

ALAMANCE COUNTY COMMERCIAL BUILDING PERMIT APPLICATION

8299

PROPERTY INFORMATION

3070 Legacy River Trl

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
Census Tract Township Town of Haw River
Jurisdiction Zoning Multifamily

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 apartments BLDG 6 Construction Cost \$2,350,000
Total Square Feet Under Roof 29760 Length 143 Width 74 Height 36 - 39
Number of Stories 3 Number of Bathrooms 33 Number of Units 30 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: _____