



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 17 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-330

PROJECT NAME:

SITE ADDRESS: 1809 SEMINOLE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/17/2021

EXPIRES: 06/15/2022

APPLICANT: POP'S REPAIR
P. O. Box 2380
Kill Devil Hills, NC 27948
256-4400

OWNER: Siegrist, Steven & Karol
1809 Seminole ST
Kill Devil Hills, NC 27948

H-3: POP'S REPAIR
113 E. Sothel St. Unit #5
Kill Devil Hills, NC 27948
252-256-0093

License: 18937
Expires: 12/31/2022

PARCEL:

PIN: 988406275651

Parcel Number: 002476000

Address: 1809 SEMINOLE ST KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

Zoning:

Block: I **Lot(s):** 8

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC replacement

MC2021-330

PROJECT NAME:

SITE ADDRESS: 1809 SEMINOLE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/17/2021

EXPIRES: 06/15/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12/17/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 2 2021

Planning and Inspection Department

MC2021-314

PROJECT NAME: SWEENEY HVAC
SITE ADDRESS: 514 Archdale St. W. Kill Devil Hills

MECHANICAL

ISSUED: 11/24/2021

EXPIRES: 05/23/2022

APPLICANT: SWEENEY, JAMES
6463 LAKE MEADOW DR
Burke, VA 22015

OWNER: SWEENEY, JAMES
6463 LAKE MEADOW DR
Burke, VA 22015

H-3, CLASS 1:

JERRY ANGE
3900 IVY LANE
kitty hawk, nc 27949
757-495-7152

License: 31386
Expires: 12/31/2022

PARCEL:

PIN: 987520913115

Parcel Number: 003026002

Address: 514 Archdale St. W. Kill Devil Hills

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 70 **Lot(s):** 27 & 28

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2021-314

PROJECT NAME: SWEENEY HVAC
SITE ADDRESS: 514 Archdale St. W. Kill Devil Hills

MECHANICAL

ISSUED: 11/24/2021

EXPIRES: 05/23/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

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Issued By: Jordan Blythe

Contractor or Authorized Agent: JB Date: 11 / 24 / 2021



Town of Kill Devil Hills

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Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 20 2021

Planning and Inspection Department

PERMITS

MC2021-329

PROJECT NAME: Two Fish HVAC
SITE ADDRESS: 301 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/16/2021

EXPIRES: 06/14/2022

APPLICANT: Two Fish, LLC
1708 Stone Church Rd
Virginia Beach, Va 23455

OWNER: Two Fish, LLC
1708 Stone Church Rd
Virginia Beach, Va 23455

MECHANICAL, H-3, I: AIR HANDLERS OBX
8788 Caratoke Hwy
Harbinger, NC 27941
252-216-8945

License: 23577
Expires: 12/31/2021

PARCEL:

PIN: 988420806388

Parcel Number: 008123121

Address: 301 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 1

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: C/O 1.5 Ton HVAC systems Units A & B



PAID
12/20/21
check # 1130

MC2021-329

PROJECT NAME: Two Fish HVAC

SITE ADDRESS: 301 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/16/2021

EXPIRES: 06/14/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9787.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: Linda Burgess Date: 12 / 17 / 2021



Town of Kill Devil Hills

PO BOX 1719
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Phone: 252-449-5318 Fax: 252-441-4102

DEC 20 2021

Planning and Inspection Department

MC2021-331

PROJECT NAME: WEINSTOCK HVAC
SITE ADDRESS: 1209 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/20/2021

EXPIRES: 06/18/2022

APPLICANT: WEINSTOCK, MATTHEW
10504 CARDINGTON LN
RALEIGH, NC 27614
585-330-1154

OWNER: WEINSTOCK, MATTHEW
10504 CARDINGTON LN
RALEIGH, NC 27614
585-330-1154

H3, CLASS 1: One Hour Heating and Air Conditioning
701 Fresh Pond West
Kill Devil Hills, NC 27948
441-1740

License: 12643
Expires: 12/31/2021

PARCEL:

PIN: 988312975233

Parcel Number: 029996000

Address: 1209 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS SEC 1

Block: 16 **Lot(s):** 26

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2021-331

PROJECT NAME: WEINSTOCK HVAC

SITE ADDRESS: 1209 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/20/2021

EXPIRES: 06/18/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8129.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 12.20.21



Town of Kill Devil Hills

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DEC 16 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-328

PROJECT NAME:

SITE ADDRESS: 1711 SIOUX ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/15/2021

EXPIRES: 06/13/2022

APPLICANT: MYERS, JAMES W &
505 SPURLOCK CT
CHESAPEAKE, VA 23320

OWNER: MYERS, JAMES W &
505 SPURLOCK CT
CHESAPEAKE, VA 23320

PLUMBING, MECHANICAL: NORRIS MECHANICAL
P.O. Box 217
HARBINGER, NC 27941
252-491-2673

License: 11100
Expires: 12/31/2021

PARCEL:

PIN: 988410265520

Parcel Number: 002676000

Address: 1711 SIOUX ST KILL DEVIL HILLS

Zoning:

Addition: HIGH VIEW - HEDRICKS ADD

Block: C **Lot(s):** 8

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace all existing ductwork

PAID
12/15/21
P.S. P.Y.

MC2021-328

PROJECT NAME:

SITE ADDRESS: 1711 SIOUX ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/15/2021

EXPIRES: 06/13/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2875.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Henry B. [Signature] **Date:** 12 / 15 / 2021



Town of Kill Devil Hills

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DEC 14 2021

Planning and Inspection Department

MC2021-327

PROJECT NAME: 900 B N Va Dare Trl
SITE ADDRESS: 900 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/13/2021

EXPIRES: 06/11/2022

APPLICANT: MCCARTY, DONALD J
9203 BALTIMORE AVE
COLLEGE PARK, MD 20740

OWNER: MCCARTY, DONALD J
9203 BALTIMORE AVE
COLLEGE PARK, MD 20740

MECHANICAL: American Refrigeration
P.O. Box 835
nags head, nc 27959
252-305-5320

License: 15578
Expires: 12/31/2021

PARCEL:

PIN: 98841572177502

Parcel Number: 027655000

Address: 900 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition:

Block: 19 **Lot(s):** 1-2 - UNIT 2

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC replacement

PAID
12/14/21
Pg P-1

MC2021-327

PROJECT NAME: 900 B N Va Dare Trl

SITE ADDRESS: 900 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/13/2021

EXPIRES: 06/11/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8000.00
CONSTRUCTION TYPE	III
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Donna Chesson Date: 12 / 13 / 2021

MC2021-326

PROJECT NAME: Adam Ball

SITE ADDRESS: 1102 CARDINAL ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/10/2021

EXPIRES: 06/08/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6183.50
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Paxton Nix Date: 12 / 13 / 2021



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DEC 14 2021

Planning and Inspection Department

PAID
DEC 14 2021

MC2020-024	MECHANICAL
PROJECT NAME: Nags Head Hammock HVAC	ISSUED: 02/06/2020
SITE ADDRESS: 1801 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 12/03/2022

APPLICANT: SINEATH, CHARLES L
P O BOX 74
BOCA GRANDE, FL 33921

OWNER: SINEATH, CHARLES L
P O BOX 74
BOCA GRANDE, FL 33921

H-3, CLASS I: AIR-O-SMITH
330 North Dogwood Trail
Southern Shores, NC 27949
252-261-5238

License: 30070
Expires: 12/31/2021

PARCEL:

PIN: 989313046470

Parcel Number: 004910000

Address: 1801 CROATAN HWY S KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): 9 &
10/27,29,31,33

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Install multi zone mini split system

PAID
12/14/21
P.O. Box

MC2020-024

PROJECT NAME: Nags Head Hammock HVAC
SITE ADDRESS: 1801 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/06/2020

EXPIRES: 12/03/2022

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	14700.00
CONSTRUCTION TYPE	V
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

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Issued By: Jordan Blythe

Contractor or Authorized Agent: Steve Smith Date: 12 / 10 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 9 2021

Planning and Inspection Department

TO: [unclear]
[unclear]

MC2021-325	MECHANICAL
PROJECT NAME:	ISSUED: 12/08/2021
SITE ADDRESS: 307 QUAIL LN KILL DEVIL HILLS	EXPIRES: 06/06/2022

APPLICANT: BARBARA FULLAM
P O BOX 2081
KILL DEVIL HILLS, NC 27948

OWNER: FORD, PIA
307 QUAIL LN
Kill Devil Hills, NC 27948

MECHANICAL H-3, CLASS 1: Anderson Heating and Cooling Co., LLC
PO Box 396
Kitty Hawk, NC 27949
252-619-3105

License: 31438
Expires: 12/31/2021

PARCEL:

PIN: 988316848221

Parcel Number: 027011000

Address: 307 QUAIL LN KILL DEVIL HILLS

Addition: WHISPERING PINES SEC 2 & 3

Zoning:
Block: F **Lot(s):** 4

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace 2 HVAC systems and install dehumidifier

PAID
12/8/2021 [Signature]
CK# 0313

MC2021-325

PROJECT NAME:

SITE ADDRESS: 307 QUAIL LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/08/2021

EXPIRES: 06/06/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	17506.48
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

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Issued By: Marty Shaw

Contractor or Authorized Agent: Gil Anderson Date: 12/08/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 8 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-321

PROJECT NAME:

SITE ADDRESS: 1700 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/03/2021

EXPIRES: 06/01/2022

APPLICANT: LINETT, EDWARD
PO BOX 1560
Kill Devil Hills, NC 27948

OWNER: LINETT, EDWARD
PO BOX 1560
Kill Devil Hills, NC 27948

MECHANICAL, H-3, I: AIR HANDLERS OBX
8788 Caratoke Hwy
Harbinger, NC 27941
252-216-8945

License: 23577
Expires: 12/31/2021

PARCEL:

PIN: 989313042549

Parcel Number: 008443000

Address: 1700 CROATAN HWY S KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

Zoning:
Block: D **Lot(s):** 25

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGEOUT



PAID

12/8/21 Da.

