

## Appendix A - Town of Oak Island Permit Application Commercial Buildings

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

### Project Description:

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### 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"