

Permit # \_\_\_\_\_

Fee \_\_\_\_\_

## Building Permit Application

Town of Topsail Beach

810 S. Anderson Blvd.

Topsail Beach, NC 28445

Phone: (910)328-5194 Email: [smoore@topsailbeachnc.gov](mailto:smoore@topsailbeachnc.gov)

Date: \_\_\_\_\_ Project Address: \_\_\_\_\_

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Phone# \_\_\_\_\_

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Applicant \_\_\_\_\_

General Contractor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ State License# \_\_\_\_\_

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Electrical Contractor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ State License# \_\_\_\_\_

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Mechanical Contractor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ State License # \_\_\_\_\_

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Plumbing Contractor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ State License# \_\_\_\_\_

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Insulation Contractor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ State License# \_\_\_\_\_

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Gas Piping/Other \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ State License# \_\_\_\_\_

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# of Bedrooms \_\_\_\_\_

Square Footage      Heated \_\_\_\_\_      Unheated \_\_\_\_\_

Estimated Project Cost \_\_\_\_\_

Description of Work

(Applications must be picked up and paid for 30 days from approval unless you obtain an approved extinction)

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Zoning Official \_\_\_\_\_ Date \_\_\_\_\_

Approval Date \_\_\_\_\_ Date Paid \_\_\_\_\_