

Office Use Only
Date Received: _____
Received By: _____
SIC Code: _____



Office Use Only
License #: _____
Code: _____
Amount Paid: \$ _____

Town of Black Mountain
160 Midland Avenue ♦ Black Mountain ♦ N.C. ♦ 28711
Phone: 828-419-9300 ~ Fax: 828-669-2030

PRIVILEGE LICENSE APPLICATION
PLEASE PRINT CLEARLY

Date: ____/____/____ License Year Beginning July 1, _____

1. Business Name: _____
2. Physical Business Location: _____

3. Business Mailing Address: _____

4. Business Phone: (____) _____ Business Fax: (____) _____
5. Does your business have more than one location in the Town? Yes No
6. Owner(s) of Business:

Print Name Signature Date
7. Owner's Phone: (____) _____ Emergency Phone: (____) _____
8. Description of Business (list all activities): _____

9. N.C. State License #: _____ License Type _____
10. FEIN or SSN #: _____

For Office Use Only

Zoning Compliance Certification
(to be completed first)

Zoning of Property: _____

_____ In Town Limits _____ Use is Allowed _____ Use Complies with Ordinance

Comments: _____

Zoning Administrator Approval: _____ Date: _____



BLACK MOUNTAIN POLICE & FIRE DEPARTMENT EMERGENCY CONTACT SHEET

Date: _____

Business Name: _____

Business Location: _____

Business Phone Number: _____

Mailing Address: _____

Owner(s) Name: _____

Owner(s) Phone Number: _____

In Case of Emergency –

1st Contact Name & Phone #: _____

2nd Contact Name & Phone #: _____

3rd Contact Name & Phone #: _____

Is there a security alarm at this place of business? YES _____ No _____

Alarm company name and phone #: _____

Is there a fire alarm at this place of business? YES _____ No _____

Alarm company name and phone #: _____

Miscellaneous Information:



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: _____

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

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

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

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

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



Town of Black Mountain  
160 Midland Avenue, Black Mountain, N.C. 28711  
Phone: (828) 419-9300 - Fax: (828) 669-2030

**SIGN PERMIT APPLICATION**

(PLEASE TYPE OR PRINT IN INK)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_  
(GROUP/ORGANIZATION)

ADDRESS: \_\_\_\_\_

TYPE OF SIGN: \_\_\_\_\_

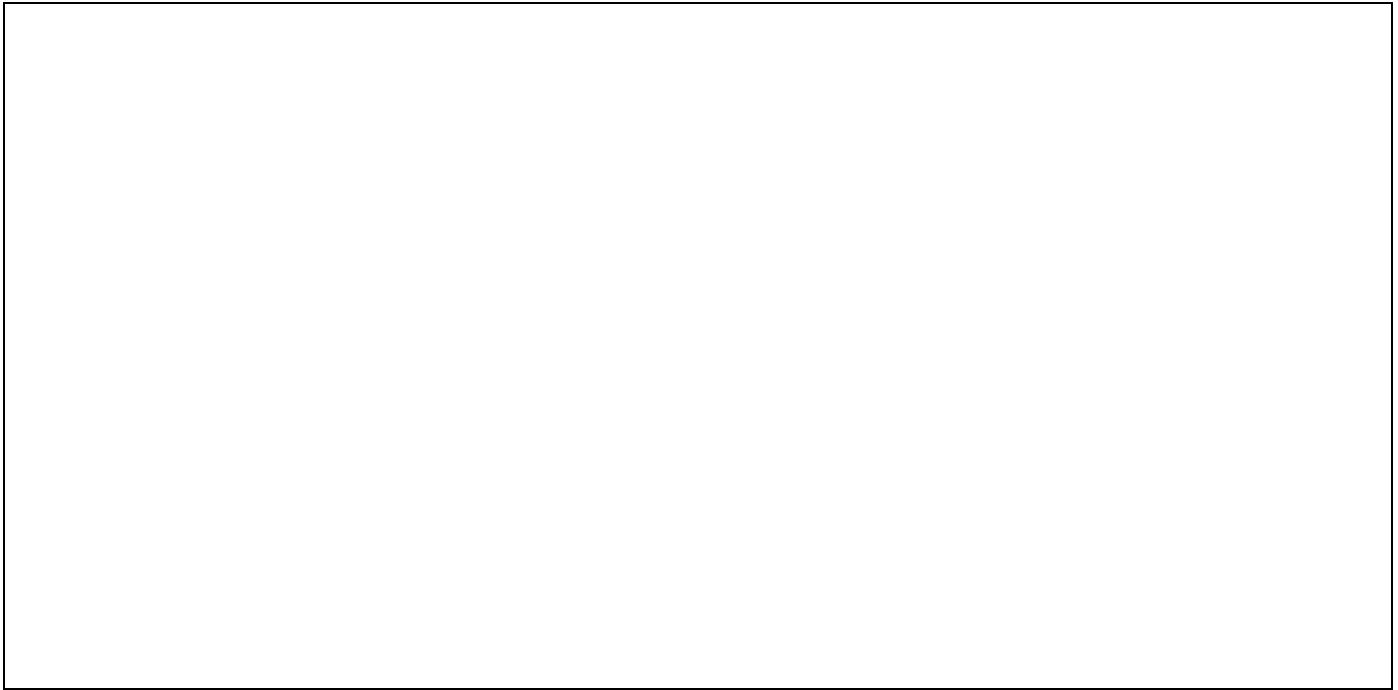
ILLUMINATED: \_\_\_\_\_ YES \_\_\_\_\_ NO

SIGN LOCATION: \_\_\_\_\_

PLEASE DRAW A SIMPLE SKETCH BELOW (OR ATTACH A DRAWING) SHOWING DESIGN AND SIZE OF SIGN INCLUDING BORDER AND HEIGHT.

(OVER)

PLEASE DRAW A SIMPLE SKETCH BELOW SHOWING SIGN LOCATION AND SETBACKS INCLUDING LOCATION OF ROADS AND BUILDINGS.



\_\_\_\_\_  
Signature

~~~~~OFFICE USE ONLY~~~~~

PERMIT APPROVAL DATE: ____/____/____

APPROVED BY: _____

AMOUNT PAID: _____ CASH: _____ CHECK #: _____

DEPOSIT RETURNED: YES _____ NO _____

DATE: _____ BY: _____