



Gates County

Inspection Department
PO Box 411 200 Court Street Gatesville, NC 27938
OFFICE (252) 357-0122 FAX (252) 357-4577

MODULAR/MANUFACTURED HOME PERMIT APPLICATION

PROJECT ADDRESS:

Owners Name:		Phone:	
Address:		Mobile:	
City/State/Zip		Email:	
Structure Classification:	Manufactured	Modular	# Bedrooms: _____ # of Baths: _____
	<input type="checkbox"/> Singlewide	<input type="checkbox"/> On-frame	# Stories: _____ Fireplace Y N
	<input type="checkbox"/> Doublewide	<input type="checkbox"/> Off-frame	Year: _____ Dimensions: _____
	<input type="checkbox"/> Triple wide		Total Sq Ft: _____ Roof Pitch: _____/12
		Serial #: _____	**Decks/Porches <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Open <input type="checkbox"/> Covered Dimensions: _____

Septic: New <input type="checkbox"/> Existing <input type="checkbox"/> Permit # _____	Approval Letter <input type="checkbox"/>	Power Co.: REA <input type="checkbox"/> Dominion <input type="checkbox"/>
Water Type: County <input type="checkbox"/> Well <input type="checkbox"/> Well Permit# _____		Project # _____

Provide description of work: _____ Total (Including Material) Estimated Projected Cost: \$ _____

Contractor Information (Exactly as listed on North Carolina Department of Insurance Licensed Setup Contractors or as list North Carolina Licensing Board for General Contractors)

Contractor:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
North Carolina Set-up/General Contractor License# _____	Type: <input type="checkbox"/> N/A

LEIN AGENT INFORMATION- IF THIS SECTION IS BLANK A PERMIT CAN NOT BE ISSUED NCGS 44A.11.1

Lein Agent:	Phone:	Fax #:
Physical Address:	City/State/Zip:	
Mailing Address:	Email:	

NOTICE

This permit becomes null and void if work or construction authorized under this permit is not commenced within 6 months or if after commencement of work no required inspection is requested and approved within any 12-month period thereafter or for substantial deviations from plans. Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction. I understand that no one may move in or place any belongings into home prior to having a Certificate of Occupancy and if so this is classified as a Class 1 misdemeanor with fines of \$50 per day as per NC GS 153-363.

Signatures are to be Notarized or witnessed by Permit Staff

Forms submitted with signatures that have not been notarized will be rejected and delay permit processing.

Printed Full Name of Applicant _____	Signature of Applicant _____	Date _____	IDPP initials _____
_____ County			
_____ State			

I, _____, a Notary Public in and for said State and County do hereby certify that _____ personally appeared before me this day and acknowledge that due execution of the foregoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20____

My commission expires: _____

Notary Public

FOR OFFICE USE	PERMIT FEE	PERMIT #	ISSUE DATE:	PERMIT PAID:
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This application MUST be accompanied by a Zoning Permit Application also.



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BUILDING PERMIT APPLICATION

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CONTRACTOR INFORMATION

PROJECT ADDRESS:

Electrical Contractor Information

(Exactly as listed on North Carolina Board of Examiners Electrical Contractors)

N/A

Name of Business:	Mobile:
Address:	City/State/Zip
North Carolina Electrical Contractors License#	Does Project Require Temporary Pole? <input type="checkbox"/> Yes <input type="checkbox"/> No

Plumbing Contractor Information

(Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	North Carolina Fuel Piping, Plumbing, or Heating and Air License#

Mechanical Contractor Information

(Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	North Carolina Fuel Piping, Plumbing, or Heating and Air License#

Gas Contractor Information

(Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	North Carolina Fuel Piping, Plumbing, or Heating and Air License#

Insulation Contractor Information

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	

Pool/Spa Contractor Information

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	North Carolina General Contractor License#
<input type="checkbox"/> In-Ground <input type="checkbox"/> Above-Ground	North Carolina Electrical Contractor License#



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MODULAR HOME SETUP AFFIDAVIT

Please check the appropriate line, provide the requested information, and sign/date below.

I propose to set-up a properly labeled modular building at: _____

- I am using a North Carolina licensed general contractor, whose license number is: _____
I have enclosed the required, original, signed General Contractor's Certification as to Status of Licensure.
- I am not using a North Carolina licensed general contractor. Instead, I am providing to the local inspection jurisdiction a \$5,000 surety bond in accordance with N.C.G.S. 143-139.1.
I have enclosed the required, original, sealed surety bond.
- 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. 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 units, 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 State Building Code with regard to setting up modular buildings. I have enclosed the required, signed Statement of Fact by Owner/Applicant.

