

RESIDENTIAL BUILDING PERMIT APPLICATION



ENVIRONMENTAL
SERVICES PERMIT # D-

PERMIT #

Owner Name: _____ Phone: _____
Mailing Address: _____ City/State: _____ Zip: _____
Project Address: _____ Jurisdiction: **KNIGHTDALE**
Subdivision: _____ Phase: _____ Lot # _____ Project Cost: _____
Existing Use: _____ Proposed Use: _____
Type of Work (check one): ☐ New ☐ Addition ☐ Renovation ☐ Reconstruction ☐ Demolition
Basement? ☐ Finished or ☐ Unfinished Porches? ☐ Front ☐ Side ☐ Rear Decks? ☐ Side ☐ Rear
Garage? _____ Disposal? _____ Fireplace? ☐ Masonry ☐ Prefab or ☐ Gas Temp. Power Pole Needed? _____
Bedrooms (count both finished and unfinished): _____ Bathrooms: _____ Other Rooms: _____ Stories: _____
Additional Scope of Work: _____ Utility Provider: _____

General Contractor: _____ Lic.# G -
Address: _____ City/State: _____ Zip: _____
Email: _____ Business Phone: _____
Primary Contact: _____ Phone: _____
Electrical Contractor: _____ Lic.# _____
Address: _____ City/State: _____ Zip: _____
HVAC Contractor: _____ Lic.# H -
Address: _____ City/State: _____ Zip: _____
Plumbing Contractor: _____ Lic.# P -
Address: _____ City/State: _____ Zip: _____

Applicant/Agent Name (if different from above): _____ Phone: _____

SIGNATURE: _____ **DATE:** _____

PIN# _____ Unique # _____ Zoning: _____ Book of Maps: _____ Page: _____

Acres: _____ Census Tract: _____ Flood Certification Required? ☐ Approved By: _____

Water Supply: ☐ Public or ☐ Private Wastewater: ☐ Public or ☐ Private Lift Pump Required? ☐ Finished Square Feet: _____

Conditions of Permit: _____

COST CATEGORY	FEE	COST CATEGORY	FEE	COST CATEGORY	FEE
Electrical	_____	Building	_____	Other	_____
Heating	_____	Footage Fees	_____	Recovery Fund	_____
Plumbing	_____	Construction Pole	_____	TOTAL	_____

APPROVED BY: _____ **DATE:** _____

DEVELOPMENT

919-217-2244
www.knightdalenc.gov



SERVICES

950 Steeple Square Court
Knightdale, NC 27545

Last Updated: 07/27/17



TOWN OF KNIGHTDALE

DEVELOPMENT SERVICES DEPARTMENT

www.knightdalenc.gov

950 Steeple Square Court
Knightdale, NC 27545
(v) 919-217-2241
(f) 919-217-2249

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 Knightdale Development Services Staff or Notarized.

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

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

NOTARIZED:

Signature of Notary

(SEAL)

My Commission Expires on _____, 20____.