



Town of Kitty Hawk Revised April 2022
 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: _____

Lien Agent Details Submitted: Yes No Not Required

Authorized Agent/Contractor: Owner Builder Contractor- License # _____

Name: _____

Mailing Address: _____
 (City) (State) (Zip)

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

Email : _____

Sub-contractor Information: . An affidavit will need to be signed by each subcontractor prior to beginning work.

	Contractor	NC License No.	Phone #
Electric	_____	_____	_____
Plumbing	_____	_____	_____
HVAC	_____	_____	_____
Fuel Piping	_____	_____	_____
Irrigation	_____	_____	_____
Low Voltage	_____	_____	_____
Sprinkler	_____	_____	_____
Fire Suppression Sys	_____	_____	_____
Fire Alarm & Detection Sys	_____	_____	_____

No Work shall be covered or concealed until approved by the Kitty Hawk Building Inspector

General Description of Work: _____

Type of Business: _____
Class of Work
 Multi-Family Commercial Bldg Accessory Bldg.
 Other _____
Type of Action:
 New Addition Remodel Repair/Replace
 Roofing Siding Moving Demo
 Other _____
Estimated Cost of Construction
 (includes value of all labor and all materials):
 Building - \$ _____ Electrical - \$ _____
 Plumbing - \$ _____ Mechanical - \$ _____
 Gas - \$ _____ Other - \$ _____
 Total Cost of Construction - \$ _____

Utilities (please circle one):

Water: Dare Co. / Well
 Private Sewer / Septic
 Electric: Underground / Overhead
 Amperage _____
 Phase _____
 Voltage _____
 Flood Zone: _____
 Base Flood Elevation _____

Proposed Building Details:

No. Stories: _____ Bldg Height: _____
 No. Units: _____
 Foundation Type _____
 Roofing Material _____
 Exterior Finish: _____
 Parking Lot Area : _____
 # of Parking Spaces: _____
 A/C: _____ Heat Type: _____
 Appendix B (if applicable)

Square Footage:	Existing	Proposed	
Heated Floor Area:	_____	_____	sq ft
Unheated Area:	_____	_____	sq ft
Porch:	_____	_____	sq ft
Deck:	_____	_____	sq ft
TOTAL:	_____	_____	sq ft
Parking Lot Area :	_____	_____	sq ft

Staff to Complete FIRM Data:

Map Panel #: _____
 Effective Date: _____
 Flood Zone: AE VE X

Base Flood Elevation (BFE): _____
 Regulatory Flood Protection Elevation: _____

STAFF USE ONLY:

Date: _____

Complete Application: Y N

Received By: _____

Date of Complete Application: _____



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GENERAL CONTRACTOR SIGN OFF FORM

GENERAL CONTRACTOR INFORMATION

Qualifier's Name: _____

Business Name: _____

Business Address: _____

Business Phone (Includes Area Code): _____

NC General Contractor License #: _____

General Contractor License Limit: _____

General Contractor's Email Address: _____

Surety Bond (Project Over \$30,000): _____

PROJECT INFORMATION

Property Owner: _____

Property Address of Job: _____

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 Inspections) immediately by phone or in person and in writing within three (3) working days.

Signature

Date



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**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

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: _____

Signature: _____

Title: _____

Date: _____



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CHECK LIST OF INFORMATION FOR COMMERCIAL BUILDING PERMIT

- PAPERWORK REQUIRED TO RECEIVE PERMIT**
 - Permit application completed
 - Contractor or Owner/Contractor Form completed and signed
 - Workers Compensation Form completed and signed
- LAND DISTURBANCE PERMIT OR EROSION & SEDIMENTATION CONTROL PLAN**
 - Land Disturbance Permit – Required if
 - On an undeveloped lot
 - Proposed ground disturbance is 5,500 square feet or less
 - Cutting down trees (only on an undeveloped lot)
 - Erosion & Sedimentation Control Plan – Required if
 - Proposed ground disturbance is greater than 5,500 square feet
- SITE PLAN**
 - Setbacks
 - Parking
 - Flood Zones
 - Maximum lot coverage
- WATER TAP (*Town does not require copy of water tap*)**
 - Water Department, 600 Mustian St., Kill Devil Hills, NC, Phone: 252-475-5990
 - Water tap required by Health Department before a Septic Permit will be issued
- DARE COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT**
 - Environmental Health, 2601 N Croatan Hwy, Kill Devil Hills, NC, Phone: 252-475-5080
 - Plans **stamped** by Health Department
 - Copy of Improvement Permit
- PERMITS FROM CAMA OR ARMY CORPS OF ENGINEERS IF REQUIRED**
 - Army Corp of Engineers, Phone: 910-251-4555
 - CAMA
 - Minor Permits-LPO Officer/Kitty Hawk, Rob Testerman, Phone: 252-261-3552
 - Major/General Permits-CAMA Office in Elizabeth City, NC, Phone: 252-264-3901
- BUILDING PLANS**
 - 3 Copies
 - Appendix B
 - Must be to scale
 - Engineering **original** seal
 - Non-Conversion Agreement if needed
 - V Zone Certification by Engineer if structure located in VE Zone
- SURETY BOND & Certificate of Insurance**
 - Provide \$5000 Surety Bond payable to the Town if job cost is \$30,000 or more
 - Provide copy of Insurance Certificate for General Liability & Worker's Comp
- LIEN INFORMATION**
 - Copy of Lien Information to be submitted & posted on Property
 - Online Information: www.liensnc.com



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INFORMATION REQUIRED ON COMMERCIAL AS-BUILT SURVEY

- Title plan "As-Built Survey"
- Property Owner's Name
- Property Address
- Subdivision Name, Lot & Block Numbers
- Dare County Parcel Identification Number (PIN)
- Date of Survey
- Surveyor's Original Seal
- Legend, North Arrow, and Vicinity Map
- Property Lines
- Lot Area
- Percentage of Lot Coverage
- Structures (*Including Accessory Buildings*)
 - Building
 - Barns, Sheds, Accessory Structures
 - Decks, Porches, Steps & Walkways
 - Pools & Hot tubs
 - Driveways & Parking Lots (*Proposed areas for driveways and parking spaces, regardless of surface material, are to be shown on as-built. Driveways and parking areas are counted as lot coverage for all districts regardless of the surface material.*)
 - Gravel
 - Utility platforms/HVAC Units
- Parking Calculations
- Easements
- Wetlands, Canals, Waterways & Bodies of Water
- Approximate Location of Septic Tank and Lines
- Minimum Setback Requirements (*Show Setback Lines on As-Built Survey, including CAMA Setbacks*)
- Structure Setbacks
- Percentage of Lot Coverage
- Flood Zone, Base Flood Elevation, and Flood Zone Lines
- Flood Insurance Rate Map (FIRM) Panel Number and Effective Date
- CAMA Lot Coverage (when applicable)
- Corps of Engineers wetlands recently filled or proposed to be filled (when applicable)