



**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: _____

DEMOLITION PERMIT APPLICATION

Project Address:	
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	
Applicant Information	Name: _____
	Address: _____
	City, State, Zip: _____
	Email: _____
	Phone Number: _____
Owner Information	Name: _____
	Email: _____
	Phone Number: _____
Project Information	Structure Type: <input type="checkbox"/> Entire Principal Structure <input type="checkbox"/> Partial Principal Structure <input type="checkbox"/> Accessory Structure
	Project Cost: <i>(Labor and materials)</i> _____
	Project Description: <i>(Please include entire scope of project)</i> _____
	Project Characteristics: Square Footage of Disturbed Land: _____ NESHAP #: _____ 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.

Demolition Contractor: _____ Phone: _____
 License #: _____ Classification: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____

Land Disturbance Contractor: _____ Phone: _____
 License #: _____ Classification: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____