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

www.catawbacountync.gov

PERMIT NO: BLD2006-02396

IVR PIN#

APPLIED: 11/15/2006
ISSUED: 11/15/2006
EXPIRES: 05/15/2007

Applicant	FRMC - DOCTORS LOUNGE/ SUPPORT, 420 N CENTER ST, HICKORY NC 28601
Primary Contractor	*LOOPER & COMPANY, INC., DAVID E.* BILLING ACT*, 320 15TH ST SE, HICKORY NC 28601- B:828-324-1284F:828-324-1289 BBOULDING@DELCOMPANY.COM ACCOUNT: 6490

LIEN AGENT NOT ASSIGNED

PROPERTY ID#: **370319614570**
STREET ADDRESS: 420 N CENTER ST, HICKORY NC

PROJECT DESCRIPTION: *plans archived 4/4/07 -- INTERIOR ALTERATIONS TO EXISTING BLDG/ to be doctor's lounge area/ HICKORY ZONING/ LEVEL 3/ PLANS IN BIN KK-26

DIRECTIONS: N CENTER ST GOING NORTH/ BLDG ON LEFT ACROSS FROM FRYE HOSPITAL

TYPE OF USE:		TOTAL SQ FT	3,682.00
# OF STORIES:	5		
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.)

ELE2006-02852 MEC2006-02217 PLM2006-01496

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#:

FEE DESCRIPTION	DATE	FEE AMOUNT
New Commerical Building Fee	11/15/2006	$1,163.00
Permit Placard Fee	11/15/2006	$5.00
TOTAL FEES		**$1,168.00**

ISSUED BY: Ronda Branham
APPROVED BY: Reid Goforth

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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 discontunued 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.

Request for an informal internal review per GS153A-352(f) may be requested **Only** if issue cannot be resolved with the inspector of record.

Contact : Building Services Field Supervisor Reid Goforth.

Desk phone: 828-464-7880 Cell phone: 828-312-5709 Email: reid@catawbacountync.gov

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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 that two (2) employess 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