



Haywood County Building & Environmental Services
 157 Paragon Parkway, Suite 200
 Clyde, NC 28721

Pre-Building Permit Checklist

PIN: 8627-40-7604 Owner Name: JUNIAUSKA SANITARY DISTRICT

Jurisdiction: County Town of Clyde/ETJ
 Town of Canton/ETJ Town of Maggie Valley/ETJ

Zoning forms are required for any project located in any of the above towns

Project: _____ Address/Lot#: _____

I. ENVIRONMENTAL HEALTH: Date: _____ Initial _____

Phone: 828-452-6682

Well: Yes, Permit#: _____ or City Water Service Provider JSD

Septic: Yes, Permit#: _____ or Sewer Service Provider JSD

Approved # of Bedrooms: 0 Revisit Yes No

Reconnect: Yes, No, N/A / Permit # _____

Existing Septic Verification: Yes, No, N/A / Permit # _____

II. PLANNING: Date: _____ Initial _____

Phone: 828-452-6632

Protected Watershed Area: Yes, No, N/A / Permit # _____

Buffer Inspection Required: Yes, No, N/A

Special Flood Hazard Area: Yes, No, N/A / Permit # _____

Protected Ridge: Yes or No

If yes Bldg. Height plan review completed: _____

III. EROSION CONTROL: Date: _____ Initial _____

Phone: 828-452-6706

Erosion Permit: Yes, No, N/A / Permit # _____

Slope Affidavit: Yes, No, N/A Note(s): _____

Note: Each department within the County has separate fees for permits when issued. Water and Sewer Tap fees are collected by the specific provider.



Haywood County Inspections Department

1233 N. Main St. • Waynesville, NC 28786

Phone: 828-452-6638

Fax: 828-452-6791

INSPECTION POLICY

1. Requests for inspections will be accepted from the responsible party only.
2. All inspections will be performed on the next workday following the request.
3. The inspection card must be on the job site in an accessible location and in a dry condition at the time of inspection.
4. The CEO performing requested inspections will sign the inspection card if the work is satisfactory. If unsatisfactory, a discrepancy list will be provided.
5. A \$50.00 re-inspection fee will be charged for all unnecessary trips, including calling for inspection before completion, locked doors, locked gates, etc.
6. Permanent electrical service will not be provided until the following items are complete:
 - a. All inspections required by the Building Inspections, Environmental Health, and Engineering Departments are approved.
 - b. A permanent address has been established by the Addressing Department and the address is posted on the structure and is visible from the street.
7. It is the responsibility of the owner or contractor to contact the appropriate departments and schedule the required inspections.

Certificate of Occupancy

A Certificate of Occupancy will be issued to the permit holder when all required inspections are completed satisfactorily. Occupying a building prior to issuance of a Certificate of Occupancy is a violation of North Carolina General Statutes.



Haywood County Inspections Department
 157 Paragon Pkwy, Ste 200 • Clyde, NC 28721
 Phone: 828-452-6638 Fax: 828-452-6791

PIN Number: 8627-40-7604
 Permit Number: _____
 Use: _____
 Application Date: _____
 Water Shed Flood Area Regulated Stream
 Wind Zone: _____
 Permit Fee: \$ _____ .00

Residential Building Permit Application

PLEASE PRINT CLEARLY OR TYPE	PROPERTY ADDRESS		
	NUMBER AND STREET	CITY	TOWNSHIP
	<u>EDWARDS Rd.</u>		<u>CLYDE</u>
APPLICANT	LAST <u>JUNAKUSKA SANITARY DISTRICT</u> FIRST	MAILING ADDRESS - NUMBER, STREET, CITY, STATE, AND ZIP CODE <u>PO Box 35 LANE JUNAKUSKA 28745</u>	
PROPERTY OWNER	LAST <u>JUNAKUSKA SANITARY DISTRICT</u> FIRST	<u>PO Box 35 LANE JUNAKUSKA 28745</u>	
GENERAL CONTRACTOR	COMPANY		
	LICENSE NUMBER		
ELECTRICAL CONTRACTOR	COMPANY <u>STARTEK ELECTRIC INC</u>	<u>20407 GREAT SHOOKY MZN. EXPRESSWAY</u>	
	LICENSE NUMBER	<u>WAYNESVILLE NC 28786</u>	
PLUMBING CONTRACTOR	COMPANY		
	LICENSE NUMBER		
MECHANICAL CONTRACTOR	COMPANY		
	LICENSE NUMBER		

