City of Thomasville – RESIDENTIAL BUILDING PERMIT APPLICATION

Date:____/_____/_____

(Please submit 2 construction plans along with your application.)

Job Site Address_____ LOT #_____

Property Owner_____

Owner's Address_____ City_____ State_____ Zip_____

Telephone: Off_____ Mobile_____ Email_____

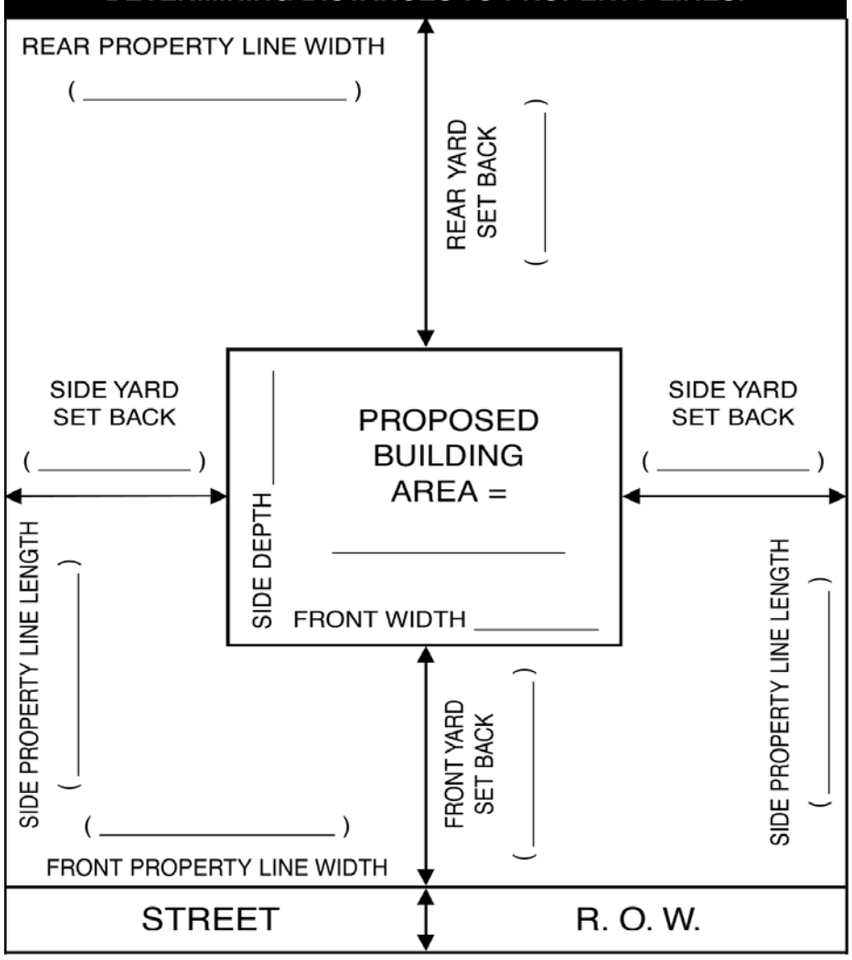
Type of Building: ☐ New ☐ Addition ☐ Alteration/Repair ☐ Accessory Structure_____

Property Use: ☐ Single Family ☐ Duplex ☐ Town Home-No. of Units_____ // No. of Stories_____

Provide a Detailed Description of Work:_____
(Attach additional sheet if necessary)

_____

NOTE: INCLUDE ALL STAIRS, DECKS & PORCHES WHEN DETERMINING DISTANCES TO PROPERTY LINES.



BLDG AREA SQ. FT.

HEATED		UNHEATED	
1ST FLOOR	_____	GARAGE	_____
2ND FLOOR	_____	DECK	_____
BONUS ROOM	_____	PORCH	_____
BASEMENT	_____	BASEMENT	_____
OTHER	_____	OTHER	_____
TOTAL HEATED SQ.FT.	_____	TOTAL UNHEATED SQ.FT.	_____

TOTAL SQ. FT. _____

	COST	FEES
BUILDING ...$	_____	$_____
ZONING		$_____
NC RECOVERY.....		$_____
TOTAL PERMIT FEES		$_____

BUILDING PERMIT NO. _____

Building Contractor:_____ License No._____ Classification _____

Address_____ City_____ State_____ Zip_____

Telephone: Off_____ Mobile_____ Email_____

Project Contact:_____ Mobile_____ Email_____

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 violations 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*

(CONT. ON BACK)

City of Thomasville – RESIDENTIAL 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** _____/_____/_____