

**Ashe County Inspection Department**  
**150 Government Circle Su. 2400**  
**Jefferson N.C. 28640**

**Phone: 336-846-5511**  
**Fax: 336-846-5518**

Permit Application

Application Name \_\_\_\_\_ Date \_\_\_\_\_  
Project Address \_\_\_\_\_  
Total Project Cost \_\_\_\_\_ Electrical Cost \_\_\_\_\_  
Subdivision \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Developer \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Property Owner \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Project Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_  
Type of Building \_\_\_ New \_\_\_ Existing \_\_\_ Addition \_\_\_ N/A  
Type of Construction \_\_\_ I \_\_\_ II \_\_\_ III \_\_\_ IV \_\_\_ V  
Occupancy \_\_\_ A-1 \_\_\_ A-2 \_\_\_ A-3 \_\_\_ A-4 \_\_\_ A-5 \_\_\_ B \_\_\_ E \_\_\_ F-1 \_\_\_ F-2  
\_\_\_ H-1 \_\_\_ H-2 \_\_\_ H-3 \_\_\_ H-4 \_\_\_ H-5  
\_\_\_ I-1 \_\_\_ I-2 \_\_\_ I-3 \_\_\_ I-4 \_\_\_ M  
\_\_\_ R-1 \_\_\_ R-2 \_\_\_ R-3 \_\_\_ R-4 \_\_\_ S-1 \_\_\_ S-2 \_\_\_ U \_\_\_ Mixed

Equipment: \_\_\_ New \_\_\_ Existing \_\_\_ Addition \_\_\_ N/A  
Property Use: \_\_\_\_\_ Single Family \_\_\_\_\_ Two Family  
\_\_\_\_\_ Apartment \_\_\_\_\_ Condominium  
\_\_\_\_\_ Townhouse \_\_\_\_\_ Other ( Library, Office, Etc.)

Building Area: Total Area sq. ft. \_\_\_\_\_ Area per floor sq. ft. \_\_\_\_\_  
Building Height: \_\_\_\_\_ Feet No. Of Stories \_\_\_\_\_

State Agency Approvals:  
NC Department of Insurance Yes \_\_\_\_\_ No \_\_\_\_\_ N.A. \_\_\_\_\_  
Plan Approval \_\_\_\_\_ #of Sheets \_\_\_\_\_ Date \_\_\_\_\_  
Specifications \_\_\_\_\_ # of Sheets \_\_\_\_\_ Date \_\_\_\_\_  
NC Department of Labor Yes \_\_\_\_\_ No \_\_\_\_\_ N.A. \_\_\_\_\_  
Elevators Date \_\_\_\_\_ Boilers \_\_\_\_\_ Date \_\_\_\_\_

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Utilites:

Water: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Private Health Dept. Permit # \_\_\_\_\_  
Sewer \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Private Health Dept. Permit # \_\_\_\_\_

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**Place X and complete additional information for each permit type needed**

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**General Construction Permit**

Contractor Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_ Architect \_\_\_\_\_ Engineer NC Reg. # \_\_\_\_\_  
\_\_\_\_\_ Owner \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Electrical Permit**

Contractor Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_ Architect \_\_\_\_\_ Engineer NC Reg. # \_\_\_\_\_  
\_\_\_\_\_ Owner \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mechanical Permit**

Contractor Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_ Architect \_\_\_\_\_ Engineer NC Reg. # \_\_\_\_\_  
\_\_\_\_\_ Owner \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Plumbing Permit**

Contractor Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_ Architect \_\_\_\_\_ Engineer NC Reg. # \_\_\_\_\_  
\_\_\_\_\_ Owner \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**\_\_\_Sprinkler Protection Permit**

Contractor Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_ Architect \_\_\_\_\_ Engineer NC Reg. # \_\_\_\_\_  
\_\_\_\_ Owner \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\_\_\_Fire Alarm System Permit**

Contractor Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_ Architect \_\_\_\_\_ Engineer NC Reg. # \_\_\_\_\_  
\_\_\_\_ Owner \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\_\_\_Sign Permit**

Location of Sign \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_ Off Premises Sign \_\_\_\_\_ Wall Sign \_\_\_\_\_ Ground Sign \_\_\_\_\_ Awing Sign  
\_\_\_ Projection Sign \_\_\_\_\_ Special Event Sign \_\_\_\_\_ Other \ \_\_\_\_\_  
Sign/Business Owner \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contractor Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\_\_\_Accessory Structures Permit**

\_\_\_ Accessory Building Size \_\_\_\_\_ sq. ft.  
\_\_\_ Solid Fence \_\_\_\_\_ Dish Antenna \_\_\_\_\_ Swimming Pool \_\_\_\_\_ Other \_\_\_\_\_

**I hereby certify that all information in this application is correct and all work will comply with state Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein**

**Owner/ Agent Signature** \_\_\_\_\_