

MANUFACTURED/MODULAR BUILDING PERMIT APPLICATION



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

Planning and Inspections Department
Phone 910-371-3754 Fax 910-371-1158

Permit Type: Building Electric Mechanical Plumbing Other _____

PROPERTY INFORMATION

Property Owner: _____

Property Address _____ Tax Parcel Number _____

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

E-Mail Address: _____

Water Source:

- Well
 H2Go
 Town of Leland
 BCPU

Wastewater Treatment:

- Septic
 H2Go
 Town of Leland
 BCPU

Zoning District:

- R-20 R-15 R-6 RMH O&I
 C-1 C-2 C-3 PUD MF
 T-2 T-3 T-4 T-4O T-5 SD-1

Special Flood Hazard Area Yes No If Yes, Zone _____ as per FIRM panel _____

PROJECT CONTACT PERSON INFORMATION

Name of Project Contact Person _____

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

Address: _____ City/State/Zip: _____

E-Mail Address: _____

PROJECT INFORMATION

Manufactured Homes and Modular Homes

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

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

Side Yard Sq. Ft. _____ Rear Yard Sq. Ft. _____

No. Stories _____ Building Height _____ Sq. Ft. of each floor: 1st _____ 2nd _____ 3rd _____

No. Bedrooms _____ No. Baths _____

Foundation Type: _____ Construction Cost \$ _____

Required fire resistance rating of exterior walls and projections based on distance between structures is ____ hours.

Describe method and materials to be used: _____

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

Residential/Heating Air Conditioning (HVAC) Split System Package System Other

Plumbing: Number of: Lavatories _____ Water Closets _____ Sinks _____ Tub/showers _____

Gas Connections: Number of Taps: _____ (Please provide piping diagram including material type, sizes, fuel type, pressure and table used for calculations.)

The following documents and information must be included with this application:

- Lien agent documentation for all projects with a construction cost greater than \$30,000.
- Spray Polyurethane Foam Insulation if applicable (need completed check-list and certification number prior to permit)
- One copy of the setup manual and footer plan
- Title verification of age and wind zone classification for relocated manufactured homes
- Site Plan/Plot Plan, drawn to scale, clearly showing the following:

- Property lines
- CAMA Areas of Environmental Concern
- Location of proposed structure(s)
- Location, dimensions, and height of any existing structures including pools, decks, sheds, homes, etc.
- Elevation plan
- Location of well & septic tank, if applicable
- Erosion control requirements
- Front yard setback
- Side yard setbacks
- Rear yard setback
- Setbacks from adjacent structures
- Special Flood Hazard Areas per FIRM Panel
- Driveway width and length to meet off-street parking requirements

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: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Electrical Contractor

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Mechanical Contractor

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Plumbing Contractor

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Other

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

Other

Name: _____	<i>Phone Number</i> _____	<i>License No.</i> _____
Address: _____	Authorized Agent: _____	
License Holder Signature _____	Email: _____	

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.

Applicant/Contractor/Owner Printed Name _____

Applicant/Contractor/Owner Signature _____

Date _____

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 agree 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: _____

By: _____ Title: _____