



Commercial Building Permit Application

Project Name _____ Date _____

Address _____

Site Directions _____

Site Address (884-3108 Ext. 1) _____

Tax Map Id #: <http://www.webgis.net/nc/Transylvania/> _____

Property Location: City _____ Within 1 Mile of City Limits _____ County _____

Is this property within a designated flood zone? www.ncfloodmaps.com/ Yes ___ No ___

Property Owner _____

Total Project Cost \$ _____

Description of Proposed Work _____

Type of Building: New _____ Existing _____ Addition _____
Building Height _____ Feet # of Stories _____

Construction Type Classification: (circle one)
<https://codes.iccsafe.org/public/collections/nc> (2012 NC Building Code, Chapter 6, Section 602, Page 113)

Type 1: A or B	Type 2: A or B	Type 3: A or B	Type 4: Heavy Timber	Type 5: A or B
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Occupancy Classification: (circle one)
<https://codes.iccsafe.org/public/collections/nc> (2012 NC Building Code, Chapter 3, Section 302, Page 43)

Assembly: A-1, A-2, A-3, A-4, A-5	Educational	Hazardous H-1, H-2, H-3, H-4	Mercantile	Storage S-1, S-2
Business	Factory/Industrial F-1, F-2	Institutional I-1, I-2, I-3, I-4	Residential R-1, R-2, R-3, R-4	Utility

Square Footage:

Basement	_____ sq.ft.
1 st Floor	_____
2 nd Floor	_____
3 rd Floor	_____
4 th Floor	_____
TOTAL	_____ sq.ft.

Unfinished Areas

Basement	_____ sq. ft.
Garage	_____
Carport	_____
Deck(s)	_____
Porch(es)	_____
Other	_____
TOTAL	_____ sq.ft.

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

Name: _____

Permit #: _____

Commercial Building Permit Application (page 2)

_____ **General Contractor:** www.nclbgc.org License # _____
 Contractor Name _____ Phone # _____
 Project Contact _____ Phone # _____
 E-Mail Address _____ Fax # _____

_____ **Electrical Contractor:** www.ncbeec.org License # _____
 Contractor Name _____ Phone # _____

_____ **HVAC Contractor:** www.nclicensing.org License # _____
 Contractor Name _____ Phone # _____

_____ **Gas Piping Contractor:** www.nclicensing.org License # _____
 Contractor Name _____ Phone # _____

_____ **Plumbing Contractor:** www.nclicensing.org License # _____
 Contractor Name _____ Phone # _____

_____ **Insulation Contractor:**
 Contractor Name _____ Phone # _____

_____ **Sprinkler Contractor:** www.nclicensing.org License # _____
 Contractor Name _____ Phone # _____

_____ **Fire Alarm Contractor:**
 Contractor Name _____ Phone # _____

_____ **Design Professional** _____ Phone # _____
 Email Address _____ Fax # _____

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, ordinances and regulations. The Building Permitting and Enforcement Department shall be notified of any changes in the approval plans and specifications for the project permitted herein.

Signature of Authorized Person

Date

Printed Name

OFFICE USE ONLY

Permit Fee \$ _____	Septic _____	Flood _____	General Lic _____	Fire _____
Penalty \$ _____	GIS _____	Address _____	Work Comp _____	Health _____
TOTAL \$ _____	City _____	Lien _____		

Received By: _____ Date: _____

Approved By

Date