



TOWN OF MONTREAT

ZONING AND INSPECTIONS DEPARTMENT
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OCCUPANCY PERMIT APPLICATION

Project Address: PIN #:

Owner Name:

Mailing Address:

City: State: ZIP:

Owner Phone: E-mail:

Business Name: Owner Name:

Mailing Address:

City: State: ZIP:

Business Phone: Business E-mail:

Type of Business: Square Footage of Area:

Hours of Operation:

Emergency Contact Name: Phone:

Applicant Signature Date

FOR OFFICE USE ONLY

Permit Fee: \$ Cash: \$ Check #: Date Paid:

Inspection Date: Permit Approved? Yes No Permit #: []

Reason(s) for Permit Denial:

BUILDING INSPECTOR SIGNATURE DATE