Attention contractors:

Homeowners are not allowed to move in personal items or occupy said project until you receive a Certificate of Occupy from the Inspection Department. **ALL violators are subject to a \$50.00 negligence fee per day!**

Signatures are to be Notarized or witnessed by Permit Staff.

Forms submitted with signatures that have not been notarized will be rejected and delay permit processing.

Printed Full Name of Applicant	Signature of Applicant	Date	IDPP initials
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_____ County

_____ State

I, _____, a Notary Public in and for said State and County do hereby certify that

_____ personally appeared before me this day and acknowledge that due execution of the foregoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20_____.

_____ My commission expires: _____
Notary Public



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AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE N.C.G.S. § 87-14

The undersigned applicant for project _____ 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 not more than two (2) employees and no subcontractors,

_____ 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 (1) or more subcontractor(s) who has/have no employees and have waived in writing their right to coverage by their contractor or if required have their own policy of workmen's compensation covering themselves,

_____ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering them,

_____ has/have applied for permit where the project cost is under \$30,000 and I am therefore exempt for Licensed General Contractor requirements specified by G.S.87-14

while working on the project for which this permit is sought. It is understood that the Gates County Inspections Department may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. This document must be signed by the owner of the proprietorship, partner in the partnership, officer of the corporation or manager of the L.L.C. appearing as the contractor on the building permit.

Signatures are to be Notarized or witnessed by Permit Staff

Signature _____ Title _____ Date _____
IDPP Staff member Initials: _____

_____ County
_____ State

I, _____, a Notary Public in and for said State and County do hereby certify that _____, personally appeared before me this day and acknowledge that due execution of the foregoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20 _____

_____ My commission expires: _____
Notary Public

Scheduling Inspections

According to the North Carolina State Building Code, *Volume VII Section 112*, it is the responsibility of the permit holder or his agent to call for inspections. GS 153 A – 363 states that it is a class 1 misdemeanor to occupy any portion of a building that has not had a final inspection. This includes, but is not limited to, the use of HVAC systems, electrical work, pools, hot tubs, decks, sun rooms, et cetera.

If you pull the permit, it will be your responsibility to call for the required inspections, as well as the final inspection. **CONTRACTORS, DO NOT ASK THE HOME OWNER TO SET UP THIS INSPECTION. IT IS YOUR RESPONSIBILITY.** If the contractor does not call for the final inspection, the appropriate licensing board will be notified. Please note EQUIPMENT WARRANTY IS NOT VALID UNTIL YOU MUST PASS A FINAL INSPECTION.

I have read and understand the statement above and by signing below agree to comply.

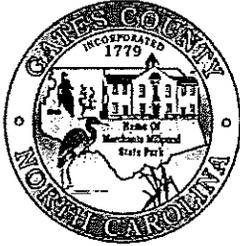
Signature _____ Date _____

Solid Waste Disposal

I, the undersigned, hereby state that I have been made aware of the Gates County Solid Waste Ordinance and the North Carolina Air Quality Regulations (in regards to open burning), Have been given notice regarding construction and demolition waste disposal. I agree that Construction and or demolition waste will not be disposed of in violation of the County Ordinance And North Carolina Air Quality Regulations, such as at road side and private property or Commercial dumpster sites and that it will not be burned. I understand and agree that amounts over five hundred (500) pounds and all commercially generated debris must be disposed of at the Bertie County Transfer Station located in Bertie County, North Carolina.

I am aware that violation of the solid waste ordinance is punishable by a fine of up to (\$500.00) FIVE HUNDRED DOLLARS per day, and or imprisonment for up to (30) THIRTY days. A violation of the North Carolina Air Quality Regulations is punishable by a fine of up to (\$10,000) TEN THOUSAND DOLLARS. I am aware that Gates County will strictly enforce the Solid Waste Ordinance and Air Quality Regulation.

