

OWNER
BUILDER
RESIDENTIAL
APPLICATION
FORMS

BURKE COUNTY SINGLE FAMILY PERMIT APPLICATION
110 NORTH GREEN ST MORGANTON NC 28655

PHONE: 828-438-5420

www.co.burke.nc.us

Fax: 828-430-4131

Complete all corresponding areas, if areas not completed permit will not be processed.

Project location	
Owner: _____	Mailing address: _____ City: _____ State: _____
Zip: _____	Phone: _____ Cell Phone: _____
Driving directions: _____ _____	
Property 911 address: _____	Property Pin #: _____
Building Information Check which one applies	
<input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Repairs <input type="checkbox"/> Addition	
Property description: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family	
Foundation Type: <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Basement Finished <input type="checkbox"/> Basement Unfinished	
# of Bedrooms: ____ # of Bathrooms: ____ # of Fireplaces: ____	
Type of Heat: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other _____	
Heated Sq Ft: _____ Unheated Sq Ft: _____ Deck/Porch Sq Ft: _____	
Description of work: _____ _____ _____	
Power Company: _____	

Permits Requested		Contractor Business Name	State License #	Cost of Work
<input type="checkbox"/>	Building			
<input type="checkbox"/>	Electrical			
<input type="checkbox"/>	Mechanical			
<input type="checkbox"/>	Plumbing			
<input type="checkbox"/>	Gas Piping			
Subcontractors are required to complete a sub verification form. This form must be completed before calling for any inspections.			Total Project Cost	
			Homeowner Rec.	\$ 10.00
			Permit Fee's	

I hereby certify that all information in this application is correct and all work will comply with the NC State Building Code and all other applicable State and local laws, including G.S. 87-14 Workers' Compensation. The Building Inspections Office will be notified of any changes in the approved plans or specifications for the project as permitted. If any scope of the work changes from what was submitted on the application then the contractor is required to contact Burke County Building Inspection and Burke County Zoning.

_____ Owner/Agent Signature	_____ Address	_____ City/State/Zip	
_____ Print Name	_____ Phone or Cell	_____ Fax	_____ E-Mail
_____ Contractor/Agent Signature	_____ Address	_____ City/State/Zip	
_____ Print Name	_____ Phone or Cell	_____ Fax	_____ E-Mail

Office Use: Permit #: _____	Permit Fee: _____	Flood Plain: _____
Zoning Official: _____	Stamped Plans Required: _____	HD: _____
Date received: _____	Date Processed: _____	Personal Initials: _____

APPENDIX D

**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 to cover 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: _____

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence OR the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent _____

Mailing address of Agent _____

Physical address of Agent _____

Telephone _____ Fax _____

Email _____

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”

COUNTY OF BURKE

Building Inspections Department

Parcel Identification Number and address where the building is to be constructed: PIN _____

Address _____

Type of construction: Residential Commercial Industrial Other

Intended use after completion (e.g. Personal residence): _____

Building permit number associated with this application: _____

I, _____ (Print Full Name) _____ (Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by **initialing** the relevant provision in paragraph 1 and **initialing** paragraphs 2-5 below attesting to the following:

- 1. _____ I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;
OR
_____ I am legally authorized to act on behalf of the firm or corporation that 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 alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
- 3. _____ I will be on site regularly during construction and 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 by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
- 5. _____ I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification 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 if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

(Signature of Affiant) _____ (Date)

Sworn or affirmed and subscribed before me this the _____ day of _____, 20_____

(Signature of Notary Public)

(Notary Stamp or Seal)

(Printed Name of Notary Public) Commission Expires _____

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