

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

**PO BOX 596
NEWLAND, NC 28657**

**PHONE: 828-733-8204
FAX: 828-733-7003**

PROPERTY OWNER: _____ TELEPHONE: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PROJECT ADDRESS: _____

TOWNSHIP: _____ SUBDIVISION: YES () NO (), LOT NO _____ PARCEL ID: _____

OWNER EMAIL ADDRESS: _____

GENERAL CONTRACTOR: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DESCRIPTION OF PROPOSED WORK: _____

TOTAL PROJECTED COST \$ _____ SIZE OF ELECTRICAL SERVICE: _____ AMPS

TYPE OF HEAT: _____ AIR CONDITIONING: ☐ YES or ☐ NO FIREPLACE: YES () NO () HOW MANY: _____

OF BEDROOMS: _____ # OF BATHROOMS: _____ # OF HALF BATHROOMS: _____ 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 BUILDING (),
STORES/MERCHANDISE (), 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, OR () 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 #: _____ STATE AGENCY APPROVAL DATE: _____

ELECTRICAL CONTRACTOR: _____ LIC #: _____ NC DEPT OF INSURANCE APPROVAL

PLUMBING CONTRACTOR: _____ LIC #: _____ YES () NO () N/A ()

MECHANICAL CONTRACTOR: _____ LIC #: _____ PLAN APPROVAL _____ SPECS _____

ALARM SYSTEM INSTALLATION: _____ LIC #: _____

SEWER: PUBLIC (), PRIVATE () HEALTH DEPT. PERMIT # _____ DATE: _____ SEPTIC APPROVAL INITIALS: _____

REQUIRED ZONING PERMIT: BANNER ELK (), SUGAR MTN VILLAGE (), LAND HARBOR (), GGCC (), OTHER ()

NOTE: ARE YOU IN A FLOOD PLAIN? () YES or () NO River Basin: _____

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.

The undersigned hereby makes application as designated above and agree to conform to all applicable laws of Avery County and the State of North Carolina and Federal
Environmental Laws and the undersigned further states that all statements herein are true. Effective NCGS 160D, 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 _____

BUILDING PERMIT FEE: _____

NC RECOVERY FEE: _____

OVER 200 AMP CHARGE: _____

COMMENTS: _____

TOTAL PERMIT COST: _____

AVERY COUNTY DEPARTMENT OF INSPECTIONS
CERTIFICATION AS TO STATUS OF LICENSURE (OWNER/GENERAL CONTRACTOR/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 \$40,000. 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 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 structures where the cost of undertaking is thirty thousand dollars (\$30,000.00) 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 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 or 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/General Contractor

Date

Telephone #

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

_____ Office/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 to cover them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workers' compensation covering themselves (General Contractor will need this form notarized if this line is checked),

_____ 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: _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me this the _____ day of _____, _____

Signature of Notary Public

(Seal)

My commission expires: _____

Avery County Inspections & Planning Department
Newland, NC 28657

Date: _____

Single Homesite Grading Affidavit
(Land Disturbing Activity)

The purpose of this affidavit is to notify the property developer/landowner of the liability of the grading/land disturbing process of developing/building upon a single parcel, lot or tract of land in Avery County.

The landowner is responsible/liable for any off-site sedimentation which would impact adjoining property owners. North Carolina Erosion and Sedimentation Best Management Practices (BMP's) are required on every site.

The landowner is responsible/liable for any jurisdictional waters or wetlands located on their property. All streams, rivers, creeks, and springs in Avery County have a surface freshwater classification as determined by the North Carolina Division of Water Quality. Army Corp of Engineers and NC Water Quality permits may be required.

Any grading activity within 30 feet of jurisdictional waters will require a grading permit from the Avery County Planning Department.

The land disturbing activity (all grading) shall include road/driveway, homesite, and septic system area.

Estimate in square feet the amount of land that will be disturbed to develop your tract of land:

- | | |
|--|--|
| ☐ 5500 sq. ft. and under (1/8 Acre) | ☐ 33,000 sq. ft. (3/4 Acre) |
| ☐ 11,000 sq. ft. (1/4 acre) | ☐ 43,560 sq. ft. (1 Acre) |
| ☐ 22,000 sq. ft. (1/2 Acre) | ☐ over 43,560 sq. ft. |

Note: All land disturbing activities over 43,560 sq. ft. (residential or commercial) requires a separate grading permit to be issued by the Avery County Planning Department.

Owner's Name: _____ Date: _____

Mailing Address: _____

Signature of Owner: _____

Avery County, North Carolina

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document.

Date:

Notary Public
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 _____ 20.

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: _____

