



**INDIVIDUAL TRADES OR COMBO PERMIT**  
**YANCEY COUNTY PERMIT APPLICATION**

**PERMIT TYPE:** \_\_\_\_\_

Jobsite Address:

PIN#:

Directions to job site:

**FUEL TYPE:** \_\_\_\_\_ Other: \_\_\_\_\_

**TYPE OF WORK:** \_\_\_\_\_

**Property Use:** \_\_\_\_\_

**Occupancy Type:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**St:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**St:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Applicant email:** \_\_\_\_\_

**Owner email:** \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Electrical:

License#: \_\_\_\_\_

Phone: \_\_\_\_\_

Mechanical:

License#: \_\_\_\_\_

Phone: \_\_\_\_\_

Plumbing:

License#: \_\_\_\_\_ Phone: \_\_\_\_\_

Sprinkler: \_\_\_\_\_

License#: \_\_\_\_\_

Phone: \_\_\_\_\_

Fuel/Gas:

License#: \_\_\_\_\_

Phone: \_\_\_\_\_

Other:

License#: \_\_\_\_\_

Phone: \_\_\_\_\_

**Contract Cost: \$** \_\_\_\_\_

**Utilities:** \_\_\_\_\_

Other: \_\_\_\_\_

Gas Supplier: \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

\*Combo Permits must have information for all contractors

\*The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and that the above information is true and correct to the best of his/her knowledge. All work will be done in accordance with all applicable Federal, State and local laws and regulations. The permit holder is responsible for requesting required inspections at the appropriate stage of work. This permit will expire if work is not commenced and inspected within 6 months of the issue date and if work stops at any time for 12 months or more with no inspections performed on work in progress.

\*The Yancey County Building Inspections Department reserves the right to verify Worker's Compensation Coverage and License Validity during the course of the project. This permit may be revoked and the project halted for violation of the provisions given in the NC Administrative Code and/or applicable sections of the NC General Statutes and NC Building Code.

Applicant Signature

Date

Printed Name

\*Office use only:

Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Owner/Builder Affidavit Completed (If Applicable) \_\_\_\_\_ Work Comp \_\_\_\_\_

Plans Provided \_\_\_\_\_ Lien Agent Provided \_\_\_\_\_ Fire Marshall Approval \_\_\_\_\_

PERMIT # \_\_\_\_\_