TOWN OF BLOWING ROCK ELECTRIC/HVAC/PLUMBING PERMIT/FUEL PIPING

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



Phone: (828) 295-5240 Fax: (828) 295-0357 www.TownofBlowingRockNC.gov

email: Planning@TownOfBlowingRockNC.gov

- 1. The Town of Blowing Rock requires following information for all permit applications.
- 2. Attach payment and specifications.
- 3. All boxes must be completed.
- 4. Please type or print legibly.

Owner Last Name:			Parcel Identification Number:		Application Date:
Project 911 Address:			☐ Watauga Co.	☐ Caldwell Co.	Total Project Cost:
Applicant Name:	olicant Name:		Applicant E-Mail Address (OPTIONAL):		
Applicant Mailing Address: Street/	PO	City	State	Zip	Applicant Phone:
Property Owner Name:					Property Owner Phone:
Property Owner Mailing Address: S	treet/PO	City		State	Zip
Project Description:					
List below the applica	ble contractors	to be used	d and license i	nformation:	*
List below the applica	ble confidences	10 De 03e0	a di la licerise i	HIOHHUHOH	
Electrical Contractor:			License #:		
Plumbing Contractor:			License#:		
HVAC Contractor:			License #:		
Fuel Piping Contractor:			License #:		
*All HVAC and water heat	er installations and	change out	s require a Licens	ed Electrical	Contractor to perform the
associated electrical work. You will be notified with a permit number when the permit is approved.					
I hereby certify that all information in this application is correct and all work will comply with the State Building Codes 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 Si	gnature	Date
Printed Name					
******	**********	********Office U	se Only**********	*******	******
Date Application Received:	Amount Permit Fee Paid	d:	Check #:	E	Building Permit #: