

## TOWN OF CALABASH, NORTH CAROLINA

Post Office Box 4967 • 882 Persimmon Road • Calabash, NC 28467  
Administration: (910) 579-6747 • Building Inspector: (910) 579-0500 • Fax: (910) 579-5494  
Web Address: [www.townofcalabash.net](http://www.townofcalabash.net) • Email: [towncalabash@atmc.net](mailto:towncalabash@atmc.net)

This Commercial Building Packet contains a number of forms and applications. Be sure all the paperwork has been completely filled out and SIGNED before returning the packet to town hall. IF NEEDED – request a CAMA application.

Appendix B (2006 NC Administrative Code and Polices) Building Code Summary For all Commercial Projects

Town of Calabash Building Permit Application

Tree Removal Permit Application

Town of Calabash Zoning Permit Application

Temporary Power Application

Electrical Inspections Policy and 2008 NC Electrical Code (NEC 2008)

Minimum Required Inspections

Affidavit of Workers' Compensation

Appendix D – Vegetation Worksheet

Appendix E – Stormwater Management Worksheet

Business Privilege License Application-the contractor and all sub-contractors must apply for a Privilege License

**Town of Calabash Building Permit Application – Commercial**

**PERMIT#** \_\_\_\_\_

Date \_\_\_\_\_ Check type of permit: ( )Building ( )Electric ( )Plumbing ( )Mechanical ( )Other \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_ EMAIL \_\_\_\_\_

Address: \_\_\_\_\_  
(Local-Street/City/Zip) (Out of Area)

Phone: \_\_\_\_\_  
(Office) (Cell) (Fax)

**Site Information**

**Address** **Subdivision/Area** **PARCEL #**

**General Contractor Information**

Name (as licensed): \_\_\_\_\_ EMAIL \_\_\_\_\_

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

Phone: \_\_\_\_\_  
(Office) (Cell) (Fax)

License # \_\_\_\_\_

\*\*\*\*\*TOTAL COST OF PROJECT: \_\_\_\_\_

**Owner Information**

Name: \_\_\_\_\_ EMAIL \_\_\_\_\_

Address: \_\_\_\_\_  
(Local-Street/City/Zip) (Out of Area)

Phone: \_\_\_\_\_  
(Home) (Cell) (Fax)

**Description of Proposed Work:** \_\_\_\_\_

( )New ( )Remodel ( )Business ( )Mercantile ( )Storage ( )Educational ( )Assembly ( )Residential ( )Other \_\_\_\_\_  
( )Minimum Facilities – M/F\_\_\_\_/\_\_\_\_ #W/C\_\_\_\_ #Urinals\_\_\_\_  
( )Accessible Parking Spaces #\_\_\_\_ ( )Driveways/Sidewalks Sq Ft\_\_\_\_ Sprinkled ( )Yes ( )No  
Heated Sq Ft\_\_\_\_ Unheated Sq Ft\_\_\_\_ Decks Sq Ft\_\_\_\_

**\*\*\*A valid building permit will not be issued until the following conditions have been met: (1)submission of a complete building application – including a zoning application, Appendix B, storm water run-off plan, site and building plans & Utility Certifications; (2) all fees have been paid ; (3) if applicable, approved CAMA permits.**

If permits are granted, I hereby certify that all information in this application is correct and that all work will comply with the N.C. State Building Codes, CAMA, applicable city ordinances, local laws and regulations of the State of North Carolina regulating such work and the specifications/plans submitted. I certify that the structure will be placed on the lot conforming to all setbacks, yard requirements and height limitations.

I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TURN PAGE OVER FOR SUBCONTRACTOR INFORMATION AND THEIR SIGNATURES**

**For Calabash Building Inspector**

Building Permit Approved By: \_\_\_\_\_ Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

# Subcontractor(s) - Provide information/signature(s) as shown on license

## BUILDER

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

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

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_ EMAIL \_\_\_\_\_

## ELECTRICIAN

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

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

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_ EMAIL \_\_\_\_\_

## HVAC

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

License # \_\_\_\_\_

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_ EMAIL \_\_\_\_\_

## PLUMBER

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

License # \_\_\_\_\_

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_ EMAIL \_\_\_\_\_

**APPENDIX B**

**BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS**

(except one- and two-family dwellings and townhouses)

(Reproduce the following data on the building plans sheet 1 or 2)

Name of Project: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Owner/Authorized Agent: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

