

Waynesville Code Enforcement Department
 9 South Main Street · Waynesville, NC 28786
 Phone: 828-456-8647 Fax: 828-452-1492

OFFICE USE ONLY

PIN NUMBER: _____

WIND ZONE/FLOOD ZONE: _____

LAND DISTURBING/GRADING PERMIT: _____

TOTAL PERMIT FEE: \$ _____

Commercial Building Permit Application

PLEASE PRINT CLEARLY OR TYPE	PROPERTY ADDRESS		
	NUMBER AND STREET	CITY	TENANT
APPLICANT	NAME LAST	MAILING ADDRESS--NUMBER, STREET, CITY, STATE, AND ZIP CODE	
	FIRST	PHONE NUMBER	
PROPERTY OWNER	LAST		
	FIRST		
GENERAL CONTRACTOR	COMPANY		
	LICENSE NUMBER		
ELECTRICAL CONTRACTOR	COMPANY		
	LICENSE NUMBER		
PLUMBING CONTRACTOR	COMPANY		
	LICENSE NUMBER		
MECHANICAL CONTRACTOR	COMPANY		
	LICENSE NUMBER		

PROVIDE INFORMATION REQUESTED. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

TYPE OF IMPROVEMENT

- ☐ New Building
☐ Addition
☐ Alteration
☐ Describe Other _____

- ☐ Change of Occupancy

FIRE PROTECTION FEATURES

- Sprinklers ☐ Yes ☐ No
 Fire Alarm: ☐ Yes ☐ No

BUILDING AREAS

Total Area: _____ sq. ft.
 Under Construction: _____ sq. ft.
 Stories Above Grade: _____
 Stories Below Grade: _____

TYPE OF USE

- ☐ Amusement, Recreational
☐ Church
☐ Factory, Industrial
☐ Service Station, Repair Garage
☐ Hospital, Institutional
☐ Office, Bank, Professional
☐ School, Day Care
☐ Stores, Mercantile
☐ Restaurant
☐ Describe Other _____

UTILITIES

Sanitary Sewer Permit Number: _____
 Sanitary Sewer District: _____
 Electrical Service Provider: ☐ Way. ☐ Progress

TYPE OF CONSTRUCTION

- ☐ I ☐ II ☐ III ☐ IV ☐ V

TYPE OF OCCUPANCY

- Assembly ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 Business ☐
 Educational ☐
 Factory ☐ 1 ☐ 2
 Hazardous ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 Institutional ☐ 1 ☐ 2 ☐ 3 ☐ 4
 Mercantile ☐
 Residential ☐ 1 ☐ 2 ☐ 3 ☐ 4
 Storage ☐ 1 ☐ 2

COST OF PROJECT

\$ _____ .00

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 regulations or private building restrictions, if any, which may be imposed on the above property by deed.

Signature (of owner or Authorized Agent)

Address

Printed Name

Company Name

Waynesville Code Enforcement Department
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Phone: 828-456-8647 Fax: 828-452-1492

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

The undersigned applicant for Building Permit Number _____ being the

☐ Contractor ☐ Owner ☐ Officer/Agent of the Contractor 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 worker's 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 two (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 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.

Firm name: _____

By: _____

Title: _____

Date: _____

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

Official Seal
Notary Public

Signature of Notary

My commission expires _____, 20____.

Waynesville Code Enforcement Department
9 South Main Street • Waynesville, NC 28786
Phone: 828-456-8647 Fax: 828-4152-1492

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

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

Signature of Notary

Official Seal Notary Public

My commission expires _____, 20____.



HAYWOOD COUNTY ADDRESSING OFFICE

215 North Main Street
Waynesville, NC 28786
(828) 452-6729
Fax (828) 452-6788

ADDRESS REQUEST FORM

Owner: _____ Date of Application: _____

Your current mailing address: _____

Telephone Number where you can be reached: _____

This structure is: House ☐ Single-Wide MH ☐ Double-Wide MH ☐ Apt. ☐
Modular ☐ Business ☐ Other: _____

Do you have a driveway established? YES ☐ NO ☐

If NO, please mark the driveway entrance with flags or ribbon. PIN# _____

Color of Home? (If available) _____ Which side of the road is property? L/R _____

Subdivision Name & Lot Number (If applicable) _____

Builder Name: _____ Telephone Number: _____

Street or Road Name: _____

Directions to Location (Be Specific) _____

Name and address of nearest neighbor: _____

Signed: _____ Date: _____

*****OFFICE USE ONLY*****

New Address: _____

Date Addressed: _____ Notified by Mail: _____ Notified in Person: _____ Phone: _____

Town of Waynesville
Development Services Department

9 South Main Street, Waynesville, NC 28736
Telephone 823-456-8647 Fax 823-452-1492

Land Development Permit

Development Activity- _____ _____	
Property Location- _____	
Property Owner(s)- _____ Mailing address- _____ Telephone- _____ E-mail- _____	
Parcel ID #- _____	District- _____
Building Setbacks- Front _____ Street side _____ Side _____ Rear _____	
Development Standards (check any that apply) Is the building located inside a flood hazard area (Elevation Certificate required) _____ Sediment and erosion control (if disturbing more than 1000sq' submittal required) _____ Driveway (if a driveway access is being altered or created as submittal is required) _____ Hillside protection (building is at 2900' elevation or more plan required 12.6.5) _____ Mountain Ridge protection (Planning Board approval required 12.7) _____ Perennial intermittent surface water present (30' setback required) _____ Other _____	
Applicant Name- _____ Contact # _____	
Mailing Address- _____	
E- mail _____	
<u>Office Use Only</u> This signature authorizes the use of the property described above for the land development activity listed marked. Any deviations from the land development activities listed above shall require a resubmittal and approval. Development Services Staff Signature _____ Date _____	