



TOWN OF KILL DEVIL HILLS, NORTH CAROLINA
OWNER AUTHORIZATION

I, _____, authorize _____
(Owner) (Agent/ Contractor)

to act as my agent for _____
(Description)

located at _____
(Address)

I understand and accept responsibility to comply with all regulations and required inspections.

I further understand and acknowledge that until a final inspection has been performed and approved and this project has received a Certificate of Occupancy/Completion (CO), no portion of this project is authorized for use or occupancy.

Signature of Owner

Signature of Agent

Date

Date

Address

Telephone # (s)

OWNER AUTHORIZATION IS REQUIRED AT INITIAL SUBMITTAL

Please check with you Insurance Agent prior to construction. Your project may affect your flood insurance rates!

PO Box 1719 • Kill Devil Hills, NC 27948
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