

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

Informational Packet for New Commercial Tenants

The Inspections Department welcomes you to the Town of Calabash. As a new business owners/commercial tenant about to open a business in Town, you are required by state and local codes to:

- Obtain a Business Privilege License.
- Schedule a Fire and a Zoning Inspection.
- Submit for approval a Sign Application.

Step 1. Zoning Permit : Prior to submitting a Sign Permit Application, any new commercial establishment and any person who is relocating their business to another location in town, must submit a completed Zoning Permit Application. The information contained on this form assists the code enforcement staff in determining if the site meets all conditions necessary for operation. There is a \$50 fee for this application.

NOTE: *It is tenant's responsibility to allow ample time for review of the completed Zoning Permit Application. Failure to thoroughly complete a Zoning Permit Application could delay the opening of the business. A Building Permit Application must also be submitted and approved by the Inspector prior to any renovations.*

Step 2. Fire Inspection: Prior to opening a business, whether a new business or an established business moving to another location, a fire inspection must be performed at the site. There is a \$50 minimum fee.

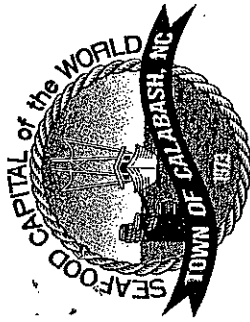
NOTE: *It is the tenant's responsibility to schedule a fire inspection after all equipment and furnishings are in place. Access to all areas including the attic and roof may be required.*

Step 3. Signs: A sign permit application must be submitted and approved by the Inspector before installation. Failure to follow this step could result in a violation fee. The cost of each approved sign is \$25 per face. **In general, renters pay for all signs.** A Sign Permit Application must be submitted whether the tenant or the property owner installs the sign. All signage requires a permit – even if an existing sign is being resurfaced with a new business name or signage from one location is being moved to another site.

Step 4. Business Privilege License: Complete and submit an application for a Business Privilege License. Once the fee has been paid and all inspections have been conducted, the license will be mailed to you. The license is renewed annually. Fees vary depending on the type of business.

Thank you and welcome to the Town of Calabash!

Stanley W. Dills – Building Inspector/Code Enforcement Official



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Sign Permit Application

Submit a completed application

Submit 2 sets of scaled drawings that include:

- overall design, lettering, sign materials
- location of sign(s) on the site and/or building
- lighting details (if no lighting, indicate on drawings)

Signs must withstand
130 mph winds

Date of submission: _____

(Sign fee is \$25 per face)

Business Address: _____ Street _____ Unit # _____ Complex Name _____

Owner Name or Authorized Lessee (PRINT): _____

Applicant Contact #s: _____ Business _____ Cell _____ Fax _____

Sign Type _____ Free Standing _____ Wall Mounted _____ Mounted on Mansard _____
_____ Marquee _____ Window _____ Temporary _____ Other _____

Proposed Sign Dimensions: Sign 1 _____ Sign 2 _____ Sign 3 _____

Total square feet of signage requested: _____

Total Cost of all Signs: _____

Name of Sign Maker: _____ Installer _____

By signing below the applicant is certifying that all information provided is correct and that all work will comply with NC State Building Codes, applicable town ordinances, setbacks, yard/height requirements and specifications of the plan submitted.

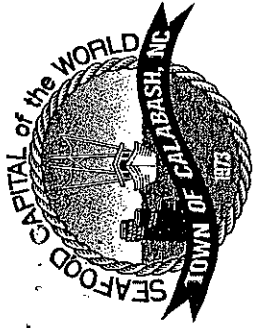
Applicant Signature _____ Date _____

_____ FOR OFFICIAL USE _____

Permit # _____ Parcel # _____

Total Signage Allowed: _____ Details _____

Building Inspector _____ Date _____



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A Zoning Application is for all commercial and residential projects-fill in applicable sections.

