



CATAWBA COUNTY PERMIT

BUILDING (C) Addition

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:
APPLIED: 08/27/2008
ISSUED: 08/27/2008
EXPIRES: 02/27/2009

IVR PIN#
BLD2008-01617

Applicant FRMC LINEAR ACCELERATOR/ RADIOLOGY, 420 N CENTER ST, HICKORY NC 29601
Primary Contractor *HOSTETTER & KEACH, INC., PO BOX 1137, PINEVILLE NC 28134-1137
H:7045071489B:704-643-0506C:7047163806F:704-643-8522 MARK@HKIGC.COM
ACCOUNT: 5000324

LIEN AGENT NOT ASSIGNED

PROPERTY ID#: **370319614570**

STREET ADDRESS: 420 N CENTER ST, HICKORY NC

PROJECT DESCRIPTION: plans archived 6/5/09 -- 5,252 sq ft Linear Accelerator Addition &
Interior Reno (\$250k) to Radiology dept/ Hickory Zng/ Lvl 3/ Bin
WW-1/ *TPI Inspections*/ added 1,695 sq ftg to addition per revised
dwgs 11/5/08/ combined 2 PLN's per AJW/

DIRECTIONS: N CENTER ST GOING NORTH/ HOSPITAL ON RIGHT

TYPE OF USE:		TOTAL SQ FT	6,947.00
# 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.)

ELE2008-02061	MEC2008-01475	TPI2008-00017
TPI2008-00018		

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>
New Commerical Building Fee	08/27/2008	\$3,550.35
New Commerical Building Fee	08/27/2008	\$748.00
Permit Placard Fee	08/27/2008	\$5.00
Temp. Electrical Agreement Fee	08/27/2008	\$121.00
Temp. Mechanical Agreement Fee	08/27/2008	\$121.00
New Commerical Building Fee	11/06/2008	\$1,008.32
TOTAL FEES		\$5,553.67



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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.

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 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



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Utilities & Engineering Department **Small Site Erosion Control Installation and Maintenance Affidavit**

This affidavit must be submitted at time of Building Permit application.

Parcel Identification Number (PIN): **370319614570**

Building Permit Number: **BLD2008-01617**

Subdivision:

Phase/Unit: Lot: Block:

Job Site Address: **420 N CENTER ST, HICKORY NC**

Owner Name:

Owner Mailing Address:

Primary Phone:

Other Phone:

My signature hereon signifies that I am the person responsible for compliance with the Soil Erosion and Sedimentation Control Ordinance. **I acknowledge that violations of erosion control requirements will be assessed a Project Management Fee of \$50.** I acknowledge that Best Management Practices (BMP's) must be used to control soil erosion on my job site which includes, at a minimum, all of the following:

- Installation and daily maintenance of silt barriers (i.e. silt fences, etc.) in those low areas where water exits the job site;
- Installation and daily maintenance of a stone (1 ½" - 3 ½" diameter stone) driveway construction entrance to minimize the tracking of mud into the street;
- Removal of mud from the street or adjacent property immediately following any such occurrence without washing the mud into the storm drainage system;
- Conduct no land disturbing activities within 30 feet of the banks of streams, lakes, wetlands, etc.(i.e. "blue line water");
- Beginning with a request for any type of slab inspection, or any inspection thereafter, or within 21 days of land disturbance, whichever is earlier, temporary vegetation and/or mulch on all disturbed areas shall be provided and maintained daily.

