

TOWN OF PINE KNOLL SHORES
100 MUNICIPAL CIRCLE • PINE KNOLL SHORES, NC 28512
TELEPHONE: (252) 247-4353 • FAX: (252) 247-4355
MISCELLANEOUS PERMIT APPLICATION

OWNER:		PHONE #:
ADDRESS:		
PROJECT ADDRESS: (If different from above)		Zoning:
LOT #:	BLOCK OR S/D #:	PARCEL #:

CONTRACTOR INFORMATION

CONTRACTOR:		NAME OF BUSINESS:
ADDRESS:		
EMAIL:		
PHONE #:	NC LIC #:	PKS LIC #:

DESCRIPTION OF PROJECT

TYPE OF WORK: BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> OTHER <input type="checkbox"/>				
OCCUPANCY TYPE:		BUILDING USE:	CONSTRUCTION TYPE:	
BUILDING TYPE:	NEW <input type="checkbox"/>	EXISTING <input type="checkbox"/>	ADDITION <input type="checkbox"/>	REPAIR / REPLACEMENT <input type="checkbox"/>
BUILDING AREA:	TOTAL AREA _____ sq. ft.		AREA/FLOOR _____ sq. ft.	
DESCRIPTION OF PROPOSED WORK:				
Total Project Cost: (including Labor and materials)			\$ _____	

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 PINE KNOLL SHORES LAWS and REGULATIONS. The INSPECTIONS DEPARTMENT will be notified of any changes in the approved plans and specifications for the permitted project herein.

OWNER/AGENT SIGNATURE: _____ **Date:** _____

(DO NOT WRITE BELOW THIS LINE; OFFICE USE ONLY)

COASTAL MANAGEMENT AND FLOOD ZONE INFORMATION

CAMA AEC:	ESTUARINE SHORELINE <input type="checkbox"/>	OCEAN ERODIBLE <input type="checkbox"/>	OCEAN HIGH HAZARD <input type="checkbox"/>	N/A <input type="checkbox"/>
CAMA PERMIT #:	DATE OF CAMA LETTER AND/OR INSPECTION LETTER: ____/____/____			
FLOOD (FIRM) ZONE:	BASE FLOOD ELEV: ____ ft. MSL			

TOTAL PERMIT FEE: \$ _____	STREET DEP.: \$500 Yes <input type="checkbox"/> No <input type="checkbox"/>	CHECK #:
REFUND DEP. TO: _____ (Name & Address)		