

ALAMANCE COUNTY RESIDENTIAL BUILDING PERMIT APPLICATION

PROPERTY INFORMATION

Property Address 4300 Mineral Springs Rd City, State, Zip Code Graham NC 27359
Property Owner Name Alexander Carrico Property Owner Phone Alexander Carrico
Utility Owner Name Alexander Carrico Utility Owner Phone Alexander Carrico
Subdivision Name Subdivision Lot Number
Geographic Parcel Identification Number 9811423446 Tax Map Number 9-24-26
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 TCC Vanderbilt LLC Contractor Phone 919-720-443
Contractor Street Address 3300 Jefferson Dr. City, State, Zip Code Sanford NC 27332
County Control Number North Carolina License Number 43964
Owner is Contractor Owner Occupied

Note: Permit trade Contractor Form is required to accompany this application.

BUILDING INFORMATION

Work Description 43.8 x 26 off frame mbr 1/2 Construction Cost \$397,915.00
Total Square Feet Under Roof 26 Length 43.8 Width Height 19'
Number of Stories 1 Number of Rooms 5 Number of Bedrooms 4 Number of Bathrooms 2
Building Type: New Existing
Construction Type: Wood Frame Brick Veneer Metal Masonry Other
Heated Square Feet: Basement N/A First Floor 2635 Second Floor Third Floor
Total Heated Square Feet 2635
Number of Fireplaces N/A Gas Wood Prefabricated Masonry
Basement Status: Unfinished Finished Partial Finish
Deck: Length N/A 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

A photo ID is required to accompany all applicant signatures

ALAMANCE COUNTY PERMIT TRADE CONTRACTOR FORM

Type of Permit: Residential Manufactured Home Modular Home

ELECTRICAL CONTRACTOR INFORMATION

Contractor Name Carolina Power Generators Inc.
North Carolina License Number 32340 Contact Phone 910-585-4883
Signature [Signature] Date 5/3/23

MECHANICAL CONTRACTOR INFORMATION

Contractor Name Carolina Air Heat & Cool Inc
North Carolina License Number 34838 Contact Phone 910-942-2707
Signature [Signature] Date 5/3/23

PLUMBING CONTRACTOR INFORMATION

Contractor Name HR Curtis
North Carolina License Number 10924 Contact Phone 919-220-0168
Signature [Signature] Date 5/3/23

INSULATION CONTRACTOR INFORMATION

Contractor Name _____
North Carolina License Number _____ Contact Phone _____
Signature _____ Date _____

CONTRACTOR INFORMATION

Contractor Name TCC Vanderbruit LLC
North Carolina License Number 43964 Contact Phone _____
Signature [Signature] Date 5/3/23

LOW VOLTAGE ELECTRICAL CONTRACTOR INFORMATION

Contractor Name _____
North Carolina License Number _____ Contact Phone _____
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: TCC Vanderbilt LLC

By: [Signature]

Title: Officer / Agent

Date: 5/3/23