CK # 1129

MC2021-321

PROJECT NAME:

SITE ADDRESS: 1700 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/03/2021

EXPIRES: 06/01/2022

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	6700.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

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Issued By: Marty Shaw

Contractor or Authorized Agent: Linda Burgess **Date:** 12/06/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 7 2021

Planning and Inspection Department

MC2021-319

PROJECT NAME:

SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/02/2021

EXPIRES: 05/31/2022

APPLICANT: Evans, Brandon and Jenny
2912 Coxindale DR
RALEIGH, NC 27615

OWNER: Evans, Brandon and Jenny
2912 Coxindale DR
RALEIGH, NC 27615

MECHANICAL H-3 CLASS 1: NORTH BEACH SERVICES
P.O. Box 181
Kitty Hawk, NC 27949
252-491-2878

License: 22053
Expires: 12/31/2021

PARCEL:

PIN: 98830897368920

Parcel Number: 004302029

Address: 200 MARTIN ST E KILL DEVIL HILLS

Addition:

Zoning:

Block: 15

Lot(s): UT 307
LOTS 6-14

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC changeout

PAID
CFC-12h
Paypal

MC2021-319

PROJECT NAME:

SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/02/2021

EXPIRES: 05/31/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

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Issued By: Marty Shaw

Contractor or Authorized Agent: Gabby Willis Date: 12/03/2021



Town of Kill Devil Hills

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Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 6 2021

Planning and Inspection Department

MC2021-323

PROJECT NAME:

SITE ADDRESS: 112 ROCKY MOUNT ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/06/2021

EXPIRES: 06/04/2022

APPLICANT: Boldy, James
108 Canvas Back TR
NEWPORT NEWS, VA23602
757-592-0848

OWNER: Boldy, James
108 Canvas Back TR
NEWPORT NEWS, VA23602
757-592-0848

MECHANICAL, PLUMBING, ELECTRICAL: Chris's Electrical and Mechanical
Kill Devil Hills
Kill Devil Hills, NC 27948
252-480-0738

License: 20044/22217
Expires: 04/01/2022

PARCEL:

PIN: 988518205415

Parcel Number: 001833000

Address: 112 ROCKY MOUNT ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:
Block: 0 **Lot(s):** 385

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC changeout

PAID
12/16/21
Pg Du

MC2021-323

PROJECT NAME:

SITE ADDRESS: 112 ROCKY MOUNT ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/06/2021

EXPIRES: 06/04/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6900.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Christopher J Sterner Date: 12 / 06 / 2021



Town of Kill Devil Hills

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DEC 7 2021

Planning and Inspection Department

MC2021-324	MECHANICAL
PROJECT NAME:	ISSUED: 12/06/2021
SITE ADDRESS: 208 THIRD ST W KILL DEVIL HILLS	EXPIRES: 06/04/2022

APPLICANT: HUDGINS, WAYNE A II
208 W 3RD ST
KILL DEVIL HILLS, NC 27948

OWNER: HUDGINS, WAYNE A II
208 W 3RD ST
KILL DEVIL HILLS, NC 27948

MECHANICAL: American Refrigeration
P.O. Box 835
nags head, nc 27959
252-305-5320

License: 15578
Expires: 12/31/2021

PARCEL:

PIN: 988406279579

Parcel Number: 002764000

Address: 208 THIRD ST W KILL DEVIL HILLS

Addition: HEDRICKS ADDITION - CROATAN SH

Zoning:

Block: 0

Lot(s): 38A & adj parcel

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC changeout

PAID
CR-127
Payla

MC2021-324

PROJECT NAME:

SITE ADDRESS: 208 THIRD ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/06/2021

EXPIRES: 06/04/2022

DETAILS**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Marty ShawContractor or Authorized Agent: Donna Chesson Date: 12/07/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 6 2021

Planning and Inspection Department

MC2021-320

PROJECT NAME:

SITE ADDRESS: 203 BAUM ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/03/2021

EXPIRES: 06/01/2022

APPLICANT: MEEKINS, TODD
203 EAST BAUM ST
Kill Devil Hills, NC 27948

OWNER: MEEKINS, TODD
203 EAST BAUM ST
Kill Devil Hills, NC 27948

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2021

PARCEL:

PIN: 988308886938

Parcel Number: 004205000

Address: 203 BAUM ST E KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS SEC 1

Block: 12 **Lot(s):** 4

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGEOUT

PAID
12/16/21 M
Pg 1 of 1

MC2021-320

PROJECT NAME:

SITE ADDRESS: 203 BAUM ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/03/2021

EXPIRES: 06/01/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8890.38
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Marty Shaw

Contractor or Authorized Agent: Paxton Nix Date: 12 / 03 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 6 2021

Planning and Inspection Department

MC2021-322

PROJECT NAME: MURPHY HVAC
SITE ADDRESS: 209 CLARK ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/06/2021

EXPIRES: 06/04/2022

APPLICANT: CHRISTOPHER MURPHY
4311 FERRY HILL CT
POINT OF ROCKS, MD 21777
240-626-6247

OWNER: CHRISTOPHER MURPHY
4311 FERRY HILL CT
POINT OF ROCKS, MD 21777
240-626-6247

H-3, CLASS I: ISLAND HEATING AND COOLING
UNKNOWN
UNKNOWN, XX 00000
252-305-5048

License: 22354
Expires: 12/31/2021

PARCEL:

PIN: 988308981294

Parcel Number: 004221000

Address: 209 CLARK ST E KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 14 **Lot(s):** 1

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2021-322

PROJECT NAME: MURPHY HVAC

SITE ADDRESS: 209 CLARK ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/06/2021

EXPIRES: 06/04/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5660.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12-6-21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

MC2021-318

PROJECT NAME: DOWNAR HVAC
SITE ADDRESS: 806 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/02/2021

EXPIRES: 05/31/2022

APPLICANT: CRAIG DOWNAR
418 Hog Neck Rd.
hertford, nc 27944

OWNER: CRAIG DOWNAR
418 Hog Neck Rd.
hertford, nc 27944

MECHANICAL: B&M Contractors, Inc.
790 Pitts Chapel Road
Elizabeth City, NC 27909

License: 30322
Expires:

PARCEL:

PIN: 988308887973

Parcel Number: 012363000

Address: 806 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:

Block: 12 **Lot(s):** 6

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

PAID
WITH
CASH

PAID

DEC 2 2021

MC2021-318

PROJECT NAME: DOWNAR HVAC

SITE ADDRESS: 806 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/02/2021

EXPIRES: 05/31/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5977.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 

Contractor or Authorized Agent: 

Date: 12/7/21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 3 2021

Planning and Inspection Department

MC2021-317

PROJECT NAME: Dawson HVAC
SITE ADDRESS: 515 CANAL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/01/2021

EXPIRES: 05/30/2022

APPLICANT: Dawson, Margaret
515 Canal DR
Kill Devil Hills, NC 27948
252-216-7118

OWNER: Dawson, Margaret
515 Canal DR
Kill Devil Hills, NC 27948
252-216-7118

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2021

PARCEL:

PIN: 988414340053

Parcel Number: 003320000

Address: 515 CANAL DR KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 1

Zoning:
Block: 0 **Lot(s):** 31 & PT 32

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: C/O 3 Ton HVAC system

PAID
12/3/21
pay per

MC2021-317

PROJECT NAME: Dawson HVAC
SITE ADDRESS: 515 CANAL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/01/2021

EXPIRES: 05/30/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7517.50
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Charles Thuman

Contractor or Authorized Agent: Paxton Nix Date: 12/01/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 6 2021

Planning and Inspection Department

DW2021-009

PROJECT NAME: DREAM TIME DRIVEWAY
SITE ADDRESS: 1209 WINDSONG WAY KILL DEVIL HILLS

DRIVEWAY

ISSUED: 12/03/2021

EXPIRES: 06/01/2022

APPLICANT: DREAM TIME OBX LLC
319 WHITESTONE RD
CHARLOTTE, NC 28270
704-400-4871

OWNER: DREAM TIME OBX LLC
319 WHITESTONE RD
CHARLOTTE, NC 28270
704-400-4871

CONTRACTOR: BARRY TWIFORD
UNKNOWN
UNKNOWN, XX 00000
252-423-0568

License: LEGACY UNKNOWN
Expires: 12/31/2021

PARCEL:

PIN: 988415647321

Parcel Number: 004079000

Address: 1209 WINDSONG WAY KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 11

Legal Description:

FEES:	Paid	Due
Driveway Permit Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: POUR 12'8"X44' DRIVEWAY ADDITION

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
ZONING DISTRICT	OIR
CONSTRUCTION COST	6500.00
FLOOD ZONE	X
LOT COVERAGE	38.87

DW2021-009

PROJECT NAME: DREAM TIME DRIVEWAY

SITE ADDRESS: 1209 WINDSONG WAY KILL DEVIL HILLS

DRIVEWAY

ISSUED: 12/03/2021

EXPIRES: 06/01/2022

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12-6-21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 21 2021

Planning and Inspection Department

ZP2021-077	ZONING PERMIT
PROJECT NAME: Gately Fence	ISSUED: 12/21/2021
SITE ADDRESS: 1715 SEA SWEPT RD KILL DEVIL HILLS	EXPIRES: 06/19/2022

APPLICANT: Gately, Lawrence
1719 Sioux Street
Kill Devil Hills, NC 27948

OWNER: Gately, Lawrence
1719 Sioux Street
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988409164046

Parcel Number: 028393000

Address: 1715 SEA SWEPT RD KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES SUBDIV

Block: 14 **Lot(s):** 16

Legal Description:

FEES:	Paid	Due
Fence	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: fence around rear and side yard

ZP2021-077

PROJECT NAME: Gately Fence
SITE ADDRESS: 1715 SEA SWEEP RD KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 12/21/2021

EXPIRES: 06/19/2022

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
CONSTRUCTION COST	2500.00
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 12-21-21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 16 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2021-076 PROJECT NAME: BEAVERS FENCE SITE ADDRESS: 2005 Elizabeth City St Kill Devil Hills	ZONING PERMIT ISSUED: 12/16/2021 EXPIRES: 06/14/2022
---	---

APPLICANT: BEAVERS, JAMES
232 LAKEVIEW DR
TOANO, VA 23168

OWNER: BEAVERS, JAMES
232 LAKEVIEW DR
TOANO, VA23168

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988405294317

**Parcel
Number:**

Address: 2005 Elizabeth City St Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 748, Avalon Beach Annex 2 & 3

FEES:	Paid	Due
Fence	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: CONSTRUCT 6' FENCE ALONG PROPERTY LINE TO ENCLOSE REAR YARD, NORTH SIDE MUST BE MOVED TO ACCOMODATE SEPTIC

PAID

OB *Paypal*
12/16/21

ZP2021-076

PROJECT NAME: BEAVERS FENCE
SITE ADDRESS: 2005 Elizabeth City St Kill Devil Hills

ZONING PERMIT

ISSUED: 12/16/2021

EXPIRES: 06/14/2022

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	3000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Stringline

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Jordan Blythe

Contractor or Authorized Agent: JAB **Date:** 12 / 16 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 8 2021

Planning and Inspection Department

ZP2021-075	ZONING PERMIT
PROJECT NAME: MARTIN FENCE	ISSUED: 12/07/2021
SITE ADDRESS: 513 W. Palmetto Street Kill Devil Hills	EXPIRES: 06/05/2022

APPLICANT: Martin, Richard
513 Palmetto Street W
Kill Devil Hills, NC 27948

OWNER: Martin, Richard
513 Palmetto Street W
Kill Devil Hills, NC 27948

GENERAL: AAA Lawn Enforcement
4227 Worthington Lane
kitty hawk, nc 27949
252-207-6496

License: 123456
Expires: 10/31/2025

PARCEL:

PIN: 987520909110

**Parcel
Number:**

Address: 513 W. Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 6R, Block 75, Virginia Dare Shores S/D

FEES:	Paid	Due
Fence	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: CONSTRUCT FENCE ALONG PROPERTY LINE

ZP2021-075**PROJECT NAME:** MARTIN FENCE**SITE ADDRESS:** 513 W. Palmetto Street Kill Devil Hills**ZONING PERMIT****ISSUED:** 12/07/2021**EXPIRES:** 06/05/2022**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	4.00
PURPOSE	Residential Accessory
CONSTRUCTION COST	5500.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Stringline

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: 12-8-2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 8 2021

Planning and Inspection Department

ZP2021-073

PROJECT NAME: Kaiser Fence
SITE ADDRESS: 2053 BAY DR KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

APPLICANT: KAISER, DAWN
2053 Bay Drive
Kill Devil Hills, NC 27948

OWNER: KAISER, DAWN
2053 Bay Drive
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 987408984988

Parcel Number: 001979000

Address: 2053 BAY DR KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 1003

Legal Description:

FEES:	Paid	Due
Fence	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: fence and gate along 2 property lines

ZP2021-073

PROJECT NAME: Kaiser Fence
SITE ADDRESS: 2053 BAY DR KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Accessory
CONSTRUCTION COST	2500.00
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 

Contractor or Authorized Agent:  Date: 12/8/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 3 2021

Planning and Inspection Department

ZP2021-072

PROJECT NAME: Michael Halbig
SITE ADDRESS: 107 ST CLAIR ST E KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 12/03/2021

EXPIRES: 06/01/2022

APPLICANT: HALBIG, MICHAEL
46353 Pryor Sqaure
STERLING, VA 20163

OWNER: HALBIG, MICHAEL
46353 Pryor Sqaure
STERLING, VA 20163

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/31/2021

PARCEL:

PIN: 988308891551

Parcel Number: 003798000

Address: 107 ST CLAIR ST E KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 32 **Lot(s):** 15

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Fence	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Fence

ZP2021-072

PROJECT NAME: Michael Halbig

SITE ADDRESS: 107 ST CLAIR ST E KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 12/03/2021

EXPIRES: 06/01/2022

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	2500.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Call for a string line inspection before installing the fence.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 

Contractor or Authorized Agent: 

Date: 03 Dec 21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

EG2021-027

PROJECT NAME: DREAM BUILDERS LAND DISTURBANCE
SITE ADDRESS: 506 CLAM SHELL DR KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 12/29/2021

EXPIRES: 06/27/2022

APPLICANT: Dream Builders
PO Box 33
Kill Devil Hills, NC 27948
252-573-8910

OWNER: Dream Builders
PO Box 33
Kill Devil Hills, NC 27948
252-573-8910

GENERAL BUILDING - UNLIMITED: Dream Builders
PO Box 33
Kill Devil Hills, NC 27948
252-573-8910

License: 75296
Expires: 01/01/2022

PARCEL:

PIN: 988405178579

Parcel Number: 002403000

Address: 506 CLAM SHELL DR KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

Block: A **Lot(s):** 22

Legal Description:

FEES:	Paid	Due
Land Disturbing	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: CLEAR AND GRADE LOT

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	10000.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	X

PAID
12/29/21 *PayPal*
J/B

EG2021-027

PROJECT NAME: DREAM BUILDERS LAND DISTURBANCE
SITE ADDRESS: 506 CLAM SHELL DR KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 12/29/2021

EXPIRES: 06/27/2022

REQUIRED INSPECTIONS

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Jordan Blythe

Contractor or Authorized Agent: Ali Amini Date: 12 / 29 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID
DEC 16 2021

Planning and Inspection Department

EG2021-024

EXCAVATION AND GRADING

PROJECT NAME: SimpleSide Construction Land Clearing
SITE ADDRESS: 315 WILBUR CT KILL DEVIL HILLS

ISSUED: 12/16/2021

EXPIRES: 06/14/2022

APPLICANT: Simple Side Construction
308 W. Helga St.
Kill Devil Hills, NC 27948
252-564-8307

OWNER: Simple Side Construction
308 W. Helga St.
Kill Devil Hills, NC 27948
252-564-8307

BUILDING LIMITED: Simple Side Construction
308 W. Helga St.
Kill Devil Hills, NC 27948
252-564-8307

License: 78583
Expires:

PARCEL:

PIN: 988405281524

Parcel Number: 002119000

Address: 315 WILBUR CT KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES

Block: 0 **Lot(s):** 159

Legal Description:

FEES:	Paid	Due
Land Disturbing	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: clear and grade lot for new house construction

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	7000.00
CAMA PERMIT	N
FLOOD ZONE	X
SURVEYOR NAME AND NUMBER	JH Miller L-4958

PAID
12/16/21
Py Pol

EG2021-024

PROJECT NAME: SimpleSide Construction Land Clearing
SITE ADDRESS: 315 WILBUR CT KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 12/16/2021

EXPIRES: 06/14/2022

REQUIRED INSPECTIONS

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Ryan Lang

Contractor or Authorized Agent: _____

[Signature]

Date: 12 / 16 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 17 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EG2021-025

PROJECT NAME: T&B Homes Land Disturbance
SITE ADDRESS: 104 ALEXANDER LN KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 12/17/2021

EXPIRES: 06/15/2022

APPLICANT: T&B Homes Inc
1706 Virginia Ave
Kill Devil Hills, NC 27948

OWNER: T&B Homes Inc
1706 Virginia Ave
Kill Devil Hills, NC 27948

CONTRACTOR: T and B Homes, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27948
252-207-9837

License: 80069
Expires: 12/31/2021

PARCEL:

PIN: 988409077455

Parcel Number: 002294000

Address: 104 ALEXANDER LN KILL DEVIL HILLS

Addition: WRIGHT'S SHORES SEC 2

Zoning:

Block: 0 **Lot(s):** 77

Legal Description:

FEES:	Paid	Due
Land Disturbing	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: clear and grade lot for new house construction

EG2021-025

PROJECT NAME: T&B Homes Land Disturbance

SITE ADDRESS: 104 ALEXANDER LN KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 12/17/2021

EXPIRES: 06/15/2022

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	8500.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	X
SURVEYOR NAME AND NUMBER	Doug Styons L-3227

REQUIRED INSPECTIONS

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____ Date: 12/17/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 6 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EG2021-023

EXCAVATION AND GRADING

PROJECT NAME: Starbucks Land Disturbance
SITE ADDRESS: 1208 CROATAN HWY S KILL DEVIL HILLS

ISSUED: 11/30/2021

EXPIRES: 05/29/2022

APPLICANT: CRDR Parker, LLC
PO Box 71125
BETHESDA, MD 20813

OWNER: CRDR Parker, LLC
PO Box 71125
BETHESDA, MD 20813

CONTRACTOR: PROVOST CONSTRUCTION & SONS LLC
208 W 25th Street
NORFOLK, VA 23517
757-630-0326

BUILDING LIMITED: PROVOST CONSTRUCTION & SONS LLC
208 W 25th Street
NORFOLK, VA 23517
757-630-0326

License: 80962
Expires:

PARCEL:

PIN: 988312961635

Parcel Number: 004331000

Address: 1208 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 7 **Lot(s):** 11-12 & PT 5
-6

Legal Description:

FEES:	Paid	Due
Land Disturbing	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Land disturbance permit for Starbucks building and site work, contractor changed from original permit

EG2021-023

PROJECT NAME: Starbucks Land Disturbance
SITE ADDRESS: 1208 CROATAN HWY S KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 11/30/2021

EXPIRES: 05/29/2022

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	7500.00
ZONING DISTRICT	C
CAMA PERMIT	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
ENGINEER AND LICENSE NUMBER	Cathleen Saunders 043652

REQUIRED INSPECTIONS

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12/8/21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 20 2021

Planning and Inspection Department

OP2021-080

PROJECT NAME: Robert London
SITE ADDRESS: 312 LIVE OAK CT KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/20/2021

EXPIRES:

PARENT PERMIT #: BJ2021-110

APPLICANT: LONDON, ROBERT F JR
PO Box 785
Kitty Hawk, NC 27949
252-207-8644

OWNER: LONDON, ROBERT F JR
PO Box 785
Kitty Hawk, NC 27949
252-207-8644

GENERAL: LONDON, ROBERT F. JR.
Rt 1 Box 30
Harbinger, NC 27941
252-207-8644

License: 14364
Expires:

PARCEL:

PIN: 988410355656

Parcel Number: 003215000

Address: 312 LIVE OAK CT KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 2

Zoning:

Block: **Lot(s):** 219

Legal Description:

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$106.75	\$0.00
Totals :	\$156.75	\$0.00

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

OP2021-080

PROJECT NAME: Robert London
SITE ADDRESS: 312 LIVE OAK CT KILL DEVIL HILLS

OCCUPANCY
ISSUED: 12/20/2021

EXPIRES:

DETAILS

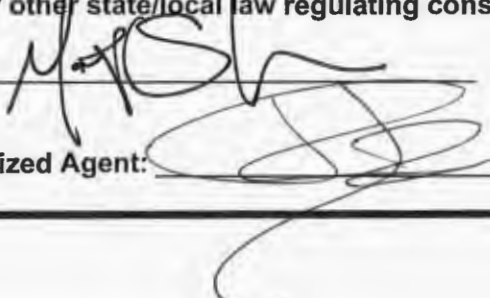
Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____



Contractor or Authorized Agent: _____

Date: 12/20/21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 3 2021

Planning and Inspection Department

OP2021-079

PROJECT NAME: T&B Homes New House
SITE ADDRESS: 1100 INDIAN DR KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/03/2021

EXPIRES:

PARENT PERMIT #: BJ2021-090

APPLICANT: T and B Homes, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27948
252-207-9837

OWNER: T and B Homes, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27948
252-207-9837

CONTRACTOR: T and B Homes, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27948
252-207-9837

License: 80069
Expires: 12/31/2021

CONTRACTOR: T and B Homes, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27948
252-207-9837

License: 80069
Expires: 12/31/2021

PARCEL:

PIN: 988409152541

Parcel Number: 002613000

Address: 1100 INDIAN DR KILL DEVIL HILLS

Addition: CROATAN SHORES SUBDIV

Zoning:
Block: 18 **Lot(s):** 30

Legal Description:

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$106.75	\$0.00
Totals :	\$156.75	\$0.00

PROJECT DESCRIPTION: New 4 Bedroom single family dwelling

OP2021-079

PROJECT NAME: T&B Homes New House
SITE ADDRESS: 1100 INDIAN DR KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/03/2021

EXPIRES:

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Charles Thuman

Contractor or Authorized Agent: 

Date: 12/03/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 3 2021

Planning and Inspection Department

OP2021-078

PROJECT NAME: OBX Cottages LLC
SITE ADDRESS: 535 W. Aycock Street Kill Devil Hills

