CASE # _____

COMMERCIAL ROOFTOP ALTERATION

BUNCOMBE COUNTY PERMIT APPLICATION

Site Location: _____PIN # _____

Directions:_____

_____

Permit Type: Alteration TO EXISTING STRUCTURE **Food Service:** N Y **Tattoo Parlor:** N Y **Daycare, Nursing Home or Hospital:** N Y

Project Description:_____ **Use of Property**: Owner Occupied Rental Sale

Foundation: Basement Crawlspace Slab Piers Other_____

Number of Existing Stories _____ **Height of Existing Building** _____

TOTAL SQUARE FOOTAGE OF BUILDING: _____ **TOTAL SQ FEET OF WORK AREA:**_____

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