

# Town of Topsail Beach

820 S Anderson Blvd  
 Topsail Beach, NC 28445  
 office: (910)328-5841 fax: (910)328-1560

Permit #

Date:
Project Address:
Contractor:

## Contractor Check List to Apply for New Construction/ Additions/Remodels:

Zoning/Floodplain Development Application	
Building Permit Application	
Electrical Permit Application	
Mechanical Permit Application	
Plumbing Permit Application	
Preliminary Plot Plan/Survey	
Pre-Elevation Certificate	
Stormwater Plan	
Septic Permit	
Engineered Plans (2 Sets)	
Agreement of Application Terms	
Affidavit of Workers' Compensation Coverage	
Homeowners Recovery Form	
Lien Agent Verification	
Flood Vent Calculation	
CAMA Permit Major/Minor (if Applicable)	
V-Zone Certification Letter (if Applicable)	
Breakaway Wall Detail (if Applicable)	

## Additional Documentation Required Before Receiving a Certificate of Occupancy:

21-Day Elevation Certificate	
Final Elevation Certificate	
Final Survey	
Final Septic	
Manual J Heat Loss Gain Analysis	
Final Elevator Letter (if Applicable)	

Additional Comments:


Total Fees:

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# Building Permit Application

Town of Topsail Beach  
820 S. Anderson Blvd.  
Topsail Beach, NC 28445  
Phone: (910)328-5841 Fax: (910)328-1560

**Date:** \_\_\_\_\_ **Project Address:** \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Phone# \_\_\_\_\_

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Applicant \_\_\_\_\_

General Contractor \_\_\_\_\_

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

Telephone # \_\_\_\_\_ State License# \_\_\_\_\_

Signature \_\_\_\_\_ Privilege License# \_\_\_\_\_

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

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

Telephone # \_\_\_\_\_ State License# \_\_\_\_\_

Signature \_\_\_\_\_ Privilege License# \_\_\_\_\_

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

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

Telephone# \_\_\_\_\_ State License# \_\_\_\_\_

Signature \_\_\_\_\_ Privilege License# \_\_\_\_\_

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

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

Telephone# \_\_\_\_\_ State License# \_\_\_\_\_

Signature \_\_\_\_\_ Privilege License# \_\_\_\_\_

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Insulation Contractor \_\_\_\_\_

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

Telephone# \_\_\_\_\_ State License# \_\_\_\_\_

Signature \_\_\_\_\_ Privilege License# \_\_\_\_\_

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Gas Piping/Other \_\_\_\_\_

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

Telephone# \_\_\_\_\_ State License# \_\_\_\_\_

Signature \_\_\_\_\_ Privilege License# \_\_\_\_\_

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# of Bedrooms \_\_\_\_\_

Square Footage Heated \_\_\_\_\_ Unheated \_\_\_\_\_

Estimated Project Cost \_\_\_\_\_

Description of Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Building Inspector \_\_\_\_\_ Permit# \_\_\_\_\_

Approval Date \_\_\_\_\_ Date Paid \_\_\_\_\_

# ZONING/FLOODPLAIN DEVELOPMENT PERMIT APPLICATION

**TOWN OF TOPSAIL BEACH**  
820 S Anderson Blvd.  
Topsail Beach, NC 28445  
Telephone (910)328-5841/Fax (910)328-1560

Please Fill Out Completely

Owner's Name: \_\_\_\_\_ Project Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Project Use: \_\_\_\_\_ Tax Parcel ID #: \_\_\_\_\_  
Foot Print of Structure: \_\_\_\_\_  
No. of Units: \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Maximum No. of Bedrooms: \_\_\_\_\_  
Heated Square Feet: \_\_\_\_\_ Garage/Storage Square Feet: \_\_\_\_\_  
Uncovered Deck/Crossover Sq. Ft.: \_\_\_\_\_ Covered Deck/Porches Sq. Ft.: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Flood Zone: \_\_\_\_\_ Elevation: \_\_\_\_\_

Will any watercourse be altered or relocated as a result of the proposed development? \_\_\_\_\_  
If yes, attach a description of the extent of the alteration or relocation.

**Attachments:** This form must be accompanied by a current plot plan showing all structures/development on lot (proposed or existing). All distances from property lines and all easements must be shown.

