

Contractor License Check and Regulation Form

Town of Boone Planning & Inspections Department

680 W. King Street, Suite C ♦ Boone, North Carolina 28607

Phone (828) 268-6960 ♦ Fax (828) 268-6961 ♦ Email: planning@townofboone.net ♦ www.townofboone.net



Pursuant to Town Code Section 155.03 a building permit application shall be considered abandoned and voided and the permit fee will not be refunded if either (A) 180 days has passed since the date the applicant was notified that the permit was ready for pickup and the permit has not been picked up or (B) 180 days has passed since the permit application was submitted and the applicant has not responded to the building inspector's requests for modifications or additional information so as to allow final processing and issuance of the permit.

A. Project Information

Project Name: _____

Project Address: _____

Property Owner Name: _____

B. Contractor Type (select one)

- Electrical Fire Alarm Fire Sprinkler Gas General Contractor
 HVAC Plumbing Refrigeration Other: _____

C. Contractor Information

Licensed Contractor Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Business Email: _____

NC State License Number: _____

D. Workers Compensation Insurance Coverage Information

- Contractor must furnish proof of Worker's Compensation Insurance (or exemption) for projects over \$30,000.00.

E. Licensed Contractor Signature

I, the undersigned, have read and understand the North Carolina General Statutes pertaining to licensed contractors. I hereby affirm or swear that I am licensed and qualified to assume all responsibility and liability of a licensed contractor of this project. If I resign or am no longer affiliated with this project, I will notify the Town of Boone Planning and Inspections Department immediately by phone or in person, and in writing within three (3) business days.

Licensed Contractor Name (Print)

Licensed Contractor Signature

Date

Official Use Only

Permit Name: _____

Permit Number: _____

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