

**AVERY COUNTY INSPECTIONS AND PLANNING DEPARTMENT
BUILDING PERMIT APPLICATION FORM**

P.O. BOX 596
NEWLAND, NC 28657

FAX: 828 733-7003
TELEPHONE: 828 733-8204

PROPERTY OWNER: _____ TELEPHONE: _____ DATE: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PROJECT ADDRESS: _____
TOWNSHIP: _____ SUBDIVISION: YES () NO (), LOT NO. _____ PARCEL I.D. # _____

GENERAL CONTRACTOR: _____ TELEPHONE NO. _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

DESCRIPTION OF PROPOSED WORK _____
TOTAL PROJECTED COST \$ _____ SIZE OF ELECTRIC SERVICE _____ AMPS
TYPE OF HEAT _____ FIREPLACE YES () NO (), HOW MANY _____
NO. OF BEDROOMS _____ NO. OF BATHROOMS _____ NO. OF HALF BATHS _____ GARAGE: YES () NO () ATTACHED _____

RESIDENTIAL: NEW () EXISTING () ADDITION: () OTHER ()

PROPERTY USE: SINGLE FAMILY () TWO FAMILY () APARTMENT () CONDOMINIUM () TOWNHOUSE ()
OTHER () (OFFICE, LIBRARY, ETC.)

NON-RESIDENTIAL: CHURCH () HOSPITAL () INDUSTRIAL () GARAGE () SERVICE STATION () BANK ()
OFFICE () PROFESSIONAL BLDG. () STORES/MERCANTILE () SCHOOLS/LIBRARY ()
OTHER (SPECIFY) _____

BUILDING AREA: TOTAL FINISHED AREA _____ SQ. FT. TOTAL UNFINISHED AREA _____ SQ. FT.
NUMBER OF STORIES: _____ DECKS OR PORCHES _____ SQ. FT.
BUILDING HEIGHT: _____ FT. GARAGE () ATTACHED () DETACHED () NONE: _____

BASEMENT: _____	SQ. FT. FINISHED _____	UNFINISHED: _____	SQ. FT. _____
FIRST FLOOR: _____	SQ. FT. FINISHED _____	UNFINISHED: _____	SQ. FT. _____
SECOND FLOOR: _____	SQ. FT. FINISHED _____	UNFINISHED: _____	SQ. FT. _____
THIRD FLOOR: _____	SQ. FT. FINISHED _____	UNFINISHED: _____	SQ. FT. _____
GARAGE: _____	SQ. FT. FINISHED _____	UNFINISHED: _____	SQ. FT. _____

BUILDING CONTRACTOR: _____ LIC. NO. _____ STATE AGENCY APPROVAL DATE _____
ELECTRICAL CONTRACTOR: _____ LIC. NO. _____ NC DEPT. OF INSURANCE APPROVAL _____
PLUMBING CONTRACTOR: _____ LIC. NO. _____ YES () NO () N/A ()
MECHANICAL CONTRACTOR: _____ LIC. NO. _____ PLAN APPROVAL _____ SPECS _____
ALARM SYSTEM INSTALLATION: _____ LIC. NO. _____

NOTE: ALARM USER PERMIT REQUIRED FOR ALL CENTRAL COMMUNICATION ALARM SYSTEMS. INSTALLER IS REQUIRED TO SUBMIT ALARM INSTALLATION CERTIFICATION BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED.

SEWER: PUBLIC () PRIVATE () HEALTH DEPT. PERMIT NO. _____ DATE: _____
REQUIRED ZONING PERMIT: BANNER ELK (), SUGAR MTN. VILLAGE (), LAND HARBOR (), GGCC () OTHERS _____

PERMIT FEE: OVER 200 AMP SERVICE \$ _____
N.C. RECOVERY FEE \$ _____
BUILDING FEE \$ _____
ALARM SYSTEMS FEE \$ _____ (SFD: \$50.00/ MULTI-FAM. - \$100 1ST. 2 UNITS + \$5.00 P/U OVER 2/
TOTAL COST \$ _____ COMMERCIAL: \$100.00)

The undersigned hereby makes application as designated above and agrees to conform to all applicable laws of Avery County and the State of North Carolina and further states that all statements herein are true. Effective July 1, 1983 on all building permits, work must commence within the first six (6) months after issuance of permit, and after commencement, if work is discontinued for a period of 12 months, the permit shall expire. Therefore, a new permit must be secured. If more than 2 inspections per trade is violated, may result in a \$25.00 trip charge at discretion of inspector.

