

DAVIE COUNTY NORTH CAROLINA

Development & Facilities Services
336.753.6050

MODULAR HOME PERMIT APPLICATION

Application is for the following jurisdiction:		
<input type="checkbox"/> Davie County		<input type="checkbox"/> Mocksville
Property Owner's Name	Property Owner's Address	Property Owner's Telephone () - Home () - Cell
Project Name	Project Address/Location (if known)	Zoning District
Subdivision Name		Lot#
Applicant's Name (if different)	Applicant's Address (if different)	Applicant's Telephone () - Home () - Cell
Set Up/General Contractor's Name	Contractor's Telephone () - Home () - Cell	Set Up/General Contractor License No.
Contractor's Address		Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) <input type="checkbox"/> N/A
Description of Project		Well Permit # Sewer Supply: <input type="checkbox"/> Public <input type="checkbox"/> Septic <input type="checkbox"/> N/A Septic Permit #
I hereby attest the information provided on this application and any additional information submitted pertaining to this application is true and accurate. Should the use of the property and/or structures change, I understand additional permits may be required. In addition, I understand plan review cannot cover all aspects of constructions and therefore any work done will be required to meet all applicable local and state codes.		
Applicant's Signature: _____	Owner's Signature: _____	
Applicant's Name (Print): _____	Owner's Name (Print): _____	
Date: ___/___/___	Date: ___/___/___	
Office Use Only		
Parcel # _____	Tax ID # _____	Zoning _____
Taxes <input type="checkbox"/> Approved <input type="checkbox"/> Denied		

I understand that it is my responsibility to contact NORTH CAROLINA ONE CALL (1-800-632-4949) prior to digging to ensure location of services and that I am responsible for any and all damages to City or County property not covered by ONE CALL. I further understand that any such damages that occur must be reported to the County at 336-753-6050 immediately.



Application Packet Checklist

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
• Completed Zoning Permit Application/Approval _____ -Davie County & Mocksville -Bermuda Run -Cooleemee			
• Completed Building Permit Application	_____		
• Copy of Environmental Health Permit	_____		
• Copy of Deed	_____		
• Site Plan	_____		
• 2 Copies of Building Plans	_____		
• Utility Authorization -Davie County -Mocksville	_____		
• Lien Agent Information**	_____		
• Owner Exempt Affidavit	_____		

Received Date: _____

Correction(s): _____

Resubmitted Date: _____

Packet Accepted by: _____

**In accordance with North Carolina General Assembly Session Law 2012-158, Inspections Departments are not allowed to issue any permits where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence or the property owner has designated a lien agent.



Zoning Permit Application

PLEASE PRINT the following information clearly:

STREET # ADDRESS SUBDIVISION LOT #

Purpose for Application: _____

Approx. new/remodeled square footage: _____ Size of Lot: _____

Tax Map Parcel Number: _____ Zoning District: _____

Business Name: _____ Phone #: _____

Property Owner's Name: _____ Phone #: _____

Address: *(if different than above)* _____

Applicant's Name: *(if different than above)* _____

Address: *(if different than above)* _____ Phone #: _____

Fax #: _____ Email: _____

I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit. I further understand that plan review cannot cover all aspects of construction and any work done shall be required to meet all applicable local and state codes.

Applicant's Signature Date

******DO NOT WRITE BELOW THIS LINE******

Based upon the information provided with this application, the work as proposed meets the requirements of the zoning ordinance.

Additional Remarks/Conditions:

Zoning Administrator

Date

RESIDENTIAL SITE PLAN REQUIRED

MINIMUM 8½" X 11" size paper at a scale of 1" = 20' showing the proposed structure with all the following if applicable:

- Name, address, phone number of applicant and owner, and property (site) address
- Drawing scale
- Property lines & dimensions (***If survey or recorded plat available, please utilize**)
- Existing and proposed on-site sewer, water, and drainage ditch/easements
- Existing improvements on property (house, garage, shed, deck, etc.) Label and provide dimensions and square feet.
- Location, height and square footage (dimensions) of addition or new building
- Label distances from the existing and proposed structures to property lines and other buildings on the site
- Label streets (Public and Private)-Road and highway rights-of-way shall not be determined as a part of a lot or any required yard or open space.
- Location of easements (power, telephone, gas, etc...if applicable)
- Driveway location for existing and proposed driveways
- Frontage improvements (sidewalk, curb and gutter, etc. if applicable)

NOTE: All lots created after October 2005 should have a recorded survey plat. GoMaps will not be considered an acceptable site plan for these lots.

NOTE: No application shall be considered complete unless all the above information is attached. The Zoning Administrator may waive any of the requirements, except fees, and may require additional information as necessary for proper consideration of this request. A copy of a scaled drawing which shows the shape and dimension of the lot to be used, the shape and dimension of all types of existing and proposed uses and structures, and the location of rights-of-way on the lot. The drawing must also show the location of existing or proposed parking and landscaping required as well as enough detail to indicate the intent to comply with all applicable design and use standards.



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UTILITY CONNECTION AUTHORIZATION

Applicant (s) _____

Property Owner(s) _____

Property Address _____

Mailing Address (if different) _____

Phone _____ Email _____

Owner/Applicant: _____ Date: _____

- **This certifies that the party above is authorized to connect to the water/sewer system of Davie County at a tap that has been properly installed by the Davie County or its agent. Note: If there is no existing tap on the lot, the County must be contacted to make arrangements for a tap to be installed.**
- **This authorizes Davie County Development Services to issue a Building Permit or a Plumbing Permit for this work.**

For use by Davie County Public Utilities

Fees Paid: _____ **Date:** _____

Authorized by: _____ **Date:** _____

Submit to Davie Development & Facilities Services or Fax to 336.751.7689



Lien Agent Information

In accordance with North Carolina General Statute 160A-417, inspections departments are not allowed to issue any permits where the project cost is \$30,000.00 or more unless the application is for the improvements to an existing dwelling that the applicants uses as a residence OR the property owner has designated a lien agent and provided the inspections department with the information below:

Name of Lien Agent: _____

Mailing address of agent: _____

Physical address of agent: _____

Telephone: _____ Fax: _____

Email: _____

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from NCGS 160A-417 (d) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the owner occupies as a residence, or for the addition of an accessory building or accessory structure as defined in the North Carolina Uniform Residential Building Code, the use of which is incidental to that residential dwelling unit, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.

Lien Agent Frequently Asked Questions

Q: Does the lien agent apply to commercial construction?

A: Yes. The requirement applies to any commercial work over \$30,000.00 as well as to construction of any new residence over \$30,000.00

Q: If the homeowner is building their own new residence over \$30,000.00 with no other contractor or subcontractors, is a lien agent required?

A: Yes

Q: If a homeowner is building their own new residence using only a subcontractor whose portion of the work is under \$30,000.00, is a lien agent required?

A: Yes

Q: If a homeowner is building their own new residence using a subcontractor whose portion of the work is over \$30,000.00, is a lien agent required?

Q: If a homeowner is acting as their own contractor and is not utilizing any subcontractors to renovate an existing home in which they reside and the renovation will cost over \$30,000.00, is a lien agent required?

A: No

Q: If a homeowner is doing a renovation to an existing home in which they reside and is utilizing a subcontractor whose portion of the work is over \$30,000.00, is a lien agent required?

A: No