SIGNATURE

DATE

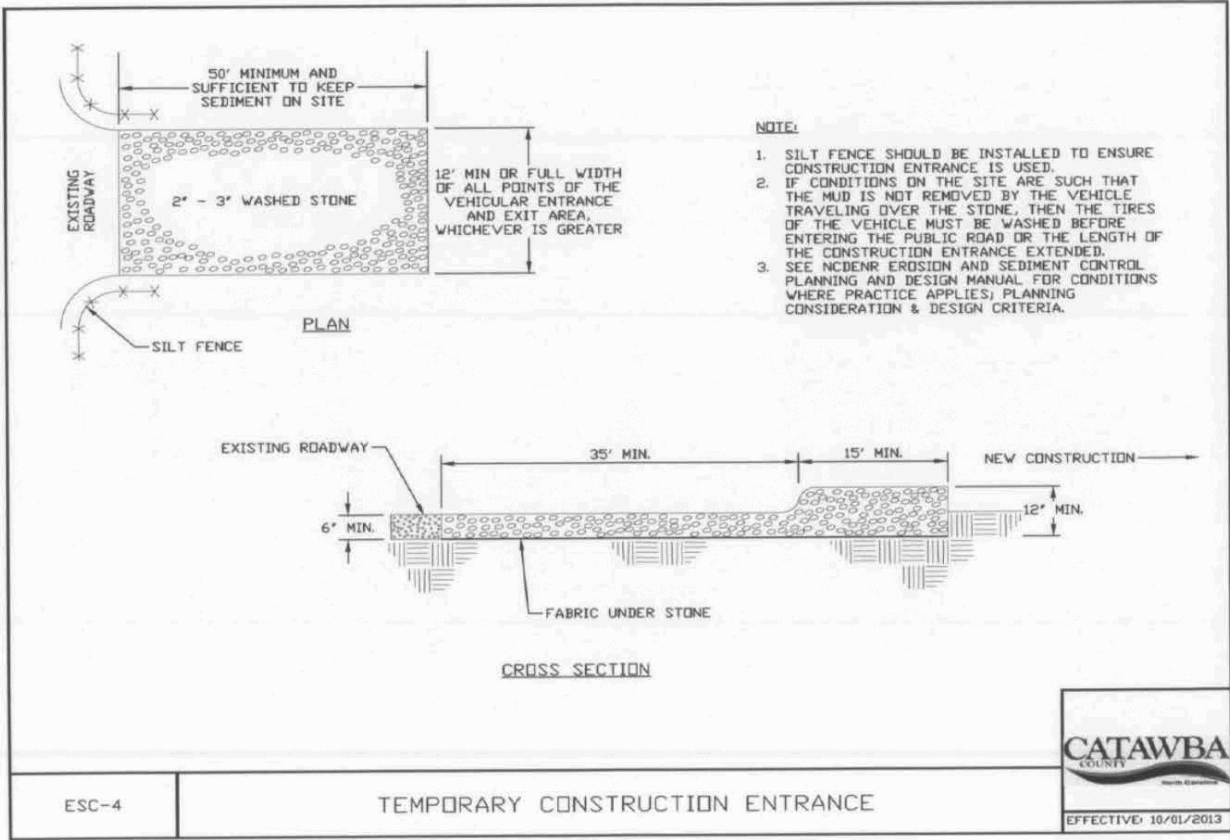
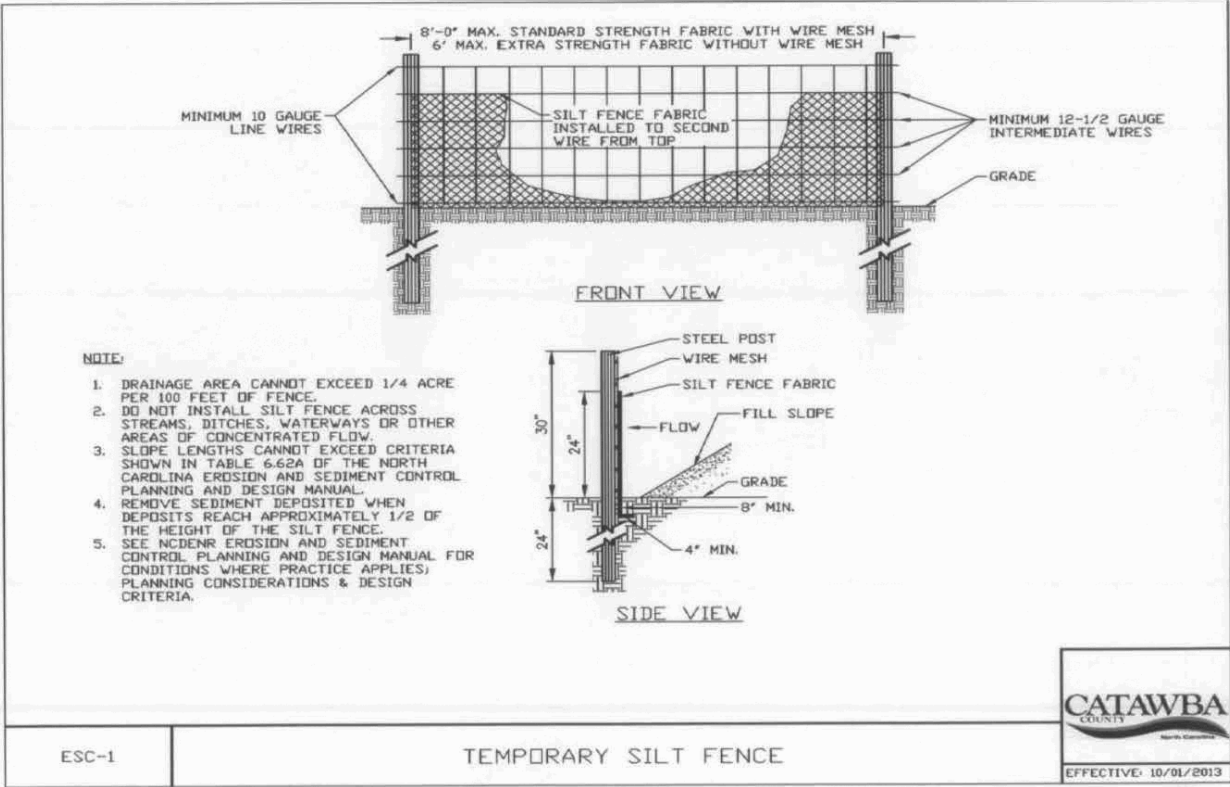
PRINTED NAME

TITLE



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