



CURRITUCK COUNTY

SEASONAL & 10-DAY BEACH PARKING PERMIT APPLICATION

Please complete form & return to Department of Travel & Tourism

Mainland: 106 Caratoke Highway, Moyock, NC 27958

Phone: 252-435-2947

Fax: 252-435-2996

Corolla: 500 Hunt Club Drive, Corolla, NC 27927

Phone: 252-453-9612

Fax: 252-453-9653

Email: MoyockBeachPermits@CurrituckCountyNC.gov or CorollaBeachPermits@CurrituckCountyNC.gov

Methods of payment accepted are: **Credit Cards** **Checks** **Exact Change**

Section A. APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Email: _____

Alternate Contact: _____

Phone: _____ Alternate Email: _____

Section B. SEASONAL & 10-DAY PERMIT ORDER

10-Day Permit - \$50.00

(Valid for 10 days)

Arrival Date: _____

Vehicle #1:

License Plate #: _____

State: _____

Vehicle #2:

License Plate #: _____

State: _____

Vehicle #3:

License Plate #: _____

State: _____

Number of Permits: _____

Total Due: _____

Seasonal Permit - \$150.00

(Valid Friday before Memorial Day through end of day Labor Day)

Vehicle #1:

License Plate #: _____

State: _____

Permit #: _____

Vehicle #2:

License Plate #: _____

State: _____

Permit #: _____

Number of Permits: _____

Total Due: _____

For Office Use Only:

Expiration Date: _____

Please check the location where you will be picking up your permit: _____ Moyock _____ Corolla?

I have contacted my Property Management Company and have given them permission to pick up my permit(s).
My Property Management Company is: _____

List the number of permits to release to Property Management Company _____ .

Are you picking up any of your remaining permits? _____ Yes _____ No. If yes; how many? _____

Submit additional pages for more than 3 vehicles.

**Please read the Important Information for Applicants Section of the
*Application for Parking Permit and Beach Driving Policies & Regulations.***

Section C. SIGNATURE & ACKNOWLEDGEMENT

Important Information for Applicants

Applicant signature serves as written acknowledge that they abide by the county beach driving ordinance/policy information.

I have completed either an Online Certification or signed Beach Driving Ordinance and Policy Information Disclosure form.

Name (Please Print): _____

Signature: _____

Date: _____

For Office Use Only	Total Qty:	Total Due: \$	Paid: \$ <i>Circle One</i> <i>Cash Check Credit Card</i>	Processed By:	Date:
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