SIGNATURE OF APPLICANT _____ DATE _____

COMMENTS: _____

AVERY COUNTY DEPARTMENT OF INSPECTIONS
CERTIFICATION AS TO STATUS OF LICENSURE (OWNER/APPLICANT)

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have entered into a construction contract where the cost of the undertaking exceeds \$30,000. I have read G.S. Section 87-1 as amended July 6, 1992 which is printed below. 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 below, includes 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; I am not building a "speculation" project with the intention of selling the project once it is completed. I will occupy the property for at least one year following completion of construction. I understand that building a "spec" project without proper licensure is a violation of G.S. 87-1 and G.S. 87-13; this may be a criminal offense. Also, I understand that under G.S. Section 87-15.5, the "Homeowners Recovery Fund," no homeowner acting as a general contractor has any right of recovery. A Certificate of Occupancy will be requested when project is finished.

General Statutes 87-1. "General Contractors" defined: For the purpose of this Article any person or firm or corporation who for a fixed price, commission, fee, or wage, undertakes to bid upon or to construct or who undertakes to superintend or manage, on his own behalf or for any person, firm, or corporation that is not licensed as a general contractor pursuant to this Article, the construction of any building, highway, public utilities, grading or any improvement or structure where the cost of the undertaking is thirty thousand dollars (30,000) or more, or undertakes to erect a North Carolina labeled manufactured modular building meeting the North Carolina state Building Code, shall be deemed to be a 'general contractor' engaged in the business of general contracting in the State of North Carolina.

I have filled out the attached worksheet/affidavit regarding Workers' Compensation, and I certify either that I am not required by law to carry such coverage or that I will agree to submit certificates of insurance coverage upon demand by the building inspector. I understand that I am responsible for ascertaining whether I am obligated by law to obtain workers compensation insurance and to assure that our insurance coverage is adequate; I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all workers' compensation coverage required by law.

TOILET FACILITIES FOR WORKMEN: Reference Building Code Volume 3, Page 419. Suitable toilet facilities shall be provided and maintained in a sanitary condition during construction. (There shall be a Port-A-John on site or adjoining bathroom facilities within 400' of job site.) Temporary Service will not be provided if these code provisions are violated.

Owner/Applicant Name

Date

Telephone No.

Notarization:

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

Notary Public

My Commission Expires

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 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 workers' compensation insurance covering them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering them,

_____ 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 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: _____

APPLYING FOR A BUILDING PERMIT UNDER THE
"OWNER'S EXCEPTION" LANGUAGE OF
G. S. 87-1 WILL, IN FACT, ACT AS THEIR OWN GENERAL CONTRACTOR

1. *Do you own the land on which this building will be constructed?* Yes No
If yes, go to question 2. **If no**, applicant is not eligible for a building permit under "owner's exception."
2. *Have you hired, or do you intend to hire an individual to superintend and manage construction of the project?* Yes No
If yes, applicant is not eligible for a building permit under "owner's exception" **If no**, go to question 3.
3. *Do you intend to directly control and supervise construction activities?* Yes No
if yes, go to question 4, **If no**, applicant is not eligible for a building permit under "owner's exception."
4. *Do you intend to schedule, contract with, and directly pay for all phases of the construction work to be done?* Yes No **If yes**, go to question 5,
If no, applicant is not eligible for a building permit under "owner's exception".
5. *Do you intend to personally order building supplies and materials for the project for which the building permit is sought?* Yes No
If yes, go to question 6, **If no**, applicant is not eligible for a building permit under "owner's exception."
6. *Do you intend to schedule and be present for scheduled inspections?* Yes No
If yes, go to question 7. **If no**, applicant is not eligible for a building permit under "owner's exception."
7. *Do you understand that you are responsible for compliance with all applicable federal, state and local laws and requirements, including but not limited to: the State Building Code, Sedimentation Control Act requirements, and solid and hazardous waste disposal requirements.* Yes No **If yes**, go to question 8,
If no, applicant is not eligible for a building permit under "owner's exception".
8. *Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the building permit?* Yes No **If yes**, the applicant may be entitled to a building permit under "owner's exception." **If no**, applicant is not eligible for a building permit under "owner's exception".

Applicant's Signature

Date

Notary Public

Date

My Commission Expires: _____

COUNTY OF AVERY
BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE ANNEX

P.O. Box 596
Newland, NC 28657

(828) 733-8204
Fax: 733-7003

ELECTRICAL CONTRACTOR LICENSE CHECK & REGULATION SHEET

ELECTRICAL CONTRACTOR INFORMATION

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT NO: _____

I, the undersigned, have read and understand the General Statutes pertaining to electrical contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of an electrical contractor upon this project. If I resign or am no longer affiliated with this said project, I will notify the Department of Inspections in Avery County immediately by phone or in person and in writing within three (3) working days.

SIGNATURE: _____ DATE: _____

Sworn to and subscribed before me this _____ day of _____ 199__.

Notary Public

Date

My commission expires: _____.

COUNTY OF AVERY
BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE ANNEX

P.O. Box 596
Newland, NC 28657

Telephone: 828 733-8204
Fax: 828 733-8206 7003

PLUMBING CONTRACTOR LICENSE CHECK & REGULATION SHEET

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT: _____

I, the undersigned, have read and understand the N.C. General Statutes pertaining to Plumbing Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a plumbing contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the Avery County Department of Inspections immediately by phone or in person, and in writing within three (3) working days.

SIGNATURE: _____

DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____.

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

**AVERY COUNTY BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE
ROOM #102**

P.O. Box 596
Newland, NC 28657

Telephone: (828) 733-8204
Fax: (828) 733-7003

HVAC CONTRACTOR LICENSE CHECK & REGULATION SHEET:

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION:

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT: _____

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE N.C. GENERAL STATUTES PERTAINING TO HEATING AND AIR CONDITIONING CONTRACTING IN NORTH CAROLINA. I HEREBY AFFIRM OR SWEAR I AM LICENSED AND QUALIFIED TO ASSUME ALL RESPONSIBILITY AND LIABILITY OF A HVAC CONTRACTOR UPON THIS PROJECT. IF I RESIGN OR AM NO LONGER AFFILIATED WITH THIS PROJECT, I WILL NOTIFY THE AVERY COUNTY INSPECTIONS DEPARTMENT IMMEDIATELY BY PHONE OR IN PERSON AND IN WRITING WITHIN THREE (3) WORKING DAYS.

SIGNATURE: _____ **DATE:** _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ **DAY OF** _____, 20_____

