

Town of Calabash Building Permit Application – **Commercial**

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

Date \_\_\_\_\_ Check type of permit: ( ) Building ( ) Electric ( ) Plumbing ( ) Mechanical ( ) Other \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_

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

(Local-Street/City/Zip)

(Out of Area)

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

(Office)

(Cell)

(Fax)

**Site Information**

**Address**

**Subdivision/Area**

**PARCEL #**

**General Contractor Information**

Name (as licensed): \_\_\_\_\_

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

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

(Office)

(Cell)

(Fax)

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

\*\*\*\*\*TOTAL COST OF PROJECT: \_\_\_\_\_

**Owner Information**

Name: \_\_\_\_\_

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

(Local-Street/City/Zip)

(Out of Area)

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

(Home)

(Cell)

(Fax)

Description of Proposed Work: \_\_\_\_\_

( ) New ( ) Remodel ( ) Business ( ) Mercantile ( ) Storage ( ) Educational ( ) Assembly ( ) Residential ( ) Other \_\_\_\_\_  
( ) Minimum Facilities – M/F \_\_\_/\_\_\_ #W/C \_\_\_ #Urinals \_\_\_  
( ) Accessible Parking Spaces # \_\_\_\_\_ ( ) Driveways/Sidewalks Sq Ft \_\_\_\_\_ Sprinkled ( ) Yes ( ) No  
Heated Sq Ft \_\_\_\_\_ Unheated Sq Ft \_\_\_\_\_ Decks Sq Ft \_\_\_\_\_

**\*\*\*A valid building permit will not be issued until the following conditions have been met: (1) submission of a complete building application – including a zoning application, Appendix B, storm water run-off plan, site and building plans & Utility Certifications; (2) all fees have been paid ; (3) if applicable, approved CAMA permits.**

If permits are granted, I hereby certify that all information in this application is correct and that all work will comply with the N.C. State Building Codes, CAMA, applicable city ordinances, local laws and regulations of the State of North Carolina regulating such work and the specifications/plans submitted. I certify that the structure will be placed on the lot conforming to all setbacks, yard requirements and height limitations.

I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TURN PAGE OVER FOR SUBCONTRACTOR INFORMATION AND THEIR SIGNATURES**

For Calabash Building Inspector

Building Permit Approved By: \_\_\_\_\_ Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

**Subcontractor(s) - Provide information/signature(s) as shown on license**

**BUILDER**

Name: \_\_\_\_\_

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

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_

**ELECTRICIAN**

Name: \_\_\_\_\_

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

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_

**HVAC**

Name: \_\_\_\_\_

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

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_

**PLUMBER**

Name: \_\_\_\_\_

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

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

Phone:(office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_