



Alleghany County Planning & Inspection Department

348 South Main Street • Post Office Box 366 •
Sparta, North Carolina 28675
336-372-8974 • toni.williams@alleghanycounty-nc.gov

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 OVER \$90,000 cost of construction, or a modular you will need a full set of signed and sealed engineered plans that will be kept in the office. If it is a log structure the connection drawings will need to be signed and sealed by an engineer.
5. Keep the very last page and post at the electrical panel for Final Inspection. If this is not posted you will not get a final.

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

STATE OF NORTH CAROLINA
COUNTY OF _____

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14 (a) (1)

_____ 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 160D-1115.

(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)

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to N



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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.

Signature

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"/>	High Quality Water Y <input type="checkbox"/> N <input type="checkbox"/>	In flood plain: Y <input type="checkbox"/> N <input type="checkbox"/>
Distance of stream: _____	Stream Name: _____	Near the Parkway: Y <input type="checkbox"/> N <input type="checkbox"/>
On Ridge Y <input type="checkbox"/> N <input type="checkbox"/>	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 _____

Garage _____ Basement _____ 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: _____

Keep this certificate it has to be posted for the Final to be approved!!

ENERGY EFFICIENCY CERTIFICATE	
N1101.9	
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	R-Value
Ceiling/roof:	R-
Wall:	R-
Floor:	R-
Closed Crawl Space Wall:	R-
Closed Crawl Space Floor:	R-
Slab:	R-
Basement Wall:	R-
Fenestration:	
U-Factor	
Solar Heat Gain Coefficient (SHGC)	
Building Air Leakage	
<input type="checkbox"/> Visually inspected according to N1102.4.2.1 OR <input type="checkbox"/> Building Air Leakage Test Results (SEC. N1102.4.2.2) ACH50 [Target: 5.0] Or CGM50/SGSA [Target: 0.30]	
Name of Tester / Company:	
Date:	Phone:
Ducts:	
Insulation	R-
Total Duct Leakage Test Result (Sect. N1103.2.2) (CFM25Total/100SF) [Target: 6]	
Name of Tester or Company:	
Date:	Phone:
<i>Certificate to be displayed permanently</i>	