

Permit # _____

Fee _____

Building Permit Application

Town of Topsail Beach

820 S. Anderson Blvd.

Topsail Beach, NC 28445

Phone: (910)328-5194 Email: ivescovi@topsailbeach.org

Date: _____ Project Address: _____

Property Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Signature _____ Phone# _____

Applicant _____

General Contractor _____

Mailing Address _____

Telephone # _____ Email _____

Signature _____ State License# _____

Electrical Contractor _____

Mailing Address _____

Telephone # _____ Email _____

Signature _____ State License# _____

Mechanical Contractor _____

Mailing Address _____

Telephone# _____ Email _____

Signature _____ State License # _____

Plumbing Contractor _____

Mailing Address _____

Telephone# _____ Email _____

Signature _____ State License# _____

Insulation Contractor _____

Mailing Address _____

Telephone# _____ Email _____

Signature _____ State License# _____

Gas Piping/Other _____

Mailing Address _____

Telephone# _____ Email _____

Signature _____ State License# _____

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 _____