



BUILDING PERMIT APPLICATION
FOR LICENSED GENERAL CONTRATORS ONLY

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

Owners Name: Phone:
Address: Mobile:
City/State/Zip: Email:

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

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 this application.
Is Project including Demolition of existing structure? [] Yes [] No Demolition Permit Application must be submitted with this application. (Form D-1)

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 Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued.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
Building 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 – 2(b)

OFFICE (252) 726-4456

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

FAX (252) 727-7043

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: _____



TOWN OF ATLANTIC BEACH
Inspection Department
PO Box 10, Atlantic Beach, NC 28512
BUILDING PERMIT APPLICATION
SUB-TRADE FORM
FOR LICENSED GENERAL CONTRATORS ONLY

FORM B – 2(c)
OFFICE (252) 726-4456
FAX (252) 727-7043

PROJECT ADDRESS: _____

BUILDING PERMIT NO. _____

Electrical Contractor Information (Exactly as listed on North Carolina Board of Examiners of Electrical Contractors)	
<input type="checkbox"/> Not Applicable	
Electrical Contractor Business Name:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
North Carolina Electrical Contractors License #	Class:
Does Project Require Temporary Pole/Board <input type="checkbox"/> Yes <input type="checkbox"/> No	Temp Pole Permit No.
Does Project Require Temporary Service prior to issuance of C/O <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes must have form E-2 approved before service is energized</small>	Temp Power Permit No.
Electrical Licensee → Name, Signature, and Date	Electrical Permit No.
Gas Contractor Information (Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)	
<input type="checkbox"/> Not Applicable	
Gas Contractor Business Name:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
North Carolina Fuel Piping, Plumbing, or Heating and Air License #	Class:
Fuel Installer Licensee → Name, Signature, and Date	Gas Permit No.
Insulation Contractor Information	
<input type="checkbox"/> Not Applicable	
Insulation Contractor Business Name:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
Company Owner/Manager → Name, Signature, and Date	Insulation Permit No.
Mechanical Contractor Information (Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)	
<input type="checkbox"/> Not Applicable	
Mechanical Contractor Business Name:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
North Carolina Heating and Air License #	Class:
Mechanical Licensee → Name, Signature, and Date	Mechanical Permit No.



TOWN OF ATLANTIC BEACH

Inspection Department

PO Box 10, Atlantic Beach, NC 28512

BUILDING PERMIT APPLICATION

SUB-TRADE FORM

FOR LICENSED GENERAL CONTRATORS ONLY

FORM B – 2(d)

OFFICE (252) 726-4456

FAX (252) 727-7043

PROJECT ADDRESS:

BUILDING PERMIT NO. _____

Plumbing Contractor Information (Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)

Not Applicable

Plumbing Contractor Business Name:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
North Carolina Plumbing Contractors License #	Class:
Plumbing Licensee → Name, Signature, and Date	Plumbing Permit No.

Elevator Contractor Information (Exactly as listed on North Carolina Board of Examiners of Electrical Contractors)

Not Applicable

Elevator Contractor Business Name:	Phone;
Address:	Mobile:
City/State/Zip:	Email:
Describe point where elevator installer proceeds with electrical installation for elevator:	
North Carolina Electrical Contractors License #	Class:
Elevator Installer → Name, Signature, and Date	Elevator Permit No. Electrical Permit No.

Pool/Spa Contractor Information (Exactly as listed on North Carolina Board of Examiners of Electrical Contractors)

Not Applicable

Pool/Spa Contractor Business Name:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
Describe point where Pool/Spa installer proceeds with electrical installation including low voltage: <input type="checkbox"/> In-Ground <input type="checkbox"/> Above-Ground	
North Carolina General Contractor License #	Class:
North Carolina Electrical Contractors License #	Class:
Pool Installer → Name, Signature, and Date	Pool/Spa Permit No. Electrical Permit No.

Paving Contractor Information

Not Applicable

Paving Contractor Business Name:	Phone
Address:	Mobile
City/State/Zip:	Email
Company Owner/Manager → Name, Signature, and Date	Paving Permit No.