



## JACKSON COUNTY PERMITTING & CODE ENFORCEMENT Accessory Use Building 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](http://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: Storage Workshop Detached Garage Detached Carport Other

Residential Commercial Description of New Work: \_\_\_\_\_

\_\_\_\_\_ 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 <sup>st</sup> Floor			
2 <sup>nd</sup> Floor			
3 <sup>rd</sup> Floor			
Basement			
		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](mailto:jcpermitcenter@jacksonnc.org). Fees may be required.*



**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 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 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 \$40,000 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)