

ALEXANDER COUNTY INSPECTIONS DEPARTMENT

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

RESIDENTIAL BUILDING PERMIT APPLICATION

OWNER / APPLICANT INFORMATION:

1) PROPERTY OWNER: _____ TELEPHONE #: _____

ADDRESS: _____

2) APPLICANT: _____ TELEPHONE #: _____

PROPERTY INFORMATION: Please circle answers or fill in the blank where appropriate.

1) PROJECT ADDRESS: _____

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

3) POWER COMPANY: Duke Energy Energy United Blue Ridge

PROJECT DETAILS: Please check appropriate box or fill in the blank where appropriate **to this project.**

1) DESCRIPTION OF WORK: _____

2) ESTIMATED COST OF PROJECT: \$ _____

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

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

5) TOTAL AMOUNT OF HEATED SPACE: _____ UNHEATED SPACE: _____

6) NUMBER OF DECKS: _____ SIZE OF DECKS: front _____ rear _____ Side _____

7) NUMBER OF BEDROOMS: _____ 8) NUMBER OF BATHROOMS: _____

9) NUMBER OF PLUMBING FIXTURES: _____

10) NUMBER OF STORIES: _____ (11) BASEMENT: YES NO SQ. FT. _____

12) GARAGE: YES NO SQ. FT. _____ (13) CARPORT: YES NO SQ. FT. _____

14) PORCHES: YES NO SQ. FT. _____ 15) BREEZEWAY: YES NO SQ. FT. _____

16) TYPE OF HEAT: Heat Pump Gas Other _____ NUMBER OF UNITS: _____

17) PIER / BOAT DOCK: YES NO 18) HANDICAP DECK / RAMP: YES NO

19) ELECTRICAL SERVICE: _____ amps NUMBER OF PANELS: _____

20) NEW SERVICE: SERVICE CHANGE: BRANCH CIRCUIT:

21) GAS: NATURAL PROPANE NUMBER OF APPLIANCES: _____

ALL CONTRACTORS SHALL BE LISTED BELOW BEFORE TRADE INSPECTIONS ARE SCHEDULED

PLEASE PRINT

GENERAL CONTRACTOR: _____ PHONE#: _____

LICENSE #: _____ EMAIL: _____

ELECTRICAL CONTRACTOR: _____ PHONE#: _____

LICENSE #: _____ EMAIL: _____

Please continue:

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: \$ _____

Date Paid: _____

CC, Cash or CK #: _____

By: _____

Munis App. #: _____

Parcel #: _____