Signature _____ Date _____



APPLICATION FOR ZONING COMPLIANCE PERMIT

GATES COUNTY PLANNING & DEVELOPEMENT SERVICES

200 Court Street/ PO Box 411

Gatesville, NC 27938

Phone: (252) 357-0122/ Fax: (252)357-0073

Website: <http://www.gatescounty.govoffice2.com/>

You **MUST** submit processing fee of \$25.00 and complete the entire application and provide a site plan drawn to scale at the time your request is turned in. Every application must be accompanied by a written statement and plans, drawn approximately to scale, showing sufficient detail to enable the Zoning Administrator to ascertain whether the proposed work or use is in conformance with our Zoning Ordinance. **APPLICATION CANNOT BE PROCESSED UNLESS ALL INFORMATION IS PROVIDED** - incomplete applications will be automatically rejected. All documents submitted and the information they contain must be confirmed within 30 days or the applicant will be required to reapply (including payment of processing fee). Processing time may be up to 3 working days; full processing must take place **PRIOR** to consideration of issuance of a building permit. **ISSUANCE OF THIS CERTIFICATE DOES NOT CONSTITUTE ISSUANCE OF A BUILDING PERMIT, NOR DOES IT GUARANTEE THAT A BUILDING PERMIT WILL BE ISSUED FOR THE PROPOSED PROJECT.**

The following information must be submitted:

1. **SITE PLANS**, drawn approximately to scale- show location of all existing and proposed structures on the parcel of land including the location and dimensions of driveways and off street parking and **SUBMIT CONSTRUCTION PLANS.**
2. An e-911 confirmed address - permits cannot be issued to "lot of" or other types of incomplete addresses.
3. The **RECORDED DEED** to the property and registered plat demonstrating the actual shape, size, location, and dimensions of the lot. Plat must include location of any flood zones and type (X, A, AE, etc.) and the FIRM panel referenced.
4. **ALL SITES MUST UNDERGO SOIL ANALYSIS** via comparison to the Soil Survey of Gates County; identification of hydric soils requires environmental study to rule out inclusion of federally protected wetlands.
5. **PERC TEST RESULTS OR SEPTIC TANK APPROVAL** from the Health Department.
6. Location, type, size, and height of any signs (home occupations or commercial businesses).
7. If site disturbance is in excess of ONE ACRE, a soil sedimentation and erosion control plan and a stormwater plan is required by NCDENR. Applicant must obtain the necessary permits from NCDENR's Washington, NC field office.

GENERAL INFORMATION		Circle one:	Residential	Commercial
Project Address:				
PIN #:	Total Acreage:	Lot Square Footage:		
Zoning Classification: (circle one) A-1 R-1 RMH-1 I-1 O-1 C-1				
Applicant Name:				
Mailing Address:				
Phone :	Cell Phone :	E-mail:		
Status of Applicant: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other:				
Property Owner(s) Name:				
Mailing Address:				
Phone :	Cell Phone :	E-mail:		

You must have both signatures in the Authority to File Application section on the last page for the application to be considered complete.



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Building Permit Check List

Contractors, Homeowners, Dealers please pay close attention to the list. Before returning your application to the building inspections office, make sure you have all of the items below. Incomplete applications will not be processed. Please verify that you have ALL items below before submitting.

- Registered Deed
- Registered Plat
- E-911 Address
- Site Plan (Site plans **MUST** approximate dimensions of all existing and proposed structures on the parcel of land including the location and dimensions of driveways and off street parking)
- Zoning Application along with \$25 application fee
- Tax Verification Letter-see Tax Department
- Schedule Inspections & Solid Waste Disposal Form
- Worker's Compensation Coverage Form
- Septic Approval
Septic system Approval/Authorization to connect-contact Gates County Health Dept 252-357-1380
- Construction Plans/Set-Up Manuals (Manufactured Homes and Modulars)
Must submit with application-NO EXCEPTIONS
- Worksheet Application(s) if applicable (Form-Worksheet 1-New Construction, Worksheet 2-Deck/Porches, or Worksheet 3-Garages, Sheds, etc)
- Surety Bond-Modular Contractors Only
- Copy of Lien Agent Form-A Lien Agent is needed for all projects estimated \$30,000 or more.
For more information: online:<http://liensnc.com> or call 1-888-690-7384
- General Contractor Affidavit or Modular Set-up Affidavit
- Subcontractor Applications:
Submit the original, signed application for each sub-contractor
(Electrical, Plumbing, Mechanical, Gas, Insulation, Alarm, etc.)
- Inspector Review Fee
Submit a \$25.00 review fee (cash or check made payable to Gates County) at time of application.
The balance of permit fees will be paid when permit is issued.

(You may combine both the Inspector Review and Zoning Appl. Fee together and submit one check)

If you have any questions please don't hesitate to call us at the numbers above. Incomplete applications will not be processed!