

**All Required Documents Must be Submitted together
or Applications Missing Required Documents Will Be Returned.**

Application Submission Instructions: Commercial/Multi-Family Building

- Commercial Building Permit Application
- Commercial Plan Review Submittal Form
- License Check & Regulation Sheet for each applicable contractor including General Contractor
- Self-Contractor Questionnaire Form (If not using a General Contractor) ♦
- Affidavit of Workers' Compensation Form ♦
- Copy of NC Lien appointment ♦
- Approved wastewater system (Authorization to Construction, Sewer Connection, Notice of Intent) (New construction)
- Septic Compliance inspection. (Additions/Change of Use)
- Erosion Control Certification Form
- Complete Site Plan showing proposed distance from structure to property lines, roads, water bodies.
- Three (3) paper copies of Complete Building Plans sealed by NC Licensed Design Professional as required by NCGS 83A. Minimum size of 18 x 24.
- Three (3) copies of Building Code Summary (Appendix B)
- NCDOT Driveway Connection Permit (if applicable)
- Applicable Fees

Items with ♦ are not required for projects under \$40,000

Additional permits such as Zoning, Watershed, Grading or Floodplain may be required

FEES:

See Fee Schedule

How To Submit:

In- Person

Or

Mailed with check to:

Watauga County Planning & Inspections

126 Poplar Grove Connector

Suite 201

Boone, NC 28607

Or

Emailed to p&i@watgov.org. You will be contacted with link to pay with credit card. Plans will have to be delivered to office.



Commercial Plan Review Submittal Form

Watauga County Planning & Inspections
126 Poplar Grove Connector Suite 201 Boone, NC 28607

Project Name: _____

Address/Location: _____

☐ New Building Construction ☐ Building Addition ☐ Interior Renovation ☐ Other

Short Description of Project: _____

CONTACT INFORMATION

Property Owner Name:	Applicant Name:
Phone:	Phone:
Email:	Email:
Design Professional Name:	Contractor Name:
Company:	Phone:
Phone:	Email:
Email:	Other Name:
	Phone:
	Email:
Project Contact(s) for Emailing Comments: ☐ Applicant ☐ Design Professional ☐ Contractor ☐ Owner ☐ Other	

OFFICE USE ONLY

Date Plans Received: _____ # of Paper Copies Received: _____ Digital Copy Received: _____

Application Received: _____ Application Complete: _____

Fire Marshall Plans (Date/By): _____ Fire Marshall Approved (Date/By): _____

Zoning/Watershed Approved (Date/By): _____

Erosion Control/Subdivision (Date/By): _____

Plans Reviewed (Date/By): _____ Approval/Disapproval Emailed: _____

Resubmitted Date: _____ Reviewed Date/By: _____ Email Sent: _____

Resubmitted Date: _____ Reviewed Date/By: _____ Email Sent: _____

Plans Approved (Date/By): _____ Permit Issued: _____



Watauga County
Planning & Inspections
(828)265-8043 • p&i@watgov.org
www.wataugacounty.org

Commercial/Multi-Family Permit Application

Property Information

Date: _____ Tax Parcel No.: _____

Property Owner: _____

Mailing Address: _____ Telephone #: _____

Address of Job Site: _____

Job Site Directions: _____

Site Details

Subdivision Name(if applicable): _____ Lot# _____ Acreage _____

Is Home Located Near a River or Stream: ☐ Yes ☐ No If yes, Distance from Stream _____

Name of River or Stream _____ Will Driveway Cross Stream: ☐ Yes ☐ No

Proposed Grading (area disturbed) including driveway & septic: _____ Length of Drive _____

Utilities

Power Company: ☐ Blue Ridge ☐ New River ☐ Mountain Electric

Sewer System: ☐ Septic Permit # _____ ☐ Community ☐ Public ☐ Existing (Setbacks Verified)

Water System: ☐ Well Permit # _____ ☐ Community ☐ Public ☐ Existing

Contractor Information

General Contractor: _____

Electrical Contractor: _____

Plumbing Contractor: _____

HVAC Contractor: _____

Fuel Piping Contractor: _____

Grading Contractor: _____

Primary Contact: _____

Telephone #: _____ Email: _____

Project Details

Type of Work: ☐ New ☐ Addition ☐ Remodel ☐ Repair ☐ Demolition ☐ Change of Use

Occupancy Type: ☐ Assembly _____ ☐ Business ☐ Educational ☐ Factory/Industrial _____ ☐ High Hazard _____

☐ Institutional _____ ☐ Mercantile ☐ Residential _____ ☐ Storage _____ ☐ Utility/Miscellaneous

Type of Construction: ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐ Other: _____

of Stories _____ **Height of Structure** _____

Type of Heat: ☐ Gas Forced Air ☐ Heat Pump ☐ Boiler ☐ Electric ☐ Other _____

of Bedrooms _____ **# of Full Baths** _____ **# of Half Baths** _____ **# of Units** _____

Project Area

Finished Area (sq.ft.) 1st Floor _____ Basement (sq.ft.) Finished _____

2nd Floor _____ Unfinished: _____ Total Finished _____

3rd Floor _____ Garage (sq.ft.) _____ Total Unfinished: _____

Decks/Patios/Porches (sq.ft.) _____ ☐ Attached ☐ Detached ☐ Basement

The undersigned agrees to conform to all applicable laws of the County of Watauga and the State of North Carolina, and further states that all statements hereon are true. If subdivision lot, I certify that all structures, measured from the eaves, comply with setback requirements found in Watauga County's Planning & Development Ordinances.

