

ALEXANDER COUNTY INSPECTIONS DEPARTMENT

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828) 632-1000 Fax: (828) 632-1095

Commercial Permit Application
Please complete all corresponding areas.

Owner and Applicant Information:

Owner: _____ **Mailing address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email: _____

Applicant: _____ **Mailing address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email: _____

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

Project Information: Please check the appropriate scope of work:

New Remodel Repairs Addition Reroof Up fit Handicap Ramp / Deck

Occupancy Type (circle): A-1, A-2, A-3, A-4, A-5, B, E, F-1, F-2, H-1, H-2, H-3, H-4, H-5, I-1, I-2, I-3, I-4, M, R-1, R-2, R-3, R-4, S-1, S-2, U

Previous Occupancy Type (circle): A-1, A-2, A-3, A-4, A-5, B, E, F-1, F-2, H-1, H-2, H-3, H-4, H-5, I-1, I-2, I-3, I-4, M, R-1, R-2, R-3, R-4, S-1, S-2, U

Construction Type (circle): 1-A, 1-B, II-A, II-B, III-A, III-B, IV-A, IV-B, V-A, V-B

Cell Tower Signs Temporary job site office Up-fit Commercial Shell Shell starts
 Shell-Spec Up-fit Commercial Shell Pier / Boat Dock

Use of Property: _____ Property Status: Owner Occupied Rental Sale

Type of Heat: Electric Gas Other _____

Foundation Type: Basement Crawlspace Slab on Grade # of stories _____

Change of Use: Yes No Previous Use: _____ If Vacant, How Long: _____

Heated Sq. Ft: _____ Unheated Sq. Ft: _____ Total Sq. Ft. _____

Description of work: _____

Estimated Cost of Project: \$ _____

Please Continue

ALL CONTRACTORS SHALL BE LISTED BELOW AND SUBCONTRACTOR TRADE FORMS MUST BE SIGNED AND SUBMITTED BEFORE TRADE INSPECTIONS ARE SCHEDULED

CONTRACTOR / SUB-CONTRACTOR INFORMATION: Please print

GENERAL CONTRACTOR: _____

LICENSE #: _____ EMAIL: _____

PHONE #: _____

ELECTRICAL CONTRACTOR: _____

LICENSE #: _____ EMAIL: _____

PHONE #: _____

PLUMBING CONTRACTOR: _____

LICENSE #: _____ EMAIL: _____

PHONE #: _____

MECHANICAL CONTRACTOR: _____

LICENSE #: _____ EMAIL: _____

PHONE #: _____

OTHER CONTRACTOR: _____

LICENSE #: _____ EMAIL: _____

PHONE #: _____

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: \$ _____

TOTAL: \$ _____

Date Paid: _____

CC, Cash, CK #: _____

By: _____

Munis App#: _____

Parcel #: _____