OCCUPANCY

ISSUED: 12/03/2021

EXPIRES:

PARENT PERMIT #: BJ2021-117

APPLICANT: Sandy Bottom Homes
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

OWNER: OBX COTTAGES LLC
200 EAST BLACKMAN ST
nags head, nc 27959
252-207-5475

GENERAL BUILDING-LIMITED: SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

License: 67524
Expires: 01/01/2022

PARCEL:

PIN: 987520904433

**Parcel
Number:**

Address: 535 W. Aycock Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lots 3 and 4, Block 73, Virginia Dare Shores S/D

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$106.75	\$0.00
Totals :	\$156.75	\$0.00

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

OP2021-078

PROJECT NAME: OBX Cottages LLC
SITE ADDRESS: 535 W. Aycock Street Kill Devil Hills

OCCUPANCY

ISSUED: 12/03/2021

EXPIRES:

DETAILS


Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 12-3-21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID
DEC 10 2021

Planning and Inspection Department

EL2021-096

PROJECT NAME:

SITE ADDRESS: 1728 SOBLE DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

APPLICANT: goldberg, eric
123 riverside dr
suffolk, va 23435
757-676-9026

OWNER: goldberg, eric
123 riverside dr
suffolk, va 23435
757-676-9026

ELECTRICAL INTERMEDIATE: Moxie Solar
PO BOX 703
NORTH LIBERTY, IA52317
319-640-2352

License: 85864
Expires:

PARCEL:

PIN: 988410470412

Parcel Number: 002763000

Address: 1728 SOBLE DR KILL DEVIL HILLS

Addition: HEDRICKS ADD-PAR B CROATAN SH

Zoning:

Block: 0 **Lot(s):** 28

Legal Description:

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Installing SunVault battery system.

EL2021-096

PROJECT NAME:

SITE ADDRESS: 1728 SOBLE DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12/10/21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 8 2021

Planning and Inspection Department

PAID

EL2021-097	ELECTRICAL
PROJECT NAME:	ISSUED: 12/07/2021
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS	EXPIRES: 06/05/2022

APPLICANT: Keston Williams 12338 Sherwood Forest Dr Mount Airy, MD 21771	OWNER: Keston Williams 12338 Sherwood Forest Dr Mount Airy, MD 21771
---	---

ELECTRICAL - LIMITED:	Angel Advanced Technologies, LLC 9138 Caratoke Hwy Point Harbor, NC 27964 252-207-7519	License: 30701-L Expires: 10/02/2022
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PARCEL:

PIN: 98830897368908	Parcel Number: 004302017
Address: 200 MARTIN ST E KILL DEVIL HILLS	Zoning:
Addition:	Block: 15 Lot(s): UT 303 LOTS 6-14
Legal Description:	

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Install electrical circuit for future electric fireplace

PAID
12/7/21
P. Bel

EL2021-097

PROJECT NAME:

SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	789.75
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent:  **Date:** 12/07/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 6 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2021-095

PROJECT NAME: Town of Kill Devil Hills Water Plant
SITE ADDRESS: 500 Eighth St. W. KDH

ELECTRICAL

ISSUED: 12/02/2021

EXPIRES: 05/31/2022

APPLICANT: TOWN OF KILL DEVIL HILLS
P O BOX 1719
102 Town Hall Drive
KILL DEVIL HILLS, NC 27948

OWNER: TOWN OF KILL DEVIL HILLS
P O BOX 1719
102 Town Hall Drive
KILL DEVIL HILLS, NC 27948

ELECTRICAL, UNLIMITED:

LOWIRE TECHNOLOGIES
PO Box 2751
Kill Devil Hills, NC 27948
252-449-4690

License: 19403
Expires: 10/02/2022

PARCEL:

PIN: PARC2010-10

**Parcel
Number:**

Address: 500 Eighth St. W. KDH

Zoning:

Addition:

Block:

Lot(s):

Legal Description:

FEES:

Paid

Due

Totals :

PROJECT DESCRIPTION: Repair/Replace Electrical Equipment

PAID
Dec 16/21
No fee town permit

EL2021-095

PROJECT NAME: Town of Kill Devil Hills Water Plant

SITE ADDRESS: 500 Eighth St. W. KDH

ELECTRICAL

ISSUED: 12/02/2021

EXPIRES: 05/31/2022

DETAILS

Permit

Name	Value
ZONING DISTRICT	LI-1
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	1465.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Jordan Blythe

Contractor or Authorized Agent: Eddie Parsons Date: 12 / 03 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

EL2021-098	ELECTRICAL
PROJECT NAME:	ISSUED: 12/29/2021
SITE ADDRESS: 907 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 06/27/2022

APPLICANT: OUTER BANKS PRESBYTERIAN PO BOX 2199 KILL DEVIL HILLS, NC 27948	OWNER: OUTER BANKS PRESBYTERIAN PO BOX 2199 KILL DEVIL HILLS, NC 27948
---	---

ELECTRICAL-INTERMEDIATE:	SEACOAST ELECTRIC 4400 Ridge Road Kitty Hawk, NC 27949	License: 7781 Expires: 01/31/2022
---------------------------------	--	--

PARCEL:

PIN: 988308886310	Parcel Number: 008529000
Address: 907 CROATAN HWY S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 3 Lot(s): 1-4 & 7-10 PT OF 5
Legal Description:	

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace 10 fluorescent fixtures with LED

DETAILS

Permit Name	Value
ZONING DISTRICT	C
CONSTRUCTION COST	3500.00
FLOOD ZONE	X
OCCUPANCY TYPE	Assembly

PAID
DEC 29 2021
TOWN OF
KILL DEVIL HILLS

EL2021-098

PROJECT NAME:

SITE ADDRESS: 907 CROATAN HWY S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 12/29/2021

EXPIRES: 06/27/2022

REQUIRED INSPECTIONS

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: 12/29/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 6 2021

Planning and Inspection Department

DM2021-017

PROJECT NAME: Complete Demo of existing shopping center
SITE ADDRESS: 1208 CROATAN HWY S KILL DEVIL HILLS

DEMOLITION

ISSUED: 11/30/2021

EXPIRES: 05/29/2022

APPLICANT: PROVOST CONSTRUCTION & SONS LLC
208 W 25th Street
NORFOLK, VA 23517
757-630-0326

OWNER: CRDR Parker, LLC
PO Box 71125
BETHESDA, MD 20813

BUILDING LIMITED: PROVOST CONSTRUCTION & SONS LLC
208 W 25th Street
NORFOLK, VA 23517
757-630-0326

License: 80962
Expires:

PARCEL:

PIN: 988312961635

Parcel Number: 004331000

Address: 1208 CROATAN HWY S KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 7 **Lot(s):** 11-12 & PT 5
-6

Legal Description:

FEES:	Paid	Due
Demolition	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: new permit to complete demo work on existing shopping center, contractor change from original permit

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FLOOD ZONE	X
CONSTRUCTION COST	20000.00

DM2021-017

PROJECT NAME: Complete Demo of existing shopping center
SITE ADDRESS: 1208 CROATAN HWY S KILL DEVIL HILLS

DEMOLITION

ISSUED: 11/30/2021

EXPIRES: 05/29/2022

REQUIRED INSPECTIONS

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: 12/1/21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 8 2021

Planning and Inspection Department

DM2021-018

PROJECT NAME: Boone Demolition
SITE ADDRESS: 900 W Martin St Kill Devil Hills

DEMOLITION

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

APPLICANT: East Coast Abatement and Demolition
176 Winchester Way
Moyock, NC 27958
252-232-7740

OWNER: BOONE, SANDRA
PO BOX 1832
Kill Devil Hills, NC 27948

ABATEMENT AND DEMOLITION: East Coast Abatement and Demolition
176 Winchester Way
Moyock, NC 27958
252-232-7740

License: 2701030130
Expires: 12/31/2022

PARCEL:

PIN: 988311751006

Parcel Number: 004614000

Address: 900 W Martin St Kill Devil Hills

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 57 **Lot(s):** 1

Legal Description:

FEES:	Paid	Due
Demolition	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: demo existing fire damaged mobile home

DETAILS

Permit

Name	Value
ZONING DISTRICT	LI-2
FLOOD ZONE	X
CONSTRUCTION COST	10075.00

PAID

12/7/21
pay per

DM2021-018

PROJECT NAME: Boone Demolition
SITE ADDRESS: 900 W Martin St Kill Devil Hills

DEMOLITION

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

REQUIRED INSPECTIONS

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Jordan Blythe

Contractor or Authorized Agent: Katni Austin **Date:** 12 / 07 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102



Planning and Inspection Department

PL2021-014	PLUMBING
PROJECT NAME: Motor Lodge Plumbing	ISSUED: 12/16/2021
SITE ADDRESS: 1511 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 06/14/2022

APPLICANT: Pragat LLC 6910 Midlothian Tpke RICHMOND, VA 23225	OWNER: Pragat LLC 6910 Midlothian Tpke RICHMOND, VA 23225
--	--

PLUMBING CLASS I:	Davis, Roy 2914 S VA Dare Trl nags head, nc 27959 252-599-2440	License: 30147 Expires: 12/31/2021
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PARCEL:

PIN: 989309151897	Parcel Number: 004655000
Address: 1511 VA DARE TRL S KILL DEVIL HILLS	
Addition: OCEAN ACRES INC	Zoning:
Legal Description:	Block: 0 Lot(s): B

FEES:	Paid	Due
Plumbing Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace water and sewer lines on south building

DEC 16 2021

PAID WITH CASH

PL2021-014

PROJECT NAME: Motor Lodge Plumbing
SITE ADDRESS: 1511 VA DARE TRL S KILL DEVIL HILLS

PLUMBING

ISSUED: 12/16/2021

EXPIRES: 06/14/2022

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	12000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

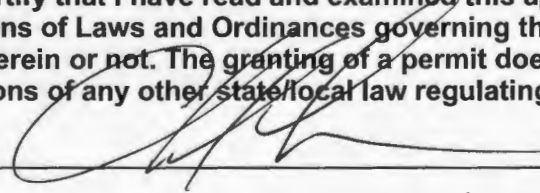
Rough In

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 

Contractor or Authorized Agent: Ray Davis Date: 11-16-21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 2 2021

Planning and Inspection Department

PL2021-013	PLUMBING
PROJECT NAME:	ISSUED: 11/29/2021
SITE ADDRESS: 1004 SPORTSMAN DR W KILL DEVIL HILLS	EXPIRES: 05/28/2022

APPLICANT: JAMIE HEATH 1004 W SPORTSMAN Kill Devil Hills, NC 27948	OWNER: JAMIE HEATH 1004 W SPORTSMAN Kill Devil Hills, NC 27948
---	---

PLUMBING CLASS I:	Mr. Groovy's Plumbing LLC 115 Oakwood Trl Point Harbor, NC 27964 252-717-0550	License: 35063 Expires: 12/31/2021
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PARCEL:

