**TOWN OF ATLANTIC BEACH**

**Planning & Inspection Department**
**PO Box 10, Atlantic Beach, NC 28512**

**(252) 726-4456**

**FAX (252) 727-7043**

# HOUSE MOVING PERMIT APPLICATION

| | |
|---|---|
| Owners Name: | |
| Address: | |
| City/State/Zip | |
| Phone: | |
| Mobile: | |
| Email | |
| Other: | |

**PERMIT INFORMATION**

**Permit No. [ ] Issue Date: [ ] Project Cost: $ FEE: $**

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

**PROPERTY / PLANNING / ZONING**

**PROJECT ADDRESS:**

**Subdivision: Lot: Block: Section: Phase:**

**CONTRACTOR INFORMATION**

| | |
|---|---|
| Name: | DBA: |
| Address: | License No. |
| City/State/Zip | License Class |
| Phone number | NCDOT Mover License: |
| Mobile # | Email address: |

**GENERAL DESCRIPTION OF WORK TO BE PERFORMED**

House being moved from (start point):

Going to (end destination):

Date move is to occur:

I hereby certify that all NCDOT permits and/or regulations have been obtained in accordance with State law. Additionally, I understand that any house moving within, in or through the Town of Atlantic Beach must be coordinated with both the local Police and Fire departments.

_____
Applicant Signature Date

_____ _____
Approval for issuance – Zoning Administrator Date Approval for issuance – Building Inspector Date

_____ _____
Approval for issuance – Chief of Police Date Approval for issuance – Chief of Fire Date