevation and flood zone (s)
 - h. Fire hydrant location (If required)
 - i. Parking areas, entrances and exits and all connections to public roads, required number of parking spaces including handicapped
5. Two sets of construction plans including the following information:
 - a. Structural to meet required wind zone 130 mph
 - b. Elevation on all sides
 - c. Footings and foundation details with all required tie downs
 - d. Floors, walls, and roof systems
 - e. Sheds, covers, marquees, or outside attachments to the structure
 - f. Window and door requirements to meet the appropriate wind zones

- g. Energy requirements for insulation or provide a sealed total U package
 - h. Smoke detection, alarms and/or sprinkler system details
 - i. Detailed drawings for trades including electrical, mechanical, plumbing, or other applicable trade
 - j. Code Data Summary Sheet - Appendix B (form available upon request)
- Note: All plans and systems must be sealed by a licensed architect or engineer unless you have received prior approval.
6. Stormwater runoff and Vegetation Plans: All commercial projects must submit a storm water and vegetation plan prepared by a design professional.
Note: If site is 1 acre or more both stated and local Stormwater plans are required.
 - a. Contact Town of Oak Island- John Michaux (910) 201-8008
 7. Zoning approval will be determined based on the information that you provide with your application packet. No activity may commence until proper permitting is complete.
 - a. Contact Town of Oak Island- Josh Crook (910) 278-5024
 8. Construction in a flood plain. All construction must conform to FEMA, CAMA and USACE (if applicable) regulations at the time of the issuance of a permit. In addition, the NC building codes and local ordinances mandate some significantly different construction methods in flood areas. If the property proposed for construction is in a flood zone, please feel free to discuss these requirements with CAMA–LPO / Floodplain Manager - Donna Coleman (910)278-5024
 9. You may also be required to obtain or provide additional information including but not limited to:
 - a. CAMA permit, obtainable from Development Services Department if the project qualifies as a minor development or from the Division of Coastal Management in Wilmington if the project is considered major development.
 1. Contact Town of Oak Island- Donna Coleman (910) 201-8047
 2. Wilmington Contact – Heather Coats (910) 796-7424
 - b. Corps of Engineer permits or release if the project is located in an area containing wetlands.
 1. Contact ACOE (910) 251-4829
 - c. Any further information deemed necessary by the Inspection Department to ensure that the project meets all federal, state, and local regulations.
 10. All contractors who perform work within the Town of Oak Island must also secure a Privilege License. Contact Our Tax Department at (910)278-5011 for further information on obtaining this license certificate.

Note: After the receipt of a completed application packet and all requested materials have been supplied, Development Services will notify you by phone when review is complete.

If you have any questions or concerns please call the office, we will be glad to assist you. (910) 278-5024.

Building

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Design Professionals

Architect: _____ Telephone: _____

Address: _____ City/State/Zip: _____

NC Registration Number: _____ E-mail: _____

Engineer: _____ Telephone: _____

Address: _____ City/State/Zip: _____

NC Registration Number: _____ E-mail: _____

Grading

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Scope of Work:

Placement of Fill Materials: _____ (Cubic Yards)

Grading: _____ (Slope)

Value of work \$ _____

Electrical

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Voltage: _____

Low Voltage Systems: () Yes () No If Yes, Specify _____

Value of work \$ _____

Value of work \$ _____

Plumbing

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Scope of work: _____

Value of work \$ _____

Mechanical

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Type of System: _____ Size: _____ Tons

Value of work \$ _____

Fire Suppression System

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Scope of work: _____

Value of work \$ _____

Gas

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Scope of work: _____

Value of work \$ _____

Other Sub-Contractors and/or Design Professionals

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Scope of work: _____

Value of work \$ _____

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Scope of work: _____

Value of work \$ _____

**If there are no additional sub-contractors or design professionals -
DO NOT RETURN THIS PAGE**

Property Description and Ownership Information

Site Data

Lot _____ Block _____ Section _____ Tax Parcel _____

Physical Address _____

Lot Size _____ sq. ft Acreage? _____

Is property located in a SFHA (flood zone) Yes No

Specify zone X X Shaded A AE VE

Base Flood Elevation _____ Map/Panel/Suffix _____

Map Revision Date _____

Is property located within an Area of Environmental Concern Yes No

If yes, have you attached a copy of your CAMA Permit to this application?

