



TOWN OF HOLDEN BEACH

MECHANICAL PERMIT APPLICATION

*** All information on this application must be filled out completely. Information that does not apply must show n/a. Incomplete applications shall be returned without being processed.**

PROPERTY OWNER INFORMATION:

Name: _____
Holden Beach Property Address: _____
Lot Number: _____ Subdivision: _____
Permanent Mailing Address:
Street Address: _____
City/State/Zip: _____
Home Phone: _____ Beach House Phone: _____
Cellular Phone: _____ Fax: _____
Email: _____

CONTRACTOR INFORMATION:

Business Name: _____ Qualifier: _____
Mailing Address:
Street Address: _____
City/State/Zip: _____
Phone: _____ Cellular Phone: _____
Fax: _____ Email: _____
N.C. State Contractor's License Number: _____
Workman's Compensation Number (Attach Copy): _____
Current Holden Beach Privilege License Number Yes _____ No _____
Contact Person: _____
Phone: _____ Cellular Phone: _____
Fax: _____ Email: _____

WORK CLASSIFICATION AND VALUE: (check one)

New Construction _____ Remodel/Addition _____ HVAC Changeout _____
\$ _____ \$ _____ \$ _____

PROPERTY USE: (check one)

Single Family _____ Two Family _____ Condominium _____ Townhouse _____
Commercial _____ Other _____ Description _____

FLOOD PLAIN INFORMATON:

Flood Zone Designation (X, AE, VE) _____ Base Flood Elevation _____
If changeout, will unit need to be elevated? _____

LOCATION:

Is the unit going to be in same location, or moved? If moved, where to? _____

