PROJECT CHECKLIST

PIN: _____
Address: _____
Name: _____
Phone: _____
E-mail: _____

*** Complete in order ***

1. COUNTY PLANNING (*Room 15*):

[ ] Compliant with LUO
[ ] Compliant with MRPO
[ ] Compliant with WSPO
[ ] Compliant with FDP

Signature: _____ *Date:* _____

1a. Town Planning:

[ ] Compliant with Town Ordinances
[ ] Water
[ ] Sewer

Signature: _____ *Date:* _____

2. ENVIRONMENTAL HEALTH (*Room 26*):

[ ] New system *Proposed BRs:* _____
[ ] Repair / Expand existing system *Current BRs:* _____ *Proposed BRs:* _____
[ ] Septic Construction Authorization *Date:* _____ *Initial:* _____
[ ] Operation Permit Issued *Date:* _____ *Initial:* _____
[ ] AOWE / EOP *Proposed BRs:* _____
[ ] Other: _____

Signature: _____ *Date:* _____

3. MAPPING (*Room 24*):

[ ] Map printout with driveway accurately noted
[ ] Complete entire Address Request Form including e-mail address
[ ] Address assigned: _____

Signature: _____ *Date:* _____

4. SOLID WASTE (*271 Craig Rudisill Road, Marshall, NC*):

[ ] Determine solid waste management requirements
[ ] Plan for waste disposal and recycling facilities
[ ] Trash card

Signature: _____ *Date:* _____

5. BUILDING INSPECTIONS (*Room 19*):

[ ] Examine building plans for code compliance
[ ] Schedule and perform required inspections during construction
[ ] Issue certificate of occupancy upon project completion

Signature: _____ *Date:* _____

LAND USE PERMIT APPLICATION

PIN: _____
Address: _____

APPLICANT INFORMATION

Name: _____ **Phone Number:** _____
Mailing Address: _____ **E-mail Address:** _____

PROPERTY INFORMATION:

Zoning District (check one)

	A-O Agriculture-Open Space		R-A Residential-Agricultural		R-1 Residential District
	R-2 Residential Resort District		N-C Neighborhood Commercial		CMU Commercial Mixed Use
	C Commercial District		I-D Industrial District		R-B Retail Business District

Overlay District (check all that apply)

	F-P Flood Plain District		PR Protected Ridge		WS-II Watershed District

Dimensional

Lot Size		Lot Width		Lot Coverage Percentage	

Structural

Lot Size		Lot Width		Lot Coverage Percentage	
Current Use		Proposed Use		Accessory Structures	
Elevation		Building Height			

CERTIFICATION

If the requested permit is granted, I/we, the undersigned, agree to conform to all Madison County Ordinances, North Carolina Statutes and all applicable Codes. I/we agree to meet or exceed all health, construction, safety and fire standards. I/we hereby certify that the above information and foregoing statements are true and correct.

Signature of Applicant: _____ **Date:** _____
Signature of Co-Applicant: _____ **Date:** _____

SITE PLAN SUBMSSION

PIN: _____
Address: _____

SITE PLAN SUBMISSION REQUIREMENTS:

This Site Plan form is a mandatory component of the Land Use Permit Application process. It is essential to assign a property address to a proposed structure, determine county land use requirements, and apply for a well and/or septic permit. Evaluation by the Madison County Environmental Health Department and address assignment can only proceed once this form has been completed satisfactorily.

SITE PLAN TECHNICAL REQUIREMENTS:

1. Property lines with dimensions and orientation to streets, roads, and driveways (include North arrow)
2. Proposed structure location(s), including decks, walkways, garages, pools, or other structures including dimensions
3. Driveway location(s) and identification of primary access for addressing purposes
4. Preferred sites for septic system with dimensions and setbacks noted
5. Location of existing and proposed wells, including those on adjacent properties, if known
6. All surface water bodies such as springs, creeks, ponds, reivers, streams, wetlands, etc.
7. Existing or proposed easements, encroachment agreements and/or rights of way
8. Location of existing or proposed chemical or petroleum storage tanks, whether above or below ground

**** PLEASE ATTACH A SITE PLAN DRAWING WHICH SATISFIES ALL OF THE FOREGOING REQUIREMENTS ****

CERTIFICATION

I/we, the undersigned, certify that the information provided in connection with this proposed Site Plan and related application is accurate and that I/we have included all the required items in the Site Plan. I understand that any changes may void this Site Plan and related application.