Applicant acknowledgement: I, the undersigned, understand that the issuance of a floodplain development permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I also understand that prior to occupancy of the structure being permitted, an elevation and/or flood-proofing certificate signed by a professional engineer or registered land surveyor must be on file with the Inspections Department indicating the "as built" elevations in relation to mean sea level (MSL).

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

## FOR OFFICIAL USE

CAMA Permit #: \_\_\_\_\_ AEC: \_\_\_\_\_ COBRA Zone: \_\_\_\_\_

OCEAN Hazard Area: \_\_\_\_\_ INLET Hazard Area: \_\_\_\_\_

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

Set Backs: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ Corner Lot \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement of Application Terms

### Topsail Beach Zoning, Flood Plain Development and Local Ordinances

I understand the Town of Topsail Beach has established a **3' freeboard** for structures, which establishes the lowest horizontal member, floor system and/or piece of service equipment at least 3' above Base Flood Elevation.

I understand the Town of Topsail Beach prohibits concrete driveways in the Town Limits. I understand that porous/impervious concrete may be acceptable with an approved Zoning Permit.

I understand all V-Zone and A-Zone Construction specifications and standards shall be in accordance with CFR-44, Section 60.3 (Code of Federal Regulations). **Ref: Town Code.**

I understand three **Elevation Certificates** are required; the first one is called a **Pre-Elevation Certificate**, required prior to the start of construction. The second one is called "under construction" and shall be submitted to the Building Inspections Department within 21 days of the establishment of the lowest first floor (at which time a Registered Land Surveyor is required to place a permanent reference mark, such as PK NAIL on any pile on the North side of the house). The third is called a **Final Elevation Certificate** (original due prior to issuance of the CO).

I understand that all gas and propane tanks shall be anchored to resist floatation.

I understand the Town Code restricts coverage at **35%** of the total gross area, and this calculation shall be submitted with the application, and that all setbacks and easements shall be met.

I understand the maximum height restrictions for any structure is **41'** measured from average grade to the highest roof point.

I understand that all documents submitted by Licensed Professional Engineers and Registered Land Surveyors shall bear the **Original seal, signature and current date, and are site specific.**

I understand that the preliminary and the Final Plot Plan/Survey shall show all structures, driveways, decks, crosswalks, overhangs, septic tank and line, storm water plan and similar items. All property lines, setbacks, easements, CAMA lines and related measurements and associated calculations, such as the impervious surface area are to be included.

I understand that a Storm Water Plan design shall be submitted prior to issuance of permits. Design by a Professional Engineer, or met the Requirements set forth in the Town Code. Drawings and calculations are required.

I understand that all Septic Systems have to be approved by the Local Health Department, and the proper paper work submitted.

### **Contractor Responsibility**

Using the Checklist provided by the Town, I have submitted the **Completed Permit Application** along with other necessary data required for a plan review process. Applications and Specifications are Official

HOMEOWNER RECOVERY FORM – FOR THE LICENSED GENERAL CONTRACTOR TO SIGN

I understand that I am signing this contract under oath; I certify that I am making a truthful statement. I have read G.S. sections 87-1 and 87-14 as amended July 6, 1992, which are attached. I have entered into a construction contract where the cost of the undertaking exceeds \$30,000; the contract, whether written or oral, is in the exact nature as listed with the North Carolina Licensing Board for general Contractors. I am not in partnership (including any "joint venture" [unless in compliance with 21 N.C.A.C. 12.0207]) with any unlicensed entity. I certify that I am presently licensed under the name \_\_\_\_\_ and under license number \_\_\_\_\_.

My license is active and in good standing. I have filed all necessary forms with the North Carolina Licensing Board for General Contractors. I am presently not under any disciplinary order issue by the North Carolina Licensing Board for General Contractors, which disqualifies me for a building permit.

I certify to this Building Inspections Department that I have paid license tax(es) as required by the N.C. Department of Revenue; I have in effect all required workers' compensation insurance coverage. I have filled out the attached worksheet/affidavit regarding workers' compensation and agree to submit certificates of insurance coverage upon request of the building inspector. I understand that I am responsible for ascertaining whether I am obligated by law to obtain worker's compensation insurance and to ensure that our coverage is adequate. I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all workers' compensation coverage required by law.

