

County of Moore Planning and Inspections



Inspections/Permitting: (910) 947-2221
Planning: (910) 947-5010
Fax: (910) 947-1303

EXTERNAL CHECKLIST FOR A SWIMMING POOL PERMIT APPLICATION

- Completed permit application. Applications can be obtained from our department, Planning and Inspections located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or online at www.moorecountync.gov, Department Planning & Inspections, Applications. If you would like to speak with someone regarding the application our phone number 910-947-5010 or 910-947-2221.
- For a new septic system, an improvement permit issued by the Moore County Environmental Health Department for the proposed use. The Environmental Health Department is located at 1042 Carriage Oaks Drive, Carthage, NC 28327. Their phone number is 910-947-6283.
- Existing septic systems: A septic system recertification permit is required by the County of Moore Health Department, Environmental Health Division for the following:
 - Additions extending outside the existing foundation.
 - Interior renovations that result in an increased number of bedrooms.
 - Replacement or addition of storage buildings, swimming pools, decks, concrete pads, irrigation systems, geothermal systems, driveways, etc...

The Environmental Health Department is located at 1042 Carriage Oaks Drive, Carthage, NC 28327. Their phone number is 910-947-6283.

- A completed residential plot plan included with your permit application. The purpose of the residential plot plan is to clearly identify where the proposed and existing structure(s)/building(s) are/ will be located on the property. The residential plot plan shall identify the structure(s)/building(s) distances measured to all property lines. The residential plot plan also ensures the proposed structure(s)/building(s) are not being located on top of the existing septic system, septic lines or septic repair area.
- US Fish and Wildlife may require approval if located in a Red Cockaded Woodpecker red zone. Phone (919) 856-4520 x28
- If applicable, a copy of the designated lien agents contact information per NC §44A-11.1 See www.liensnc.com for further details and registration of your project.
- A copy of recorded deed may be required to verify ownership. A survey may also be required if lot configuration does not reflect the current records of the county.
- A zoning permit may be required if the subject property is located within one of the following municipalities or their ETJ.

Cameron: 910-245-3212	Taylor Town: 910-295-4010
Carthage: 910-947-2331	Vass: 910-245-4676
Foxfire: 910-295-5107	Whispering Pines: 910-949-3141
Robbins: 910-948-2431	
- All swimming pools as defined by the 2018 North Carolina Building Codes shall have the required fencing/ barrier installed and approved by the building inspections department before any water can be placed in the pool. A swimming pool is defined as "any structure, basin, chamber or tank containing an artificial body of water for swimming, diving or recreational bathing having a depth of 2 feet or more at any point." This means that any in-ground or above ground swimming pool that can hold 2 feet or more of water must have the required fencing/barrier.

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Swimming Pool Permit Application			
Application Date:		Email Address:	
Location/Address of Property:			
Description of Proposed Work: _____ _____ _____			
Applicant:		Phone:	
Owner:		Phone:	
Owner Address:	City	St:	Zip:
Type of Permit:			
<input type="checkbox"/> Swimming Pool		<input type="checkbox"/> Other: _____	
If the project is for a pool please list the estimated cost of the project		Total Estimated Cost \$	
Please list the names of the contractors who will be performing the work for this project. If the work will be performed by the owner just write owner or self in the name field. Please put N/A in any fields that are not applicable to the project.			
General Contractor:	Phone:	License:	
Address:	City	St	Zip
Electrical Contractor:	Phone:	License:	
Address:	City	St	Zip
Design Professional:	Phone:	License:	
Address:	City	St	Zip
Pool Contractor:	Phone:	License:	
Address:	City	St	Zip
I 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, ordinances and regulations. The Inspection Department will be notified of any changes in the approval plans and specifications for the project permitted herein. I understand if this application is incomplete, no inspections will be performed on the project.			
Owner/Agent Signature: _____		Date: _____	

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AFFIDAVIT FOR WORKER'S COMPENSATION N.C.G.S. 87-14

The undersigned applicant being the:

- General Contractor
 Owner
 Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit

Has three (3) or more employees and has obtained workers compensation insurance to cover them.

Has one (1) or more subcontractor(s) and has obtained workers compensation insurance to cover them.

Has one (1) or more subcontractor(s) who have their own policy of workers compensation insurance to cover themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting 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.

Company or Owners Name

Owner / Agent Signature

Date