

BUILDING PERMIT APPLICATION INSTRUCTIONS AND GUIDELINES

Instructions and Guidelines- *Please read through entire building permit packet before submitting application.*

1. Apply for a building permit BEFORE beginning any work. Please allow a minimum of 5 days for processing of permits.

Items required for processing of building permit application:

- Two (2) sets of scaled drawings for residential and three (3) sets for commercial. When applicable, commercial drawings must be drawn by design professional.
- All commercial projects must have a Building Code Summary
- Detailed scaled site plan
- Well and septic permit from Johnston County Department of Environmental Health
- Appointment of Lien Agent, www.liensnc.com
- Affidavit of Worker's Compensation Coverage
- Owner Affidavit if homeowner is self-contracting
- Include all licensed contractors in their entirety prior to permit being issued

2. All Construction Sites

- Per Town of Benson ordinance, adopted March 1, 2016, a commercially manufactured dumpster must be on site at all times during construction.
- At no time shall the waste container be within the right of way or street.
- Each site shall be cleaned of trash and debris daily by no later than 7:00 PM.
- Violations of this ordinance shall result in a civil penalty of \$50.00 per day per occurrence.

3. Required Inspections

- Commercial
 - Footing, Foundation, Underslab, Framing/ Rough In, Fire Protection, Above Ceiling, Stone Prep, Insulation, Sprinkler and Sprinkler Test, Fire Stopping, Final/CO
- Residential
 - Footing, Foundation, Underslab, Open Slab, Framing/Rough In, Insulation, Water/Sewer Tie In, Final/CO
- No work is to be covered before being seen by inspector
- All Inspection requests for next day inspection must be emailed or called in at least one day in advance before 3:30pm.
 - Schedule inspection by emailing inspections@townofbenson.com or by calling Inspections Department at 919-894-3553. Your inspection is not confirmed until you receive a confirmation email or phone call.
 - Provide type of inspection needed, site address, permit number and applicant name.
 - Re-inspection fee is \$50.
 - All re-inspection fees must be paid prior to re-inspection unless at the inspectors discretion.
 - Re-inspection can be performed at next regularly scheduled inspection without hindrance.
- Temporary and conditional utility request must be made in writing. See attached.

4. Load Management Switch Program

- All residential new construction that are on the Town of Benson's electric grid are mandated to participate in the town's load management switch program.
 - Contractors must sign load management switch agreement
 - Switches will be installed by the Town of Benson's preferred vendor at appropriate stage of construction.
 - Load management switch must be installed prior to issuance of certificate of occupancy



TOWN OF BENSON
PLANNING, ZONING, INSPECTIONS DEPARTMENT
303 E. CHURCH ST. | BENSON, NC 27504 | 919-894-3553
INSPECTIONS@TOWNOFBENSON.COM

B

BUILDING Permit Application

GENERAL INFORMATION				OFFICE USE ONLY	
Applicant Name:			Permit Number		
Job Site Address:			Received Date		
Parcel ID:			Received By		
Subdivision:		Lot #:	Permit FEE		
Property Owner:			Property Owner Phone #:		
Property Owner Email:					
Project Contact Name:				Project Contact Phone #:	
Project Contact Email:					
PROJECT INFORMATION					
Accessory Structure <input type="checkbox"/>	Demolition <input type="checkbox"/>	Sign <input type="checkbox"/>	Move Building <input type="checkbox"/>		
Addition <input type="checkbox"/>	Manufactured Home <input type="checkbox"/>	Remodel <input type="checkbox"/>	Pool <input type="checkbox"/>		
Alteration/Repair <input type="checkbox"/>	Single Family <input type="checkbox"/>	Commercial <input type="checkbox"/>	Fence <input type="checkbox"/>		
Provide a detailed project description:					
CONSTRUCTION INFORMATION					
Total Sq. Ft.:		Stories:	Building Height:		PROJECT COST
Heated Sq. Ft.:		Bedrooms:	Zoning District:		
Type:		Bathrooms:	Pool:		
MANUFACTURED HOME					
Make:		Model:		Serial #:	
Year:		Single Width/Length:		Double Width/Length:	
UTILITIES					
Water: Public <input type="checkbox"/> Private <input type="checkbox"/>			Sewer: Public <input type="checkbox"/> Private <input type="checkbox"/>		
Water Provider: Town of Benson <input type="checkbox"/> Johnston Co. <input type="checkbox"/> Johnston Co. Well/Septic Permit #					
Electric Provider:					
Premise #:					
Gas Company:					
CONTRACTOR INFORMATION					
GENERAL BUILDING CONTRACTOR					
DBA:			License Holders Name:		
State License Number:			Address:		
Phone Number:			Email:		
ELECTRICAL CONTRACTOR					
DBA:			License Holders Name:		
State License Number:			Address:		
Phone #:			Email:		
MECHANICAL CONTRACTOR					
DBA:			License Holders Name:		
State License Number:			Address:		
Phone #:			Email:		
PLUMBING CONTRACTOR					

