

Town of Emerald Isle

ACCESSORY PERMIT APPLICATION

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

2 SETS OF PLANS REQUIRED

Project Address: _____

Owner: _____ Date: _____

Owner Address: _____

Total Project Cost: _____ Electrical Cost: _____

Contractor: _____ Phone: _____

Address: _____

Contact Person: _____ Phone: _____

Description of Project:

Type of Building/use: ___New ___Existing ___Addition ___N/A

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

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

Building Height: _____ Feet Number of Stories _____ Flood Zone _____

Electrician Name: _____

Address: _____

NC License #: _____

Phone #: _____

Signature: _____

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

Contractor/Owner Signature: _____