

**Swain County Application For Permits**

Telephone: 828-488-9143; Fax 828-488-9601

101 Mitchell Street, Bryson City, NC 28713

PROPERTY OWNER \_\_\_\_\_ Date \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ Duke App. # \_\_\_\_\_  
 \_\_\_\_\_ Environmental AC # \_\_\_\_\_  
 PHONE \_\_\_\_\_ Type of Permit \_\_\_\_\_  
 \_\_\_\_\_ Property ID# \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_

**I. CHARACTERISTICS OF BUILDING**

TYPE OF BUILDING \_\_\_\_\_ EST. COST \_\_\_\_\_  
 SIZE OF BUILDING: WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_ AREA \_\_\_\_\_  
 HEIGHT \_\_\_\_\_ STORY; TYPE OF CONSTRUCTION \_\_\_\_\_  
 NO. OF BEDROOMS \_\_\_\_\_ NO. OF LIVING UNITS \_\_\_\_\_ NO. OF BATHS \_\_\_\_\_  
 NO. OF ROOMS \_\_\_\_\_ HEAT: TYPE OF HEAT – BTU \_\_\_\_\_  
 NO. OF CHIMNEYS \_\_\_\_\_ FLUE SIZES \_\_\_\_\_ # OF FIREPLACES \_\_\_\_\_  
 NO. OF FIXTURES \_\_\_\_\_ AMPERE SERVICE \_\_\_\_\_  
 MOBILE HOME: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SIZE \_\_\_\_\_

**II. FLOOD ZONE CONFIRMATION**

THIS PROPERTY IS \_\_\_\_\_ IS NOT \_\_\_\_\_ IN A FLOOD ZONE

**III. SOIL EROSION INFORMATION**

I WILL \_\_\_\_\_ OR WILL NOT \_\_\_\_\_ BE DISTURBING MORE THAN ONE (1) ACRE OF LAND OR 5 MILES OF ROAD.

**IV. SEPTIC VERIFICATION**

IMPROVEMENTS PERMIT ATTACHED \_\_\_\_\_ COMPLETION ATTACHED \_\_\_\_\_ N/A \_\_\_\_\_

**V. IDENTIFICATION**

BLDG. CONTRACTOR _____	LIC. # _____
ADDRESS _____	TEL # _____
ELEC. CONTRACTOR _____	LIC. # _____
ADDRESS _____	TEL # _____
PLUM. CONTRACTOR _____	LIC. # _____
ADDRESS _____	TEL # _____
MECH. CONTRACTOR _____	LIC. # _____
ADDRESS _____	TEL # _____

301.2 EXPIRATION: A permit shall expire six (6) months, or any lesser time fixed by local ordinances, after the date of issuance if the work authorized by the permit has not been commenced. If after commencement, the work is discontinued for a period of twelve (12) months, the permit shall expire. In either of the above cases, an inspection must have been called for, to verify continuation of work. ( G.S. 153A-358, 160A-418)

I AGREE TO CONFORM TO ALL STATE CODES AND REQUIREMENTS OF THE STATE OF NORTH CAROLINA REGULATING SUCH WORK AND THE SPECIFICATION OR PLAN SUBMITTED.  
SIGNATURE OF APPLICANT \_\_\_\_\_