



# CASWELL COUNTY PLANNING DEPARTMENT

144 Main St.  
P O Box 1406  
Yanceyville, NC 27379  
336-694-9731 ext.13  
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## LAND DEVELOPMENT FORM

NAME OF OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DEVELOPER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

PARCEL SIZE (ACRES): \_\_\_\_\_

TAX MAP & PARCEL NUMBER: \_\_\_\_\_

HOW MANY DWELLINGS ARE CURRENTLY ON THE PROPERTY? \_\_\_\_\_

ARE THERE ANY MANUFACTURED HOMES ON THE PROPERTY? IF SO HOW MANY? \_\_\_\_\_

TYPE OF STRUCTURE TO BE BUILT: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

-----  
**OFFICE USE ONLY**

IS THE PROPERTY LOCATED WITHIN A WATERSHED? \_\_\_\_\_

IS THE PROPERTY LOCATED WITHIN A FLOODZONE? \_\_\_\_\_

IS THE PROPERTY AN AGRICULTURE PRESERVATION DISTRICT? \_\_\_\_\_

IS THE PROPERTY LOCATED WITHIN A MAJOR SUBDIVISION? \_\_\_\_\_

\_\_\_\_\_  
COUNTY PLANNER

\_\_\_\_\_  
DATE



**Caswell County**  
**BUILDING INSPECTOR'S OFFICE**

144 Main Street • P.O. Box 1406  
Yanceyville, NC 27379  
Phone: 336-694-9731 • Fax: 336-694-5547

**MEMORANDUM**

DATE: April 8, 2003  
TO: Retailers, Contractors and Other Interested Parties  
FROM: WOODROW BIGELOW, CHIEF INSPECTOR  
RE: On-Frame Modular Home Inspection Procedures

Effective May 1, 2003, the Caswell County Inspections Department will be implementing a new procedure for conducting on-frame modular home inspections. On-frame modular housing inspections will consist of the following minimum inspections:

- (1) **Footings**
- (2) **MARRIAGE WALL**
- (3) **Set-Up Inspection:**
  - (a) Foundation & Anchoring System
  - (b) Electrical
  - (c) Mechanical
  - (d) Plumbing
  - (e) Trenches
- (4) **Foundation Dampproofing & Drainage**
- (5) **Final Inspection:**
  - (a) Final Backfill
  - (b) Skirting (Curtain Wall)
  - (c) Steps/Decks
  - (e) Address Posted

The set-up inspection must be completed and approved prior to beginning any under-skirting of the home. Please note that all permanent utility connections will not be made until approval of the final inspection.

The departments re-inspection fee policy will be strictly enforced for all additional trips that are due to code violations, locked buildings, uncompleted jobs, etc. All re-inspection fees must be paid prior to scheduling additional inspections.

If you have any questions, please do not hesitate to contact me or my staff at 336-694-9731.

# **SETBACKS & BUFFERS**

## **NO DEVELOPMENT IS ALLOWED IN THE SETBACK AND BUFFER AREAS**

### **Setback Distances from Property Lines:**

**50'** from the right-of way of the road and or front property line.

**15'** from the side property line unless it is a corner lot. Then the side property line setback on the adjoining street is **20'**.

**25'** from the rear property line.

### **Setback Distances from Streams, Ponds and Lakes:**

All water setback buffers are to be measured from the bank of the stream, pond or lake. All measurements are in horizontal distance.

### **Watershed Protected Areas:**

**1<sup>st</sup> 30 ft.** is to be an undisturbed vegetative buffer. Cutting or removal of existing vegetation is prohibited. No fertilizer is to be applied to vegetation in this buffer area. No construction or development is allowed in this buffer area.

**Next 50 ft.** is to remain in vegetative cover. The existing vegetation may be removed but must be replaced with some type of vegetative cover. Fertilizer may be applied in this buffer area. No construction or development is allowed in this buffer area.

### **Balance of the County**

A **50 ft.** vegetative buffer must be maintained at all times. Existing vegetation may be removed but an alternate vegetative cover must be restored immediately. No dwellings or structures may be erected in the buffer area. Roads, utility lines, driveways access ways are permitted in the buffer area but shall cross the buffer area in as near perpendicular as possible.

# MINIMUM LOT SIZE REQUIREMENTS

## Watershed Protected Areas

### Country Line Creek

Water Critical Area            3 Ac.

Balance of Watershed           2 Ac.

All other Watershed Areas    1 Ac.

Exemption                            1 Ac. given as a gift to a  
direct family member

Balance of County                1 Ac.

Land owned in the right-of-way of a road, railroad or other public easement should not be counted towards minimum lot size.

**CASWELL COUNTY LAND USE DEVELOPMENT APPLICATION**

**\*\*\*A Site Plan must accompany this application\*\*\***

**Applicant Information:**

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (W): \_\_\_\_\_  
\_\_\_\_\_ Phone (C): \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_

**Property Owner Information (if different from above):**

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (W): \_\_\_\_\_  
\_\_\_\_\_ Phone (C): \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_

**Property Information:**

Tax Map #: \_\_\_\_\_ Acres: \_\_\_\_\_  
Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Map Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Manufactured Home Park Name: \_\_\_\_\_ Space #: \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Watershed:  
Country Line Creek ( ) Fullers Creek ( ) Stoney Creek ( ) South Hyco Creek ( )  
Water Critical Area: \_\_\_\_\_(YES) \_\_\_\_\_(NO)  
Flood Plain: \_\_\_\_\_(YES) \_\_\_\_\_(NO)  
Current Use: Residential ( ) Commercial ( ) Industrial ( ) Vacant ( )  
Proposed Use: Residential ( ) Commercial ( ) Industrial ( )  
Agriculture ( ) Institutional ( )  
Type of Construction: Site Built ( ) Modular ( ) Manufactured ( )

