



RESIDENTIAL BUILDING PERMIT APPLICATION

Property Address _____ PIN # _____

Property Owner Name: _____

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

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

Email: _____

Lien Agent Details Submitted: Yes No

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	_____	_____	_____

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

General Description of Work: _____

Class of Work:

- Single Family Two Family Accessory Bldg.
 Pool Other _____

Type of Occupation:

- Rental/Spec Permanent/ 2nd Home

Type of Action:

- New Addition Remodel Repair/Replace
 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

Electric: Underground / Overhead

Amperage _____

Phase _____

Voltage _____

Flood Zone: _____

Base Flood Elevation _____

Proposed Building Details:

No. Stories: _____ Bldg

Height: _____

No. of Bedrooms: Existing _____ Proposed _____

No. of Baths: Full _____ Half _____

Foundation Type: _____

Roofing Material: _____

Exterior Finish: _____

Fireplace: Y N

If yes: Wood Gas Other _____

Square Footage: Existing Proposed

Heated Living Space: _____ sq ft

Unheated Space: _____ sq ft

Porch: _____ sq ft

Deck: _____ sq ft

TOTAL: _____ sq ft

Staff to Complete FIRM Data:

Map Panel #: _____

Effective Date: _____

Base Flood Elevation (BFE): _____

Regulatory Flood Protection Elevation: _____

STAFF USE ONLY:

Date: _____

Complete Application: Y N

Workers Comp Form: _____

Received By: _____ Date of Complete Application: _____

Lien Agent Info Submitted _____



**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

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