

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 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: _____