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: _________________________

Form continues
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: __________________________________________________________________________________________

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 # _______________________________

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