Permitting Instructions

1. You will need to apply for and receive approval from the Appalachian District Health Dept. They will help with all of your well and septic needs. Their number is 336-372-5641.

2. If your project is over $30,000 you will need to go to liensnc.com, set up an account, and appoint a lien agent. There are instructions on the web-site if you need assistance. You will need a valid credit card to go through this process. Print the page that says DO NOT REMOVE, PRINT AND POST. Without this paper you will not receive a permit from our office.

3. Fill out the application attached to your best knowledge.

4. If your structure is commercial, log or a modular you will need a full set of signed and sealed engineered plans that will be kept in the office.

5. Keep the very last page in this packet and post at the electrical panel for final. If this is not posted you will not receive a final inspection.

If you have any question you may contact us by the information above.
Alleghany County Inspection Department
Building Application

(Homeowner’s): Last Name: ____________________________ First Name: ____________________________

Construction Site location: ________________________________________________________________

Owner’s Phone #: ____________________________ Parcel ID #: ____________________________

Gated Community Yes ___No___ Gate Code___________ without code inspection will not be done

General Contractor ____________________________ License # ____________________________

Electrical Contractor ____________________________ License# ____________________________

Plumbing Contractor ____________________________ License# ____________________________

Mechanical Contractor ____________________________ License# ____________________________

Box Flyer Office Use Only:

In Watershed: Y □ N □ Subdivision Type: Res □ Com □ In flood plain: Y □ N □

Distance of stream: ________ Stream Name: ___________ Near the Parkway: Y □ N □

On Ridge Y □ N □ Ridge Name ________________ Elevation __________

New ________ Addition ___Remodeling_______ Garage/Carport _____ Deck _____ Roofing____

Health Department # ____________________________ Stick Built_____ Log___ Modular___________

No. of Room______ No. of Bedrooms_____ No. of Bathrooms_______ No. of stories___________

Type of Heat _____ Sq Ft Heated_______ Sq Ft Unheated______ Project Cost _____________

Project: Residential _____ Commercial ____ (Comm. Planning approval) Yes _____ No_______

Job Description: ______________________________________________________________________

Workers Comp Yes □ No □ If you check NO you must have less than three (3) employees!

I hereby certify that all information in the application is correct to the best of my knowledge and that all work shall comply with all the local, state and federal rules, regulations, ordinances and laws. I will have obtained the proper workers compensation for this job. I will notify the Alleghany County Building Inspections Department of any changes in the approved plans and specifications and contractor information for the project permitted herein. I understand the Alleghany County Building Inspections Department must receive payment of all permit fees within seven (7) days of date of application or permit will be void.
I_____________________, State that I will be doing the _____Electrical,
_____ Mechanical, _____Plumbing for:

Contractor/Home Owner’s Name: ________________________________

Address of Job Site: __________________________________________

I hereby certify that all information in the application is correct to the best
of my knowledge and that all work shall comply with all the local, state and
federal rules, regulations, ordinances and laws.

If in the event that I should abandon this job for any reason I shall inform
the Alleghany Inspection Department so they can remove my company name
from the said permit.

Company Name: ________________________________

Company Owner Signature: ________________________________

License Number: ____________________________

Date: ________________
I_____________________, State that I will be doing the _____Electrical, _______ Mechanical, ______Plumbing for:

Contractor/Home Owner’s Name: ____________________________________________

Address of Job Site: _______________________________________________________

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from the said permit.

Company Name: ____________________________________________________

Company Owner Signature: __________________________________________

License Number: ____________________________

Date: ___________________
Erosion Control Plan Statement

Home Owner’s Name:______________________________________________

- Will any land disturbing Activities occur in proximity (25 feet) to a lake or natural watercourse? Yes____No__
- Will any land disturbing activities occur in proximity (25 feet) to waters classified as trout waters? Yes____No__
- Will the land disturbing activities comprise more than One acre? Yes____No__

A Yes answer to any of the above questions indicates that an approved Erosion Control Plan is required prior to issuance of an Alleghany County Building Permit. North Carolina Department of Environment and Natural Resources Erosion Control Plan Number:____________________

Applicant’s Signature:____________________________Date:__________________

Print Name:__________________________________________
Keep this certificate it has to be posted for the Final to be approved!!

<table>
<thead>
<tr>
<th>ENERGY EFFICIENCY CERTIFICATE</th>
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<tbody>
<tr>
<td>N1101.9</td>
</tr>
</tbody>
</table>

**Builder, Permit Holder or Registered Design Professional Print**

Name:

Signature:

Property Address:

Date:

**Insulation Rating** – List the value covering largest Area to all that apply

<table>
<thead>
<tr>
<th>Component</th>
<th>R-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling/roof</td>
<td></td>
</tr>
<tr>
<td>Wall</td>
<td></td>
</tr>
<tr>
<td>Floor</td>
<td></td>
</tr>
<tr>
<td>Closed Crawl Space Wall</td>
<td></td>
</tr>
<tr>
<td>Closed Crawl Space Floor</td>
<td></td>
</tr>
<tr>
<td>Slab</td>
<td></td>
</tr>
<tr>
<td>Basement Wall</td>
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</table>

**Fenestration**

<table>
<thead>
<tr>
<th>Component</th>
<th>Factor</th>
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</thead>
<tbody>
<tr>
<td>U-Factor</td>
<td></td>
</tr>
<tr>
<td>Solar Heat Gain Coefficient (SHGC)</td>
<td></td>
</tr>
</tbody>
</table>

**Building Air Leakage**

- **Visually inspected according to N1102.4.2.1 OR**
  - Building Air Leakage Test Results (SEC. N1102.4.2.2)
    - ACH50 [Target: 5.0]
    - Or CGM50/SGSA [Target: 0.30]

  Name of Tester / Company:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Phone:</th>
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**Ducts**

<table>
<thead>
<tr>
<th>Component</th>
<th>Insulation</th>
<th>R-</th>
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<tbody>
<tr>
<td>Ducts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Duct Leakage Test Result (Sect. N1103.2.2)**

| (CFM25Total/100SF) [Target: 6] | |
|---------------------------------| |

Name of Tester or Company:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Phone:</th>
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*Certificate to be displayed permanently*