



Town of Black Mountain Planning & Development Services

160 Midland Avenue ♦ Black Mountain ♦ N.C. ♦ 28711

Phone: 828-419-9300 ~ Fax: 828-669-2030

Certificate of Occupancy Application

Date: ____/____/____

Business Name: _____

Business Location: _____

PIN #: _____._____._____ Property Owner: _____

Applicant Name: _____ Phone #: _____

Type of Business: _____

Hours of Operation: _____

Sq. Ft.: _____ # of Stories: _____ Sprinklered: Yes No

Emergency Contact: _____ Phone #: _____

Building Inspector _____ Approved Disapproved Reasons _____
Date: _____

Fire Inspector _____ Approved Disapproved Reasons _____
Date: _____

Zoning Administrator _____ Approved Disapproved Reasons _____
Date: _____

~~~~~Office Use Only~~~~~

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Date Re-Inspected (if disapproved): \_\_\_\_\_

Received by: \_\_\_\_\_