Print Name

Signature

Date



**Watauga County
Planning & Inspections**

(828)265-8043 • p&i@watgov.org
www.wataugacounty.org

**Contractor License Check
and Regulation Form**

Property Information

Permit # _____

Property Owner: _____

Address of Job Site: _____

Subdivision/Lot #: _____

General Contractor: _____

Contractor Type

- ☐ General Contractor ☐ Electrical ☐ Plumbing ☐ Mechanical (HVAC) ☐ Fuel Piping
☐ Manufactured Home Dealer ☐ Manufactured Set-Up Contractor
☐ Other: _____

Contractor Information

Licensed Contractor Name: _____

NC State License Number: _____

Business Name: _____

Business Address: _____

Business Telephone #: _____

Business Email: _____

Primary Contact: _____

Cell Phone #: _____ Email: _____

I the undersigned, have read and understand the North Carolina General Statutes pertaining to licensed contractors. I hereby affirm or swear that I am a licensed and qualified to assume all responsibility and liability of a licensed contractor for this project. If I resign or am no longer affiliated with this project, I will notify the Department of Planning and Inspections in Watauga County immediately within three (3) business days.

Licensed Contractor Name (Print)

Licensed Contractor Signature

Date

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 themselves,

_____ has/have not more than two (2) employee 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: _____

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)



WATAUGA COUNTY

Department of
Planning & Inspections

126 Poplar Grove Connector Suite 201 • Boone, North Carolina 28607 (828) 265-8043

TTY 1-800-735-2962

Voice 1-800-735-8262

or 711

FAX (828) 265-8080

WORK DONE BY OWNER

I understand I am being issued a permit to build _____, wire _____, install mechanical equipment _____, or plumb _____ my own home, addition to my home, to my own manufactured home, or storage building, located at the following address or parcel #:

_____ under the following conditions which I acknowledge I have read and understand by initialing paragraphs 1 through 6 below.

_____ 1. I own the home and am going to live in it myself. It is not for rent or use by others and will be occupied by me for at least twelve months from date of certificate of occupancy.

_____ 2. I understand that this permit is for me to do the work myself and that I am the only one authorized to superintend or manage the work done on this home.

_____ 3. I understand that if anyone else does the electrical, mechanical, or plumbing on this job they must be licensed, and a Sub-Contractor License Check and Regulation Sheet must be submitted to the office.

_____ 4. I understand that the Building Inspector will not design or lay out the job for me.

_____ 5. I understand that the Building Inspector will communicate only with me on this job.

_____ 6. I further understand that if the job is turned down two times as not meeting the Code, I will be required to obtain the services of a licensed contractor. Further I understand that I will be charged extra trip charges for any extra trips that are required. An extra trip is defined as a trip in excess of the normal number of trips to inspect a job plus one to inspect corrections.

PERMIT NUMBER: _____

OWNER SIGNATURE: _____

DATE: _____

**Watauga County Planning & Inspections
126 Poplar Grove Connector Suite 201
Boone, NC 28607
(828)265-8043 • (828)265-8080 (fax)**

Erosion Control Certification

The undersigned applicant for a Watauga County building permit acknowledges the following:

1. I am responsible for preventing off-site sedimentation during the course of my construction project;
2. Should off-site sedimentation occur as a result of my construction, I will cease construction until corrective actions are taken, to include prevention of further sedimentation and clean-up of any off-site damage;
3. I understand that failure to comply may result in withholding by the County of building inspections or issuance of a stop work order until compliance is achieved.

The preceding is pursuant to the Watauga County Erosion Control Ordinance and the NC Sedimentation Pollution Control Act of 1973.

Name: _____ Signature: _____

Date: _____ Tax parcel #: _____

Lien Agent Law

Effective April 1, 2013, North Carolina law will require that an owner (or, as typical with permit applications, the contractor on their behalf) appoint a lien agent when they first contract for improvements to real property. A lien agent is a title insurer or agent also registered as a lien agent with the NC Department of Insurance.

However, the appointment is *not* required for improvements:

- (1) for which the costs of the undertaking are less than \$40,000, either at the time that the original building permit is issued or, in cases in which no building permit is required, at the time the contract for the improvements is entered into with the owner,
- (2) to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that is used by the owner as a residence.

The identification and contact information for the lien agent must be conspicuously and continuously posted on the property for which the permit is issued until the completion of all construction.

A website created specifically and solely for purposes of facilitating the filings of appointments of lien agents, the filing of notices to lien agents by potential lien claimants, and searching for these filings will be available April 1, 2013, at www.liensnc.com. So when the owner (or contractor on their behalf) appoints a lien agent through the LiensNC system, it will generate an Appointment of Lien Agent document or form for the property and project, which will include the following information:

- Designated Lien Agent and contact information (c/o LiensNC)
- Unique Entry or Identifying number for the Project
- Owner and contact information
- Contractor (if one)
- Instructions for the owner and/or contractor to post at the property and provide to the permitting office
- “QR Code” for easy access to the property information in the LiensNC system

The lien agent information form (located on reverse side) or document printed from the LiensNC website can be attached to the building permit application and building permit, for it will include the required information the permit office will need.



Scope of Work Remodel/Repair

Property Information

Date: _____ Tax Parcel No.: _____

Property Owner: _____

<u>Description of Work</u>	<u>Location of Work</u>	<u>Itemized Cost</u>
Building		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Electrical		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Plumbing		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Mechanical		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Fuel Piping/Gas		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following projects must also submit layout plans:

- ◆ Finishing Basements
- ◆ Reconfiguring current layout of rooms
- ◆ Converting Garage/Enclosing Deck

Total Cost \$ _____