



# Alleghany County Planning & Inspection Department

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348 South Main Street • Post Office Box 366 •  
Sparta, North Carolina 28675  
336-372-8974 • [allinspect@skybest.com](mailto:allinspect@skybest.com)

## Permitting Instructions

1. You will need to apply for and receive approval from the Appalachian District Health Dept. They will help with all of you 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](http://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.

If you have any question you may contact us by the information above.

COUNTY OF \_\_\_\_\_  
(Inspection Department)

Parcel Identification Number and address where the building is to be constructed: PIN \_\_\_\_\_

Address \_\_\_\_\_

Type of construction:  Residential  Commercial  Industrial  Other

Intended use after completion (e.g. Personal residence): \_\_\_\_\_

Building permit number associated with this application: \_\_\_\_\_

I, \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Print Full Name) (Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by **initialing** the relevant provision in paragraph 1 and **initialing** paragraphs 2-5 below attesting to the following:

- 1. \_\_\_\_\_ I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;  
OR  
\_\_\_\_\_ I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

\_\_\_\_\_  
(Name of Firm or Corporation)

- 2. \_\_\_\_\_ I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
- 3. \_\_\_\_\_ I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.
- 4. \_\_\_\_\_ I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
- 5. \_\_\_\_\_ I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

\_\_\_\_\_  
(Signature of Affiant) (Date)

Sworn or affirmed and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

(Notary Stamp or Seal)

\_\_\_\_\_  
(Printed Name of Notary Public)



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I do hereby certify that I will not employ more than two (2) people during the construction of my house to which I am my own contractor. In the event that I hire more than two (2) employees, I will furnish the Alleghany County Inspection Department with a copy of my Workmen's Compensation Insurance prior to the issuance of a building permit. If I hire Sub-Contractors and they have Workers' Compensation I will have the form from them stating so.

If I hire a licensed Electricians, Plumbers, and Mechanical Contractors, they will be responsible for calling in their own inspections.

I understand that by law I will have to occupy this residence for a period of twelve (12) months, before I would be eligible for selling this house.

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Signature

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Date

# Allegheny 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 For Office Use Only:**

In Watershed: Y <input type="checkbox"/> N <input type="checkbox"/>	Subdivision Type: Res Com	In flood plain: YN
Distance of stream: _____	Stream Name: _____	Near the Parkway: YN
On Ridge YN	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 \_\_\_\_\_ SqFt Heated \_\_\_\_\_ SqFt 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 Allegheny County Building Inspections Department of any changes in the approved plans and specifications and contractor information for the project permitted herein. I understand the Allegheny County Building Inspections Department must receive payment of all permit fees within seven (7) days of date of application or permit will be void.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



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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: \_\_\_\_\_



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### 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 (25feet) 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: \_\_\_\_\_