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

(252) 726-4456

FAX (252) 727-7043

PAVING 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 / **MF** = Multi-family / **SF =** Single Family / **DP =** Duplex

Number of units [ ] **TH** = Town House **MF** = Manufactured **O** = Other ***{specify}***

PROPERTY / PLANNING / ZONING

Project Address **PIN #:**

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

CONTRACTOR INFORMATION

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

GENERAL DESCRIPTION OF WORK TO BE PERFORMED

_____

Signature Date

_____

Approval for issuance – Building Inspector Date