



100 N. King St.  
Hendersonville, NC 28792  
Phone: 828-697-4830  
www.hendersoncountync.gov

## Henderson County Building Services Department

### Residential Building Permit Checklist & Application for Accessory Building/Structure

**All steps must be completed prior to the issuance of a Building Permit**

<b>General Application Requirements</b>	
	Completed Residential Accessory Building/Structure Application
	County or Municipality Zoning Permit**Municipality if you live in the town limits of: City of Hendersonville, Fletcher, The Town of Mills River, Flat Rock, or Laurel Park
	Watershed Permit (if applicable)
	Appendix H Form (Required if there is a private septic system)
	Lien Agent Designation ( <a href="http://www.liensnc.com">www.liensnc.com</a> ) required if project is over \$40,000 Exemptions: Less than \$40,000, Improvements to owner's existing primary residence.



Inspection Dept Use Only				
<u>Received</u>	<u>Rejected</u>	<u>Approved</u>	<u>Const. Type</u>	<u>Occupancy</u>

## Residential Accessory Building/Structure Application

Applicant's Name: \_\_\_\_\_

Applicant's Phone No.: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

The Applicant is: Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_

Directions to Jobsite: \_\_\_\_\_

### Property Owner Information:

Owner(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Contractor Information:

Business Name: \_\_\_\_\_ License # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Check One that applies:

- Detached/Attached Garage  
  Carport  
  Storage Building  
  Gazebo/Pergola/Patio Cover  
 Light Weight Metal Carport/Garage/Storage Bldg.  
  Pre-Fab Wood Storage Bldg.\*\*  
(Skip Construction Worksheet)

\*\*R101.2.1 Permitted to be constructed without masonry or concrete foundation if all the following apply: Shall not exceed 400 sq. ft., Building is supported on a wood foundation of a minimum 2x6 or 3x4 mudsill of approved wood and building is anchored to resist overturning and sliding by installing a minimum of 1 ground anchor at each corner of the building.

Project Cost: \_\_\_\_\_

Size of Structure: \_\_\_\_\_ x \_\_\_\_\_ and total square feet \_\_\_\_\_

Is the building/structure located in a flood plain?  Yes  No

Work Includes:  Electrical

Electrical Contractor: \_\_\_\_\_ License # \_\_\_\_\_

As the owner/contractor, it is my responsibility to ensure all work complies with the current NC State Building Code, all other applicable state and local laws, ordinances and regulations.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



## Accessory Building/Structure Construction Worksheet

### Footing/Foundation System\*\*

**Check All that Applies:**

- Footing: Width (inches): \_\_\_\_\_ Thickness (inches): \_\_\_\_\_
- Pier footing: Size (inches) \_\_\_\_\_ X \_\_\_\_\_ Thickness (inches): \_\_\_\_\_
- Monolithic Slab
- Foundation  
Height \_\_\_\_\_ Unbalanced Fill \_\_\_\_\_  
Thickness of Wall:  6"  8"  10"  12"  
Steel Reinforcement:  #4 @ \_\_\_\_\_ " o.c.  #5 @ \_\_\_\_\_ " o.c.  
 #6 @ \_\_\_\_\_ " o.c.  #7 @ \_\_\_\_\_ " o.c.
- Pre-cast Foundation (Submit Plans to Building Official)

\*\*Frost Depth: 18" Minimum

**N/A** **Floor Framing System\*\* (if applicable)**

Girder: Size \_\_\_\_\_ Span: \_\_\_\_\_

Joist: Size \_\_\_\_\_ Spacing \_\_\_\_\_ o.c. Span: \_\_\_\_\_

Or

Engineered Floor Trusses

\*\*Girder Table R602.7(1) \*\*Floor Joists Table R502.3.1(2)

**N/A** **Wall System\*\* (if applicable)**

Wood Wall height: \_\_\_\_\_

Wood Stud: Size: \_\_\_\_\_ Spacing: \_\_\_\_\_ o.c.

Header: Size: \_\_\_\_\_ Span: \_\_\_\_\_

\*\*Wall Stud Table R602.3(5) \*\*Header Tables R602.7(1)

**N/A** **Roof Framing System\*\*(if applicable)**

Header: Size \_\_\_\_\_ Span \_\_\_\_\_

Rafter: Size \_\_\_\_\_ Spacing: \_\_\_\_\_ o.c. Span: \_\_\_\_\_

Or

Engineered Roof Trusses

\*\*Header Tables 602.7(1) and(2) \*\*Rafter Tables 802.5.1(1) and (2)

# APPENDIX H

## AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM PURSUANT TO N.C.G.S. §160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_,

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system to the extent allowed by law.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
Date

Sworn to (or affirmed) and Subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_ (Notary Stamp or Seal)