

# Building Permit Application

*(This form should be used when the Single-Family/ Duplex/ Townhouse or the Building Permit Application "S" Form does not apply.)*



## Town of Boone Development Services Department

1510 Blowing Rock Road  
Boone, North Carolina 28607  
Phone (828) 268-6960 ♦ Fax (828) 268-6961  
[www.townofboone.net](http://www.townofboone.net)

<b>OFFICIAL USE ONLY</b>	
Project File Name:	Building Permit #:
Date Application Received:	Date Building Permit Fee Paid:
Amount Permit Fee Paid:	Receipt #:
Zoning Permit #:	
_____	_____
Zoning Approval	Date
_____	_____
Building Approval	Date Building Permit Issued

## INSTRUCTIONS

1. Please print or type.
2. Attach all site plans, building plans, and specifications.
3. All commercial projects must also complete the Commercial Projects-Building Code Summary.
4. All boxes are to be completed. If an item does not apply, mark with NA.
5. This is an application only.

**NO WORK SHALL BEGIN UNTIL YOU ARE NOTIFIED THAT A BUILDING PERMIT HAS BEEN ISSUED.**

Project Information	
Project Address:	Project Phone:
Applicant Name:	Applicant Phone:
Applicant Address:	Applicant Fax:
Property Owner Name:	Property Owner Phone:
Property Owner Address:	Property Owner Fax:
Project Description:	Total Project Cost:
Watauga County Parcel Identification Number(s):	
Construction Information	
Building Height:	Number of Stories:
Area Per Floor (Square Feet):	Total Building Area (Square Feet):
Total Heated Area:	Total Unheated Area:
Number of Bedrooms:	Elevators: <input type="checkbox"/> YES <input type="checkbox"/> NO

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<b>Type of Building (Check all that apply):</b>					
<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Addition	<input type="checkbox"/> Renovation		
<input type="checkbox"/> Modular	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:			
<b>Type of Construction:</b>					
<input type="checkbox"/> IA	<input type="checkbox"/> IIB	<input type="checkbox"/> IV			
<input type="checkbox"/> IB	<input type="checkbox"/> IIIA	<input type="checkbox"/> VA			
<input type="checkbox"/> IIA	<input type="checkbox"/> IIIB	<input type="checkbox"/> VB			
<i>For more details see Chapter 6 of the NC Building Code.</i>					
<b>Previous Type of Occupancy:</b>					
<input type="checkbox"/> A-1	<input type="checkbox"/> B	<input type="checkbox"/> H-2	<input type="checkbox"/> I-2	<input type="checkbox"/> R-2	<input type="checkbox"/> U
<input type="checkbox"/> A-2	<input type="checkbox"/> E	<input type="checkbox"/> H-3	<input type="checkbox"/> I-3	<input type="checkbox"/> R-3	<input type="checkbox"/> Mixed
<input type="checkbox"/> A-3	<input type="checkbox"/> F-1	<input type="checkbox"/> H-4	<input type="checkbox"/> I-4	<input type="checkbox"/> R-4	<input type="checkbox"/> N/A
<input type="checkbox"/> A-4	<input type="checkbox"/> F-2	<input type="checkbox"/> H-5	<input type="checkbox"/> M	<input type="checkbox"/> S-1	
<input type="checkbox"/> A-5	<input type="checkbox"/> H-1	<input type="checkbox"/> I-1	<input type="checkbox"/> R-1	<input type="checkbox"/> S-2	
<i>For more details see Chapter 3 of the NC Building Code.</i>					
<b>Proposed Type of Occupancy:</b>					
<input type="checkbox"/> A-1	<input type="checkbox"/> B	<input type="checkbox"/> H-2	<input type="checkbox"/> I-2	<input type="checkbox"/> R-2	<input type="checkbox"/> U
<input type="checkbox"/> A-2	<input type="checkbox"/> E	<input type="checkbox"/> H-3	<input type="checkbox"/> I-3	<input type="checkbox"/> R-3	<input type="checkbox"/> Mixed
<input type="checkbox"/> A-3	<input type="checkbox"/> F-1	<input type="checkbox"/> H-4	<input type="checkbox"/> I-4	<input type="checkbox"/> R-4	<input type="checkbox"/> N/A
<input type="checkbox"/> A-4	<input type="checkbox"/> F-2	<input type="checkbox"/> H-5	<input type="checkbox"/> M	<input type="checkbox"/> S-1	
<input type="checkbox"/> A-5	<input type="checkbox"/> H-1	<input type="checkbox"/> I-1	<input type="checkbox"/> R-1	<input type="checkbox"/> S-2	
<i>For more details see Chapter 3 of the NC Building Code.</i>					
<b>State Agency Approvals</b>					
NC Department of Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Plan Approval:		# of Sheets:	Date:		
Specification:		# of Sheets:	Date:		
<b>Utility Information</b>					
Water: <input type="checkbox"/> Public <input type="checkbox"/> Private		Private Health Department Permit #:			
Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private		Private Health Department Permit #:			
Type of Heating Fuel: <input type="checkbox"/> Wood <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other					
Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Designer Information</b>					
Design Professional:					
Designer Phone:					
Designer Address:					
Designer is an: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Owner <input type="checkbox"/> Other, Explain:					

Designer NC Registration #:

*If additional designers are involved, please attach the above information for each.*

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**Contractor Information**

**Instructions**

1. Place an "x" in the box for the type(s) of work to be covered by this application and provide the additional information. If contractors have not been chosen, indicate such.
2. If a section does not apply for the project, mark N/A.

General Construction

Contractor Name:	Contractor Phone:	Estimated Cost of Construction: \$
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Electrical

Contractor Name:	Contractor Phone:	Estimated Cost of Construction: \$
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Fire Alarm System

Contractor Name:	Contractor Phone:	Estimated Cost of Construction: \$
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Mechanical

Contractor Name:	Contractor Phone:	Estimated Cost of Construction: \$
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Plumbing

Contractor Name:	Contractor Phone:	Estimated Cost of Construction: \$
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Sprinkler Protection

Contractor Name:	Contractor Phone:	Estimated Cost of Construction: \$
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Gas Piping

Contractor Name:	Contractor Phone:	Estimated Cost of Construction: \$
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**Applicant Signature**

I hereby certify that all information in this application is correct and all work will comply with the state building code and all other applicable state and local laws, ordinances, and regulations. The Development Services Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I am the owner of the above property or I am acting as the owner's agent. I also understand that the Development Services Department will perform random independent inspections of the project to ensure compliance with all applicable regulations and the approved Plan(s) and will be permitted to access the property.

**Applicant\* (PRINT)**

**Applicant Signature**

**Date**

\*If not owner, please state the relationship to owner:

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