



TOWN OF CLAYTON, NC

111 E. Second St. • 27520

PO Box 879 • 27528

Phone: 919-553-5002

BUILDING & ZONING COMPLIANCE PERMIT COVER SHEET

Project Address: _____ Date: _____

Applicant Name: _____

All applications, plans, and supporting documents should be emailed to
PermitSubmittals@TownofClaytonNc.org

The following checklist to be completed by applicant:

Completed Application

Owner's Consent Form *(required if applicant is not the property owner)*

[Erosion Control Financial Responsibility Form](#) AND property deed **(for New Single-family only)**

Flood Plain Development Permit if the development request takes place within a floodplain.

Verification of received or current Wastewater Allocation (if applicable for commercial projects)

[Driveway Permit Application](#) **(for infill lots only)**

Lien Agent Form *(required for projects that exceed \$40,000)* (www.liensNC.com)

[Load Management Switch Request Form](#) *(required if Town of Clayton residential customer)*

[Affidavit of Workers Compensation Coverage Form](#)

[Conditional Power Application & Conditional Gas Application](#) *(if applicable)*

Copy of a plot plan OR site plan and/or survey to scale which identifies project boundaries, lot dimensions, acreage, structures (size and location), setbacks, parking and circulation, impervious surface area, and percentage of lot coverage.

***If submitting building permits for an approved site plan from the Planning or Engineering Department, you MUST provide the associated project number.**

Associated Project Number: _____

In addition to the items listed in the checklist on the previous page, the following documents must be submitted:

For residential projects:

- Building Plans
- Plot plan
- Copy of recorded plat (for projects with a recently approved subdivision plan)

For commercial projects:

- Full set of buildings plans (including Plumbing, Mechanical, Electrical, and Fire Alarm drawings if warranted in the scope of work)
- A site plan

For new commercial buildings and additions:

- Signed Substantial Plan Review Letter
- Signed Site Plan Approval Letter
- Full set of buildings plans (including Plumbing, Mechanical, Electrical, and Fire Alarm drawings if warranted in the scope of work)

For At-Risk Projects:

- Notarized At-Risk Affidavit
- Signed Substantial Plan Review Letter
- Signed Site Plan Approval Letter
- Foundation-only plans

Note:

Permit fees will be calculated based solely on the foundation scope of work and the associated construction cost.

Acknowledgement:

Please note that according to NCGS § 143-755(b10), if six or more consecutive months has lapsed with no response from the applicant regarding Town of Clayton staff comments then the review of the application will be considered expired, and all application fees are forfeited.

***Please note that an incomplete plan will result in a delay in the processing of the permit. All plan sets submitted must include the following:**

Scale Drawings: The plans have been drawn to scale (minimum 1/8" = 1') in ink.

Elevations: Elevation drawings, including the front, rear, left side and right side.

Foundation Drawings: Identify all necessary structural details including but not limited to the following: Footing sizes (thickness and width) and location, foundation type (thickness and width) and location, pier sizes and locations, girder size and material species, floor joist size, material species, spacing and direction of span. Locate the structural information at the specific location utilized unless the information is typical.

Choose one foundation type below:

Slab / Mono

Crawl / Raised

Basement

Floor Plans: Provide a plan for each floor (and attic if planned to be finished). Identify all necessary structural details including but not limited to the following: Beam and header sizes at each location, the number of beam and header studs supports, ceiling joist/floor joists/rafter size, type of material, on center spacing, and direction of span. Provide layouts if engineered systems are specified "by others."

Roof Plan: Provide a plan view indicating structural members and the location of bearing. Identify which type of roof construction will be utilized (choose one only):

Conventional (stick-framed) Roof: Identify size, type of material, rafter spacing and direction of span.

Truss Roof: Include manufacturer's layout sheet and signed and sealed truss detail sheet (profile) sheets for each type of truss utilized in the design. Provide any additional details specified on the sheets of the individual trusses. Include hanger specifications if utilized for uplift connections.

Applicant Signature: _____

Reviewed by: _____



ZC Permit#: _____
 Building Permit#: _____

TOWN OF CLAYTON, NC
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 Fax: 919-553-1720

BUILDING PERMIT & ZONING COMPLIANCE PERMIT

Application Review: Staff will review application for completeness within 2 business days, after the date of receipt. Applicants will be notified via email that the application is incomplete and to re-submit once the application packet is complete.

