



TOWN OF ATLANTIC BEACH PLANNING & INSPECTIONS

P. O. Box 10 - 125 WEST FORT MACON ROAD
ATLANTIC BEACH, NORTH CAROLINA
PHONE (252) 726-4456 FAX (252) 727-7043

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

TRADE PERMIT APPLICATION

Property Type:	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condo <input type="checkbox"/> Modular <input type="checkbox"/> Mobile <input type="checkbox"/> Commercial	
Property Address:		
Applicant Information	Name:	
	Address:	
	City, State, Zip:	
	Email:	
	Phone Number:	
Owner Information	Name:	
	Email:	
	Phone Number:	
Project Information	Type of Service:	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Mechanical (# units/systems: _____)
	Project Cost: <i>(Labor and materials)</i>	
	Project Description: <i>(Please include entire scope of project)</i>	

Electrical Contractor: _____ Phone: _____

License #: _____ Classification: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Mechanical Contractor: _____ Phone: _____

License #: _____ Classification: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Plumbing Contractor: _____ Phone: _____

License #: _____ Classification: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Gas Contractor: _____ Phone: _____

License #: _____ Classification: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____