



**OVER THE COUNTER PERMIT
APPLICATION**
CITY OF HIGH POINT
211 S. Hamilton St., High Point, NC 27260, Suite 316
Phone 336-883-3151

Please complete and submit the checklist, application, and all necessary supporting documentation to obtain a permit. Submitting complete and accurate information at the beginning will result in more efficient processing of your request.

Submittal Requirements

Staff Use	√ or NA	All requests <u>shall</u> include:
		Enter √ or NA in column to the left √=Provided NA=Not Applicable
		1 Original Commercial/Residential Permit OTC Application <u>completed and signed</u> with ink. Please complete the application fully. If you have questions regarding required information, contact the City of High Point Development Services Center.
		Fees: No Application Fee. Permit fees are based on scope of work. The fee schedule is available here .
		Professionals: Identify all contractors/subcontractors that will be conducting the work. The individuals identified must be properly licensed to conduct the work or provide a valid exemption form.
		Application Type: Please check the appropriate box: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
This request <u>may</u> also require:		
		“Work By Owner Affidavit” pursuant to G.S. 87-1 . This form must be provided if the property owner wishes to act as the <u>general contractor</u> . The owner must acknowledge and adhere to all relevant provisions listed on the form and the form must be notarized.
		Certificate of Appropriateness (COA): A COA is required for many exterior or structural improvements within a Local Historic District (including Johnson Street, Sherrod Park, or West High Avenue) or for Guilford County Designated Landmark Properties. A copy of the COA is required to be submitted with the permit application.
		Lien Agent: pursuant to G.S. 160A-417 . If the proposed project cost is \$30,000 or more , this document for the project address must be provided. Visit NC Liens website at www.liensnc.com . Owner occupied existing single-family residences or accessory structures are exempt.
		Workers’ Compensation Coverage: pursuant to G.S. 87-14 . If the proposed project cost is \$30,000 or more , provide the Workers’ Compensation Coverage form or provide a copy of the Insurance Certificate. Form is also available on last page of this document.
		Supplemental Documentation: Some projects require additional documentation.
Contact Information: If you need assistance or have question regarding this application please contact us at: Planning and Development Department Development Services Center 211 S. Hamilton St., Suite 316, High Point, NC 27260 Phone: 336-883-3151 Fax: 336-883-8518 Email: permits@highpointnc.gov For more information on over-the-counter permits: http://www.buildhighpoint.com/295/Commercial-Over-the-Counter-OTC or http://www.buildhighpoint.com/294/Residential-Over-the-Counter-OTC		

GENERAL INFORMATION - PART 1

PROJECT INFORMATION (All fields in this section are required)

Project Address: _____

Name of Business or Project Name: _____

Proposed Work (detailed description of work including location and equipment size) _____

PROPERTY OWNER INFORMATION (All fields in this section are required)

Property Owner: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

APPLICANT INFORMATION (All applicable fields in this section are required)

Company Name: _____

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Status of Applicant: Property Owner; Licensed Contractor; Legal Representative; Unlicensed Contractor

Number: _____ Classification: _____

PROFESSIONAL (CONTRACTOR) INFORMATION

Please list all contractors/subcontractors associated with this project. If the contractors/subcontractors are already registered in Accela, provide just the licensee's name, license # and type of license.

License Holder: _____
License #: _____ Type of License: _____
Business Name: _____
Address: _____
City/State/Zip: _____
Work or Home Phone: _____ Mobile: _____
Email: _____

License Holder: _____
License #: _____ Type of License: _____
Business Name: _____
Address: _____
City/State/Zip: _____
Work or Home Phone: _____ Mobile: _____
Email: _____

License Holder: _____
License #: _____ Type of License: _____
Business Name: _____
Address: _____
City/State/Zip: _____
Work or Home Phone: _____ Mobile: _____
Email: _____

License Holder: _____
License #: _____ Type of License: _____
Business Name: _____
Address: _____
City/State/Zip: _____
Work or Home Phone: _____ Mobile: _____
Email: _____

