ALAMANCE COUNTY MANUFACTURED HOME PERMIT APPLICATION

PROPERTY INFORMATION

Property Address _____ City, State, Zip Code _____

Property Owner Name _____ Property Owner Phone _____

Utility Owner Name _____ Utility Owner Phone _____

☐ 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 ☐ Owner is Contractor

Contractor Name _____ Contractor Phone _____

Contractor Street Address _____ City, State, Zip Code _____

County Control Number _____ North Carolina License # _____

BUILDING INFORMATION

Home Size: ☐ Single Wide ☐ Double Wide ☐ Triple Wide

Home Type: ☐ New ☐ Used

Home Owner_____ Phone Number _____

Manufactured Home Year _____ Home Cost _____ ☐ Air Conditioning

Length _____ Width _____ Number of Bedrooms _____ Number of Bathrooms _____

Utility Company: ☐ Duke Energy ☐ Randolph Electric ☐ Piedmont Electric Other _____

Gas Company: ☐ Piedmont Natural Gas ☐ Public Service Gas ☐ LP Gas Other _____

☐ Land disturbance will be more than one acre

☐ State soil erosion certificate has been obtained (if needed)

ACCESSORY STRUCTURE 1

Structure Type: ☐ Deck ☐ Porch ☐ Carport

Number of Stories_____ Length_____ Width _____ Total Square Feet _____

ACCESSORY STRUCTURE 2

Structure Type: ☐ Deck ☐ Porch ☐ Carport

Number of Stories_____ Length_____ Width _____ Total Square Feet _____

PERMIT TRADE CONTRACTOR INFORMATION

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 _____

ALAMANCE COUNTY MANUFACTURED HOME PERMIT APPLICATION

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, ordinates, 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_____

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: _____

A photo ID is required to accompany all applicant signatures **N.C.G.S. SECTIONS 87-14**