I understand that a licensed General Contractor must pay a \$10.00 fee upon applying for a residential permit pursuant to G.S. 87-15.5 "Homeowners Recovery Fund" act of North Carolina, \$9.00 of which the permitting official shall forward to the North Carolina Licensing Board for General Contractors.

I understand that the unlicensed practice of general contracting is a criminal offense under G.S. 87-13 and that I may be sued by the North Carolina Licensing board for General Contractors for an injunction if I practice without a license required by law. I also understand that, under North Carolina case law, an unlicensed practitioner may be barred from any recovery of any civil damage if the job owner refuses to pay me. I have been informed that any authority issuing a building permit to an unlicensed contractor where a license is required may be found guilty of a misdemeanor and I certify that this department may rely on my statement as a truthful statement regarding the status of my license.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
My commission expires: \_\_\_\_\_

Notary Public

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE**

North Carolina General Statute 87-14

The undersigned applicant for Building Permit # \_\_\_\_\_ being the

\_\_\_\_\_ Contractor

\_\_\_\_\_ Owner

\_\_\_\_\_ 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 workmen's 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 coverage 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: \_\_\_\_\_

**TOWN OF TOPSAIL BEACH**  
**Application for Water & Garbage Service**

(Please Print)

EFFECTIVE DATE \_\_\_\_\_

NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ SS# \_\_\_\_\_

PHONE NUMBER(S):

DAY TIME # \_\_\_\_\_ LOCAL # \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

IS THIS PROPERTY YOUR PRIMARY FULL TIME RESIDENCE: Yes or No (circle one)

IS THIS SEASONAL RENTAL PROPERTY: Yes or No      COMMERCIAL: Yes or No

ARE YOU THE NEW OWNER OR TENANT: Owner or Tenant

**FEES TO BE PAID AT TIME OF APPLICATION:**

Residential Deposit \$100.00    or    Commercial Deposit \$300.00

**NEW CONSTRUCTION ALSO PAYS:**

**WATER IMPACT FEE:** ¾" METER \$1000 PER BEDROOM / 1" METER \$1250 PER BEDROOM / COMMERCIAL \$3000 (flat-fee)

**TAP ON FEE:** ¾" METER - \$700 / 1" METER - \$900 / OTHER - COST PLUS 25%

**(Please read and initial)**

\_\_\_\_\_ I understand charge for water service and garbage service commences when meter is installed whether used or not. Property owner shall be charged a minimum fee of which minimum fee is set from time to time and a schedule of such fees is on file in the town clerk's office.

\_\_\_\_\_ Water service line to be installed by the Town includes a pipeline from the main to a convenient point at the street right-of-way at which point the Town will install a curb stop, meter and meter box. All piping from the meter to the building will be the responsibility of the customer. All customers are responsible for installing a cut-off at the meter on the customer's side of the meter. No other source of water shall be connected to this line.

\_\_\_\_\_  
Property Owner/Agent/Renter

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**Return to: Topsail Beach Town Hall \* 820 S Anderson Blvd \* Topsail Beach\* NC \* 28445**  
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**FOR OFFICE USE ONLY**

ACCOUNT # \_\_\_\_\_

ROUTE/SEQUENCE \_\_\_\_\_

DEPOSIT \_\_\_\_\_

DEPOSIT DATE \_\_\_\_\_

METER # \_\_\_\_\_

CART # \_\_\_\_\_ Date \_\_\_\_\_

**TOWN OF TOPSAIL BEACH**  
**Application for Irrigation Meter**

(Please Print)

EFFECTIVE DATE \_\_\_\_\_

NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHONE NUMBER(S):

DAY TIME # \_\_\_\_\_ LOCAL # \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**FEEES TO BE PAID AT TIME OF APPLICATION:**

WATER IMPACT FEE: \$1000

TAP ON FEE: ¾" METER - \$700 / 1" METER - \$900

**(Please read and Initial)**

\_\_\_\_\_ I understand charges commence when meter is installed and property owner shall be charged a minimum fee whether there is usage or not.

\_\_\_\_\_ Water service line to be installed by the Town includes a pipeline from the main to a convenient point at the street right-of-way at which point the Town will install a curb stop, meter and meter box. All piping from the meter to the building will be the responsibility of the customer. All customers are responsible for installing a cut-off at the meter on the customer's side of the meter. No other source of water shall be connected to this line.

