

City of Mebane

106 East Washington Street
Mebane, N.C. 27302
Telephone: 919-563-9990
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Zoning _____ Owner _____ Job Address _____ Contractor _____ Address _____ Architect _____ <input type="checkbox"/> ERECT <input type="checkbox"/> ALTER <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> MODULAR <input type="checkbox"/> CHANGE OF OCCUPANCY <input type="checkbox"/> CITY LIMITS <input type="checkbox"/> ONE MILE <input type="checkbox"/> COUNTY	Application for _____ Permit Phone No. _____ Lic. No. _____ Phone No. _____ Plot Plan 	Master Permit No. _____ Tax Map _____ Subdivision _____ Lot No. _____ Septic Tank No. _____ Imp. Permit Cert. Comp. _____ Plans <input type="checkbox"/> Yes <input type="checkbox"/> No Bldg. Size _____ Sq. Ft. _____ Type of Construction <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI Protection <input type="checkbox"/> Unprotect. <input type="checkbox"/> One-hour Occupancy A <input type="checkbox"/> I <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> R <input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/>
No. Stories _____ No. Rooms _____ No. Bedrooms _____ Basement <input type="checkbox"/> Yes <input type="checkbox"/> No Heated <input type="checkbox"/> Yes <input type="checkbox"/> No No. Baths _____ Basement Fixtures <input type="checkbox"/> Yes <input type="checkbox"/> No Sewage Pump <input type="checkbox"/> Yes <input type="checkbox"/> No Disposal <input type="checkbox"/> Yes <input type="checkbox"/> No	DIRECTIONS/REMARKS _____ _____ _____	

BUILDING	Work to be done by:	ELECTRICAL:	INSULATION AND ENERGY UTILIZATION	PLUMBING:
Total Cost		Size of Service:	Walls	Bath Tub
General		Amps _____ Volt _____	Type _____	Dish Washer
Electrical		Change _____	Thickness _____	Drink Fount.
Heating		From _____ To _____	R Factor _____	Disposal
Air Cond.		Underground <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Ceiling	Floor Drain
Plumbing		ELECTRICAL ONLY <input type="checkbox"/>	Type _____	Lavatory
I.E.U.		Power Co. _____	Thickness _____	Shower
Grading (Less than 1 acre Yes <input type="checkbox"/> No <input type="checkbox"/>)			R Factor _____	Sink
Sprinkler		HEAT/AIR CONDITIONING	Floor	Wash.Mach.
Elevators		Source of Fuel _____	Type _____	Water Clos.
Driveway Fee		Type of Heat _____	Thickness _____	Water Htr.
Water Conn. Fee		Type A/C _____	R Factor _____	Urinal
Sewer Conn. Fee		BTU _____	W/GSF/HR _____	Sewer Conn.
Water Meter Fee		Change _____	BTU/GSF/HR _____	Water Conn.
HRF			Heat Loss _____	
Saw Service			Min. Heat Loss _____	
Permit Fee				
TOTAL				TOTAL

Will above said building or structure be located in a flood hazard area? Yes ___ No ___

Does the State of North Carolina and/or the U.S. Government require the owner to obtain a hazardous waste permit? Yes ___ No ___

Has the property that the above said building or structure is situated on been approved when required by the subdivision ordinance of Alamance County or the applicable municipality? Yes ___ No ___

The undersigned hereby makes application as designed above, and agrees to conform to all applicable laws of Alamance County and the State of North Carolina, and that the structure designated above is not to be occupied or used until a certificate of occupancy is issued by the Alamance County Inspection Department. The undersigned further states that all the statements made herein are true.

Is the proposed building adjacent to any drainage way or storm drain or is the property traversed by a drainage way or storm drain having a contributing drainage area of 5 acres or more? Yes ___ No ___

If yes is marked, a Flood Study and grading plan shall be provided with the building permit application.

Signature of Applicant	Owner _____ Agent _____	Date of Application _____
Signature of Applicant	Contractor _____ Agent _____	Date of Application _____

Not Valid Unless Validated And Approved

Date _____ Denied To _____

Referred To _____

Director of Inspections