

Henderson County Building Services Department

Residential Building Permit Checklist & Application for Accessory Structure

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

Apply Online: co-henderson-nc.smartgovcommunity.com

General Application Requirements				
	Accessory Structure Permit Application & Worksheet			
	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 (www.liensnc.com) required if project is over \$40,000 Exemptions: Less than \$40,000, Improvements to owner's existing primary residence.			



Residential Accessory Structure Building Permit Application

100 N. King St suite 220 Hendersonville NC 28792

Phone (828)697-4830

Email: hcpermits@hendersoncountync.gov

Apply online: co-henderson-nc.smartgovcommunity.com

Applicant's Name:							
Phone #:	Applicant's Email:						
A	Applicant is: Owner	: or Contract	or:				
Jobsite Address:							
Property Owner (s) N	Name:						
Are you Owner Builder: or Hiring Contractor:							
Owner (s) Name:			Phone #:				
Contractors Name: _							
Project: (choose all that apply) Project Cost: \$							
Detached Garage	Attached Garag	ge Carport	_ Storage Building				
Gazebo/ Pergola / Covered Patio							
Stick Built Metal Building Pre-Fab							
Will your building have Electric? Yes or No Meter? Yes or No Electrical Cost: \$							
Electrical Contractor	Electrical Contractor: License #:						
Is the Building/ structure in a flood plain? Yes or No							
Do You have:							
City Sewer	City Water	Private Septic	Private Well				
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, ordinance, and regulations.							
Printed Name:							
Signature:							



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: \(\begin{array}{cccccccccccccccccccccccccccccccccccc						
Steel Reinforcement: #4 @						
Pre-cast Foundation (Submit Plans to Building Official) **Frost Depth: 18" Minimum						
N/A Floor Framing System** (if applicable)						
Girder: Size Span:						
Joist: Size 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:						
Mand Shade Single Society						
Wood Stud: Size: o.c.						
Header: Size: Span:						
**Wall Stud Table R602.3(5) **Header Tables R602.7(1)						
Roof Framing System**						
Header: Size Span						
550						
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 Pro	operty Where Building is to be Construct	ed or Altered:
I,		
	(Print Full Name)	
owner of the property, do hereby under penalocal and State on-site wastewater system see proposed construction shall not increase the thereby absolves the State, Inspection Deparegarding the existing wastewater system to	etback requirements pursuant to N.C.G.S e design daily flow or wastewater strendartment, and Local Health Department of	. § 130A-335. Additionally, the agth of the existing system and
The property owner may, at his or her discrethe North Carolina On-Site Wastewater Con N.C.G.S. § 90A-71(5), to locate the on-site vexecuting this affidavit.	tractors and Inspectors Certification Boar	rd or an inspector, as defined in
(Signature of Affiant)	Date	
Sworn to (or affirmed) and Subscribed before	re me this the day of	, 20
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires:	(Notary Stamp or Seal)	