

**ABC INSPECTION**  
**BUNCOMBE COUNTY PERMIT APPLICATION**

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

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

---

**Business Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

\*ALL PAPERWORK FOR SIGNATURES MUST BE ON SITE

**Use of Property:**    Owner Occupied    Rental    Sale

**Total Square Footage-** \_\_\_\_\_

**Height** \_\_\_\_\_    **# of Stories** \_\_\_\_\_

---

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

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

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

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

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

**Contact Name:** \_\_\_\_\_ Phone # \_\_\_\_\_

**Contact email address:** \_\_\_\_\_

---

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name