



Town of Kitty Hawk
 Planning & Inspections Department
 101 Veterans Memorial Drive, PO Box 549
 Kitty Hawk, NC 27949
 Phone: 252-261-3552 Fax: 252-261-7900

COMMERCIAL BUILDING PERMIT APPLICATION

Property Address _____ PIN # _____

Property Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Cell: (____) _____

Email: _____

Tenant Name/Business Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Cell: (____) _____

Email: _____

Owner Builder Contractor- License # _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Cell: (____) _____

Email: _____

STAFF USE ONLY:		
Date: _____	Complete Application: <input type="checkbox"/> Y <input type="checkbox"/> N	<i>Please see reverse side.</i>
Received By: _____	Date of Complete Application: _____	

Staff to Complete FIRM Data:	
Map Panel #: _____	Base Flood Elevation (BFE): _____
Effective Date: _____	Regulatory Flood Protection Elevation: _____
Flood Zone: <input type="checkbox"/> AE <input type="checkbox"/> VE <input type="checkbox"/> X	

General Description of Work: _____

Type of Business:

Type of Action:

New Construction Addition Repair/Replace

Remodel Other _____

Total Estimated Cost of Construction _____

(includes value of all labor and all materials):

\$ _____

<u>Square Footage:</u>	<u>Existing</u>	<u>Proposed</u>	
Heated Floor Area:	_____	_____	sq ft
Unheated Area:	_____	_____	sq ft
Porch:	_____	_____	sq ft
Deck:	_____	_____	sq ft
TOTAL:	_____	_____	sq ft

<u>Estimated Lot Coverage:</u>	<u>Existing</u>	<u>Proposed</u>	
Footprint of Structure:	_____	_____	sq ft
Driveway/Parking Lot:	_____	_____	sq ft
Other Concrete:	_____	_____	sq ft
Accessory Buildings:	_____	_____	sq ft
Pool:	_____	_____	sq ft
Stairs/decks/walkways (outside of building):	_____	_____	sq ft
Other (impervious areas):	_____	_____	sq ft
TOTAL:	_____	_____	sq ft
Area of Lot _____ sq ft X 30%= Total Coverage Allowed _____ sq ft			

Proposed Building Details:

Foundation Type _____

Roofing Material _____

Exterior Finish: _____

of Parking Spaces: _____

A/C: _____ Heat Type: _____

Schedule B (if applicable)

Sub-contractor Information: A \$50.00 fee applies to each subcontractor. An affidavit will need to be signed by each subcontractor prior to beginning work.

Electric Plumbing HVAC Fuel Piping Irrigation Low Voltage



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General Contractor: Name _____
Business Name _____
Business Address _____
Business Phone(____) _____
NC State License # _____
License Limit \$ _____

Project Information: Property Owner _____
Location of Job _____

A surety bond in the amount of five thousand dollars (\$5000.00) payable to the town conditioned upon the completion of construction in accordance with the North Carolina State Building Code and all applicable statutes and ordinances, and the repair of any public facilities, including street, waterlines and utilities which are damaged during the course of construction, where applicable.

Insurance Company _____

I the undersigned have read and understand the General Statutes pertaining to General Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a general contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Kitty Hawk Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Signature _____

Date _____

North Carolina
_____ County

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the _____ day of _____,

My commission expires _____.

Notary Public



AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. § 87-14

The undersigned applicant for Building Permit # _____ being the
_____ Contractor
_____ Owner
_____ Officer/Agent of the Contractor or Owner

do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and have obtained workers' compensation covering them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

Firm Name: _____

By: _____

Title: _____

Date: _____