

DATE:			
OWNER NAME:		PHONE:	
MAILING ADDRESS:			
PROPERTY LOCATION:			
LOT #:	SUBDIVISION:		TOWNSHIP:
DIRECTIONS TO PROPERTY:			
WATER SUPPLY:	PRIVATE WELL	COMMUNITY WELL	OTHER
SEWER/SEPTIC TANK:	NEW	EXISTING	CITY SEWER
CERTIFICATE OF COMPLIANCE		DATE	
<u>TYPE OF PERMIT REQUESTED:</u>	<u>RESIDENTIAL</u>		<u>COMMERCIAL</u>
<u>MOBILE HOME or MODULAR HOME PERMIT:</u>			
SIZE:		VALUE:	
YEAR AND MAKE:		SERIAL #:	
NAME OF DEALER/PREVIOUS OWNER:		PHONE #:	
LICENSE #:			
ADDRESS:			
<u>BUILDING PERMIT:</u>	Check all that apply.		
VALUE: \$			
ACCESSORY BUILDING <input type="checkbox"/>	ADDITION <input type="checkbox"/>	REMODEL / RENOVATIONS <input type="checkbox"/>	MOVE / DEMOLITION <input type="checkbox"/>
NEW CONSTRUCTION <input type="checkbox"/>	PIER / DECK <input type="checkbox"/>	BOATHOUSE / BULKHEAD <input type="checkbox"/>	
ELECTRICAL <input type="checkbox"/>	HEATING / AC <input type="checkbox"/>	PLUMBING <input type="checkbox"/>	MASONRY <input type="checkbox"/>
FIRE – SPECIAL PERMIT <input type="checkbox"/>	ZONING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	
FLOOR AREA HEATED:	FLOOR AREA UNHEATED:	TOTAL SQUARE FT.:	
OTHER (land area, number of stories, etc.):			
<ol style="list-style-type: none"> 1. Attach plot plans showing dimensions of lot and all buildings and distances from property lines. 2. Attach copy of septic and well certificate of compliance. 3. Attach applicable architect plans. 4. Attach applicable drawings and description of work to be performed. 5. Attach applicable insurance bond. 			
(PLEASE CONTINUE ON REVERSE SIDE.)			
Signature of Applicant: _____			

CONTRACTOR VERIFICATION

THIS SECTION MUST BE FILLED OUT BY CONTRACTOR OR AUTHORIZED AGENTS DOING WORK UNDER A MASTER BUILDING PERMIT. PLEASE CHECK ALL APPROPRIATE AREAS OF WHICH YOU WILL BE RESPONSIBLE.

CUSTOMER'S NAME:

NAME OF NORTH CAROLINA LICENSED CONTRACTOR (AS LISTED ON LICENSE):

LICENSE NUMBER:

PHONE #:

ADDRESS:

ELECTRICAL

MECHANICAL

PLUMBING

BUILDING

MOBILE HOME SET UP

OTHER

START DATE

DESCRIPTION OF WORK:

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

I do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in this 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 no employees and has waived in writing their right to coverage by their contractor or 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 and/or waivers of workers' compensation insurance coverage prior to issuance of their permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

Signature of contract or authorized agent.

Date

PERMIT FEES:

ZONING FEES:

TOTAL:

CASH AMOUNT:

CHECK AMOUNT & NUMBER:

I/We the undersigned, do hereby declare that the information given above is correct and agree to comply with all state and local laws, local ordinances and regulations and with the North Carolina State Building Code. The applicant furthermore declares that he/she is the property owner or that he/she does truly represent the property owner.

APPLICANT'S SIGNATURE: _____

DATE: _____

APPROVED BY: _____

DATE: _____

SUB - CONTRACTOR VERIFICATION

THIS SECTION MUST BE FILLED OUT BY CONTRACTOR OR AUTHORIZED AGENTS DOING WORK UNDER A MASTER BUILDING PERMIT. PLEASE CHECK ALL APPROPRIATE AREAS OF WHICH YOU WILL BE RESPONSIBLE.

CUSTOMER'S NAME:

NAME OF NORTH CAROLINA LICENSED CONTRACTOR (AS LISTED ON LICENSE):

LICENSE NUMBER:

PHONE #:

ADDRESS:

ELECTRICAL

MECHANICAL

PLUMBING

BUILDING

MOBILE HOME SET UP

OTHER

START DATE

DESCRIPTION OF WORK:

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

I do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in this 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 no employees and has waived in writing their right to coverage by their contractor or 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 and/or waivers of workers' compensation insurance coverage prior to issuance of their permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

I/We the undersigned, do hereby declare that the information given above is correct and agree to comply with all state and local laws, local ordinances and regulations and with the North Carolina State Building Code. The applicant furthermore declares that he/she is the property owner or that he/she does truly represent the property owner.

Signature of contract or authorized agent.

Date