



## CATAWBA COUNTY PERMIT

### BUILDING (C) Alteration

P. O. Box 389  
25 Government Drive  
Newton, North Carolina 28658

Phone: 828-465-8399  
Newton FAX: 828-465-8962

**PERMIT NO:**  
**APPLIED:** 02/04/1999  
**ISSUED:** 02/04/1999  
**EXPIRES:** 01/01/2999

**9960447**

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

**Applicant** DEFAULT APPLICANT, ,  
ACCOUNT: 1000

**Owner** VALLEY CATAWBA, PO BOX 10006, HICKORY NC 28603

# LIEN AGENT NOT ASSIGNED

PROPERTY ID#: **269804849816**

STREET ADDRESS: 3772 PLATEAU ROAD, NEWTON

PROJECT DESCRIPTION: DS - 10W/ LEFT LEFT AT CROSSROADS OF 127 AND STATE RD  
2036 GO ABOUT 1 MILE ON LEFT PD - CATAWBA VALLEY  
MILL/NEW RIVER FABRIC-OWNER/I  
UPFIT TO FINISH ADDITION TO FACTORYI  
INDUSTRIAL BLDG/ ZONING 30/15/30

|               |   |                   |      |
|---------------|---|-------------------|------|
| TYPE OF USE:  |   | TOTAL SQ FT       | 0.00 |
| # OF STORIES: | 1 |                   |      |
| ZONING:       |   | NUMBER OF UNITS:  |      |
| CODE EDITION: |   | TOTAL # OF ROOMS: | 0    |

#### Related Permits for primary subcontractors associated with this project:

Additional permits for other related work will be issued as needed (i.e. gas lines, unit heaters, etc.)

|         |         |         |
|---------|---------|---------|
| 9857220 | 9857328 | 9960451 |
| 9960474 | 9961945 | 9962639 |

These Permits will remain inactive until an application from the subcontractor is received by the Permit Center.

Once the Permit is activated, scheduling through the IVR system will be permitted.

#### INVOICE#:

| <u>FEE DESCRIPTION</u> | <u>DATE</u> | <u>FEE AMOUNT</u> |
|------------------------|-------------|-------------------|
| Permit Fee             | 02/04/1999  | \$240.00          |
| <b>TOTAL FEES</b>      |             | <b>\$240.00</b>   |



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The County has an agreement with Republic Services of NC granting them an exclusive license to transport and dispose of all solid waste, including construction and demolition debris in the unincorporated areas of the County. The approval of your application for a construction/building permit is made specifically contingent upon your agreement not to utilize any other business or company to transport and/or dispose of solid waste from construction site(s). Failure to comply with this provision may result in assessment of fines up to \$500 per day. Call Republic Services, Hickory at 828-624-2453 for your disposal needs.

This permit is issued on the express condition that the above work shall conform in all respects to the statements certified to in the application for such permit, and that all work shall be done in accordance with all applicable zoning, building, electrical, plumbing and mechanical ordinances of Catawba County and the State of North Carolina.

A permit issued for work under this Code shall expire by limitations six months after the date of issuance if the work authorized (FOOTINGS ARE CONSIDERED 1st INSPECTION ON NEW CONSTRUCTION) has not been commenced. If after commencement the work is discontinued for a period of 12 months, the permit therefore shall expire. If a project expires, a minimum fee per the current fee schedule will be charged for each building and trade permit to reactivate the project.

\*\*\*AN ADDITIONAL CHARGE PER THE CURRENT FEE SCHEDULE MAY BE ASSESSED  
FOR EACH UNWARRANTED INSPECTION SCHEDULED. \*\*\*

If there are any questions, please contact the office between 8:00a.m. and 5:00p.m.



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### AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE AND STATE PRIVILEGE LICENSE REQUIREMENTS

N.C.G.S. 87-14

The undersigned applicant for Building Permit # \_\_\_\_\_ being the

\_\_\_\_\_ Unlicensed Contractor \_\_\_\_\_ Owner \_\_\_\_\_ Officer/Agent of the Contractor

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 worker's compensation insurance covering them.

\_\_\_\_\_ has/have one or more contractor(s) who has/have no employees and has waived and has waived in writing their right to coverage by their contractor or have their own policy or worker's compensation covering themselves

\_\_\_\_\_ has/have not more than two (2) employees and no subcontractors.

\_\_\_\_\_ has renewed Contractor License.

\_\_\_\_\_ has/have applied for permit where the 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 mandating occupancy of the premise for 12 months following the completion of the project, while working on the project for which the permit is sought.

It is understood that the Inspections Department issuing the permit may require certificates of coverage and/or waivers of worker compensation insurance coverage prior to issuance of the permit and at any time during the permitted work for any person, firm or corporation carrying out the work.

SIGNATURES ARE TO BE WITNESSED BY INSPECTIONS PERSONNEL OR NOTARIZED.

FIRM NAME: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

BY (PRINT): \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

SIGNATURE OF NOTARY: \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_, 20\_\_\_\_

OFFICIAL SEAL

WEB PRINTED COPY