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

AVERY COUNTY INSPECTIONS DEPARTMENT SUPPLEMENTAL BUILDING INFORMATION

OWNER'S NAME _____

NEW NOTICE: _____

BUILDING NAME _____

<p>FOOTINGS</p> <p>___ Earth</p> <p>___ Piers</p> <p>___ Continuous Footers</p> <p>___ Spread Footers</p> <p>___ Special Footers</p>	<p>ROOFING COVER</p> <p>___ Min. Roofing (Corr. or Sheet Met.)</p> <p>___ Rolled Composition</p> <p>___ Asphalt or Composition Shingle</p> <p>___ Built Up Tar and Gravel</p> <p>___ Rubber</p> <p>___ Asbestos Shingle/Corr.</p> <p>___ Concrete /Clay Tile</p> <p>___ Cedar Shake</p> <p>___ Enamel Metal Shingle/Copper</p> <p>___ Wood Shingle /310 Shingle</p> <p>___ Slate</p> <p>___ Metal</p>	<p>BEDROOM-BATHS-RESIDENTIAL</p> <p>Location: Basement 1ST. 2ND.</p> <p>Bedroom: ___</p> <p>Bathroom: ___</p> <p>1/2 Baths: ___</p>	<p>CONDO & COMMERCIAL</p> <p>Commercial Heat & Air Cond.</p> <p>___ None</p> <p>___ Heating/Air Cond. Pack</p> <p>___ Heating/Air Cond. Split</p>	<p>Frostline Footer Depth: _____ Width _____</p> <p>Depth of Concrete Poured: _____</p>	
<p>SUB FLOOR SYSTEM</p> <p>___ Earth/No Sub-Floor</p> <p>___ Slab On Grade</p> <p>___ Slab Above Grade</p> <p>___ Plywood</p> <p>___ Wood</p> <p>___ Slab Platform Height</p> <p>___ Structural Slab</p>	<p>INTERIOR WALL CONSTRUCTION</p> <p>___ Masonry or Minimum</p> <p>___ Wall Board or Wood Wall</p> <p>___ Plastered</p> <p>___ Plywood Panel</p> <p>___ Drywall/Sheetrock</p> <p>___ Custom Interior</p>	<p>COMMERCIAL PLUMBING</p> <p>Restrooms: _____</p> <p>Total Fixtures: _____</p>	<p>NO. OF STORIES _____</p>	<p>Girder Size: _____</p> <p>Post/Pier Spacing _____</p>	
<p>EXTERIOR WALLS</p> <p>___ Siding Minimum</p> <p>___ Corrugated Metal (light)</p> <p>___ Composition or Wall Board</p> <p>___ Single Siding (No sheathing)</p> <p>___ Asbestos Shingle</p> <p>___ Board & Batten (on plywood)</p> <p>___ Corrugated Asbestos</p> <p>___ Masonite on Sheathing</p> <p>___ Wood on Sheathing/Plywood</p> <p>___ Aluminum/Vinyl Siding</p> <p>___ Concrete Block</p> <p>___ Stucco on Concrete Block</p> <p>___ Stucco on Tile/Wood Frame</p> <p>___ Siding Average</p> <p>___ Board & Batten (12" Boards)</p> <p>___ Wood Shingle/Log</p> <p>___ Cedar or Redwood Siding</p> <p>___ Siding Maximum</p> <p>___ Utility Brick</p> <p>___ Common Brick</p> <p>___ Face Brick</p> <p>___ Stone</p> <p>___ Corrugated Metal (Heavy)</p> <p>___ Reinforced Concrete</p> <p>___ Prefab Panel</p> <p>___ Hardi-Plank</p>	<p>INTERIOR FLOOR COVER</p> <p>___ None</p> <p>___ Minimum -Plywood, Linoleum</p> <p>___ Concrete Finished</p> <p>___ Concrete Tapered</p> <p>___ Asphalt Tile</p> <p>___ Vinyl Asbestos</p> <p>___ Cork or Vinyl Tile</p> <p>___ Sheet Vinyl</p> <p>___ Pine or Soft Woods/Hardwood</p> <p>___ Terrazo Monolithic</p> <p>___ Precast Concrete</p> <p>___ Slate</p> <p>___ Marble</p> <p>___ Carpet</p>	<p>APARTMENT BUILDING</p> <p>Total Fixtures: _____</p>	<p>CONDO/COOP/APT.</p> <p>Floor No. _____</p> <p>No. of Units _____</p> <p>Location _____</p> <p>Land Type _____</p> <p>Ownership _____</p>	<p>Floor Joist: 2 X _____ X _____ Length _____</p> <p>Floor Joist Spacing: _____ On Center _____</p>	
<p>ROOFING STRUCTURE</p> <p>___ Flat</p> <p>___ Shed</p> <p>___ Gable</p> <p>___ Hip</p> <p>___ Gambrel/Mansard</p> <p>___ Irregular/Cathedral</p> <p>___ Wood Truss</p> <p>___ Irregular/Wood Truss</p> <p>___ Rigid Frame With Bar Joist</p> <p>___ Steel Frame or Truss</p> <p>___ Bowstring Truss</p> <p>___ Reinforced Concrete</p>	<p>HEATING FUEL</p> <p>___ None</p> <p>___ Oil, Wood or Coal</p> <p>___ Gas</p> <p>___ Electric</p> <p>___ Solar</p>	<p>STYLE OF DWELLING</p> <p>___ 1.0 Story</p> <p>___ 1.5 Stories</p> <p>___ 2.0 Stories</p> <p>___ 2.5 Stories or more</p> <p>___ Ranch with Basement</p> <p>___ A-Frame</p> <p>___ Split Level</p> <p>___ Split Foyer</p>	<p>STRUCTURAL FRAME</p> <p>___ None</p> <p>___ Wood Frame</p> <p>___ Pre-Fab</p> <p>___ Masonry</p> <p>___ Reinforced Concrete</p> <p>___ Steel</p> <p>___ Fireproof Steel</p> <p>___ Special</p>	<p>Ceiling Joist Size _____ Span _____</p> <p>Rafter Size: _____ Span _____</p> <p>Spacing & Size of Collar Beam: _____</p>	
