

Town of Emerald Isle

DRIVEWAY 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: _____

Contractor: _____ Phone: _____

Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

Number of Driveways: _____ (maximum 2 in Right of Way)

Stormwater Retention: _____ French Drain _____ Swale/Natural Retention Area

Width of Driveway in Right of Way: _____ (10' minimum, 16' maximum excluding flare see diagram)

Description of Project: _____

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: _____