

BUILDING PERMIT

PERMIT NUMBER: 5170 DATE: 2/2/2022
OWNER: John T & Heather C Randall ADDRESS: 19130 Lakeside Drive CITY: Courtland STATE: VA ZIP: 23837 * (157) 556 - 117 - Clay for STATE: NC ZIP: 21520 PHONE: 919 - 915 - 0427 Hunder Grown
LOCATION OF BUILDING SITE: 14 Yacht Club - Pirates Cove ZONING DISTRICT: PARCEL NUMBER: 3720979900 FLOOD ZONE: BFE: FFE: NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) N/A ERECT: ALTER: REPAIR:
SQUARE FOOTAGE OF HEATED SPACE: N/A UNHEATED SPACE: 100 S/F NUMBER OF STORIES: 3 ROOMS: 1 BATHS: N/A FIREPLACES: N/A FINISHES: EXTERIOR WALLS: Hardi-Plank INTERIOR WALLS: Drywall ROOF TYPE AND MATERIAL: Shingles HEAT TYPE: N/A INSULATION & R VALUE: R-15/R-19 FLOORING: N/A
FOOTING: Concrete FOUNDATION: Concrete ADDITIONAL NOTES: Remove Existing 144 S/F Hot Tub, Structure and Steps To Existing Deck. Construct 33 S/F Elevator Hoistway/Shaft & 3 Stop Elevator
EACH APPLICATION MUST BE ACCOMPANIED BY: SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMENT APPROVALS CAMA PERMIT IF REQUIRED
*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector. Estimated or Contract Cost: Date of Issuance: Applicant Inspector Zoning Official
ns of Permit:



MECHANICAL PERMIT

407 Budleigh Street | PO Box 246 | Manteo, NC 27954 | 252.473.2133 | www.manteonc.gov

* FORM MUST BE FILLED OUT	ENTIRELY, INCOMPLETE FORMS WILL NOT BE PROCESSED*
PERMIT NUMBER:	DATE: 2/22/2022
OWNER: ROBERT HARTMAN ADDRESS: 50 HAMMOCK DRIVE CITY: MANTEO STATE: NC PHONE:	CONTRACTOR: RA HOY HEATING AND AIR CONDITIONING LLC ADDRESS: PO BOX #179 ZIP: 27954 CITY: KITTY HAWKSTATE: NC ZIP: 27949 PHONE: 252-261-2008
LOCATION: 50 HAMMOCK DRIVE BUILDER:	PARCEL NUMBER: 025694250
Number of Heating Units: 1 Number of Registers: License Number: 13056 Cost: \$8,179.04	Number of Air Handlers: Tonnage: 2 Ton Work Order Number: Permit Cost: 1500
IF REPAIRING OR ALTERING, PLEASE DESC	CRIBE WORK:
REMOVE THE FURNACE. INSTA	LL A 16 SEER 2-TON TRANE HEAT PUMP SYSTEM
***CALL BUILDING INSPECTOR 24 HOURS DATE OF ISSUANCE: 2 23 22	SEALS: Parton Nix (INSPECTION)



MECHANICAL PERMIT

407 Budleigh Street PO Box 246 | Manteo, NC 27954 | 252.473.2133 | www.manteonc.gov

* FORM MUST BE FILLED OUT ENTIRELY. IN	COMPLETE FORMS WILL NOT BE PROCESSED*
PERMIT NUMBER: 5772	DATE: 2/22/2022
OWNER: JENNETTE ENGLISH ADDRESS: 4302 SAILFISH DRIVE CITY: MANTEO STATE: NC ZIP: 27954 PHONE:	CONTRACTOR:RA HOY HEATING AND AIR CONDITIONING LLC ADDRESS: PO BOX #179 CITY: KITTY HAWKSTATE: NC ZIP: 27949 PHONE: 252-261-2008
LOCATION: 4302 SAILFISH DRIVE F	PARCEL NUMBER: 025694507
Number of Heating Units: 1 Number of Registers: Tonn License Number: 13056 Cost: \$9,915.11 If repairing or altering, please describe work:	Number of Air Handlers: 1 AGE: 3 TON Work Order Number: Permit Cost: 150,00
C/O TRANE 14 SEER 3 TON WITH FULL GRILL REPLACEMENT	
***CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE F DATE OF ISSUANCE: 23/22 SEALS: Parents	N 111



PERMIT NUMBER: 5173	BUILDING PERMIT
	DATE: OLICI 2012
OWNER: Staci & Sean Mull ADDRESS: 7325 Creighton Road CITY: Mechanics vill STATE: VA ZIP: 2311	CITY: KDH STATE: N(ZIP: 27972
NC POWER WORK REQUEST NUMBER OR POWER M	Drive Zoning District: Manteo LOOD ZONE: AE BFE: 5.00 FFE: 15.48 LETER NUMBER (IF APPLICABLE) 10516361 ALTER: REPAIR:
SQUARE FOOTAGE OF HEATED SP. NUMBER OF STORIES: RO	ACE: 1031 UNHEATED SPACE: 1050 DOMS: 4 BATHS: 3.5 FIREPLACES: X
EXTERIOR WALLS: LP SMILE INTERIOR MEAT TYPE: PUMP INSULATION FOOTING:	FINISHES: WALLS: Sheet Ca KROOF TYPE AND MATERIAL: As J. Shingles IN & R VALUE: RIT R30 FLOORING: LV T/CASpet FOUNDATION: C. Lings
ADDITIONAL NOTES:	
	- AA-AA-
EACH APPLICATION MUST BE ACCOMPANIED BY: SITE PLAN SHOWING ACTUAL DIMENSION TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMENT A CAMA PERMIT IF REQUIRED	NS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
*** CALL BUILDING INSPECTOR 2	24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
amendments as adopted by the Town of Manteo. This per responsibility of the undersigned applicant. Any change in and Zoning Department and the Building Inspector. Estimated or Contract Cost: 497, 626. Date of Is Applicant	n the latest edition of the General Building Laws of North Carolina and all milt is valid for six (6) months. Compliance with Building Regulations is the construction or site plans will be subject to prior notification of the Planning Periuw 100 H. \$1015.50 Permit Cost: 1378 Suance: 2128 22 Inspector Zoning Official
Conditions of Permit:	



PERMIT NUMBER: \$175 BUILDING PERMIT DATE: 3-(-22
OWNER: GARY KAGER ADDRESS: 619 Sie Notte Rolingh St. CONTRACTOR LICENSE #: CITY: MANTEO STATE: NC ZIP: 27954 LOCATION OF BUILDING SITE: 619 SIR Walter Raleigh St. ZONING DISTRICT: PARCEL NUMBER: 025599000 FLOOD ZONE: X BFE: 8 FFE: To Be Delenwed NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (15 APPLICABLE)
ERECT: ALTER: REPAIR:
SQUARE FOOTAGE OF HEATED SPACE: UNHEATED SPACE: 1344 NUMBER OF STORIES: 1 ROOMS: BATHS: FIREPLACES: FINISHES: EXTERIOR WALLS: Metal ROOF TYPE AND MATERIAL: Metal ROOF TYPE: INSULATION & R VALUE: Roof R-9 FLOORING: CONCRETE FOOTING: FOUNDATION:
ADDITIONAL NOTES: Metal Storage 510
EACH APPLICATION MUST BE ACCOMPANIED BY: SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMENT APPROVALS CAMA PERMIT IF REQUIRED
*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.
Seals: Applicant Date of Issuance: 32 Permit Cost: 336.00 Inspector Seals: Zoning Official
Conditions of Permit:



5176 BUILDING PERMIT
PERMIT NUMBER: 5119 DATE: 03/04/2022
OWNER: BERTY MALLER ADDRESS: 52 Authon 2000 CITY: Manter State: NCZIP: 27754 CITY: Manter State: NCZIP: 27754 CITY: KOH STATE: NCZIP: 27748
LOCATION OF BUILDING SITE: 52 52 F134 DOVE ZONING DISTRICT: 10-2 PARCEL NUMBER: 015614365 FLOOD ZONE: BFE: FFE: NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) ERECT: ALTER: REPAIR:
SQUARE FOOTAGE OF HEATED SPACE: 2210 UNHEATED SPACE: 100 NUMBER OF STORIES: 2 ROOMS: 4 BATHS: 3 FIREPLACES: X
FINISHES: EXTERIOR WALLS: 2×4 INTERIOR WALLS: 2x4 ROOF TYPE AND MATERIAL: Shingles HEAT TYPE: Fund Insulation & R Value: Flooring: LVP/co:feet FOOTING: FOUNDATION: FILMES
ADDITIONAL NOTES: New Calmets, countertops paint, quest water Live replacement, new flooring throughout, additional lightny Lucyement, of existing switches
EACH APPLICATION MUST BE ACCOMPANIED BY: SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE
□ RESTAURANTS: HEALTH DEPARTMENT APPROVALS □ CAMA PERMIT IF REQUIRED
*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.
Seals: Applicant App
Conditions of Permit:

09:09:37 a.m. 03-09-2022

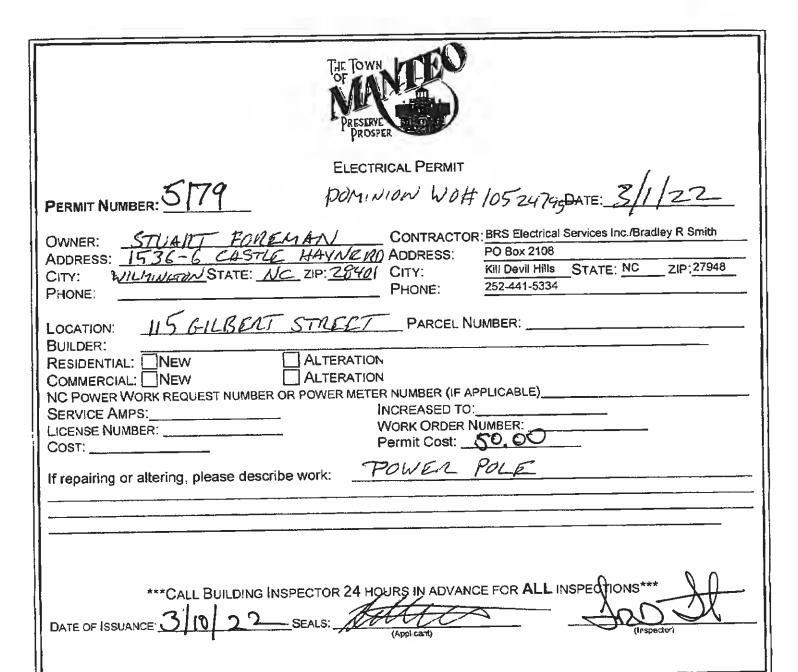
Mar.08.2022 12:47 PM Armstrong & Son Heating & 2527974101 PAGE. 1/ 1