PIN: 987408996699	Parcel Number: 001655000
Address: 1004 SPORTSMAN DR W KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH	Block: 0 Lot(s): 302
Legal Description:	

FEES:	Paid	Due
Plumbing Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace existing piping with PEX

PAID
11/30/21 DE
paypal

PL2021-013

PROJECT NAME:

SITE ADDRESS: 1004 SPORTSMAN DR W KILL DEVIL HILLS

PLUMBING

ISSUED: 11/29/2021

EXPIRES: 05/28/2022

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Marty Shaw

Contractor or Authorized Agent:  Date: 11 / 29 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID
DEC 9 2021

Planning and Inspection Department

BJ2021-257	BUILDING JOINT
PROJECT NAME: Nick Bakopoulos	ISSUED: 12/07/2021
SITE ADDRESS: 605 HOLLY ST W KILL DEVIL HILLS	EXPIRES: 06/05/2022

APPLICANT: BAKOPOULOS, NICHOLAS 107 ST CLAIR RD KILL DEVIL HILLS, NC 27948	OWNER: BAKOPOULOS, NICHOLAS 107 ST CLAIR RD KILL DEVIL HILLS, NC 27948
---	---

CONTRACTOR: HUGHES, RYLAND J SR
15200 MIDLOTHIAN TURNPIKE
MIDLOTHIAN, VA 23113

BUILDING LIMITED:	Hughes, Ryland James 3945 Pineway Drive kitty hawk, nc 27949 252-202-4111	License: 76503 Expires: 01/01/2022
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PARCEL:

PIN: 988316844935	Parcel Number: 008232000
Address: 605 HOLLY ST W KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL BEACH EXTENDED	Block: BB Lot(s): 1-3
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Land Disturbing	\$100.00	\$0.00	Residential Heated Space	2235 sq. Ft.
Res. Building Permit Fee	\$1,840.25	\$0.00	(.75)	
Open Deck Fee	\$150.00	\$0.00	Residential Unheated (.40)	410 Sq. Ft
Covered Porch Residential	\$112.50	\$0.00	Open Decks	1 EA
T-Pole	\$50.00	\$0.00	Covered Porches/Decks	150 SQFT
Totals :	\$2,252.75	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T24953

BJ2021-257

PROJECT NAME: Nick Bakopoulos

SITE ADDRESS: 605 HOLLY ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	S8-7405
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	200000.00
LOT COVERAGE	39.50
LIVING SPACE (SQFT)	2235
COVERED PORCHES/DECKS (SQFT)	150
GARAGE (SQFT)	410
OPEN DECK (SQFT)	269
TOTAL SQUARE FOOTAGE	3064
SURVEYOR NAME AND NUMBER	Styons Surveying Services
ENGINEER AND LICENSE NUMBER	John DeLucia 16759
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

BJ2021-279	BUILDING JOINT
PROJECT NAME: STAWKOWSKI SUNROOM ADDITION	ISSUED: 12/30/2021
SITE ADDRESS: 700 CLAM SHELL DR KILL DEVIL HILLS	EXPIRES: 06/28/2022

APPLICANT: Stawkowski, Tadueusz 914 Barnett Ln ABERDEEN, MD 21001	OWNER: Stawkowski, Tadueusz 914 Barnett Ln ABERDEEN, MD 21001
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2021
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PARCEL:

PIN: 988409175442	Parcel Number: 009139016
Address: 700 CLAM SHELL DR KILL DEVIL HILLS	
Addition: SEA HOLLY RIDGE	Zoning:
Legal Description:	Block: A Lot(s): 16

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: CONSTRUCT 12'X16' SUNROOM ADDITION OFF REAR, CONSTRUCT LANDING AND STAIR

PAID
DEC 31 2021
TOWNSHIP OF KILL DEVIL HILLS

BJ2021-279**PROJECT NAME:** STAWKOWSKI SUNROOM ADDITION
SITE ADDRESS: 700 CLAM SHELL DR KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/30/2021**EXPIRES:** 06/28/2022

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	27000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Insulation
Framing	Final
Rough In	Zoning Final

CONDITIONS

- * ~~Foundation survey will be required prior to rough in inspection.~~
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * House to remain 3 bedroom sleeping 6.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID
DEC 21 2021

Planning and Inspection Department

BJ2021-268	BUILDING JOINT
PROJECT NAME: Tuten Elevator	ISSUED: 12/20/2021
SITE ADDRESS: 204 CALVIN ST KILL DEVIL HILLS	EXPIRES: 06/18/2022

APPLICANT: TUTEN, A ALAN 389 SYLVAN DRIVE STUARTS DRAFT, VA 24477	OWNER: TUTEN, A ALAN 389 SYLVAN DRIVE STUARTS DRAFT, VA24477
--	---

CONTRACTOR: SETH JOHNSON CONSTRUCTION CO., INC.
PO Box 1433
NAGS HEAD, NC 27959
252-216-8853

CONTRACTOR:	SETH JOHNSON CONSTRUCTION CO., INC. PO Box 1433 NAGS HEAD, NC 27959 252-216-8853	License: 61904 Expires: 01/01/2022
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PARCEL:

PIN: 988308972939	Parcel Number: 004226000
Address: 204 CALVIN ST KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS SEC 1	Block: 14 Lot(s): 10
Legal Description:	

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: New exterior elevator on existing back deck, no additional footprint

BJ2021-268

PROJECT NAME: Tuten Elevator
SITE ADDRESS: 204 CALVIN ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/20/2021

EXPIRES: 06/18/2022

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	56000.00
LOT COVERAGE	32.00
SURVEYOR NAME AND NUMBER	Marty Barnette L-3740
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Framing	Zoning Final
Rough In	

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 21 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2021-265

PROJECT NAME: Kim Gamertsfelder
SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/21/2021

EXPIRES: 06/19/2022

APPLICANT: LYN SMALL, INC.
113 Ballast Rock Dr.
Powels Point, NC 27966
252-491-8562

OWNER: GAMERTSFELDER, KIM
P. O. BOX 1146
Kill Devil Hills, NC 27948
740-291-2245

MARINE CONSTRUCTION: LYN SMALL, INC.
UNKNOWN
UNKNOWN, XX 00000
252-489-9051

License: 29760
Expires: 12/31/2022

PARCEL:

PIN: 987408990170

Parcel Number: 003064004

Address: 2100 BAY DR KILL DEVIL HILLS

Addition: KITTY HAWK BAY CLUB

Zoning:

Block: 0

Lot(s): UNIT 4 LOT
4

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Construct and install a 5X5 jet ski lift

BJ2021-265

PROJECT NAME: Kim Gamertsfelder
SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS

BUILDING JOINT**ISSUED:** 12/21/2021**EXPIRES:** 06/19/2022

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	7679.89
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Framing	Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Zoning Final Inspection is required.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 16 2021

Planning and Inspection Department

BJ2021-215

PROJECT NAME: SAGA New 18 Bedroom House
SITE ADDRESS: 2031 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/16/2021

EXPIRES: 06/14/2022

APPLICANT: 2031 Svdt Llc
PO Box 90
Kill Devil Hills, NC 27948

OWNER: 2031 Svdt Llc
PO Box 90
Kill Devil Hills, NC 27948

CONTRACTOR: SAGA CONSTRUCTION INC.
1314 S Croatan Hwy, Suite 301
Kill Devil Hills, NC 27948
252-441-9003

GENERAL BUILDING - LIMITED: SAGA CONSTRUCTION
1314 S Croatan Hwy, Suite 301
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

License: 62306
Expires: 12/31/2021

PARCEL:

PIN: 989313231979

Parcel Number: 008505000

Address: 2031 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition: NAGS HEAD SHORES AMENDED SEC 4

Block: 3 **Lot(s):** 7

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$1,143.00	\$0.00	Residential Heated Space	8297 sq. Ft.
Res. Building Permit Fee	\$6,222.75	\$0.00	(.75)	
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Totals :	\$7,565.75	\$0.00	Covered Porches/Decks	1524 SQFT

PROJECT DESCRIPTION: new 18 bedroom single family dwelling, reconstruction from fire damaged dwelling, pool and dune walkover remain from existing site construction, fire sprinklered

BJ2021-215**PROJECT NAME:** SAGA New 18 Bedroom House
SITE ADDRESS: 2031 VA DARE TRL S KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/16/2021**EXPIRES:** 06/14/2022

DETAILS**Permit**

Name	Value
ZONING DISTRICT	OIR
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
# PARKING SPACES/BEDROOM	18
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	X
Proposed First Floor Elevation	13.40
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	1535000.00
LOT COVERAGE	52.10
LIVING SPACE (SQFT)	8297
COVERED PORCHES/DECKS (SQFT)	1524
OPEN DECK (SQFT)	98
TOTAL SQUARE FOOTAGE	9919
SURVEYOR NAME AND NUMBER	Michael Robinson 18994
ENGINEER AND LICENSE NUMBER	Rick House 24740
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 15 2021

Planning and Inspection Department

BJ2021-261	BUILDING JOINT
PROJECT NAME: Thomas New House	ISSUED: 12/14/2021
SITE ADDRESS: 1903 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 06/12/2022

APPLICANT: Griggs & Co. Homes Inc. P. O. Box 125 Point Harbor, NC 27964 207-8450	OWNER: THOMAS, KRISTINE M 3594 Beeler St DENVER, CO 80238
--	--

GENERAL UNLIMITED: Griggs & Co. Homes Inc. P. O. Box 125 Point Harbor, NC 27964 207-8450	License: 48170 Expires:
--	--

PARCEL:

PIN: 988406492055	Parcel Number: 002817000
Address: 1903 VA DARE TRL N KILL DEVIL HILLS	
Addition: Croatan Shores Amended	Zoning:
Legal Description:	Block: E Lot(s): 18

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
T-Pole	\$50.00	\$0.00	Covered Porches/Decks	1310 SQFT
Land Disturbing	\$100.00	\$0.00	Residential Heated Space	3721 sq. Ft.
Covered Porch Residential	\$982.50	\$0.00	(.75)	
Res. Building Permit Fee	\$2,790.75	\$0.00	# of Temporary Poles	1 EA
Totals :	\$3,923.25	\$0.00		

PROJECT DESCRIPTION: New 6 Bedroom Single Family Dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T24954

BJ2021-261**PROJECT NAME:** Thomas New House**SITE ADDRESS:** 1903 VA DARE TRL N KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/14/2021**EXPIRES:** 06/12/2022

DETAILS**Permit**

Name	Value
ZONING DISTRICT	OIR
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	S3-6907
# PARKING SPACES/BEDROOM	6
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12.0
Proposed First Floor Elevation	14.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	906181.77
LOT COVERAGE	35.29
LIVING SPACE (SQFT)	3721
COVERED PORCHES/DECKS (SQFT)	1310
TOTAL SQUARE FOOTAGE	5031
SURVEYOR NAME AND NUMBER	Rick House
ENGINEER AND LICENSE NUMBER	Rick House 24740
CULVERT	N
ROLL OUT CAN	3
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

