



County of Dare

P.O. Box 1000 | Manteo, North Carolina 27954

Manteo-Out/Wanchese/Mainland
Phone: 252-475-5867
Fax: 252-473-6653
Building Inspector:
Keil Twiford

Colington/Martin's Point
Phone: 252-475-5872
Chief Building Inspector:
Cory Tate

Hatteras Island
Phone: 252-475-5878
Fax: 252-995-3601
Building Inspectors:
Wayland Jennette - 252-475-5877
Crew Hayes - 252-475-5876

COMMERCIAL BUILDING PERMIT APPLICATION

OWNER'S NAME: _____ PHONE # _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PROPERTY INFORMATION

PROJECT NAME: _____ PARCEL # _____

STREET ADDRESS: _____ VILLAGE: _____

FLOOD ZONE: _____ GROUND ELEVATION: _____

HAS SITE BEEN APPROVED BY DARE COUNTY PLANNING DEPARTMENT? _____

BUILDING INFORMATION

TYPE OF PERMIT REQUESTED: _____
(New construction, addition, remodel, repair, enclosure, other)

CONSTRUCTION TYPE: _____ (I, II, III, IV, V)

TYPE OF OCCUPANCY: _____ (assembly, business, educational, factory/industrial, hazard, institutional/restrained, institutional/unrestricted, mercantile, residential, storage) if mixed occupancy circle all that apply.

NUMBER OF STORIES: _____ HEIGHT OF BUILDING: _____

HEATED SQ. FOOTAGE: _____ UNHEATED SQ. FOOTAGE: _____

ESTIMATED COST OF CONSTRUCTION: _____

HAS APPENDIX B BUILDING CODE SUMMARY SHEET BEEN COMPLETED? _____

HAVE PLANS BEEN APPROVED BY DARE COUNTY FIRE MARSHAL? _____



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CONTRACTOR INFORMATION

Any work to be done by owner indicate owner; owner may not do work on any building for rent, lease or sale unless licensed to do so. Anything that is not applicable indicate N/A.

GENERAL CONTRACTOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ LICENSE #: _____ LICENSE CLASS: _____

EMAIL: _____

ELECTRICAL CONTRACTOR: _____

PHONE #: _____ LICENSE #: _____ LICENSE CLASS: _____

PLUMBING CONTRACTOR: _____

PHONE #: _____ LICENSE #: _____ LICENSE CLASS: _____

MECHANICAL CONTRACTOR: _____

PHONE #: _____ LICENSE #: _____ LICENSE CLASS: _____

SPRINKLER CONTRACTOR: _____

PHONE #: _____ LICENSE #: _____ LICENSE CLASS: _____

ARCHITECT: _____

PHONE #: _____ LICENSE #: _____ LICENSE CLASS: _____

ENGINEER: _____

PHONE #: _____ LICENSE #: _____ LICENSE CLASS: _____

APPLICATIONS MUST BE FILLED OUT COMPLETELY

APPLICANT SIGNATURE: _____

PRINTED NAME: _____ **DATE:** _____