



Residential Building Permit Application

Property Owner _____ Telephone No. _____

Owner's Mailing Address _____

City _____ State _____ Zip _____

Site Directions (from City of Brevard) _____

Site Address (911 updated) _____ City _____

PIN #: _____ Unit Number _____ Lot Number _____

Property Location: City _____ County _____ With-in 1 Mile of City Limits _____

Is property within a designated flood zone? Yes _____ No _____

Building Status: New _____ Existing _____

Conventional _____ Modular (on- frame) _____ Modular (off- frame) _____ Log _____

Mobile Home _____ Timber-frame _____ Panelized _____ Other _____

Description of Proposed Project: _____

Total Project Cost \$ _____ Electrical Cost \$ _____

Utilities: Water: Public _____ Private _____
Sewer: Public _____ Septic _____
Electric: Duke _____ Haywood _____

Square footage affected:

Finished Heated Areas

Unfinished Areas

Basement	_____ sq.ft.	Basement	_____ sq. ft.
1 st Floor	_____	Upper Floor	_____
2 nd Floor	_____	Garage	_____
3 rd Floor	_____	Carport	_____
TOTAL	_____ sq.ft.	Sunroom	_____
		Deck(s) # _____	_____
		Porch(es) # _____	_____
		Other: _____	_____
		TOTAL	_____ sq.ft.

List items affected:

Number of Bedrooms _____ Number of Baths (completed) _____ Baths (roughed in) _____

Number of Fireplaces _____ Type of Heat: _____ Gas: yes _____ no _____

Crawl Space: wall vented _____ closed _____ n/a _____

Insulation R-Value: Wall _____ Ceiling _____ Floor _____ U-factor of glass in windows and doors _____

Residential Building Permit Application (page 2)

General Contractor: www.nclbgc.com

Contractor Name _____ Telephone # _____ Cell # _____
Address _____ City _____ State _____ Zip _____
E-Mail Address _____ Fax Number _____ License # _____

Design Professional:

Name _____ Telephone # _____ NC Reg. # _____

Electrical Contractor: www.ncbeec.org

Contractor Name _____ Telephone # _____ License # _____

HVAC Contractor: www.nclicensing.org

Contractor Name _____ Telephone # _____ License # _____

Gas Piping Contractor: www.nclicensing.org

Contractor Name _____ Telephone # _____ License # _____

Plumbing Contractor: www.nclicensing.org

Contractor Name _____ Telephone # _____ License # _____

Insulation Contractor:

Contractor Name _____ Telephone # _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Building Dept. will be notified of any changes in the approval plans and specifications for the project permitted herein. I shall also comply with the County Erosion and Sedimentation Control Ordinance.

Signature of Authorized Person

Date

Printed Name

OFFICE USE ONLY

Permit Fee \$ _____
HRF Fee \$ _____
Penalty \$ _____
TOTAL \$ _____

Septic Authorization: _____
Septic Operation: _____
Bedrooms: _____
911 Address: _____
Erosion Control: _____

Received By: _____
Date: _____

Approved By

Date