DBA:	License Holders Name:
State License Number:	Address:
Phone #:	Email:

OTHER CONTRACTOR	
DBA:	License Holders Name:
State License Number:	Address:
Phone #:	Email:

G. S. 153.A-358. Time limitations on the validity of permits. A permit issued pursuant to G.S. 163A-357 expires six months, or any lesser time fixed by ordinance of the town, after the date of issuance if the work authorized by the permit has not commenced. If after commencement the work is discontinued for a period of 12 months, the permit therefore immediately expires. No work authorized by a permit that has expired may thereafter be performed until a new permit has been secured.

The Undersigned does hereby certify that the information given above is correct and agrees that any construction, alteration, or placement of a building or sign shall comply with all local and state laws, the Town of Benson's Zoning Ordinance, the North Carolina State Building Code, as well as any restrictions attached. The premises may not be used for any purpose or in any manner prohibited by local ordinances and/or regulations. The applicant furthermore declares that he/she is the property owner or their authorized agent.

Applicant Signature:	Date:
Print Name:	
Approved By:	Date:

Appointment Designated Lien Agent

PURPOSE

The mechanics' lien agent system allows (but does not require) potential lien claimants to give notice they are working on a project. Then closing attorneys, lenders and purchasers will have the ability to address those known potential lien claimants at closing.

Required to be filed for any proposed construction of improvements to real property begun on or after April 1, 2013 (with a few statutory exceptions).

DONE BY:

Owner (or their representative).

WHEN:

At the beginning of any construction on the project property. This must be submitted to the permitting office from which any applicable construction permit is obtained and must be continuously posted at the job site.

COST:

\$25 per 1-2 family dwelling / \$50 per all other properties.

WHERE TO REGISTER:

Go to: <http://www.liensnc.com> and follow the step by step instructions. Print out the Designated Appointed Lien Agent form and provide to Permitting Administrator.



Planning & Inspections • Town of Benson • PO Box 69 Benson NC 27504 • 919-894-3553

**Affidavit of Workers' Compensation Coverage
N.C.G.S. §87-14**

The undersigned applicant for Building Permit # _____ being the

Contractor

Owner

Authorized Officer/Agent of the Contractor or Owner

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 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 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: _____

**Owner Exemption Affidavit
Pursuant to G.S. 87-14 (a) (1)**

**State of North Carolina
County of Johnston
Town of Benson Inspections Department**

Address and parcel identification of real property where building is to be constructed or altered:

I, _____,
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1 (B)(2) by initialing the relevant portion in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

1. _____ I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;
OR
_____ I am legally authorized to act on behalf of the firm or corporation which 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 of Chapter 87 of the General Statutes of North Carolina;
3. _____ 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;
4. _____ I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that 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 that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 133A-362 or G.S. 160A-422.

