

SPR # \_\_\_\_\_

CASE # \_\_\_\_\_

**COMMERCIAL MODULAR OFFICE OR CLASSROOM**  
**BUNCOMBE COUNTY PERMIT APPLICATION**

Site Location: \_\_\_\_\_ PIN # \_\_\_\_\_

Directions: \_\_\_\_\_

Permit Type: Modular Classroom/ Office

Food Service:    N    Y                      Tattoo Parlor:    N    Y                      Daycare, Nursing Home or Hospital:    N    Y

Foundation:    Basement            Crawlspace            Slab            Piers            Other \_\_\_\_\_

Project Description: \_\_\_\_\_ Use of Property:    Owner Occupied    Rental    Sale

Sq. Ft. of Basement Heated \_\_\_\_\_ Sq. Ft. of Basement Unheated \_\_\_\_\_

Total Heated Sq. Ft \_\_\_\_\_ Sq. Ft. of Unheated \_\_\_\_\_

Total Square Footage \_\_\_\_\_

Height \_\_\_\_\_ # Of Stories Total \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant email address: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor: \_\_\_\_\_ NCGC LIC # \_\_\_\_\_ Phone # \_\_\_\_\_

Sub-Contractors: Electrical \_\_\_\_\_ State Lic # \_\_\_\_\_

Mechanical \_\_\_\_\_ State Lic # \_\_\_\_\_

Plumbing \_\_\_\_\_ State Lic # \_\_\_\_\_

Sprinkler \_\_\_\_\_ State Lic # \_\_\_\_\_

Fuel Piping \_\_\_\_\_ State Lic # \_\_\_\_\_

Other \_\_\_\_\_ State Lic # \_\_\_\_\_

Lien Agent Name: \_\_\_\_\_

Building Contract Cost \_\_\_\_\_  
Electrical Contract Cost \_\_\_\_\_  
Mechanical Contract Cost \_\_\_\_\_  
Plumbing Contract Cost \_\_\_\_\_  
Sprinkler Contract Cost \_\_\_\_\_  
Fuel Piping Contract Cost \_\_\_\_\_  
Refrigeration Contract Cost \_\_\_\_\_  
OTHER \_\_\_\_\_  
TOTAL CONTRACT COST \_\_\_\_\_

**UTILITIES: CIRCLE APPLICABLE TYPE(S)**

**ELECTRIC:** Duke Power    Duke Energy Progress    Haywood EMC    French Broad EMC

**HEAT SOURCE:** Natural Gas    LP Gas    Oil    Electric    Heat Pump

**WATER:** New    Existing    Public Water    Private Well    Community Well

**SEWER:** New    Existing    Septic    MSD    Other \_\_\_\_\_

**Gas Inspection :**    Yes    No

**Notify Power Company:**    Yes    No

**Duke Energy Premise #** \_\_\_\_\_

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable Federal, State and local laws and regulations and that it is understood that this permit will expire if work is not commenced and inspected within six months of the date of issue. This permit will also expire if work stops at any time for 12 months or more and no inspections are performed to verify work in progress.

Applicant Signature

Date

Printed Name