

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

P.O. BOX 596  
NEWLAND, NC 28657

FAX: 828 733-7003  
TELEPHONE: 828 733-8204

PROPERTY OWNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_  
TOWNSHIP: \_\_\_\_\_ SUBDIVISION: YES ( ) NO ( ), LOT NO. \_\_\_\_\_ PARCEL I.D. # \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DESCRIPTION OF PROPOSED WORK \_\_\_\_\_  
TOTAL PROJECTED COST \$ \_\_\_\_\_ SIZE OF ELECTRIC SERVICE \_\_\_\_\_ AMPS  
TYPE OF HEAT \_\_\_\_\_ FIREPLACE YES ( ) NO ( ), HOW MANY \_\_\_\_\_  
NO. OF BEDROOMS \_\_\_\_\_ NO. OF BATHROOMS \_\_\_\_\_ NO. OF HALF BATHS \_\_\_\_\_ 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 BLDG. ( ) STORES/MERCANTILE ( ) 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 ( ) 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. NO. \_\_\_\_\_ STATE AGENCY APPROVAL DATE \_\_\_\_\_  
ELECTRICAL CONTRACTOR: \_\_\_\_\_ LIC. NO. \_\_\_\_\_ NC DEPT. OF INSURANCE APPROVAL \_\_\_\_\_  
PLUMBING CONTRACTOR: \_\_\_\_\_ LIC. NO. \_\_\_\_\_ YES ( ) NO ( ) N/A ( )  
MECHANICAL CONTRACTOR: \_\_\_\_\_ LIC. NO. \_\_\_\_\_ PLAN APPROVAL \_\_\_\_\_ SPECS \_\_\_\_\_  
ALARM SYSTEM INSTALLATION: \_\_\_\_\_ LIC. NO. \_\_\_\_\_

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.

SEWER: PUBLIC ( ) PRIVATE ( ) HEALTH DEPT. PERMIT NO. \_\_\_\_\_ DATE: \_\_\_\_\_  
REQUIRED ZONING PERMIT: BANNER ELK ( ), SUGAR MTN. VILLAGE ( ), LAND HARBOR ( ), GGCC ( ) OTHERS \_\_\_\_\_

PERMIT FEE: OVER 200 AMP SERVICE \$ \_\_\_\_\_  
N.C. RECOVERY FEE \$ \_\_\_\_\_  
BUILDING FEE \$ \_\_\_\_\_  
ALARM SYSTEMS FEE \$ \_\_\_\_\_ (SFD: \$50.00/ MULTI-FAM. - \$100 1<sup>ST</sup>. 2 UNITS + \$5.00 P/U OVER 2/  
TOTAL COST \$ \_\_\_\_\_ COMMERCIAL: \$100.00)

The undersigned hereby makes application as designated above and agrees to conform to all applicable laws of Avery County and the State of North Carolina and further states that all statements herein are true. Effective July 1, 1983 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 \_\_\_\_\_

COMMENTS:



**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 covering them,

\_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering them,

\_\_\_\_\_ 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: \_\_\_\_\_

AVERY COUNTY INSPECTIONS & PLANNING DEPARTMENT  
P.O. BOX 596, NEWLAND, NC 28657

(828) 733-8204

Fax: (828) 733-7003

GENERAL CONTRACTOR'S RESPONSIBILITY FORM FOR ALL TRADES

Project Owner: \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_.

Physical Location: \_\_\_\_\_

I, \_\_\_\_\_, as general contractor of said project, do affirm that the following sub-contractors for all trades are licensed through the N.C. Licensing Boards respectively for all trades and their licenses are on active status.

	License No.	Telephone
Electrical Contractor: _____	_____	_____
Plumbing Contractor: _____	_____	_____
Mechanical Contractor: _____	_____	_____
Security System (if applicable): _____	_____	_____
Sprinkler System (if applicable): _____	_____	_____

Flood Elevation Certification: (if required) Flood Plain (Yes)\_\_\_\_ (No)\_\_\_\_\_

Any contractor not licensed by the North Carolina State Licensing Board will not be issued a permit by the Avery County Inspections Department. Also, workman's compensation insurance as required by N.C. G.S. 87-14 must be complied with. The Avery County Inspections Department may request a "Certificate of Insurance". The general contractor will be responsible to notify the Inspections Department within three (3) working days if any change in a sub-contractor as originally permitted.

\_\_\_\_\_  
General Contractor Licenses Number

North Carolina, \_\_\_\_\_ County

I, \_\_\_\_\_, a Notary Public for said county and state, do hereby certify that \_\_\_\_\_, personally appeared before me this day and acknowledged the due execution of the above statement.

Witness my hand and official seal, this the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

AVERY COUNTY INSPECTIONS DEPARTMENT SUPPLEMENTAL BUILDING INFORMATION

OWNER'S NAME \_\_\_\_\_

NEW NOTICE: \_\_\_\_\_

BUILDING NAME \_\_\_\_\_

<p><b>FOUNDATIONS</b></p> <p>___ Earth</p> <p>___ Piers</p> <p>___ Continuous Footers</p> <p>___ Spread Footers</p> <p>___ Special Footers</p>	<p><b>ROOFING COVER</b></p> <p>___ Min. Roofing (Corr. or Sheet Met.)</p> <p>___ Rolled Composition</p> <p>___ Asphalt or Composition Shingle</p> <p>___ Built Up Tar and Gravel</p> <p>___ Rubber</p> <p>___ Asbestos Shingle/Corr.</p> <p>___ Concrete /Clay Tile</p> <p>___ Cedar Shake</p> <p>___ Enamel Metal Shingle/Copper</p> <p>___ Wood Shingle /3 10 Shingle</p> <p>___ Slate</p> <p>___ Metal</p>	<p><b>BEDROOM-BATHS-RESIDENTIAL</b></p> <p>Location: Basement 1ST. 2ND.</p> <p>Bedroom: _____</p> <p>Bathroom: _____</p> <p>1/2 Baths: _____</p>	<p><b>CONDO &amp; COMMERCIAL</b></p> <p>Commercial Heat &amp; Air Cond.</p> <p>___ None</p> <p>___ Heating/Air Cond. Pack.</p> <p>___ Heating/Air Cond. Split</p>	<p>Frostline Footer Depth: _____ Width _____</p> <p>Depth of Concrete Poured: _____</p>
<p><b>1ST FLOOR SYSTEM</b></p> <p>___ Earth/No Sub-Floor</p> <p>___ Slab On Grade</p> <p>___ Slab Above Grade</p> <p>___ Plywood</p> <p>___ Wood</p> <p>___ Slab Platform Height</p> <p>___ Structural Slab</p>	<p><b>INTERIOR WALL CONSTRUCTION</b></p> <p>___ Masonry or Minimum</p> <p>___ Wall Board or Wood Wall</p> <p>___ Plastered</p> <p>___ Plywood Panel</p> <p>___ Drywall/Sheetrock</p> <p>___ Custom Interior</p>	<p><b>COMMERCIAL PLUMBING</b></p> <p>Restrooms: _____</p> <p>Total Fixtures: _____</p>	<p><b>NO. OF STORIES</b> _____</p>	<p>Girder Size: _____</p> <p>Post/Pier Spacing _____</p>
<p><b>EXTERIOR WALLS</b></p> <p>___ Siding Minimum</p> <p>___ Corrugated Metal (light)</p> <p>___ Composition or Wall Board</p> <p>___ Single Siding (No sheathing)</p> <p>___ Asbestos Shingle</p> <p>___ Board &amp; Batten (on plywood)</p> <p>___ Corrugated Asbestos</p> <p>___ Masonite on Sheathing</p> <p>___ Wood on Sheathing/Plywood</p> <p>___ Aluminum/Vinyl Siding</p> <p>___ Concrete Block</p> <p>___ Stucco on Concrete Block</p> <p>___ Stucco on Tile/Wood Frame</p> <p>___ Siding Average</p> <p>___ Board &amp; Batten (12" Boards)</p> <p>___ Wood Shingle/Log</p> <p>___ Cedar or Redwood Siding</p> <p>___ Siding Maximum</p> <p>___ Utility Brick</p> <p>___ Common Brick</p> <p>___ Face Brick</p> <p>___ Stone</p> <p>___ Corrugated Metal (Heavy)</p> <p>___ Reinforced Concrete</p> <p>___ Prefab Panel</p> <p>___ Hardi-Plank</p>	<p><b>INTERIOR FLOOR COVER</b></p> <p>___ None</p> <p>___ Minimum -Plywood, Linoleum</p> <p>___ Concrete Finished</p> <p>___ Concrete Tapered</p> <p>___ Asphalt Tile</p> <p>___ Vinyl Asbestos</p> <p>___ Cork or Vinyl Tile</p> <p>___ Sheet Vinyl</p> <p>___ Pine or Soft Woods /Hardwood</p> <p>___ Terrazzo Monolithic</p> <p>___ Precast Concrete</p> <p>___ Slate</p> <p>___ Marble</p> <p>___ Carpet</p>	<p><b>APARTMENT BUILDING</b></p> <p>Total Fixtures: _____</p>	<p><b>CONDO/COOP/APT.</b></p> <p>Floor No. _____</p> <p>No. of Units _____</p> <p>Location _____</p> <p>Land Type _____</p> <p>Ownership _____</p>	<p>Floor Joist: 2 X ___ X ___ Length</p> <p>Floor Joist Spacing: _____ On Center</p>
