

# ALAMANCE COUNTY GENERATOR 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 \_\_\_\_\_

## 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

## SECONDARY CONTRACTOR INFORMATION

Contractor Name \_\_\_\_\_ Contractor Phone \_\_\_\_\_

Contractor Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

County Control Number \_\_\_\_\_ North Carolina License Number \_\_\_\_\_

## PERMIT INFORMATION

Construction Cost \_\_\_\_\_

**Type of Use**     Commercial     Residential     Farm

**Utility Company:**     Duke Energy     Randolph Electric     Piedmont Electric     Other

A photo ID is required to accompany all applicant signatures

ALAMANCE COUNTY GENERATOR PERMIT APPLICATION

Gas Company:  Piedmont Gas       Public Service       LP Gas       Other

**GENERATOR INFORMATION**

Fuel Source:  Fuel       Natural Gas       Propane       Portable

Kilowatts \_\_\_\_\_

Gas Piping  Yes       No

**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