



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

Permit Number _____

Fee _____

EXISTING Permit Number, NO 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**