

# **Application Submission Instructions:**

## **Submissions for New Towers:**

- Wireless Commutation Tower Permit Application
- Complete Plans – one set digital and one set of paper copies.
- Copy of lease for non-owner applicants.
- Site Plans detailing proposed improvements which copy with Chapter 23 regulations.
- Documentation from a NC Licensed Engineer including calculation of the fall zone and certification that structure has sufficient structural integrity to accommodate the require number of additional uses are provided in regulations
- NCDOT Driveway Connection Permit (If connecting to a State Road)
- Applicable Fees

Before Building Permit can be issued the following is also required:

- General Contractor Affidavit to Status of Licensure
- Affidavit to Status of Workman's Comp
- Electrical Contractor's Regulation and License Check Form
- NC Lien Appointment

## **Submissions for Collocations/Modifications/Antennae Changeout etc.**

- Wireless Commutation Tower Permit Application
- Complete Plans – one set digital and one set of paper copies.
- Collocations and substantial modifications require verification from a NC Licensed Design Professional certifying structure is structurally and mechanically capable of supporting additional or reconfiguration of antennas.
- Applicable Fees

Before Building Permit can be issued the following may also be required:

- General Contractor Affidavit to Status of Licensure
- Affidavit to Status of Workman's Comp
- Electrical Contractor's Regulation and License Check Form
- NC Lien Appointment

## **FEES:**

New Tower - \$750.00

Collocation/Modifications - \$150.00



**Property Information**

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

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

Location (Address): \_\_\_\_\_

**Type of Project:**

- New Tower Construction       Collocation on Existing Tower       Antenna Changeout  
 Existing Tower Extension       Other \_\_\_\_\_

**Project Details**

Height of Proposed Tower/Extension \_\_\_\_\_      Type of Tower: \_\_\_\_\_  
 Located on Major Mountain Ridge  Yes  No      Distance to closest Residential Dwelling: \_\_\_\_\_  
 Located within One Mile of Blue Ridge Parkway  Yes  No  
 Proposed grading (area disturbed): \_\_\_\_\_      Length of Driveway: \_\_\_\_\_  
 Estimated Cost \$ \_\_\_\_\_      Special Use Permit Required  Yes  No

**Owner/Applicant Information**

Tower Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Contractor Information**

Tower Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

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.

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **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 #: \_\_\_\_\_