



## **RUTHERFORD COUNTY BUILDING INSPECTIONS**

141 WEST THIRD STREET  
RUTHERFORDTON, NC 28139  
PHONE (828) 287-6035  
FAX (828) 287-6338

The following information **must be** submitted to the Rutherford County Inspection Department **before** a Commercial Building Permit can be issued:

1. Permit Application (Summary Data Sheet)
2. Site Plan
  - a. Distance from proposed building(s) to property lines
  - b. Distance from proposed building(s) to other structures
  - c. Parking lot layout showing # of spaces & accessible parking
  - d. Accessibility path to building with ramp location and dimensions
3. Floor Plan
  - a. Door specifications
  - b. Accessible toilet room with all dimensions
  - c. Label all toilet room fixtures and their locations
  - d. Proposed use of each room
4. Wall Section

**Note: Once application and the most recent design has been submitted, please allow 3 – 5 business days for commercial review in our office. If changes are required to the plans, the review process will terminate, then commence once the new plans are in our office.**



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### COMMERCIAL BUILDING PERMIT APPLICATION (Summary Data Sheet)

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Project Address \_\_\_\_\_

Building Cost \_\_\_\_\_ Electrical Cost \_\_\_\_\_

Mechanical Cost \_\_\_\_\_ Plumbing Cost \_\_\_\_\_

Fire Protection Cost \_\_\_\_\_ Total Project Cost \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Project Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Proposed Use of Building \_\_\_\_\_

Type of Building: New \_\_\_ Existing \_\_\_ Addition \_\_\_

Type of Construction: I \_\_\_ II \_\_\_ III \_\_\_ IV \_\_\_ V \_\_\_

Occupancy Classification: Assembly \_\_\_ Business \_\_\_ Educational \_\_\_

Factory/Industrial \_\_\_ Hazardous \_\_\_ Institutional \_\_\_ Mercantile \_\_\_ Residential \_\_\_

Storage \_\_\_ Utility & Miscellaneous \_\_\_

Total building area in square feet \_\_\_\_\_ Number of stories \_\_\_\_\_

Type of heating system \_\_\_\_\_

Sprinkler system Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_

Fire Alarm Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_ Monitored Yes \_\_\_ No \_\_\_

Emergency Lighting Yes \_\_\_ No \_\_\_ Exit Signs Yes \_\_\_ No \_\_\_

Detection system Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_

Utilities: Water- Public \_\_\_\_\_ Private \_\_\_\_\_ Power Co. \_\_\_\_\_

Sewer- Public \_\_\_\_\_ Private \_\_\_\_\_

Contractor(s)	Name	License #	Phone #
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General	_____	_____	_____
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Electrical	_____	_____	_____
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Mechanical	_____	_____	_____
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Plumbing	_____	_____	_____
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Sprinkler	_____	_____	_____
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Fire Alarm	_____	_____	_____
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Other	_____	_____	_____
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**SITE PLAN**

Notes:

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I hereby certify that all information pertaining to this application is correct and accurate. I understand that I must notify the Inspection Department of any changes or deviations from this application.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_