

TOWN OF BLOWING ROCK BUILDING PERMIT APPLICATION

Department of Planning and Inspections
1038 Main St, PO Box 47
Blowing Rock, North Carolina 28605



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1. **The Town of Blowing Rock requires following information for all permit applications.**
2. **Projects other than single-family residential, duplexes and town houses require Appendix B Building Code Summary.**
3. **Attach payment, all site plans, building plans, and specs, 2 copies residential, 3 copies commercial required.**
4. **All boxes are to be completed.**
5. **Please type or print legibly.**

Project File Name:		PIN#		Application Date:	
Project Location:		<input type="checkbox"/> Watauga Co. <input type="checkbox"/> Caldwell Co.		Total Project Cost:	
Applicant Name:				Applicant Phone:	
Applicant Mailing Address: Street/PO		City		State Zip	
Property Owner Name:				Property Owner Phone:	
Property Owner Mailing Address: Street/PO		City		State Zip	
Project Description:					
Number of Stories:		# of Existing Bedrooms:	# of Additional Bedrooms:	Previous Use of Building:	
Area Per Floor (Sq. Ft.):		Total Building Area (Sq. Ft.):	Building Code Book Edition:	Water: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Proposed Use of Building:		Designer is: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Owner <input type="checkbox"/> Other _____			Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private
Name of Designer:				Designer Phone:	
Check applicable boxes for project. A regulation sheet will be required for each contractor					
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Electrical Contractor	Electrical Cost of Construction \$_____		<input type="checkbox"/> Plumbing Contractor	
<input type="checkbox"/> Mechanical Contractor	<input type="checkbox"/> Fuel Piping Contractor	<input type="checkbox"/> Fire Alarm System		<input type="checkbox"/> Sprinkler Contractor	

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. The Inspection 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.

**PLEASE PICK UP YOUR APPROVED JOB SITE
PLAN AND PERMIT WHEN ISSUED.**

Owner/Agent Signature Date

Printed Name

*****Office Use Only*****				
Date Application Received:	Amount Permit Fee Paid:	Zoning Permit #:	Building Permit #:	Date Building Permit Issued: