

ALAMANCE COUNTY RESIDENTIAL BUILDING PERMIT APPLICATION

PROPERTY INFORMATION

Property Address _____ City, State, Zip Code _____
Property Owner Name _____ Property Owner Phone _____
Utility Owner Name _____ Utility Owner Phone _____
Subdivision Name _____ Subdivision Lot Number _____
Geographic Parcel Identification Number _____ Tax Map Number _____
Census Tract _____

Watershed Flood Zone Flood Certification Farm District Corner Lot
Water Type: City Water New Well Existing Well Community Well
Sewage Type: City Sewer New Septic Existing Septic

CONTRACTOR INFORMATION

Contractor Name _____ Contractor Phone _____
Contractor Street Address _____ City, State, Zip Code _____
County Control Number _____ North Carolina License Number _____
 Owner is Contractor Owner Occupied

Note: Permit trade Contractor Form is required to accompany this application.

BUILDING INFORMATION

Work Description _____ Construction Cost _____
Total Square Feet Under Roof _____ Length _____ Width _____ Height _____
Number of Stories _____ Number of Rooms _____ Number of Bedrooms _____ Number of Bathrooms _____
Building Type: New Existing
Construction Type: Wood Frame Brick Veneer Metal Masonry Other _____
Heated Square Feet: Basement _____ First Floor _____ Second Floor _____ Third Floor _____
Total Heated Square Feet _____
Number of Fireplaces _____ Gas Wood Prefabricated Masonry
Basement Status: Unfinished Finished Partial Finish
Deck: Length _____ Width _____ Total Square Feet _____ Poured Footings
Utility Company: Duke Energy Randolph Electric Piedmont Electric Other _____
Gas Company: Piedmont Natural Gas Public Service Gas LP Gas Other _____

A photo ID is required to accompany all applicant signatures

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- Land disturbance will be more than one acre
- State soil erosion certificate has been obtained (if needed)

DETACHED STRUCTURE

Number of Stories _____ Length _____ Width _____ Total Square Feet _____

Structure Type: Garage Workshop Storage Building Other

Structure Utilities: Electricity Heat Plumbing

I hereby certify that all information in this application is correct and all work will comply with the N.C. State Building Code and all other applicable state, local laws, ordinances, and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Printed Name _____ Applicant Phone _____

Applicant Signature _____ Date _____

MUST BE COMPLETED BY ZONING OFFICIAL ONLY

Jurisdiction _____ Zoning _____

Setbacks: Front _____ Back _____ Left _____ Right _____

Water Type: City Water Well

Sewage Type: City Sewer Septic

Zoning Official Printed Name _____

Zoning Official Signature _____ Date _____

A photo ID is required to accompany all applicant signatures

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

CONTRACTOR INFORMATION

Contractor Name _____

Signature _____ Date _____

I hereby certify that all information in this application is correct and all work will comply with the N.C. State Building Code and all other applicable state, local laws, ordinances, and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Printed Name _____ Applicant Phone _____

Applicant Signature _____ Date _____

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 worker's 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 subcontractors(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: _____