

REAL PROPERTY APPLICATION – DISASTER RE-ENTRY PERMIT

Town of Atlantic Beach
P.O. Box 10
Atlantic Beach, NC 28512
252 726-2121 (F) 252 726-5115

OFFICE USE ONLY
PERMIT # _____

*A separate application is required for each individual parcel number.

LAST NAME, FIRST, MIDDLE (Property owner's name, as listed on tax records)

PERMANENT MAILING ADDRESS/PHONE/EMAIL

Street / PO Box _____

City, State, Zip _____

Phone Number _____

Email Address _____

ATLANTIC BEACH PROPERTY INFORMATION

Street Name (Example: 125 W Fort Macon Rd) _____
Atlantic Beach, NC

Tax Parcel/PIN Number: (15 digits) _____

Description:
_____ MOBILE HOME /LOT
_____ SINGLE FAMILY STRUCTURE
_____ MULTI-FAMILY STRUCTURE
_____ VACANT LOT

NUMBER OF RE-ENTRY PERMITS REQUESTED:

*2 PERMITS FREE PER PARCEL #, ADDITIONAL PERMITS: \$25.00 EACH
ADDITIONAL PERMITS REQUESTED: _____ X \$25.00 = \$ _____ **ENCLOSED**

TOTAL NUMBER OF PERMITS REQUESTED: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

Application must be completed and signed by the property owner as listed by the
Carteret County and Atlantic Beach Tax Departments.