



**MACON COUNTY PLANNING, PERMITTING & DEVELOPMENT**

1834 Lakeside Dr., Franklin, NC 28734

Phone: (828)349-2073 ♦ (828)3492072, Fax: (828)524-2653

**RV APPLICATION**

**INFORMATION IS REQUIRED BEFORE A PERMIT CAN BE ISSUED**

**\*\*IF YOU ARE APPLYING FOR A PARK MODEL AND THE SIZE IS GREATER THAN 400 SQUARE FEET - PLEASE FILL OUT A MOBILE HOME APPLICATION\*\***

Parcel #: \_\_\_\_\_ Township: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Directions to Job Site including gate code if applicable: \_\_\_\_\_

Deck Size: \_\_\_\_\_ Estimates Cost of Construction: \$ \_\_\_\_\_

Are you replacing an Existing Structure: \_\_\_\_\_?

Power Company that Supplies or will Supply your Power: \_\_\_\_\_

**CONTRACTORS:**

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Mechanical: \_\_\_\_\_ License#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Plumber: \_\_\_\_\_ License#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Building: \_\_\_\_\_ License#: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email #: \_\_\_\_\_

**\*\*\*SEPTIC/SEWER & WATER SYSTEM MUST BE INSTALLED AND FINALIZED BEFORE**

**ISSUANCE OF FINAL POWER. \*\*\*\*\***

What Name is the Septic Permit in? \_\_\_\_\_ Well? \_\_\_\_\_ -

IF PERMIT IS GRANTED, I AGREE TO COMFORM TO THE NORTH CAROLINA STATE BUILDING CODE AND TO ALL COUNTY ORDINANCES AND THE LAWS OF THE STATE OF NORTH CAROLINA REGULATING SUCH WORK

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**FEES:** RV \_\_\_ MECHANICAL \_\_\_ WATERSHED \_\_\_ LAND DISTURBANCE \_\_\_ FLOODPLAIN \_\_\_ TOTAL \_\_\_

**AFFIDAVIT OF WORKER'S COMPENSTATION COVERAGE**  
**N.C.G.S 87-14**

The undersigned applicant being the

\_\_\_\_\_ Contractor

\_\_\_\_\_ Owner

\_\_\_\_\_ Officer/Agent of the Contractor

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  
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 worker's compensation covering them,

\_\_\_\_\_ 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 Worker's Compensation insurance prior to issuance of the permit at any time during the permitted work from any person, firm or corporation carrying out the work.

Company Name: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# MACON COUNTY

## LAND DISTURBANCE PERMIT APPLICATION

(MUST BE FILLED OUT COMPLETELY)

### APPLICANT

#### \*\*\*OWNER OF SUBJECT PROPERTY\*\*\*

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

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

#### \*\*\*CONTRACTOR / EARTH MOVER\*\*\*

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

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

Estimated Cost of Grading: \_\_\_\_\_ N.C. Licensing #: \_\_\_\_\_

#### \*\*\*PERSON FINANCIALLY RESPONSIBLE (If Different from Owner)\*\*\*

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

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

### LOCATION

Macon County Land Records  
Property Identification #  
(Parcel Number)

Township \_\_\_\_\_ City Limits of Franklin. Yes / No

Directions to Property: \_\_\_\_\_

### PROJECT

Description of project: \_\_\_\_\_

Size of Land Disturbance \_\_\_\_\_ Sq. Ft. or \_\_\_\_\_ Acres (43,560 sq. ft. = 1 Acre)

Are you applying for a building permit as well? Yes / No If yes, square footage of structure: \_\_\_\_\_

Will the land disturbance involve a slope of greater than 1:1 (45°)? Yes / No (If yes, plans are required)

Do you have water on your Property? No / Yes Spring Lake Branch Pond Stream  
If you have a stream, is it a N.C. Trout Stream? Yes / No (Requires 25 foot buffer zone) Will  
the property require a stream crossing? Yes / No (Requires permit from Department of Water Quality)

**Mandatory Measures** \*Groundcover: Revegetate within 21 calendar days upon completing any phase of grading  
\*Silt Fences (Steel Posts 6' O.C. trenched 8" Deep) or Berms and Diversions  
\*Mudmat/ gravel construction access (3" Stone: 50' long and 10' W) \*Cut slopes 1.5 : 1 Fill slopes 2 : 1

**Road Grade Standards** 16 % - Pavement 10% - Gravel 6% - grass

The undersigned hereby attests that the information given above is true and correct. The applicant is aware of the stated requirements and responsibilities for land disturbance in Macon County. The applicant understands the principles of erosion control and understands that the North Carolina Sediment Law of 1973 applies to each project regardless of size. The applicant acknowledges that county staff can and will conduct periodic inspections of this project to ensure compliance. Any non-compliance with the provisions of this ordinance may result in civil penalties. The signature below signifies full responsibility for all land disturbance activities on subject site.

Signature of Financial Responsible Party/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM  
PURSUANT TO NCGS §160D-1110 (h)(1)**

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by NCGS §160D-1110 (h)(1)]

STATE OF NORTH CAROLINA  
COUNTY OF MACON  
DEPARTMENT OF PLANNING, PERMITTING, AND DEVELOPMENT

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

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

I, \_\_\_\_\_ 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 NCGS §130A-335. Additionally, the proposed construction shall not increase the daily design 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.

