



Town of Oak Island Permit Application

Project Description _____

Fill in the applicable information below:

Heated _____ Unheated _____ Decks _____ Porches _____

Bedrooms _____ Bathrooms _____ Value of work \$ _____

Use of structure _____

Location of Project: _____

Lot # _____ Block _____ Section _____ Parcel # _____

Property Owner _____

Property Owner Address _____

Phone Number: _____ Email: _____

Contractor Name _____

License # _____ Contractor Phone Number# _____

Contractor Address _____

Email: _____

Signature of Applicant _____ **Date** _____

For Office Use Only

Notes or special conditions: _____

Approval: _____ Date _____