



Residential Building Permit Application

Property Owner _____ Telephone No. _____

Owner's Mailing Address _____

City _____ State _____ Zip _____

Site Directions _____

Site Address (884-3108 Ext. 1) _____ City _____

Tax Map/Parcel #: <https://gis.transylvaniacounty.org> _____

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

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

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

List items affected:

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

Number of Fireplaces _____ Type of Heat: _____ Crawl Space: wall vented _____ closed _____

Insulation R-Value: Wall: 15 Floor: 19 Ceiling: 38 Windows and glass doors: U-factor: <0.35 SHGC: <0.30

Name:

Permit #:

Residential Building Permit Application (page 2)

General Contractor: www.nclbgc.org

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.

Signature of Authorized Person

Date

Printed Name

OFFICE USE ONLY

Permit Fee	\$ _____	Septic	_____	Flood	_____	General Lic	_____	Reg of Deeds	_____
HRF Fee	\$ _____	GIS	_____	Address	_____	Work Comp	_____	Plans	_____
Penalty	\$ _____	City	_____	Lien	_____	Const. W/S	_____		
Floodplain	\$ _____								
TOTAL	\$ _____								

Received By: _____ Date: _____

Approved By

Date