

PERMIT APPLICATION

TRADE AFFIDAVIT

(CHECK ONE)



TOWN OF KILL DEVIL HILLS

PHONE: 252-449-5318

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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 _____

CITY _____ STATE _____ ZIP _____ PHONE _____

LICENSE NO. _____ SIGNATURE _____

PROJECT INFO

PROJECT NAME _____ BUILDING PERMIT # _____

PROJECT ADDRESS _____

SUBDIVISION _____ LOT _____ BLOCK _____ SEC _____

PROJECT DESCRIPTION _____

PROJECT COST (INCLUDING MATERIALS & LABOR) \$ _____

STAFF USE ONLY

RECEIVED BY: _____ DATE: _____ FEE: _____ PERMIT #: _____ FLOOD ZONE: _____