



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Date _____
Owner _____
Mailing Address _____
City State,Zip _____
Street Address _____
Subdivision _____
Lot _____ Block _____ Section _____
PIN _____
Flood Zone: _____

Permit Number _____

Fee _____

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: _____

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 _____