

CITY OF THOMASVILLE - COMMERCIAL BUILDING PERMIT APPLICATION

(This application must accompany all plan review requests.)

Job Site Address _____

Property Owner _____ Telephone _____

Owner's Address _____ City _____ State _____ Zip _____

Occupancy Group _____ Type of Building New Addition Alteration/Repair Accessory

Type of Construction _____ I _____ II _____ III _____ IV _____ V → _____ A or _____ B

New Square Footage Existing Square Footage Total Square Footage If Alteration-Cost of Upfit (Not Including New Construction)

Building Height _____ No. of Stories _____ No. of Dwelling Units Proposed _____

Provide a Detailed Description of Work: _____

Permit Office - 10 Salem Street, Thomasville, NC 27360 Tel: (336) 475-4249 Fax: (336) 475-4258

On commercial construction our review process requires 5 copies of the construction plans with completed Appendix B and a review fee of \$200.00 made payable to the City of Thomasville.

Building Contractor _____ License No. _____ Classification _____

Address _____ City _____ State _____ Zip _____

Telephone: Off _____ Mobile _____ Email _____

Project Contact: _____ Mobile _____ Email _____

Design Professional _____ Telephone _____

Architect Engineer NC Reg. No. _____ Owner Other _____

Permit to be issued to: CONTRACTOR OWNER (May require Owner Exemption Affidavit to be completed.)

By signing this application, I certify that I am authorized to apply for permits pertaining to this job; all information given is true and correct to the best of my knowledge; and all work will comply with NC State Building Codes and local ordinances concerning the proposed use. I am aware that this permit will become void after 6 months from the date of issuance if the work has not commenced. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand that any violation of the aforementioned regulations and/or ordinances will be grounds for revocation of any and all permits issued by the City of Thomasville.

Applicant Signature

Date

Print Name

(For Office Use Only - To Be Completed By Inspections Department)

Building Permit No. _____ Value of Construction \$ _____ Permit Fee \$ _____

CITY OF THOMASVILLE
COMMERCIAL BUILDING PERMIT APPLICATION (CONTINUED)

Lien Agent Name _____ Entry # _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Electrical _____ License # _____ Classification _____

Address _____ City _____ State _____ Zip _____

Tel: _____ Mobile _____ Email _____

Mechanical _____ License # _____ Classification _____

Address _____ City _____ State _____ Zip _____

Tel: _____ Mobile _____ Email _____

Plumbing _____ License # _____ Classification _____

Address _____ City _____ State _____ Zip _____

Tel: _____ Mobile _____ Email _____

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: ***(You must check one of the choices below)***

_____ 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) 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 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 (if applicable): _____

By (print name): _____ **Title** _____

Signature: _____ **Date** ____ / ____ / ____