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

Date Received: _____

Permit #: _____

Storm Repair Permit Application

Project Address: _____ PIN #: _____

Property Owner: _____ Phone: _____

Mailing Address/Email: _____

Applicant/Contractor: _____ Phone: _____

Mailing Address/Email: _____

Description of Work: (Please list each item separately)

( ) Roof

( ) Structural Repairs (please describe) _____

_____

_____

_____

( )Replacing Shingles

( ) Windows

( ) Siding

( ) Electrical

( ) Plumbing

( ) HVAC

Cost estimate:_____

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.

Building Inspector's signature constitutes permission to execute work described herein.

_____ _____ _____ _____

Applicant Signature Date Building Inspector Signature Date