



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

Please call the office before coming to secure a permit to make sure there is someone available.

1. You will need to apply for and receive approval from the Appalachian District Health Dept. This is for all new construction with plumbing or any addition of a bedroom. Their number is 336-372-5641.
2. Fill out the application attached to your best knowledge.
3. If your project is over \$40,000 you will need to go to liensnc.com, set up an account, and appoint a lien agent. There are instructions on the website if you need assistance. You will need a valid credit/debit card to go through this process. Print the page that says DO NOT REMOVE, PRINT AND POST. Whether you are Owner Contractor or paying cash for your project you will still need this for permitting. Without this paper you will not receive a permit from our office.
4. If your structure is commercial OVER \$90,000 cost of construction, or a modular structure 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. If you are building a garage, addition with no bedrooms, utility building or adding a deck please fill out Appendix H otherwise leave it blank.
6. We have a notary on staff for the forms needing notarized.
7. Every structural permit is done in person in our office.
8. 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.

STATE OF NORTH CAROLINA

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

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:

- _____ 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)

- _____ 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.
- _____ 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.
- _____ 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.
- _____ 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



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

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 keep 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

APPENDIX H
AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM
PUSUANT TO N.C.G.S. S160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. 160D-1110(h1)]

STATE OF NORTH CAROLINA
COUNTY OF _____

_____ Inspection Department
Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

I, _____

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. S 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

(Signature of Affiant) _____ Date

Sworn to (or affirmed) and subscribed before me this the _____ day of _____, 20

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____ (Notary Stamp or Seal)

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 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 ___ Utility Building ___ Deck ___ Roofing ___

Health Department # _____ Stick Built ___ Log ___ Modular ___ Prefab Utility ___

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 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.

Applicant's Signature _____ Date _____



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

I _____, State that I will be doing the _____ Electrical,
_____ Mechanical, _____ Plumbing for:

Permit # or Homeowner'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 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: _____



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

I _____, State that I will be doing the _____ Electrical,
_____ Mechanical, _____ Plumbing for:

Permit # or Homeowner'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 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: _____



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

I _____, State that I will be doing the _____ Electrical,
_____ Mechanical, _____ Plumbing for:

Permit # or Homeowner'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 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: _____



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

Erosion Control Plan Statement

Homeowner'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>	