



JACKSON COUNTY PERMITTING & CODE ENFORCEMENT

New Residential, New Commercial 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: New Single Family Residence Addition Remodel New Commercial

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			

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			

JACKSON COUNTY 9-1-1 OFFICE
Phone: (828) 586-7534 / Zeb Holland
Email: zebholland@jacksonnc.org
Mail: 401 Grindstaff Cove Rd.
Sylva, NC 28779

**JACKSON COUNTY, NORTH CAROLINA
ADDRESS REQUEST FORM**

Date of Application: _____

The following information is required in order to assign you a permanent house number and road name. This address is necessary for Jackson County to provide you, the homeowner, with adequate emergency service when a 9-1-1 call is made. Your address will be assigned as soon as possible after your request is made. (The driveway must be cut in on the property before the address can be generated). This form must be filled out if you are building a new home or placing a mobile home on your property. Leave this form at the Building Permit office. The assigned address must be posted on your home or at your driveway before a Certificate of Occupancy can be issued.

Homeowners Name: _____ Telephone: _____

Contractor's Name: _____ Telephone: _____

Road Name: _____ PIN # _____

Building Permit # _____ Parcel Identification Number
Lot # if applicable: _____

Directions to building site: _____

Name of nearest neighbor: _____

Description of new home: (example: 2-story gray house) _____

Attach a drawing of the proposed location of the structure and driveway. You can create this drawing on the Jackson County Parcel Viewer. Go to the following link: gis.jacksonnc.org/rpv. Check the disclaimer box and click OK. Click map layers on top right green bar, click aerials, then 2019 aerials. Then, type the PIN number or owner name (formatted "last name, first name") in the box in the top left corner and hit enter to bring up your parcel. You should see your parcel highlighted (click on it if it's not). You can click and drag the map to move around or use your mouse scroll to zoom in and out. To draw on the map, click on the button with the wrench in the upper right corner, then click "Draw". You can place a point on the map where the structure will be and use one of the line options to draw the driveway (freehand polyline works best; just click and drag along the map to draw). Afterwards, you can click on the printer button on the green bar at top to download your parcel drawing to a PDF. Once this file is downloaded, you can print it as normal (through Adobe or your internet browser).

This completed form along with the site plan are required for us to assign an address to your property.

If this home is not to be your permanent full-time residence, please list an out of town mailing address and telephone number where you can be reached.

Mailing Address: _____ Telephone: _____

(FOR OFFICE USE ONLY) NEW HOME ADDRESS: _____



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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)

Section R-318 Protection Against Termites

ATTENTION

A COPY OF TERMITE TREATMENT MUST BE SUBMITTED TO THE BUILDING PERMIT OFFICE BEFORE A CERTIFICATE OF OCCUPANCY CAN BE ISSUED FOR ANY NEW RESIDENTIAL WORK.

R-318.1 Subterranean termite control methods. In areas subject to damage from termites as indicated by Table R301.2(1), methods of protection shall be one of the following methods or a combination of these methods:

1. Chemical termiticide treatment, as provided in Section R318.2.
2. Termite baiting system installed and maintained according to the *label*.
3. Pressure-preservative-treated wood in accordance with the provisions of Section R317.1.
4. Naturally durable termite-resistant wood.
5. Deleted
6. Cold-formed steel framing in accordance with Sections R505.2.1 and R603.2.1.

R-318.1.1 Quality Mark. Lumber and plywood required to be pressure-preservative-treated in accordance with Section R318.1 shall bear the quality *mark* of an *approved* inspection agency which maintains continuing supervision, testing, and inspection over the quality of the product and which has been *approved* by an accreditation body which complies with the requirements of the American Lumber Standard Committee treated wood program.

R-318.2 Chemical Soil Treatment. The concentration, rate of application, and treatment method of the termiticide shall be consistent with and never less than the termiticide label and applied according to the standards of the North Carolina Department of Agriculture.