<p>HEATING TYPE</p> <p>___ None</p> <p>___ Baseboard Heat</p> <p>___ Forced Air, Not Ducted</p> <p>___ Forced Air, Ducted</p> <p>___ Radiant - Electric</p> <p>___ Radiant - Water</p> <p>___ Heat Pump</p>	<p>HEATING TYPE</p> <p>___ None</p> <p>___ Baseboard Heat</p> <p>___ Forced Air, Not Ducted</p> <p>___ Forced Air, Ducted</p> <p>___ Radiant - Electric</p> <p>___ Radiant - Water</p> <p>___ Heat Pump</p>	<p>FIREPLACE</p> <p>___ None</p> <p>___ Prefab</p> <p>___ 1 Story Single</p> <p>___ 2 Story Single/1 Double</p> <p>___ 2 or More</p> <p>___ Massive</p> <p>___ 2 or More Massive</p>	<p>CEILING AND INSULATION</p> <p>___ Suspended</p> <p>___ Ceiling Insulated</p> <p>___ Wall Insulated</p> <p>___ Ceiling & Wall Insulated</p> <p>___ No Insulation</p>	<p>Deck Girder Size _____ Post Spacing _____</p> <p>Deck Post Size & Length _____</p> <p>Deck Joist Spacing _____</p> <p>Deck Joist Size: 2 X _____ X _____ length _____</p>	
<p>AIR CONDITIONING TYPE</p> <p>___ None</p> <p>___ Wall Unit</p> <p>___ Central</p> <p>___ Packaged Roof Top</p>	<p>QUALITY ADJUSTMENT</p> <p>___ Minimum</p> <p>___ Below Average</p> <p>___ Average</p> <p>___ Above Average</p> <p>___ Above Average/Custom</p> <p>___ Excellent</p>	<p>SHAPE/DESIGN/MARKET FACTOR</p> <p>(Base Area Only)</p> <p>___ Square Design</p> <p>___ Rectangular Design</p> <p>___ Slightly Irregular</p> <p>___ Moderately Irregular</p> <p>___ Irregular</p> <p>___ Vary Irregular</p> <p>___ Extremely Irregular</p>	<p>CEILING AND INSULATION</p> <p>___ Not Suspended</p> <p>___ Ceiling Insulated</p> <p>___ Wall Insulated</p> <p>___ Ceiling & Wall Insulated</p> <p>___ No Insulation</p>	<p>Insulation R-Value: Floor RV _____</p> <p>(Thickness) Wall RV _____</p> <p>Ceiling RV _____</p> <p>Cathedral Ceiling RV _____</p>	
<p>ACTUAL YR. BUILT _____</p> <p>EFFECTIVE YR. BUILT _____</p> <p>ECONOMIC OBSOLESCENCE _____</p> <p>FUNCTIONAL OBSOLESCENCE _____</p> <p>SPECIAL CONDITION CODE</p> <p>(UC, AP, PD, RV, TE)</p>	<p>CEILING AND INSULATION</p> <p>___ No Ceiling</p> <p>___ Roof Insulated</p> <p>___ Wall Insulated</p> <p>___ Ceiling & Wall Insulated</p> <p>___ No Insulation</p>	<p>WIND ZONE</p> <p>90 mph (), 100 mph (), 110 mph ()</p> <p>120 mph (), 130 mph (), N/A ()</p>	<p>FOUNDATION WALL SIZE & THICKNESS</p> <p>How deep will back-fill be? _____</p>	<p>Do you have one remote exit door from main level to ground? _____ Size of Exit Door _____</p>	
<p>Actual Yr. Built _____</p> <p>Effective Yr. Built _____</p> <p>Economic Obsolescence _____</p> <p>Functional Obsolescence _____</p> <p>Special Condition Code</p> <p>(UC, AP, PD, RV, TE)</p>	<p>CEILING AND INSULATION</p> <p>___ No Ceiling</p> <p>___ Roof Insulated</p> <p>___ Wall Insulated</p> <p>___ Ceiling & Wall Insulated</p> <p>___ No Insulation</p>	<p>FOUNDATION WALL SIZE & THICKNESS</p> <p>How deep will back-fill be? _____</p>	<p>Do you have one remote exit door from main level to ground? _____ Size of Exit Door _____</p>	<p>Fireplace/Chimney Height above roof peak: _____</p>	
				<p>CARE</p>	
				<p>BUILDING</p>	<p>TRAVERSE</p>
				<p>1</p>	<p>_____</p>
				<p>3</p>	<p>_____</p>
				<p>5</p>	<p>_____</p>
				<p>7</p>	<p>_____</p>

