

# Town of Emerald Isle

## ACCESSORY/BUILDING PERMIT APPLICATION

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

(Requiring NO subcontractors)  
**2 SETS OF PLANS REQUIRED**

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

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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

Total Project Cost: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Description of Project: \_\_\_\_\_

\_\_\_\_\_

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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/local laws, ordinances and regulations. The Planning and Inspections Department will be notified of any changes from the approved plans and specifications for the project permitted herein.

Contractor/Owner Signature: \_\_\_\_\_