

TEMPORARY HOUSING APPLICATION



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

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

Applicant Information

Name(s): _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

Site Information

Property Owner: _____

Property Address: _____ City/State/Zip: _____

Parcel Number: _____ Zoning District: _____

Type and Date of Damage to primary residence: _____

Unit Information

Type of temporary housing: _____ Dates of use from (Maximum of 12 months): _____ to: _____

Source of electricity: _____ Source of water and sewer: _____
(Electrical permit may need to be obtained)

In Special Flood Hazard Area? Yes No

If yes and travel trailer, is highway ready? Yes No

If yes and manufactured home, is housing anchored and elevated per the Town's Damage Prevention Ordinance? Yes No

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) understand that any temporary housing must be removed from the property within 30 days of the certificate of occupancy for the new permanent primary residence being issued.

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: _____