CONSTRUCTION DETAIL										MARKET VALUE				DEPRECIATION				CORRELATION OF VALUE			
USE	MODEL	EFF. AREA	QUAL INDEX	EFFECTIVE RATE	REPL. COST NEW	EYB	AYB	NORM	ICDM	FUNCT	PCT	COND	CREDENCE TO								
													DEPRECIATED BUILDING VALUE								
													TOTAL DEPR. OB/XF VALUE								
													TOTAL LAND VALUE - MARKET								
													TOTAL MARKET VALUE - CARD								
													REGRESSION VALUE - CARD								
													INCOME VALUE - CARD								
													TOTAL APPRAISED VALUE - CARD								
													TOTAL APPRAISED VALUE - PARCEL								

SALES DATA									
OFF. RECORD			DATE		TYPE FIN.		UNIT		INDICATED SALES PRICE
BOOK	PAGE		MO.	TR.					
08			CC			27			28

NOTES									
07			CC			27			28

CODE	DESCRIPTION	LENGTH	WIDTH	UNITS	UNIT PRICE	DEPR. PCT. COND.	AYB	EYB	LAND	PARCEL CONDITION	OB/XF DEPR. VALUE
	05 OUTBUILDINGS & EXTRA FEATURES			CC	27	28					

BUILDING DIMENSIONS										
04				CC	27	28				

HIGHEST AND BEST USE	USE CODE	LOCAL ZONING	FRONTAGE	DEPTH	DEPTH OR SIZE	LAND MOD.	COND. FACTOR	OTHER ADJUST AND NOTES	LAND UNIT PRICE	TOTAL LAND UNITS	UNIT TYPE	TOTAL ADJUST	ADJUSTED UNIT PRICE	LAND VALUE
	02	CC		27		28				02	CC	27	28	

TOTAL LAND DATA

STATE OF NORTH CAROLINA



**OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14(a)(1)**

COUNTY OF _____

_____ Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

I, _____
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

1. _____ I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;
OR
_____ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: _____);
2. _____ I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
3. _____ I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
4. _____ I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

(Signature of Affiant)

Date

Sworn to (or affirmed) and Subscribed before me
this the ___ day of _____, 20__

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____

(Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

*Not for a licensed contractor
* only for an owner-builder*