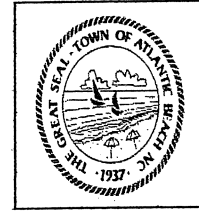


Permit # \_\_\_\_\_  
 Date \_\_\_\_\_  
 Fee Owed \_\_\_\_\_

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



**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 or Zoning Officer  
 SIGNATURE & DATE