

TOWN OF ATLANTIC BEACH
LAND DISTURBANCE PERMIT APPLICATION
Section 6-63 (a)
Inspections Department
Atlantic Beach, NC 28512
(252) 726-4456



Permit # _____

Date _____

Fee Owed _____

PROJECT INFORMATION

ADDRESS _____
PIN # _____
FLOOD ZONE _____
ZONING _____

OWNER INFORMATION

NAME _____
ADDRESS _____
PHONE _____

CONTRACTOR INFORMATION

NAME _____
ADDRESS _____
PHONE _____
LICENSE # _____

DETAILED DESCRIPTION OF WORK

NOTICE

This permit has been pre-approved by a certified inspector or will be reviewed by the inspector within 24 hours. This permit shall become invalid unless the work authorized by it shall have commenced within 6 months of its date of issue or if the work is suspended or abandoned for a period of one year. This project is to be erected or altered in accordance with the NC State Building Code and all other state and local laws applicable to this work.

Contractor/Owner/Authorized Agent
SIGNATURE & DATE

Building Inspector
SIGNATURE & DATE