

# MANUFACTURED/MODULAR BUILDING PERMIT APPLICATION



102 Town Hall Drive, Leland, NC 28451

www.townofleland.com

FEE: \$50.00 plus building and trade permit fees, if applicable

Planning and Inspections Department

Phone 910-371-3754 Fax 910-371-1158

**Permit Type:**  Building  Electric  Mechanical  Plumbing  Other \_\_\_\_\_

## PROPERTY INFORMATION

Property Owner \_\_\_\_\_ Tax Parcel Number \_\_\_\_\_

Property Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Email \_\_\_\_\_

### 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-40  T-5  SD-1

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

Is the proposed structure replacing an existing modular/manufactured home?  Yes  No

## 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

Manufactured              \_\_\_\_\_              \_\_\_\_\_ x \_\_\_\_\_                           

Modular              \_\_\_\_\_              \_\_\_\_\_ x \_\_\_\_\_                           

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: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

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:**

- Receipts showing the payment of System Development Fees
- 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

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

Electrical Contractor

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

Mechanical Contractor

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

Plumbing Contractor

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

Other

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

Other

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