



Phone: 252-726-7361

Office of the
Fire Marshal

Fax: 252-726-1804

Town of Atlantic Beach

P.O. Box 10/ 125 W. Fort Macon Rd., Atlantic Beach, NC 28512

FIRE PROTECTION – CONSTRUCTION - PERMIT APPLICATION

Project Name/Occupant: _____	
Site Address: _____	Unit/Bldg/Suite #: _____
Business/Complex Name: _____	Phone #: _____

Contact Person: _____		Phone #: _____	
Mailing Address: _____	City: _____	State: _____	ZIP: _____
State License #: _____		State License Expiration Date: _____	
E-mail Address: _____		Town of AB Business License #: _____	

Place an (X) in the check box for the permit(s) which you are applying for:

<input type="checkbox"/> \$300.00 Fire Sprinkler System (NFPA 13)	<input type="checkbox"/> \$150.00 Hazardous Materials
<input type="checkbox"/> \$300.00 Fire Sprinkler System (NFPA13R/D)	<input type="checkbox"/> \$75.00 Compressed Gas Systems
<input type="checkbox"/> \$75.00 Fire Alarm/Detection System	<input type="checkbox"/> \$75.00 Fire Pump Install/Modification
<input type="checkbox"/> \$75.00 Standpipe System	<input type="checkbox"/> \$75.00 Private Fire Hydrants
<input type="checkbox"/> \$75.00 Kitchen Hood Suppression System	<input type="checkbox"/> \$75.00 Industrial Ovens
<input type="checkbox"/> \$75.00 Alternative Fire Protection System	<input type="checkbox"/> \$75.00 Spraying or Dipping
<input type="checkbox"/> \$75.00 Stationary Battery Systems >50 gal.	<input type="checkbox"/> \$75.00 Liquid & Gas Fueled Vehicles or Equipment in Assembly Buildings
<input type="checkbox"/> \$75.00 Explosives	<input type="checkbox"/> \$150.00 Above/ Underground Storage Tank Install/ Alter/ Removal/ Abandonment
<input type="checkbox"/> \$75.00 Flammable & Combustible Liquids (per site)	<input type="checkbox"/> Other _____

Scope of Work/Operation (Description): _____

*** If applicable, please attach site plan and specifications.*

Permit fees due at time of application
Payable to Town of Atlantic Beach

Applicant Name (Print) _____	Date _____
Applicant Signature _____	Phone # _____

Email (optional): _____

Date Received:	_____
Fire Marshal Approval:	_____
Permit Number:	_____
Total Fee:	_____