

Town of Emerald Isle

MOBILE HOME PERMIT APPLICATION

Phone (252) 354-3338 FAX (252) 354-5387

2 SETS OF PLANS REQUIRED

Date: _____ Project Address: _____

Total Project Cost: \$ _____ Electrical Cost \$ _____

Mobile Home Dealer: _____ License#: _____

Address: _____

Classification: _____ Contact Name: _____ Phone: _____

Email Address: _____

Property Owners/Tenants Name:

Property Owners/Tenants Mailing Address:

Description of Project:

FLOOD ZONE _____ (if applicable) _____ +2 feet = _____

Building Area: Total Heated Area _____ sq. ft. Total Unheated Area _____ sq. ft.

Total Area Open Decks (not under roof), and/or pier, access to Ocean or Sound _____ sq ft.

Make/Model _____ Year _____ Dimensions _____ ft. x _____ ft.

Building Height: _____ Feet (not to exceed 40') # of Stories: _____

Swimming Pool Dimensions and decking: _____ pool _____ decking

Total # Bedrooms: _____ Total # Bathrooms: _____

Utilities: BBWC (Water) #: _____ CCHD Septic Permit#: _____

PRIOR TO SUBMISSION HAVE ALL SUBCONTRACTORS SIGN THIS APPLICATION BENEATH THEIR INFORMATION PROVIDED BELOW.

Place X and complete additional information for each permit type needed.

General Construction Permit

Contractor: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
License #: _____ Classification: _____
Design Professional: _____ Phone: _____
____ Architect ____ Engineer NC Reg. #: _____
____ Owner ____ Other _____

Accessory Structures Permit

____ Accessory Building Size: _____ sq. ft.
____ Swimming Pool ____ Decking ____ Other _____

Electrical Permit

Contractor: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
License #: _____ Classification: _____
Signature: _____

Mechanical Permit

Contractor: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
License #: _____ Classification: _____
Signature: _____

Plumbing

Contractor: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
License#: _____ Classification: _____
Signature: _____

Gas

Contractor: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
License#: _____ Classification: _____
Signature: _____

Grading

Contractor: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable state and local laws and ordinances and regulations. The Planning and Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Contractor Signature _____