PROSPER
MECHANICAL PERMIT
PERMIT NUMBER: 5177 DATE: 3-8-22
OWNER: MALSHES LIGHT SLIP ASSOC CONTRACTOR: ARMST LONG- SON HEATING- FAR ADDRESS: 207 DACTMOUR LANG (BOAT HURS) ADDRESS: 3718 ALBEMARIE CHIRCH RU CITY: MANTEO STATE: NC ZIP.27954 CITY: CULINEMA STATE: NC ZIP.27925 PHONE: (252) 797-4100
LOCATION: PARCEL NUMBER: 025557000 BUILDER:
NUMBER OF HEATING UNITS: 2 NUMBER OF REGISTERS: NUMBER OF B.T.U.'S: 9,000 ministrif Tonnage: 3,0 700 Heat Rime Air Handul Work Order Number: 22516 Work Order Number: Permit Co. 50.00
If repairing or altering, please describe work: CHANGG ON 3,0 73N It/P A/H 9,000 BTW WINDSPLIT
CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS DATE OF ISSUANCE: 3 9 2 SEALS: Applicant Inspector



BUILDING PERMIT
PERMIT NUMBER: 5/78 DATE: 1-30-22
OWNER: Gina Merrittis Sean Finner BullDER: C.S. Tige. ADDRESS: 504 Sextant Court Contractor License #:
OWNER Ging Merritt's Sean Finner BUILDER: COS-LIAC.
ADDRESS: COU Sextant Court Contractor LICENSE #:
A
CITY: KDN STATE: 12 ZIP: 27948
CITY: MPW-20 STATE: 12 ZIP: 27448 PHONE: 352-256-1775
LOCATION OF RUILDING SITE: Pirate's Cove Zoning District:
PARCEL NUMBER: FLOOD ZONE: SFE: FFE:
LOCATION OF BUILDING SITE: Prate's Cove Zoning District:
ERECT: ALTER: REPAIR:
SQUARE FOOTAGE OF HEATED SPACE: UNHEATED SPACE: NUMBER OF STORIES: ROOMS: BATHS: FIREPLACES:
NUMBER OF STORIES:ROOMS:BATHS:FIREPLACES:
FIN(SPES)
EXTERIOR WALLS: ROOF TYPE AND MATERIAL:
MEAT TYPE: INSI I ATION & R VALUE! FLOORING:
FOOTING: FOUNDATION:
ADDITIONAL NOTES: Remark trepline deking, willings & exterior Stainwills within exalf four print
ADDITIONAL NOTES: Kemena & reflece decking, willing 19 PAPPION STOPPING
within exalt tautpoint
EACH APPLICATION MUST BE ACCOMPANIED BY:
SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
TWO SETS OF WORKING DRAWINGS
ELEVATION OF THE SITE
RESTAURANTS: HEALTH DEPARTMENT APPROVALS
CAMA PERMIT IF REQUIRED
—
*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all
amendments as adopted by the Town of Manteo. This permit is valid for six (8) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning
and Zoning Department and the Building Inspector.
Estimated or Contract Cost: 17/50, co Date of Issuance: 3/0/22 1 22/50
Date of Issuance: 30,221,50
Seals: Frank Tendlet 000 1
Applicant Inspector Zoning Official
and the second s
Conditions of Permit:





BUILDING PERMIT

C166	Building Permit
PERMIT NUMBER: 5180	DATE: 3/10/2022
	
OWNER: C&T Contracting	BUILDER: CET CONTRACTION / CE BATSCHELET
ADDRESS: 115 Inge Dr.	CONTRACTOR LICENSE #: 45367
CITY: Manteo STATE: NC ZIP: 27954	ADDRESS: 115 Inge Dr.
	CITY: Manteo STATE: NC ZIP: 27954
	PHONE: 252- 202-9943
LOCATION OF BUILDING SITE: Lot 30 Marshes Light /	101 Uppowoc Ave. ZONING DISTRICT: 6.3
PARCEL NUMBER: 027249030	FLOOD ZONE: X BFE: 8' FFE: 8.5' R METER NUMBER (IF APPLICABLE)
NC POWER WORK REQUEST NUMBER OR POWER	R METER NUMBER (IF APPLICABLE)
ERECT: X	ALTER: REPAIR:
COULDE FOOTAGE OF USATED	Co. 0272
NUMBER OF STORIES: 2	SPACE: 2372 UNHEATED SPACE: ROOMS: 4 BATHS: 3.5 FIREPLACES: 0
NOWIBER OF STORIES. ~	FINISHES:
EXTERIOR WALLS: WOOD SIDING INTERIOR	OR WALLS: DRYWALL ROOF TYPE AND MATERIAL:
HEAT TYPE: ELECT. HP INSULA	TION & R VALUE: 19/15/38 FLOORING: WOOD / TILE
FOOTING:	FOUNDATION: LOW PILE
ADDITIONAL NOTES: Construct new 4 Bed, 3.5 Bath S	GFD on low piles with crawl space.
7.00	
EACH APPLICATION MUST BE ACCOMPANIED 8	BY:
☐ SITE PLAN SHOWING ACTUAL DIMENS	IONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
☐ TWO SETS OF WORKING DRAWINGS	
☐ ELEVATION OF THE SITE	
RESTAURANTS: HEALTH DEPARTMENT	T APPROVALS
☐ CAMA PERMIT IF REQUIRED	
*** CALL BUILDING INSPECTOR	R 24 HOURS IN ADVANCE FOR ALL I NSPECTIONS***
	with the latest edition of the General Building Laws of North Carolina and all
responsibility of the undersigned applicant. Any change	permit is valid for six (6) months. Compliance with Building Regulations is the in construction or site plans will be subject to prior notification of the Planning
and Zoning Department and the Building Inspector.	Review \$100.00
744	· •
Estimated or Contract Cost: 340,000	Permit Cost: \$ 1301.0
Date of	Issuance: 3/14/22 + 140/00
2	0 7001011
Seals:	COMOS
Applicant	Inspector Zoning Official
Conditions of Permit:	
	, <u>, , , , , , , , , , , , , , , , , , </u>



BUILDING PERMIT

PERMIT NUMBER: <u>5/8/</u>		DATE: 3-8-22
OWNER: KHKFL Workforce, LLC	BUILDER: Be	ch Box Builders
ADDRESS: P.O. Box 1839		CENSE #: 75421
CITY: Manteo STATE: NC ZIP: 27959	•	
		STATE: NC ZIP: 27954
	PHONE: 252-216-60	48
LOCATION OF BUILDING SITE: 805 N Hwy 64/264 PARCEL NUMBER: 024483000	Z	ONING DISTRICT:
PARCEL NUMBER: 024483000	FLOOD ZONE: X B	FE:FFE:
NC POWER WORK REQUEST NUMBER OR POWE	R METER NUMBER (IF APPI	LICABLE)
ERECT:	ALTER: ×	REPAIR:
	O 4400	h
SQUARE FOOTAGE OF HEATED NUMBER OF STORIES: 2	SPACE: 4400	INHEATED SPACE:
NUMBER OF STORIES: 2	ROUMS:BATHS: _ FINISHES:	FIREPLACES:
EVTEDIOD WALLS: INTEDIO		POOE TYPE AND MATERIAL:
EXTERIOR WALLS: INTERIOR WALLS: INSULA	TION & R VALUE	FLOORING:
FOOTING:	FOUNDATION:	
ADDITIONAL NOTES:		
EACH APPLICATION MUST BE ACCOMPANIED SITE PLAN SHOWING ACTUAL DIMENS TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMEN CAMA PERMIT IF REQUIRED *** CALL BUILDING INSPECTOR	TAPPROVALS	FRUCTURES, DRIVEWAYS AND PARKING FOR ALL INSPECTIONS***
This building is to be erected or altered in accordance amendments as adopted by the Town of Manteo. This responsibility of the undersigned applicant. Any chang and Zoning Department and the Building Inspector. Estimated or Contract Cost: 130,000 Date of Seals:	permit is valid for six (6) mone in construction or site plans P f Issuance: 3/16/2	ths. Compliance with Building Regulations is the will be subject to prior notification of the Planning ermit Cost: 53000000000000000000000000000000000000
Аррисан	Inspector	Zoning Official
Conditions of Permit:		



BUILDING PERMIT PERMIT NUMBER: 5 8.

DATE: 3/10/2022 OWNER: The Town of Manteo BUILDER: A. R. Chesson Construction Co., Inc ADDRESS: 407 Budleigh Street CONTRACTOR LICENSE #: 13540 CITY: Manteo STATE: NC ZIP: 27954 ADDRESS: 315 W. Main St. CITY: Williamston STATE: NC ZIP: 274954 PHONE: 252-792-4486 LOCATION OF BUILDING SITE: 217 Budleigh Street Manteo North Carolina 27954 United States ZONING DISTRICT: PARCEL NUMBER: 024570000 FLOOD ZONE: AE BFE: FFE: NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE)_ ERECT: X ALTER: ____ REPAIR: _____ SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: ____ NUMBER OF STORIES: 1 ROOMS: 3 BATHS: 2 FIREPLACES: 0 FINISHES: EXTERIOR WALLS: Cedar Shake INTERIOR WALLS: FRP Panel on GWB ROOF TYPE AND MATERIAL: Metal Roof HEAT TYPE: Central INSULATION & R VALUE: CLASS III & R-21 FLOORING: Epoxy FOOTING: Concrete FOUNDATION: Concrete Slab ADDITIONAL NOTES: Frewaired for EACH APPLICATION MUST BE ACCOMPANIED BY: SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMENT APPROVALS ☐ CAMA PERMIT IF REQUIRED *** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS*** This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector. Estimated or Contract Cost: \$432,690 Date of Issnance: 3/14/2 Conditions of Permit:

