



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: _____

BUILDING 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	Project Cost: <i>(Labor and materials)</i>			
	Project Description: <i>(Please include entire scope of project)</i>			
	Project Characteristics:	Heated SqFt: _____ Unheated SqFt: _____ # Bedrooms: _____ Impervious SqFt: _____ Unenclosed SqFt: _____ # Bathrooms: _____ Number of Stories: _____ Structure Height: _____ <i>(natural grade to roof peak)</i>		
	Environmental Characteristics:	Septic: <input type="checkbox"/> NEW / <input type="checkbox"/> EXISTING / <input type="checkbox"/> WWTP/ <input type="checkbox"/> N/A CAMA: <input type="checkbox"/> YES / <input type="checkbox"/> NO Flood Zone: _____ Engineer's Site Plans Submitted: <input type="checkbox"/> Stormwater <input type="checkbox"/> Land Disturbance <input type="checkbox"/> Septic <input type="checkbox"/> Other: _____		

Applications may be made by the landowner, a person with a property interest in the property or a contract to purchase the property, or an authorized agent of the landowner. The applicant has certified that the information shown on the application, plans and specifications is correct and true to his/her knowledge. All work performed shall comply with the North Carolina State Building Code, Town of Atlantic Beach Unified Development Ordinance, and all other regulations, rules and ordinances as applicable.

**PLEASE COMPLETE ALL PAGES OF THE PERMIT APPLICATION
AND ATTACH PLANS AS APPLICABLE**

Check box and complete additional information for each permit type needed.

Builder/General Contractor: _____

Phone: _____ Email: _____

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

License #: _____ Classification: _____

Electrical Contractor: _____

Phone: _____ Email: _____

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

License #: _____ Classification: _____

Mechanical Contractor: _____

Phone: _____ Email: _____

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

License #: _____ Classification: _____

Plumbing Contractor: _____

Phone: _____ Email: _____

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

License #: _____ Classification: _____

Gas Contractor: _____

Phone: _____ Email: _____

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

License #: _____ Classification: _____

Insulation Contractor: _____

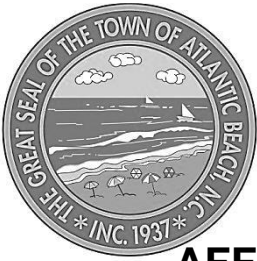
Phone: _____ Email: _____

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

Land Disturbance Contractor: _____

Phone: _____ Email: _____

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



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AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE

In accordance with N.C.G.S. §87.14

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), or corporation(s) performing the work set forth in the permit:

- has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,
- has/have one or more subcontractor(s) who have obtained worker's compensation insurance covering them,
- has/have one or more subcontractor(s) who has/have their own policy or worker's compensation covering themselves,
- 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 Inspections 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: _____

THIS FORM MUST BE COMPLETED TO OBTAIN A PERMIT.



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SITE PLAN TEMPLATE FORM

Project Address: _____

Applicant: _____

Contractor: _____

- Show property lines with dimensions
- Show proposed structure with dimensions
- Show any other existing structures on property
- Show location of septic system, if present
- Label distance to property lines from proposed structure
- Label road, front, rear, and sides of property

Draw Site Plan Below



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BUILDING PLAN TEMPLATE FORM

Project Address: _____

Applicant: _____

Contractor: _____

**ATTACH BUILDING PLANS
OR PROVIDE THEM BELOW**

- Include details on materials
- Show configuration and dimensions of footings, posts, stringers, joists, & girders