PROVIDE INFORMATION REQUESTED. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

TYPE OF IMPROVEMENT

- New Building
 Addition
 Alteration

If addition or alteration, please describe nature of work:

TYPE OF USE

- Single Family Dwelling
 Two Family Dwelling / Duplex
 Garage
 Carport
 Storage Building
 Swimming Pool
 Describe Other: _____

- Resale Rental

TYPE OF CONSTRUCTION

- Site Built
 Modular
 Mod. Validating Stamp #: _____
 Wood Frame
 Steel Frame
 Log Size of Logs: _____
 Describe Other: _____

BUILDING AREAS

Total Area: 4500 sq. ft.
 Area Under Construction: _____ sq. ft.
 Heated Area: _____ sq. ft.
 Unheated Area: _____ sq. ft.
 Stories Above Grade: 1
 Stories Below Grade: _____
 Number of Bedrooms: _____
 Attached Garage or Carport: Yes No

UTILITIES

Sanitary Sewer Permit Number: _____
 Sanitary Sewer District: JSD
 Electrical Service Provider: EMC Progress

COST OF PROJECT

\$ 88,000.00

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction shall conform to the regulations in the North Carolina Building Code and all other codes and regulations or private building restrictions, if any, which may be imposed on the above property by deed.

Signature (of owner or Authorized Agent)

Address

Printed Name

Company Name



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AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
 N.C.G.S. § 87-14

The undersigned applicant for Building Permit Number _____ being the

- Contractor Owner Officer/Agent of the Contractor of 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/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 subcontractor(s) who has/have their own policy of workers' 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 Inspection Department 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.

Firm name: _____

By: _____

Title: _____

Date: _____

Sworn and subscribed to me this _____ day of _____, 20_____.

Official Seal
 Notary Public

 Signature of Notary

My commission expires _____, 20_____.



HAYWOOD COUNTY ADDRESSING OFFICE

215 North Main Street
Waynesville, NC 28786
(828) 452-6729
Fax (828) 452-6788

ADDRESS REQUEST FORM

Owner: JUNIALUSKA SANITARY DISTRICT Date of Application: 3/1/16

Your current mailing address: PO Box 35 LAKE JUNIALUSKA NC 28745

Telephone Number where you can be reached: 828-2152-1178

This structure is: House Single-Wide MH Double-Wide MH Apt.
Modular Business Other: SHOP/GARAGE

Do you have a driveway established? YES NO

If NO, please mark the driveway entrance with flags or ribbon. PIN# 8627-40-7604

Color of Home? (If available) TAN/BROWN Which side of the road is property? L/R R

Subdivision Name & Lot Number (If applicable) _____

Builder Name: JSD Telephone Number: 452-1178

Street or Road Name: EDWARDS ROAD

Directions to Location (Be Specific) FROM OLD CLYDE RD, ONTO EDWARDS RD.
CROSS RR TRACKS, RIGHT ON GRAVEL DRIVE BEAR TO
LEFT TO TOP OF THE HILL

Name and address of nearest neighbor: JUNIALUSKA SANITARY DISTRICT OFFICE
558 OLD CLYDE RD.

Signed: _____ Date: _____

*****OFFICE USE ONLY*****

New Address: _____

Date Addressed: _____ Notified by Mail: _____ Notified in Person: _____ Phone: _____