Attention: Kim Espinoza
(252) 473-4106 THE TOWN From: Mr. William Edwin Rouns P.O. Box 509 Topping, Va. 23169
PRESERVE PROSPER
Phone 804 694
PERMIT NUMBER: 5183 BUILDING PERMIT DATE: 3-15-2022
OWNER: William Edwin & Frances Robbullder: Granplan, Inc. Address: 21 Sailfish Drive Contractor License #: 85630 City: Manto State: NCZIP: 21954 City: Manto State: NCZIP: 21954 Phone: (252) 413-3334
LOCATION OF BUILDING SITE: 21 SOUTHS DELVE ZONING DISTRICT: PARCEL NUMBER: 21 FLOOD ZONE: NA BFE: FFE: NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) NA ERECT: ALTER: REPAIR:
SQUARE FOOTAGE OF HEATED SPACE: NA UNHEATED SPACE: NA NUMBER OF STORIES: Description of Stories: Section Space: NA STORIES: Section Space: NA STORIES: Section Space: NA STORIES: NUMBER OF STORIES: Section Space: NA STORIES SPACE
EXTERIOR WALLS: Cedar Interior Walls: Wall man Roof Type and Material: Aschalt HEAT Type: Electric Insulation & R Value: NA FLOORING: NA FOOTING: NA FOUNDATION: NA
Applitional Notes: Remove and replace Counterfors in Abithrooms, Here) Permove and replace 3 should doors in 3 bothrooms- Remove and replace-fairets in 3 bothrooms
EACH APPLICATION MUST BE ACCOMPANIED BY: SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMENT APPROVALS CAMA PERMIT IF REQUIRED
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Seals: Management Inspector Zoning Official Conditions of Permit:



PERMIT NUMBER: 5184

BUILDING PERMIT

DATE: 3/21/2022

OWNER: TIMOTHY & ERICA COBB BUILDER: GRANPLAN, INC.
OWNER: TIMOTHY & ERICA COBB BUILDER: GRANPLAN, INC. ADDRESS: 106 BUCKDEN PLACE CONTRACTOR LICENSE #: 85630
CITY: CARY STATE: NC ZIP: 27518 ADDRESS: 349-C WATER PLANT ROAD
CITY: MANTEO STATE: NC ZIP: 27954
PHONE: 252-473-3334
LOCATION OF BUILDING SITE: 15 SAILFISH DRIVE, MANTEO, NC. 27954 ZONING DISTRICT: 10-MANTEO IN PARCEL NUMBER: 025694314 FLOOD ZONE: BFE: FFE:
PARCEL NUMBER: 025694314 FLOOD ZONE: BFE: FFE: FFE:
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE)
ERECT: ALTER: REPAIR:
SQUARE FOOTAGE OF HEATED SPACE: UNHEATED SPACE:
Number of stories: 2 Rooms: 4 Baths: 3.5 Fireplaces:
FINISHES:
EXTERIOR WALLS: ROOF TYPE AND MATERIAL:
HEAT TYPE:INSULATION & R VALUE: FLOORING:
FOOTING:FOUNDATION:
ADDITIONAL NOTES: REBUILD FRONT STEPS, REAR STEPS, AND WALKWAY TO BOARDWALK USING TREATED LUMBER, INSTALL NEW TREX
DECKBOARDS ON TWO REAR DECKS, INSTALL RAIN ESCAPE UNDER TWO REAR DECK DECKBOARDS FOR CHANNELING RAIN WATER AWAY
EACH APPLICATION MUST BE ACCOMPANIED BY: SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMENT APPROVALS CAMA PERMIT IF REQUIRED
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Conditions of Permit:



PRESI PRO MECH	ANICAL PERMIT			
OWNER: JVE Holdings, LLC ADDRESS: 405 Queen Elizabeth Ave CITY: Manteo STATE; NC ZIP; 27954 PHONE: 262-202-0610 LOCATION: Trenquil House inn BUILDER: NUMBER OF HEATING UNITS: 1 outdoor, 2 indoor NUMBER OF B. T. U.'S; 36K LICENSE NUMBER: 11100 COST; \$16,600.00 If repairing or altering, please describe work: Instalthe lobby and bathrooms.	L ADDRESS: CITY: PHONE: PARCEL N NUMBER TONNAG WORK O	R; Norris Mechanica 100 Freedom Ava Powells Point 252-491-2673 UMBER: 02458900 R OF REGISTERS SE: 4 RDER NUMBER; OSS; A. COSS;	STATE: NC	ZIP: 27966
CALL BUILDING INSPECTOR 24 HO DATE OF ISSUANCE: 3/28/22 SEALS: 40	URS IN ADVANCE My By Contional)	FOR ALL INSF	PECTIONS (Inspector)	4



MECHANICAL PERMIT

PERMIT NUMBER: 5186	
OWNER: CINDY BCOBG CONTRACTOR: ISLAND HUAC ADDRESS: 4304 SOLVESH ADDRESS: PO BOY 2052 CITY: WANTED STATE: NC ZIP: 21954 CITY: KDIF STATE: NC ZIP: 21974 PHONE: PHONE:	
LOCATION: PARCEL NUMBER: 02 5694509	
NUMBER OF HEATING UNITS: NUMBER OF BEGISTERS: NUMBER OF BEGISTERS: TONNAGE: J.S WORK ORDER NUMBER: Permit Cost: \$150	· ·
CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS DATE OF ISSUANCE: 3/29/22 SEALS: (Application) (Inspector)	

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 4414290



Residential Project Approval Application # 202200237

411 RIDGEVIEW WAY Property Address:

PIN #: 989108786081 Parcel: 006749045

Lot/Block/Sec: LOT: 6 BLK: SEC: 5 Subdivision: SOUTHRIDGE - SEC 5

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: VACANT

Flood Zone: AE

Base Flood Elevation: 4.0

Regulatory Flood Elevation: 9

Map Panel No: 9891

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name:

NAGS HEAD CONSTRUCTION - AND DEVELOPMENT

Owner Address:

C/O VIKING MANAGEMENT INC

P.O. BOX 16472

CHESAPEAKE, VA 23328

Contractor Name:

Nags Head Construction & Development, In

Contractor Phone:

757-306-9620

Contractor Address:

PO Box 16472

CHESAEAKE, VA 23328

Description: Construct new single-family dwelling on pillings, 4 bedroom 3.1 bathrooms

Construction Value: \$260000

Classification of Work: NEW RESIDENTIAL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

BR202200730 B-RESIDENTIAL NEW CONST SFD

\$3707.98

03/04/2022 SS

Conditions of Approval:

Building under construction elevation may be required. A final flood elevation certificate is required.

Ground floor enclosure shall have flood vents if below 9-foot RFPE. All material below the 9-foot RFPE shall be pressure treated.

All subs shall pull permits prior to starting work.

Call for all required inspections.

Review Zoning, Stormwater and Public Works permit conditions

Please call with any questions at 252-441-7016

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202200729 FLOOD PERMIT

\$0.00

SS

03/04/2022

Conditions of Approval:

PUBLIC WORKS INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

PW202200728 PW APPROVAL RES NEW

03/04/2022

Conditions of Approval:

See Public Works Approval handout for detailed project information

For Public Works related items please call the Public Works Department at 252-441-1122.

Culvert required - Flared end section required - Contact Public Works for more information

All driveways constructed within the Town of Nags Head must be sloped away from the street 1/4-inch per foot for the first six (6) feet off the edge of the street. Contractor MUST call Public Works for an inspection AFTER driveway is formed-up and PRIOR to pouring concrete or laying asphalt. Call for FINAL inspection once pouring is complete. Give 24 advance notice for all inspections.

36-4(f):max. driveway width is restricted to 26' w/a max. of 15R, min. driveway width is 12'

36-4(f):max. driveway apron shall be a min. of 10' in length, 4" thick, 3,000 psi conc. and designed for access purposes only. The driveway apron shall be sloped a min. of 1/4" per foot from the eop to a point 6' offset from the eop, creating a valley section within the driveway, (2" min. drop)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 4414290



Residential Project Approval Application # 202200258

Property Address: 124 WEST WESTSIDE CT PIN #: 071811560534

Parcel: 007324007

Lot/Block/Sec: LOT: 7 BLK: SEC:

Subdivision: CHAWANOOK WEST

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: VACANT

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation: 9

Map Panel No: 0718

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name:

BERGEL, NOAH D - BERGEL, JENNIFER KELLER

Owner Address:

10901 George Mill Rd Lovettsville, VA 20180

Contractor Name:

SEA COUNTRY HOMES OBX, LLC

Contractor Phone:

252-207-8338

Contractor Address:

1508 CAPAINS LANE

KILL DEVIL HILLS, NC 27948

Description: Construct new single-family dwelling, 4 bedrooms, 4.1 baths

Construction Value: \$620000

Classification of Work: NEW RESIDENTIAL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

BR202200686 B-RESIDENTIAL NEW CONST

03/02/2022 SS

Conditions of Approval:

Provide address #s on home that meet the TONH ordinance.

Water heater shall be elevated to 9-foot RFPE. All material below the 9-foot RFPE shall be pressure treated.

A building under construction elevation cert may be required. A final flood elevation certificate is required.

Ground floor enclosure shall be unfinished and unheated and not exceed 300 square foot using outside dimensions to measure area.

Pull all trade permits prior to starting work.

Call for all required inspections. Review Zoning, Stormwater and Public Works permit conditions.

Call for Zoning, Stormwater and Public Works final inspections before calling for Building final inspection.

Call Steve at 252 449 2005 if I can be of any help.

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202200685 FLOOD PERMIT

\$0.00

03/02/2022

Conditions of Approval:

PUBLIC WORKS INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

PW202200684 PW APPROVAL RES NEW

\$1699.64

I CN

SS

03/02/2022

Conditions of Approval:

See Public Works Approval handout for detailed project information

For Public Works related items please call the Public Works Department at 252-441-1122.

All driveways constructed within the Town of Nags Head must be sloped away from the street 1/4-inch per foot for the first six (6) feet off the edge of the street. Contractor MUST call Public Works for an inspection AFTER driveway is formed-up and PRIOR to pouring concrete or laying asphalt. Call for FINAL inspection once pouring is complete. Give 24 advance notice for all inspections.

