



Phone: 252-726-7361

Office of the Fire Marshal

Fax: 252-726-1804

Town of Atlantic Beach

P.O. Box 10/ 125 W. Fort Macon Rd., Atlantic Beach, NC 28512

OPERATIONAL PERMIT APPLICATION

Project Name/Occupant: _____	
Site Address: _____	Unit/Bldg/Suite #: _____
Business/Complex Name: _____	Phone #: _____

Contact Person: _____		Phone #: _____	
Mailing Address: _____	City: _____	State: _____	ZIP: _____
State License #: _____		State License Expiration Date: _____	
E-mail Address: _____		Town of AB Business License #: _____	

Place an (X) in the check box for the permit which you are applying for:
ONE PERMIT TYPE PER APPLICATION

<input type="checkbox"/> \$50.00 Amusement Buildings	<input type="checkbox"/> \$50.00 Fumigation/Thermal Insecticide Fogging
<input type="checkbox"/> Burning (Not Allowed in Town of AB)	<input type="checkbox"/> \$100.00 Hazardous Materials (per site)
<input type="checkbox"/> \$50.00 Carnivals & Fairs	<input type="checkbox"/> \$50.00 Hot Work
<input type="checkbox"/> \$50.00 Combustible Dust Producing Operations	<input type="checkbox"/> \$50.00 Industrial Ovens
<input type="checkbox"/> \$50.00 Compressed Gases	<input type="checkbox"/> \$50.00 Liquid & Gas Fueled Vehicles or Equipment in Assembly Buildings
<input type="checkbox"/> \$50.00 Covered Mall Buildings	<input type="checkbox"/> \$50.00 Spraying or Dipping
<input type="checkbox"/> \$50.00 Exhibits & Trade Shows	<input type="checkbox"/> \$100.00 Above/ Underground Storage Tank Install/ Alter/ Removal/ Abandonment
<input type="checkbox"/> \$50.00 Explosives	<input type="checkbox"/> Other _____
<input type="checkbox"/> \$50.00 Flammable & Combustible Liquids (per site)	

Scope of Work/Operation (Description): _____

*** If applicable, please attach site plan and specifications.*

Permit fees due at time of application
Payable to Town of Atlantic Beach

_____	_____
Applicant Name (Print)	Date
_____	_____
Applicant Signature	Phone #

Date Received:	_____
Fire Marshal Sign.:	_____