



TOWN OF MONTREAT

ZONING AND INSPECTIONS DEPARTMENT
P. O. Box 423
Montreat, NC 28757
Tel: (828)669-8002, ext. 303
Fax: (828)669-3810
www.townofmontreat.org

PERMIT#: _____
Residential Commercial

BUILDING PERMIT APPLICATION

Owner Name: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Owner Phone: _____ E-mail: _____
Project Address: _____ PIN #: _____

Attached to and part of this application are:

- Two (2) sets of complete plans
Site Plan
Zoning Compliance
MSD Permit
Boundary Line Survey (if applicable)
Architectural site review (if applicable)
LEED or Healthy Built Home Certified (Green Building)
House numbers attached and visible from the road
Stormwater Control System Plan
Elevation Certificate (Qualifying Development in SFHA)
Sedimentation/Erosion Control System Plan
Progress Energy Premise #

Brief Description of Project: _____

Project Cost: \$ _____ Market Value of Structure: \$ _____

Areas: Total Heated Sq. Ft.: _____ Covered Unheated: _____ Open Decks: _____ Concrete/Asphalt: _____
Accommodations: # of Dwelling Units: _____ # Bedrooms: _____ # Baths: _____ Kitchen(s): _____ # of Stories: _____

SPECIFICATIONS

- FOUNDATIONS: Concrete Block, Poured Wall, Slab on Grade, Other
WALLS: Wood Siding, Vinyl Siding, Stucco, Other
SUB-FLOORING: Diagonal, Plywood (T&G)
FLOORING: Hardwood, Tile, Vinyl, Carpet
ROOFING: Fiberglass, Wood, Metal, Membrane, Other
HEATING & AIR CONDITIONING: None, Heat Pump, Fireplace, Furnace, Gas, Oil, Elec. Resist., Central Air, Window Units, Geothermal, Solar
PLUMBING FIXTURES: Lavatories, Tub/showers, Bidets, Sinks, Water Closets, Water Heaters, Laundry Trays

Remember to Schedule a Final Inspection upon Completion of Project By Calling (828) 669-8002, ext. 303

INSULATION	TYPE	THICKNESS	R-FACTOR
Exterior Wall			
Ceiling/Attic			
Floor			
Conditioned Attic/Closed Crawlspace? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach details.</i>			

Gas Appliances: List Gas Appliances and BTU Demands:

**Note: If gas installed for other than fireplaces, a detailed schematic is required.*

Concrete Areas:

Basement/Garage Floor Driveway/Parking Area Other: _____

Contractor Information:

(General Contractor)	(Phone #)	(State License #)
(Electrical Contractor)	(Phone #)	(State License #)
(Mechanical Contractor)	(Phone #)	(State License #)
(Plumbing Contractor)	(Phone #)	(State License #)
(Other)	(Phone #)	(State License #)

CERTIFICATION

I (We) agree to conform to all Federal, State and local codes and ordinances. All materials will be kept presentable on the lot and all debris will be removed prior to issuance of a Certificate of Occupancy.

(Owner's Signature)

Date

(Contractor's Signature)

Date

FEES

Permit: _____ Homeowner's Recovery: _____
 Plumbing: _____ Certificate of Occupancy: _____
 Mechanical: _____ Gas: _____
 Electrical _____ Fire/Sprinkler: _____
 Total Fees: \$ _____ Cash: \$ _____ Check #: _____ Date Paid: _____

(PERMIT APPROVAL DATE)

BUILDING INSPECTOR SIGNATURE

****NOTE: If the work has not been started within six (6) months of permit issuance date, or if the work has ceased for twelve (12) months, the permit will become void and all fees will be surrendered.***

IMPORTANT NOTICE

Construction site must be kept clean and presentable at all times. Do not allow debris to blow on adjacent properties, roads, streams, etc. **A "STOP WORK ORDER" will be issued for violations.**

► **Contractor shall remove all construction advertisement signs within five (5) days upon completion of said job** ◀