



DEVELOPMENT SERVICES DEPARTMENT

9 South Main St. Suite 110

Waynesville, NC. 28786

Phone: 828-456-8647 Fax: 828-452-1492

OFFICE USE ONLY	
PIN NUMBER:	_____
<input type="checkbox"/> FLOOD ZONE	
LAND DISTURBING PERMIT:	_____
Driveway Permit	_____
Total permit fee: \$	_____

COMMERCIAL BUILDING PERMIT APPLICATION

PLEASE PRINT CLEARLY	Property Address		City/ Zip
	NAME	MAILING ADDRESS-NUMBER,STREET,CITY & ZIP	
APPLICANT	Last		
	First		
PROPERTY OWNER	Last		
	First		
GENERAL CONTRACTOR	Company		
	License #		
ELECTRICAL CONTRACTOR	Company		
	License #		
PLUMBING CONTRACTOR	Company		
	License #		
MECHANICAL CONTRACTOR	Company		
	License #		
GAS LINE	Company		
	License #		

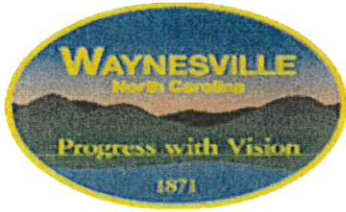
PROVIDE INFORMATION REQUESTED-INCOMPLETE APPLICATION CANNOT BE PROCESSED

TYPE OF WORK	TYPE OF OCCUPANCY	TYPE OF CONSTRUCTION
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Describe Nature of Work _____ _____ PLAN FILE # _____	<input type="checkbox"/> Assembly <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Hazardous <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Institutional <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Storage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Utility	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V BUILDING AREA Area Under Construction _____ sq.ft FIRE PROTECTION Sprinklers ___yes ___no Fire Alarm ___yes ___no *Required** COST OF PROJECT _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction shall conform to the regulations in the North Carolina Building Code and all other codes and regulation or private building restrictions, if any, which may be imposed on the above property by deed.

Signature

Address



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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 Contract or Owner do hereby aver under penalties of perjury that the person(s), firm(s), or corporation(s) 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 subcontractor(s) and have obtained workers' compensation insurance covering them,

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

has/have not more than (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 certification of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitting work from any person, firm or corporation carrying out the work.

Company Name: _____

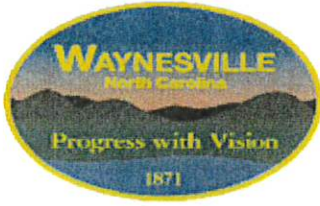
Signature: _____ Date: _____

Official Seal Notary Public

Sworn to and subscribed before me this _____ day of _____, 20 _____

SIGNATURE OF NOTARY

MY COMMISSION EXPIRES



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AFFIDAVIT AS TO STATUS OF LICENSURE N.C.G.S. § 87-1

To Permit Applicant: Please check the appropriate lines, provide the requested information, and sign and date below.

- I propose to construct a new building.
- I propose to set-up a properly labeled modular building.
- I am a North Carolina licensed general contractor. My license number is _____.
- I am not a North Carolina licensed general contractor. The cost of the project I am entering into does not exceed \$30,000.00 per N.C.G.S. § 87-1.
- I am not a North Carolina licensed general contractor. I am providing to the local inspection jurisdiction a \$5,000 surety bond in accordance with N.C.G.S. § 143-139.1. (Modular set-up only)
- I am the owner of the proposed building. It is my intention to act as my own general contractor for constructing the proposed building or for setting up the proposed modular building. I have entered into a construction project where the cost of the undertaking exceeds \$30,000; I have read G.S. Section § 87-1. I certify that I am not allowing an unlicensed general contractor to perform the duties of a general contractor, which, I understand from reading G.S. Section § 87-1 include construction superintending and managing in addition to, among other things, signing written contracts. I intend to retain the finished house (or other project) exclusively for my own use, and to be occupied by me or my family for a minimum of one year after completion. I am not building a "speculation" project with the intention of selling the project once it is completed. I understand that building a "spec" project without proper licensure is a violation of G.S. § 87-13; this may be a criminal offense. Also, I understand that problems which may arise due to construction of the building or set-up of the properly labeled modular building, such as inaccurate or insufficient foundation, improper or inadequate marriage line connections, improper plumbing, mechanical, or electrical connections between the units, etc., will be solely my responsibility, and I will be left with no recourse and must assume total liability for correction of the problems. I personally have a thorough knowledge of the requirements of the NC State Building Code with regard to construction and/or setting up modular buildings.

Signature of Permit Applicant

Date

Official Seal Notary Public

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary

My commission expires