

ALAMANCE COUNTY RESIDENTIAL BUILDING PERMIT APPLICATION

PROPERTY INFORMATION

Property Address 4674 Dickey Mill Road City, State, Zip Code Mebane, NC 27302-9067
Property Owner Name David and Cindy LaDelle Property Owner Phone 908-578-6631
Utility Owner Name Cindy Lynn LaDelle Utility Owner Phone 908-578-6631
Subdivision Name N/A Subdivision Lot Number N/A
Geographic Parcel Identification Number 9817495620 Tax Map Number (old) 11-13-86 (166813?)
Census Tract 213? 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 Progressive Log Home Builders, Inc Contractor Phone 252-266-3224 / 252-266-3221
Contractor Street Address 4399 Hunter Hill Road City, State, Zip Code Rocky Mount, NC 27804
County Control Number North Carolina License Number 78649
Owner is Contractor Owner Occupied

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

BUILDING INFORMATION

Work Description Residential Addition Construction Cost
Total Square Feet Under Roof 1,352 Length 26 Width 26 Height Terri
Number of Stories 2 Number of Rooms 2 Number of Bedrooms 0 Number of Bathrooms 0
Building Type: New Existing
Construction Type: Wood Frame Brick Veneer Metal Masonry Other Log
Heated Square Feet: Basement 676 First Floor 676 Second Floor 0 Third Floor 0
Total Heated Square Feet 1,352
Number of Fireplaces 1 Gas Wood Prefabricated Masonry
Basement Status: Unfinished Finished Partial Finish
Deck: Length 26 Width 20 Total Square Feet 520 Poured Footings
Utility Company: Duke Energy Randolph Electric Piedmont Electric Other
Gas Company: Piedmont Natural Gas Public Service Gas LP Gas Other TBD, new service

A photo ID is required to accompany all applicant signatures

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

DETACHED STRUCTURE

Number of Stories _____ Length _____ Width _____ Total Square Feet _____
Structure Type: Garage Workshop Storage Building Other _____
Structure Utilities: Electricity Heat Plumbing

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 David Charles LaDelle Applicant Phone 732-803-6323
Applicant Signature _____ Date _____

TO BE COMPLETED BY PLAN REVIEWER

Plan Review Number _____ Square feet _____
Approved By _____ Date Approved _____

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 _____

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 TBD
North Carolina License Number _____ Contact Phone _____
Signature _____ Date _____

MECHANICAL CONTRACTOR INFORMATION

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

PLUMBING CONTRACTOR INFORMATION

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

INSULATION CONTRACTOR INFORMATION

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

CONTRACTOR INFORMATION

Contractor Name Progressive Log Home Builders, Inc.
North Carolina License Number 78649 Contact Phone 252-266-3224 / 252-266-3221
Signature _____ Date _____

LOW VOLTAGE ELECTRICAL CONTRACTOR INFORMATION

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

A photo ID is required to accompany all applicant signatures

ALAMANCE COUNTY PERMIT TRADE CONTRACTOR FORM

GAS LOGS/FIREPLACE MECHANICAL CONTRACTOR INFORMATION

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

PLUMBING CONTRACTOR INFORMATION

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

CONTRACTOR INFORMATION

Contractor Name Progressive Log Home Builders, Inc.
North Carolina License Number 78649 Contact Phone 252-266-3224 / 252-266-3221
Signature _____ Date _____

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Applicant Signature _____ Date _____

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AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

The undersigned applicant for Building Permit # _____ being the
Contractor: Progressive Log Home Builders, Inc. 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: Progressive Log Home Builders, Inc.

By: _____

Title: _____

Date: _____