



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 # _____ EXP. _____

VEHICLE 2

MAKE: _____ YEAR: _____

SERIAL NUMBER: _____

INSURANCE COMPANY _____ POLICY # _____ EXP. _____

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: _____