

# 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 \_\_\_\_\_

Footings

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 \_\_\_\_\_

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**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 \_\_\_\_\_

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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 \_\_\_\_\_

**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: \_\_\_\_\_