

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: _____