



TOWN OF KURE BEACH

117 SETTLERS LANE ♦ POST OFFICE BOX 3 ♦ KURE BEACH, NORTH CAROLINA 28449
TELEPHONE (910) 458-6535 ♦ FAX (910) 458-4269

APPENDIX A PERMIT APPLICATION INFORMATION SHEET

The following information is required by the Building Code Council on all permit applications. Additional information may be included to ensure that all state and local laws are complied with. This information may be arranged in any order and the following outline is only the minimum information required.

Applicant Name _____ Date _____

Project Address _____

Total Project Cost _____ Electrical Cost _____

Subdivision _____ Block No. _____ Lot No. _____

Developer _____ Telephone No. _____

Property Owner _____ Telephone No. _____

Address _____ City _____ State _____ ZIP _____

Project Contact Person _____ Telephone No. _____

Address _____ City _____ State _____ ZIP _____

Description of Proposed Work _____

Type of Building: New Existing Addition N/A

Type of Construction: I II III IV V

Occupancy: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2

H-1 H-2 H-3 H-4 H-5 I-1 I-2 I-3 I-4

M R-1 R-2 R-3 R-4 S1 S2 U Mixed

Equipment: New Existing Addition N/A

Property Use: Single Family Two Family Apartment

Condominium Townhouse Other (Library, Office, Etc.)

Building Area: Total Area sq ft. _____ Area per floor sq. ft. _____
Building Height: _____ Feet No. of Stories _____

State Agency Approvals:

NC Department of Insurance Yes No N/A
Plan Approval _____ # of Sheets _____ Date _____
Specifications _____ # of Sheets _____ Date _____

Utilities:

Water: Public _____ Private _____ Private Health Dept. Permit # _____
Sewer: Public _____ Private _____ Private Health Dept. Permit # _____

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

_____ General Construction Permit
Contractor Name _____ Telephone No. _____
Address _____ City _____ State _____ ZIP _____
License No. _____ Classification _____
Privilege License No. _____
Design Professional _____ Telephone No. _____
 Architect Engineer NC Reg. # _____
 Owner Other
Address _____ City _____ State _____ ZIP _____

_____ Electrical Permit
Contractor Name _____ Telephone No. _____
Address _____ City _____ State _____ ZIP _____
License No. _____ Classification _____
Privilege License No. _____
Design Professional _____ Telephone No. _____
 Architect Engineer NC Reg. # _____
 Owner Other
Address _____ City _____ State _____ ZIP _____

_____ Mechanical Permit
Contractor Name _____ Telephone No. _____
Address _____ City _____ State _____ ZIP _____
License No. _____ Classification _____
Privilege License No. _____
Design Professional _____ Telephone No. _____
 Architect Engineer NC Reg. # _____
 Owner Other
Address _____ City _____ State _____ ZIP _____

_____ Plumbing Permit

Contractor Name _____ Telephone No. _____

Address _____ City _____ State _____ ZIP _____

License No. _____ Classification _____

Privilege License No. _____

Design Professional _____ Telephone No. _____

Architect Engineer NC Reg. # _____

Owner Other

Address _____ City _____ State _____ ZIP _____

_____ Sprinkler Protection Permit

Contractor Name _____ Telephone No. _____

Address _____ City _____ State _____ ZIP _____

License No. _____ Classification _____

Privilege License No. _____

Design Professional _____ Telephone No. _____

Architect Engineer NC Reg. # _____

Owner Other

Address _____ City _____ State _____ ZIP _____

_____ Fire Alarm System Permit

Contractor Name _____ Telephone No. _____

Address _____ City _____ State _____ ZIP _____

License No. _____ Classification _____

Privilege License No. _____

Design Professional _____ Telephone No. _____

Architect Engineer NC Reg. # _____

Owner Other

Address _____ City _____ State _____ ZIP _____

_____ Sign Permit

Contractor Name _____ Telephone No. _____

Address _____ City _____ State _____ ZIP _____

License No. _____ Classification _____

Privilege License No. _____

Design Professional _____ Telephone No. _____

Architect Engineer NC Reg. # _____

Owner Other

Address _____ City _____ State _____ ZIP _____

_____ Accessory Structures Permit

- Accessory Building Size _____ Sq. Ft.
- Solid Fence
- Dish Antenna
- Swimming Pool
- Other

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 Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature: _____