



The Town of Surf City

214 N. New River Dr. Surf City, N.C. 28445

Phone: (910) 328-4131 • Fax: (910) 328-4132

www.townofsurfcity.com comdev@townofsurfcity.com

COMMERCIAL APPLICATION

Permit Number: _____ **Date:** _____

Project Address: _____

Property Owner: _____

Property Owner Mailing Address: _____

Property Owner Telephone Number: _____

Project Information Lawn Irrigation Yes No

Description of Project: _____

Building Contractor

Contractor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

NC License#: _____ Contact/Agent: _____ Cell: _____

Email Address: _____ (where inspection results will be emailed to)

Project Cost Including Subcontractors: \$ _____

Lien Agent-Required for Projects that Value \$30,000.00 and Above.

Lien Agent Company: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

IF REQUIRED

PLEASE DELIVER:

3 sets of plans to the
Building Inspector, Surf City Town Hall
214 N New River Drive
Surf City, NC 28445
910-328-4131

Electrical Contractor

Contractor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ NC License#: _____ Email: _____

Plumbing Contractor

Contractor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ NC License#: _____ Email: _____

Mechanical Contractor

Contractor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ NC License#: _____ Email: _____

Gas Contractor

Contractor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ NC License#: _____ Email: _____

Insulation Contractor

Contractor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ NC License#: _____ Email: _____

Automatic Sprinkler System Installer (Fire)

Contractor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Landscaper

Contractor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

** Irrigation systems require a reduced pressure principal backflow preventer that meets standard ASSE1013, AWWA C511, CAN/CSA B64.4, CSA B64.4.1.**

Signature of Applicant/Agent: _____

Printed Name of Applicant/Agent: _____ **Date:** _____