\_\_\_\_\_  
Property Owner/Agent/Renter

State \_\_\_\_\_, County \_\_\_\_\_

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

My commission expires \_\_\_\_\_, 20\_\_\_\_.

**FOR OFFICE USE ONLY**

ACCOUNT # \_\_\_\_\_

ROUTE/SEQUENCE \_\_\_\_\_

DEPOSIT \_\_\_\_\_

DEPOSIT DATE \_\_\_\_\_

# TOPSAIL BEACH FEE SCHEDULE

## 7-01-2015

### I. BUILDING PERMIT FEE SCHEDULE

<u>BUILDING VALUATION</u>	<u>PERMIT FEES</u>
\$0 ~ \$500	\$25.00
\$501 ~ \$3,000	\$55.00
\$3,001 ~ \$5,000	\$80.00
\$5,001 ~ \$10,000	\$105.00
\$10,001 ~ \$25,000	\$135.00
\$25,001 ~ \$50,000	\$155.00
Over \$50,000	\$155 + \$4.00 per \$1000 over \$50,000
<u>ELECTRICAL (Per Unit)</u>	
New Construction & Additions	\$105.00
Alterations & Replacement	\$55.00
<u>HEATING AND AIR (Per Unit)</u>	
New Construction & Additions	\$105.00
Alterations & Replacement	\$55.00
Gas Permit	\$55.00
<u>PLUMBING (Per Unit)</u>	
New Construction & Additions	\$105.00
Alterations & Replacement	\$55.00
<u>OTHERS (Per Unit)</u>	
Insulation	\$55.00
Sign (non-structural)	\$55.00
House Moving	\$250.00
Demolition	\$105.00
Performance Bond Required for Removing House	\$1,000.00
Dune Permit	\$100.00
Homeowners Recovery Fund	\$10.00
Zoning/Floodplain Development Permit (Excavating & Grading)	\$30.00
Zoning Variance	\$100.00

### PENALTIES & FINES

Starting Work Without a permit  
Zoning Violation

Double Permit Fees  
Forfeit Permitting Privileges until Resolved

## II. MONTHLY WATER CHARGES

Facility Charge	(0 gallons)	* \$30.00/month
Additional Usage	(1-3,333 Gallons)	\$5.00 per 1000 gal
Additional Usage	(3,334- 10,000 Gallons)	\$5.25 per 1000 gal
Additional Usage	(10,001 – 20,000 Gallons)	\$5.50 per 1000 gal
Additional Usage	(Above 20,000 Gallons)	\$5.75 per 1000 gal

\* \$20/month for multiple units on a master meter (effective July 1, 2014)

<u>New Construction</u>	<u>Impact Fee</u>	<u>Tap-On Fee</u>
* ¾" Meter	\$1000 Per bedroom	\$800.00
1' Meter	\$1250 Per Bedroom	\$1,000.00
All Other Sizes	TBD	Cost Plus 25%
Businesses	\$3000 (flat rate)	As above, based on meter size

\*¾ inch meter for 1 & 2 bedrooms houses only

### Irrigation

\$1000 Impact Fee & Tap-On Fee (\$800 for ¾" and \$1,000 for 1")

### Other Fees

Website Utility Processing Fee	\$3.00
Residential Water Deposit	\$100
Commercial Water Deposit	\$300
Cut off / on	\$10.00
Meter Calibration	\$25.00
Meter Check/Re-Read	\$25.00
Disconnect Fee	\$25.00
Disconnect Fee more than once in a fiscal year	\$50.00
Delinquent Account Deposit	\$200.00

After two months of non-payment the account becomes final and the initial deposit may be applied to the balance on the account. For Reconnection the customer will be required to pay any remaining balance in full, a deposit of \$200 and a reconnect fee of \$50. Charges are doubled for delinquent commercial accounts.

**Town Ordinance, Section 19-47 Meter Reading: Billing:** Collections charge for water and garbage service commences when meter is installed whether used or not. Sixty days may be allowed for hooking on initial installation of water system.

## III. SOLID WASTE

One (1) Cart	\$15.00/Month
Additional Cart	\$15.00/Month
Additional Cart	\$75.00 (one-time fee for cart to be delivered)
Additional Cart (used)	\$37.50
Pick-up	\$25.00
Recycling Fee	\$1.00/Month