

Appendix A - Town of Oak Island Permit Application Commercial Buildings

Project Address: _____
 Property Owner: _____
 Contact Person: _____
 Telephone Number(s): _____

Project Description:

Project Information

Use of Structure				
Number of Buildings	One	Two	Three	Other (Specify) _____
Number of Units	One	Two	Three	Other (Specify) _____
Number of Stories	One	Two	Three	Other (Specify) _____
Foundation	Slab	Crawl	Piling	Other (Specify) _____

Square Footage

Heated Space: _____

Unheated Space: _____

Storage _____

Other _____ Specify _____

Total Unheated Space: _____

Other Space: Open Decks _____
 Covered Porch _____
 Walkways _____
 Other Space _____ Specify _____

Total Other Space: _____

Total Space _____

Total Project Construction Cost \$ _____
(Including sub-contract costs)

Signature of Applicant/Agent: _____ DATE: _____

NOTE: Incomplete applications will be returned to the applicant without review.

Building

Contractor: _____ Telephone: _____
Fax: _____ E-mail: _____ Cell: _____
Address: _____ City/State/Zip _____
NC License# _____ Class _____ Expiration _____
OI Privilege License # _____

Design Professionals

Architect: _____ Telephone: _____
Address: _____ City/State/Zip: _____
NC Registration Number: _____ E-mail: _____

Engineer: _____ Telephone: _____
Address: _____ City/State/Zip: _____
NC Registration Number: _____ E-mail: _____

Grading

Contractor: _____ Telephone: _____
Fax: _____ E-mail: _____ Cell: _____
Address: _____ City/State/Zip _____
NC License# _____ Class _____ Expiration _____
OI Privilege License # _____

Scope of Work:

Placement of Fill Materials: _____ (Cubic Yards)
Grading: _____ (Slope)

Value of work \$ _____

Electrical

Contractor: _____ Telephone: _____
Fax: _____ E-mail: _____ Cell: _____
Address: _____ City/State/Zip _____
NC License# _____ Class _____ Expiration _____
OI Privilege License # _____

Voltage: _____
Low Voltage Systems: () Yes () No If Yes, Specify _____

Value of work \$ _____

Value of work \$ _____

Plumbing

Contractor:_____ Telephone:_____

Fax:_____ E-mail:_____ Cell:_____

Address:_____ City/State/Zip_____

NC License#_____ Class_____ Expiration_____

OI Privilege License #_____

Scope of work:_____

Value of work \$_____

Mechanical

Contractor:_____ Telephone:_____

Fax:_____ E-mail:_____ Cell:_____

Address:_____ City/State/Zip_____

NC License#_____ Class_____ Expiration_____

OI Privilege License #_____

Type of System:_____ Size:_____ Tons

Value of work \$_____

Fire Suppression System

Contractor:_____ Telephone:_____

Fax:_____ E-mail:_____ Cell:_____

Address:_____ City/State/Zip_____

NC License#_____ Class_____ Expiration_____

OI Privilege License #_____

Scope of work:_____

Value of work \$_____

Gas

Contractor:_____ Telephone:_____

Fax:_____ E-mail:_____ Cell:_____

Address:_____ City/State/Zip_____

NC License#_____ Class_____ Expiration_____

OI Privilege License #_____

Scope of work:_____

Value of work \$_____

Other Sub-Contractors and/or Design Professionals

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Scope of work: _____

Value of work \$ _____

Contractor: _____ Telephone: _____

Fax: _____ E-mail: _____ Cell: _____

Address: _____ City/State/Zip _____

NC License# _____ Class _____ Expiration _____

OI Privilege License # _____

Scope of work: _____

Value of work \$ _____

**If there are no additional sub-contractors or design professionals -
DO NOT RETURN THIS PAGE**

Property Description and Ownership Information

Site Data

Lot _____ Block _____ Section _____ Tax Parcel _____

Physical Address _____

Lot Size _____ sq. ft Acreage? _____

Is property located in a SFHA (flood zone) ☐ Yes ☐ No

Specify zone ☐ X ☐ X Shaded ☐ A ☐ AE ☐ VE

Base Flood Elevation _____ Map/Panel/Suffix _____

Map Revision Date _____

Is property located within an Area of Environmental Concern ☐ Yes ☐ No

If yes, have you attached a copy of your CAMA Permit to this application?

Oak Island zoning district: _____
If necessary, we will assist you in gathering flood plain and zoning information

Ownership Information

Property Owner: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Cell: _____

E-mail _____

Utilities

Water ☐ Public ☐ Private If private, permit number _____

Water Tap Size: ☐ ¾" ☐ 1" ☐ 1 ½" ☐ Other

Location ☐ Left ☐ Right ☐ Center

If double frontage lot, specify street _____

Wastewater (Septic and/or Sewer)

☐ Private BCHD permit number _____

☐ Public Indicate service provider ☐ Oak Island ☐ SEBSD

WW Tap Size: ☐ 4" ☐ 6"