Print Form

Town of Kill Devil Hills
Residential Building Permit Application

Applicant

Name:_____

Address: _____

_____

Phone: _____

Fax: _____

Cell: _____

Property Owner

Name:_____

Address:_____

_____

Phone: _____

Fax: _____

Cell: _____

Property Location

Address:_____ Lot, Block: _____

Subdivision: _____ Pin#: _____

Zoning District: ☐ RL ☐ RH ☐ Commercial ☐ LI-1 ☐ LI-2 ☐ OIR

Total Lot Size: _____ Sq. Ft. Disturbed Area:_____ Sq. Ft.

Contractor

Company Name: _____ License Number:_____

Name: _____ Phone: _____

Address:_____ Cell:_____

_____ Fax: _____

Town Privilege License Number: _____ ☐

Construction Information

☐ Single Family Dwelling ☐ Duplex

☐ New Construction ☐ Addition ☐ Repair/Replace ☐ Remodel ☐ Other:_____

Square Footage Proposed:

Living Space: _____ Sq. Ft. Covered Deck(s):_____ Sq. Ft. Storage:_____ Sq. Ft.

Garage: _____ Sq. Ft. Open Deck(s) (number of): _____

Proposed Square Footage: _____ + Existing Square Footage:_____ = _____Total Sq. Ft.

Percent Coverage: _____ *(total site including pools, sheds, walkways, patios, etc.)*

No. Bedroom(s): _____ # of Parking Spaces: *Existing:*____*Proposed:*_____***Total***:_____

Septic Tank Permit #:_____ Construction Type: _____

Estimated Construction Cost (including labor and materials): _____

Flood Information

Flood Zone: ☐ VE ☐ AE ☐ X Base Flood Elevation: _____

Proposed First Floor Elevation: _____ Sq. Ft Below Base Flood Elevation: _____

Project Description

_____

_____

_____

Staff Use Only:
Received By: _____ Date: _____ Fee:_____

Required Permit Information Checklist:

- ☐ Permit Application (Completed)
- ☐ Owner Authorization Form
- ☐ Survey showing the following
  - Existing and proposed improvements (fully dimensioned)
  - 10x20 parking spaces (1 space per bedroom) and driveway
  - Turn around areas and dumpster area (if applicable)
  - Water tap location marked and signed by applicant
  - Current flood information,
  - Proposed first floor elevation
  - Existing and proposed lot coverage,
  - Building setbacks
- ☐ Health Department approval/permit
- ☐ CAMA permit (if applicable)
- ☐ Building Plans – 3 sets
  - Foundation plan
  - Elevations (all four sides)
  - Wall cross section (to scale)
  - Floor plan of all levels (to scale)
  - Overall building height
  - Window and door schedule
  - Engineer/Architects seal (must be original seal, signature and date)
- ☐ $5,000 Surety Bond (new construction only)
- ☐ Elevation certificate if in a Special Flood Hazard Area (SFHA)
- ☐ Non-conversion agreement (if applicable)
- ☐ Elevation certificate (if located in SFHA)
- ☐ Cash, check or money order for applicable fees

Signature of Applicant: _____

08-01-09