

BUILDING PERMIT APPLICATION



Town of Montreat
96 Rainbow Terrace
P.O. Box 423, Montreat, N.C. 28757
Phone: 828-669-8002 Fax: 828-669-3810

PERMIT#: _____
() Residential
() Commercial

Owner Name: _____ Owner Phone #: _____

Owner Address: _____

Email Contact Information: _____

Project Address: _____ PIN #: _____

Attached to and part of this application are:

- * Two (2) sets of complete plans ()
- * Site Plan ()
- * Zoning Compliance ()
- * Septic Permit/MSD Permit ()
- * Boundary Line Survey: if applicable ()
- * Architectural site review: if applicable ()
- * LEED or Healthy Built Home Certified (Green Building) ()
- * House numbers attached and visible from the road ()
- * Stormwater Control: Plan () Permit ()
- * Elevation Certificate: if applicable ()
- * Sedimentation/Erosion Control Permit: if applicable ()
- * Progress Energy Premise #: _____

Brief Description of Project:

Project Cost: \$ _____

Market Value of Structure: \$ _____

Areas:

Total Heated Sq. Ft. _____
Covered Unheated: _____
Open Decks: _____
Concrete/Asphalt: _____

Accommodations: _____
Bedrooms: _____ Baths: _____
Kitchen: _____
No. of Stories: _____

Fees:

Permit: _____
Plumbing: _____
Mechanical: _____
Electrical: _____

HR (Fund): _____
Certificate of Occupancy: _____
Gas: _____
Fire/Sprinkler: _____

Total Permit Fees: _____

Cash: _____ Check #: _____

Remember to Schedule a Final Inspection upon Completion of Project

To Schedule an Inspection, Please Call 669-8002.

CERTIFICATION

I (We) agree to conform to all Federal, State and local codes and ordinances. All materials will be kept presentable on the lot and all debris will be removed prior to issuance of a Certificate of Occupancy.

DATE: _____ SIGNED BY: _____ OWNER

DATE: _____ SIGNED BY: _____ CONTRACTOR

PERMIT APPROVAL DATE: _____ BUILDING OFFICIAL: _____

NOTE: If the work has not been started within six (6) months of permit issuance date, or the work has been ceased for twelve (12) months, the permit will become void and all fees will be surrendered.

SPECIFICATIONS

| | | | |
|---|---------------------------------------|--|-----------------------------------|
| FOUNDATIONS | WALLS | SUB-FLOORING | FLOORING |
| <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Wood Siding | <input type="checkbox"/> Diagonal | <input type="checkbox"/> Hardwood |
| <input type="checkbox"/> Poured Wall | <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Plywood (T&G) | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Slab on Grade | <input type="checkbox"/> Stucco | | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Carpet |

| | | |
|--------------------------------------|--|---|
| ROOFING | HEATING & AIR CONDITIONING | PLUMBING FIXTURES: Give number of: |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> None <input type="checkbox"/> Elect. Resistance | <input type="checkbox"/> Lavatories <input type="checkbox"/> Water Closets |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Heat Pump <input type="checkbox"/> Central Air | <input type="checkbox"/> Tub/showers <input type="checkbox"/> Water Heaters |
| <input type="checkbox"/> Metal | <input type="checkbox"/> Fireplace <input type="checkbox"/> Window Units | <input type="checkbox"/> Bidets <input type="checkbox"/> Laundry Trays |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Furnace <input type="checkbox"/> Gas <input type="checkbox"/> Oil | <input type="checkbox"/> Sinks |

Gas Appliances: List appliances & BTU demands. (If gas installed for other than fireplaces, detailed schematic required)

Concrete: Under House Driveway Other _____

| <i>Insulation</i> | <i>Type</i> | | <i>Thickness</i> | <i>R-Factor</i> |
|---------------------------------------|-------------|----|---------------------------|-----------------|
| Exterior Wall | | | | |
| Ceiling/Attic | | | | |
| Floor | | | | |
| Conditioned Attic/ Closed Crawlspace? | Yes | No | If "Yes," attach details. | |

| <i>Contractor Information</i> | <i>Phone #</i> | <i>State License #</i> |
|-------------------------------|----------------|------------------------|
| 1. General Contractor | | |
| 2. Electrical Contractor | | |
| 3. Mechanical Contractor | | |
| 4. Plumbing Contractor | | |
| 5. Other | | |

IMPORTANT NOTICE:

Construction site must be kept clean and presentable at all times. Do not allow debris to blow on adjacent properties, roads, streams, etc. **A "STOP WORK ORDER" will be issued for violations.**

▶ Contractor shall remove all construction advertisement signs within five (5) days upon completion of said job ◀