

# ALAMANCE COUNTY RESIDENTIAL BUILDING 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

Work Description \_\_\_\_\_ Construction Cost \_\_\_\_\_

Total Square Feet Under Roof \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Number of Stories \_\_\_\_ Number of Rooms \_\_\_\_ Number of Bedrooms \_\_\_\_ Number of Bathrooms \_\_\_\_

**Building Type:**       New       Existing

**Construction Type:**       Wood Frame       Brick Veneer       Metal       Masonry      Other \_\_\_\_\_

**Heated Square Feet:**      Basement \_\_\_\_\_      First Floor \_\_\_\_\_      Second Floor \_\_\_\_\_      Third Floor \_\_\_\_\_

Total Heated Square Feet \_\_\_\_\_

Number of Fireplaces \_\_\_\_\_       Gas       Wood       Prefabricated       Masonry

**Basement Status:**       Unfinished       Finished       Partial Finish

**Deck:**      Length \_\_\_\_\_      Width \_\_\_\_\_      Total Square Feet \_\_\_\_\_       Poured Footings

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

**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

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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 \_\_\_\_\_

**INSULATION 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 \_\_\_\_\_

**GAS LOGS/FIREPLACE MECHANICAL CONTRACTOR INFORMATION**

Contractor Name \_\_\_\_\_  
North Carolina License Number \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALAMANCE COUNTY RESIDENTIAL BUILDING 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, 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: \_\_\_\_\_