

DETACHED ACCESSORY BUILDING PERMIT APPLICATION

OWNER AND APPLICANT INFORMATION:

1) PROPERTY OWNER: _____ TELEPHONE #: _____
ADDRESS: _____

2) APPLICANT: _____ TELEPHONE #: _____

PROPERTY INFORMATION: *Please check the appropriate boxes and fill in the blank space.*

1) PROJECT ADDRESS: _____

2) WATER/SEWER: Public Water Well Public Sewer Septic System

3) POWER COMPANY: Duke Energy Energy United Blue Ridge

TYPE OF CONSTRUCTION: *Please check the appropriate boxes.*

1) WOOD FRAME: 2) MASONRY: 3) METAL: (see note below)

(An engineered design is required when a building of otherwise conventional construction contains structural elements exceeding the limits of Section R301 of the NC Residential Code or otherwise not conforming to this code, these elements shall be designed in accordance with accepted engineering practice.) The design must include footing and tie down details.

PROJECT DETAILS: *Please check the appropriate boxes and fill in the blanks where applicable **to this project.***

1) DESCRIPTION OF WORK: _____

2) ESTIMATED COST OF PROJECT: \$ _____

3) TOTAL AMOUNT OF LAND AREA TO BE DISTURBED: _____

4) NUMBER OF PROPOSED BUILDINGS: _____ TOTAL SQUARE FOOTAGE: _____

BUILDING DIMENSIONS: Length: _____ Width: _____ Height _____.

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5) TOTAL SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____

6) NUMBER OF BATHROOMS: _____

7) NUMBER OF PLUMBING FIXTURES: _____

8) NUMBER OF STORIES: _____

9) BASEMENT: YES NO

10) GARAGE: YES NO SQ. FT. _____

11) CARPORT: YES NO SQ. FT. _____

12) TYPE OF HEAT: HEATPUMP GAS ELECTRIC OTHER _____ NUMBER OF UNITS _____

13) ELECTRICAL SERVICE: _____ AMPS NUMBER OF PANELS: _____

NEW SERVICE: SERVICE CHANGE: BRANCH CIRCUIT:

14) TYPE OF GAS: NATURAL: PROPANE: NUMBER OF APPLIANCES _____

Please continue

ALL CONTRACTORS SHALL BE LISTED BELOW BEFORE TRADE INSPECTIONS ARE SCHEDULED

.PLEASE PRINT

GENERAL CONTRACTOR: _____ PHONE: _____

LICENSE #: _____ EMAIL _____

ELECTRICAL CONTRACTOR: _____ PHONE: _____

LICENSE #: _____ EMAIL _____

PLUMBING CONTRACTOR: _____ PHONE: _____

LICENSE #: _____ EMAIL _____

MECHANICAL CONTRACTOR: _____ PHONE: _____

LICENSE #: _____ EMAIL _____

OTHER CONTRACTOR: _____ PHONE: _____

LICENSE #: _____ EMAIL _____

REQUIRED SIGNATURES:

I certify that I completely read the application and understand the guidelines as listed above. I, the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my knowledge. I understand that false information may be grounds for rejection of this application. Authorized representatives of Alexander County are granted right-of-entry to make evaluations or inspections and to release information upon public request. I further understand that failure to abide by certain Stop Work Orders or other statutory requirements are punishable as a Misdemeanor.

All permits issued SHALL EXPIRE SIX (6) MONTHS after the date of issuance if work has not commenced. If work stops for a period of twelve (12) months, the permit SHALL EXPIRE. No work shall be performed until a new permit has been secured with applicable fees paid.

(Signature)

(Printed Name)

(Date)

----- SECTION BELOW FOR OFFICE USE ONLY -----

Zoning: \$ _____

Building: \$ _____

Electrical: \$ _____

Temp Power: \$ _____

Plumbing: \$ _____

Mechanical: \$ _____

Gas Piping: \$ _____

Homeowner: \$ _____

Other: _____ \$ _____

TOTAL: \$ _____

Munis App #: _____

Parcel #: _____

Date Paid: _____

CC, Cash or CK #: _____

By: _____