Date: _____ Zoning District: _____

Applicant Name: _____ Business Name: _____

Mailing Address: _____
Street _____ City _____ Zip _____

Contact #'s: _____
Business _____ Cell _____ Fax _____

Property Address: _____
Street _____ City _____ Zip _____

Permit Applied for: New Residential New Commercial Addition Existing tenant space Accessory Structure
 Fence Driveway Parking Development / Lot Clearing Other _____

Describe work to be performed: _____

New commercial and residential complete this section			
_____ Bldg Height (SET BACKS)	Front yard _____	Side Yard _____	Back Yard _____ Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Source:	<input type="checkbox"/> Well-Permit # (for new construction only) _____		
	<input type="checkbox"/> County Water (for new construction attach copy of paid fees receipt)		
Sewer Treatment:	<input type="checkbox"/> Septic Tank-Permit # _____ <input type="checkbox"/> County Sewer-DWQ # _____		
SUBDIVISION NAME: _____			
Lot # _____	Block _____	Section _____	Lot Dimensions: _____

Applicant Certification: I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, that I am authorized to grant, and do grant, permission to the local zoning official and local building official to enter on the property described above for the purpose of inspections. I understand that if this application is approved that failure to meet any conditions of the approval shall result in the revocation of any permit(s) based on this certificate. I also understand that it is my responsibility to call to schedule all inspections. Initial after reading: _____

(Permit shall be void after six months from date of issue unless an inspection of the project has been made by that time.)

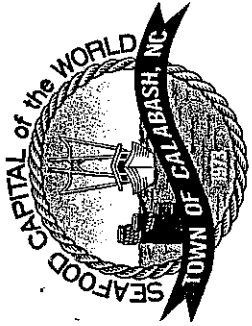
Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

After consideration and review of the zoning permit application, I have determined that the applicant is in compliance with all related and applicable Town ordinances. Signature _____ Date _____

Parcel # _____ Flood Hazard Area/Zone: _____

Fire Inspector Approval needed: Yes No Attachments Building Permit # _____



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Application for Privilege License to Conduct Business Inside Town Limits

Clearly **PRINT** all information _____ Date: _____

Name of Business Owner: _____

Business Trade Name: _____

Type of Business: _____

Number of employees: _____ Seating Capacity (i.e. restaurants) _____ # of Service Chairs (i.e. beauty salon) _____

Business Location: _____
Street Number/Name _____ Commercial Center Name _____

Business Mailing Address: _____
Street _____ City/State _____ Zip _____

Business Contact #'s: _____
Telephone _____ Fax _____

Business Owner HOME Address: _____
Street _____ City/State _____ Zip _____

Business Owner Contact #'s: _____
Home Telephone _____ Cell _____

Do you own the property? Yes _____ No _____ If no, what is the name of the owner/landlord? _____

Have you done the following:

Completed a zoning application: _____ Yes _____ No _____

Completed any necessary building permit applications: _____ Yes _____ No _____

Scheduled a fire inspection? (to be done before moving in equipment/furniture) _____ Yes _____ No _____

Completed a sign application? _____ Yes _____ No _____

The 4 items listed above must be completed and signed off by the Inspection Department BEFORE the business can obtain a license and open.

The application continues on the reverse side

Read before signing

I (we) intend to do business within the Town of Calabash. This is my (our) application for a privilege license in accordance with Title 11 Business Regulations of the Ordinance of said town. As a condition upon which the license may be granted, I (We) agree that the same may be revoked and canceled upon the sole discretion of the Town Commissioners, at any time they are of the opinion that the same should be revoked and canceled. However, We (I) shall have 30 days notice thereof and the privilege within same time of appearing before the Town Commissioners in my (our) behalf.

NOTE: FAILURE TO INDICATE ALL TYPES OF BUSINESS TO BE CONDUCTED ON SITE IS REASON FOR IMMEDIATE CEASATION OF THAT TYPE OF BUSINESS OR POSSIBLY THE CLOSING OF THE ENTIRE BUSINESS.

My (Our) signature on this application indicates that I (We) understand that the issuance of a privilege license hereunder does not constitute acceptance or approval of the use of the above named location as having complied with existing building, fire protection and zoning codes. The licensee, lease holder, tenant and/or property owner shall remain fully liable and responsible for bringing the premises in conformity with all applicable town and state codes.

(Payment of the privilege license must be made at the time the application is submitted. Should the applicant be denied, the full amount of the privilege license tax will be refunded. If the application is approved a privilege license will be mailed to the applicant. The license is renewable annually and payable by July 1st.)

Signature

Date

For Tax Office and Inspection Department

Is the business located in an approved zoning district? Yes ___ No ___

How many different types of businesses will be conducted on site? # _____

Do any of the business types conducted require a conditional use permit within the district? Yes ___ No ___

Business site/facilities approved by Inspection

Dept.: _____

Signature

Date

Business approved by Tax

Department: _____

Signature

Date