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PAID

DEC 16 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2021-267

PROJECT NAME:

SITE ADDRESS: 3132 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/15/2021

EXPIRES: 06/13/2022

APPLICANT: LYN SMALL, INC.
113 Ballast Rock Dr.
Powels Point, NC 27966
252-491-8562

OWNER: Rowe, Brian & Wanda
803 Cypress Chapel RD
SUFFOLK, VA 23434

GENERAL BUILDING - INTERMEDIATE: LYN SMALL, INC.
113 Ballast Rock Dr.
Powels Point, NC 27966
252-491-8562

License: 29760
Expires: 12/31/2021

PARCEL:

PIN: 987516822593

Parcel Number: 003056000

Address: 3132 BAY DR KILL DEVIL HILLS

Zoning:

Addition: MOOR SHORES

Block: 0 **Lot(s):** 132

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Pier and boat lifts

PAID
12/14/21
Pg 2

BJ2021-267**PROJECT NAME:****SITE ADDRESS:** 3132 BAY DR KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 12/15/2021

EXPIRES: 06/13/2022

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5
SUBSTANTIAL IMPROVEMENT	NO
CONSTRUCTION TYPE	V
CONSTRUCTION COST	139000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * Foundation survey will be required prior to rough-in inspection.
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Marty Shaw

Contractor or Authorized Agent: Matt Kaplan Date: 12 / 15 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 10 2021

Planning and Inspection Department

BJ2021-262	BUILDING JOINT
PROJECT NAME: Dominguez Addition	ISSUED: 12/09/2021
SITE ADDRESS: 2010 HIGHVIEW ST KILL DEVIL HILLS	EXPIRES: 06/07/2022

APPLICANT: Dominguez, Marcelo 2010 Hieghview St Kill Devil Hills, NC 27948 252-305-7223	OWNER: Dominguez, Marcelo 2010 Hieghview St Kill Devil Hills, NC 27948 252-305-7223
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2021
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PARCEL:

PIN: 988405089609	Parcel Number: 000911000
Address: 2010 HIGHVIEW ST KILL DEVIL HILLS	
Addition: AVALON BEACH ANNEX 2 & 3	Zoning:
Legal Description:	Block: 0 Lot(s): 1183

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Res. Building Permit Fee	\$305.64	\$0.00	Residential Heated Space 407 sq. Ft. (.75)
Totals :	\$305.64	\$0.00	

PROJECT DESCRIPTION: add living space below existing house, no bedroom addition

BJ2021-262**PROJECT NAME:** Dominguez Addition**SITE ADDRESS:** 2010 HIGHVIEW ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/09/2021**EXPIRES:** 06/07/2022**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	S22-7028
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	11.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	28672.00
LOT COVERAGE	28.00
SURVEYOR NAME AND NUMBER	Marty Barnette L-3740
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing	Insulation
Slab/Foundation/Piling	Final
Framing	Zoning Final
Rough In	

CONDITIONS



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 7 2021

Planning and Inspection Department

BJ2021-255

PROJECT NAME: Sheil Dormer Addition
SITE ADDRESS: 3108 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/06/2021
EXPIRES: 06/04/2022

APPLICANT: SHEIL, JASON
3108 BAY DR
Kill Devil Hills, NC 27948
757-403-2439

OWNER: SHEIL, JASON
3108 BAY DR
Kill Devil Hills, NC 27948
757-403-2439

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 987520812719

Parcel Number: 029610012

Address: 3108 BAY DR KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES REVISED

Zoning:

Block: 89 **Lot(s):** 12-14

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: add 3 window dormer to front of house

BJ2021-255

PROJECT NAME: Sheil Dormer Addition
SITE ADDRESS: 3108 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/06/2021

EXPIRES: 06/04/2022

DETAILS
Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	8000.00
SURVEYOR NAME AND NUMBER	Gloria Rogers L-3531
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID
DEC 3 2021

Planning and Inspection Department

BJ2021-250	BUILDING JOINT
PROJECT NAME: Sandy Bottom Homes New House	ISSUED: 11/30/2021
SITE ADDRESS: 431 Walker Street W Kill Devil Hills	EXPIRES: 05/29/2022

APPLICANT: Sandy Bottom Homes 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162	OWNER: WILSON, RICHARD 9535 Plateau Place Mechanicsville, VA 23116
--	---

GENERAL BUILDING-LIMITED:	SANDY BOTTOM HOMES 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162	License: 67524 Expires: 01/01/2022
----------------------------------	--	---

PARCEL:

PIN: 987520908947	Parcel Number:
Address: 431 Walker Street W Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Lot 5-7, Block 53, Virginia Dare Shores	

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Residential Heated Space	2119 sq. Ft.
Res. Building Permit Fee	\$1,598.45	\$0.00	(.75)	
Land Disturbing	\$100.00	\$0.00	# of Temporary Poles	1 EA
T-Pole	\$50.00	\$0.00	Open Decks	1 EA
Covered Porch Residential	\$229.50	\$0.00	Covered Porches/Decks	306 SQFT
Totals :	\$2,127.95	\$0.00	Residential Unheated (.40)	23 Sq. Ft

PROJECT DESCRIPTION: New 4 Bedroom single family dwelling

Town of Kill Devil Hills
Water Charges
PAID
Water Tap #: T24952

BJ2021-250

PROJECT NAME: Sandy Bottom Homes New House
SITE ADDRESS: 431 Walker Street W Kill Devil Hills

BUILDING JOINT**ISSUED:** 11/30/2021**EXPIRES:** 05/29/2022**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	31009
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	8.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION COST	425000.00
LOT COVERAGE	36.60
LIVING SPACE (SQFT)	2119
COVERED PORCHES/DECKS (SQFT)	306
STORAGE (SQFT)	23
OPEN DECK (SQFT)	112
TOTAL SQUARE FOOTAGE	2560
SURVEYOR NAME AND NUMBER	Ray Meekins L-2592
ENGINEER AND LICENSE NUMBER	Raymond Pate 13018
ARCHITECT NAME AND LICENSE NUMBER	Michael Florez 14163
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 8 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-265

PROJECT NAME: SOPHSHEL DECK AND PILING
SITE ADDRESS: 1100 DURHAM ST W KILL DEVIL HILLS

BUILDING

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

APPLICANT: SOPHSHEL CONSULTING LLC.
P. O. BOX 336
Manns Harbor, NC 27953
252-473-7984

OWNER: SOPHSHEL CONSULTING LLC.
P. O. BOX 336
Manns Harbor, NC 27953
252-473-7984

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988405083174

Parcel Number: 001399000

Address: 1100 DURHAM ST W KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 697

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Open Deck Fee	\$150.00	\$0.00
Totals :	\$300.00	\$0.00

BUILDING AREA:
Open Decks 1 EA

PROJECT DESCRIPTION: REBUILD DECK AND STAIR IN SAME LOCATION, REPAIR FOUNDATION IN STORAGE AREA.

PAID
12/9/21 OK
pay pup

BP2021-265**PROJECT NAME:** SOPHSHEL DECK AND PILING
SITE ADDRESS: 1100 DURHAM ST W KILL DEVIL HILLS**BUILDING****ISSUED:** 12/07/2021**EXPIRES:** 06/05/2022**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	7.5
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Jordan Blythe

Contractor or Authorized Agent: Susan Yan Date: 12 / 08 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 1 2021

Planning and Inspection Department

BP2021-177

PROJECT NAME:

SITE ADDRESS: 107 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 08/20/2021

EXPIRES: 02/16/2022

APPLICANT: BEST KITTY HAWK, LLC.
419 ATLANTIC AVE
VIRGINIA BEACH, VA 23451
757-477-0707

OWNER: BEST KITTY HAWK, LLC.
419 ATLANTIC AVE
VIRGINIA BEACH, VA 23451
757-477-0707

PARCEL:

PIN: 988420805822

Parcel Number: 003669000

Address: 107 VA DARE TRL S KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 2 **Lot(s):** 1-4

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Stairwell repairs - handrail, multiple doors on South stair tower.

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
FINAL ELEVATION CERTIFICATE	N

Value 7186⁰⁰
Flood?
X

REQUIRED INSPECTIONS

Final

BP2021-177

PROJECT NAME:

SITE ADDRESS: 107 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 08/20/2021

EXPIRES: 02/16/2022

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Marty Shaw

Contractor or Authorized Agent: Crystal Magueda Date: 12/1/21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

BP2021-272

PROJECT NAME: PICCONE DECK REPAIR
SITE ADDRESS: 302 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 12/15/2021

EXPIRES: 06/13/2022

APPLICANT: PICCONE, ADAM
3657 Lipane Street
DENVER, CO 80211

OWNER: PICCONE, ADAM
3657 Lipane Street
DENVER, CO 80211

GENERAL, UNLICENSED:

FOREVER YOUNG DECK RESTORATION
319 GUNAS DR
Kill Devil Hills, NC 27948
970-980-6446

License: XXXXXX
Expires:

PARCEL:

PIN: 988420804295

Parcel Number: 003776000

Address: 302 VA DARE TRL S KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 30 **Lot(s):** 2

Legal Description:

FEEs:

	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$196.50	\$0.00	Covered Porches/Decks	262 SQFT
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Totals :	\$346.50	\$0.00		

PROJECT DESCRIPTION: REPLACE DECKING WITH COMPOSISTE, REPLACE JOISTS AND RAILING ON 2 DECKS

PAID

DEC 15 2021

TOWN OF

BP2021-272

PROJECT NAME: PICCONE DECK REPAIR
SITE ADDRESS: 302 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 12/15/2021

EXPIRES: 06/13/2022

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	27900.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

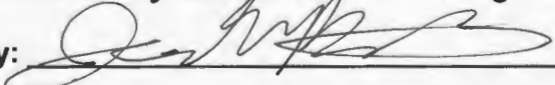
Final

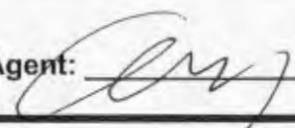
CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 

Contractor or Authorized Agent:  **Date:** 12/15/21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 1 2021

Planning and Inspection Department

BP2021-257

PROJECT NAME: GAMERTSFELDER DECKS
SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/01/2021

EXPIRES: 05/30/2022

APPLICANT: GAMERTSFELDER, KIM
P. O. BOX 1146
Kill Devil Hills, NC 27948
740-291-2245

OWNER: GAMERTSFELDER, KIM
P. O. BOX 1146
Kill Devil Hills, NC 27948
740-291-2245

GENERAL, UNLICENSED:

OUTER BANKS DECK AND FENCE
P.O. Box 1734
Kill Devil Hills, NC 27948
252-261-9888

License: n/a
Expires: 12/31/2022

PARCEL:

PIN: 987408990170

Parcel Number: 003064004

Address: 2100 BAY DR KILL DEVIL HILLS

Addition: KITTY HAWK BAY CLUB

Zoning:

Block: 0 **Lot(s):** UNIT 4 LOT 4

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: REPLACE DECKING AND RAILING ONLY ON 3 EXTERIOR DECKS

PAID
12/1/21 pay pd
[Signature]

BP2021-257

PROJECT NAME: GAMERTSFELDER DECKS
SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS

BUILDING**ISSUED:** 12/01/2021**EXPIRES:** 05/30/2022**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	15000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

BP2021-277	BUILDING
PROJECT NAME: Roy MacGregor	ISSUED: 12/28/2021
SITE ADDRESS: 1718 SOBLE DR KILL DEVIL HILLS	EXPIRES: 06/26/2022

APPLICANT: MACGREGOR, ROY 1718 SOBLE DR Kill Devil Hills, NC 27948 617-304-3632	OWNER: MACGREGOR, ROY 1718 SOBLE DR Kill Devil Hills, NC 27948 617-304-3632
---	---


CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/31/2021
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PARCEL:

PIN: 988410471222	Parcel Number: 028424000
Address: 1718 SOBLE DR KILL DEVIL HILLS	Zoning:
Addition: HEDRICKS ADD-PAR B CROATAN SH	Block: 0 Lot(s): 23 & PT 24
Legal Description:	

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace deck boards, railings, stringers and landing within existing footprint

 **PAID**
12/30/21 Da
paypal

BP2021-277

PROJECT NAME: Roy MacGregor
SITE ADDRESS: 1718 SOBLE DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/28/2021

EXPIRES: 06/26/2022

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Repair and replace within existing footprint.
- * Landing pilings required to be embedded 8 feet.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

Planning and Inspection Department

DEC 21 2021

BP2021-276	BUILDING
PROJECT NAME: Klotz Deck Repair	ISSUED: 12/22/2021
SITE ADDRESS: 1707 CREEK ST KILL DEVIL HILLS	EXPIRES: 06/20/2022

APPLICANT: Klotz, Wayne 1707 Creek St. Kill Devil Hills, NC 27948 703-966-8220	OWNER: Klotz, Wayne 1707 Creek St. Kill Devil Hills, NC 27948 703-966-8220
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2021
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PARCEL:

PIN: 988410268533	Parcel Number: 002659000
Address: 1707 CREEK ST KILL DEVIL HILLS	
Addition: HIGH VIEW - HEDRICKS ADD	Zoning:
Legal Description:	Block: B Lot(s): 10

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: repair and replace existing deck and stairs to same footprint, replace 4 6x6 pilings with 8x8

BP2021-276**PROJECT NAME:** Klotz Deck Repair**SITE ADDRESS:** 1707 CREEK ST KILL DEVIL HILLS**BUILDING****ISSUED:** 12/22/2021**EXPIRES:** 06/20/2022

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4000.00
SURVEYOR NAME AND NUMBER	Carlos F. Gomez L3241
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 28 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-278

PROJECT NAME: Carter Deck and Stairs
SITE ADDRESS: 115 ROCKY MOUNT ST KILL DEVIL HILLS

BUILDING

ISSUED: 12/28/2021

EXPIRES: 06/26/2022

APPLICANT: Carter, Jeff
9152 Ivy Springs Place
Mechanicsville, VA 23116

OWNER: Carter, Jeff
9152 Ivy Springs Place
Mechanicsville, VA 23116

GENERAL-LIMITED: ALL COUNTY BUILDERS LLC
205 West Morning Dove
NAGS HEAD, NC 27959
252-475-4047

License: 59306
Expires: 01/01/2022

PARCEL:

PIN: 988518206325

Parcel Number: 001840000

Address: 115 ROCKY MOUNT ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:
Block: 0 **Lot(s):** 394

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace decking and handrails on all decks, rebuild stairs in new location

BP2021-278

PROJECT NAME: Carter Deck and Stairs
SITE ADDRESS: 115 ROCKY MOUNT ST KILL DEVIL HILLS

BUILDING

ISSUED: 12/28/2021

EXPIRES: 06/26/2022

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	33000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
 Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 12/28/21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID
DEC 17 2021

Planning and Inspection Department

BP2021-274	BUILDING
PROJECT NAME:	ISSUED: 12/17/2021
SITE ADDRESS: 1512 KETCH LN KILL DEVIL HILLS	EXPIRES: 06/15/2022

APPLICANT: RODMAN, KAREN
715 CALLE CAMISA
SAN CLEMENTE, CA 92673

OWNER: RODMAN, KAREN
715 CALLE CAMISA
SAN CLEMENTE, CA 92673

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988413231823

Parcel Number: 026989000

Address: 1512 KETCH LN KILL DEVIL HILLS

Addition: FIRST FLIGHT VLG PH A SEC 3

Zoning:

Block: 0 **Lot(s):** 64-65

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Remove existing deck on North side. Infill door opening to match wall.

BP2021-274

PROJECT NAME:

SITE ADDRESS: 1514 KETCH LN KILL DEVIL HILLS

BUILDING

ISSUED: 12/17/2021

EXPIRES: 06/15/2022

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

BP2021-279

PROJECT NAME: WATSON STAIR, DECKING, AND RAILING
SITE ADDRESS: 2025 YORKTOWN KILL DEVIL HILLS

BUILDING

ISSUED: 12/29/2021

EXPIRES: 06/27/2022

APPLICANT: WATSON, LISA
2025 YORKTOWN ST
Kill Devil Hills, NC 27948
252-455-7062

OWNER: WATSON, LISA
2025 YORKTOWN ST
Kill Devil Hills, NC 27948
252-455-7062

PARCEL:

PIN: 988405190179

Parcel Number: 002051000

Address: 2025 YORKTOWN KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 1334

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIRS, REPLACE, DECKING AND RAILING



PAID

JK
12/29/21 CLK

BP2021-279PROJECT NAME: WATSON STAIR, DECKING, AND RAILING
SITE ADDRESS: 2025 YORKTOWN KILL DEVIL HILLS**BUILDING**

ISSUED: 12/29/2021

EXPIRES: 06/27/2022

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Jordan Blythe

Contractor or Authorized Agent: Linda Dean Date: 12 / 29 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 16 2021

Planning and Inspection Department

TOWN OF

BP2021-273

PROJECT NAME: SHOEMAKER DECK AND STAIR
SITE ADDRESS: 205 WALKER ST E KILL DEVIL HILLS

BUILDING

ISSUED: 12/16/2021

EXPIRES: 06/14/2022

APPLICANT: SHOEMAKER, MARIANNE MIELE
584 GOLFVIEW DRIVE
CHILLICOTHE, OH 45601

OWNER: SHOEMAKER, MARIANNE MIELE
584 GOLFVIEW DRIVE
CHILLICOTHE, OH 45601

UNLICENSED - REMODELING: JEFF RADFORD
517 WEST ARCHDALE ST
Kill Devil Hills, NC 27948
252-207-2910

License: 0000
Expires:

PARCEL:

PIN: 988517128008

Parcel Number: 000375000

Address: 205 WALKER ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 4 **Lot(s):** 13-14

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Open Deck Fee	\$150.00	\$0.00	Open Decks 1 EA
Building Permit Fee - Minimum Fee	\$150.00	\$0.00	
Totals :	\$300.00	\$0.00	

PROJECT DESCRIPTION: REBUILD REAR DECK, BOTH REAR AND FRONT STAIR, REPLACE PERIMETER 6X6 PILINGS WITH 8X8

BP2021-273**PROJECT NAME:** SHOEMAKER DECK AND STAIR
SITE ADDRESS: 205 WALKER ST E KILL DEVIL HILLS**BUILDING****ISSUED:** 12/16/2021**EXPIRES:** 06/14/2022

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	28500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * No increase to footprint permitted.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID
WITH
CASH

PAID

DEC 15 2021

Planning and Inspection Department

BP2021-248

PROJECT NAME: Doran Piling Replacement
SITE ADDRESS: 236 WILKINSON ST W KILL DEVIL HILLS

BUILDING

ISSUED: 11/17/2021

EXPIRES: 05/16/2022

APPLICANT: O'Dea, Sean
108 W Sportsman Dr
Kill Devil Hills, NC 27948
252-573-9033

OWNER: DORAN, MARY ELLEN
159 Timothy Place
PARAMUS, NJ 07652

UNLICENSED BUILDER: O'Dea, Sean
108 W Sportsman Dr
Kill Devil Hills, NC 27948
252-573-9033

License: 12345
Expires:

PARCEL:

PIN: 987516929785

Parcel Number: 000544000

Address: 236 WILKINSON ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 34 **Lot(s):** 39-40

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: replace 5 4x4 pilings with 6x6

BP2021-248**PROJECT NAME:** Doran Piling Replacement
SITE ADDRESS: 236 WILKINSON ST W KILL DEVIL HILLS**BUILDING****ISSUED:** 11/17/2021**EXPIRES:** 05/16/2022**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12-15-21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID
WITH
CASH

PAID

Planning and Inspection Department

DEC 14 2021

BP2021-268	BUILDING
PROJECT NAME: McElroy decking and stair replacement	ISSUED: 12/13/2021
SITE ADDRESS: 808 S. Memorial Blvd. Kill Devil Hills	EXPIRES: 06/11/2022

APPLICANT: SHAWN PENDLETON 805 EIGHT AVE Kill Devil Hills, NC 27948 252-256-1775	OWNER: McElroy, Terence & Carol 3102 Woodscove LN Woodbridge, VA 22192
--	---

UNLICENSED - REMODELING: SHAWN PENDLETON 805 EIGHT AVE Kill Devil Hills, NC 27948 252-256-1775	License: 0000000 Expires: 03/22/2022
--	---

PARCEL:

PIN: 07988308888809	Parcel Number:	
Address: 808 S. Memorial Blvd. Kill Devil Hills	Zoning:	
Addition:	Block:	Lot(s):
Legal Description: Lot 7, Block 12, Sec. 1, Kill Devil Hills		

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: replace decking and railings, rebuild existing stairs to existing footprint

BP2021-268**PROJECT NAME:** McElroy decking and stair replacement**SITE ADDRESS:** 808 S. Memorial Blvd. Kill Devil Hills**BUILDING****ISSUED:** 12/13/2021**EXPIRES:** 06/11/2022

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	9900.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 14 2021

Planning and Inspection Department

BP2021-270	BUILDING
PROJECT NAME: High Dunes Condo	ISSUED: 12/14/2021
SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 06/12/2022

APPLICANT: Emanuelson and Dad PO Box 448 6705 S. Croatan Hwy. nags head, nc 27959 252-261-2212	OWNER: High Dunes Condominium Association INC PO BOX 144 Kill Devil Hills, NC 27948 252-475-0208
---	--