Type of Permit:	Commercial:	Commercial At-Risk
	Early Review:	Foundation Only:
		Residential:

Applicant Name: _____ Date: _____
 Applicant Address: _____ City: _____ State: _____ ZIP: _____
 Name of Business (if Commercial Upfit): _____ Contact Name: _____ Phone#: _____
 Developer: _____ Phone #: _____ Email: _____
 Property Owner: _____ Phone #: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Project Contact: _____ Phone #: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____

SITE INFORMATION

Project Address/Lot #: _____
 Description of Proposed Work: _____
 Floodplain Onsite: Yes No Stream/wetland Onsite: Yes No
**If checked "yes" please provide Floodplain Development Permit*

Type of Permit: New Addition Upfit/Renovation

Property Use: Single-Family Duplex Townhome Apartment Condominium

 Mobile Home Other (Library, Office, etc.)

Type of Construction: _____
**Appendix B NC Building Code must be provided*

Type of Occupancy (commercial only): _____
**Appendix B NC Building Code must be provided*

If Mobile Home - Year: _____ Make/Model: _____ Size: _____

Square Footage - 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____ Deck: _____

Foundation Type: _____ Porch: _____ Building Height: _____

Garage-Attached: _____ Garage-Detached: _____

Number of Bedrooms: _____ Total Heated Square Footage: _____ Total Square Footage: _____

