



TOWN OF CALABASH, NORTH CAROLINA

Post Office Box 4967 * 882 Persimmon Road * Calabash, NC 28467

Administration: (910) 579-6747 * Building Inspector: (910) 579-0500* Fax (910) 579-5495

Web Address: www.townofcalabash.net * Email: towncalabash@atmc.net

ROOF PERMIT APPLICATION

Date: _____ Parcel #: _____ Permit #: _____

APPLICANT OR AUTHORIZED AGENT TO COMPLETE

PROJECT COST: _____

Contractor/Agent Name: _____

Business Name: _____

License Number

Business Address: _____

Street

City

Zip

Contact Numbers: _____

Office

Cell

Fax

Provide detailed description of proposed work: _____

Owner Name: _____

Site Address: _____

Street

City

Zip

Owner Contact Numbers: _____

Home

Cell

CONTRACTOR: YOU MUST CALL TO SCHEDULE 2 INSPECTIONS:

1. When the roof material has almost been completely torn off
2. When flashing/ridge vent/drip edge are 75% complete

FAILURE TO CALL COULD RESULT
IN A \$75 PENALTY

SIGNATURE: _____

FOR INSPECTIONS OFFICE USE ONLY

Application was reviewed and approved by: _____

Date: _____

Comments: _____