

Application Submission Instructions: Residential Retaining Wall

- 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 ♦
 - App Health Care Septic & Well Compliance for setback verification
 - Erosion Control Certification Form
 - Site Plan showing proposed distance from structure to property lines, roads, water bodies.
 - Two (2) paper copies of Retaining Wall Plans. (Minimum size of 11x17) Plans must be stamped by a NC Licensed Engineer for any of the following:
 1. Walls that cross over property lines.
 2. Wall that support buildings and accessory structures.
 3. Wall supporting unbalanced backfill exceeding 4 feet.
 - 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. 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.) 1st Floor _____ Basement (sq.ft.) Finished _____

2nd 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

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)

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to NC G.S. 14-209)

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

Department of
Planning & Inspections

126 Poplar Grove Connector Suite 201 • Boone, North Carolina 28607 (828) 265-8043

TTY 1-800-735-2962

Voice 1-800-735-8262

or 711

FAX (828) 265-8080

WORK DONE BY OWNER

I understand I am being issued a permit to build _____, wire _____, install mechanical equipment _____, or plumb _____ my own home, addition to my home, to my own manufactured home, or storage building, located at the following address or parcel #:

_____ under the following conditions which I acknowledge I have read and understand by initialing paragraphs 1 through 6 below.

_____ 1. I own the home and am going to live in it myself. It is not for rent or use by others and will be occupied by me for at least twelve months from date of certificate of occupancy.

_____ 2. I understand that this permit is for me to do the work myself and that I am the only one authorized to superintend or manage the work done on this home.

_____ 3. I understand that if anyone else does the electrical, mechanical, or plumbing on this job they must be licensed, and a Sub-Contractor License Check and Regulation Sheet must be submitted to the office.

_____ 4. I understand that the Building Inspector will not design or lay out the job for me.

_____ 5. I understand that the Building Inspector will communicate only with me on this job.

_____ 6. I further understand that if the job is turned down two times as not meeting the Code, I will be required to obtain the services of a licensed contractor. Further I understand that I will be charged extra trip charges for any extra trips that are required. An extra trip is defined as a trip in excess of the normal number of trips to inspect a job plus one to inspect corrections.

PERMIT NUMBER: _____

OWNER SIGNATURE: _____

DATE: _____



**Watauga County
Planning & Inspections**

(828)265-8043 • p&i@watgov.org
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

**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 #: _____