

**TOWN OF TOPSAIL BEACH**  
**810 S ANDERSON BLVD**  
**TOPSAIL BEACH, NC 28445**  
**910-328-5194**  
**Email: smooore@topsailbeachnc.gov**

Please Fill out Form COMPLETELY

Permit Number	Project Address
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Name of Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

Contractor \_\_\_\_\_

Phone Number \_\_\_\_\_ Local Priv. Lic # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Estimated cost of Project \$ \_\_\_\_\_ Square Footage \_\_\_\_\_

Description of Work \_\_\_\_\_

Date structured will be moved \_\_\_\_\_ Time \_\_\_\_\_

Please read & initial

*I understand that in addition to a moving permit a \$1000 cashiers check or Performance bond is required, which will be refunded within 30 days, less the cost of traffic control and any damages incurred. I also understand that I must provide documentation to the town showing them as an additional insured on my Liability Insurance. I must have authorization from the Topsail Beach Police Department 72 hours in advance to moving the structure. NO STRUCTURE WILL BE MOVED BETWEEN MEMORIAL DAY AND LABOR DAY.*

\_\_\_\_\_ initial

<b>For Office Only</b>	
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Police Department \_\_\_\_\_ Date Approved \_\_\_\_\_

Inspections Department \_\_\_\_\_ Date Approved \_\_\_\_\_

Receipt # \_\_\_\_\_ Total Received \_\_\_\_\_

Cashiers Check # \_\_\_\_\_ Amount of Cashiers Check \_\_\_\_\_