



PERMIT APPLICATION

PERMIT #: _____

RESIDENTIAL DWELLING

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

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: SINGLE FAMILY HOME DUPLEX HOME TOWNHOUSE MODULAR HOME
 ATTACHED GARAGE DETACHED GARAGE FINISHED BASEMENT UNFINISHED BASEMENT
 RETAINING WALL DECKS/PORCHES OTHER _____
 NEW CONSTRUCTION ADDITION REMODEL FIRE RESTORATION RELOCATED/MOVED

SQUARE FT: 1st FLOOR _____ 2nd FLOOR _____ 3rd FLOOR _____ BONUS ROOM _____
BASEMENT _____ OTHER _____ TOTAL SQ. FT. _____

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 #:** _____

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.