

MACON COUNTY BUILDING PERMIT APPLICATION
INFORMATION IS REQUIRED BEFORE A PERMIT CAN BE ISSUED

Parcel #: _____ Township: _____

Owners Name: _____ Phone #: _____

Owners Address: _____

Directions to Job Site including gate code if applicable: _____

Power Company that Supplies or will Supply your Power: _____

Type of Construction you are Applying for: _____

Total Estimated Cost of Construction: _____

If this is a New Construction, Please Circle if it is **PRIMARY** or **SECONDARY**

SQUARE FOOTAGE:

1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____

Basement: _____ Garage: _____ Addition: _____

of Bedrooms: _____

Total Square Footage: _____ Modular # of Units: _____

Is Property in Watershed? Yes No Is Property in Flood Plain? Yes No

Elevation Above Sea Level : _____ If Commercial, Will Sign be on Premises Yes No

CONTRACTORS:

Electrical: _____ License #: _____ Phone #: _____ Cell # _____

Plumbing: _____ License #: _____ Phone #: _____ Cell # _____

Mechanical: _____ License #: _____ Phone #: _____ Cell # _____

Gas: _____ License #: _____ Phone #: _____ Cell # _____

Insulation: _____ Phone #: _____ Cell # _____

Building: _____ License #: _____ Phone #: _____ Cell # _____

Name is the Septic Approvals in: _____ Name the Well Approvals in: _____

Year was the Septic Approved: _____ Year the Well was Drilled: _____

If on City Sewer/Water, do you have the Receipt for the Tap fee? _____

If Inside the City Limits of Franklin or Highlands, do you have a Zoning Certificate? _____

IF PERMIT IS GRANTED, I AGREE TO CONFORM TO THE NORTH CAROLINA STATE BUILDING CODE AND TO ALL COUNTY ORDINANCES AND THE LAWS OF THE STATE OF NORTH CAROLINA REGULATING SUCH WORK

Signature of Applicant: _____

OFFICE USE ONLY

FEEES: B _____ E _____ P _____ M _____ LD _____ RF _____ W/S _____ F/P _____ TOTAL _____

Effective 7/6/2006 replacement to all previous applications Permit # _____

APPENDIX D

**AFFIDAVIT OF WORKER'S COMPENSTATION COVERAGE
N.C.G.S §87-14**

The undersigned applicant for construction on Parcel # _____ being the

_____ Contractor

_____ Owner

_____ Officer/Agent of the Contractor

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 worker's compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and have obtained worker's compensation insurance to cover them,

_____ has/have one or more subcontractor(s) who has/have their own policy of worker'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 coverage of Worker's Compensation insurance prior to issuance of the permit at any time during the permitted work from any person, firm or corporation carrying out the work.

Company Name : _____

Signed : _____

Print: _____

Title: _____

Date: _____

**MACON COUNTY BUILDING INSPECTIONS OFFICE
1834 LAKESIDE DRIVE
FRANKLIN, NC 28734
PH – 828 – 349-2072 FAX – 828-524-2653**

General Contractors as defined by Statute:

§ 87-1. General contractor: defined; exceptions

For the purpose of this Article any person or firm or corporation who for a fixed price, commission, fee or wage undertakes to bid upon or to construct or who undertakes to superintend or manage, on his own behalf or for any person, firm or corporation that is not licensed as a general contractor pursuant to this Article, the construction on any building, highway, public utilities, grading or any improvement or structure where the cost of the undertaking is under thirty thousand dollars (\$30,000) or more, or undertakes to erect a North Carolina labeled manufactured modular building meeting the North Carolina State Building Code, shall be deemed to be a "general contractor" engaged in the business of general contracting in the State of North Carolina.

This section shall not apply to persons or firms or corporations furnishing or erecting industrial equipment, power plan equipment, redial brick chimneys and monuments.

This section shall not apply to any person or firm or corporation who constructs or alters a building on land owned by that person, firm or corporation provided such building is intended solely for occupancy by that person and his family, firm or corporation after completion; and provided further that, if such building is not occupied solely by such person and his family, firm or corporation for at least 12 months following completion, it shall be presumed that the person, firm or corporation did not intend such building solely for occupancy by that person and his family, firm or corporation.

By signature I acknowledge that I have read the above information:

Signature by Owner or Contractor

Date



MACON COUNTY

LAND DISTURBANCE PERMIT APPLICATION

(MUST BE FILLED OUT COMPLETELY)

*****OWNER OF SUBJECT PROPERTY*****

Name: _____ Phone: _____

Address: _____

*****CONTRACTOR / EARTH MOVER*****

Name: _____ Phone: _____

Address: _____

Licensed Macon County Contractor? Yes No Macon County License # : _____

Estimated Cost of Grading: _____ N.C. License # : _____

*****PERSON FINANCIALLY RESPONSIBLE (If Different from Owner)*****

Name: _____ Phone: _____

Address: _____

Macon County Land Records Property Identification # (Parcel Number) _____ Township _____ City Limits of Franklin? Yes No Directions to Property: _____

Size of Land Disturbance _____ Sq. Ft. or _____ Acres (43,560 sq. ft. = 1 Acre)

*Erosion Control Plans are required @ 21,780 sq. ft. (1/2 Acre) Disturbed.

Are you applying for a building permit as well? Yes No If yes, square footage of structure: _____

Will the land disturbance involve a slope of greater than 1:1 (45°)? Yes No (If yes, plans are required)

Do you have water on your Property? No Yes Spring Lake Branch Pond Stream

If you have a stream, is it a N.C. Trout Stream? Yes No (Requires 25 foot buffer zone)

Will the property require a stream crossing? Yes No (Requires permit from Department of Water Quality)

Mandatory Measures *Groundcover: Revegetate within 21 calendar days upon completing any phase of grading

*Silt Fences (Steel Posts 6' O.C. trenched 8" Deep) or Berms and Diversions

*Mudmat/ gravel construction access (3" Stone: 50' long and 10' W) *Cut slopes 1.5 : 1 Fill slopes 2 : 1

Road Grade Standards 16 % - Pavement 10% - Gravel 6% - grass

The undersigned hereby attests that the information given above is true and correct. The applicant is aware of the stated requirements and responsibilities for land disturbance in Macon County. The applicant understands the principles of erosion control and understands that the North Carolina Sediment Law of 1973 applies to each project regardless of size. The applicant acknowledges that county staff can and will conduct periodic inspections of this project to ensure compliance. Any non-compliance with the provisions of this ordinance may result in civil penalties. The signature below signifies full responsibility for all land disturbance activities on subject site.

Signature of Financial Responsible Party/Owner: _____ Date: _____