Oak Island zoning district: _____

If necessary, we will assist you in gathering flood plain and zoning information

Ownership Information

Property Owner: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Cell: _____

E-mail _____

Utilities

Water Public Private If private, permit number _____

Water Tap Size: ¾" 1" 1 ½" Other

Location Left Right Center

If double frontage lot, specify street _____

Wastewater (Septic and/or Sewer)

Private BCHD permit number _____

Public Indicate service provider Oak Island SEBSD

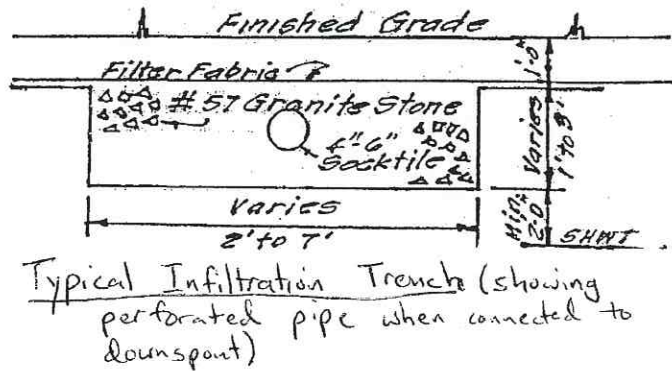
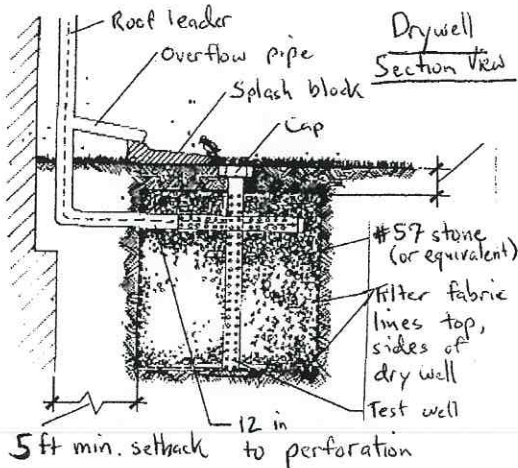
WW Tap Size: 4" 6"

APPENDIX E
STORMWATER MANAGEMENT WORKSHEET
 Single-Family or Duplex Residences

| | | <u>Impervious Surface</u> | |
|---|-------------|--------------------------------|-------------|
| <u>New</u> | | <u>Existing</u> | |
| Structures (all roof area) | _____ sq/ft | Structures (all roof area) | _____ sq/ft |
| Driveway, sidewalks and patios | _____ sq/ft | Driveway, sidewalks and patios | _____ sq/ft |
| Other | _____ sq/ft | Other | _____ sq/ft |
| Total New | _____ sq/ft | Total Existing | _____ sq/ft |
| Total Impervious Surface (New + Existing) _____ sq/ft | | | |
| Total Lot/Parcel Area _____ sq/ft | | | |
| Divide the total impervious surface above by the size of the lot/parcel and convert to a percentage: ____%* | | | |
| *If the project has impervious surface area of 30% or greater a licensed professional engineer or surveyor must sign, date, and stamp the stormwater management plan. | | | |

In order to comply with the requirements of the Stormwater Management Ordinance for the Town of Oak Island, the minimum requirements for construction and sizing of underground infiltration devices utilizing the Standard Method are as follows:

Install a slotted channel drain (or asphalt/concrete swale) with infiltration devices (min. total excavated volume of 22 cubic feet filled with #57 stone, or equivalent) within two feet of property line (not in public right of way) in driveway **and** infiltration drywells connected to downspouts (or infiltration trenches along entire drip line) with a minimum total excavated volume of 108 cubic feet and filled with #57 stone, or equivalent.