Signature of Applicant: _____ **Date:** _____
Signature of Co-Applicant: _____ **Date:** _____

APPLICATION FOR BUILDING PERMIT
MADISON COUNTY INSPECTIONS

OWNER_____**DATE**_____

MAILING ADDRESS_____**TELEPHONE**_____

BUILDING LOCATION/DIRECTIONS_____

_____

PIN NUMBER_____ **ACREAGE**_____ **ZONING CLASSIFICATION**_____

TOWN JURISDICTION:____**Y** ____**N** **TOWN APRROVALS :** ___**Y** ____**N** **TOWNSHIP:**_____

OCCUPANCY: **SINGLE FAMILY** **MULTI-FAMILY** **COMMERCIAL**

TYPE OF WORK: **NEW** **ADDITION** **RENOVATION** **CHANGE OF USE** **DEMOLITION** **REPAIR** **UPFIT**

USE OF PROPERTY: **OWNER OCCUPIED** **RENTAL** **SALE** **LIEN AGENT NUMBER:** _____

PROJECT DESCRIPTION_____

TOTAL ESTIMATED COST OF PROJECT_____ **NO. OF STORIES**_____

CONSTRUCITON TYPE_____

LENGTH_____ **WIDTH**_____ **# BEDROOMS**_____ **BATHROOMS**_____

BASEMENT_____**CRAWL SPACE**_____**SLAB**_____ **BASEMENT FINISHED YES**_____**NO**_____

DWELLING SQ. FT. _____ **GARAGE SQ. FT.**_____ **TOTAL SQ. FT.** _____

PERMIT COST: Bldg: _____ **Zoning:** _____ **Total:**_____

GENERAL CONTRACTOR_____ **LICENSE NO.**_____

Contact Number _____ **Address**_____

SUBCONTRACTORS:

ELECTRICAL CONTRACTOR_____**LICENSE NO.**_____

Contact Number _____ **Address**_____

PLUMBING CONTRACTOR_____ **LICENSE NO.**_____

Contact Number _____ **Address**_____

MECHANICAL CONTRACTOR_____ **LICENSE NO.**_____

Contact Number _____ **Address**_____

GAS CONTRACTOR_____ **LICENSE NO.**_____

Contact Number _____ **Address**_____

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable State and local laws and regulations.

_____ _____ _____

Signature **Date** **Printed name**

APPROVED BY:_____ **DATE**_____ **PERMIT NUMBER:**_____

The following must be turned in with plans at the time of building permit application.

BUILDING

FOOTING: DEPTH _____ WIDTH _____

REINFORCEMENT _____

FOUNDATION WALL: TYPE_____

SIZE _____

AMOUNT OF BACKFILL _____

FRAMING:

FLOOR JOIST: TRUSS_____ 2X_____

TGI _____

SPACING _____OC

WALLS: 2X_____ SPACING _____OC

ROOF/CEILING: TRUSS_____ 2X_____

TGI _____

SPACING _____OC

LOG HOME: LOG SIZE_____

DECK: FOOTER SIZE_____

POST SIZE _____

JOIST SIZE_____

IN ALL APPLICATIONS IF A DESIGN IS PROVIDED IT MUST BE SEALED BY A NORTH CAROLINA REGISTERED DESIGN PROFESSIONAL.

ELECTRICAL

AMPERE SERVICE:_____

TYPE: UNDERGROUND_____ OVERHEAD_____

PREMISE OR ACCOUNTY NUMBER: _____

French Broad Electric _____
Progress Energy _____
Haywood Electric_____

PLUMBING

NUMBER OF FIXTURES:_____

SEPTIC APPROVED FOR _____NUMBER OF BEDROOMS

Septic (new) _____
Septic (existing) _____
Town Sewer _____

HEATING

TYPE OF HEAT: Electric_____

Gas: LP _____Natural _____

Oil _____ Wood_____

FIREPLACE: Yes _____ No _____

MASONRY _____INSERT _____GAS_____

RESCHECK: YES_____NO _____(REQUIRED FOR ALL LOG HOMES)

INSULATION TYPE: _____

R-VALUES: FLOOR_____

CEILING _____

WALLS _____

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 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 no employees and has waived in writing their right to coverage by their contractor or have their own policy of workers' compensation covering themselves,

_____has/have not more than two employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspections Department issuing the permit may require certificates of coverage and/or waivers of workers' compensation insurance coverage 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: _____

MADISON COUNTY INSPECTIONS DEPARTMENT

LIEN AGENT INFORMATION

EFFECTIVE APRIL 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is $30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent: _____ Lien Agent #: _____

Mailing Address of Agent: _____

Physical address of Agent: _____

Telephone: _____ Fax: _____

Email: _____

CONTRACTOR AND CONSTRUCTION SITE INFORMATION

Name of Contractor and/or Owner: _____

Telephone: _____ Fax: _____

Construction Site Address and/or parcel #: _____

I certify that to the best of my knowledge, the above statements provided are true and correct.

Signature of Contractor/Owner: _____Date: _____

The Information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site. For further information regarding the Lien Agent process you may visit liensnc.com or contact Nancy Ferguson at 800-445-9983 or email her at Nancy.Ferguson@ctt.com

Excerpt from North Carolina G.S. 153A-357:

(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars ($30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.