



# Application for BUILDING PERMIT

P.O. Drawer 357  
201 South Main Street  
Graham, NC 27253  
(336) 570-6705  
Fax (336) 570-6703  
www.cityofgraham.com

## Site

Street Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Subdivision, if applicable: \_\_\_\_\_

Lot #, if applicable: \_\_\_\_\_ Zoning District(s): \_\_\_\_\_

Overlay District, if applicable:

Historic  S Main St/Hwy 87  E Harden St/Hwy 54

Lot Dimensions: \_\_\_\_\_

Setbacks:

Front \_\_\_\_\_ ft Rear \_\_\_\_\_ ft Rear \_\_\_\_\_ % of lot depth

Side \_\_\_\_\_ ft Side (street) \_\_\_\_\_ ft Side (agg.) \_\_\_\_\_ ft

Is there Flood Zone anywhere on the lot?  Yes  No  
If YES, a **Flood Elevation Certificate** is required.

## Applicant and Project Contact

Name: \_\_\_\_\_

Property Owner  Contractor

Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

I hereby make application to  Build  Remodel

Repair  Other \_\_\_\_\_

a building or structure at the location shown in accordance with approved plans (if required).

I agree to conform to all applicable laws and ordinances of the City of Graham and the State of North Carolina and further state that all statements made herein are true.

Signature of Applicant

Date

**SUBMIT COPIES OF COMPLETE BUILDING PLANS  
1 for SF/Duplex - 2 for Comm/MF**

Certificate of Occupancy will be required prior to occupying the premises

## Proposed Building or Structure

New building

Single Family or Duplex

Existing building

Commercial or Multifamily

Cost of Construction \$ \_\_\_\_\_

Use of Building: \_\_\_\_\_

Building Dimensions: \_\_\_\_\_ Total: \_\_\_\_\_ SF

# Stories: \_\_\_\_\_ # Rooms: \_\_\_\_\_ # Baths: \_\_\_\_\_

## Other Requirements

**Plot Plan**, for single family or duplex projects, showing lot dimensions, overall dimensions of all buildings, and distance from buildings to the front, side and rear lot lines

**Site Plan Review Application**, for commercial or multifamily projects that involve new construction, exterior additions or any site located in one of the highway overlay districts

**Floodplain Development Permit**, if any building, structure or other development is proposed in a Flood Zone

**Certificate of Appropriateness**, for any project in the Historic District that involves exterior alterations

## Contractor(s)

General Contractor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Lic. # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Gas Log Contractor: \_\_\_\_\_

Insulation Contractor: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

### FOR OFFICE USE ONLY

Tax Map#	Remarks:
GPIN:	
City Limits / ETJ Taxable	
Census #	

# Affidavit of Workers' Compensation Coverage

NCGS 87-14

The undersigned applicant for a building permit, being the

Contractor    Owner    Officer/Agent of 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, or

has/have one (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them, or

has/have one (1) or more subcontractor(s) who has/have their own policy of workers' compensation insurance covering themselves, or

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.

Name and Title of Applicant: \_\_\_\_\_

Firm Name, if applicable: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date