



City of Graham

Building Permit Application

Phone# (336) 570-6705

Fax # (336) 570-6703

ZONING:	GPIN:	TAX MAP:	CENSUS:	PERMIT NO:
CITY LIMITS /COUNTY/ETJ	COMMERCIAL/MULTIFAMILY	SINGLE FAMILY OR DUPLEX	LOT:	
PROPERTY ADDRESS:				
PROPERTY DESCRIPTION:			EMAIL:	
OWNER NAME:			PHONE #:	
PERMIT HOLDER NAME:			PHONE #:	
NC STATE LIC #:	GENERAL CONTRACTOR:		PHONE #:	
	ADDRESS:		TOTAL COST:	
NC STATE LIC #:	ELECTRICAL CONTRACTOR:		PHONE #:	
	ADDRESS:		TOTAL COST:	
NC STATE LIC #:	MECHANICAL CONTRACTOR:		PHONE #:	
	ADDRESS:		TOTAL COST:	
NC STATE LIC #:	PLUMBING CONTRACTOR:		PHONE #:	
	ADDRESS:		TOTAL COST:	
NC STATE LIC #:	INSULATION CONTRACTOR:		PHONE #:	
	ADDRESS:		TOTAL COST:	

LIEN AGENT NEEDED ON ALL JOBS OVER (\$30K) AGENTS NAME: _____ (attach copy of lien agent)

REAR PROPERTY LINE _____ FT		
SIDE PROPERTY LINE _____ FT	<div style="border: 1px solid black; width: 300px; height: 100px; margin: 0 auto;"></div>	_____ FT SIDE PROPERTY LINE
FRONT PROPERTY LINE _____ FT		

IS THERE FLOOD ZONE ANYWHERE ON THE LOT: _____ YES _____ NO

If YES, a FLOOD ELEVATION CERTIFICATE is required.

CONSTRUCTION INFORMATION - ALL BOXES MUST BE FILLED OUT

BRIEF DESCRIPTION OR CLASS OF WORK:	TOTAL SQ FOOTAGE:	# STORIES:	# ROOMS:	# BATHROOMS:
	ADDING/MOVING # OF PLUMBING FIXTURES	INSULATE YES NO	HTG/AC TYPE: Natural Gas Electric	TOTAL COST OF CONSTRUCTION:
ELECTRICAL SQ FOOTAGE:				
DRIVEWAY FEE:	WATER CONNECTION FEE:	SEWER CONNECTION FEE:		SET METER FEE:
PLAN REVIEW FEE:	HR FEE:	TOTAL PERMIT FEE:		

I hereby certify that all information in this application is correct and all work will comply with the N.C. State Building Code and all other applicable state, local laws, ordinances, and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

APPLICANTS SIGNATURE _____ DATE _____

PRINT NAME _____

SUBMIT COPIES OF COMPLETE BUILDING PLANS - 1 set for Single Family/Duplex, 2 sets for Commercial/Multifamily

Certificate of Occupancy will be required prior to occupying the premise.

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 have obtained workers' compensation insurance covering them,
- ☐ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,
- ☐ has/have not more than two (2) employee 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.

Firm Name: _____

By: _____

Title: _____

Date: _____