



# 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

<b>Property Type:</b>		<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		
<b>Property Address:</b>				
<b>Applicant Information</b>	<b>Name:</b>			
	<b>Address:</b>			
	<b>City, State, Zip:</b>			
	<b>Email:</b>			
	<b>Phone Number:</b>			
<b>Owner Information</b>	<b>Name:</b>			
	<b>Email:</b>			
	<b>Phone Number:</b>			
<b>Project Information</b>	<b>Project Cost:</b> <i>(Labor and materials)</i>			
	<b>Project Description:</b> <i>(Please include entire scope of project)</i>			
	<b>Project Characteristics:</b>	Heated SqFt: _____    Unheated SqFt: _____    # Bedrooms: _____ Impervious SqFt: _____    Unenclosed SqFt: _____    # Bathrooms: _____ Number of Stories: _____    Structure Height: _____ <i>(natural grade to roof peak)</i>		
	<b>Environmental Characteristics:</b>	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:** \_\_\_\_\_

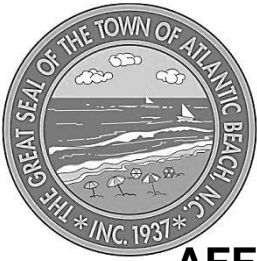
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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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### Licensure/Exemption Certification

Chapter 87, Article 1 of the N.C. General Statutes prohibits the Town from issuing a building permit unless and until the applicant has complied with the general contractor licensing and insurance coverage requirements in that article. To ensure such compliance, the Town requires that the applicant make the following certifications:

The undersigned applicant for a building permit certifies that the person, firm, or corporation performing, superintending, or managing the proposed construction or alteration, whether the applicant or another person, firm, or corporation contracted to do so, either:

- Is duly licensed as a **General Contractor** under Chapter 87, Article I of the N.C. General Statutes and maintains that license in good standing.

Licensee Name: \_\_\_\_\_ License #: \_\_\_\_\_

OR

**Is exempt from the statutory licensing requirements for general contractors because:**

- The cost of the proposed construction is less than \$30,000.
- The building being constructed or altered is located on **land owned by the applicant** and is intended solely for occupancy by the applicant (and family, if a person) for at least 12 months after its completion (i.e., the project is not a "speculation" project);
- I am the **owner** of the proposed building. It is my intention to act as my own general contractor, and I understand that the problems which may arise, such as inaccurate or insufficient construction will be solely my responsibility, and I will be left with no resource and must assume total liability for correction of the problems. I personally have a thorough knowledge of all of the NC State construction codes.

OR

- The applicant is engaged in the business of farming, owns the land containing the constructed or altered building, and intends to use the building for the business of farming after its completion.

OR

#### Modular Installation Contractor

- I am providing to the Town of Atlantic Beach a \$5,000.00 surety bond in accordance with **N.C.G.S. § 143-139.1**

The undersigned applicant further acknowledges that, pursuant to Chapter 87, Article 1 A of the N.C. General Statutes, the Town will collect a \$10.00 fee with applications for construction or alteration of a single-family dwelling unit and forward \$9.00 of the fee to the N.C. Licensing Board for General Contractors, which will deposit it into the Homeowners Recovery Fund for subsequent use in reimbursing homeowners' losses for construction by general contractors.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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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