36-4(f):max. driveway width is restricted to 26' w/a max. of 15R, min. driveway width is 12'

36-4(f):max. driveway apron shall be a min. of 10' in length, 4" thick, 3,000 psi conc. and designed for access purposes only. The driveway apron shall be sloped a min. of 1/4" per foot from the eop to a point 6' offset from the eop, creating a valley section within the driveway, (2" min. drop)

ZONING INFORMATION

Permit # **Permit Description** ZN202200683 ZONING PERMIT - RES Total Fees Pald/Due

Approved By: Approved Date:

\$0.00

MK

03/02/2022

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202200330

Property Address:

115 WEST SEAWATCH CT

PIN #: 080005293983 Parcel: 024961586

Lot/Block/Sec: LOT: 6 BLK: SEC:

Subdivision: SEAWATCH

Zoning: VILLAGE DET RES SF 2

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation: 9

Map Panel No: 0800

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name:

BRICKHEAD, DAVID L - BRICKHEAD, SARAH

Owner Address:

2825 LIVE OAK LN

Contractor Name:

Frasca Custom Homes, LLC

Contractor Phone:

252-480-0515

Contractor Address:

2401 Colington Rd

Kill Devil Hills, NC 27948

Description: Roof replacement 3/4" fire treated cedar shakes, replacement of valley & hip flashing

Construction Value: \$35480

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due Approved By: Approved Date:

RE202200674

RES ADD-REM-REP-ACC

\$250,00

03/02/2022 SS

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Emily Lewis to discuss 252-480-4707 emilylewis@villagerealtyobx.com prior to commencing construction.
- Call for material check. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202200673

FLOOD PERMIT

03/02/2022

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Bullding codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

i, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202200336

Property Address:

5707 SOUTH SANDBAR DR

PIN #: 080118305596 Parcel: 000380110

Lot/Block/Sec: LOT: 8 BLK: SEC:

Subdivision: DOLPHIN RUN

Zoning: VILLAGE DET RES SF 2

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation: 9

Map Panel No: 0801

Map Panel Date: 06/19/2020

Sufflx: K

Datum Used: NAVD 1988

Owner Name:

MCNALLY, JOHN J III - MCNALLY, BARBARA A

Owner Address:

1436 S VEAUX LOOP

Contractor Name:

Gibbs Daughters NC, LLC

Contractor Phone:

252-202-5991

Contractor Address:

PO Box 2387

Manteo, NC 27954

Description: Replace the existing deck boards and railings

Construction Value: \$62624

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202200718

RES ADD-REM-REP-ACC

\$340.00

SS

03/04/2022

Conditions of Approval:

Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Emily Lewis to discuss 252-480-4707 emilylewis@villageraltyobx.com prior to commencing construction.

All work shall meet current code. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

SS

FL202200717

FLOOD PERMIT

\$0.00

03/04/2022

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

in accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

i, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202200343

Property Address: 5203 SOUTH LINKS DR

PIN #: 080117029198 Parcel: 024961307

Lot/Block/Sec: LOT: 7 BLK: SEC:

Subdivision: WEDGES,THE

Zoning: VILLAGE DET SF 3

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation: 9

Map Panel No: 0801

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name:

DENSMORE, JOHN JOSEPH

Owner Address:

1292 DUNLORA DR

Contractor Name:

CORNERSTONE MARINE & REMODELING LLC

Contractor Phone:

455-0960

PO BOX 2371

Manteo, NC 27954

Description: Demo kitchen cabinets and flooring and replace with new cabi net, appliances, and faucet

Construction Value: \$44000

Contractor Address:

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202200722

RES ADD-REM-REP-ACC

\$280.00

SS

03/04/2022

Conditions of Approval:

All work shall meet current codes. All subs pull permits prior to starting work. Call for all required inspections Smoke and co2 detectors to code throughout home. Call for final inspection.

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202200721

FLOOD PERMIT

\$0.00

SS 03/04/2022

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of Issuance If the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202200372

Property Address: 4128 WEST DRIFTING SANDS CT

PIN #: 989108877937 Parcel: 030237000

Lot/Block/Sec: LOT: 11 BLK: SEC: 1 Subdivision: SOUTHRIDGE SEC 1

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X Base Flood Elevation: 0.0 Regulatory Flood Elevation: 9

Map Panel No: 9891 Map Panel Date: 06/19/2020 Sur

Suffix: K Datum Used: NAVD 1988

Owner Name: MCCULLEN, MICHAEL G - MCCULLEN, KAREN G

Owner Address: 4128 Drifting Sands Ct

Contractor Name: PROPERTY OWNER Contractor Phone:

Contractor Address: See Above 000, 00 00000

Description: Remove & replace all wood decking, handrails & stairs, 12 windows & existing siding, trim, soffit & fascia

boards

Construction Value: \$64690 Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit # Permit Description Total Fees Paid/Due Approved By: Approved Date:
RE202200804 RES ADD-REM-REP-ACC \$340.00 SS 03/11/2022

Conditions of Approval:

Provide address #s on home if none are present. Call for inspection of framing or sheathing repairs. Properly
contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review
deck repair handout we have provided. Install siding per product evaluation report. Pull electrical permit to
contend with wiring issues as they arise. Call for final inspection

FLOOD INFORMATION

Permit # Permit Description Total Fees Paid/Due Approved By: Approved Date: FL202200803 FLOOD PERMIT \$0.00 SS 03/11/2022

Conditions of Approval:

Additional Conditions:

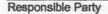
CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the Issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.



PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202200408

Property Address:

109 EAST DANUBE AVE

PIN #: 080109066329 Parcel: 026403007

Lot/Block/Sec: LOT: 2 BLK: D1 SEC: 3

Subdivision: ROANOKE SOUND SHORES RESUB S 3

Zoning: GENERAL COMMERCIAL DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation: 9

Map Panel No: 0801

Map Panel Date: 06/19/2020

Datum Used: NAVD 1988

Owner Name:

PHILLIPS-FEAKINS, OLIVER - FEAKINS, NADI

Owner Address:

23 WARWICK RD

Contractor Name:

Frasca Custom Homes, LLC

Contractor Phone:

252-480-0515

Contractor Address:

2401 Colington Rd

Kill Devil Hills, NC 27948

Description: Replacement of existing siding with new vinyl siding system

Construction Value: \$47800

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202200874

RES ADD-REM-REP-ACC

\$280.00

SS

03/17/2022

Conditions of Approval:

- Call for inspection of rot repair. Pull electrical permit to deal with wiring Issues if need be. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202200873

FLOOD PERMIT

\$0.00

03/17/2022

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the Issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

Responsible Party	Res	por	ısib	le	Party
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PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202200460

Property Address: 9504 SOUTH OLD OREGON INLET RD PIN #: 071806398305 Parcel: 007970020

Lot/Block/Sec: LOT: 20 BLK: SEC:

Subdivision: HOLLYWD BCH RECOMB/SO CREEK AC

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 4.0

Regulatory Flood Elevation: 9

Map Panel No: 0718

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name:

ZIMMERMANN, CURT - ZIMMERMANN, TERRI

Owner Address:

330 PENNINGTON DR

Contractor Name:

OBRC, LLC

Contractor Phone:

Contractor Address:

P O Box 1916

Kitty Hawk, NC 27949

Description:

Replacing existing roof shingles w/new ashpalt shingles, alu minum soffit & facia w/Hardi Color Plus,

gutters & paint

Construction Value: \$35000

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Pald/Due

Approved By: Approved Date:

RE202200935

RES ADD-REM-REP-ACC

\$250.00

SS

03/23/2022

Conditions of Approval:

All work shall meet current code. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202200934

FLOOD PERMIT

\$0.00

SS

03/23/2022

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of Issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202200423

Property Address: 2904 SOUTH LOST COLONY DR

PIN #: 989210276414 Parcel: 005786000

Lot/Block/Sec: LOT: 10 BLK: C SEC: Subdivision: VISTA COLONY PLACE

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Suffix: K

Flood Zone: X Base Flood Elevation: 0.0 Regulatory Flood Elevation: 9

Map Panel No: 9892 Map Panel Date: 06/19/2020

Datum Used: NAVD 1988

Owner Name: EVANS, WINBORNE H

Owner Address: 2904 S LOST COLONY DR

Contractor Name: Forrest Seal, LLC Contractor Phone: 252-599-2521

Contractor Address: PO Box 2333 Kitty Hawk, NC 27949

Description: Complete the necessary work to add the storage area & stair well area as drawn on plans

Construction Value: \$55000 Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit # Permit Description Total Fees Paid/Due Approved By: Approved Date:
RE202200946 RES ADD-REM-REP-ACC \$320.00 SS 03/23/2022

Conditions of Approval:

 Provide address #s on home if none are present. A final flood elevation certificate may be required. Provide smoke and co2 detectors to code throughout home. Pull all permits prior to starting work. Call for all requird inspections. Review zoning permit conditions. Call for final inspection.

FLOOD INFORMATION

Permit # Permit Description Total Fees Paid/Due Approved By: Approved Date:
FL202200945 FLOOD PERMIT \$0.00 SS 03/23/2022

Conditions of Approval:

ZONING INFORMATION

Permit # Permit Description Total Fees Paid/Due Approved By: Approved Date:
ZN202200944 ZONING PERMIT - RES \$0.00 MK 03/23/2022

Conditions of Approval:

Addition of storage and stairs meeting setbacks and allowable lot coverage calculations Must maintain setbacks As-built survey call for final zoning once completed 252-449-6045

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160Å-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval **Application # 202200188**

Property Address:

3626 SOUTH OLD NAGS HEAD WOODS RD

PIN #: 989214236743 Parcel:

026251000

Lot/Block/Sec: LOT: BLK: SEC:

Subdivision: SUBDIVISION - NONE

Zoning: SPECIAL ENVIRONMENTAL DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation: 9

Map Panel No: 9892

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name:

WRIGHT, KRISTI MIDGETTE

Owner Address:

207 W BARNES ST

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

Description: Construct 30X40 garage with storage in attic space, bathroom & rock driveway

Construction Value: \$50000

Classification of Work: RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

RE202200954 RES ADD-REM-REP-ACC

\$280.00

SS

03/23/2022

Conditions of Approval:

A final flood elevation certificate is required. Anchor bolts shall be in place at time of footing inspection. Soil engineering may be requested. Call for footing inspection. Call for sheathing and framing inspection. Call for any trench inspections. Pull trade permits prior to starting work. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description FL202200953 FLOOD PERMIT

Total Fees Paid/Due \$0.00

Approved By:

SS

Approved Date:

03/23/2022

Conditions of Approval:

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

ZN202200949 ZONING PERMIT - RES

\$0.00

03/23/2022

Conditions of Approval:

Site visit with Aaron Wright, Kate Jones and Margaux Kerr 3/18/2022 - no trees proposed to be removed for installation of the septic and detached garage

Detached garage is not a finished space, no habitable space other than the bathroom 62 sqft is habitable at this time. Storage only.

