

#### **CATAWBA COUNTY PERMIT**

# **BUILDING (C)**Alteration

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

**PERMIT NO:** 

IVR PIN# BLD2007-00297

APPLIED: 02/12/2007 ISSUED: 02/12/2007

ISSUED: 02/12/2007 EXPIRES: 08/12/2007

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

www.catawbacountync.gov

Applicant MANDARIN EXPRESS, 1960 HWY 70 SE, SPACE 2-110, HICKORY NC 28602

F:800-804-7620

Primary Contractor \*MOSS-MARLOW BUILDING CO INC, PO BOX 2423, HICKORY NC 28603

B:828-328-2333F:828-328-2156 SHYMEL@MOSSMARLOW.COM

ACCOUNT: 6366

# LIEN AGENT NOT ASSIGNED

PROPERTY ID#:371107586889

STREET ADDRESS:1960 HWY 70 SE, SPACE 2-110, HICKORY NC

PROJECT DESCRIPTION:\*plans archived 5/7/07 --- INTERIOR ALTERATIONS/ NEW TILE ON

FLOOR/ CEILING GRID/ METAL STUD SHEETROCK/ HICKORY

ZONING/ BIN # JJ-18/ INSPECTION LEVEL III

DIRECTIONS: HWY 70 SE TO VALLEY HILLS MALL IN FOOD COURT

TYPE OF USE: TOTAL SQ FT 622.00

# OF STORIES: 0

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.)

ELE2007-00378 MEC2007-00299 PLM2007-00188

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	<b>DATE</b>	FEE AMOUNT
New Commerical Building Fee	02/12/2007	\$289.00
Permit Placard Fee	02/12/2007	\$5.00
Temp. Mechanical Agreement Fee	03/29/2007	\$121.00
TOTAL FEES		\$415.00

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APPROVED BY: Reid Goforth

# BA 2 SM

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## BUILDING (C) BLD2007-00297 Alteration

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	or Building Permit # being the
Unlicensed Contractor O	wnerOfficer/Agent of the Contractor
	n(s), firm(s) or corporation(s) performing the work set forth the permit:
has/have three(3) or more employees and have obtained v	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 emp coverage by their contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have their own policy or was a second contractor or have the	loyees and has waived and has waived in writing their right to worker's compensation covering themselves
has/have not more that two (2) employess and no subcont	ractors.
has renewed Contractor License.	
has/have applied for permit where the cost is under \$30,0 requirements specified by G.S. 87-14.	00 and I am therefore exempt from Licensed General Contractor
	licensing requirements mandating occupancy of the premise nile working on the project for which the permit is sought.
It is understood that the Inspections Department issuing the permit may compensation insurance coverage prior to issuance of the permit and at corporation carrying out the work.	
SIGNATURES ARE TO BE WITNESSED BY	Y INSPECTIONS PERSONNEL OR NOTARIZED.
FIRM NAME:	
WITNESS:	DATE:
BY (PRINT):	TITLE:
SIGNATURE:	DATE:
SWORN TO AND SUBSCRIBED BEFORE ME THIS DA	Y OF , 20
SIGNATURE OF NOTARY:	
MY COMMISSION EXPIRES , 20	OFFICIAL SEAL

**WEB PRINTED COPY** 

ISSUED BY: Kristen McCorkle 10/31/2025 14:18 Page 3 of 3 permit APPROVED BY: Reid Goforth