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

252) 726-4456

FAX (252) 727-7043

ELECTRICAL – MECHANICAL – PLUMBING - GAS INSULATION

Individual Trade Permit Application

Property Owner's Name:
Property Owner's Address:
City/State/Zip
Phone:
Mobile:
Email
Other:

PERMIT INFORMATION

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

Circle Type: **E** = Electrical **I** = Insulation **M** = Mechanical **P** = Plumbing **G** = Gas

HEATED SQUARE FOOTAGE _____ ***x $ .10 =*** _____

Circle New Repair Replace Upgrade Temporary Electric/Temporary Service Pole

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

PROPERTY / PLANNING / ZONING

PROJECT ADDRESS:

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

CONTRACTOR INFORMATION

Name:	DBA:
Address:	License No.
City/State/Zip	License Class
Phone number	Privilege License
Mobile #	Email address:

GENERAL DESCRIPTION OF WORK TO BE PERFORMED

I the undersigned have read and understand the General Statues pertaining to _____Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibilities and liability of a _____ contractor upon this project. If I resign or no longer affiliated with this project, I will notify the local authority (Town of Atlantic Beach Building Inspector) immediately by phone or in person and in writing within three (3) working days.

_____
Signature Date

_____
Approval for issuance – Building Inspector Date

(Created 3-7-08)