

**TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT**

5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date _____

PROJECT ADDRESS _____

Owner _____
Mailing Address _____
City, State, Zip _____
Phone _____

Permit Number _____

Fee \$ _____

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____

NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

PLUMBING = Licensee Name _____

NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____

NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name _____

NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

FIRE SPRINKLER = Licensee Name _____

NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee

Date

Signature of Permit Official

Date