



# **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**

252-232-6001

**Fax:**

252-232-3551

**Email:**

[Merrie.Holcomb@CurrituckCountyNC.gov](mailto:Merrie.Holcomb@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: \_\_\_\_\_