

ALAMANCE COUNTY MODULAR HOME 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 _____ 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

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

BUILDING INFORMATION

Work Description _____ Construction Cost _____ Number of Sections _____

Total Square Feet Under Roof _____ Length _____ Width _____ Height _____

Number of Stories _____ Number of Rooms _____ Number of Bedrooms _____ Number of Bathrooms _____

Addition Type: Unfinished Basement Finished Basement Partial Finish Basement Building Addition

Addition Square Feet _____

Heated Square Feet: Basement _____ First Floor _____ Second Floor _____ Third Floor _____

Total Heated Square Feet _____

Number of Fireplaces _____ Gas Wood Prefabricated

Masonry

Deck: Length _____ Width _____ Total Square Feet _____ Poured Footings

Porch: Length _____ Width _____ Total Square Feet _____

Utility Company: Duke Energy Randolph Electric Piedmont Electric Other _____

A photo ID is required to accompany all applicant signatures

ALAMANCE COUNTY MODULAR HOME PERMIT APPLICATION

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

Requires the use of a saw service

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

ALAMANCE COUNTY PERMIT TRADE CONTRACTOR FORM

Type of Permit:

Residential

Manufactured Home

Modular Home

ELECTRICAL CONTRACTOR INFORMATION

Contractor Name _____

North Carolina License Number _____ Contact Phone _____

Signature _____ Date _____

MECHANICAL CONTRACTOR INFORMATION

Contractor Name _____

North Carolina License Number _____ Contact Phone _____

Signature _____ Date _____

PLUMBING CONTRACTOR INFORMATION

Contractor Name _____

North Carolina License Number _____ Contact Phone _____

Signature _____ Date _____

INSULATION CONTRACTOR INFORMATION

Contractor Name _____

North Carolina License Number _____ Contact Phone _____

Signature _____ Date _____

CONTRACTOR INFORMATION

Contractor Name _____

North Carolina License Number _____ Contact Phone _____

Signature _____ Date _____

LOW VOLTAGE ELECTRICAL CONTRACTOR INFORMATION

Contractor Name _____

North Carolina License Number _____ Contact Phone _____

Signature _____ Date _____

A photo ID is required to accompany all applicant signatures

ALAMANCE COUNTY PERMIT TRADE CONTRACTOR FORM

GAS LOGS/FIREPLACE MECHANICAL CONTRACTOR INFORMATION

Contractor Name _____
North Carolina License Number _____ Contact Phone _____
Signature _____ Date _____

PLUMBING CONTRACTOR INFORMATION

Contractor Name _____
North Carolina License Number _____ Contact Phone _____
Signature _____ Date _____

CONTRACTOR INFORMATION

Contractor Name _____
North Carolina License Number _____ Contact Phone _____
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 _____

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

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: _____