**I/we the undersigned hereby attest that the information given above is true and accurate to the best of my/our knowledge and that approval of this application is subject to compliance with any and all Federal, State, or Local laws and regulations relative to the proposed use of land. By my/our signature below, I/we certify that I/we have reviewed the most current Caswell County Agricultural District Map and have noted the proximity of Agriculture District Boundaries to my/our property. I/we understand that activities such as pesticide spraying, manure spreading, machinery operation, livestock operations and other common farming activities may occur at any time in these areas.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Issued By

\_\_\_\_\_  
Date

**Caswell County Building Permit Application**

**List Contractor/Subcontractors that will be doing work  
(Must be supplied before permit will be accepted)**

Job Name: \_\_\_\_\_

1. **Building:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_  
NC Building Contracting License Number \_\_\_\_\_ Class \_\_\_\_\_  
**Contractor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

2. **Electrical:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_  
NC Electrical Contracting License Number \_\_\_\_\_ Class \_\_\_\_\_  
**Contractor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

3. **Plumbing:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_  
NC Plumbing Contracting License Number \_\_\_\_\_ Class \_\_\_\_\_  
**Contractor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

4. **Mechanical:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_  
NC Mechanical Contracting License Number \_\_\_\_\_ Class \_\_\_\_\_  
**Contractor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

5. Work to be permitted (Check all that apply and list square footage):

- |  |   |
|--|---|
| <input type="checkbox"/> Accessory Bldg. _____ s.f.                              | <input type="checkbox"/> Modular _____ s.f. |
| <input type="checkbox"/> Addition _____ s.f.                                     | <input type="checkbox"/> Pool _____ s.f.    |
| <input type="checkbox"/> Basement _____ s.f.                                     | <input type="checkbox"/> SFD _____ s.f.     |
| <input type="checkbox"/> Deck/Porch _____ s.f.                                   | <input type="checkbox"/> Sign _____ s.f.    |
| <input type="checkbox"/> Garage _____ s.f.                                       |   |
| <input type="checkbox"/> Commercial (list occupancy classification & s.f.) _____ |   |
| <input type="checkbox"/> Other (describe) _____                                  |   |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Type of building frame construction (Check appropriate type of framing):

- |  |  |
|--|--|
| <input type="checkbox"/> All Wood Foundation | <input type="checkbox"/> Metal Frame           |
| <input type="checkbox"/> Log Construction    | <input type="checkbox"/> Wood Frame            |
| <input type="checkbox"/> Masonry             | <input type="checkbox"/> Other (specify) _____ |

7. Height of proposed structure \_\_\_\_\_ feet; number of stories \_\_\_\_\_

**\*\*Note: Height, as applied to a building, means the vertical distance from the average grade to the highest finished roof surface, in the case of flat roofs, or to a point at the average height of pitched roofs. Height of a building in stories does not include basements and cellars. Exception: A basement used as a habitable space for living, sleeping, eating, or cooking areas shall be considered a story. \*\***

8. Total number of rooms excluding bathrooms: \_\_\_\_\_  
Number of bedrooms: \_\_\_\_\_  
Number of bathrooms: \_\_\_\_\_

9. Number of plumbing fixtures (indicate all that apply):

<u>Item</u>	<u>Number</u>	<u>Item</u>	<u>Number</u>
Bar sink	_____	Grease Trap	_____
Bath Tub	_____	Hot water htr	_____
Closets(toilets)	_____	Kitchen sink	_____
Washing mach	_____	Utility sink	_____
Disposal	_____	Lavatories	_____
Floor Drain	_____	Dishwasher	_____
Sewage ejector	_____	Water-cooled air	_____
Urinals	_____	Domestic sewer	_____
Shower stall	_____	City sewer	_____
Hose bib	_____	Private well	_____
Other	_____	City water	_____

10. Proposed use of addition (if applicable):

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Kitchen               |
| <input type="checkbox"/> Bedroom  | <input type="checkbox"/> Recreation Room       |
| <input type="checkbox"/> Den      | <input type="checkbox"/> Other (specify) _____ |

11. What type of heating/cooling system will be installed?

- Electric    LP    Natural Gas    Oil    Other (specify) \_\_\_\_\_

12. Will any of the following be installed?                      Number:

- |  |       |
|--|-------|
| <input type="checkbox"/> Masonry fireplace       | _____ |
| <input type="checkbox"/> Prefabricated Fireplace | _____ |
| <input type="checkbox"/> Wood Stove              | _____ |





Caswell County Inspections Department

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

The undersigned applicant for Building Permit Number \_\_\_\_\_ being the

- Unlicensed Contractor
- Owner
- Officer/Agent of the Contractor/or Owner  
License Number \_\_\_\_\_

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 workers' compensation insurance covering themselves,
- has/have not more than two (2) employees and no subcontractors,
- has/have paid the licensing tax for General Contractors as required by the Revenue Act of the State of North Carolina and have obtained a state bidders license and/or privilege license,
- has/have applied for permit where the project cost is under \$30,000.00 and I am therefore exempt from the NC General Contractor Licensing requirements specified by G.S. 87-14,
- has/have 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 Caswell County Inspections Department may require certificates of coverage and/or waivers of workers' compensation insurance prior to the issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work. The person, firm or corporation appearing as the contractor on the building permit must sign this document. Signatures must be witnessed by either the Inspections Department staff or be notarized.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Notary Public, State of \_\_\_\_\_

My Commission expires on \_\_\_\_\_, 20\_\_\_\_\_