

PERMIT # \_\_\_\_\_



DAVIDSON COUNTY CENTRAL PERMITTING DEPT.

\*FORM FOR RESIDENTIAL PIERS/DOCKS\*

PHONE: (336) 242-2230 FAX: (336) 249-9703



PROPERTY OWNERS NAME \_\_\_\_\_

PROPERTY OWNERS TELEPHONE # \_\_\_\_\_

JOB ADDRESS FOR THE PROPERTY WE ARE INSPECTING: \_\_\_\_\_

\_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_

TOTAL SQ FT: \_\_\_\_\_ VALUE OF JOB \$: \_\_\_\_\_

SELF AS GENERAL CONTRACTOR: YES \_\_\_\_\_ NO \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_ LIC. # \_\_\_\_\_

PERSON TO CALL: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

PERMIT # \_\_\_\_\_



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\*APPENDIX D \*

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

The undersigned applicant for Building Permit # being the

Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_



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\*FLOODPLAIN FORM\*

IS THE PROPERTY IN THE DAVIDSON COUNTY FLOOD HAZARD AREA?

\*NO: \_\_\_\_\_

\*YES: \_\_\_\_\_

(IF YES) THE PROPERTY IS IN A FLOOD HAZARD AREA, FILL OUT THE  
"APPLICATION FOR PERMIT TO DEVELOP IN A FLOOD HAZARD AREA"

\*FEE FOR A RESIDENTIAL OR COMMERCIAL FLOOD PERMIT IS \$100.00

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_



DAVIDSON COUNTY CENTRAL PERMITTING DEPT.



**\*RESPONSIBILITY STATEMENT\***

I have signed as Owner, Contractor, or Applicant for this permit and I fully understand that by doing so I take full responsibility for making sure final Inspections are obtained on this and all other permits pertaining to this job. As applicant, I will make sure the Owner or Contractor is aware of this signed statement and that responsibility for this action still reverts back to them. Failure to obtain final inspection on this or occupying a structure without a TCO (Temporary Certificate of Occupancy) or CO (Certificate of Occupancy) will result in a penalty charge by the Inspections Department of \$100.00. This penalty once applied will be due before a TCO or CO will be issued.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

## Health Department Declaratory Statement

Health Dept. Phone: 336-242-2310  
Zoning Dept. Phone: 336-242-2220  
Central Permitting Phone: 336-242-2230

Name \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_ Township \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

\*Please fill out form for location and distance from buildings to septic tank and drain lines or from pool.

**Draw Location of (1-5) & number in box below**

#1. House location

#2. Addition location

#3. Pool location

#4. Garage/Storage location

#5. Show Septic Tank location & Drain lines & Repair Area including all separation distances

*Note: No Health Permit required for structural additions provided no additional waste would be created nor additional bedrooms beyond original number.*

Out buildings must be more than 5 ft. from Septic Tank, Drain Lines, & Repair Areas. They cannot be located over Septic Tank, Drain Lines, or Repair Areas. \*If you need to know more setbacks for the septic area, contact the Health Dept. 336-242-2310.

\*Anyone without detailed knowledge of the location of Septic Tank System & Repair area must contact the Health Dept. Sanitarian.

I understand that the requirements to maintain separation from any part of said items listed are my responsibility.

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_