



City of Jacksonville

Building Inspections

Plumbing Inspections Summary

To be completed by contractor / Owner / Applicant and attached to all Building Permit Applications and Certificate of Occupancy Applications. **Indicate the number of existing and new plumbing fixtures to be incorporated in the building. This will determine assessment fee.**

Commercial buildings must specify meter size desired:		Meter Size:
Sprinkler System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Structure at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there was a previous structure, how was water provided? Please check applicable box for sewer and water	Water	Sewer
	<input type="checkbox"/> City <input type="checkbox"/> ONWASA <input type="checkbox"/> Well <input type="checkbox"/> Scientific Water	<input type="checkbox"/> City <input type="checkbox"/> ONWASA <input type="checkbox"/> Septic <input type="checkbox"/> Private
Will there be an irrigation system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please indicate meter size:

Fixture Description	Type (Circle the appropriate type where indicated)	# of Existing Fixtures	# of Added Fixtures	Total # of Fixtures
Toilet	Flush Tank / Flush Valve			
Bathroom Sink				
Bidet				
Urinal	3/4" Flush Valve / 1" Flush Valve			
Bathtub-Shower Combination				
Stand Alone Shower Stall				
Kitchen Sink				
Fountain Drink Machine				
Drinking Fountain				
Clothes Washing Machine				
Dishwashing Machine				
Outside Water Spigots				
Service Sink				
Mop Sink				
Other, please describe:				

Applicant Signature: _____ Date: ____/____/____



City of Jacksonville

Building Inspections

Affidavit of Worker's Compensation Coverage - NCGS 87-14

The undersigned applicant for Building Permit # _____ being the

_____ **Contractor**

_____ **Owner**

_____ **Officer or Agent of the Contractor Owner**

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 liability insurance for said company (self),

_____ has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and have obtained worker's compensation insurance to cover them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workmens' compensation covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspections Division issuing the permit may require certificates of coverage 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.

Company or Firm Name _____

Signature _____

Printed Name _____

Date _____ Phone _____ / _____ / _____



City of Jacksonville

Building Inspections

Certification Status of Licensure (General Contractor)

Permit#

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have read G.S. Sections 87-1 and 87-14 as amended July 6, 1992. I have entered into a construction contract where the cost of the undertaking EXCEEDS \$30,000.00; the contract, whether written or oral, is in the exact name as listed with the North Carolina Licensing Board for General Contractors. I am not in a partnership (including any "joint venture" [unless in compliance with 21 N.C.A.C. 12.0207]) with any unlicensed entity. I certify that I am presently licensed under the name _____ and under license number _____. My license is active and in good standing. I have filed all necessary renewal forms with the North Carolina Licensing Board for General Contractors. I am not presently under any disciplinary order issued by the North Carolina Licensing Board for General Contractors, which disqualifies me for a building permit.

I certify to this Building Inspections Division that I have paid license tax (es) as required by the N.C. Department of Revenue; I have in effect all required workers compensation insurance coverage. I have filled out the attached worksheet/affidavit regarding workers' compensation and I agree to submit certificates of responsible for ascertaining whether I am obligated by law to obtain workers' compensation insurance and to assure that our insurance coverage is adequate; I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all workers' compensation coverage required by law.

I understand that a licensed general contractor must pay a \$10.00 fee upon applying for a residential permit pursuant to G.S. Section 87-15.5 "Homeowner's Recovery Fund" Act of North Carolina, \$9.00 of which the permitting official shall forward to the North Carolina Licensing Board for General Contractors.

I understand that the unlicensed practice of general contracting is a criminal offense under G.S. Section 87-13 and that I may be sued by the North Carolina Licensing Board for General Contractors for an injunction if I practice without a license as required by law. I also understand that, under North Carolina case law, an unlicensed practitioner may be barred from recovery of any civil damages if the job owner refuses to pay me.

I have been informed that any authority issuing a building permit to an unlicensed contractor where a license is required may be found guilty of a misdemeanor and I certify that this Department may rely on my statement as a truthful statement regarding the status of my license.

Applicant Signature _____ Date ____/____/____

This form must be Notarized before submitting to the City of Jacksonville

Notary

State _____ County _____

Signed and affirmed before me on the _____

day of _____, 2 _____

(Seal)

Notary Signature _____

My Appointment Expires ____/____/____



City of Jacksonville

Building Inspection Division

Certification of Licensure (Owner - Applicant)	Permit#
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I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have entered into a construction contract where the cost of the undertaking exceeds \$30,000. I have read G.S. Section 87.1 as amended July 6, 1992. I certify that I am not allowing an unlicensed general contractor to perform the duties of a general contractor, which, I understand from reading G.S. Section 87.1 below, includes construction superintending and managing in addition to among other things, signing written contracts. I intend to retain the finished house (or other project) exclusively for my own use; I am not building a "speculation" project with the intention of selling the project once it is completed. I will occupy the property for at least one year following completion of construction. I understand that building a "spec" project without proper licenser is a violation of G.S. 87.1 and G.S. 87.13; this may be a criminal offense. Also, I understand that under G.S. Section 87.15.5, the "Homeowner's Recovery Fund" no homeowner acting as a general contractor has any right of recovery.

I have filled out the attached worksheet/affidavit regarding worker's compensation and I certify either that I am not required by law to carry such coverage or that I will agree to submit certificates of insurance coverage upon demand by the building inspector. I understand that I am responsible for ascertaining whether I am obligated by law to obtain worker's compensation insurance and to assure that our insurance coverage is adequate. I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all workers' compensation required by law.

Owner - Applicant Signature _____ Date ____/____/____

This form must be Notarized before submitting to the City of Jacksonville

Notary

State _____ County _____

(Seal)

Signed and affirmed before me on the _____

day of _____, 2 _____

Notary Signature _____

My Appointment Expires ____/____/____



City of Jacksonville

Building Inspection Division

Contractor & Sub-Contractor Confirmation	Permit#
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Contractor Name:	Phone: _____/_____/_____
Address:	License #:
Project Address:	Total Cost of Project:

(Sub) Contractor Signature _____ Date ____/____/_____

Electrical Contractor Name:	Phone: _____/_____/_____
Address:	License #:
	Total Electrical Cost\$

Electrical Contractor Signature _____ Date ____/____/_____

Plumbing Contractor Name:	Phone: _____/_____/_____
Address:	License #:
	Total Plumbing Cost\$

Plumbing Contractor Signature _____ Date ____/____/_____

Mechanical Contractor Name:	Phone: _____/_____/_____
Address:	License #:
	Total Mechanical Cost\$

Mechanical Contractor Signature _____ Date ____/____/_____

Fuel Piping Contractor Name:	Phone: _____/_____/_____
Address:	License #:
	Total Fuel Piping Cost\$

Fuel Piping Contractor Signature _____ Date ____/____/_____