

Name of Inspection Department:

Name of Person Preparing Report:

requirement.

# Report to the Joint Legislative Committee On Local Government

Pursuant to S.L. 2017-130, Sec. 4(c)
BUILDING CODE REGULATORY REFORM

**Buncombe County Permits & Inspections** 

Matt Stone, Director of Permits & Inspections

Signature of Person:	Matt Stre	
Date of Report:	12/31/19	
•	to Brad Krehely, Staff Attorney, , at <u>brad.krehely@ncleg.net</u>	
	**Please attach any written procedures that may have been developed to implement the provisions of this law and the outcomes of any informal reviews. **	
	nented a process for an informal internal review of nt's inspectors. Refer to S.L. 2017-130, Section 4(a)	

Check to indicate that this process established a procedure whereby the inspector's supervisor

Refer to S.L. 2017-130, Section 4(a) (counties) or 4(b) (cities) for further details about this

conducts an initial review of inspectors' decisions. Refer to S.L. 2017-130, Section 4(a) (counties)

Check to indicate that this process included written procedures for the inspections department to follow when a permit holder or applicant requests an internal review of an inspector's decision.

(counties) or 4(b) (cities) for further details about this requirement.

or 4(b) (cities) for further details about this requirement.

the name, phone number and email of the supervisor or each inspector and (ii) a notice of availability of the informal internal review process. Refer to S.L. 2017-130, Section 4(a) (counties) or 4(b) (cities) for further details about this requirement.

Check to indicate that this organization includes in or with each permit issued by the department (i)

State the number of times this organization conducted an informal internal review process in the previous calendar year:

REVIEWS WERE REDUESTED



## BUNCOMBE COUNTY PERMITS & INSPECTIONS 30 VALLEY STREET ASHEVILLE, NC 28801

### INFORMAL INTERNAL REVIEW PROCESS FORM

*Name/Phone number		
*Address		
*Case Number	Activity and a second s	
*Email	100A-100-1-0-0-1-0-1-0-1-0-1-0-1-0-1-0-1	
*Address of inspection		
*Date of inspection		
*Type of inspection	1 11111 11111 11111 11111	
*Name of Inspector		
*Inspection result		
*Supporting evidence vs		
Inspection decision		
(Attach supporting documents)		
*this form submitted via		
(hand delivery/email/fax)		
	Remainder of form to be complet	ed by Supervisor
Supervisor name/number		
Date of Submittal	Date of review	
Summary of findings		
Date sent to Applicant		
(Signature)	(Date)	(Printed Name)

I UNDERSTAND MY REVIEW WILL BE NOT BE PROCESSED IF THIS FORM IS NOT COMPLETE, ALL AREAS WITH "\*" WERE COMPLETED BY MYSELF. I ALSO UNDERSTAND A DECISION WILL BE REACHED WITHIN A REASONABLE AMOUNT OF TIME AS PER North Carolina G.S. 143-140 (a)

CASE#	

## **BUNCOMBE COUNTY PERMIT APPLICATION**

Site Location:		•	PIN #	•
Township: Subdi	vision/Park Name:		Lot # Ri	dge Law:
Directions:		•		
Circle Permit Type: Single Family	Townhouse Duplex Mobile H	Iome Modular Home	Commercial Multi-Fami	y Other
Type of Work: Circle Applicable Ty Use of Property: (Circle One) Owne Project Description:		el Upfit/Repair Ch	ange of Use Moved House	Garage (Att / Det) SQ, FT,
Total Cost of Project:	T 02	_# of Stories	# of Bedrooms# r Renovated Area)	of Bathrooms
Foundation – Circle Applicable Type:	Basement Crawlspace	Slab Piers		
Basement Finished: Yes / No	Total Heated SQ, FT, of Baseme		Total Unheated. SQ, FT, of B	
Mobile Homes Only: Year	Manufacturer		Size	_Electric Furnace – Yes / No
Mobile Home Dealer:Address:		City	Phone #State	Zip
Set-up Contractor:		Phone #	Lie #_	4
Address:		City	State	Zip
Owner:			Phone #	
Address;		City	State	Zip
Applicant (If Different from Owner): _			Phone #	
Address:		City	State	Zip
Contractor:		NCGC LIC#	Phone #	
Address:		City	Stat	eZip
Lien Agent Name:			Phone #	
Address :		City	Sta	iteZip
Sub-Contractors: Electrical		•	State Lic #	
Mechanical				
Sprinkler			State Lic #	
Other			State Lic #	
Utilities – Circle Applicable Type(s)			Biato LAC 17	
. Electric: Duke Energy F	Progress Duke Power Fro	ench Broad EMC I	Iaywood EMC Other	
Fossil Fuel: Natural Gas	LP Gas Oil	Heat Pu		
Water: Private Well (	New) or (Existing) Communi		•	
Sewer: Septic Tank (N		MSD Sewer	Other	
The undersigned hereby certifies that he nereby makes application for a permit a regulations and that it is understood that f work stops at any time for 12 months	e/she is the contractor and authorized and inspection of work described above this permit will expire if work is not	agent of the owner and the e. All work will be done is commenced and inspected	above information is correct to n accordance with all applicable I within six months of the date c	Federal, State and local laws and
Contractor / Owner Signature		Date	Printed Name	¥ <b>9</b>
OFFICE USE ONLY: Zoning Approv	ini Arbavilla ETI E	Requerdem Bile	ora Worset Y Imantes	Wassertile W- 1C-
	# Grading/Evasion E			

#### INFORMAL REVIEW OF INSPECTION RESULT

Per North Carolina General Statute 143-140. Any person desiring to raise any question under this Article or under the North Carolina State Building Code shall be entitled to a technical interpretation from the appropriate enforcement agency, as designated in the preceding section. Upon request in writing by any such person, the enforcement agency through an appropriate official shall within a reasonable time provide a written interpretation, setting forth the facts found, the decision reached, and the reasons therefor. In the event of dissatisfaction with such decision, the person affected shall have the options of:

- (1) Appealing to the Building Code Council or
- (2) Appealing directly to the Superior Court as provided in G.S. 143-141.

(b) If an interpretation under this section or under G.S. 143-141(b) changes after a building permit is issued, the permit applicant may choose which version of the interpretation will apply to the permit, unless such a choice would cause harm to life or property.

In the event you as the applicant of the permit desire for an interpretation of an inspection result from the inspector from a decision based upon the North Carolina State Building Codes visit our website for the form entitled INFORMAL INTERNAL REVIEW PROCESS FORM. The form needs to be completed and any supporting documents attached, incomplete forms will not be processed. Once the form is completed you may deliver to the Buncombe County Permits & Inspections Office attention to: Inspections Supervisor: Matt Stone 828-250-5364 or matt.stone@buncombecounty.org

I have read and understand my right to appeal the inspection result of a North Carolina State Building Code decision based upon the decision of the field inspector. I also understand that incomplete forms will not be processed and this is a review of a code interpretation and NOT a complaint.