RESIDENTIAL, LIMITED: Emanuelson and Dad PO Box 448 6705 S. Croatan Hwy. nags head, nc 27959 252-261-2212	License: 79801 Expires: 01/01/2022
--	---

PARCEL:			
PIN: 98930906937200	Parcel Number: 004674999		
Address: 1405 VA DARE TRL S KILL DEVIL HILLS			
Addition:	Zoning:	Block: B	Lot(s): COM. PROP. LTS 11,1
Legal Description:			

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Add 6' wide steps to beach past vegetation line

PAID
12/14/21
pay pal

BP2021-270

PROJECT NAME: High Dunes Condo

SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 12/14/2021

EXPIRES: 06/12/2022

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Accessory
FLOOD ZONE	VE
BASE FLOOD ELEVATION	10
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2600.00
SURVEYOR NAME AND NUMBER	Seaboard
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

BP2021-270

PROJECT NAME: High Dunes Condo

SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 12/14/2021

EXPIRES: 06/12/2022

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Charles Thuman

Contractor or Authorized Agent: J. Lewis Date: 12 / 14 / 2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

BP2021-267	BUILDING
PROJECT NAME: BEATTY WINDOWS	ISSUED: 12/13/2021
SITE ADDRESS: 204 DAVID LN KILL DEVIL HILLS	EXPIRES: 06/11/2022

APPLICANT: BEATTY, SONJA 204 DAVID LN Kill Devil Hills, NC 27948 252-489-0623	OWNER: BEATTY, SONJA 204 DAVID LN Kill Devil Hills, NC 27948 252-489-0623
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2021
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PARCEL:

PIN: 988406286497	Parcel Number: 027143000
Address: 204 DAVID LN KILL DEVIL HILLS	
Addition: WRIGHT'S SHORES SEC 2	Zoning:
Legal Description:	Block: 0 Lot(s): 148

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: CHANGING OUT WINDOWS FOR EMERGENCY EGRESS REQUIREMENTS

PAID
DEC 13 2021
TOWN OF
KILL DEVIL HILLS

BP2021-267**PROJECT NAME:** BEATTY WINDOWS**SITE ADDRESS:** 204 DAVID LN KILL DEVIL HILLS**BUILDING****ISSUED:** 12/13/2021**EXPIRES:** 06/11/2022**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Framing

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

DEC 7 2021

Planning and Inspection Department

BP2021-261	BUILDING
PROJECT NAME: Oyster Point Bldg D reroof	ISSUED: 12/07/2021
SITE ADDRESS: 700 FIRST ST W KILL DEVIL HILLS	EXPIRES: 06/05/2022

APPLICANT: OYSTER PT. HOME OWNERS ASS. 203 Forest Hill Ave ROCKY MOUNT, NC 27801 261-1200	OWNER: OYSTER PT. HOME OWNERS ASS. 203 Forest Hill Ave ROCKY MOUNT, NC 27801 261-1200
---	---

CONTRACTOR: Silva Painting Co
PO BOX 2415
Kill Devil Hills, NC 27948

UNLICENSED BUILDER: Silva Painting Co PO BOX 2415 Kill Devil Hills, NC 27948	License: 12345 Expires:
---	--

PARCEL:

PIN: 98841314042600	Parcel Number: 008075999
Address: 700 FIRST ST W KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): COMMON PROPERTY
Legal Description:	

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: reroof building d, replace shingles, vents, pipe boots, and flashing

BP2021-261PROJECT NAME: Oyster Point Bldg D reroof
SITE ADDRESS: 700 FIRST ST W KILL DEVIL HILLS**BUILDING**

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	26351.93
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: Contractor or Authorized Agent: 

Date: 12-07-21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 10 2021

Planning and Inspection Department

BP2021-240

PROJECT NAME: Sowell girder and joists repair from chimney removal
SITE ADDRESS: 903 SIXTH AVE KILL DEVIL HILLS

BUILDING

ISSUED: 12/09/2021
EXPIRES: 06/07/2022

APPLICANT: Sowell, Hayden & Barbara
PO Box 490
CHESAPEAKE BEACH, MD 20732

OWNER: Sowell, Hayden & Barbara
PO Box 490
CHESAPEAKE BEACH, MD 20732

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988311764917

Parcel Number: 009171000

Address: 903 SIXTH AVE KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 33 **Lot(s):** 9

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: replace girder and joists from exterior chimney removal

BP2021-240

PROJECT NAME: Sowell girder and joists repair from chimney removal
SITE ADDRESS: 903 SIXTH AVE KILL DEVIL HILLS

BUILDING

ISSUED: 12/09/2021

EXPIRES: 06/07/2022

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	500.00

REQUIRED INSPECTIONS

Zoning Final

Final

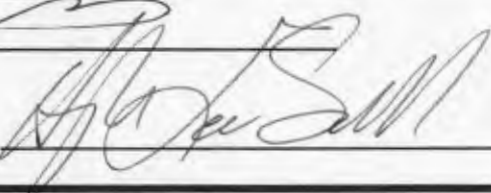
CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 

Contractor or Authorized Agent: 

Date: 12/10/2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

BJ2021-260	BUILDING JOINT
PROJECT NAME: Bouziane Remodel	ISSUED: 12/07/2021
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS	EXPIRES: 06/05/2022

APPLICANT: Cynergy Solutions LLC PO BOX 153 Powells Point, NC 27966 252-982-6807	OWNER: Bouziane, Mark 1904 Prince George Rd RICHMOND, VA 23225
--	---

BUILDING LIMITED:	Cynergy Solutions LLC PO BOX 153 Powells Point, NC 27966 252-982-6807	License: 83295 Expires: 01/24/2022
--------------------------	--	---

PARCEL:

PIN: 98830897368910	Parcel Number: 004302019
Address: 200 MARTIN ST E KILL DEVIL HILLS	
Addition:	Zoning:
	Block: 15 Lot(s): UT 204 LOTS 6-14
Legal Description:	

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: remodel shower, kitchen layout change, new floors and electrical and sheet rock replacement

DEC 7 2021

BJ2021-260

PROJECT NAME: Bouziane Remodel
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/07/2021

EXPIRES: 06/05/2022

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	30362.33
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

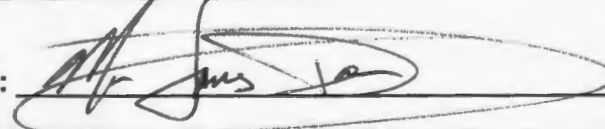
Rough In	Zoning Final
Insulation	Shower Pan
Final	

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 

Contractor or Authorized Agent: 

Date: 12-7-2021



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

BP2021-260

PROJECT NAME: Williams Stairs
SITE ADDRESS: 408 NIXONTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 12/05/2021

EXPIRES: 06/03/2022

APPLICANT: Williams, Robert
411 Nixonton St
Kill Devil Hills, NC 27948

OWNER: Williams, Robert
411 Nixonton St
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 987516920536

Parcel Number: 001054000

Address: 408 NIXONTON ST KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:
Block: 0 **Lot(s):** 113

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace two sets of existing stairs

PAID

DEC 6 2021

BP2021-260**PROJECT NAME:** Williams Stairs**SITE ADDRESS:** 408 NIXONTON ST KILL DEVIL HILLS**BUILDING****ISSUED:** 12/05/2021**EXPIRES:** 06/03/2022**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: _____

Contractor or Authorized Agent: _____

Date: 12-6-21



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 2 2021

PAID
WITH
CASH

✓
Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-258

PROJECT NAME: ZELINSKY WINDOWS
SITE ADDRESS: 2000 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 12/02/2021

EXPIRES: 05/31/2022

APPLICANT: ZELINSKY, DAVID
845 Dominic Blvd
Chesapeake, VA 23332

OWNER: ZELINSKY, DAVID
845 Dominic Blvd
Chesapeake, VA 23332

BUILDING: Carolina Coastal OBX
188 Harbinger Ridge Road
Harbinger, NC 27941
252-722-2358

License: 78994
Expires: 12/31/2021

PARCEL:

PIN: 989313145495

Parcel Number: 004938004

Address: 2000 VA DARE TRL S KILL DEVIL HILLS

Addition: LAKE DRIVE DEVELOPMENT SEC 2

Zoning:

Block: 0 **Lot(s):** 2

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: REPLACE WINDOWS IN SAME LOCATION WITH IMPACT GLASS

BP2021-258**PROJECT NAME:** ZELINSKY WINDOWS**SITE ADDRESS:** 2000 VA DARE TRL S KILL DEVIL HILLS**BUILDING****ISSUED:** 12/02/2021**EXPIRES:** 05/31/2022

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	18000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.



Town of Kill Devil Hills

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Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID

DEC 3 2021

Planning and Inspection Department

BP2021-259	BUILDING
PROJECT NAME: RHEUBOTTOM STRINGERS AND RISERS	ISSUED: 12/03/2021
SITE ADDRESS: 910 FIRST ST W KILL DEVIL HILLS	EXPIRES: 06/01/2022

APPLICANT: RHEUBOTTOM, JEFFREY E 320 W WALKER STREET KILL DEVIL HILLS, NC 27948	OWNER: RHEUBOTTOM, JEFFREY E 320 W WALKER STREET KILL DEVIL HILLS, NC 27948
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2021
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PARCEL:

PIN: 988413126884	Parcel Number: 003649000
Address: 910 FIRST ST W KILL DEVIL HILLS	
Addition: LANDING SECTION 3, THE	Zoning:
Legal Description:	Block: 0 Lot(s): 144

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: REPLACE STRINGERS AND RISERS ON FRONT STAIR, RAILINGS TO REMAIN

BP2021-259

PROJECT NAME: RHEUBOTTOM STRINGERS AND RISERS

SITE ADDRESS: 910 FIRST ST W KILL DEVIL HILLS

BUILDING

ISSUED: 12/03/2021

EXPIRES: 06/01/2022

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	30
STREET SIDE SETBACK	15
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	600.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

PAID
DEC 1 2021

Planning and Inspection Department

BP2021-220

PROJECT NAME: Deel Front Stair Replacement
SITE ADDRESS: 322 WILKINSON ST W KILL DEVIL HILLS

BUILDING

ISSUED: 10/15/2021

EXPIRES: 04/13/2022

APPLICANT: DEEL, DAVID A
P O BOX 3901
KILL DEVIL HILLS, NC 27948

OWNER: DEEL, DAVID A
P O BOX 3901
KILL DEVIL HILLS, NC 27948

CONTRACTOR: JB UTZ CONSTRUCTION
2719 S Wrightsville Ave
Wags head, nc 27959
252-475-4619

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 987516926557

Parcel Number: 026500000

Address: 322 WILKINSON ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 40 **Lot(s):** 32-34

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: replace front stairs to same footprint

BP2021-220

PROJECT NAME: Deel Front Stair Replacement
SITE ADDRESS: 322 WILKINSON ST W KILL DEVIL HILLS

BUILDING**ISSUED:** 10/15/2021**EXPIRES:** 04/13/2022

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.