



ANNUAL ATV BEACH DRIVING PERMIT APPLICATION

Return Completed Application with Insurance Information to **Currituck County**

Mainland: 153 Courthouse Rd., Suite 204, Currituck, NC 27929 **Fax:** 252-232-3551

Email: Leeann.Walton@CurrituckCountyNC.gov

Corolla: POBox 73 Corolla, NC 27927 **Fax:** 252-453-8300

Email: CCIOBX@CurrituckCountyNC.gov

RESIDENT'S/OWNER'S NAME: _____

PERMANENT/MAILING ADDRESS: _____

CONTACT PHONE: _____ EMAIL: _____

CHECK ONE: _____ FULL-TIME RESIDENT _____ NON-RESIDENT PROPERTY OWNER

COUNTY PROPERTY ADDRESS (*FOR NON-RESIDENT PROPERTY OWNER*):

MOPED, MOTORCYCLE OR ATV DESCRIPTION

VEHICLE 1

YEAR: _____ MAKE/MODEL: _____

SERIAL NUMBER: _____

INSURANCE COMPANY _____ POLICY # _____ EXP. _____

VEHICLE 2

YEAR: _____ MAKE/MODEL: _____

SERIAL NUMBER: _____

INSURANCE COMPANY _____ POLICY # _____ EXP. _____

I HAVE READ AND UNDERSTAND THE CURRITUCK COUNTY BEACH DRIVING ORDINANCE (*CHAPTER 10, CURRITUCK COUNTY CODE OF ORDINANCES*) AS ADOPTED AND AMENDED AND HAVE ATTACHED A COPY OF MY INSURANCE POLICY SHOWING CURRENT LIABILITY COVERAGE ON THE ATV(S).

SIGNATURE OF RESIDENT/OWNER

PERMIT NUMBER: Vehicle 1 _____ Vehicle 2 _____

EXPIRATION: DECEMBER 31, 20 _____

PERMIT ISSUED BY: _____ DATE: _____