

MANUFACTURED/MODULAR BUILDING PERMIT APPLICATION



Town of Leland, North Carolina

102 Town Hall Dr., Leland, NC 28451
www.townofleland.com

Economic & Community Development
Phone 910-371-3754 Fax 910-371-1158

Permit Type: Building Electric Mechanical Plumbing Other _____

Location: Block# _____ Lot# _____ Section _____ Subdivision _____

PROPERTY INFORMATION

Property Owner: _____

Property Address _____ Tax Parcel Number _____

Phone No.: _____ Cell No.: _____ Fax No.: _____

E-Mail Address: _____

Name Of Contractor/Agent _____ Contractors License Number _____

Phone No.: _____ Cell No.: _____ Fax No.: _____

Address: _____ City/State/Zip: _____

E-Mail Address: _____

Total Heated Sq. Ft. _____ Unheated Sq. Ft. _____ Open Decks/Porches Sq. Ft. _____

No. Bedrooms _____ No. Baths _____

Foundation Type: _____ Construction Cost \$ _____

Electrical Service: Service Size _____ Water Heaters: Give Number _____ Electric Gas

Manufactured Homes and Modular Homes

<u>Type</u>	<u>Year Mfg</u>	<u>Length & Width</u>	<u>Single Wide</u>	<u>Double Wide</u>
<input type="checkbox"/> Manufactured	_____	_____ x _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Modular	_____	_____ x _____	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: All manufactured home permits require at least one copy of the setup manual and footer plan. All relocated manufactured homes must have title verification of age and wind zone classification.

ATTENTION TO PERMIT APPLICANT: Please check the appropriate line, provide the requested information, sign and date below.

I propose to set-up a properly labeled manufactured/modular building at the above listed property address.

- I am a North Carolina licensed general contractor. My license number is _____
- I am not a North Carolina licensed general contractor. I am providing the local jurisdiction a 5,000 Surety bond in accordance with N.C.G.S. § 143-139.1.
- I am the owner of the proposed modular building. It is my intention to act as my own general contractor for setting up the proposed building, and I understand that problems which may arise due to set-up of the building, such as inaccurate or insufficient foundation, improper or inadequate marriage line connections, improper plumbing, mechanical, or electrical connections, between the unit, etc., will be solely my responsibility, and I will be left with no recourse and must assume total liability for correction of the problems. I personally have a thorough knowledge of the requirements of the NC State Building Code with regard to setting up modular buildings.

Signature of Permit Applicant

Date

CONTRACTOR INFORMATION

General Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____ *Authorized Agent:* _____
Email: _____

Electrical Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____ *Authorized Agent:* _____
Email: _____

Mechanical Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____ *Authorized Agent:* _____
Email: _____

Plumbing Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____ *Authorized Agent:* _____
Email: _____

Other

Name: _____

Phone Number

License No.

Address: _____

Authorized Agent: _____

License Holder Signature _____

Email: _____

Other

Name: _____

Phone Number

License No.

Address: _____

Authorized Agent: _____

License Holder Signature _____

Email: _____

****Note: Permit will not be issued unless ALL contractors' information is complete.**

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. § 87-14**

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 workers' compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and has/have their own policy of workmen's 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. As well as at any time during the permitted work from any person, firm or corporation carrying out the work.

Date: _____ Firm Name: _____

Signature _____ Title: _____

CERTIFICATION

I (We) agree to conform to all Federal, State and Local codes and ordinances. All materials will be kept presentable on the lot and all debris will be removed prior to issuance of a Certificate of Occupancy.

I (We) certify that the structure will be placed on the lot and will conform to all the set-back lines, yard requirements, and height limitation required by the North Carolina State Building Code and the Town of Leland zoning regulations.

I (we) agree that if work has not been started within six (6) months of permit issuance or the work has ceased for a period of twelve (12) months, permit will become void per North Carolina General Statute 160A-418. Fees are non-refundable.

Date: _____ Contractor/Owner Printed Name: _____

Contractor/Owner Signature _____