Number of Bathrooms: _____ Accessory Structure Dimensions: _____

Total Project Cost: _____

UTILITIES

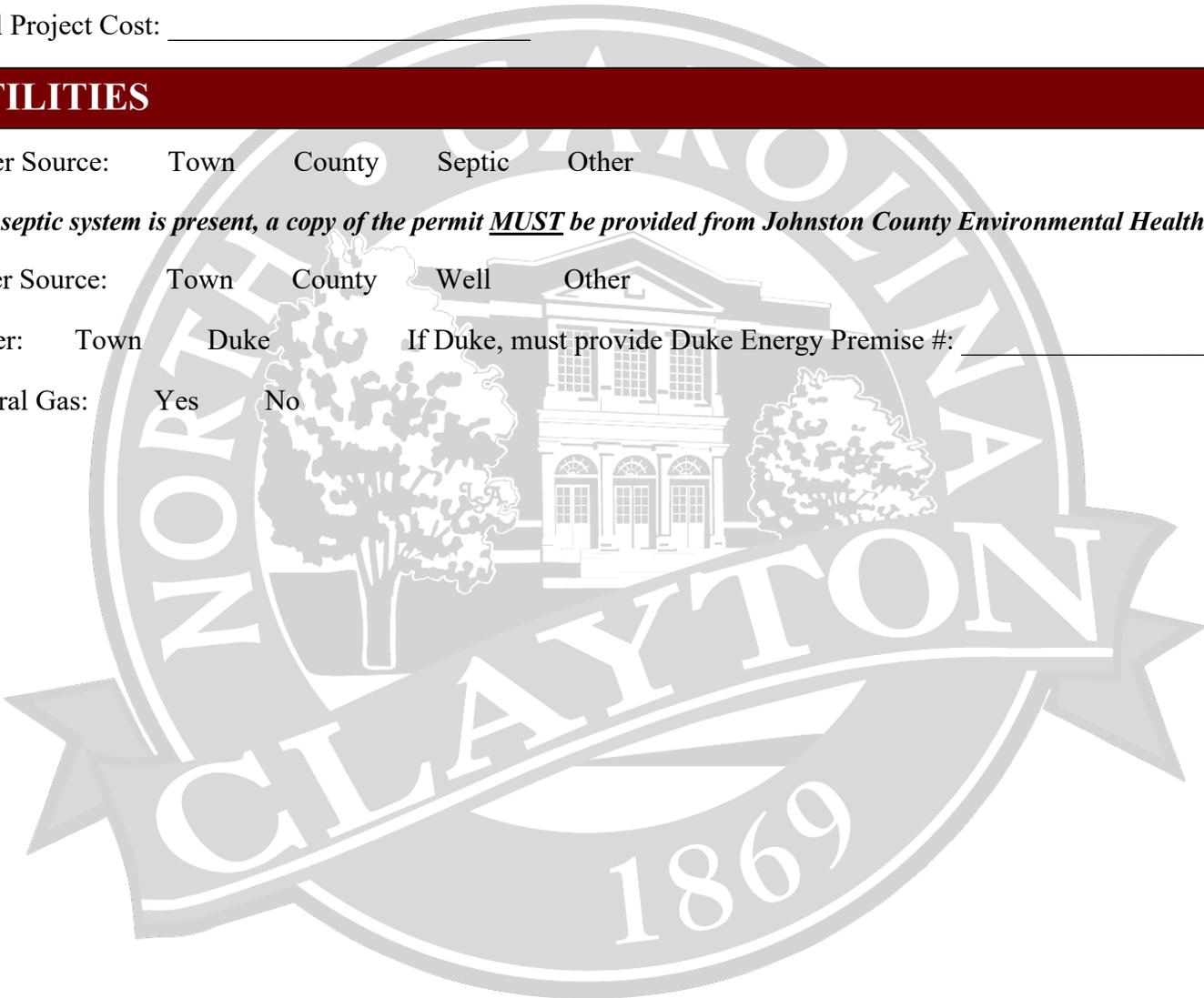
Sewer Source: Town County Septic Other

If a septic system is present, a copy of the permit **MUST be provided from Johnston County Environmental Health.*

Water Source: Town County Well Other

Power: Town Duke If Duke, must provide Duke Energy Premise #: _____

Natural Gas: Yes No



CONTRACTORS INFORMATION

Place an X and complete additional information for each permit type needed.

General Construction Permit

Job Cost: _____

Contractor Name: _____		Phone#: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	
GC License #: _____		Classification: _____	
Design Professional (if applicable): _____		Phone#: _____	
Architect: _____	Engineer: _____	Owner: _____	Other: _____
NC Reg. #: _____		Address: _____	
City: _____		State: _____	
Zip Code: _____		Email: _____	

Electrical Permit

Job Cost: _____

Contractor Name: _____		Phone#: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	
Electrical License #: _____		Classification: _____	
Design Professional (if applicable): _____		Phone#: _____	
Architect: _____	Engineer: _____	Owner: _____	Other: _____
NC Reg. #: _____		Address: _____	
City: _____		State: _____	
Zip Code: _____		Email: _____	

CONTRACTORS INFORMATION

Place an X and complete additional information for each permit type needed.

Mechanical Permit

Job Cost: _____

Contractor Name: _____		Phone#: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	
Mechanical License #: _____		Classification: _____	
Design Professional (if applicable): _____		Phone#: _____	
Architect: _____	Engineer: _____	Owner: _____	Other: _____ NC Reg. #: _____
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	

Plumbing Permit

Job Cost: _____

Contractor Name: _____		Phone#: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	
Plumbing License #: _____		Classification: _____	
Design Professional (if applicable): _____		Phone#: _____	
Architect: _____	Engineer: _____	Owner: _____	Other: _____ NC Reg. #: _____
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	

CONTRACTORS INFORMATION

Place an X and complete additional information for each permit type needed.

Sprinkler Protection Permit

Job Cost: _____

Contractor Name: _____		Phone#: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	
License #: _____		Classification: _____	
Design Professional (if applicable): _____		Phone#: _____	
Architect: _____	Engineer: _____	Owner: _____	Other: _____
		NC Reg. #: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	

Fire Alarm Permit

Job Cost: _____

Contractor Name: _____		Phone#: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	
License #: _____		Classification: _____	
Design Professional (if applicable): _____		Phone#: _____	
Architect: _____	Engineer: _____	Owner: _____	Other: _____
		NC Reg. #: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Email: _____	

SIGNATURES

I/We hereby certify that all information in this application is correct, and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

I/We, the undersigned, do hereby make application and petition to the Planning Department of the Town of Clayton to approve the subject Zoning Compliance Permit. I/We hereby certify that all activities will be carried out in compliance with the Unified Development Ordinance and understand that violations will result in a Code Enforcement action and fine. I/We further certify that I/We have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I/We understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.

Applicant's Signature

Date

Owner's Signature

Date

STAFF APPROVALS

Inspector's Approval

Date

Zoning Compliance Approval

Date

NWS Entry Date: _____

Date to Zoning: _____

Date to Building Review: _____

Date Issued: _____