A bedroom is not permitted or proposed at this time per permit application

Add rock drive per proposed site plan

Moving existing material onsite for balanced building pad

maximum height 35ft

as-built survey required

stabilization once complete

call for final zoning 252-449-6045

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval **Application # 202200395**

Property Address:

100 EAST SAND CASTLE CT

PIN #: 080118309120 Parcel: 030607000

Lot/Block/Sec: LOT: 1 BLK: SEC:

Subdivision: SEASIDE

Zoning: VILLAGE DET SF 3

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation: 9

Map Panel No: 0801

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name:

JONES, STEVEN C - JONES, DEBORAH S

Owner Address:

44 WOODLAND RD

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

000, 00 00000

Description:

Enlarge elevator shaft walls on 1st 2nd 3rd levels to accome date new elevator, enlarge elevator pit,

move 1 nonload bear

Construction Value: \$47500

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Pald/Due

Approved By: Approved Date:

RE202200966

RES ADD-REM-REP-ACC

\$280.00

SS

03/23/2022

Conditions of Approval:

Additional engineering could be requested. Pull trade permits prior to starting work. Call for all required Inspections. Provide smoke and co2 detectors to code. Provide elevator certification prior to scheduling final inspection. Call for final inspection. Any questions please call me at 252 449 2005

FLOOD INFORMATION

Pennit #

Permit Description

Total Fees Pald/Due

Approved By: Approved Date:

FL202200965

FLOOD PERMIT

\$0.00

SS

03/23/2022

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a prefessional engineer or registered land surveyor.

3/24/22

DECISION: Approved with Conditions (See above)

Responsible Party

Date

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 4414290

Commercial Project Approval Application # 202200238

4800 SOUTH CROATAN HWY **Property Address:**

PIN #: 080113049010 Parcel: 024961512

Lot/Block/Sec: LOT: PARCEL L BLK: SEC:

Subdivision: SUBDIVISION - NONE

Zoning: VILLAGE ATTACHED SF 4

Land Use: HOSPITAL

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation: 9

Map Panel No: 0801

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name:

OUTER BANKS HOSPITAL INC

Owner Address:

4800 S CROATAN HWY

NAGS HEAD, NC 27959

Contractor Name:

C. A. Lewis, Inc.

Contractor Phone:

252-757-3536

Contractor Address:

2825 S Charles Ave

Greenville, NC 27858

Description:

Interior remodel of lab, nuclear camera and MRI. Metal stud framed, drywall, new finish ACT and floor

covering

Construction Value: \$3309799

Classification of Work: COMMERCIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

CA202200658 COMM ADD-REM-REP-ACC

\$5349.70

SS

SS

03/01/2022

Conditions of Approval:

- See review comments we have provided

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

03/01/2022

Conditions of Approval:

FL202200657 FLOOD PERMIT

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

\$0

Approved By:

Approved Date:

ZN202200656 ZONING PERMIT - COMM

KW

3/01/2022

Conditions of Approval:

Zoning has been reviewed and approved for an internal remodel within the lab. No increase in footprint or lot coverage is proposed or permitted.

Final zoning inspection required upon completion.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS: All new work to meet current code: FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

As per Town Code, contractors are responsible for any damage caused to Town owned facilities during construction on any site in Nags Head such as, but not limited to: multi-use path, streets, shoulders, swales, drainage facilities, water lines and related facilities.

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 4414290

Commercial Project Approval Application # 202200274

Property Address: 7100 SOUTH CROATAN HWY PIN #: 080015632617 Parcel: 008834000

Lot/Block/Sec: LOT: 1-7 & 10-16 AND BLK: 12 SEC:

Subdivision: WHALEBONE BEACHES REVISED

Zoning: GENERAL COMMERCIAL DISTRICT

Land Use: SHOPPING CENTER

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation:

Map Panel No:

Map Panel Date:

Suffix: Datum Used:

Owner Name:

SRE MUSTANG LLC - C/O SINGERMAN REAL EST

Owner Address:

980 N MICHIGAN AVE STE 1660

CHICAGO, IL 60611

Contractor Name:

GO GREEN CONST., INC T/A GO GREEN CONSTR

Contractor Phone:

412-367-5870

Contractor Address:

3471 Babcock Blvd Ste 205

Pittsburgh, PA 15237

Description:

Remodel of space #102 (formerly Hanes) into Aerie Store (Ame rican Eagle); 4425 SF; tenant upfit

includes: see txt

Construction Value: \$232313

Classification of Work: COMMERCIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

CA202200796 COMM ADD-REM-REP-ACC

SS

03/11/2022

Conditions of Approval:

Please read & review Zoning permit conditions below as well as comments from the Deputy Fire Chief (email

Please review Building Review Comments (attached).

Call for Final Inspections

FLOOD INFORMATION

Permit #

Permit Description FL202200795 FLOOD PERMIT

\$0.00

Total Fees Pald/Due Approved By:

Approved Date:

03/11/2022

Conditions of Approval:

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

ZN202200794 ZONING PERMIT - COMM

KW

SS

03/11/2022

Conditions of Approval:

- Zoning has been reviewed and approved for the interior upfit of Unit 102 for new retail (Aerie).
- All work to occur within the existing footprint, NO increase in footprint or lot coverage permitted.
- Final zoning inspection required upon completion.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

in accordance with GS160A-418, a permit expires 6 months after the date of Issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 4414290

Commercial Project Approval Application # 202200387

Property Address: SOUTH VA DARE TRL PIN #: 080020816113 Parcel: 000110555

Lot/Block/Sec: LOT: HURON ST BLK: SEC: Subdivision: SUBDIVISION - NONE

Zoning: COMMERCIAL/RESIDENTIAL DISTRIC

Land Use: PUBLIC BEACH ACCESS

Flood Zone: VE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 12

Map Panel No: 0800

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name:

TOWN OF NAGS HEAD

Owner Address:

POBOX 99

Contractor Name:

SAWYER & SONS CONSTRUCTION, INC.

Contractor Phone:

252-394-5153

Contractor Address:

PO Box 570

Columbia, NC 27925

Description: Demo and rebuild Huron St Beach Access

Construction Value: \$73325

Classification of Work: COMMERCIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

CA202200855 COMM ADD-REM-REP-ACC

\$0.00

SS

03/16/2022

Conditions of Approval:

Provide address #s per Town of Nags Head ordinance.

Handicap parking? Call for material inspection. All ADA requirements shall be met.

Call with any questions - Steve 252 449 2005 or Cory 252 449 6043.

Call for Final Inspection

FLOOD INFORMATION

Permit #

Permit Description FL202200854 FLOOD PERMIT

Total Fees Pald/Due \$0.00

Approved By:

Approved Date:

03/16/2022

Conditions of Approval:

ZONING INFORMATION

Permit #

Permit Description

Total Fees Pald/Due

Approved By:

Approved Date:

ZN202200853 ZONING PERMIT - COMM

\$0.00

KW

SS

03/16/2022

Conditions of Approval:

- Zoning has been reviewed and approved for the reconstruction of a 6 ft. wide pedestrian beach accessway at Huron Street.
- Construction must comply with all provisions of CAMA Exemption.
- If feasible, buffering/vegetation shall be installed along the northern and southern property boundary. Final Zoning Inspection required upon completion.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9402				03/09/2022	
Parcel Number:	018697077				
Location:	125 COLINGTON	POINTE DR 302-D - COLINGTON			
Subdivision:	COLINGTON POI	NTE			
Legal Description:	LOT: UNIT 302-D				
Owner Name:	COLINGTON POINTE LLC				
Owner Mail Address:	PO BOX 1922 KIL	LL DEVIL HILLS, NC 27948			
Owner Phone and email:	252-207-8710				
Contractor Name:	RM SAUNDERS O	GENERAL CONTRACTOR INC			
Contractor Mail Address:	PO BOX 1922, K	ILL DEVIL HILLS, NC 27948			
Contractor Phone:	2522078710	Contractor NC License#: 32380			
BUILDING INFORMATION					
Proposed Construction Use:	SINGLE FAMILY	OWELLING NEW, NEW SFD			
Proposed Construction Type:	MOBL	Cost of Construction:	\$290,000		
Finished Square Footage:	2085	CAMA Permit#:	2021-01		
Unfinished Square Footage:	344	Septic Permit#:	S22-9028		
Stories:	3.0	Septic Permit Date:	2/18/2022		
Building Height:	0	Survey/Site Plan:	YES		
Total Rooms:	14	Water Tap#:	YES		
Footing Type:	PILING	Water Type:	Central Water		
Exterior Finish:	LAP SIDING	Flood Zone:	AE		
Proposed Finished Floor	7	Base Flood Elevation:	8.0		
Elevation:	,	Lot/Ground Elevation:	6		
Bedrooms:	3	Baths/half baths:	3.00/1		
Comments: Any deviation from	n the building plan	PERMIT FEE		\$1,701.35	
or site plan requires prior appr		HOME OWNERS RECOVERY FEE		10.00	
LOCAL AREA ELEVATION STAN		RESIDENTIAL ZONING APPROVAL		100.00	
APPLIES, AREAS BELOW 8' REC		FLOOD DEVELOPMENT BLDG PERMIT		75.00	
VENTS. UNDER CONSTRUCTION CERTIFICATE AND AS BUILT SU					
BEFORE ROUGH IN, FINAL ELEV		TOTAL FEES:		\$1,886.35	
CERTIFICATE REQUIRED BEFOR		TOTAL LEGI		71,000.33	
Applicant Signature:	24	RM SAUNDERS G	ENERAL CONTRACT	FOR INC	
Inspector Signature: KEIL TV	VIFORD	AYT			



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871 Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9409

03/09/2022

Parcel Number:

018697074

Location:

125 COLINGTON POINTE DR 302-A - COLINGTON

Subdivision:

COLINGTON POINTE

Legal Description:

LOT: UNIT 302-A BLK: SEC:

Owner Name:

COLINGTON POINTE LLC

Owner Mail Address:

PO BOX 1922 KILL DEVIL HILLS, NC 27948

Owner Phone and email:

252-207-8710

Contractor Name:

RM SAUNDERS GENERAL CONTRACTOR INC.

Contractor Mail Address:

PO BOX 1922, KILL DEVIL HILLS, NC 27948

Contractor Phone:

2522078710

Contractor NC License#: 32380

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW, NEW SFD

Proposed Construction Type: Finished Square Footage:

MULT 2133

Cost of Construction: CAMA Permit#:

\$290,000 2021-01 522-9028

Unfinished Square Footage: Stories:

303 3.0 0

Septic Permit#: Septic Permit Date: Survey/Site Plan:

2/18/2022 YES YES

Building Height: Total Rooms: **Footing Type:**

14 PILING LAP SIDING Water Tap#: Water Type: Flood Zone:

Central Water

Exterior Finish:

Proposed Finished Floor

or site plan requires prior approval.

