



JACKSON COUNTY PERMITTING & CODE ENFORCEMENT

Addition/Remodel Permit Application

Sylva Office: 538 Scotts Creek Rd, Suite 205, Phone: 828-586-7560 / Fax: 828-586-7563

Cashiers Office: 357 Frank Allen Road, Phone: 828-745-6850 / Fax: 828-745-6867

NC Lien Agent Required? (www.liensnc.com) NO YES Lien Entry Number: _____

Parcel Identification Number (PIN): _____ Office Use Only: **B E P M G W**

Property Owner Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address (Contractor, will receive inspection results): _____

Building Contractor: _____ NC License # _____ Phone: _____

Electrical Contractor: _____ NC License # _____ Phone: _____

Plumbing Contractor: _____ NC License # _____ Phone: _____

Mechanical Contractor: _____ NC License # _____ Phone: _____

Gas Contractor: _____ NC License # _____ Phone: _____

Type of Construction: Wood Frame Log Metal Modular Masonry

Type of Permit: Addition Remodel Attached Garage Attached Carport

Residential: _____ Bedrooms
 _____ Full Bathrooms
 _____ Half Bathrooms

Commercial: _____ Bedrooms/Dwelling Units
 _____ Full Bathrooms
 _____ Half Bathrooms

Heat Type(s): _____ A/C: Yes Decks: Yes Fireplaces: Yes No # Fireplace(s): _____
 _____ No No Chimneys: Yes No # Chimney(s): _____

Square Footage Details:*	Finished SF	Unfinished SF	Total
1 st Floor			
2 nd Floor			
3 rd Floor			
Basement			
Attached Garage/Carport			
Total SF			

*Include affected/inspected square footage only!

Total Cost of Construction _____

(DETAILED DIRECTIONS TO JOB SITE - IF POSSIBLE, PLEASE INCLUDE A 911 ADDRESS)

Power Provider: _____ Job/Work Order # (if Duke Energy): _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Signature: _____ Date: _____

You may submit a completed, signed copy of this application to our office in person, by fax, or e-mail to jcpermitcenter@jacksonnc.org. Fees may be required.



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Confirmation of Subcontractor for Permitting

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CONFIRMATION OF SUBCONTRACTOR FOR: (JOB NAME) _____

GENERAL CONTRACTOR NAME: _____

IF PERMIT IS GRANTED I AGREE TO CONFORM TO ALL LAWS OF THE STATE OF NORTH CAROLINA REGULATING SUCH WORK. I CONFIRM THAT THE INFORMATION LISTED BELOW IS TRUE AND ACCURATE.

Electrical Contractor		Notary Public Information	
Contractor Signature		Notary Public Signed	
Printed Company Name		Date Commission Expires	
NC License #			(Notary Seal)
Phone #			
Contractor's E-mail			
Date Signed			
County/State Signed In			

Plumbing Contractor		Notary Public Information	
Contractor Signature		Notary Public Signed	
Printed Company Name		Date Commission Expires	
NC License #			(Notary Seal)
Phone #			
Contractor's E-mail			
Date Signed			
County/State Signed In			

Mechanical Contractor		Notary Public Information	
Contractor Signature		Notary Public Signed	
Printed Company Name		Date Commission Expires	
NC License #			(Notary Seal)
Phone #			
Contractor's E-mail			
Date Signed			
County/State Signed In			



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Affidavit of Worker's Compensation Coverage

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Per North Carolina General Statute 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 workman's compensation covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

_____ has/have applied for permit where the cost is under \$30,000 and I am, therefore, exempt from Licensed General Contractor requirements specified by G.S. 87-14,

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: _____

Signature: _____ Title: _____

Sworn to (or affirmed) and subscribed before me in _____ County, this, the _____ day of _____, 20____.

Notary Public: _____ Signed: _____
Printed Name *Signature of Notary*

My commission expires: _____

(SEAL)