



TOWN OF ATLANTIC BEACH
PLANNING & INSPECTIONS
 PO Box 10 / 125 W FORT MACON RD
 ATLANTIC BEACH, NC 28512
 PHONE (252) 726-4456 FAX (252) 727-7043

For Office Use ONLY Permit #: _____ Date _____ Received: _____

PERMIT APPLICATION

Project Address:	
Applicant Name:	
Applicant Address:	
Applicant City, State, Zip:	
Applicant Email:	
Applicant Phone Number:	
Permit Type:	<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Insulation <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other: _____
Structure Classification:	<input type="checkbox"/> Commercial <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile <input type="checkbox"/> Modular <input type="checkbox"/> Quadraplex <input type="checkbox"/> Single Family <input type="checkbox"/> Triplex
Project Cost:	
Project Description:	
Square Footage:	
Primary Contractor Name:	
<i>Primary Contractor License #:</i>	
<i>Primary Contractor Email:</i>	
<i>Primary Contractor Phone Number:</i>	
<i>Primary Contractor Secondary License #:</i>	
Electrical Subcontractor License #:	
Elevator Subcontractor License #:	
Gas Subcontractor License #:	
Insulation Subcontractor License #:	
Mechanical Subcontractor License #:	
Plumbing Subcontractor License #:	
Pool Subcontractor License #:	