

BUILDING PERMIT APPLICATION "S" FORM

Development Services Department
1510 Blowing Rock Road
Boone, North Carolina 28607
Phone (828) 268-6960 • Fax (828) 268-6961
www.townofboone.net



INSTRUCTIONS

1. This application is for changes to existing buildings for one of the types of permits listed below.
2. Items followed by an asterisk (*) require a plan. Other items may require a plan based on the project.
3. Each contractor must complete a regulation check sheet to be submitted with this application.
4. Complete each section. **PLEASE PRINT OR TYPE CLEARLY.** Mark any space that does not apply with NA.
5. Permit fees must be paid with application submittal.

THIS IS AN APPLICATION ONLY. NO WORK SHOULD BEGIN UNTIL YOU ARE NOTIFIED THAT A BUILDING PERMIT HAS BEEN ISSUED.

Project Information

Project Name and Address:	Watauga County Parcel Identification Number(s):
Applicant Name:	Applicant Phone:
Applicant Address:	Applicant Fax:
Property Owner:	Property Owner Phone:
Property Owner Address:	Project Cost:
Use of Property: (Single Family, Commercial, etc.)	Existing: _____ Proposed: _____

Permit Type

- | | | |
|--|--|--|
| <input type="checkbox"/> Single Family Residential Decks or Porches* | <input type="checkbox"/> Single Family Residential Water Heater Replacement | <input type="checkbox"/> Single Family Residential HVAC Replacement |
| <input type="checkbox"/> Single Family Residential Boiler Replacement | <input type="checkbox"/> Single Family Residential Water Heater Change from _____ to _____ | <input type="checkbox"/> Single Family Residential HVAC Change from _____ to _____ |
| <input type="checkbox"/> Single Family Residential Appliance Installation | <input type="checkbox"/> Single Family Residential Minor Plumbing | <input type="checkbox"/> Single Family Residential Minor Electrical |
| <input type="checkbox"/> New Electrical Service | <input type="checkbox"/> Moving | <input type="checkbox"/> Gas Conversion* |
| <input type="checkbox"/> Commercial HVAC Change | <input type="checkbox"/> Commercial Minor Electrical* | <input type="checkbox"/> Commercial Minor Plumbing* |
| <input type="checkbox"/> Temporary Electrical Construction Service | <input type="checkbox"/> Temporary Construction Trailers | <input type="checkbox"/> Temporary Sales Lots (trees/crafts) |
| <input type="checkbox"/> Electrical Service Change
___ amps to ___ amps | <input type="checkbox"/> ABC Inspection | <input type="checkbox"/> Other (requires prior approval from a building inspector) |
- Special Permit* (Choose One) ___ Footing ___ Foundation – For Special permits, the holder is proceeding at their own risk and without assurance that a permit will be issued for the remainder of the work or that corrections will not be required in order to meet the provisions of the technical code.

DESCRIPTION OF WORK:

List Contractors:

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.

Owner/Agent Signature: _____

Date: _____

OFFICIAL USE ONLY

Project File Name:		
Date Application Received:	Date Building Permit Fee Paid:	Amount and Receipt No.:
Date Zoning Permit Issued:	Zoning Approval:	Zoning Permit #:
Date Building Permit Issued:	Building Approval:	Building Permit #: