



ANNUAL ATV BEACH DRIVING PERMIT APPLICATION

Return Completed Application with Insurance Information to:

Mail:

Currituck County
153 Courthouse Rd., Suite 204
Currituck, NC 27929

Phone

252-232-2075

Fax:

252-232-3551

Email:

Samantha.Evans@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: _____