



Granville County Development Services
Planning (919) 603-1331
Inspections (919) 603-1326
Construction Administration (919) 603-1425
Fax (919) 693-6794

Watershed? _____ Falls Lake Storm water Area? _____

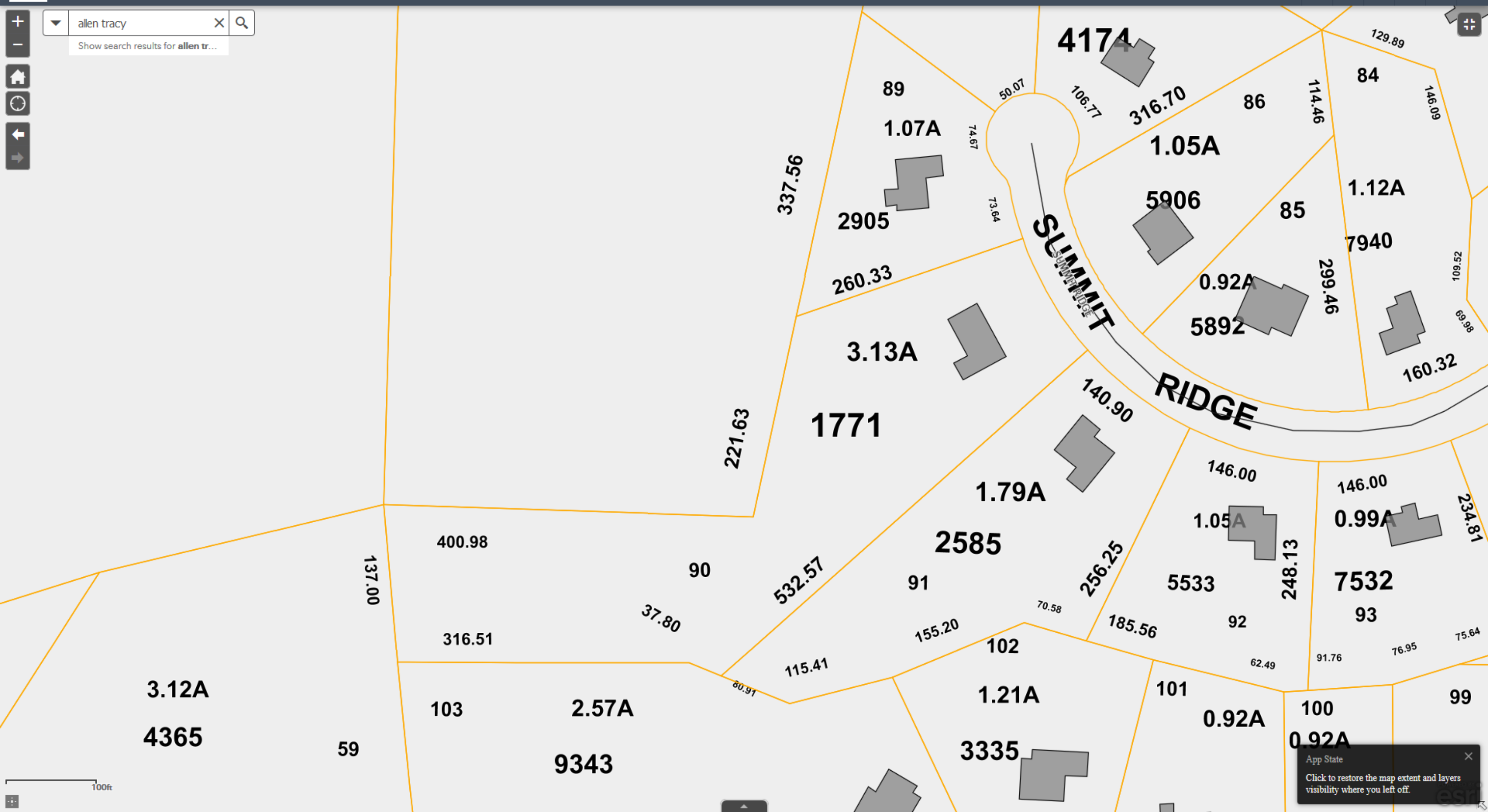


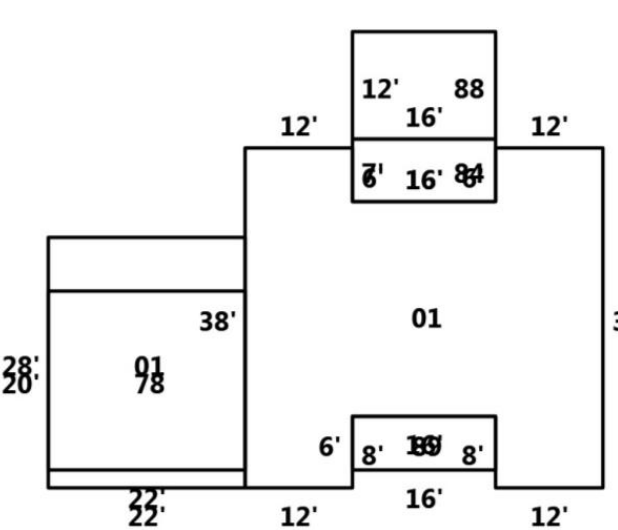
VECTORWORKS EDUCATIONAL VERSION



allen tracy

Show search results for allen tr...



09/23/2020 02:35 OWNERSHIP 61421301										PROPERTY DESCRIPTION										TAX DESCRIPTION										MAP NUMBER										CARD#																																			
ALLEN TRACY L ALLEN WENDI L 65 SUMMIT RIDGE COURT YOUNGSVILLE, NC 27596 DEED: 00826 0215 10/6/2000 \$0										65 SUMMIT RIDGE CT PLATBOOK/PAGE/DATE: 00000 00000 NB: 238 WOODCROFT 1 65 SUMMIT RIDGE CT										BRASSFIELD										183300231771 RECORD NUMBER: 24760 ROUTE: 183300 121 LISTER: REV REVIEWER:										1 / 1																																			
																														TOPO					STREET					UTILITIES					NOTES										LT																				
																																													LOT IS 3 13/100 ACRES LOT 90										1.000																				
																														#	LAND CLASS					SIZE					BASERATE					*	ACF					*	ADJ					=	ADJ RATE					*	UNITS					=	LNDVALUE				
																														1	2QBUILDING SITE 2					1.000					45000						1.00						1.00						45000						1.000						45000				
																														2	32BWOODED 2					2.130					8400						0.69						0.75						4347						2.130						9259				
																														ACREAGE FACTOR:															FRONTAGE FACTOR:															LAND VALUE										54259					
																														#	OTHER FEATURES										SIZE					BASERATE					COND					ADJ RATE					UNITS					VALUE									
																														1	13 C CONCRETE PAVING										1 * 1					2500.00					0.00					2500.00					1					2500									

GRANVILLE COUNTY INSPECTIONS DEPARTMENT

122 WILLIAMSBO RO STREET, P.O. BOX 877

OXFORD, NC 27565

(919) 603-1326 OR FAX (919)693-6794

FOR OFFICE USE ONLY

Revised 6/12/20

Area: _____

Bldg Level: _____

____ Eng. Plans Plan # _____

____ Zoning Occupancy _____

____ Health Dept

____ Lien Agent Appt

____ Fire Marshal

____ Owner Affidavit

Plan Approval: _____

Date: _____

BUILDING PERMIT APPLICATIONDATE: 9/23/2020OWNER'S NAME: Tracy Len AllenADDRESS OR DIRECTIONS: 65 Summit Ridge Ct.Youngsville, NC 27596APPLICANT NAME & PHONE NUMBER: Tracy Len Allen (919) 986-4633EMAIL: kristyandcameron@gmail.comDESCRIPTION OF PROPOSED WORK: Renovation of existing attic space into livable space, including the addition of full bath and bedroom.ESTIMATED COST OF CONSTRUCTION: \$28,000 TOTAL SQUARE FOOTAGE: 1,000TEMPORARY SER. POLE: ☐ Yes ☒ NoPOWER COMPANY: Wake ElectricIS PROPERTY LOCATED IN A FLOODPLAIN? ☐ Yes ☒ No IS PROPERTY LOCATED IN THE CITY OF OXFORD FIRE DISTRICT? ☐ Yes ☐ No**GENERAL CONTRACTOR INFORMATION**

NAME: _____ LICENSE #: _____

PHONE #: () _____

ELECTRICAL CONTRACTOR INFORMATION

NAME: _____ LICENSE #: _____

PHONE #: () _____

PLUMBING CONTRACTOR INFORMATION

NAME: _____ LICENSE #: _____

PHONE #: () _____

MECHANICAL CONTRACTOR INFORMATION

NAME: _____ LICENSE #: _____

PHONE #: () _____

I hereby certify that all information in this application is correct and I will notify the Inspections Department of any changes made in the approved plans for the project permitted herein.

SIGNATURE: _____ DATE: _____

STATE OF NORTH CAROLINA

COUNTY OF Granville

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14 (a) (1)

Inspection Department

Parcel Identification Number and address where the building is to be constructed: PIN 183300231771

Address 65 Summit Ridge Ct., Youngsville, NC 27596

Type of construction: ☒ Residential ☐ Commercial ☐ Industrial ☐ Other

Intended use after completion (e.g. Personal residence): Personal Residence

Building permit number associated with this application: _____

I, Tracy Len Allen

(Print Full Name)

(919)986-4633

(Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-5 below attesting to the following:

1. _____ I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;
OR
_____ I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

(Name of Firm or Corporation)

2. _____ I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
3. _____ I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.
4. _____ I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
5. _____ I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

(Signature of Affiant)

(Date)

Sworn or affirmed and subscribed before me this the _____ day of _____, 20____

(Signature of Notary Public)

(Notary Stamp or Seal)

(Printed Name of Notary Public)

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to NC G.S. 14-209)

FRANKLIN COUNTY INSPECTIONS
AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
NORTH CAROLINA GENERAL STATUTES 87 AND 97

The undersigned applicant for Building Permit Number _____ being the

- ☐ Unlicensed Contractor
☒ Owner
☐ Qualifier for the General Contractor
License Number _____

Do hereby 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/had one or more subcontractor (s) and have obtained workers' compensation insurance to cover them,
☐ has/had one or more subcontractor (s) who has/have no employees and have waived in writing their right to coverage by their contractor or have their own policy of workers' compensation covering themselves,
☐ has/had not more than two (2) employees and no subcontractor,
☐ has/had paid the licensing tax for General Contractor's as required by the Revenue Act of the State of North Carolina and have obtained state bidders license and/or privilege license.
☒ has/had applied for permit where the project cost is under \$30,000.00 and I am therefor exempt from Licensed General Contractor requirements specified by G.S. 87-14.
☐ has/had applied for permit under owner exception to the licensing requirements by mandating occupancy of the premise for 12 months following completion of the project,

while working on the project for which this permit is sought. It is understood that the Franklin County Inspections Division may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. The person, firm, or corporation appearing as the contractor on the building permit must sign this document.

Firm Name: _____

Title: _____

Signature: _____ Date: _____