



# TOWN OF KNIGHTDALE

## DEVELOPMENT SERVICES DEPARTMENT

[www.knightdalenc.gov](http://www.knightdalenc.gov)

950 Steeple Square Court  
 Knightdale, NC 27545  
 (v) 919-217-2244  
 (f) 919-217-2249

# COMMERCIAL BUILDING PERMIT APPLICATION

**PERMIT #** \_\_\_\_\_

**D #** \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ Jurisdiction: KNIGHTDALE  
 Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Work Type: \_\_\_\_\_  
 Contains Food & Lodging? \_\_\_\_\_ Multiple Tenants? \_\_\_\_\_ Mixed Occupancy? \_\_\_\_\_ In Fire District? \_\_\_\_\_  
 Security System? \_\_\_\_\_ Sprinklers? \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_ Stories: \_\_\_\_\_ % Building Area Modified: \_\_\_\_\_  
 Occupancy Type: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Construction Pole Needed? \_\_\_\_\_

General Contractor: \_\_\_\_\_ **Lic.# G -** \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Electrical Contractor: \_\_\_\_\_ **Lic.# L/U -** \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Heating Contractor: \_\_\_\_\_ **Lic.# H -** \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Plumbing Contractor: \_\_\_\_\_ **Lic.# P -** \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Sprinkler Contractor: \_\_\_\_\_ **Lic.#** \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Gray areas for Office Use Only*

TRADE	CONTRACT COST	FEE	TRADE	CONTRACT COST	FEE
Electrical	_____	_____	Sprinkler	_____	_____
Heating	_____	_____	Fire Suppression	_____	_____
Plumbing	_____	_____	Alarm	_____	_____
Building*	_____	_____	<b>TOTAL</b>	_____	_____

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PIN# \_\_\_\_\_ Zoning: \_\_\_\_\_ Book of Maps: \_\_\_\_\_ Page: \_\_\_\_\_  
 Acres: \_\_\_\_\_ Census Tract: \_\_\_\_\_ Flood Certification Required?  Approved By: \_\_\_\_\_  
 Water Supply: \_\_\_\_\_ Wastewater: \_\_\_\_\_ Provider: \_\_\_\_\_  
 Conditions of Permit: \_\_\_\_\_  
**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\* Building Cost = Total Cost Less Subcontract Costs Listed Above.



# TOWN OF KNIGHTDALE

## DEVELOPMENT SERVICES DEPARTMENT

[www.knightdalenc.gov](http://www.knightdalenc.gov)

950 Steeple Square Court

Knightdale, NC 27545

(v) 919-217-2244

(f) 919-217-2249

### APPLICATION FOR COMMERCIAL BUILDING PERMIT cont.

## TOWN OF KNIGHTDALE / WAKE COUNTY BUILDING INSPECTIONS AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE NORTH CAROLINA GENERAL STATUTES 87 AND 97

The undersigned applicant for Building Permit Number \_\_\_\_\_, being the:

- Unlicensed Contractor     
  Owner     
  Officer/Agent of the Contractor/Owner  
 License #: \_\_\_\_\_

do hereby positively declare under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit (check one):

- has/have three (3) or more employees and have obtained workers' compensation insurance to has/have one (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- has/have one (1) or more subcontractor(s), who has/have no employees and have waived in writing their right to coverage by their contractor or if required have their own policy of workers' compensation covering themselves,
- has/have not more than two (2) employees and no subcontractors,
- has/have paid the licensing tax for General Contractors as required by the Revenue Act of the State of NC,
- has/have applied for permit where the project cost is under \$30,000 and I am therefore exempt from Licensed General Contractor requirements specified by G.S. 87-14,
- has/have applied for permit under owner exception to the licensing requirements by mandating occupancy of the premises for 12 months following completion of the project,

while working on the project for which this permit is sought. It is understood that the Wake County Inspections Division may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. This document must be signed by the owner of a proprietorship, partner in a partnership, officer or manager of a LLC, or property owner (as the case may be) appearing as the contractor on the building permit.

*NOTE: Signature to be either witnessed by a representative of the Town of Knightdale or Notarized.*

<b>FIRM/PROPERTY OWNER NAME:</b> _____		
<b>OFFICER/PARTNER/FIRM OWNER:</b> _____		
<b>TITLE:</b> _____	<b>SIGNATURE:</b> _____	<b>DATE:</b> _____

WITNESSED: \_\_\_\_\_ PLAN REVIEWER INITIALS \_\_\_\_\_  
 Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARIZED:

\_\_\_\_\_  
 Signature of Notary (SEAL) My Commission Expires on \_\_\_\_\_, 20\_\_\_\_.