

TOWN OF BLOWING ROCK BUILDING PERMIT APPLICATION

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



Phone: (828) 295-5240
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email: planning@townofblowingrocknc.gov

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. Submit 1 copy of full size plans and 1 digital copy with payment and application.
4. **Applications will not be considered until fees are paid.**
5. **All boxes must be completed.**

Project File Name:		Parcel Identification Number:		Application Date:	
Project Location:		<input type="checkbox"/> Watauga Co. <input type="checkbox"/> Caldwell Co.		Total Project Cost:	
Applicant Name:			Applicant E-Mail Address:		
Applicant Mailing Address: Street/PO		City		State Zip	
Applicant Phone:					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:	
Area Per Floor (Sq. Ft.):		Total Building Area (Sq. Ft.):		Type of Construction: IA IB IIA IIB IIIA IIIB IVA IVB VA VB	
Designer is: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Owner <input type="checkbox"/> Other _____				Water: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Name of Designer: _____				Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private	
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		<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"/> Owner	
				<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. I will notify the Inspections Department of any changes in the approved plans and/or specifications for the project permitted herein. I also certify that I am the owner of the above property OR that I am acting as the owner's agent.

Owner/Agent Signature Date

Printed Name

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