



TOWN OF CAROLINA BEACH PLANNING/INSPECTIONS DEPARTMENT  
 1121 N. LAKE PARK BOULEVARD  
 CAROLINA BEACH, NC 28428  
 TEL (910)458-2978 - FAX (910)458-2997

## COMMERCIAL PERMIT APPLICATION

Each application must have all information answered. Incomplete or illegible applications will not be accepted.

APPLICATION is hereby made for a permit to do the following work which will be done in accordance with the description, survey, and plans submitted pursuant to the Town of Carolina Beach Zoning Ordinance, North Carolina State Building Code and all other applicable ordinances and laws.

APPLICANT \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

<b>PERMIT</b> NO. _____
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PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

PROJECT CONTACT PERSON \_\_\_\_\_

PHONE # \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_

DESCRIPTION OF PROPOSED CONSTRUCTION \_\_\_\_\_

TYPE OF BUILDING	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Addition	<input type="checkbox"/> N/A
TYPE OF CONSTRUCTION	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
OCCUPANCY	<input type="checkbox"/> A, large	<input type="checkbox"/> A, small	<input type="checkbox"/> B	<input type="checkbox"/> E
	<input type="checkbox"/> I, unrestrained	<input type="checkbox"/> I, restrained	<input type="checkbox"/> M	<input type="checkbox"/> R-1
	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> Mixed	<input type="checkbox"/> R-2
EQUIPMENT	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Addition	<input type="checkbox"/> N/A
BUILDING AREA	Total Area _____ sq. ft.		Area per floor _____	sq. ft.
BUILDING HEIGHT	_____ ft.		NUMBER OF STORIES _____	
TOTAL PROJECT COST	\$ _____		ELECTRICAL COST \$ _____	

### STATE AGENCY APPROVALS

NC DEPT. OF INSURANCE  Yes  No  N/A

Plan Approval \_\_\_\_\_ # of sheets

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

Specifications \_\_\_\_\_ # of sheets

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

NC Department of Labor  Yes  No  N/A

### UTILITIES

Water  Public  Private Private Health Dept. Permit # \_\_\_\_\_

Sewer  Public  Private Private Health Dept. Permit # \_\_\_\_\_

### GENERAL CONTRACTOR

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

License # \_\_\_\_\_ Classification \_\_\_\_\_  
 Design Professional \_\_\_\_\_ Telephone \_\_\_\_\_

Architect  Engineer North Carolina Reg. # \_\_\_\_\_  Owner  Other  
 Address \_\_\_\_\_

NOTE: IF ANY STRUCTURAL STEEL IS TO BE WELDED, ALL WELDERS SHALL BE CERTIFIED!

### LIFE SAFETY SYSTEM

Emergency Lighting & Exit Signs  Yes  No

Fire Alarm & Smoke Detection System  Yes  No

ELECTRICAL

Contractor Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone \_\_\_\_\_  
 Architect  Engineer NC Reg. # \_\_\_\_\_  owner  other  
Address \_\_\_\_\_

PLUMBING

Contractor Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone \_\_\_\_\_  
 Architect  Engineer NC Reg. # \_\_\_\_\_  owner  other  
Address \_\_\_\_\_

MECHANICAL

Contractor Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone \_\_\_\_\_  
 Architect  Engineer NC Reg. # \_\_\_\_\_  owner  other  
Address \_\_\_\_\_

FIRE ALARM SYSTEM

Contractor Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone \_\_\_\_\_  
 Architect  Engineer NC Reg. # \_\_\_\_\_  owner  other  
Address \_\_\_\_\_

SPRINKLER PROTECTION

Contractor Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
License # \_\_\_\_\_ Classification \_\_\_\_\_  
Design Professional \_\_\_\_\_ Telephone \_\_\_\_\_  
 Architect  Engineer NC Reg. # \_\_\_\_\_  owner  other  
Address \_\_\_\_\_

ACCESSORY STRUCTURES

Accessory Building Size \_\_\_\_\_ sq. ft.

PANIC HARDWARE?  Yes  No

SOIL BEARING CAPACITIES

Field Test (provide copy of test report) \_\_\_\_\_ psf. Presumptive bearing capacity \_\_\_\_\_ psf.  
Pile size, type, and capacity \_\_\_\_\_

PARKING SPACES

Required  Provided Handicap spaces \_\_\_\_\_ provided @ 13' wide and R7-8 sign

I hereby certify that I have examined this complete application and the statements therein are true and correct, and that all work shall be done in accordance with the North Carolina Building Codes and all other applicable Local, State and Federal Laws, ordinances and regulations. The Building Inspector and/or the Zoning Administrator of the Town of Carolina Beach shall be notified immediately of any changes in the plans and specifications for the project permitted herein.

Date \_\_\_\_\_ Print Name \_\_\_\_\_

Signature of legally responsible person (owner or authorized agent) \_\_\_\_\_

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OFFICE USE ONLY

- Single-Family Dwelling
- Multi-family dwelling
- Mobile Home
- Accessory Building
- Commercial
- Beach Access Walkway
- Swimming Pool
- Renovation/Repair/Addition
- Other \_\_\_\_\_
- Fence / Sign
- Hurricane/Storm Repair

New Hanover County Tax Reference \_\_\_\_\_

Lot # \_\_\_\_\_ Block # \_\_\_\_\_ Subdivision \_\_\_\_\_

Zone \_\_\_\_\_ Front Setback \_\_\_\_\_ Rear Setback \_\_\_\_\_ Side Setback \_\_\_\_\_

Conditional Use Permit  Yes  No  N/A

Corporate Limits?  Extraterritorial?  CAMA?  Flood Zone \_\_\_\_\_ B.F.E. \_\_\_\_\_ ft.

FIRM Community Panel #  3753470001C  3753470002C Panel \_\_\_\_\_ of 2 / Map Date: September 4, 1986

F	ZONING	\$ _____
E		
E	BUILDING PERMIT	\$ _____
S	UTILITIES	\$ _____
	TOTAL DUE	\$ _____

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planning/Zoning Approval \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspector Approval \_\_\_\_\_ Date: \_\_\_\_\_