

## **TOWN OF ATLANTIC BEACH**

717 30<sup>th</sup> Avenue South Atlantic Beach, SC 29582 Mailing Address: PO Box 5285, North Myrtle Beach, SC 29597

Phone: 843 663-2284 Fax: 843 663-0601

## RESIDENTIAL BUILDING PERMIT APPLICATION

(2018 IB C ODES)

## PIN NO, LEGAL OWNER OF PROPERTY AND PROPERTY OWNER ADDRESS MANDATORY

Date:	
Permit Requested By:	
Relationship to Property Owner:	
Contractor's Company Name:	License No
Mailing Address:	
City:	State: Zip:
Phone: ()	
Tax Map# (TMS)	Pin No.
Legal Owner of Property:	
Previous Owner of Property (if owned less than 12 months)	
Property Owner Address:	
Type work to be done: New Construction Additi	ion Renovation Repair Demolition
DESCRIPTION OF WORK	
Type of Construction Exterior Covering	No. of Rooms No. of Baths
No. of Bedrooms Type of Heat/Cooling _	
SQUARE FOOTAGE: Heated: U	nheated: Total:
Estimated cost of Construction (Labor & Materials) \$	
Estimated Date of Completion:	
submitted will be reviewed prior to the issuance of a building permit. This proc required, the review process may be delayed.  I also understand that, by ordinance, all contractors, subcontractor current business license for the Town of Atlantic Beach prior to start of their policensing or registration. A subcontractor, vendor listing is included in the permit	Il required information must be provided to the office of the Building Department. All information ess may take as long as two (2) weeks. Should information be missing or additional information be rs, architects, engineers, surveyors, other professionals, vendors and suppliers are required to have rtion of the work. When required by State law they must also be in possession of the proper state hit application and must be completed and returned with the application. Failure to comply with any of colina may result in suspension and/or termination of the building permit and the penalties of the
Print Name:	Signature: Title:
DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY	
Date Received:	Fee Paid:
Received By:	