



House Moving Permit Application

Phone 252.255.1234 Fax 252.255.1236

Owners Name:

Address:

City/State/Zip

Phone:

Mobile:

Email

Other:

PERMIT INFORMATION

Permit No. [20 --] Issue Date: [/ / 20] Project Cost: \$ FEE: \$

Building Use & Occupancy *Circle* C = Commercial / MF=Multi-family / SF=Single Family / DP=Duplex

Number of units [] TH = Town House MF = Manufactured O = Other *{specify}*

PROPERTY / PLANNING / ZONING

Project Address PIN #:

Subdivision: Lot: Block: Section: Phase:

CONTRACTOR INFORMATION

Name: DBA:
Address: License No.
City/State/Zip License Class
Phone number NCDOT Mover License:
Mobile # Email address:

GENERAL DESCRIPTION OF WORK TO BE PERFORMED

House being moved from (start point):

Going to (end destination):

Date move is to occur:

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.

Applicant Signature Date

Approval for issuance – Zoning Administrator Date

Approval for issuance – Building Inspector Date

Approval for issuance – Chief of Police Date

Approval for issuance – Chief of Fire Date