

ALAMANCE COUNTY COMMERCIAL BUILDING PERMIT APPLICATION

8298

3050 Legacy River Trail

PROPERTY INFORMATION

Property Address: 2649 N Church St, City, State, Zip Code: Burlington, NC 27217
Property Owner Name: Legacy at Haw River, LLC, Property Owner Phone: 336.516.5048
Utility Owner Name: , Utility Owner Phone:
Subdivision Name: Legacy at Haw River Apartments, Subdivision Lot Number:
Geographic Parcel Identification Number: 149386, Tax Map Number: 149386-13-10-35
Census Tract: 020302, Township: Town of Haw River Township
Jurisdiction: Haw River, Zoning: Multifamily Haw River

- 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: DeBoer & Gabriel Builders, Inc, Contractor Phone: 336.516.5048
Contractor Street Address: PO Box 767, City, State, Zip Code: Burlington, NC 27216
County Control Number: , North Carolina License Number: 51987
Owner is Contractor, Owner Occupied

BUILDING INFORMATION

Work Description: Clubhouse, Construction Cost: \$250,000
Total Square Feet Under Roof: 3792, Length: 88, Width: 66, Height: 22
Number of Stories: 1, Number of Bathrooms: , Number of Units: 1, 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: DeBoer & Gabriel Builders  
By: *Erasm DeBoer*  
Title: President  
Date: 5-3-23