

## **Application Submission Instructions: Residential Demolition**

- Residential Building Permit Application
- License Check & Regulation Sheet for each applicable contractor including General Contractor
- Self-Contractor Questionnaire Form (If not using a General Contractor) ♦
- Work Done By Owner Acknowledge Form (If acting as contractor for any trade)
- Affidavit of Workers' Compensation Form ♦
- Erosion Control Certification Form
- Applicable Fees

♦ Not required if project is under \$40,000

**\*Additional permits such as Zoning, Watershed, Grading or Floodplain may be required\***

### **FEES:**

Minimum \$75.00

### **How To Submit:**

In- Person

Or

Mailed with check to:

Watauga County Planning & Inspections

126 Poplar Grove Connector

Suite 201

Boone, NC 28607

Or

Emailed to [p&i@watgov.org](mailto:p&i@watgov.org). You will be contacted with link to pay with credit card. Plans will have to be delivered to office.

**All Required Forms Must be Submitted at the Same Time  
or Application Will Be Returned.**



# Residential Building Permit Application

## Property Information

Date: \_\_\_\_\_ **Tax Parcel No.:** \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address of Job Site: \_\_\_\_\_

Job Site Directions: \_\_\_\_\_

## Site Details

Subdivision Name(if applicable): \_\_\_\_\_ Lot# \_\_\_\_\_ Acreage \_\_\_\_\_

Is Home Located Near a River or Stream:  Yes  No If yes, Distance from Stream \_\_\_\_\_

Name of River or Stream \_\_\_\_\_ Will Driveway Cross Stream:  Yes  No

Proposed Grading (area disturbed) including driveway & septic: \_\_\_\_\_ Length of Drive \_\_\_\_\_

## Utilities

**Power Company:**  Blue Ridge  New River  Mountain Electric

**Sewer System:**  Septic Permit # \_\_\_\_\_  Community  Public  Existing (Setbacks Verified)

**Water System:**  Well Permit # \_\_\_\_\_  Community  Public  Existing (Setbacks Verified)

## Contact Information

General Contractor: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

HVAC Contractor: \_\_\_\_\_

Fuel Piping Contractor: \_\_\_\_\_

Grading Contractor: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Project Details

**Permit Type:**  Single Family  Duplex  Townhome  Accessory Structure  Other \_\_\_\_\_

**Type of Work:**  New  Addition  Remodel  Repair  Demolition  Change of Use

**Type of Construction:**  Frame  Modular  Log  Timber Frame  Other: \_\_\_\_\_

**# of Stories** \_\_\_\_\_ **Height of Structure from Top of Foundation** \_\_\_\_\_

**Type of Heat:**  Gas Forced Air  Heat Pump  Boiler  Electric  Other \_\_\_\_\_

**# of Bedrooms** \_\_\_\_\_ **# of Full Baths** \_\_\_\_\_ **# of Half Baths** \_\_\_\_\_ **Total Estimate Cost \$** \_\_\_\_\_

## Project Area

Finished Area (sq.ft.) 1<sup>st</sup> Floor \_\_\_\_\_ Basement (sq.ft.) Finished \_\_\_\_\_

2<sup>nd</sup> Floor \_\_\_\_\_ Unfinished: \_\_\_\_\_

Bonus Room \_\_\_\_\_ Garage (sq.ft.) \_\_\_\_\_

Decks/Patios/Porches (sq.ft.) \_\_\_\_\_  Attached  Detached  Basement

The undersigned agrees to conform to all applicable laws of the County of Watauga and the State of North Carolina, and further states that all statements hereon are true. If subdivision lot, I certify that all structures, measured from the eaves, comply with setback requirements found in Watauga County's Planning & Development Ordinances.

\_\_\_\_\_  
 Name (Print) Signature Date



**Watauga County  
Planning & Inspections**

(828)265-8043 • [p&i@watgov.org](mailto:p&i@watgov.org)  
[www.wataugacounty.org](http://www.wataugacounty.org)

# Contractor License Check and Regulation Form

## Property Information

Permit # \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address of Job Site: \_\_\_\_\_

Subdivision/Lot #: \_\_\_\_\_

General Contractor: \_\_\_\_\_

## Contractor Type

- General Contractor    Electrical    Plumbing    Mechanical (HVAC)    Fuel Piping  
 Manufactured Home Dealer    Manufactured Set-Up Contractor  
 Other: \_\_\_\_\_

## Contact Information

Licensed Contractor Name: \_\_\_\_\_

NC State License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_

Business Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I the undersigned, have read and understand the North Carolina General Statutes pertaining to licensed contractors. I hereby affirm or swear that I am a licensed and qualified to assume all responsibility and liability of a licensed contractor for this project. If I resign or am no longer affiliated with this project, I will notify the Department of Planning and Inspections in Watauga County immediately within three (3) business days.

\_\_\_\_\_  
Licensed Contractor Name (Print)

\_\_\_\_\_  
Licensed Contractor Signature

\_\_\_\_\_  
Date

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE**  
**N.C.G.S. § 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 workmen's compensation covering themselves,

\_\_\_\_\_ has/have not more than two (2) employee and no subcontractors,

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: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Watauga County Planning & Inspections  
126 Poplar Grove Connector Suite 201  
Boone, NC 28607  
(828)265-8043 • (828)265-8080 (fax)**

## **Erosion Control Certification**

The undersigned applicant for a Watauga County building permit acknowledges the following:

1. I am responsible for preventing off-site sedimentation during the course of my construction project;
2. Should off-site sedimentation occur as a result of my construction, I will cease construction until corrective actions are taken, to include prevention of further sedimentation and clean-up of any off-site damage;
3. I understand that failure to comply may result in withholding by the County of building inspections or issuance of a stop work order until compliance is achieved.

The preceding is pursuant to the Watauga County Erosion Control Ordinance and the NC Sedimentation Pollution Control Act of 1973.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Tax parcel #: \_\_\_\_\_