



## Hyde County Code Enforcement Department

30 Oyster Creek Rd.  
Post Office Box 95  
Swan Quarter, NC 27885  
Office 926-4372 Fax 926-3701

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### Hyde County Requirements

for a

### Modular, Manufactured, Stick Built Home, Alterations and or Additions

To obtain a permit please bring to the office a COPY of the:

1. Septic tank permit from the Hyde County Health Department or a letter from the township's sanitary district giving you permission to hook onto the system.
2. A benchmark letter or elevation certificate from a register licensed surveyor.
3. A COMPLETED building permit application.
4. A letter from the Hyde County Water Department stating that you will be connected to the system or a letter from the Hyde County Health Department stating you have potable water.
5. A set up manual for the home.
6. A set of foundation /footing plans.
7. Virtually all of Hyde County is in a Special Flood Hazard Area. All mechanical, electrical and duct work will have to be 1 foot above the base flood elevation because Hyde County has incorporated a foot of freeboard in the Flood Ordinance.

A copy of the permit can be obtained from the Hyde County Government website.

[www.hydecourtync.gov](http://www.hydecourtync.gov)

Before a Certificate of Completion can be obtained, you must provide the following:

1. A final elevation certificate on the correctly dated form with two pictures.
2. A copy of the termite treatment
3. Post 911 address

If all of the above items are not in the permit folder no CO will be given.

## When Inspections are Due

All permit holder/owner/agents/builder/contractor will notify the Code Enforcement Department prior to each of the following:

1. Footing-----required when the excavation and reinforcements are in place prior to any rainfall and after any rainfall and ALWAYS before any concrete is poured.
2. Marriage Wall-----a modular or manufactured home must have the marriage wall inspected PRIOR to any coverage by either siding or roofing.
3. Floor System-----all piers, anchor bolts, girders and joists are in place and BEFORE any floor sheathing is done.
4. Nail Pattern-----on the exterior sheathing to the wall framing.
5. Rough In-----electrical, mechanical, plumbing and framing can be done all at once or one at a time. All trades inspected at one time are preferred.
6. Insulation-----before any sheetrock is put up.
7. Pre Final Inspection-----a temporary power inspection is done unless a temporary power pole is already on site. This is when the inspector checks everything for problems.
8. Final-----a final look over to see that all problems are corrected and the building is in a "move in" condition.
9. Certificate of Occupancy/Certificate of Completion-----issued after all listed inspections are passed and all paperwork has been submitted and approved.

**\*\*\*\*\*INSPECTIONS CAN ONLY BE  
SCHEDULED THROUGH THE OFFICE BY  
CALLING 252-926-4372\*\*\*\*\***

**\*\*\*\*\*ADDITIONAL INSPECTIONS MAY BE REQUIRED DUE TO THE TYPE OF  
CONSTRUCTION AND COMPLEXITY OF THE JOB.\*\*\*\*\***

\*\*\*Re Inspection Fees-----1<sup>st</sup> failed inspection in each trade is \$ 35.00 per trade.  
2<sup>nd</sup> failed inspection for the same item is \$ 50.00 per trade  
3<sup>rd</sup> failed inspection for the same item is \$ 100.00 per trade.\*\*\*

HYDE COUNTY CODE ENFORCEMENT DEPARTMENT  
30 Oyster Creek Road. PO Box 95 Swan Quarter, NC 27885  
Phone 252-926-4372 Fax 252-926-3701

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

### Hyde County Building Permit Application

Business and/or Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ Estimated Retail Value \_\_\_\_\_

Describe Proposed Development \_\_\_\_\_

Type of Development: (check those that are applicable: Demolition ( ) Elevation ( ) Single Family Residence ( ) Two Family Residence ( ) Commercial ( ) New ( ) Addition ( ) Relocate ( ) Excavation ( ) Fill ( ) Alteration ( ) Repair ( ) Grading ( ) Accessory Structure ( ) Temporary Structure ( ) Single Wide ( ) Double Wide ( ) Modular Home ( )  
Number of House Keeping Units \_\_\_\_\_

Flood Zone \_\_\_\_\_ Panel# \_\_\_\_\_ Base Flood Elevation \_\_\_\_\_ Firm Date: May 15, 2003

INCLUDE ONE SETS OF DRAWINGS SHOWING the Floor plan, Structural, and Foundation  
COMPLETE BUILDING APPLICATION AND FOLDER, GENERAL CONTRACTORS FORMS, E 911  
ADDRESS APPLIATION, SOLID WASTE FORM, WORKER'S COMPENSATION AFFIDAVIT

**Environmental and Health Safeguards:**

- ( ) Attach a copy of septic tank approval letter from the Hyde Co. Health Department
- ( ) Approved water supply from the Health Department or Water Department
- ( ) Obtain a CAMA permit if development is located within 75 feet of any shoreline, canal, waters, or marshes

**I understand that a FLOOD ELEVATION CERTIFICATE must be obtained and submitted to the Inspection Department WITHIN TWENTY-ONE CALENDAR DAYS for NEW OR SUBSTANTIALLY IMPROVED STRUCTURES or for MOBILE HOMES AT or PRIOR TO THE TIME OF INSPECTION. I agree to comply with the NC State Building Codes and all other Local, State, and Federal Regulations. Please call (252) 926-4372 for inspections. Allow 3 to 4 days, may be made sooner if possible.**

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Application Approved by \_\_\_\_\_ Date \_\_\_\_\_

Receipt# \_\_\_\_\_ Total \_\_\_\_\_

Anyone occupying building before Certificate of Occupancy is issued will be in violation of NCGS 153A-372. Occupancy of a building prior to receiving Certificated of Occupancy of a building prior to receiving Certificate of Occupancy will result in termination of all utility connections. THERE WILL BE NO EXCEPTIONS.