Owned By:  City/County  Private  State

Code Enforcement Jurisdiction:  City \_\_\_\_\_  County \_\_\_\_\_  State

**LEAD DESIGN PROFESSIONAL:** \_\_\_\_\_

DESIGNER	FIRM	NAME	LICENSE #	TELEPHONE #	E-MAIL
Architectural	_____	_____	_____	(____) _____	_____
Civil	_____	_____	_____	(____) _____	_____
Electrical	_____	_____	_____	(____) _____	_____
Fire Alarm	_____	_____	_____	(____) _____	_____
Plumbing	_____	_____	_____	(____) _____	_____
Mechanical	_____	_____	_____	(____) _____	_____
Sprinkler-Standpipe	_____	_____	_____	(____) _____	_____
Structural	_____	_____	_____	(____) _____	_____
Retaining Walls >5' High	_____	_____	_____	(____) _____	_____
Other	_____	_____	_____	(____) _____	_____

2009 EDITION OF NC CODE FOR:  New Construction  Addition  Upfit

EXISTING:  Reconstruction  Alteration  Repair

CONSTRUCTED \_\_\_\_\_ ORIGINAL USE \_\_\_\_\_ RENOVATED \_\_\_\_\_ CURRENT USE \_\_\_\_\_

**BUILDING DATA**

Construction Type:  I-A  II-A  III-A  IV  V-A  
 I-B  II-B  III-B  V-B

Mixed construction:  No  Yes Types \_\_\_\_\_

Sprinklers:  No  Partial  Yes  NFPA 13  NFPA 13R  NFPA 13D

Standpipes:  No  Yes Class  I  II  III  Wet  Dry

Fire District:  No  Yes Flood Hazard Area:  No  Yes

Building Height: Feet \_\_\_\_\_ Number of Stories \_\_\_\_\_

Mezzanine:  No  Yes

**Gross Building Area:**

Floor	Existing (sq ft)	New (sq ft)	Subtotal
6th Floor	_____	_____	_____
5th Floor	_____	_____	_____
4th Floor	_____	_____	_____
3rd Floor	_____	_____	_____
2nd Floor	_____	_____	_____
Mezzanine	_____	_____	_____
1st Floor	_____	_____	_____
Basement	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

**ALLOWABLE AREA**

Primary Occupancy:  Assembly  A-1  A-2  A-3  A-4  A-5  
 Business  Educational  Factory  F-1 Moderate  F-2 Low  
 Hazardous  H-1 Detonate  H-2 Deflagrate  H-3 Combust  H-4 Health  H-5 HPM  
 Institutional  I-1  I-2  I-3  I-4  
 I-3 Condition  1  2  3  4  5  
 Mercantile  Residential  R-1  R-2  R-3  R-4  
 Storage  S-1 Moderate  S-2 Low  High-piled  
 Utility and Miscellaneous  Parking Garage  Open  Enclosed  Repair Garage

Secondary Occupancy: \_\_\_\_\_

Special Uses:  402  403  404  405  406  407  408  409  410  411  412  
 413  414  415  416  417  418  419  420  421  422  423

Special Provisions:  509.2  509.3  509.4  509.5  509.6  509.7  509.8

Mixed Occupancy:  No  Yes Separation: \_\_\_\_\_ Hr. Exception: \_\_\_\_\_

Incidental Use Separation (508.2)

This separation is not exempt as a Non-Separated Use (see exceptions).

Non-Separated Use (508.3.2)

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 Use (508.3.3) - 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 <sup>5</sup> AREA	(C) AREA FOR FRONTAGE INCREASE <sup>1</sup>	(D) AREA FOR SPRINKLER INCREASE <sup>2</sup>	(E) ALLOWABLE AREA OR UNLIMITED <sup>3</sup>	(F) MAXIMUM BUILDING AREA <sup>4</sup>

1. Frontage area increases from Section 506.2 are computed thus:

- a. Perimeter which fronts a public way or open space having 20 feet minimum width = \_\_\_\_\_ (P)
- b. Total Building Perimeter = \_\_\_\_\_ (P)
- c. Ratio (F/P) = \_\_\_\_\_ (F/P)
- d. W = Minimum width of public way = \_\_\_\_\_ (W)
- e. 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:

- a. Multi-story building  $I_s = 200$  percent
- b. Single story building  $I_s = 300$  percent

3. Unlimited area applicable under conditions of Sections Group B, F, M, S, A-3, A-4 (507);

Group A motion picture (507.10); Covered Mall Buildings (402.6); and H-2 aircraft paint hangers (507.8).

