



Phone: 252-726-7361

*Office of the*  
**Fire Marshal**

Fax: 252-726-1804

**Town of Atlantic Beach**

P.O. Box 10/ 125 W. Fort Macon Rd., Atlantic Beach, NC 28512

**OPERATIONAL PERMIT APPLICATION**

Project Name/Occupant: _____	
Site Address: _____	Unit/Bldg/Suite #: _____
Business/Complex Name: _____	Phone #: _____

Contact Person: _____		Phone #: _____	
Mailing Address: _____	City: _____	State: _____	ZIP: _____
State License #: _____		State License Expiration Date: _____	
E-mail Address: _____		Town of AB Business License #: _____	

Place an (X) in the check box for the permit which you are applying for:

<input type="checkbox"/> \$50.00 Amusement Buildings	<input type="checkbox"/> \$50.00 Fumigation/Thermal Insecticide Fogging
<input type="checkbox"/> Burning (Not Allowed in Town of AB)	<input type="checkbox"/> \$100.00 Hazardous Materials (per site)
<input type="checkbox"/> \$50.00 Carnivals & Fairs	<input type="checkbox"/> \$50.00 Hot Work
<input type="checkbox"/> \$50.00 Combustible Dust Producing Operations	<input type="checkbox"/> \$50.00 Industrial Ovens
<input type="checkbox"/> \$50.00 Compressed Gases	<input type="checkbox"/> \$50.00 Liquid & Gas Fueled Vehicles or Equipment in Assembly Buildings
<input type="checkbox"/> \$50.00 Covered Mall Buildings	<input type="checkbox"/> \$50.00 Spraying or Dipping
<input type="checkbox"/> \$50.00 Exhibits & Trade Shows	<input type="checkbox"/> \$100.00 Above/ Underground Storage Tank Install/ Alter/ Removal/ Abandonment
<input type="checkbox"/> \$50.00 Explosives	<input type="checkbox"/> Other _____
<input type="checkbox"/> \$50.00 Flammable & Combustible Liquids (per site)	

**Scope of Work/Operation (Description):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*\* If applicable, please attach site plan and specifications.*

Permit fees due at time of application  
**Payable to Town of Atlantic Beach**

Applicant Name (Print) _____	Date _____
Applicant Signature _____	Phone # _____
Email (optional): _____	

Date Received:	
Fire Marshal Approval:	
Permit Number:	
Total Fee:	