



# TOWN OF CALABASH, NORTH CAROLINA

Post Office Box 4967 • 882 Persimmon Road • Calabash, NC 28467  
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## Inspection Department Information Sheet

### Removal of Single/Double Wide Mobile Homes/Trailers

#### Step 1

Call the Brunswick County Tax Administration Office (910 253-2829 or 1 800 527-9001) to inquire about a "Moving Permit." Any taxes owed must first be paid before the permit can be completed (this information can be verified on the telephone). The owner must go to the Government Complex to complete the paperwork. The tax office is located in the David R. Sandifer Building, 30 Government Center Drive, NE, Bolivia, NC. Tax administration staff will need to know the name of the contractor moving the trailer.

#### Step 2

- Obtain a Demolition Permit Application from the Town of Calabash. (\$50 fee)
- Contact BEMC to have electric service disconnected. (800 842-5871)
- Contact the County Utilities Department to disconnect water service. (910 253-2655)

#### Step 3

When discussing the removal of the trailer with a contractor, discuss details concerning the removal of the trailer to the county land fill. (There is a land fill fee)

#### Step 4

After the trailer has been removed:

- If applicable, have any raised concrete pads removed.
- Insure that all debris has been removed - debris associated with the trailer as well as any weeds, grass, undergrowth or other debris.

#### Step 5

Contact the Town of Calabash Inspections Department to schedule a final inspection. (Failure to do so could result in a \$75 penalty)

The following list includes, but is not limited to, contractors who can be contacted to remove a trailer:

- Hyatt Construction, Kenneth Hyatt, (843) 663-4141
- Brunswick Trucking, Gerrin Hughes, (910) 287-4285
- D & S Enterprises, Steve Prescott, (910) 616-5162

Town of Calabash Building Permit Application – RESIDENTIAL

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

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

Applicant Information

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

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

(Local-Street, City, Zip)

(Out of Area-Street, City, Zip)

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

(Home)

(Cell)

(Fax)

Site Information

Address/Location/Subdivision: \_\_\_\_\_

PARCEL#

General Contractor Information

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

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

Street

City

Zip

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

(Home)

(Cell)

(Fax)

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

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

Owner Information

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

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

(Local-Street, City, Zip)

(Out of Area-Street, City, Zip)

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

(Home)

(Cell)

(Fax)

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

( ) New ( ) Remodel ( ) Single Family ( ) Duplex ( ) Modular ( ) Single Mobile ( ) Double Mobile \_\_\_\_\_ Age \_\_\_\_\_ Size

Square Footage: Heated \_\_\_\_\_ Unheated \_\_\_\_\_ Deck \_\_\_\_\_ Covered Deck \_\_\_\_\_ Concrete Area \_\_\_\_\_

Accessory Buildings: ( ) No ( ) Yes Type \_\_\_\_\_ Size \_\_\_\_\_

Fireplace: ( ) No ( ) Masonry ( ) Prefab Pool: ( ) No ( ) Yes Size \_\_\_\_\_ Fence: ( ) No ( ) Yes Height \_\_\_\_\_ Length \_\_\_\_\_

Foundations: ( ) Concrete ( ) Block ( ) Slab on Grade ( ) Raised Slab ( ) Pilings ( ) Other \_\_\_\_\_

Insulation: (R-Value) Floor \_\_\_\_\_ Walls \_\_\_\_\_ Ceiling \_\_\_\_\_

HVAC: ( ) New ( ) Existing ( ) Heat Pump ( ) Gas ( ) Electric ( ) Air Handler ( ) Package Unit

Utilities: ( ) Electric ( ) Propane ( ) New ( ) Existing

\*\*\* A valid building permit will not be issued until the following conditions have been met: (1) the application has been filled out completely; (2) a site plan is submitted; (3) if applicable, proof of payment of water and sewer fees is included; (4) all fees have been paid; if applicable written approval from a POA/HOA.

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 & THEIR SIGNATURES

For Calabash Building Inspector Only

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

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

## BUILDER

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

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

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

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

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

## ELECTRICIAN

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

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

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

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

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

## HVAC

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

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

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

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

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

## PLUMBER

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

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

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

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

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