

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 [AT&T antenna replacement and swap on existing telecom tower](#)

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 *[Handwritten 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: _____