DATE REC'D:	
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JACKSON COUNTY PERMITTING & CODE ENFORCEMENT Accessory Use Building Application

Sylva Office: 401 Grindstaff Cove Road, Suite 145, Phone: 828-586-7560 / Fax: 828-586-7563 Cashiers Office: 357 Frank Allen Road, Phone: 828-745-6850 / Fax: 828-745-6867

LIEN AGENT REQUIRED? NO YES LIEN ENT	RY NUMBER:_	
PROPERTY PIN NUMBER:		Office Use Only: B E P M W
NAME:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL ADDRESS:		
BUILDING CONTRACTOR:	NC LIC #	PHONE:
ELECTRIC CONTRACTOR:		
PLUMBING CONTRACTOR:		
MECHANICAL CONTRACTOR:		
ΓΥΡΕ OF CONSTRUCTION: ☐ Wood Frame ☐ Metal	Masonry	☐Modular ☐Log
LAND USE: Residential Commercial Garage	Storage	☐ Workshop ☐ Other
Total Number of Rooms Description of New Work Bathrooms	:	
Heat Type(s): A/C: \[\bigcap No Decks: \[\bigcap No \\ \bigcap Yes \bigcap Yes \]		No \square Yes # Fireplace(s): No \square Yes # Chimney(s):
Square Footage Details: 1st Floor 2nd Floor	Total Cost	of Construction: \$
Basement sq. ft.		
DETAILED DIRECTIONS TO JOB SITE-IF POSSIBLE, PLEA	SE INCLUDE A 91	1 ADDRESS)
POWER PROVIDER: JOB	3 # (if Duke Energy):	
I hereby certify that all information in this application is correct and all other applicable State and local laws and ordinances and of any changes in the approved plans and specific	regulations. The in	nspection Department will be notified
SIGNATURE:DATI	E:	



JACKSON COUNTY PERMITTING & CODE ENFORCEMENT Confirmation of Subcontractor for Permitting

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CONFIRMATION OF SUBCONTRACTOR FOR: (JOB NAME)				
GENERAL CONTRACTOR NAME:				
IF PERMIT IS GRAM	NTED I AGREE TO CONFORM TO ALL LA	WS OF THE STATE OF N	ORTH CAROLINA REGULATING SUCH	
We	ORK. I CONFIRM THAT THE INFORMAT	TION LISTED BELOW IS T	RUE AND ACCURATE.	
Electrical Contractor		Notary Public Information		
Contractor Signature		Notary Public Signed		
Printed Company Name		Commission Date		
NC License #				
Phone #				
Contractor's E-mail			(Notary Seal)	
Date Signed				
County/State Signed In				
~				
Plumbing Contractor		Notary Public Information		
Contractor Signature		Notary Public Signed		
Printed Company Name		Commission Date		
NC License #				
Phone #				
Contractor's E-mail			(Notary Seal)	
Date Signed				
County/State Signed In				
Mechanical Contractor		Notary Public Information		
Contractor Signature		Notary Public Signed		
Printed Company Name		Commission Date		
NC License #				
Phone #				
Contractor's E-mail			(Notary Seal)	
Date Signed				
County/State Signed In				
		I		



JACKSON COUNTY PERMITTING & CODE ENFORCEMENT 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,
theday of
Notary Public: Signed: Signature of Notary
My commission expires:

(SEAL)