

LICENSED  
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](http://www.co.burke.nc.us)

Fax: 828-430-4131

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

<b>Project location</b>	
Owner: _____	Mailing address: _____ City: _____ State: _____
Zip: _____	Phone: _____ Cell Phone: _____
Driving directions: _____ _____	
Property 911 address: _____ Property Pin #: _____	
<b>Building Information</b> <span style="float: right;">Check which one applies</span>	
<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.”