



CUT PERMIT APPLICATION

Town of Montreat Zoning

1210 Montreat Road, Black Mountain, NC 28711 | (828) 669-8002

REQUIRED FEE: \$2.00/SF (MIN. \$50; MAX: \$2,500.00) (CASH OR CHECK)

APPLICANT INFORMATION

APPLICANT NAME: _____ TELEPHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

ASSOCIATED PROPERTY INFORMATION

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PIN# : _____

PROPERTY OWNER: _____ TELEPHONE: _____

MAILING ADDRESS: _____

PROPOSED WORK

NEW CONSTRUCTION REPAIR CONSTRUCTION UTILITY CONSTRUCTION

SCOPE OF WORK: _____

COMPLETE ONLY FOR CONSTRUCTION IN THE RIGHT-OF-WAY

RIGHT-OF-WAY CONSTRUCTION

Street Cut Dimensions (FT): ____L x ____W

Street Cut Area (SF): _____

Sidewalk Cut Dimensions (FT): ____L x ____W

Sidewalk Cut Area (SF): _____

COMPLETE ONLY FOR UTILITY CONSTRUCTION

UTILITY CONSTRUCTION

Street Cut Dimensions (FT): ____L x ____W

Street Cut Area (SF): _____

Sidewalk Cut Dimensions (FT): ____L x ____W

Sidewalk Cut Area (SF): _____

CONSTRUCTION DATES REQUESTED: ^{NOTE 1} _____

REQUIRED SITE PLAN

APPLICATIONS MUST INCLUDE A SITE PLAN DRAWING (TO SCALE) WITH THE FOLLOWING ITEMS (THE ZONING ADMINISTRATOR RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION).

1. Label with the lot's PIN, consistent with Buncombe County tax records.
2. Lot showing property dimensions.
3. Locations of new, repair, or utility construction with dimensions.
4. Street names and any easements, above ground utilities, rights-of-way, culverts or drainage ways surrounding or adjacent to area of construction.

SIGNATURES AND ACKNOWLEDGEMENT

If permits are granted, I agree to conform to all ordinances and laws of the Town of Montreat and State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. My signature hereby authorizes Code Enforcement Officer or designated representative to enter the above-referenced property for the purpose of inspecting and verifying compliance, as needed. Furthermore, I agree to take all reasonable measures to protect all public and private properties from damage caused by any land disturbing activities conducted in relation to this permit, as outlined in the Buncombe County Soil Erosion and Sedimentation Control Ordinance. This permit is subject to revocation if false information is provided.

Signature of Applicant

Date

Printed Name of Applicant

OFFICE USE ONLY

Approved Denied

Code Enforcement Officer Signature

Date

Printed Name of Code Enforcement Officer

Fee: _____

Paid: Yes No

Payment Method: _____

STAFF NOTES: _____

NOTES (Please contact the Zoning Administrator for additional questions)

- 1. Construction time is limit to a maximum ten working days unless extended in writing to Code Enforcement Officer via email to zoning@townofmontreat.org at least 48 hours in advance of permit deadline.