(Signature of Affiant)

Date

Sworn to (or affirmed) and Subscribed before me
This the _____ day of _____, 20_____.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____ (Notary Stamp or Seal)

(Note: It is a Class F felony to willfully commit perjury in any affidavit pursuant to law----G.S. 14-209)

MAYOR
JERRY M. MEDLIN

MAYOR PRO-TEM
CASANDRA P. STACK

COMMISSIONER
MAXINE HOLLEY
JAMES D. JOHNSON JR.
DEAN MCLAMB
WILLIAM NEIGHBORS
DR. R. MAX RAYNOR



TOWN OF BENSON
P.O. BOX 69
303 EAST CHURCH STREET
BENSON, NC 27504
(919) 894-3553
FAX (919) 894-1283
www.townofbenison.com

INTERIM TOWN MANAGER
FREDERICK NELSON

ASSISTANT TOWN MANAGER
KIMBERLY PICKETT

TOWN CLERK
NANCY CROUSE

TOWN ATTORNEY
R. ISAAC PARKER

Town of Benson Load Management Switch Installation for New Construction Residential

The Town of Benson administers a “load management” program for peak hours of electrical demands. All new residential buildings supplied with electrical power provided by the Town of Benson electrical utility are required to have load management “switches” installed. The load management “switch” has the capacity to capture electricity from tank top water heaters, AC units and electric heat pump strips.

The ordinance requires one (1) to be connected. The “switch” must be installed on the exterior adjacent to the meter base.

If you have any questions please contact Crystal Thompson at (919) 894-3553 or via email at cthompson@townofbenison.com.

Printed Name

Signature

Date

TO ENSURE INSPECTION REQUEST IS RECEIVED IN TIMELY MANNER, ALL INSPECTION REQUESTS MUST BE MADE **BEFORE** 3:30PM AT LEAST ONE DAY IN ADVANCE FOR A NEXT BUSINESS DAY INSPECTION.

YOU CAN MAKE YOUR INSPECTION REQUEST BY EMAILING

INSPECTIONS@TOWNOFBNSON.COM

OR BY CALLING **919-894-3553** AND ASK FOR INSPECTIONS DEPARTMENT. YOUR INSPECTION REQUEST IS NOT CONFIRMED UNTIL YOU RECEIVE A CONFIRMATION EMAIL OR PHONE CALL.

THANK YOU



CONDITIONAL UTILITY REQUEST

TOWN OF BENSON PLANNING, ZONING, AND INSPECTIONS DEPARTMENT
303 EAST CHURCH STREET, BENSON, NC 27504
PHONE 919-894-3553 FAX 919-894-1283

Application Date _____ Permit No. _____

General Contractor/Owner Name _____ Phone _____

Project Address _____ Benson, NC 27504

Subdivision _____ Lot Number (new construction only) _____

Property Owner _____ Phone _____

Property Owner Address _____

Main Structure: Single-Family Dwelling Duplex Townhome Commercial

Time Period Requested: 30 Days 45 Days 60 Days

Utility Type:

Conditional Electrical Service Conditional Water Service Conditional Gas Service

Electric Utility Company _____ Premise No. _____

Water Utility Company _____

Gas Utility Company _____

Owner/Agent Statement:

Utility service is requested for the single-family dwelling or commercial structure located at the address listed on this application. By my signature to this document I agree to all of the following conditions:

1. Full and complete responsibility of the energized electrical and/or mechanical systems, their use, and all equipment connected thereto and to maintain a safe working environment during the completion of the dwelling.
2. That service will be authorized for connection by the appropriate utility only after the conditional final inspection is approved (no partial approvals).
3. That the dwelling must be secured against unauthorized entry (all doors and windows installed).
4. That no furniture or personal possessions will be placed in the dwelling, garage, or any other portion of the dwelling.
5. That no occupancy will be permitted until a Certificate of Occupancy is issued.
6. Utility services are to be in the same names as the contractor/owner indicated above.
7. I agree that any violation of these terms will result in an automatic revocation of this privilege.

(General Contractor or Owner) Name _____

Signature _____ Date _____