



### Residential-Miscellaneous Building Permit Application.

#### **New House (including Modular) or Remodel/Repair**

Please include the following applicable items with your permit application:

- Zoning Permit (if in a zoned municipality—Town of Rutherfordton, Town of Spindale, Town of Lake Lure, Chimney Rock Village)
- Improvement/Operational/Existing Septic Permit from health department (221 Callahan-Koon Rd, Spindale, NC or 828-287-6317)
- Engineering/Specs, if needed
- 1 Set of plans **or** Floor Plan + Cross Section Sheet (not mobile home)
- Be sure to obtain your Lien Agent Entry # from [www.liensnc.com](http://www.liensnc.com) if the total job cost is \$30,000+.

#### **Mobile Home**

Please include the following applicable items with your permit application for a new house or remodel:

- Pre-Permit from Revenue Department (229 N Main St, Rutherfordton-back of courthouse)
- Improvement/Operational/Existing Septic Permit from health department (221 Callahan-Koon Rd, Spindale, NC or 828-287-6317)
- Zoning Permit (if in a zoned municipality—Town of Rutherfordton, Town of Spindale, Town of Lake Lure, Chimney Rock Village)

Email application to: [permits@rutherfordcountync.gov](mailto:permits@rutherfordcountync.gov) or fax to 828-287-6338

Visit our website at: [www.rutherfordcountync.gov](http://www.rutherfordcountync.gov) and choose "Building Inspections" under Departments

**Property Information: Circle: For Sale: (Yes/No) For Rent: (Yes/No) For Lease: (Yes/No)**

Physical Address of Project: \_\_\_\_\_ Parcel # \_\_\_\_\_

Applicant Name \_\_\_\_\_ Email \_\_\_\_\_

Applicant Address \_\_\_\_\_ Phone \_\_\_\_\_

Owner Name \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Phone \_\_\_\_\_

Occupant Name (if different from owner above) \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Phone \_\_\_\_\_

Directions to Site from Rutherfordton: \_\_\_\_\_

General/Set-Up (if mobile home) Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Gas Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

**Lien Agent Entry # (if \$30,000 or more and not accessory to your residence)** \_\_\_\_\_

**Structure:**

- Single Family (Site-Built)       Single Family Modular       Log Cabin       Mobile Home (Singlewide)
- Mobile Home (Doublewide)       Duplex       Townhouse/Condo
- Storage/Workshop       Garage       Swimming Pool       Retaining Wall
- Barn       Boat House       Deck/Dock

Relocate Dwelling (existing address) \_\_\_\_\_

Other \_\_\_\_\_

**Type of Work:**

- New     Addition     Remodel     Repair     Finish Interior     Demo

Describe work to be included on this permit: \_\_\_\_\_

Total Job Cost: \$ \_\_\_\_\_ Gate Code \_\_\_\_\_ Lock Box Code \_\_\_\_\_

Bathrooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Type of Heat \_\_\_\_\_ Stories (not including basement) \_\_\_\_\_

Fireplaces \_\_\_\_\_ Fireplace Type (Circle): Masonry/Prefab-Gas/Prefab-Wood

Porches \_\_\_\_\_ Decks \_\_\_\_\_ Length of Dock/Ret Wall \_\_\_\_\_

Please list **only those items included** on this permit:

	Total Finished SF	Total Unfinished SF
1 <sup>st</sup> Floor	_____	_____
2 <sup>nd</sup> Floor	_____	_____
Basement	_____	_____
Bonus Room	_____	_____
Attached Garage	_____	_____

Sewer:  Private Septic  Public Sewer (List Provider) \_\_\_\_\_

Water Supply:  Well  Public (List Provider if water system) \_\_\_\_\_

Power Company Supplying the Location: \_\_\_\_\_

I wish to pay with credit card. Please call \_\_\_\_\_ at \_\_\_\_\_.

I understand that, to do any of the work as "homeowner," I must own the land and house and plan to occupy the house for at least 1 year after final; I will not rent or sell the structure during that year. I understand that it is unlawful to hire anyone to do my trade work who is not licensed in the State of NC; I understand I must let the BI department know if my subs change; I also understand I am making application for permits/inspections of work above described and agree to comply with all State and County codes/laws regulating the work.

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

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**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE**  
**(In accordance with NC GS 87-14)**

I 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 3 or more employees and have obtained workers' compensation insurance to cover them,  
\_\_\_\_\_ has/have 1 or more subcontractor(s) and have obtained workers' compensation insurance to cover them,  
\_\_\_\_\_ has/have 1 or more subcontractor(s) who has/have their own policy of workers' compensation covering themselves,  
\_\_\_\_\_ has/have not more than 2 employees 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 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: \_\_\_\_\_

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**For in-Ground or Above-Ground Pools only:**

The State of NC requires a barrier be in place before the pool is to be used. Who will be responsible for the barrier?  Pool Contractor  
 Owner

Please **sign** below as statement that you have read and understand:

- Section AG105 of the NC Residential Code requires that an adequate barrier (fence) be provided to control access to ALL swimming pools.
- I have been given a copy of the NC Code requirements for swimming pools/spas which includes the specific requirements for the barrier (fence).
- I understand that **the barrier (fence) shall be in place and a final inspection done prior to recreational use of the pool** to minimize any risks.
- I understand that failure to call for a final inspection can result in further action being taken by this department as deemed necessary, including **revocation of power**.

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I certify that I am the pool owner and all work will be completed according to state and local codes.

\_\_\_\_\_ (Owner Signature)

Rutherford County Building Inspections  
270 Toms St, Rutherfordton, NC 28139  
828-287-6035 [permits@rutherfordcountync.gov](mailto:permits@rutherfordcountync.gov)