

Town of Oak Island

NOTE: Card MUST be submitted *PRIOR* to beginning work.

BP# _____ Date: _____

Site Location: _____

Permit Holder: _____

Contractor Name: _____

Contractor Address: _____

NC License #: _____ Electrical Mechanical Plumbing

Printed Name of Applicant: _____

Applicant Phone #: _____

Signature of Applicant: _____