

APPLICATION FOR BUILDING PERMIT
MADISON COUNTY INSPECTIONS

OWNER _____ DATE _____

MAILING ADDRESS _____ TELEPHONE _____

BUILDING LOCATION/DIRECTIONS _____

PIN NUMBER _____ ACREAGE _____ ZONING _____

IS PROPERTY LOCATED IN FLOOD ZONE _____ FLOODPROOFING REQUIRED _____

TYPE OF WORK-CIRCLE APPLICABLE TYPE(S) NEW ADDITION REMODEL CHANGE OF USE DEMOLITION MOVED HOUSE
GARAGE (ATT/DET) STORAGE BLDG. COMMERCIAL TYPE _____

USE OF PROPERTY-CIRCLE ONE OWNER OCCUPIED RENTAL SALE

PROJECT DESCRIPTION _____

TOTAL COST OF PROJECT _____ NO. OF STORIES _____ CONSTRUCTION TYPE _____

LENGTH _____ WIDTH _____ # BEDROOMS _____ BATHROOMS _____

BASEMENT _____ CRAWL SPACE _____ SLAB _____ BASEMENT FINISHED YES _____ NO _____

GARAGE SQ. FT. _____ TOTAL SQ. FT. _____

PERMIT COST: Bldg: _____ Zoning: _____ Total: _____

GENERAL CONTRACTOR _____ LICENSE NO. _____

Contact Number _____ Address _____

SUBCONTRACTORS:

ELECTRICAL CONTRACTOR _____ LICENSE NO. _____

Contact Number _____ Address _____

PLUMBING CONTRACTOR _____ LICENSE NO. _____

Contact Number _____ Address _____

MECHANICAL CONTRACTOR _____ LICENSE NO. _____

Contact Number _____ Address _____

GAS CONTRACTOR _____ LICENSE NO. _____

Contact Number _____ Address _____

MOBILE HOMES ONLY: YEAR _____ MFR. _____ SIZE _____ TYPE HEAT _____

MOBILE HOME DEALER _____ PHONE _____ LICENSE NO. _____

SET UP CONTRACTOR _____ PHONE _____ LICENSE NO. _____

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 State and local laws and regulations.

Signature _____ Date _____ Printed name _____

APPROVED BY: _____ DATE _____ PERMIT NUMBER: _____

The following must be turned in with plans at the time of building permit application. The plans shall detail the following:

BUILDING

FOOTING: DEPTH _____ WIDTH _____
REINFORCEMENT _____

FOUNDATION WALL: TYPE _____
SIZE _____
AMOUNT OF BACKFILL _____

FRAMING:

FLOOR JOIST: TRUSS _____ 2X _____
TGI _____ SPACING _____ OC

WALLS: 2X _____ SPACING _____ OC

ROOF/CEILING: TRUSS _____ 2X _____
TGI _____ SPACING _____ OC

DECK: FOOTER SIZE _____
POST SIZE _____
JOIST SIZE _____

IN ALL APPLICATION IF A DESIGN IS PROVIDED IT MUST BE SEALED BY A NORTH CAROLINA REGISTERED DESIGN PROFESSIONAL.

ELECTRICAL

AMPERE SERVICE: _____

TYPE: UNDERGROUND _____ OVERHEAD _____

PREMISE OR ACCOUNTY NUMBER: _____

French Broad Electric _____

Progress Energy _____

Haywood Electric _____

PLUMBING

NUMBER OF FIXTURES: _____

SEPTIC APPROVED FOR _____ NUMBER OF BEDROOMS

Septic (new) _____

Septic (existing) _____

Town Sewer _____

HEATING

TYPE OF HEAT: Electric _____

Gas: LP _____ Natural _____

Oil _____

FIREPLACE: Yes ____ No _____

MASONRY _____ INSERT _____ GAS _____

RESCHECK: YES _____ NO _____ (REQUIRED FOR ALL LOG HOMES)

INSULATION TYPE: _____

R-VALUES: FLOOR _____

CEILING _____

WALLS _____