4. Maximum Building Area = total number of stories in the building  $\times E$  (506.4).

5. The maximum area of open parking garages must comply with Table 406.3.5. The maximum area of air traffic control towers must comply with Table 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 walls							
North							
East							
West							
South							
Interior walls and partitions							
Floor Construction Including supporting beams and joists							
Roof Construction Including supporting beams and joists							
Shaft Enclosures — Exit							
Shaft Enclosures — Other							
Corridor Separation							
Occupancy Separation							
Party/Fire Wall Separation							
Smoke Barrier Separation							
Tenant Separation							
Incidental Use Separation							

\* 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  Partial \_\_\_\_\_
- Panic Hardware:  No  Yes

EXIT REQUIREMENTS  
Number and arrangement of exits

FLOOR, ROOM, OR SPACE DESIGNATION	MINIMUM NUMBER OF EXITS		TRAVEL DISTANCE		ARRANGEMENT MEANS OF EGRESS (SECTION 1015.2)	
	REQUIRED	SHOWN ON PLANS	ALLOWABLE TRAVEL DISTANCE (TABLE 1015.1)	ACTUAL TRAVEL DISTANCE SHOWN ON PLANS	REQUIRED DISTANCE BETWEEN EXIT DOORS	ACTUAL DISTANCE SHOWN ON PLANS

- Corridor dead ends (Section 1017.3).
- Buildings with single exits (Table 1019.2), Spaces with one means of egress (Table 1015.1)
- Common Path of Travel (Section 1014.3).

EXIT WIDTH

USE GROUP OR SPACE DESCRIPTION	EXIT WIDTH (IN)								
	(a) AREA, Sq. ft.	(b) AREA PER OCCUPANT (TABLE 1004.1.1)	(c) CALCULATED OCCUPANT LOAD (a ÷ b)	(c)		REQUIRED WIDTH (SECTION 1005.1) (F, G)		ACTUAL WIDTH SHOWN ON PLANS	
				EGRESS WIDTH PER OCCUPANT (TABLE 1005.1)	STAIR	LEVEL	STAIR	LEVEL	STAIR

For SI: 1 inch = 25.4 mm, 1 square foot = 0.929m<sup>2</sup>.

- See Table 1004.1.1 to determine whether net or gross area is applicable. See definition "Area, Gross" and "Area, Net" (Section 1002).
- Minimum stairway width (Section 1009.1); min. corridor width (Section 1017.2); min. door width (Section 1008.1).
- Minimum width of exit passageway (Section 1021.2).
- See Section 1004.5 for converging exits.
- The loss of one means of egress shall not reduce the available capacity to less than 50 percent of the total required (Section 1005.1).
- Assembly occupancies (Section 1025).

STRUCTURAL DESIGN

DESIGN LOADS:

Importance Factors: Wind ( $I_w$ ) \_\_\_\_\_  
 Snow ( $I_s$ ) \_\_\_\_\_  
 Seismic ( $I_E$ ) \_\_\_\_\_

Live Loads: Roof \_\_\_\_\_ psf  
 Mezzanine \_\_\_\_\_ psf  
 Floor \_\_\_\_\_ psf

Ground Snow Load: \_\_\_\_\_ psf

Wind Load: Basic Wind Speed \_\_\_\_\_ mph (ASCE-7)  
 Exposure Category \_\_\_\_\_  
 Wind Base Shears (for MWFRS)  $V_x =$  \_\_\_\_\_  $V_y =$  \_\_\_\_\_

SEISMIC DESIGN CATEGORY

A  B  C  D

Provide the following Seismic Design Parameters:

Seismic Use Group \_\_\_\_\_  
 Spectral Response Acceleration  $S_S$  \_\_\_\_\_ %g  $S_1$  \_\_\_\_\_ %g  
 Site Classification \_\_\_\_\_  Field Test  Presumptive  Historical Data

Basic structural system (check one)

\_\_\_\_\_ Bearing Wall \_\_\_\_\_ Dual w/Special Moment Frame  
 \_\_\_\_\_ Building Frame \_\_\_\_\_ Dual w/Intermediate R/C or Special Steel  
 \_\_\_\_\_ Moment Frame \_\_\_\_\_ Inverted Pendulum

Seismic base shear  $V_x =$  \_\_\_\_\_  $V_y =$  \_\_\_\_\_  
 Analysis Procedure \_\_\_\_\_ Simplifies \_\_\_\_\_ Equivalent Lateral Force \_\_\_\_\_ Modal  
 Architectural, Mechanical, Components anchored? \_\_\_\_\_

LATERAL DESIGN CONTROL: Earthquake \_\_\_\_\_ Wind \_\_\_\_\_

SOIL BEARING CAPACITIES:

