



**Department of Community Development**  
 PO Box 8369  
 1240 Duck Road, Suite 106  
 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/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
<b>Cost Estimate:</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Floodplain Development Information:** (if applicable)

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

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

Lot Area \_\_\_\_\_ Sq. Ft.      Lot Coverage \_\_\_\_\_ / \_\_\_\_\_ Ex. Prop. (Sq. Ft.) \_\_\_\_\_  
 # 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) _____
<p>*Please show pre-disturbance elevations at four corners of proposed footprint on survey</p> <p>*Large Tree = 400 sq. ft, Small Tree = 200 sq. ft, 10 Shrubs = 400 sq. ft</p>	

**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:  Residential  Building  Specialty  Unclassified  Limited  Intermediate  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:  Limited  Intermediate  Unlimited  Owner  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:  Class I  Class II  Owner

**Contractor/Authorized Agent Signature:** \_\_\_\_\_

**Mechanical Contractor**

Company Name: \_\_\_\_\_ Contact (please print): \_\_\_\_\_

Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ NC State License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Classification:  H-1  H-2  H-3  Owner

**Contractor/Authorized Agent Signature:** \_\_\_\_\_

*You are strongly urged to obtain approval from the appropriate property owners' 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