

PERMIT APPLICATION

TRADE AFFIDAVIT

(CHECK ONE)



## TOWN OF KILL DEVIL HILLS

PHONE: 252-449-5318

EMAIL: Permits@kdhnc.com

FAX: 252-441-4102

**TRADE:**     PLUMBING     MECHANICAL     ELECTRICAL     GAS PIPING

(CHECK ALL THAT APPLY)

### OWNER INFO

OWNER NAME \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ OWNER PHONE (    ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ OWNER CELL (    ) \_\_\_\_\_

### CONTRACTOR INFO

CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### PROJECT INFO

PROJECT NAME \_\_\_\_\_ BUILDING PERMIT # \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_

PROJECT COST (INCLUDING MATERIALS & LABOR) \$ \_\_\_\_\_

### DECLARATION (Required to be signed for permit application)

Applicant: I, (The Applicant), do hereby declare that the information contained in this application, the attached schedules and forms, the attached plans and specifications, and other attached documentation is true to the best of my knowledge. If a permit is granted, I agree to comply with Local Ordinances and the conditions of the permit. If the Applicant is a corporation or partnership, I have the authority to bind the corporation or partnership by signing off, I understand that it constitutes a legal signature confirming that I acknowledge and agree to the above declaration.

Signature of Applicant: \_\_\_\_\_