



TOWN OF ATLANTIC BEACH

717 30th 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 – SINGLE FAMILY
BUILDING PERMIT APPLICATION
(2012 IRC CODES)**

Date: _____

Permit Requested By: _____

Relationship to Property Owner: _____

Contractor's Company Name: _____ License No. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Tax Map# (TMS) _____

Legal Owner of Property: _____

Previous Owner of Property (if owned less than 12 months) _____

Location of Property: _____

Type work to be done: New Construction Addition 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: _____ Unheated: _____ Total: _____

Estimated cost of Construction (Labor & Materials) \$ _____

Estimated Date of Completion: _____

I understand that all applications for Building Permits, along with all required information must be provided to the office of the Building Department. All information submitted will be reviewed prior to the issuance of a building permit. This process may take as long as two (2) weeks. Should information be missing or additional information be required, the review process may be delayed.

I also understand that, by ordinance, all contractors, subcontractors, architects, engineers, surveyors, other professionals, vendors and suppliers are required to have current business license for the Town of Atlantic Beach prior to start of their portion of the work. When required by State law they must also be in possession of the proper state licensing or registration. A subcontractor, vendor listing is included in the permit application and must be completed and returned with the application. Failure to comply with any of the ordinances of the Town of Atlantic Beach or laws of the State of South Carolina may result in suspension and/or termination of the building permit and the penalties of the ordinance imposed.

Print Name: _____ Signature: _____ Title: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date Received: _____ Fee Paid: _____

Received By: _____