

OFFICE USE

Initial Application Date \_\_\_\_\_

Application Completed \_\_\_\_\_

Application # \_\_\_\_\_

**CITY OF ASHEVILLE COMMERCIAL PERMIT APPLICATION**

DEVELOPMENT SERVICES CENTER 161 S. CHARLOTTE ST. ROOM A101 PO BOX 7148 ASHEVILLE, NC 28802  
(828) 259-5846 WWW.ASHEVILLENC.GOV

PLEASE PRINT CLEARLY AND CHECK CORRESPONDING BOXES FOR EACH PERMIT FOR THIS PROJECT.

**PROJECT LOCATION**

Number \_\_\_\_\_ Direction \_\_\_\_\_ Street Name \_\_\_\_\_

Lot # \_\_\_\_\_ PIN# \_\_\_\_\_ Area of Town (circle) East West

New Owner  YES  NO

Property Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Business/Lessee \_\_\_\_\_ Unit# \_\_\_\_\_

**BUILDING PERMIT**  (3 copies of Construction Plans including Survey or Site Plan in each set)

**Project Information(circle):**

New      Addition      Remodel      Repairs      Reroof      Moving      Upfit      Change of Use

Demolition     Interior     Entire Building     Structural     Non-Structural

Occupancy Type (circle) A1, A2, A3, A4, A5, B, E, F1, F2, H1, H2, H3, H4, H5, I1, I2, I3, I4, M, R1, R2, R3, R4, S2, S1

Construction Type (circle) I-A, I-B, II-A, II-B, III-A, III-B, IV-HT, V-A, V-B

Use of Property \_\_\_\_\_ Property Description (circle) Owner Occupied    Rental    Sale    # of Stories \_\_\_\_\_

Foundation Type (circle) Basement    Crawlspace    Slab on Grade    Heating Source (circle) Electrical    Gas

Change of Use  YES  NO      Previous Use \_\_\_\_\_      If Vacant, How Long \_\_\_\_\_

Sq. ft. Heated Space \_\_\_\_\_ + Sq. ft. Unheated Space, etc. \_\_\_\_\_ = Total Sq. ft. \_\_\_\_\_

Sq. ft. of Carports, Decks, etc. \_\_\_\_\_      Sq. ft. of Renovation/Additions \_\_\_\_\_

Description of Work \_\_\_\_\_

**GRADING PERMIT**  (# of Plans required, Reference Chart)

**PLANS INCLUDE:**

Sketch Plan - 1 copy less than 10,000 sq ft disturbed  
Formal Plan - 3 copies when 10,000 sq ft but less than 1 acre  
4 copies when 1 acre and over is disturbed

Amount of Land to be Disturbed    SQ. FT. \_\_\_\_\_ Acres \_\_\_\_\_

Person Engaged in or      Name \_\_\_\_\_  
Conducting the Land

Disturbing Activity      Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**STORM WATER PERMIT**

\*Required if impervious surface is 50 % or more of the total development and/or the total disturbed area is 1 acre or more.

The amount of impervious area (buildings, paved areas, etc.) after development will be SQ. FT. \_\_\_\_\_ Acres \_\_\_\_\_

The amount of pervious area (landscape, etc.) after development will be SQ. FT. \_\_\_\_\_ Acres \_\_\_\_\_

Will the Storm Water Facilities be privately maintained?  YES  NO

Section 7-12-2 UNIFIED DEVELOPMENT ORDINANCE – STATEMENT OF FINANCIAL RESPONSIBILITY AND OWNERSHIP: Grading and Stormwater Permits shall be disapproved unless accompanied by an authorized statement of financial responsibility and ownership. This statement shall be signed by the person financially responsible for the land-disturbing activity or his attorney in fact. The statement shall include the mailing and street addresses of the principal place of business of (1) the person financially responsible, (2) the owner of the land, and (3) any registered agents. **If the person financially responsible is not a resident of North Carolina, a North Carolina agent must be designated in the statement for the purpose of receiving notice of compliance or non-compliance with the Grading and Stormwater Permit, this section 7-12-2, rules or orders adopted or issued pursuant to this section. If the applicant is not the owner of the land to be disturbed, the permit application must include the owner's written consent for the applicant to submit a permit application and to conduct the anticipated, development, redevelopment or land-disturbing activity.**

THE UNDERSIGNED STATES THAT HE/SHE IS THE PERSON FINANCIALLY RESPONSIBLE FOR THE LAND DISTURBING ACTIVITY DESCRIBED IN THE ABOVE APPLICATION FOR GRADING PERMITS:

NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_

BY (IF ATTORNEY IN FACT) \_\_\_\_\_