Field Test (provide copy of test report) \_\_\_\_\_ psf  
 Presumptive Bearing capacity \_\_\_\_\_ psf  
 Pile size, type, and capacity \_\_\_\_\_

PLUMBING FIXTURE REQUIREMENTS

USE	WATERCLOSETS			LAVATORIES		SHOWERS/TUBS	DRINKING FOUNTAINS	
	MALE	FEMALE	URINALS	MALE	FEMALE		REGULAR	ACCESSIBLE
SPACE	EXISTING							
	NEW							
	REQUIRED							

ACCESSIBILITY PARKING

LOT OF 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, OSC, DPI, DHHS, ICC, etc., describe below)

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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 \_\_\_\_\_ % Glazed Wall Area
- 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

**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

## MECHANICAL SUMMARY

## MECHANICAL SYSTEMS, SERVICE SYSTEMS AND EQUIPMENT

Method of Compliance:

- Prescriptive       Performance       Energy Cost Budget

Climate Zone \_\_\_\_\_

**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

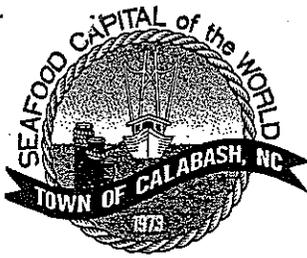
total boiler output. If oversized, state reason.

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



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Issue Date: August 1, 2008

## Electrical Inspections Policy:

Changes in the sequence of electrical inspections are as follows:

1. T-pole inspection.
  2. Under slab inspection.
  3. Rough-in inspection.
  4. Hot spot inspection (large commercial or multi-story).
  5. Pre-lighting inspection (commercial).
  6. Device wiring inspection (new).
  7. Pre-Meter Placement inspection (new).
  8. Exterior underground electrical inspection (new).
  9. Exterior site electrical inspection (commercial).
  10. Exterior site lighting inspection (commercial).
  11. Final electrical
1. During the electrical **rough-in** inspection, the following additional inspections are required:
    - a. Smoke detector electrical boxes. Please note that when installing smoke alarms there are minimum and maximum distances that these alarms can be from walls and ceilings and from one another in hallways. Refer to manufacturer's installation instructions.
    - b. All luminaries with concealed wiring connections after the installation of wall finishes, i.e. can lights.
  2. The inspection procedure has been revised to include an electrical **Device Wiring** inspection:
    - a. All receptacles, switches, etc. shall be wired but not placed in the electrical boxes.
    - b. All fluorescent luminaires shall have lens and ballast covers removed.
    - c. Exterior and interior wall luminaires shall not be installed, but all electrical boxes shall be in place. Certain exceptions (such as lavatory lights) may apply if requested and clearly noted in advance.
    - d. The air handler unit shall be wired and labeled with factory applied stickers noting heat strips installed and indicating appropriate M.O.P. If more than one HVAC system is installed, the corresponding AC unit, air handler, and circuit breaker shall be identified to clearly indicate which system, i.e. #1, Upstairs, Downstairs, Bonus Room, Crawl Space, Attic, etc.
    - e. Wiring relating to meter base, grounding electrodes, main panels, and/or sub panels shall be complete.

Note: Items 2d & 2e may be performed during the *Pre-Meter Placement* inspection.
  3. The electrical **Pre-Meter Placement** inspection involves the following:
    - a. Visual confirmation that all of the above items under 2a have been installed.
    - b. Visual confirmation that all of the above items under 2b have been properly covered.
    - c. Visual and physical confirmation that all of the above exterior items under 3a have been installed.
    - d. Visual and physical confirmation that all of the above interior items under 3a have been installed or temporarily terminated in an approved manner.
    - e. A final walk-thru shall be performed to determine that all work in regards to electrical and life safety are satisfactory for the energizing of the building wiring system.
  4. **Request for placement of the electrical meter:**

The general contractor and electrical contractor can jointly sign an application requesting the placement of the meter for energized service.
  5. The **Final Electrical** inspection shall include the testing of wiring circuits for the AFCI and GFCI receptacles and switches.

## 2008 NC Electrical Code (NEC 2008):

The 2008 NEC came into effect June 1, 2008. Prior to its adoption, several articles and sections were requested to be placed on an administrative hold for re-evaluation.

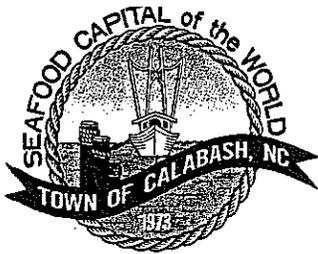
Please note that there are several code changes from the 2005 NEC to the 2008 NEC. Only the ones that affect the Permit Date are noted above. As a contractor, it is your responsibility to obtain and understand the 2008 NC amendments to the State Electrical Code. The Town of Calabash and/or its inspections department is not liable for omissions or errors contained in this policy memo.

As a result some items now have a different effective date than that of June 1, 2008. The following is a brief summary of these items:

1. **Now:** The revision to the requirements of NEC 338.10 (B) (4) (a) which governs the allowable ampacity for SE service-entrance cable used for interior wiring shall be effective on any permit issued on or after July 3, 2008. (SE cable used for interior wiring must now meet the requirements of 334.80 in addition to the rest of NEC 334 as required in previous code.)
2. **Now:** A new change as noted by NEC 406.11 requires tamper-resistant receptacles in dwelling units on any permit issued on or after July 3, 2008. For existing alterations, repairs, renovation and additions, this shall include all areas or rooms which contain any part of such work.
3. **2009:** The additional requirements for AFCI protection as noted in NEC 210.12 (B) for dwelling units shall be effective on any permit issued on or after January 1, 2009. For existing alterations, repairs, renovation and additions, this shall include all areas or rooms which contain any part of such work.
4. **2009:** The requirements for a listed weather resistant type receptacle as noted in NEC 406.8 (A) & (B) (1) shall be effective on any permit issued on or after January 1, 2009. For existing alterations, repairs, renovation and additions, this shall include all areas or rooms which contain any part of such work.

Should you need additional assistance, I can be reached at 910-579-0500.

Stanley W. Dills,  
Electrical Inspector  
Town of Calabash Inspections Department



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## Application for Privilege License to Conduct Business Inside Town Limits

Clearly **PRINT** all information

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

Name of Business Owner: \_\_\_\_\_

Business Trade Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Seating Capacity (i.e. restaurants) \_\_\_\_\_ # of Service Chairs (i.e. beauty salon) \_\_\_\_\_

Business Location: \_\_\_\_\_

Street Number/Name

Commercial Center Name

Business Mailing Address: \_\_\_\_\_

Street

City/State

Zip

Business Contact #'s: \_\_\_\_\_

Telephone

Fax

Business Owner HOME Address: \_\_\_\_\_

Street

City/State

Zip

Business Owner Contact #'s: \_\_\_\_\_

Home Telephone

Cell

Do you own the property?  Yes  No If no, what is the name of the owner/landlord? \_\_\_\_\_

Have you done the following:

Completed a zoning application: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NA

Completed any necessary building permit applications: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NA

Scheduled a fire inspection?(to be done before moving in equipment/furniture) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NA

Completed a sign application? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NA

**If the 4 items listed above are applicable, the items must be completed and signed off by the Inspection Department BEFORE the business can obtain a license and open.**

**The application continues on the reverse side**

**Read before signing**

I (we) intend to do business within the Town of Calabash. This is my (our) application for a privilege license in accordance with Title 11 Business Regulations of the Ordinance of said town. As a condition upon which the license may be granted, I (We) agree that the same may be revoked and canceled upon the sole discretion of the Town Commissioners, at any time they are of the opinion that the same should be revoked and canceled. However, I am (We are) to have 30 days notice thereof and the privilege within same time of appearing before the Town Commissioners in my (our) behalf.

My (Our) signature on this application indicates that I (We) understand that the issuance of a privilege license hereunder does not constitute acceptance or approval of the use of the above named location as having complied with existing building, fire protection and zoning codes. A licensee shall remain fully liable and responsible for bringing the premises in conformity with all applicable town and state codes.

NOTE: Payment of the privilege license must be made at the time the application is submitted. Should the applicant be denied, the full amount of the privilege license tax will be refunded. If the application is approved a privilege license will be mailed to the applicant. The license is renewable annually and payable by July 1<sup>st</sup>.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**For Tax Office and Inspection Department**

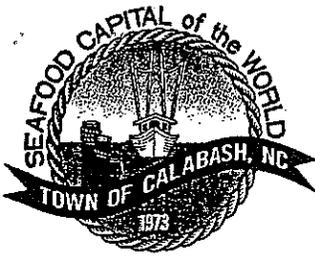
Is the business located in an approved zoning district? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many different types of businesses will be conducted on site? # \_\_\_\_\_

Do any of the business types conducted require a conditional use permit within the district? \_\_\_\_\_ Yes \_\_\_\_\_ No

