



Department of Community Development
 PO Box 8369
 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Received: _____
 Permit #: _____

Development Permit Application

Project Address: _____ PIN #: _____

Description of Work _____

Property Owner: _____ Phone: _____

Mailing Address/Email: _____

Applicant: _____ Phone: _____

Mailing Address/Email: _____

Project Summary: (check all that apply)

Use: Single-Family Commercial Multi-Family Motel/Hotel Other:

Building Construction		Land Disturbing Activity		Trade (not associated w/ other development)
Structure Type	Work Classification			
<input type="checkbox"/> Primary Structure	<input type="checkbox"/> New <input type="checkbox"/> Expansion	<input type="checkbox"/> Parking	<input type="checkbox"/> Grading/Filling	<input type="checkbox"/> Plumb. (# Fixtures _____)
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Remodel <input type="checkbox"/> Repair	<input type="checkbox"/> Driveway	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Elec. (Amps/Outlets _____)
<input type="checkbox"/> Pool <input type="checkbox"/> Hot Tub	<input type="checkbox"/> Demolition <input type="checkbox"/> Relocation	<input type="checkbox"/> Septic	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Mech. (# Units _____)
<input type="checkbox"/> Pier/Bulkhead	<input type="checkbox"/> Reface (Signs)	<input type="checkbox"/> Vegetation Removal		<input type="checkbox"/> Gas (# Outlets/Appl. _____)
<input type="checkbox"/> Deck <input type="checkbox"/> Sign				

Proposed Area Schedule: Heated Area _____ Sq. Ft. Unheated Area _____ Sq. Ft. Other _____ L.F.

Project	Building	Electrical	Mechanical	Plumbing	Gas	Other: _____	Total
Cost Estimate:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Floodplain Development Information: (if applicable)

Flood Zone VE AE AO X Base Flood Elevation (BFE) _____ Enclosed Area Below BFE: Y N

Zoning Information: (Please complete all sections that apply to your project)

Sq. Ft. Ex. Prop. (Sq. Ft.) Ex. Prop. Ex. Prop.

Lot Area _____ Lot Coverage _____ / _____ # Occupants _____ / _____ # Bedrooms _____ / _____

Proposed Building Height _____ Measured from: Slab BFE Finished Grade

If fill or grading will result in property elevation changes, please fill out all that apply:	Vegetation Management (For projects that will increase the developed area of the property and that will also remove vegetation; See Town of Duck Vegetation Planting Guidelines for More Information)
Current Elevation (Lowest Corner)	*Proposed Elevation
House _____	A. Area of Primary Structure (i.e. house) Footprint _____
Pool _____	B. Required Canopy Coverage (= Lot Area – A. x .15) _____
Driveway _____	C. Area of Vegetation to be Preserved (provide sketch) _____
Parking _____	D. Area of New Plantings Required* (= B. – C.) _____
Other: _____	E. Summary of New Canopy Coverage (Type & Number of Plants) _____
*Please show pre-disturbance elevations at four corners of proposed footprint on survey	
*Large Tree = 400 sq. ft, Small Tree = 200 sq. ft, 10 Shrubs = 400 sq. ft	

House Moving: (if applicable)	
House being moved from (start point): _____	
Going to (end destination): _____	
Date move is to occur: _____	NCDOT Mover License: _____

I hereby certify that all NCDOT permits and/or regulations have been obtained in accordance with State law. Additionally, I understand that any house moving within, in or through the Town of Duck must be coordinated with both the local Police and Fire departments.
Authorized Signature: _____

General Contractor	
Company Name: _____ Contact (please print): _____	
Phone: _____	Mailing Address: _____
Email: _____	NC State License#: _____ Expiration Date: _____
Classification: <input type="checkbox"/> Residential <input type="checkbox"/> Building <input type="checkbox"/> Specialty <input type="checkbox"/> Unclassified <input type="checkbox"/> Limited <input type="checkbox"/> Intermediate <input type="checkbox"/> Unlimited	
Workers' Compensation#: _____ Expiration date: _____ (PROVIDE COPY OF CERTIFICATE)	
Contractor/Authorized Agent Signature: _____	

Electrical Contractor	
Company Name: _____ Contact (please print): _____	
Phone: _____	Mailing Address: _____
Email: _____	NC State License#: _____ Expiration Date: _____
Classification: <input type="checkbox"/> Limited <input type="checkbox"/> Intermediate <input type="checkbox"/> Unlimited <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____	
Contractor/Authorized Agent Signature: _____	

Plumbing/Gas/Fire Sprinkler Contractor	
Company Name: _____ Contact (please print): _____	
Phone: _____	Mailing Address: _____
Email: _____	NC State License#: _____ Expiration Date: _____
Classification: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Owner	
Contractor/Authorized Agent Signature: _____	

Mechanical Contractor	
Company Name: _____ Contact (please print): _____	
Phone: _____	Mailing Address: _____
Email: _____	NC State License#: _____ Expiration Date: _____
Classification: <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> Owner	
Contractor/Authorized Agent Signature: _____	

You are strongly urged to obtain approval from the appropriate homeowner association before you begin any project. Failure to do so could result in legal action by the association to enforce the covenants. Your signature on this application indicates that you understand that the Town of Duck does not enforce or consider the effect of neighborhood covenants when reviewing permits and that building plans may be affected by and subject to subdivision covenants and community architectural control review.

I hereby certify that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature	Date	Property Owner Signature (if different from applicant)	Date
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