8'6"

Base Flood Elevation: Lot/Ground Elevation: 8.0 6

Elevation: Bedrooms:

3

Baths/half baths: 3.00/1

Comments: Any deviation from the building plan **LOCAL AREA ELEVATION STANDARD OF 8'** APPLIES, AREAS BELOW 8' WILL REQUIRE FLOOD VENTS. UNDER CONSTRUCTION ELEVATION

CERTIFICATE AND AS BUILT SURVEY REQUIRED

HOME OWNERS RECOVERY FEE **RESIDENTIAL ZONING APPROVAL** FLOOD DEVELOPMENT BLDG PERMIT \$1,720.95 10.00 100.00 75.00

BEFORE ROUGH IN, FINAL ELEVATION CERTIFICATE REQUIRED BEFORE CO

TOTAL PEES:

PERMIT FEE

\$1,905.95

Applicant Signature:

RM SAUNDERS GENERAL CONTRACTOR INC

Inspector Signature: KEIL TWIFORD

Application Reference # 6419 on 02/18/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9403

03/09/2022

Parcel Number:

018697075

Location:

125 COLINGTON POINTE DR 302-B - COLINGTON

Subdivision:

COLINGTON POINTE

Legal Description:

LOT: UNIT 302-B BLK: SEC:

Owner Name:

COLINGTON POINTE LLC

Owner Mail Address:

PO BOX 1922 KILL DEVIL HILLS, NC 27948

Owner Phone and email:

252-207-8710

Contractor Name:

RM SAUNDERS GENERAL CONTRACTOR INC

Contractor Mail Address:

PO BOX 1922, KILL DEVIL HILLS, NC 27948

Contractor Phone:

2522078710

Contractor NC License#: 32380

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW, NEW SFD

Proposed Construction Type: Finished Square Footage:

MULT 2045 438

Cost of Construction: CAMA Permit#: Septic Permit#:

\$290,000 2021-01 S22-9028 2/18/2022

Unfinished Square Footage: Stories: **Building Height:**

3.0 0 14

Septic Permit Date: Survey/Site Plan: Water Tap#:

YES YES

Total Rooms: Footing Type:

Bedrooms:

PILING LAP SIDING

Water Type: Flood Zone:

HOME OWNERS RECOVERY FEE

Central Water

Exterior Finish:

Proposed Finished Floor Elevation:

7 3

Base Flood Elevation: Lot/Ground Elevation:

Baths/half baths:

8.0 6 3.00/1

Comments: Any deviation from the building plan or site plan requires prior approval. LOCAL AREA ELEVATION STANDARD OF 8'

APPLIES, AREAS BELOW 8' WILL REQUIRE FLOOD VENTS. UNDER CONSTRUCTION ELEVATION CERTIFICATE AND AS BUILT SURVEY REQUIRED BEFORE ROUGH IN, FINAL ELEVATION CERTIFICATE REQUIRED BEFORE CO

RESIDENTIAL ZONING APPROVAL FLOOD DEVELOPMENT BLOG PERMIT

PERMIT FEE

\$1,708.95 10.00 100.00 75.00

TOTAL FEES:

\$1,293.95

Applicant Signature:

RM SAUNDERS GENERAL CONTRACTOR INC

Inspector Signature: KEIL TWIFORD

Application Reference # 6422 on 02/18/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9407

03/09/2022

Parcel Number:

018697076

Location:

125 COLINGTON POINTE DR 302-C - COLINGTON

Subdivision: **Legal Description:** **COLINGTON POINTE** LOT: UNIT 302-C BLK: SEC:

Owner Name:

COLINGTON POINTE LLC.

Owner Mail Address: Owner Phone and email: PO BOX 1922 KILL DEVIL HILLS, NC 27948 441-2544 OBX HOUSING 255-0117

Contractor Name:

RM SAUNDERS GENERAL CONTRACTOR INC

Contractor Mail Address:

PO BOX 1922. KILL DEVIL HILLS, NC 27948

Contractor Phone:

2522078710 Contractor NC License#: 32380

BUILDING INFORMATION

Unfinished Square Footage:

SINGLE FAMILY DWELLING NEW, NEW SFD

Proposed Construction Use: Proposed Construction Type: MULT 2091 Finished Square Footage:

389 3.0

CAMA Permit#: Septic Permit#: Septic Permit Date: Survey/Site Plan:

Cost of Construction:

\$290,000 2021-01 S22-9028 2/18/2022 YES

Building Height: Total Rooms: Footing Type:

Bedrooms:

Stories:

0 14 PILING LAP SIDING

Water Tap#: Water Type:

YES Central Water

Exterior Finish:

Proposed Finished Floor Elevation:

7 3 Flood Zone: **Base Flood Elevation:**

8.0 Lot/Ground Elevation: Baths/half baths: 3.00/1

Comments: Any deviation from the building plan

or site plan requires prior approval. **LOCAL AREA ELEVATION STANDARD OF 8'** APPLIES, AREAS BELOW 8' REQUIRE FLOOD VENTS, UNDER CONSTRUCTION ELEVATION CERTIFICATE AND AS BUILT SURVEY REQUIRED BEFORE ROUGH IN, FINAL ELEVATION

CERTIFICATE REQUIRED BEFORE CO

PERMIT FEE

HOME OWNERS RECOVERY FEE RESIDENTIAL ZONING APPROVAL FLOOD DEVELOPMENT BLDG PERMIT \$1,723.85 10.00 100.00 75.00

TOTAL FEES:

\$1,908.85

Applicant Signature:

RM SAUNDERS GENERAL CONTRACTOR INC

Inspector Signature: KEIL TW/IFORD

Application Reference # 6424 on 02/18/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9382				03/08/2022	
Parcel Number: Location: Subdivision: Legal Description:	018644000 COLINGTON RD - SUBDIVISION - N LOT: 1 BLK: SEC:	ONE			
Owner Name: Owner Mail Address: Owner Phone and email:	NIGEL BLACKMORE 814 FAIRGATE DR WEXFORD, PA 15090				
Contractor Name: Contractor Mail Address: Contractor Phone: BUILDING INFORMATION	SEAGULL CONTR 605 ARCTIC AVE, 757-513-9021	ACTING CORP VIRGINIA BEACH, VA 23451 Contractor NC License#: 83670			
Proposed Construction Use: Proposed Construction Type: Finished Square Footage: Unfinished Square Footage: Stories: Building Height: Total Rooms: Footing Type: Exterior Finish: Proposed Finished Floor Elevation: Bedrooms:	SINGLE FAMILY DESERTED SFD 2875 2129 2.0 0 14 CONCRETE VINYL SIDING 9.1	Cost of Construction: CAMA Permit#: Septic Permit Date: Survey/Site Plan: Water Tap#: Water Type: Flood Zone: Base Flood Elevation: Lot/Ground Elevation: Baths/half baths:	\$933,123 2019-15 \$8-9174 02/22/2022 YES no Central Water X 8.0 13.8 3.00/0		
Comments: Any deviation from the building plan or site plan requires prior approval. LOCAL AREA ELEVATION STANDARD OF 8' APPLIES, AREAS BELOW 8' WILL REQUIRE FLOOD VENTS. UNDER CONSTRUCTION ELEVATION CERTIFICATE AND AS BUILT SURVEY REQUIRED BEFORE ROUGH IN, FINAL ELEVATION		PERMIT FEE HOME OWNERS RECOVERY FEE RESIDENTIAL ZONING APPROVAL TOTAL FEES:		\$3,007.85 10.00 100.00	
CERTIFICATE REQUIRED BEFOR Applicant Signature: Inspector Signature: KEIL TW	E CO.	SEAGULL CONTRAC	TING CORP		



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9399				03/09/2022
Parcel Number:	027696000			
Location: 1021 HARBOUR VIEW DR – COLINGTON				
Subdivision:	COLINGTON HAP	RBOR SEC T		
Legal Description:	LOT: 43 BLK: SEC	:т		
Owner Name:	RM SAUNDERS GENERAL CONTRACTOR INC			
Owner Mail Address:	PO BOX 1922 KIL	L DEVIL HILLS, NC 27948		
Owner Phone and email:	252-207-8710 randy@rmsaunders.com			
Contractor Name: RM SAUNDERS GENERAL CONTRACTOR INC				
Contractor Mail Address:	PO BOX 1922, K	ILL DEVIL HILLS, NC 27948		
Contractor Phone:	2522078710	Contractor NC License#: 32380		
BUILDING INFORMATION				
Proposed Construction Use:	SINGLE FAMILY	DWELLING NEW, NEW SFD		
Proposed Construction Type:	SFD	Cost of Construction:	\$160,000	
Finished Square Footage:	1257	CAMA Permit#:		
Unfinished Square Footage:	94	Septic Permit#:	S4-8216	
Stories:	2.0	Septic Permit Date:	01/12/2022	
Building Height:	0	Survey/Site Plan:	YES	
Total Rooms:	7	Water Tap#:	53359	
Footing Type:	PILING	Water Type:	Central Water	
Exterior Finish:	LAP SIDING	Flood Zone:	X	
Proposed Finished Floor		Base Flood Elevation:	8.0	
Elevation:		Lot/Ground Elevation:	13.2	
Bedrooms:	3	Baths/half baths:	3.00/0	
Comments: Any deviation from	n the building plan	PERMIT FEE		\$980.35
or site plan requires prior appr		HOME OWNERS RECOVERY FEE		10.00
AS BUILT SURVEY REQUIRED B	EFORE CO	RESIDENTIAL ZONING APPROVAL		100.00
			\	
		TOTAL FEES:		\$1,090.35
	155			
Applicant Signature:		RM SAUNDERS C	GENERAL CONTRAC	TOR INC
Inchector Signature:		AVT		



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9886

03/30/2022

Parcel Number:

018992000

Location:

156 SIR CHANDLER DR - COLINGTON

Subdivision:

COLINGTON HARBOR SEC B

Legal Description:

LOT: 68 BLK: SEC: B

Owner Name:

BRANDON MITCHELL

Owner Mail Address:

3930 PARKER ST APT B KITTY HAWK, NC 27949

Owner Phone and email:

Contractor Name:

COASTLINE REALTY AND CONSTRUCTION LLC

Contractor Mail Address:

PO BOX 998. NAGS HEAD, NC 27959

Contractor Phone:

252-256-0556

Contractor NC License#: 62368

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW . NEW CONSTRUCTION SFD ON PILINGS

Proposed Construction Type:

SFD 1548 Cost of Construction: \$300,000

Finished Square Footage:

CAMA Permit#: 2022-09 & 17-22

Unfinished Square Footage:

1120

Septic Permit#: 30954

Stories: **Building Height:** 2.0 32'4" Septic Permit Date: 7/6/2021 YES

Total Rooms:

Survey/Site Plan: Water Tap#:

Footing Type:

PILING Water Type: 53410 Central Water

Exterior Finish: Proposed Finished Floor LAP SIDING

Flood Zone: Base Flood Elevation:

AE 8.0

Elevation: Bedrooms:

3

Lot/Ground Elevation: 3.1 Baths/half baths: 3.00/0

Comments: Any deviation from the building plan

VENTS, UNDER CONSTRUCTION ELEVATION CERTIFICATE REQUIRED BEFORE ROUGH IN, FINISHED CONSTRUCTION ELEVATION

or site plan requires prior approval.