Business site/facilities approved by the Inspection Dept.: \_\_\_\_\_  
Signature Date

Business approved by the Tax Department: \_\_\_\_\_  
Signature Date



# TOWN OF CALABASH, NORTH CAROLINA

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Administration: (910) 579-6747 \* Building Inspector: (910) 579-0500 \* Fax (910) 579-5495  
Web Address: [www.townofcalabash.net](http://www.townofcalabash.net) \* Email: [towncalabash@atmc.net](mailto:towncalabash@atmc.net)

## APPLICATION FOR TEMPORARY ELECTRIC POWER

NC Electrical Code, Article 10-10.8.1-5

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

Permit # \_\_\_\_\_

Building Site Address: \_\_\_\_\_

Contractor/Agent Name: \_\_\_\_\_

Business name: \_\_\_\_\_

Portions of Electrical System to be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intended use of system:  Permanently installed HVAC equipment  
 Electrical System  
 Plumbing System  
 Other \_\_\_\_\_

Intended duration of use: \_\_\_\_\_

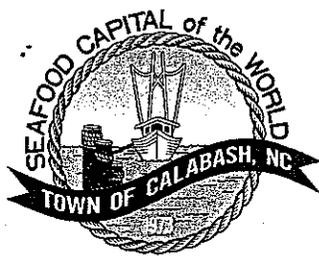
The undersigned contractor(s) agree to the use of their respective systems to be utilized during construction.

\_\_\_\_\_  
Electrical Contractor                      HVAC Contractor                      General Contractor

The undersigned responsible agent for the above described property understands and agrees to the Town of Calabash Inspections Department policy and NEC Article 10 that any violation of the policy by permitting occupancy, not maintaining safety requirements or any other requirements shall result in a disconnection of electrical power, civil penalty or a misdemeanor charge.

\_\_\_\_\_  
Company/owner name

\_\_\_\_\_  
Date



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A Zoning Application is for all commercial and residential projects-fill in applicable sections.

Date: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact #'s: \_\_\_\_\_

Business \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Permit Applied for:  New Residential  New Commercial  Addition  Existing tenant space  Accessory Structure  
 Fence  Driveway  Parking  Development /Lot Clearing  Other \_\_\_\_\_

Describe work to be performed: \_\_\_\_\_

New commercial and residential complete this section

\_\_\_\_\_ Bldg Height (SET BACKS) Front yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Back Yard \_\_\_\_\_ Corner Lot:  Yes  No

Water Source:  Well-Permit # (for new construction only) \_\_\_\_\_

County Water (for new construction attach copy of paid fees receipt)

Sewer Treatment:  Septic Tank-Permit # \_\_\_\_\_  County Sewer-DWQ # \_\_\_\_\_

SUBDIVISION NAME: \_\_\_\_\_

Lot # \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Lot Dimensions: \_\_\_\_\_

**Applicant Certification:** I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, that I am authorized to grant, and do grant, permission to the local zoning official and local building official to enter on the property described above for the purpose of inspections. I understand that if this application is approved that failure to meet any conditions of the approval shall result in the revocation of any permit(s) based on this certificate. I also understand that it is my responsibility to call to schedule all inspections. Initial after reading: \_\_\_\_\_

(Permit shall be void after six months from date of issue unless an inspection of the project has been made by that time.)

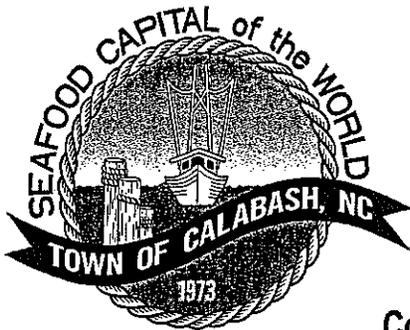
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

After consideration and review of the zoning permit application, I have determined that the applicant is in compliance with all related and applicable Town ordinances. Signature \_\_\_\_\_ Date \_\_\_\_\_

Parcel # \_\_\_\_\_ Flood Hazard Area/Zone: \_\_\_\_\_

Fire Inspector Approval needed:  Yes  No Attachments  Building Permit # \_\_\_\_\_



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## Commercial Tree Removal Permit Application

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

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact #'s: \_\_\_\_\_  
Office # Cell # Fax #

### SITE INFORMATION

Address: \_\_\_\_\_ Parcel # \_\_\_\_\_

Project Name: \_\_\_\_\_

Lot Size (Square Feet or # of Acres): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Is property located in a flood zone?  No  Yes (Specify zone) \_\_\_\_\_

