

GRANVILLE COUNTY INSPECTIONS DEPARTMENT

122 WILLIAMSBORO STREET, P.O. BOX 877
OXFORD, NC 27565
(919) 603-1326 OR FAX (919)693-6794

FOR OFFICE USE ONLY

Revised 10/12/18

Area: _____

Bldg Level: _____

____ Eng. Plans

____ Zoning

____ Health Dept

____ Lien Agent Appt

____ Fire Marshal

____ Owner Affidavit

Plan Approval: _____

Date: _____

BUILDING PERMIT APPLICATION

DATE: _____

OWNER'S NAME: _____

ADDRESS OR DIRECTIONS: _____

APPLICANT NAME & PHONE NUMBER: _____ () _____

EMAIL: _____

DESCRIPTION OF PROPOSED WORK: _____

ESTIMATED COST OF CONSTRUCTION: _____ TOTAL SQUARE FOOTAGE: _____

TEMPORARY SER. POLE: Yes No POWER COMPANY: _____

IS PROPERTY LOCATED IN A FLOODPLAIN? Yes No IS PROPERTY LOCATED IN THE CITY OF OXFORD FIRE DISTRICT? Yes No

GENERAL CONTRACTOR INFORMATION

NAME: _____ LICENSE #: _____

PHONE #: () _____

ELECTRICAL CONTRACTOR INFORMATION

NAME: _____ LICENSE #: _____

PHONE #: () _____

PLUMBING CONTRACTOR INFORMATION

NAME: _____ LICENSE #: _____

PHONE #: () _____

MECHANICAL CONTRACTOR INFORMATION

NAME: _____ LICENSE #: _____

PHONE #: () _____

I hereby certify that all information in this application is correct and I will notify the Inspections Department of any changes made in the approved plans for the project permitted herein.

SIGNATURE: _____ DATE: _____

APPENDIX D

**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 to cover them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workers' compensation covering themselves,

_____ has/have not more than two (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 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: _____