



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/> _____

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

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

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> (2018 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> (2018 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:

Finished Heated

Unfinished Areas

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

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)

<hr/>	General Contractor: www.nclbgc.org	License # _____	
	Contractor Name _____		Phone # _____
	Project Contact _____		Phone # _____
	E-Mail Address _____		
<hr/>	Electrical Contractor: www.ncbeec.org	License # _____	
	Contractor Name _____		Phone # _____
<hr/>	HVAC Contractor: www.nclicensing.org	License # _____	
	Contractor Name _____		Phone # _____
<hr/>	Gas Piping Contractor: www.nclicensing.org	License # _____	
	Contractor Name _____		Phone # _____
<hr/>	Plumbing Contractor: www.nclicensing.org	License # _____	
	Contractor Name _____		Phone # _____
<hr/>	Insulation Contractor:		
	Contractor Name _____		Phone # _____
<hr/>	Sprinkler Contractor: www.nclicensing.org	License # _____	
	Contractor Name _____		Phone # _____
<hr/>	Fire Alarm Contractor: www.ncbeec.org	License # _____	
	Contractor Name _____		Phone # _____
<hr/>	Design Professional _____		Phone # _____

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
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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
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