Is property located within an Area of Environmental Concern?  No  Yes (If yes, attach a copy of your CAMA Permit Application to this form)

Number of trees to be removed: \_\_\_\_\_

Size of trees: \_\_\_\_\_

Type/species: \_\_\_\_\_

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Property Owner (Print Name)

\_\_\_\_\_  
Property Owner Signature

*(Your signature authorizes a site visit by appropriate town personnel to verify the above information.)*

Field Inspection conducted by \_\_\_\_\_ on \_\_\_\_\_ Approved  Yes  No



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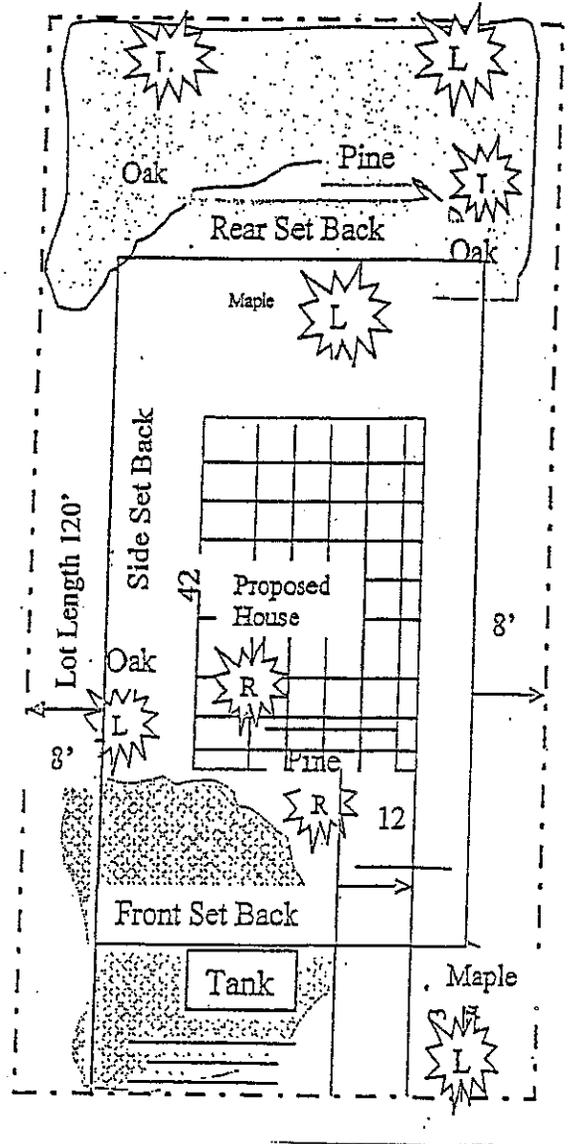
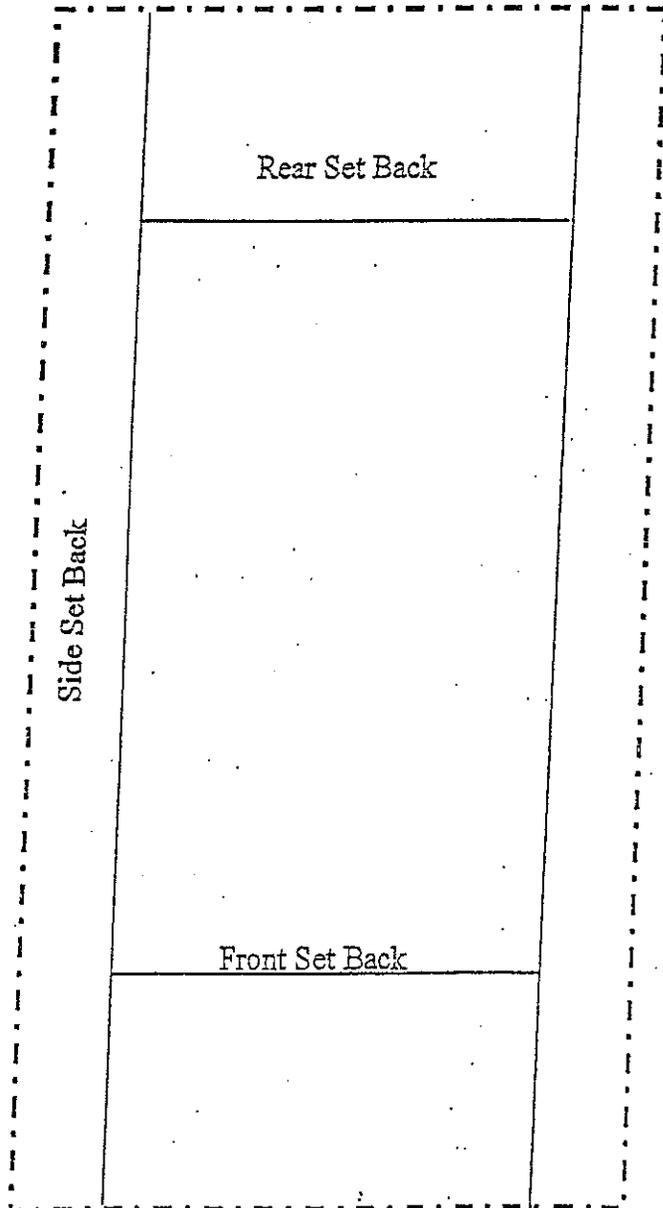
## VEGETATION WORKSHEETS (Appendix D)