APPLICANT SIGNATURE

By signing the Stormwater Management Worksheet (Appendix E), I as the applicant/owner attest that the information provided herein is true and correct to the best of my knowledge. I also certify that this application is being made with the full knowledge and consent of all owners of the affected property.

 (LANDOWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE)

 (DATE)

TREE AND VEGETATION WORKSHEET

1. All areas of any lot requiring excessive de-vegetation, not limited to filling, grading or to meet requirements of Federal or State Agency shall be fully addressed in this section.

(A) Type of work:

(B) Any supporting documents:

(C) For information purposes (only) please list all trees and vegetation to be added to lot before C.O.

Date: received _____ inspected _____ approved _____

By: _____

CERTIFICATION AS TO STATUS OF LICENSURE TO THE TOWN OF OAK ISLAND
GENERAL CONTRACTOR

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have entered into a construction contract where the cost of the undertaking exceeds \$30,000.00; the contract, whether written or oral is in the exact name as listed with the North Carolina Licensing Board for General Contractors. I am not in partnership (including any "joint venture" (unless in compliance with 12 NCAC 12.0207) with any unlicensed entity). I certify that I am presently licensed under _____ and my license number is _____. My license is active and in good standing. I am not presently under any disciplinary order issued by the Licensing Board which disqualifies me for entering into a construction contract. I certify to this building inspections department that I have paid any license tax as required by the North Carolina Department of Revenue and have obtained a local privilege license from the Town of Oak Island. I have in effect all required worker's compensation insurance coverage and I agree to submit certificates of such coverage to the building inspector upon request. I understand that I am responsible for ascertaining whether I am obligated by law to obtain worker's compensation coverage and to assure that my insurance coverage is adequate. I understand that a licensed general contractor must pay a \$10.00 fee upon issuance of a residential building permit pursuant to NCGS 87-15.3 the Homeowner's Recovery Fund Act of North Carolina; \$9.00 of which the permitting official will forward to the Licensing Board. I understand that the unlicensed practice of general contracting is a criminal offense of NCGS 87-13 and that the licensing board may pursue and injunction against me if I practice without a license as required by law. I also understand that under North Carolina case law, and unlicensed practitioner may be barred from recovery of any civil damages if the job owner refuses to pay. I have been informed that any authority issuing a building permit to an unlicensed contractor where a license is required may be found guilty if a misdemeanor and I certify to this department that they may rely on my statement as truthful regarding the status of my license.

This the ____ day of _____, 20____.

Signature of applicant

Sworn and subscribed before me this the ____ day of _____, 20____.

Notary Public
(seal)

Commission Expires

AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE

The undersigned applicant or authorized agent for a building permit being the () contractor, () owner, () agent for owner or contractor do hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Have three (3) or more employees and have obtained worker's compensation insurance to cover them.
- Have one or more subcontractors and have obtained worker's compensation insurance to cover them.
- Have one or more subcontractors who have their own policy of workers compensation covering them
- Have 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 inspection department issuing the permit will 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 the work.

Firm name: _____ By: _____

Title: _____ Date: _____

Signature

Sworn and subscribed before me this the ____ day of _____, 20____.

Notary Public: _____
(SEAL)

Commission expiration: _____

North Carolina Administrative Codes and Policies

101.3 Scope

101.3.1 Requirements of other state agencies, occupational licensing boards or commissions. The North Carolina State Building Codes do not include all additional requirements for buildings and structures that may be imposed by other state agencies, occupational licensing boards or commissions. It shall be the responsibility of a permit holder, design professional, contractor or occupational license holder to determine whether any additional requirements exist.

Commentary: Many State agencies, occupational licensing boards or commissions have specific design and construction requirements that are not incorporated into the North Carolina State Building Codes and are not enforced by code enforcement officials. Permit holders, design professionals, contractors or occupational license holders should consult with any relevant boards or agencies to determine whether there are any additional construction and design requirements for their projects.