

ALAMANCE COUNTY MISCELLANEOUS PERMIT APPLICATION

PERMIT TYPE

- ABC Construction Trailer Day Care Demolition
 Group Home Occupancy RV Solar Panel

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 _____ Township _____
Jurisdiction _____ Zoning _____

- 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

BUSINESS INFORMATION

Business Name _____ Business Owner _____
Owner Address _____ City, State, Zip Code _____

CONSTRUCTION TRAILER

Number of Sections _____ Length _____ Width _____ Set up Cost _____

DEMOLITION

Demolition Description _____
Disposal Location _____ Asbestos Removal Demolition Cost _____

A photo ID is required to accompany all applicant signatures

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OCCUPANCY

Utility Company: Duke Energy Randolph Electric Piedmont Electric Other_____

Gas Company: Piedmont Natural Gas Public Service Gas LP Gas Other_____

Environment Health Number_____

SOLAR PANEL

Location: Roof Ground Environmental Health Number_____ Construction Cost_____

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