PERMIT FEE HOME OWNERS RECOVERY FEE RESIDENTIAL ZONING APPROVAL FLOOD DEVELOPMENT BLDG PERMIT \$1,609.00

LOCAL ELEVATION STANDARD OF 8' APPLIES IN AE4 ZONE, AREAS BELOW 8' REQUIRE FLOOD

100.00 75.00 194

TOTAL FEES:

\$1,794.00

10.00

CERTIFICATE AND AS BUILT SURVEY REQUIRED

BEFORE CO.

Applicant Signature:

COASTLINE REALTY AND CONSTRUCTION LLC

Inspector Signature: Ed Kindervater/AD



ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-9896

03/30/2022

Parcel Number:

018968000

Location:

104 SIR CHANDLER DR - COLINGTON

Subdivision:

COLINGTON HARBOR SEC B

Legal Description:

LOT: 43 BLK: SEC: B

Owner Name:

ALAN L LINDLEY

Owner Mail Address:

13405 WILDWOOD CT - WOODBRIDGE, VA 22191

Owner Contact Information:

Contractor Name:

KREISER ELECTRIC

Contractor Mail Address:

3847 IVY LANE - KITTY HAWK, NC 27949

Contractor Phone:

252-564-2367

Contractor NC License#:

UL 12287

DETAILS

RESIDENTIAL

Cost of Job:

\$1,500

Amp Increase:

0

Service Amps:

200

ELECTRICAL PERMIT FEE:

\$150.00

Comments: REPLACE METER BASE, ADD OUTSIDE PANEL/DICONNECT, MOVE INSIDE PANEL

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252,475,5871 or Frisco Office 252,475,5878

Applicant Signature KREISER ELECTRIC 3/30/2022 kreiserelectric@gmail.com Inspector Signature ALD 3/30/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: ME	CH-9387		03/09/2022
Parcel Number: Location: Subdivision: Legal Description:	018788152 152 BAYCLIFF TRL – CO BAY CLIFF LOT: 152 BLK: SEC:	LINGTON	
Owner Name: Owner Mail Address: Owner Contact Information:	ROBBIN F LAIRD 2554 C ARLINGTON MI	LLS DR - ARLINGTON, VA 22206	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	ALL SEASON HEATING A PO BOX 244 - POINT H 252-491-9232 L19091 RESIDENTIAL		
UNITS: Electrical Contractor ID: Units	2.00 30701-I 2	Cost of Job: MECHANICAL PROJECT FEE:	\$6,430 \$150.00
Comments: Replace upstairs	system with a 1.5 ton split	system heat pum p and air handler	
construction and be certain to information on this permit is c	comply with all zoning reg orrect. That he is owner or and specifications that he	regulations and laws, and should persona ulations and building setbacks. The applications duly authorized agent of owner. That all cunderstands this permit is valid for six monand laws.	onstruction shall be as
Call Building Inspector (24 Hou Beach Office 252.475.5871 or		ons at Dare County Offices Manteo Office 2	252.475.5870, Northern
Applicant Signature:		ALL SEASON HEATING AI stacie@allseasonshac.co	
Inspector Signature:		AYT	



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

		ACCESSORT P	LIMINI		
ACCESSORY PERMIT#: ACC-S	9893				03/30/2022
Parcel Number: Location: Subdivision: Legal Description:	018941000 230 EAGLE DR – COLINGTON COLINGTON HARBOR SEC B LOT: 13 BLK: SEC: B				
Owner Name: Owner Mail Address: Owner Phone and email:	STEVEN G KOJCSI 104 CARDINAL CT		JRG, VA 23185		
Contractor Name: Contractor Mail Address: Contractor Phone:	EMANUELSON AN PO BOX 448, NA 252-261-2212	GS HEAD, NC	27959 or NC License#: 79801		
ACCESSORY INFORMATION Proposed Construction: Description of Work	RESIDENTIAL - DO Install Bulkhead	CKS;PIERS;BUL	Cost of Construction: CAMA Permit#: Flood Zone: Base Flood Elevation: Lot/Ground Elevation:	\$15,735 86212 0.0	
Comments:		PERMIT FEE			\$250.00
		TOTAL FEES:			\$250.00
Applicant Signature:	igned by: Let Zurubrunnen 70220845A	3/30/2	EMANUELSON A	ND DAD INC	
Inspector Signature: keil	twiford		ALD		

3/30/2022

8F937CD3D827499...



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871 Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9331

03/07/2022

Parcel Number:

018788120

Location:

120 JIMMY CT - COLINGTON

Subdivision:

BAY CLIFF

Legal Description:

LOT: 120 BLK: SEC:

Owner Name:

EMILY BOYD HOLMES

Owner Mail Address:

120 JIMMY CT - KILL DEVIL HILLS, NC 27948

Owner Contact Information:

Contractor Name:

NORTH BEACH SERVICES

Contractor Mail Address:

PO BOX 181 - KITTY HAWK, NC 27949

Contractor Phone:

252-261-6293

Contractor NC License#:

L22053

DETAILS

RESIDENTIAL

UNITS:

Units

1.00

Cost of Job:

\$5,000

Electrical Contractor ID:

24744

1

MECHANICAL PROJECT FEE: \$150.00

Comments: Install mini split h/p with one wall mount

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature

3/7/2022

NORTH BEACH SERVICES

Inspector Signature:

3/7/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

02/00/2022

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9360	03/08/2022

Parcel Number:

020904011

Location:

136 SWAN VIEW DR - COLINGTON

Subdivision:

SWAN VIEW SHORES

Legal Description:

LOT: 11 BLK: SEC: 1

Owner Name:

ASHLEY V JOHNSON

Owner Mail Address:

P O BOX 7321 KILL DEVIL HILLS, NC 27948

Owner Phone and email:

252-423-1028 rdjohnson1017@yahoo.com

Contractor Name:

OWNER

Contractor Mail Address:

Contractor Phone:

Contractor NC License#:

BUILDING INFORMATION

Proposed Construction Use:

RESIDENTIAL ADDITION, 542 SQ FT. MASTER BEDROOM WITH BEDROOM AND CLOSET

Proposed Construction Type:

SFD

Cost of Construction: \$100,000

Finished Square Footage:

CAMA Permit#: NA

542

\$9-8023

Unfinished Square Footage: Stories:

0 1.0 Septic Permit#: Septic Permit Date:

01/03/2022

Building Height:

0

Survey/Site Plan:

YES

Total Rooms:

Water Tap#:

NA

Footing Type:

2

Water Type:

Exterior Finish:

PILING VINYL SIDING

Flood Zone:

X

Proposed Finished Floor

12

Base Flood Elevation:

8.0

Elevation:

Lot/Ground Elevation:

7

Bedrooms:

1

Baths/half baths:

1.00/0

Comments: Any deviation from the building plan

PERMIT FEE

or site plan requires prior approval.

HOME OWNERS RECOVERY FEE

\$406.50 10.00

AS BUILT SURVEY REQUIRED BEFORE CO

TOTAL FEES:

\$416.50

Applicant Signature:

RICHARD JOHNSON

Inspector Signature: KEIL TWIFORD

AYT



Manteo: (252) 475-5870 KDH: (252) 475-5871

Frisco: (252) 475-5878

ACCESSORY PERMIT

8

03/07/2022

Parcel Number:

019575000

Location:

201 KITTY HAWK BAY DR - COLINGTON

Subdivision:

COLINGTON HARBOR SEC K

Legal Description:

LOT: 104 BLK: SEC: K

Owner Name:

KELLY JR JOHNSON

Owner Mail Address: Owner Phone and email: 325 TURNSTONE DR SUFFOLK, VA 23435 757-615-1785 njohnson@blairbrothers.com

Contractor Name:

OWNER

Contractor Phone:

Contractor NC License#:

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - MISC ACCESSORY,

UNDER HOUSE STORAGE

Description of Work

Septic Permit Date:

Septic Permit #:

Cost of Construction:

\$3,200

CAMA Permit#:

Flood Zone:

Base Flood Elevation:

0.0

Lot/Ground Elevation:

Comments: ENCLOSURE NOT TO BE USED AS

ACCESORY DWELLING UNIT

PERMIT FEE

\$150.00

TOTAL FEES:

\$150.00

Applicant Signature:

Inspector Signature: KEIL TWIFORD

KELLY JOHNSON

AYT

Application Reference # 6469 on 02/23/2022



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

	ACCESSORT PERIVIT		
ACCESSORY PERMIT#: ACC-	9413	03/09/2022	
Parcel Number: Location: Subdivision: Legal Description:	018762009 219 TOWER LN – COLINGTON CARLYLE-ON-THE-SOUND LOT: 9 BLK: SEC:		
Owner Name: Owner Mail Address: Owner Phone and email:	DANA E AYDLETT P O BOX 1649 KITTY HAWK, NC 27949		
Contractor Name: Contractor Mail Address: Contractor Phone: ACCESSORY INFORMATION	LIGHTENING MARINE PO BOX 1649, KITTY HAWK, NC 27949 252-441-7712 Contractor NC License#:		
Proposed Construction: Description of Work	RESIDENTIAL - DOCKS; PIERS; BULKHDS, BOATLFTS, CONSTRUCT APPROX 160' VINYL RETAINING WALL ON REAR OF PROPERTY Cost of Construction: \$7,100 CAMA Permit#: Flood Zone: Base Flood Elevation: 0.0 Lot/Ground Elevation:		
Comments:	PERMIT FEE	\$250.00	
Applicant Signature:	TOTAL FEES: LIGHTENING MARINE	\$250.00	
Inspector Signature: KEIL T	WIFORD AYT		



