TOWN OF ATLANTIC BEACH

PLANNING & INSPECTIONS
125 WEST FORT MACON ROAD
ATLANTIC BEACH, NORTH CAROLINA
PHONE (252) 726-4456 FAX (252) 727-7043

Permit Number: *Office Use* _____

Application Date: *Office Use* _____

Zoning Compliance Application

The Town of Atlantic Beach UDO is available online at *www.atlanticbeach-nc.com*

Applicant's Name:_____

Company's Name:_____

Company's Address:_____

Company's Telephone:_____

Company's Fax: _____

Owner's Name:_____

Owner's Address:_____

Owner's Telephone:_____

Property Address: _____

PIN #: _____ **Deed Book / Page #:** _____

Zoning District: _____ **Setbacks:** _____

Corner Lot: _____ **Required Corner Lot Setback:** _____

Min. Required Lot Size: _____ **Proposed Lot Size:** _____

Min. Required Lot Frontage: _____ **Proposed Lot Frontage:** _____

Max. Bldg. Height: _____ **Proposed Height:** _____

Required Parking Spaces: _____ **Total Proposed Parking Spaces:** _____

Number of Existing Parking Spaces: _____ **Project Value:** _____

CAMA Permit Required: _____ **CAMA Permit Information:** _____

Flood Hazard Area: _____ **Flood District:** _____

Maritime Forrest Protection Area: _____

Existing Square Footage of Impervious Surface: _____

Maximum Square Footage of Impervious Surface Allowed at 40%: _____

Proposed Square Footage of Impervious Surface: _____

******Impervious surface figures must include applicable sidewalks, decks, porches, driveways, sheds, overhangs, etc.******

Stormwater Plan Required: ☐ **Engineered SWMP** ☐ **Engineered BMP** ☐ **Staff Approved BMP** ☐ **No SWMP**

Describe Stormwater Management _____

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Please include a site plan that clearly illustrates setbacks, impervious surface coverage information, building height information, square footage, parking plans and any pre-existing structures/driveways on the property. You may use the area below to illustrate this information, but it is recommended an attachment is included that is drawn to scale.

Please provide a brief description of work that will be completed:

_____
_____
_____
_____

I certify that the information provided in this Zoning Compliance Application is accurate. I further understand that this request will be reviewed based on this information, and any approvals, conditional or otherwise, will have to meet the setback, height, lot coverage and other requirements of the Town of Atlantic Beach Unified Development Ordinance.

_____ _____

Signature of Applicant (Owner or Agent) Date