Use this worksheet to demonstrate that your project meets vegetation standards. Required information includes: **lot width and length; all set backs; location of proposed project, driveway, walkways, decks, accessory buildings, steps, septic field/lines/tank; locate all trees and identify the species (pine/hardwood) use an "R" (for remove) and an "L" (for leave); use an "X" for areas that require fill.**

(SAMPLE ONLY)

Lot Width

Lot Width 55'



## APPENDIX E

### Stormwater Management Worksheet

Total lot area (sq. ft.) \_\_\_\_\_ 25% of lot area (sq. ft.) \_\_\_\_\_

House, garage, shed plus overhangs (sq. ft.) \_\_\_\_\_

Driveway, sidewalks, patios (sq. ft.) \_\_\_\_\_

Other impervious surfaces (sq. ft.) \_\_\_\_\_

Does the total impervious exceed 25% of the total lot area? Yes \_\_\_\_\_ No \_\_\_\_\_  
(\*\*\* If yes, provide engineering details on the retention of stormwater)

Is more than 75% of natural vegetation being removed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is more than 6" of uncompressed fill being added to the lot? Yes \_\_\_\_\_ No \_\_\_\_\_

(Excessive fill areas and stabilization must be approved by the building inspector)

Describe the retention method to be used:

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## AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE NC G.S. 87-14

The undersigned applicant for a Building Permit being the (PRINT APPLICABLE NAME):

Contractor \_\_\_\_\_

Owner \_\_\_\_\_

Agent for the contractor or owner \_\_\_\_\_

Do hereby aver under penalty of perjury that the person(s), firm(s) or corporations 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 subcontractors(s) and have obtained compensation insurance covering them,

\_\_\_\_\_ Has/have one 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 Calabash Inspectors Department issuing the permit requires certificates of workers' compensation insurance coverage prior to the issuance of the permit and at any time during the permitted work from any person, firm or corporation performing the work.

\_\_\_\_\_  
Signature of contractor or agent for firm/corporation

\_\_\_\_\_  
Name of firm/corporation

\_\_\_\_\_  
Date

9/2008

## Town of Calabash

### Minimum Required Inspections for Residential and Commercial Projects

A re-inspection fee of \$75 will be charged for any failed inspection.

- Site inspection will be performed to verify set backs after grading is complete.
- Temporary power pole inspection after a building permit has been issued.
- Footings inspection will occur after completion of soil engineer compaction test report, trenches are excavated, grade stakes are installed, reinforced steel and supports are in place and tied, all necessary forms are in place and braced and before any concrete is poured.
- Prior to concrete being pored, under slab inspections are made to review any material and equipment that will be ultimately covered.
- Foundation inspection occurs prior to floor framing.
- Slab inspection.
- Open floor inspection is made after all foundation supports are installed and first floor framing is completed. Foundation supports, crawl space leveling, ground clearances, positive draining and floor structural system is checked before covering.
- Framing and all trades (Rough In Inspection) is made when all building framing, roofing (excluding roof covering) and parts of the electrical, plumbing, fire protection, and HVAC systems that will be hidden from view have been installed but BEFORE any wall, ceiling finish or insulation is completed. All trades will be inspected at the same time. Nail patterns will be checked prior to installation of brick or other siding materials.
- Insulation inspection will occur after all building framing and rough in inspections. All insulation and vapor retardants must be in place before any wall or ceiling is constructed.
- Formation of a driveway and stormwater control will be inspected before a driveway can be poured.
- A final inspection will occur for each trade after completion of the work. Following approval, which includes the checking arc-fault, GFCI and smoke detection systems, a Certificate of Occupancy will be issued.