<p><b>ROOFING STRUCTURE</b></p> <p>___ Flat</p> <p>___ Shed</p> <p>___ Gable</p> <p>___ Hip</p> <p>___ Gambrel/Mansard</p> <p>___ Irregular/Cathedral</p> <p>___ Wood Truss</p> <p>___ Irregular/Wood Truss</p> <p>___ Rigid Frame With Bar Joist</p> <p>___ Steel Frame or Truss</p> <p>___ Bowstring Truss</p> <p>___ Reinforced Concrete</p>	<p><b>HEATING FUEL</b></p> <p>___ None</p> <p>___ Oil, Wood or Coal</p> <p>___ Gas</p> <p>___ Electric</p> <p>___ Solar</p>	<p><b>STYLE OF DWELLING</b></p> <p>___ 1.0 Story</p> <p>___ 1.5 Stories</p> <p>___ 2.0 Stories</p> <p>___ 2.5 Stories or more</p> <p>___ Ranch with Basement</p> <p>___ A-Frame</p> <p>___ Split Level</p> <p>___ Split Foyer</p>	<p><b>STRUCTURAL FRAME</b></p> <p>___ None</p> <p>___ Wood Frame</p> <p>___ Pre-Fab</p> <p>___ Masonry</p> <p>___ Reinforced Concrete</p> <p>___ Steel</p> <p>___ Fireproof Steel</p> <p>___ Special</p>	<p>Ceiling-Joist Size _____ Span _____</p> <p>Rafter Size: _____ Span _____</p> <p>Spacing &amp; Size of Collar Beam: _____</p>
<p><b>AIR CONDITIONING TYPE</b></p> <p>___ None</p> <p>___ Wall Unit</p> <p>___ Central</p> <p>___ Packaged Roof Top</p>	<p><b>HEATING TYPE</b></p> <p>___ None</p> <p>___ Baseboard Heat</p> <p>___ Forced Air, Not Ducted</p> <p>___ Forced Air, Ducted</p> <p>___ Radiant - Electric</p> <p>___ Radiant - Water</p> <p>___ Heat Pump</p>	<p><b>FIREPLACE</b></p> <p>___ None</p> <p>___ Prefab</p> <p>___ 1 Story Single</p> <p>___ 2 Story Single/1 Double</p> <p>___ 2 or More</p> <p>___ Massive</p> <p>___ 2 or More Massive</p>	<p><b>CEILING AND INSULATION</b></p> <p>___ Suspended</p> <p>___ Ceiling Insulated</p> <p>___ Wall Insulated</p> <p>___ Ceiling &amp; Wall Insulated</p> <p>___ No Insulation</p>	<p>Deck Girder Size _____ Post Spacing _____</p> <p>Deck Post Size &amp; Length _____</p> <p>Deck Joist Spacing _____</p> <p>Deck Joist Size: 2 X ___ X ___ length</p>
<p><b>QUALITY ADJUSTMENT</b></p> <p>___ Minimum</p> <p>___ Below Average</p> <p>___ Average</p> <p>___ Above Average</p> <p>___ Above Average/Custom</p> <p>___ Excellent</p>	<p><b>SHAPE/DESIGN/MARKET FACTOR</b></p> <p>(Base Area Only)</p> <p>___ Square Design</p> <p>___ Rectangular Design</p> <p>___ Slightly Irregular</p> <p>___ Moderately Irregular</p> <p>___ Irregular</p> <p>___ Very Irregular</p> <p>___ Extremely Irregular</p>	<p><b>Actual Yr. Built</b> _____</p> <p><b>Effective Yr. Built</b> _____</p> <p><b>Economic Obsolescence</b> _____</p> <p><b>Functional Obsolescence</b> _____</p> <p><b>Special Condition Code</b> _____</p> <p>(UC. AP. PD. RV. TR)</p>	<p><b>CEILING AND INSULATION</b></p> <p>___ Not Suspended</p> <p>___ Ceiling Insulated</p> <p>___ Wall Insulated</p> <p>___ Ceiling &amp; Wall Insulated</p> <p>___ No Insulation</p>	<p>Insulation R-Value: Floor RV _____</p> <p>(Thickness) Wall RV _____</p> <p>Ceiling RV _____</p> <p>Cathedral Ceiling RV _____</p>
<p><b>Wind Zone: 90 mph ( ), 100 mph ( ), 110 mph ( )</b></p> <p><b>120 mph ( ), 130 mph ( ), N/A ( )</b></p>	<p><b>Foundation Wall Size &amp; Thickness</b> _____</p> <p><b>How deep will back-fill be?</b> _____</p>	<p><b>Do you have one remote exit door from main level to ground?</b> _____</p> <p><b>Size of Exit Door</b> _____</p>	<p><b>Fireplace/Chimney Height above roof peak:</b> _____</p>	<p><b>100</b></p> <p><b>BUILDING</b> _____</p> <p><b>TRAVERSE</b> _____</p> <p><b>CARE</b> _____</p>
<p><b>Average No Rooms Per Floor</b> _____</p> <p><b>Est. Percent Common Wall</b> _____</p> <p><b>Non-Standard Wall Height</b> _____</p> <p><b>Total Appraised Value</b> _____</p>	<p>1 _____</p> <p>3 _____</p> <p>5 _____</p> <p>7 _____</p>			