

PERMIT # _____



DAVIDSON COUNTY CENTRAL PERMITTING DEPT.



FORM FOR NEW RESIDENTIAL / MODULAR BUILDING PERMITS

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 BUILDING BEING BUILT: _____

LIEN # (IF OVER \$30,000) _____

TOTAL HEATED SQ FT: _____ CARPORT / GARAGE SQ FT: _____

SUNROOM SQ FT: _____ BASEMENT SQ FT: _____

PORCH / DECK / COVERED PATIO SQ. FT: _____

HOW MANY SECTIONS? (modular homes only) _____

OF STORIES: _____ # OF BATHROOMS: _____ # OF BEDROOMS: _____

VALUE OF JOB **NOT INCLUDING LAND** \$: _____

SELF AS GENERAL CONTACTOR: 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 # _____



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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: _____