



**TOWN OF INDIAN BEACH
1400 SALTER PATH ROAD
INDIAN BEACH, N. C.
Phone # (252) 247-3344 FAX (252) 247-0513
MISCELLEOUS PERMIT**

OWNER:	PHONE:
MAILING ADDRESS:	
PROPERTY ADDRESS:	
TYPE OF WORK:	

PLANNING/ZONING PERMIT

ZONE: B-1 <input type="checkbox"/> CM <input type="checkbox"/> R-15 <input type="checkbox"/>	LOT #:	BLOCK#:
R-25 <input type="checkbox"/> RR <input type="checkbox"/> PD <input type="checkbox"/>	PIN #:	

MOBILE HOME PERMIT

OWNER:
MAILING ADDRESS:
PROPOSED LOCATION (LOT #)
SIZE OF MOBILE HOME/RV
MANUFACTURER:
AGE OF MOBILE HOME
NAME OF MOBILE HOME PARK

CONTRACTOR INFORMATION

CONTRACTOR:	NAME OF BUSINESS:
PHONE #:	NC LICENSE #:

ENVIRONMENTAL HEALTH PERMIT (if applies)

HEALTH DEPARTMENT PERMIT NUMBER:

COASTAL MANAGEMENT AND FLOOD ZONE INFORMATION (if applies)

CAMA PERMIT#

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and Indian Beach regulations. The TOWN OF INDIANCE BEACH and the CARTERET COUNTY INSPECTION DEPARTMENT will be notified of any changes in the approved plans and specifications for the permitted project herein.

OWNER/AGENT SIGNATURE: _____ **DATE:** _____

**TOWN MANAGERS
APPROVAL AND COMMENTS**