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: \_\_\_\_\_

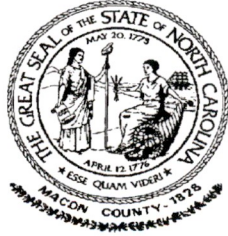
(Notary Stamp or Seal)

# **\*\*\*Attention\*\*\***

AS OF FEBRUARY 1, 2003 A SITE PLAN WILL BE REQUIRED TO OBTAIN A PERMIT FOR NEW CONSTRUCTION INCLUDING MOBILE HOMES & MODULAR HOMES.

**YOUR SEPTIC DRAWING IS NOT  
ACCEPTABLE AS A  
SITE PLAN.**

Your site plan must show lot lines, elevation above sea level, all streams or bodies of water & location of existing and / or proposed structures, driveways, wells and septic.



MACON COUNTY CODE ENFORCEMENT  
1834 LAKESIDE DRIVE  
FRANKLIN NC, 28734

**INSPECTION REQUESTS FOR ANY  
PERMIT ISSUED AFTER MAY 1<sup>ST</sup> 2005  
MUST BE MADE BY THE PERSON  
OR COMPANY DOING THE WORK  
THIS INCLUDES ROUGH-IN  
AND FINAL INSPECTION REQUESTS**

For example: Building Contractor requests footing inspection, Electrical Contractor requests temp. pole inspection, Plumbing Contractor requests pre-slab inspection, etc.

**NO EXCEPTIONS**



MACON COUNTY CODE ENFORCEMENT  
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## PLEASE NOTE

As of May 1, 2005, Macon County Code Enforcement cannot issue any permit without the following documents being on file in our office or included with the application packet:

1. Current Copy of Certificate of Workers Compensation coverage if NC law requires such coverage.
2. Current copy of your subcontractor's Certificate of Workers Compensation coverage if they are providing their own insurance.

This coverage must be kept in place until the project is completed or your permit will be revoked.

You or your insurance company must notify this department of any changes to your policy.

There will not be any exceptions made.

We are sorry for any inconvenience this may cause but it is required by NCGS.

MACON COUNTY 9-1-1 OFFICE  
Phone: (828) 349-2547 / Brandon Crone  
Email: [bcrone@maconnc.org](mailto:bcrone@maconnc.org)  
Mail: 104 East Main St.  
Franklin, NC 28734

MACON COUNTY, NORTH CAROLINA  
ADDRESS REQUEST FORM

Date of Application: \_\_\_\_\_

The following information is **required** in order to assign you a permanent house number and road name. This address is necessary for Macon County to provide you, the homeowner, with adequate emergency service when a 9-1-1 call is made. Your address will be assigned as soon as possible after your request is made. (The driveway must be cut in on the property before the address can be generated). **This form must be filled out if you are building a new home or placing a mobile home on your property. Leave this form at the Building Permit office.** The assigned address must be posted on your home or at your driveway before a Certificate of Occupancy can be issued.

Homeowners Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Road Name: \_\_\_\_\_ PIN # \_\_\_\_\_

Building Permit # \_\_\_\_\_ Parcel Identification Number  
Lot # if applicable: \_\_\_\_\_

Directions to building site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of nearest neighbor: \_\_\_\_\_

Description of new home: (example: 2-story gray house) \_\_\_\_\_

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**Attach a drawing of the proposed location of the structure and driveway.** You can create this drawing on the Macon County Parcel Viewer. Go to the following link: [gis.maconnc.org/Maps/default.htm](http://gis.maconnc.org/Maps/default.htm). Read the disclaimer box, and click "Accept". On the upper right side of the map, select the "Photography" button. On the left side of the screen, you should see "Search". You can search your property by Parcel ID or Owner Name. Once you have put your information into the appropriate field, select "Search" button. If you used the "Parcel ID" search feature, it should auto-populate your property onto the map. If you used the "Owner Name" search feature and own multiple parcels of property, you may have to select/confirm your name as it is listed for the parcel of land you are searching for. Once the property you are searching for is correctly displayed on the screen, it should be highlighted. You can now click and drag the map to move around, or use your mouse scroll to zoom in and out. On the top-right of the screen, you will see a pencil button in the toolbar. Select this pencil to "draw" on the map. Once selected, you will see a new tool box opened on the left side of your screen. You can select "Line" or "Poly" to draw the area where your structure will sit on the property. It is suggested to use a contrasting color for your line or polygon so that is shows up best on the map. You do this by clicking on the "Color" or "Fill Color" selector on the left side of the screen once you select "Line" or "Poly". Once you have created a depiction of where your structure will go, make a drawing to depict where your driveway will be. You need to show where it will turn from the main road or street that your driveway comes off of. This step is imperative to getting the most accurate 911 Address. Once you are done sketching your structure site, and driveway location, select the "Printer" button on the top-right of the screen, beside the "Eraser" Icon. Select "Export Map" from the print popup. Once this downloads, you can print it as normal and include it with your Permitting Packet, or save it as a PDF and email it in with your packet.

**This completed form along with the site plan are required for us to assign an address to your property.**

**If this home is not to be your permanent full-time residence, please list an out of town mailing address and telephone number where you can be reached.**

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

**(FOR OFFICE USE ONLY) NEW HOME ADDRESS: \_\_\_\_\_**