



**TOWN OF ATLANTIC BEACH**  
**Planning & Inspection Department**  
**PO Box 10, Atlantic Beach, NC 28512**

**(252) 726-4456**

**FAX (252) 727-7043**

**BUILDING PERMIT APPLICATION**

Owners Name:	Contractor:
Address:	Address
City/State/Zip	City/State/Zip
Phone:	Phone
Mobile:	Mobile
Email	Email
Other:	License #                      Class:

**PERMIT INFORMATION**

Permit No. [                      ]      Issue Date: [                      ]      Estimated Project Cost: \$

**PROPERTY ADDRESS:**

**Building Use & Occupancy:** *Circle*    C = Commercial    SF=Single Family    DP=Duplex    TP=Triplex  
 Number of units [                      ]  
    QP= Quadraplex    MFH = Manufactured    MH=Modular Home    OTHER=

**PROPERTY - PLANNING AND ZONING**

Subdivision:	Lot:	Block:	Section:	Phase:
Zoning District:	PIN #:	Parcel #		
Lot square footage:	Proposed lot coverage	%	Lot coverage allowed	%
Setback – Front                      ft	Setback Rear:	ft	Side                      ft / St. Side	ft
Flood Zone: <i>Circle</i> V___    AE    X    AO___	Base Flood Elevation:	ft	Lowest habitable floor elev.	ft    In
# Bedrooms:                      # Occupants:	Required parking spaces	Lot of record date		
Building height = Highest point from roof ridge to finished grade at center of structure	ft	In	Lot elevation (pre – post fill or cut)	ft    in

**CONSTRUCTION INFORMATION - FEES - ESTIMATES**

Type foundation:	Type roof & pitch:	Insulation: F [    ] W [    ] C [    ]
Exterior finish	Building Height                      ft                      in	Type heating:
Total heated area                      sf	Mean roof height:                      ft                      in	Chimney/fireplace
Total unheated area                      sf	Height to top plate:                      ft                      in	Designer:
Design pressure:	Number of stories:	Engineer:
	Storage area below BFE    (Y)    (N)	Permanent or Speculation Project <i>circle</i>

**GENERAL DESCRIPTION OF WORK:**





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### AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

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N.C.G.S. § 87-14

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

\_\_\_\_\_ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

\_\_\_\_\_ has/have one or more subcontractor(s) and have obtained workers' compensation covering them,

\_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering them,

\_\_\_\_\_ 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 Inspection 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: \_\_\_\_\_