Madison County Property Improvement Check List

Property Owner:_____ Previous Owner:_____

Phone:_____ Cell:_____ Email:_____

Department	Initial	Date	Township	MA Number
Tax Assessor				
Parent Pin			Temp Pin	
Street Name of Property				
Vacant Property	Yes	No	Notes	

Town Limits?		Water?		Sewer	
Yes	No	Yes	No	Yes	No
Zoning					

Town Signature:_____

Department	Initial	Date	Special Notes
Environmental Health			

Department	Initial	Date	Special Notes
911 Center			
Fixed Address			

Department	Initial	Date	Disposal Card	
Solid Waste				
Disposal Card			Town of	

Department	Initial	Date	Residential	Commercial
Building Inspections				
Zoning				

Revised: 04/07/2014

Property Owners:_____ Phone:_____

Madison County
Application for Zoning Permit

Applicant/Owner Information:
Name: _____ Date: _____

Address: _____

Phone #: Day: _____ Evening: _____

Property Information:
PIN#:_____ LOT SIZE (acreage):_____

Property Address: _____

Zoning Classification:

___RA	___C	___A-O
___N-C	___R-1	___R-2
___I-D	___CMU	

Flood Plain:
Floodplain: ____Y ____N

Watershed:
Watershed: ____Y ____N

Protected Ridge: ___Y ___N

Setbacks:
Please provide a property map showing the location of your project with the setbacks marked.

New Construction Dwelling	Accessory Structure
15' side setback	10' side and rear property line
20' rear	20' street or highway right of way
40' front	

There shall be a 30' setback from all creeks in the Watershed District.

NOTES: **Permit #:_____**

Certifications:
If a permit is granted I/We the undersigned agree to conform to all county ordinances and codes. Furthermore we agree to meet all state mandated standards such as health, building safety, and fire. I hereby swear that the above information is truthful and accurate to the best of my understanding.

Signature of Applicant: _____ **Date:** _____

APPLICATION FOR BUILDING PERMIT
MADISON COUNTY INSPECTIONS

OWNER_____ DATE_____

MAILING ADDRESS_____ TELEPHONE_____

BUILDING LOCATION/DIRECTIONS_____

_____

PIN NUMBER_____ ACREAGE_____ ZONING CLASSIFICATION_____

TOWN JURISDICTION:____Y ____N TOWN APRROVALS : ____Y ____N TOWNSHIP:_____

OCCUPANCY: SINGLE FAMILY MULTI-FAMILY COMMERCIAL

TYPE OF WORK: NEW ADDITION RENOVATION CHANGE OF USE DEMOLITION REPAIR UPFIT

USE OF PROPERTY: OWNER OCCUPIED RENTAL SALE LIEN AGENT NUMBER: _____

PROJECT DESCRIPTION_____

TOTAL ESTIMATED COST OF PROJECT_____ NO. OF STORIES_____

CONSTRUCITON TYPE_____

LENGTH_____ WIDTH_____ # BEDROOMS_____ BATHROOMS_____

BASEMENT_____ CRAWL SPACE_____ SLAB_____ BASEMENT FINISHED YES____ NO____

DWELLING SQ. FT. _____ GARAGE SQ. FT._____ TOTAL SQ. FT. _____

PERMIT COST: Bldg: _____ Zoning: _____ Total:_____

GENERAL CONTRACTOR_____ LICENSE NO._____

Contact Number _____ Address_____

SUBCONTRACTORS:

ELECTRICAL CONTRACTOR_____ LICENSE NO._____

Contact Number _____ Address_____

PLUMBING CONTRACTOR_____ LICENSE NO._____

Contact Number _____ Address_____

MECHANICAL CONTRACTOR_____ LICENSE NO._____

Contact Number _____ Address_____

GAS CONTRACTOR_____ LICENSE NO._____

Contact Number _____ Address_____

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable State and local laws and regulations.

_____ _____ _____

Signature Date Printed name

APPROVED BY:_____ DATE_____ PERMIT NUMBER:_____

The following must be turned in with plans at the time of building permit application.

BUILDING

FOOTING: DEPTH _____ WIDTH _____

REINFORCEMENT _____

FOUNDATION WALL: TYPE_____

SIZE _____

AMOUNT OF BACKFILL _____

FRAMING:

FLOOR JOIST: TRUSS_____ 2X_____

TGI _____

SPACING _____OC

WALLS: 2X_____ SPACING _____OC

ROOF/CEILING: TRUSS_____ 2X_____

TGI _____

SPACING _____OC

LOG HOME: LOG SIZE_____

DECK: FOOTER SIZE_____

POST SIZE _____

JOIST SIZE_____

IN ALL APPLICATIONS IF A DESIGN IS PROVIDED IT MUST BE SEALED BY A NORTH CAROLINA REGISTERED DESIGN PROFESSIONAL.

ELECTRICAL

AMPERE SERVICE:_____

TYPE: UNDERGROUND_____ OVERHEAD_____

PREMISE OR ACCOUNTY NUMBER: _____

French Broad Electric _____
Progress Energy _____
Haywood Electric_____

PLUMBING

NUMBER OF FIXTURES:_____

SEPTIC APPROVED FOR _____ NUMBER OF BEDROOMS

Septic (new) _____
Septic (existing) _____
Town Sewer _____

HEATING

TYPE OF HEAT: Electric_____

Gas: LP _____ Natural _____

Oil _____ Wood_____

FIREPLACE: Yes ____ No _____

MASONRY _____ INSERT _____ GAS_____

RESCHECK: YES_____ NO _____ (REQUIRED FOR ALL LOG HOMES)

INSULATION TYPE: _____

R-VALUES: FLOOR_____

CEILING _____

WALLS _____

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 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 no employees and has waived in writing their right to coverage by their contractor or have their own policy of workers' compensation covering themselves,

_____ has/have not more than two 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 and/or waivers of workers' compensation insurance coverage 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: _____

MADISON COUNTY INSPECTIONS DEPARTMENT

LIEN AGENT INFORMATION

EFFECTIVE APRIL 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is $30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent: _____ Lien Agent #: _____

Mailing Address of Agent: _____

Physical address of Agent: _____

Telephone: _____ Fax: _____

Email: _____

CONTRACTOR AND CONSTRUCTION SITE INFORMATION

Name of Contractor and/or Owner: _____

Telephone: _____ Fax: _____

Construction Site Address and/or parcel #: _____

I certify that to the best of my knowledge, the above statements provided are true and correct.

Signature of Contractor/Owner: _____ Date: _____

The Information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site. For further information regarding the Lien Agent process you may visit liensnc.com or contact Nancy Ferguson at 800-445-9983 or email her at Nancy.Ferguson@ctt.com

Excerpt from North Carolina G.S. 153A-357:

(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars ($30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14(a)(1)

COUNTY OF _____

_____ Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

_____.

I, _____,
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

1. _____ I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

   OR

   _____ I am legally authorized to act on behalf of the firm or corporation which 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 alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;

3. _____ 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 a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that 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 that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

_____ _____
(Signature of Affiant) Date

Sworn to (or affirmed) and Subscribed before me
this the ___ day of _____, 20__

_____
Signature of Notary Public

_____
Printed Name of Notary Public

My Commission Expires:_____ (Notary Stamp or Seal)

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