



# BUILDING INSPECTIONS DEPARTMENT

314 West Main Street  
 PO Box 460, Burnsville, NC 28714  
 (828) 682-7833 Fax (828) 682-0345

50' Heated =

50' Un-Heated =

## APPLICATION FOR RESIDENTIAL PERMIT

PERMIT # _____		PIN # _____	
Owners Name - Last:		First:	
Address:		Phone #	
Project Street Address:		Zip:	
City:		State:	Zip:
Subdivision:		Lot #	Utility Provider:
Existing Use		Project Cost:	
Proposed Use of Structure:		Elec. Cost:	
Bdrms. Finished or Unfinished	# Baths:	# Other Rms:	# of Stories:

Type of Work: New <input type="checkbox"/>	Addition <input type="checkbox"/>	Renovation <input type="checkbox"/>	Reconstruction <input type="checkbox"/>
Basement: Finished <input type="checkbox"/>	Unfinished <input type="checkbox"/>	Porches: Front <input type="checkbox"/>	Side <input type="checkbox"/> Rear <input type="checkbox"/> Deck: <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/>
Garage: <input type="checkbox"/>	Fireplaces: Masonry <input type="checkbox"/>	Prefab <input type="checkbox"/>	Gas <input type="checkbox"/> Construction Power Pole: <input type="checkbox"/>
Plans: Print Copies Submitted <input type="checkbox"/>	MPU File Name*		

General Contractor:			License #
Street Address:			Phone #
City	State	Zip	Fax #
Contact Name:			Phone:
E-mail:			
Electrical Contractor:			License #
City	State	Zip	Phone #
E-mail:			
HVAC Contractor:			License #
City	State	Zip	Phone #
E-mail:			
Plumbing Contractor:			License #
City	State	Zip	Phone #
E-mail:			
Directions to Project:			
Applicant/Owner/Agent Name:			Phone#
Signature:			Date:

***** FOR OFFICE USE ONLY --- DO NOT COMPLETE *****			
Water Supply: Public <input type="checkbox"/>	Private <input type="checkbox"/>	Waste Water: Public <input type="checkbox"/>	Private <input type="checkbox"/> Lift Pump Required: <input type="checkbox"/>
Flood Certification Required: <input type="checkbox"/>	Imperv Surface Sq Ft	Finished Square Ft.	
Conditions of Permit:			

Cost Category	Fee	Cost Category	Fee	Cost Category	Fee
Electrical		Building		Other	
Heating		Footage Fees		Recovery Fund	
Plumbing		Const. Pole			

Plans Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ Inspection 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)

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