

**ARROWHEAD PROPERTY OWNERS ASSOCIATION, INC.
A NON-PROFIT CORPORATION**

**600 Sioux Trail
Edenton, North Carolina 27932
252-221-8331
BUILDING PERMIT**

DATE: _____

NAME _____ ADDRESS _____

TELEPHONE NUMBER (____) _____

SECTION: _____ LOT(S) _____

Reference: Restrictive Covenants: section B, Section C, Section D, Section E, Section G

TYPE OF CONSTRUCTION

SINGLE DWELLING _____ **UTILITY BLDG** _____ **BULKHEAD** _____

MANUFACTURED HOME _____ **CARPORT** _____ **COUNTY WATER** _____

ADDITION _____ **FENCE** _____ **WELL** _____

GARAGE _____ **PIER** _____ **OTHER** _____

AREA OF BUILDING SITE (sq. ft.) _____ **AREA OF BUILDING (sq. ft.)** _____

PERMIT NUMBERS

COUNTY BLDG PERMIT _____ **SEPTIC TANK PERMIT** _____ **CAMA PERMIT** _____

1. I understand and agree to comply with all applicable laws, regulations, building codes and health regulations for the state of North Carolina and Chowan County.
2. I understand and agree to abide by the revisions of the Declaration of Restrictions for the Arrowhead Beach Subdivision as they apply to my property.
3. I understand that in obtaining this permit I am not relieved of the responsibility for obtaining applicable Chowan County, CAMA, Health and, when applicable, Division of Archives and History permits.
4. I understand that prior to the construction of a pier, bulkhead, groin, or other structures in the waters of the Chowan River, Indian Creek or the canal, I must first contact the NC Division of Coastal Management (CAMA) for permit requirements. I also understand that I should follow this procedure when planning any land disturbing activities, i.e., stump removal, lot grading, within 75' of the water bodies. I further understand that wetlands exist on many waterfront lots, and stringent regulations apply to such. The NC Division of Coastal Management (CAMA) and/or the U.S. Army Corps of Engineers should be contacted if wetlands are suspected within the boundaries of my property.
5. I have checked the location of the property lines (stakes) and they are in agreement with the plat for Section _____
6. In order to avoid adverse effects to significant archaeological remains, I agree to submit plans for any major subsurface excavation or land disturbance to the Archaeology Branch, North Carolina Division of Archives and History for review. Should significant archaeological remains be known to exist, or suspected to exist, within the boundaries of my property, I agree to abide by reasonable and prudent measures developed by the North Carolina Division of Archives and History for the mitigation of said adverse affect. Should be property be considered a "high probability" area of archaeological remains, I agree to allow inspection and testing of the permanent site to determine the presence of unknown resources. Such inspections and testing shall be arranged and scheduled by the Arrowhead Property Owners Association in consultation with the Division.
7. This Permit is valid for one year after approval by the Building Control Committee.

SIGNATURE OF PROPERTY OWNER _____ **DATE** ___/___/___

PERMIT APPLICATION CHECKED BY _____ **DATE** ___/___/___
(Building Control Member)

APPROVED BY BUILDING CONTROL COMM. _____ **DATE** ___/___/___
(Chmn. Building Control Committee)

REPORTED TO THE BOARD OF DIRECTORS ON _____

Use back to draw plat of building site. Provide: (1) lot numbers (2) street front (3) side street (4) name of street(s) (5) set back lines (6) location of structure on building site. *Form approved BOD 12/30/1999; revised 5/28/03*