



PERMIT APPLICATION COMMERCIAL

PERMIT #: _____

CITY OF KINGS MOUNTAIN CODE ENFORCEMENT DEPARTMENT
N. PIEDMONT AVENUE - PO BOX 429 - KINGS MOUNTAIN, NC 28086
PHONE (704)734-4599 – FAX (704)730-2106 E-MAIL: tammy.scruggs@cityofkm.com

A ZONING PERMIT MUST BE APPROVED AND SUBMITTED WITH THIS APPLICATION. PLEASE CONTACT THE ZONING ADMINISTRATOR LOCATED AT CITY HALL OR Phone: (704) 730-2108 Email: peggyh@cityofkm.com

PROJECT ADDRESS: _____

OWNER'S NAME: _____ **EMAIL:** _____

OWNER'S ADDRESS: _____ **PHONE:** _____

APPLICANT'S NAME: (if different from above) _____ **PHONE:** _____

SCOPE OF WORK: _____

Check ALL that apply: NEW CONSTRUCTION ADDITION REMODEL INTERIOR UPFIT ONLY
 SHELL ONLY DEMOLITION FIRE RESTORATION RETAINING WALLS POOLS/SPAS
 FENCES SIGNS DECKS/PORCHES STAGE/PLATFORM OTHER _____

TOTAL SQUARE FEET FOR NEW BUILDING OR TOTAL WORK AREA(S) OF EXISTING BUILDING: _____

ELECTRICAL UTILITY: KINGS MOUNTAIN DUKE REMC **GAS:** KINGS MOUNTAIN OTHER

WATER: KINGS MOUNTAIN CLEVELAND COUNTY WELL **SEWER:** KINGS MOUNTAIN SEPTIC TANK

GENERAL CONTRACTOR: _____ **PHONE:** _____ **LICENSE #:** _____

ADDRESS: _____ **CONTACT PERSON:** _____

ELECTRICAL CONTRACTOR: _____ **PHONE:** _____ **LICENSE #:** _____

PLUMBING CONTRACTOR: _____ **PHONE:** _____ **LICENSE #:** _____

MECHANICAL CONTRACTOR: _____ **PHONE:** _____ **LICENSE #:** _____

SPRINKLER CONTRACTOR: _____ **PHONE:** _____ **LICENSE #:** _____

PROJECT COST: \$ _____ **NOTE:** A lien agent is required if total project cost is \$30,000 or more.

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE – N.C.G.S. 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:** _____

APPLICANT'S SIGNATURE AND PRINTED

DATE:

By signing above I hereby certify that I am either the owner of the property or an authorized agent of the owner and that the information in this application is correct and that all work will comply with applicable State laws and local ordinances.