Building permit must be posted in plain view and protected from the elements. Failure to post permit on job site will be considered cause for automatic failure of the inspection and a \$35 re-inspection fee will be assessed to the permit holder.

SOME JOBS WILL BE REQUIRED TO HAVE PORTA-JOHN'S ON SITE

Applicant \_\_\_\_\_ HD # \_\_\_\_\_ BP # \_\_\_\_\_

DATE \_\_\_\_\_ Phone # \_\_\_\_\_

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

Physical Address \_\_\_\_\_

Contractor Name and Address \_\_\_\_\_

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

Project Location and Address \_\_\_\_\_

Project Type	Construction Type	Classification
_____ New Construction	_____ Wood Frame	_____ Residential
_____ Addition	_____ Brick Veneer	_____ Commercial
_____ Alterations	_____ Masonry	_____ Industrial
_____ Repair	_____ Steel	_____ Subdivision
_____ Moving	_____ Heavy Timber	

\_\_\_\_\_ SW/DW (SIZE \_\_\_\_\_ X \_\_\_\_\_) Size of Lot \_\_\_\_\_ Square Ft in Building \_\_\_\_\_

Heated Square ft \_\_\_\_\_ Unheated square ft \_\_\_\_\_

Poured concrete foundation is min.2500 P.S.I. \_\_\_\_\_ inches deep \_\_\_\_\_ inches wide \_\_\_\_\_

# \_\_\_\_\_ Rebar Retail Value of Completed Structure \$ \_\_\_\_\_

SUBCONTRACTORS	ADDRESS	STATE LICENSE #
Electrician _____	_____	_____
Plumber _____	_____	_____
Heating & A/C _____	_____	_____
Insulation _____	_____	_____

It will contain \_\_\_\_\_ Stories \_\_\_\_\_ Rooms \_\_\_\_\_ Baths \_\_\_\_\_

REQUIRED INSPECTIONS:

Building _____	Insulation _____	Electrical _____	Plumbing _____	Mechanical _____
Footing _____	Slab _____	Temp Svc. _____	Slab _____	Rough-In _____
Framing _____	Walls _____	Rough in _____	Rough-In _____	Final _____
Final _____	Ceiling _____	Final _____	Final _____	

Permit Fee \$ \_\_\_\_\_ Receipt # \_\_\_\_\_



Hyde County Emergency Services  
Division of Code Enforcement  
30 Oyster Creek Road  
Post Office Box 95  
Swan Quarter, N. C. 27885  
Office—252-926-4372 Fax—252-926-3701

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE N.C.G.S. 87-14**

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

\_\_\_\_\_ Contractor  
\_\_\_\_\_ Owner  
\_\_\_\_\_ Officer/Agent of the Contractor or Owner

do hereby waiver under penalties of perjury that the person, firm, or corporation 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 and have obtained workers' compensation insurance covering them,

\_\_\_\_\_ has/have one or more subcontractors who has/have their own policy of workers' compensation covering themselves,

\_\_\_\_\_ has/have not more than two (2) employees and no subcontractors,

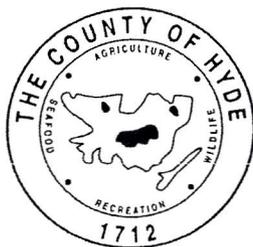
While working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificate of coverage of the workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carry out the work.

Firm name: \_\_\_\_\_

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

Title: \_\_\_\_\_

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



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**AN ACT TO REGULATE THE PRACTICE OF  
 GENERAL CONTRACTING**

**G.S.87.1** "General Contractor" defined; exemptions. For the purpose of this Article any person or firm or corporation who for a fixed price, commission, fee, or wage, undertake to bid upon or manage, on his won behalf or for any person, firm or corporation that is not licensed as a general contractor pursuant to this Article, the construction of any building, highway, public utilities, grading, or improvement or structure where the cost of the undertaking is thirty thousand dollars (\$30,000) or more, shall be deemed to be a "General Contractor" engaged in the business of general contracting in the State of North Carolina.

This section shall not apply to any person, firm, or corporation who constructs a building on land owned by that person, firm, or corporation when such building is intended for use by that person, firm or corporation after completion; and provided further that, if such building is not occupied solely by such person and his family, firm or corporation for at least 12 months following completion, it shall be presumed that the family, person, firm or corporation did not intend such building solely for occupancy by that person and his family, firm or corporation. This building must be occupied solely by such person and his family, firm, or corporation for at least **12 months** following completion.

I, the undersigned, have read and understand the above General Statute. As the owner of the land upon which building permit was applied for, or other person assuming all responsibility for this job, I hereby affirm that I qualify under the exemption to assume all responsibility and liability of a general contractor upon this project.

Signature \_\_\_\_\_

Date \_\_\_\_\_

North Carolina  
 Hyde 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 \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_