





**JACKSON COUNTY PERMITTING & CODE ENFORCEMENT**  
**Confirmation of Subcontractor for Permitting**

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

**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		Commission Date	
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		Commission Date	
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		Commission Date	
NC License #		(Notary Seal)	
Phone #			
Contractor's E-mail			
Date Signed			
County/State Signed In			

**JACKSON COUNTY 9-1-1 OFFICE**  
401 Grindstaff Cove Rd., (Mail)  
Sylva, NC 28779  
(828)586-7537  
(828)586-7573 fax

**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 address must be posted on your home or at your driveway before a certificate of occupancy can be issued. 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.

Homeowner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Road Name: \_\_\_\_\_ PIN # \_\_\_\_\_  
(Parcel Identification Number)

Building Permit #: \_\_\_\_\_ Lot # (if applicable): \_\_\_\_\_

Directions to building site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of nearest neighbor: \_\_\_\_\_

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

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: \_\_\_\_\_



**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, 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.