

# ALAMANCE COUNTY COMMERCIAL BUILDING 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

## BUILDING INFORMATION

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

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

Number of Stories \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Number of Units \_\_\_\_\_ Tower Height \_\_\_\_\_

**Building Type:**     New                       Existing

**Construction Class:**     Type 1               Type 2               Type 3               Type 4  
    Type 5

**Occupancy Type:**     Assembly               Assisted Living       Business               Educational  
                                  Factory/Industrial     High Hazard               Institutional               Mercantile  
                                  Hotel                       Multi-Family (3 or more)     Storage                       Utility/Maintenance

**Alteration Type:**     Remodel               Addition

**Basement Status:**     Unfinished               Finished               Partial Finish

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

**Gas Company:**     Piedmont Natural Gas       Public Service Gas       LP Gas              Other \_\_\_\_\_

A photo ID is required to accompany all applicant signatures

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- Building shell only
- Requires the use of a saw service
- Land disturbance will be more than one acre
- State soil erosion certificate has been obtained (if needed)

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