



ANNUAL ATV BEACH DRIVING PERMIT APPLICATION

PERMIT NUMBER: _____

EXPIRATION: December 31, 20____

RESIDENT'S/OWNER'S NAME: _____

PERMANENT ADDRESS: _____

COUNTY PROPERTY ADDRESS (FOR NON-RESIDENT LANDOWNER): _____

MOPED, MOTORCYCLE OR ATV DESCRIPTION

VEHICLE 1

MAKE: _____ YEAR: _____

SERIAL NUMBER: _____

INSURANCE COMPANY: _____ POLICY #: _____

VEHICLE 2

MAKE: _____ YEAR: _____

SERIAL NUMBER: _____

INSURANCE COMPANY: _____ POLICY #: _____

I HAVE RECEIVED, 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
LIABILITY ON THE ATV.

SIGNATURE OF RESIDENT/OWNER

PERMIT ISSUED BY: _____ DATE: _____