

RESIDENTIAL PERMIT APPLICATION

www.townofblackmountain.org

PROPERTY INFORMATION			
Property Address:	PIN #:		
Property Owner:	Phone #:	Email:	
Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Zone:	Flood Development Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PERMIT TYPE (check appropriate permit type)			
<input type="checkbox"/> New Construction <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Duplex <input type="checkbox"/> Secondary Dwelling <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Deck/Patio <input type="checkbox"/> Fence <input type="checkbox"/> Addition <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Remodel/Renovation <input type="checkbox"/> Demolition (WNC Air Quality Permit required)			
PROJECT INFORMATION			
Project Description: _____ _____ _____			
Total Project Cost: \$ _____ Duke Energy Premise #: _____			
Heated SF:	Covered Unheated SF:	Open Decks SF:	Asphalt/Concrete SF:
Area of Land Disturbed:	# of Bedrooms	# of Bathrooms	# of Kitchens
Gas Appliances: _____ _____			
(a gas schematic must be attached to this permit)			
ZONING INFORMATION			
Zoning District:	Height:	# of Parking Spaces:	Acreage:
Front Setback:	Side Setback:	Rear Setback:	Average Slope %:
A site plan showing the location of the structure and the distance to the property lines must be attached to this application.			
Is this project creating a duplex: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CONTRACTOR INFORMATION			
General Contractor:	Phone #:	License #:	
Electrical Contractor:	Phone #:	License #:	
Plumbing Contractor:	Phone #:	License #:	
Mechanical Contractor:	Phone #:	License #:	

Town of Black Mountain
160 Midland Avenue
Black Mountain, NC 28711
828-419-9300, option 4

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ADDITIONAL INFORMATION TO BE ATTACHED TO PERMIT APPLICATION

- 2 sets of plans MSD/Septic Permit Lien Agent Manual J Calculations
- Site Plan WNC Air Quality Permit (required for demolition)

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.

Signature

Date

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