



BUILDING PERMIT APPLICATION

PROJECT ADDRESS: Flood Zone
[ ] X [ ] AE [ ] VE

Owners Name: Phone:

Address: Mobile:

City/State/Zip: Email:

Structure Classification: [ ] Single Family [ ] Duplex [ ] Triplex [ ] Quadrplex [ ] Manufactured / Mobile [ ] Modular Home [ ] Condominiums [ ] Commercial All Other =

Description of Work: Total (Including Material) Estimated Project Cost: \$

Is project exterior? [ ] Yes [ ] No Zoning Approval: Zoning Officer Signature Date

Is project within 160 feet of ocean or 75 feet of water way? [ ] Yes [ ] No CAMA Approval: Local CAMA Permitting Officer Signature Date

Is project increasing number of bedrooms or changing occupancy class? [ ] Yes [ ] No Health Department Approval must be provided with application.

Contractor Information (Exactly as listed on North Carolina Licensing Board for General Contractors)
Name of Business: Phone
Address: Mobile
City/State/Zip: Email
North Carolina General Contractors License # [ ] N/A Class:

NOTICE

This permit becomes null and void if work or construction authorized under this permit is not commenced within 6 months or if after commencement of work no required inspection is requested and approved within any 12-month period thereafter or for substantial deviations from plans. Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction. When properly validated this is your permit.

Printed Full Name of Applicant Signature of Applicant Date

PERMIT INFORMATION

Permit No. [ ] Issue Date: [ ]

Permit Fee [ ] Approved For Issuance - Building Inspector Date



# TOWN OF ATLANTIC BEACH

Inspection Department  
PO Box 10, Atlantic Beach, NC 28512

FORM B – 1(b)

OFFICE (252) 726-4456

## AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE N.C.G.S. § 87-14

FAX (252) 727-7043

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The undersigned applicant for Building Permit # \_\_\_\_\_ being the

\_\_\_\_\_ Contractor  
\_\_\_\_\_ Owner  
\_\_\_\_\_ Officer/Agent of the Contractor or Owner

do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

\_\_\_\_\_ has/have one or more subcontractor(s) and have obtained workers' compensation covering them,

\_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering them,

\_\_\_\_\_ has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_