

S E C T I O N 1	PARCEL# _____	OFFICE USE: Bldg Only _____ / Zoning Only _____ Zoned: _____ / Corner _____	
	PROJECT ADDRESS _____ City _____ Zip _____		
	Subdivision/Development _____ Lot _____ Bldg _____ Unit _____		
	PROPERTY OWNER _____ Phone# _____		
	Property Owner's Address _____ City _____ Zip _____		
	STRUCTURE IS: _____ Residential _____ Commercial _____ Multi-Family _____ Signs _____		
	IMPROVEMENT TYPE _____ New Structure _____ Addition to Existing Structure _____ Renovation/Alteration/Upfit _____ Insulation _____		
	WHAT IS THE SIZE/ DIMENSION? _____		
	PLEASE EXPLAIN THE WORK IN DETAILS: _____		
S E C T I O N 2	***Please list contractors below:		
	CONTRACTOR _____	Telephone # _____ Cell# _____	
	Street Address _____	License#/Class: _____	
	Contact Person: _____	Telephone# _____ Cell# _____ Email: _____	
	ELECTRICAL CONTRACTOR _____	Telephone# _____ Cell# _____	
	Street Address _____	License#/Class: _____	
	HVAC CONTRACTOR _____	Telephone # _____ Cell# _____	
	Street Address _____	License#/Class: _____	
	GAS CONTRACTOR _____	Telephone # _____ Cell# _____	
	Street Address _____	License#/Class: _____	
	PLUMBING CONTRACTOR _____	Telephone # _____ Cell# _____	
Street Address _____	License#/Class: _____		
S E C T I O N 3	Number of STORIES: _____ Heated Area: _____ Unheated Area: _____ TOTAL AREA: _____		
	CONSTRUCTION COST: \$ _____ + COST OF ALL TRADES: \$ _____ = FINAL COST: \$ _____ <small>(ELECTRICAL, MECHANICAL, GAS, & PLUMBING)</small>		
	I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable State and local laws, ordinances, and regulations. The Planning and Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.		
	Gen. Contractor/Owner/Agent Signature _____	Printed Name _____ Date _____	
O F F I C E U S E O N L Y	BUILDING OCCUPANCY/USE (per NC State): _____ Condo/Townhouse _____ Apt/Duplex _____ Single-Family _____ Utility _____ Assembly _____ Institutional _____ Business _____ _____ Mercantile _____ Educational _____ Storage _____ Factory/Ind. _____ Hazardous _____		
	** The entire project cannot be permitted at this time. This application is for: _____ Foundation Only _____ Shell Only _____		
	Comment: _____		
	_____ To be sited in accordance with approved site plan _____ & all Conditions of Approval---Case# _____ _____ Fire Damaged area must be inspected after damaged materials are removed. _____ Disposal must be in accordance w/all laws & regulations. Zoning Approval: _____ Date: _____ Building Approval: _____ Date: _____	FEES: BUILDING \$ _____ ZONING \$ _____ HORF \$ _____ INSULATION \$ _____ FINAL TOTAL FEES DUE: \$ _____	

THE APPLICANT'S RESPONSIBILITY – IDENTIFYING PROPERTY LINES

I, _____, certify that I am authorized for myself or on behalf
 of _____, owner, to make this application for a permit. I agree to be responsible for placing
 stakes to indicate property boundaries, right-of-way boundaries and easement locations for the project location above. I agree to verify
 the
 accuracy of such stakes before requesting any inspection. I acknowledge that I will not receive any inspections if these
 markers are not in place when an inspector arrives.

I waive any claim against the county and release it completely from liability for any damages resulting from any
 structures that do not meet the county zoning ordinance criteria because of incorrect marking of property
 boundaries, right-of-way boundaries or easement locations.

Signature_____
Date**REQUIRED AFFIDAVIT FOR PROJECTS OF \$30,000 OR MORE**

The undersigned applicant for Building Permit # _____ being the

____ Contractor ____ Homeowner ____ Agent for Contractor or Owner

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

1. NCGS 87-1: NC General Contractors Licensing

_____ has, since this project meets or exceeds \$30,000, a NC General Contractor's License in effect,
 # _____.

_____ owns the land on which the building is to be constructed **and** the building ***is solely for occupancy by the
 owner—***
 not for rent, lease or sale. ***Occupancy by the owner must be for a period of at least one year.***

2. NCGS 87-14: Workers' Compensation Coverage

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

_____ has one or more subcontractor(s) and have obtained workers' compensation insurance covering them.

_____ has one or more subcontractor(s), who have their own policy of workers' compensation covering themselves.

_____ has not more than two (2) employees and no subcontractors.

It is understood that the Planning and Inspections Department issuing the permit may require certificates of coverage and/or
 waivers compensation insurance coverage or copies of other licenses and taxes prior to issuance of the permit and at any time
 during the permitted work from any person, firm, or corporation carrying out the work.

PLEASE PRINT:

Firm Name: _____ **Date:** _____ **Phone** _____

By: _____ **Signature:** _____ **Title:** _____