****Complete only one section below****

COMMERCIAL SECTION (Please check all applicable boxes)		
ELECTRICAL	MECHANICAL	PLUMBING
<input type="checkbox"/> Replacement (like for like with no increase in load) <input type="checkbox"/> Minor Work – [such as lights (track lighting is one device), switches, outlets, etc.] <input type="checkbox"/> Minor Low Voltage [such as cameras, data ports, speakers, fixtures, etc.]. <input type="checkbox"/> Service Change <input type="checkbox"/> Temporary Service	<input type="checkbox"/> HVAC Unit Replacement __ Number of HVAC Units <input type="checkbox"/> Gas Line Only <input type="checkbox"/> Boiler Replacement/Repair <input type="checkbox"/> Duct Work Only (i.e. adding a return or vent)	<input type="checkbox"/> Water Line Replacement <input type="checkbox"/> Sewer Line Replacement <input type="checkbox"/> Fixture Replacement [includes lavatory, water closets, etc. and also includes <u>appliance</u> replacement (i.e. water heater, dishwasher, etc.)]
FIRE	BUILDING	
Fire Alarm - Detection System Devices <u>Not</u> including control panels or power supplies <input type="checkbox"/> Relocation and/or up to 5 new devices Fire Protection – Sprinkler Heads Not including work in Extra Hazard Group I & II Design Area <input type="checkbox"/> Relocation and/or up to 10 new heads	<input type="checkbox"/> Expedited Showroom* *Supplemental documentation required. http://www.buildhighpoint.com/DocumentCenter/View/378 for more information. <input type="checkbox"/> Interior Demolition Only* *Obtain prior approval from a Construction Plan Reviewer.	
RESIDENTIAL SECTION (Please check all applicable boxes)		
ELECTRICAL	MECHANICAL	PLUMBING
<input type="checkbox"/> Sub-Panel <input type="checkbox"/> Replacement (like for like with no increase in load) <input type="checkbox"/> Outlets and Fixtures (no limit, just document the switches, lights, outlets being added/replaced in residence) <input type="checkbox"/> Temporary Service <input type="checkbox"/> Service Change	<input type="checkbox"/> Gas Line only <input type="checkbox"/> Gas Appliance (grill, logs, range, etc. - excluding furnaces (see HVAC Unit below) __ Number of fuel appliances <input type="checkbox"/> HVAC Unit (addition or replacement) __ Number of HVAC Units <input type="checkbox"/> Duct Work Only (i.e. adding a return or vent) <input type="checkbox"/> Generator - Permanently Installed* *Supplemental documentation required. http://www.buildhighpoint.com/documentcenter/view/317 for more information.	<input type="checkbox"/> Fixtures and Connections (i.e. bathroom, tub/shower conversion, sinks, dishwasher, and washer machine) <input type="checkbox"/> Plumbing – Utility Services <input type="checkbox"/> Sewer Line <input type="checkbox"/> Water Line <input type="checkbox"/> Both <input type="checkbox"/> Water Heater - Gas (type being installed) <input type="checkbox"/> Water Heater - Electric (type being installed)
BUILDING		
<input type="checkbox"/> Re-roofing (>\$15,000)* <input type="checkbox"/> Window Replacement (>\$15,000)* <input type="checkbox"/> Siding Replacement (>\$15,000)* *If less than \$15,000, no permit is required.		
<input type="checkbox"/> Small Accessory Structure (Dimensions less than 12'Wx12'Dx12'H)		

GENERAL INFORMATION – PART 2 (Please complete all applicable fields)

<p>Applicable Code:</p> <p><input type="checkbox"/> 2012 NC Residential Code</p> <p><input type="checkbox"/> 2012 NC Building Code</p> <p><input type="checkbox"/> 2012 NC Rehabilitation Code</p> <p><input type="checkbox"/> 2015 NC Existing Building Code</p> <p>Proposed Occupancy Classification:</p> <p>_____</p> <p>(A,B, E, F, H, I, M, R, S, U)</p>	<p>Utility Providers:</p> <p>Water: _____</p> <p>Sewer: _____</p> <p>Electric: _____</p> <p>Gas: _____</p>	<p>Type of Heat:</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Electric Heat Pump</p> <p><input type="checkbox"/> Fuel Oil</p> <p><input type="checkbox"/> Gas Heat Pump</p> <p><input type="checkbox"/> Liquid Propane Gas</p> <p><input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Other: _____</p>
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ADDITIONAL INFORMATION (Please complete all applicable fields)

Job Value: _____ Dwelling Units: _____ Number of Buildings: _____

Public Owned (Y/N): _____ Type of Building: _____

AUTHORITY TO FILE APPLICATION

Required	<p>I hereby agree to conform to all applicable laws and regulations of the City of High Point, applicable County and State of North Carolina (as may be applicable to my request), and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. In addition, I acknowledge that by filing this application, representatives from the City of High Point Planning and Development Department may enter the subject property for investigation and analysis of this request.</p> <p>Applications will not be accepted without signature(s).</p>		
	Print Applicant Name	Applicant Signature	Date
Print Owner Name*	Owner Signature* and Title (for companies)	Date	

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

The undersigned applicant for Building Permit # _____ being the

_____ Contractor

_____ Owner

_____ Officer/Agent of the Contractor or 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 workers' compensation insurance to cover 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: _____