

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

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

## RESIDENTIAL RENOVATION & ADDITION

### BUNCOMBE COUNTY PERMIT APPLICATION

Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_

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

Circle Permit Type: Single Family    Townhouse    Duplex    Modular Home    Other \_\_\_\_\_

Type of Work: Addition & Renovation    Licensed Daycare: Yes    No    Use of Property: (Circle One)    Owner Occupied    Rental    Sale

Project Description: \_\_\_\_\_ Total Cost of Project: \$ \_\_\_\_\_

#### RENOVATED INFORMATION:

EXISTING: # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Heated Sq. Ft. \_\_\_\_\_ Unheated Sq. Ft. \_\_\_\_\_

NEW: # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Heated Sq. Ft. \_\_\_\_\_ Unheated Sq. Ft. \_\_\_\_\_

EXISTING: Basement Heated Sq. Ft. \_\_\_\_\_ Basement Unheated Sq. Ft. \_\_\_\_\_

NEW: Basement Heated Sq. Ft. \_\_\_\_\_ Basement Unheated Sq. Ft. \_\_\_\_\_

TOTAL # BEDROOMS \_\_\_\_\_ TOTAL # BATHROOMS \_\_\_\_\_

RENOVATED HEATED SQUARE FEET: \_\_\_\_\_ RENOVATED UNHEATED SQ. FEET: \_\_\_\_\_

#### ADDITION INFORMATION:

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

Addition- # of Stories \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Heated Sq. Ft. \_\_\_\_\_ Unheated Sq. Ft. \_\_\_\_\_ Height \_\_\_\_\_

Basement Heated Sq. Ft. \_\_\_\_\_ Basement Unheated Sq. Ft. \_\_\_\_\_ Attached Garage: No    Yes    Sq. Ft. \_\_\_\_\_

Attached Carport: No    Yes    Sq. Ft. \_\_\_\_\_ Deck: No    Yes    Sq. Ft. \_\_\_\_\_ Covered: Yes    No

Sunroom: No    Yes    Sq. Ft. \_\_\_\_\_

ADDITION HEATED SQ. FT. \_\_\_\_\_ ADDITION UNHEATED SQ.FT. \_\_\_\_\_

#### AFTER RENOVATION AND ADDITION: (after completion of project)

TOTAL # of Stories \_\_\_\_\_ HEIGHT OF STRUCTURE \_\_\_\_\_ TOTAL # of Bedrooms \_\_\_\_\_ TOTAL# of Bathrooms \_\_\_\_\_

BASEMENT HEATED SQ. FEET: \_\_\_\_\_

BASEMENT UNHEATED SQ. FEET: \_\_\_\_\_

TOTAL HEATED SQ. FT. \_\_\_\_\_

TOTAL UNHEATED SQ.FT. \_\_\_\_\_

TOTAL SQ. FEET: \_\_\_\_\_

**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 # \_\_\_\_\_  
Fuel Piping \_\_\_\_\_ State Lic # \_\_\_\_\_  
Other \_\_\_\_\_ State Lic # \_\_\_\_\_

**Lien Agent:** \_\_\_\_\_

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

**ELECTRIC:**      **DUKE ENERGY**      **DUKE PROGRESS**      **HAYWOOD EMC**      **FRENCH BROAD EMC**

**HEAT SOURCE:**    **NATURAL GAS**    **LP GAS**    **OIL**    **ELECTRIC**    **HEAT PUMP**

**WATER:**      **NEW / EXISTING**      **PRIVATE WELL**      **COMMUNITY WELL**      **PUBLIC WATER**      **OTHER** \_\_\_\_\_

**SEWER:**      **NEW / EXISTING**      **SEPTIC**      **MSD SEWER**      **OTHER** \_\_\_\_\_

**Gas Inspection:** Yes No    **Notify power Company:** Yes No    **Duke Energy premise #** \_\_\_\_\_

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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