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Frisco: (252) 475-5878

	RESIDI	ENTIAL BUILDING PERMIT		
BUILDING PERMIT#: REMD-9	9417			03/10/2022
Parcel Number:	019989000			
Location:	1123 HARBOUR V	IEW DR – COLINGTON		
Subdivision:	COLINGTON HAR	BOR SEC N		
Legal Description:	LOT: 109 BLK: SEC	LOT: 109 BLK: SEC: N		
Owner Name:	JEREMY WILKINS			
Owner Mail Address: Owner Phone and email:	PO BOX 2944 KITTY HAWK, NC 27949			
Contractor Name:	MOD HOM LLC			
Contractor Mail Address:	3206 RAYMOND	AVE, KDH		
Contractor Phone:	252-489-7051	Contractor NC License#: 85244		
BUILDING INFORMATION				
Proposed Construction Use:	REMODEL RES OR	COM, INTERIOR REMODEL NO CHANGE	TO ORIGINAL FO	OOTPRINT
Proposed Construction Type:		Cost of Construction:	\$57,000	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:	SHX	
Proposed Finished Floor		Base Flood Elevation:	8.0	
Elevation:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0/0	
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE		\$570.00

	TOTAL FEES	5:	\$570.00
Applicant Signature:	Lale Harl	MOD HOM LLC	
Inspector Signature:	KEIL TWIFORD	AYT	



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

	ACCESSORY PERMIT	
ACCESSORY PERMIT#: REPA	IR-9662	03/21/2022
Parcel Number: Location: Subdivision: Legal Description:	020597000 227 RHODOMS DR – COLINGTON COLINGTON HARBOR SEC U LOT: 26A BLK: SEC: U	
Owner Name: Owner Mail Address: Owner Phone and email:	WILLIAM TTEE LOSCALZO 140 RIVERA WILLIAMSBURG, VA 23188	
Contractor Name: Contractor Mail Address: Contractor Phone:	BARRETT & HABER, LLC, T/A EMANUELSON & D PO BOX 448, NAGS HEAD, NC 27959 Contractor NC License#: 87233	
ACCESSORY INFORMATION Proposed Construction: Description of Work :	RESIDENTIAL - REPAIR, repair existing bulkhead by replacing tieback rods Cost of Construction: \$12,670 CAMA Permit#: Flood Zone: Base Flood Elevation: 0.0	
Comments:	Lot/Ground Elevation: PERMIT FEE	\$150.00
	TOTAL FEES:	\$150.00
Applicant Signature:	beginned by: Mulson and Dad BARRETT & HABER, LLC, T/A 7022C845A 3/21/2022	EMANUELSON & D
Inspector Signature:	gned by: Twiferd AYT	

3/21/2022

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DocuSign Envelope ID: 8BB8FB8E-9E3F-4C56-A61E-42626B73F5F3



County of Dare Planning Office PO Box Drawer 1000 Manteo NC 27954

Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

GENERATOR INSTALL

GENERATOR INSTALL#: GENR-9379	03/08/202

Parcel Number:

028483000

Location:

102 QUEEN MARY CT - COLINGTON

Subdivision:

COLINGTON HARBOR SEC O

Legal Description:

LOT: 7 BLK: SEC: O

Owner Name:

ROBERT I POLK

Owner Mail Address:

102 QUEEN MARY CT - KILL DEVIL HILLS, NC 27948

Owner Contact Information:

Contractor Name:

BEAR ROCK ELECTRIC INC

Contractor Mail Address:

PO BOX 1604 - KITTY HAWK, NC 27949

Contractor Phone: Contractor NC License#: 8886889927 U-30667

DETAILS

RESIDENTIAL

Cost of Job:

\$10,385

GENERATOR INSTALL FEE:

\$150.00

Comments: INSTALLATION OF 22KW GENERAC GENERATOR AND 200 AMY TRANSFER SWITCH ON ELEVEATED WOODEN

STAND

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature:

70157EB1798C4D1...

BEAR ROCK ELECTRIC INC

nclose@bearrockelectric.com

Inspector Signature:

keil Twiford

AYT

3/8/2022

3/8/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

REPAIR

	nei Am		
REPAIR#: REPAIR-9561			03/16/2022
Parcel Number:	018787000		
Location:	244 WILLIAMS DR - COLINGTON		
Subdivision:	SUBDIVISION - NONE		
Legal Description:	LOT: BLK: SEC:		
Owner Name:	LIBERTY CHRISTIAN FELLOWSHIP IN	С	
Owner Mail Address:	244 WILLIAMS DR - KILL DEVIL HILLS	, NC 27948	
Owner Contact Information:			
Contractor Name:	FRASCA CUSTOM HOMES LLC		
Contractor Mail Address:	2401 COLINGTON RD - KILL DEVIL H	ILLS, NC 27948	
Contractor Phone:	252-256-1814		
Contractor NC License#:	72094		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$74,475
)	F	REPAIR FEE:	\$150.00
Comments: ROOF REPLACEN	MENT		
construction and be certain to information on this permit is shown on the submitted plan	sponsible to comply with all regulations as comply with all zoning regulations and b correct. That he is owner or duly authorizes and specifications that he understands twith applicable regulations and laws.	ouilding setbacks. The ed agent of owner. T	e applicant certifies that the hat all construction shall be as
Call Building Inspector (24 Ho Beach Office 252.475.5871 or	urs in advance) for inspections at Dare Co Frisco Office 252.475.5878	ounty Offices Manteo	Office 252.475.5870, Northern
Applicant Signature:	70	FRASCA CUSTON	
		frascacustomhor	nes@gmail.com

Inspector Signature: KEIL TWIFORD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MISC ACCESSORY

	Wilse	ACCESSORT	
MISC ACCESSORY#: ACC-95	66		03/16/2022
Parcel Number:	019853000		
Location:	209 BROADBAY DR - CO	LINGTON	
Subdivision:	COLINGTON HARBOR SE	EC M	
Legal Description:	LOT: 100 BLK: SEC: M		
Owner Name:	KEVIN W TAYLOR		
Owner Mail Address:	6400 LOXLEY CT - SUFFO	OLK, VA 23435	
Owner Contact Information:			
Contractor Name:	OWNER		
Contractor Mail Address:	-		
Contractor Phone:	NA		
Contractor NC License#:	NA		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$1,500
CAMA Permit	2022-06		
Lot/Ground elevation (ft)		MISC ACCESSORY FEE:	\$150.00
construction and be certain to information on this permit is shown on the submitted plan revoked for failure to comply Call Building Inspector (24 Ho	sponsible to comply with all to comply with all zoning regulations. That he is owner or a sand specifications that he with applicable regulations are urs in advance) for inspection	regulations and laws, and should perso lations and building setbacks. The app duly authorized agent of owner. That a understands this permit is valid for six i	licant certifies that the Il construction shall be as months and may be
Applicant Signature:		KEVIN W TAYLOR	

Inspector Signature:

KEIL TWIFORD



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-9567	03/16/2022
ACCESSORT PERIVITH: ACC-5507	00, 10, 101

Parcel Number:

020036000

Location:

105 CLUB VIEW CT - COLINGTON

Subdivision:

COLINGTON HARBOR SEC O

Legal Description:

LOT: 52 BLK: SEC: O

Owner Name:

JOHN LEE ALLDREDGE

Owner Mail Address:

105 CLUB VIEW CT KILL DEVIL HILLS, NC 27948

Owner Phone and email:

Contractor Name:

ADP SWIMMING POOLS & CONSTRUCTION LLC

Contractor Mail Address:

801 INDIAN DR, KILL DEVIL HILLS, NC 27948

Contractor Phone:

252-305-8088

Contractor NC License#: 53785

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - DOCKS; PIERS; BULKHDS, BOATLFTS,

Description of Work

INSTALL NEW 50' BULKHEAD, REPAIR PIER

Cost of Construction:

\$15,000

CAMA Permit#:

Flood Zone:

Base Flood Elevation:

0.0

Lot/Ground Elevation:

Comments:	PERMIT FEE	\$250.00	

TOTAL FEES: \$250.00

Applicant Signature:

Docusigned by:

Adrian Pitts

— C135023DE4844E3

ADP SWIMMING POOLS & CONSTRUCTION LLC

3/16/2022

Inspector Signature:

teil Twiford

AYT

3/16/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

ELECTRICAL PERMIT

	LLLC I III O	AL I CINOII I	
ELECTRICAL PERMIT#: ELEC-	9548		03/15/2022
Parcel Number:	026739044		
Location:	118 SEA GULL CT - COLING	TON	
Subdivision:	COLINGTON HARBOR SEC	N	
Legal Description:	LOT: 44 BLK: SEC: W		
Owner Name:	BERNADINE M WHITE		
Owner Mail Address:	118 SEAGULL CT - KILL DE	/IL HILLS, NC 27948	
Owner Contact Information:			
Contractor Name:	OWNER		
Contractor Mail Address:	-		
Contractor Phone:	NA		
Contractor NC License#:	NA		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$
Amp Increase:			
Service Amps:		ELECTRICAL PERMIT FEE:	\$150.00
Comments: NEW PANEL BOX	WORK ORDER	33254768	
construction and be certain to information on this permit is shown on the submitted plan	o comply with all zoning regulat correct. That he is owner or dul	sulations and laws, and should persor ions and building setbacks. The appli y authorized agent of owner. That all lerstands this permit is valid for six m I laws.	cant certifies that the construction shall be as
Call Building Inspector (24 Ho Beach Office 252.475.5871 or		at Dare County Offices Manteo Office	e 252.475.5870, Northern
Applicant Signature:	ent White	BERNADINE M WHITE	

AYT

Inspector Signature: KEIL TWIFORD



Manteo: (252) 475-5870 KDH: (252) 475-5871

Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-S	9663				03/21/2022
Parcel Number: Location: Subdivision: Legal Description:	019874000 342 EAGLE DR – C COLINGTON HARI LOT: 124 BLK: SEC	BOR SEC M			
Owner Name: Owner Mail Address: Owner Phone and email:	BRENT SMITH 15487 S CEDAR CI	REEK LN MO	NTPELIER, VA 23192		
Contractor Name: Contractor Mail Address: Contractor Phone: ACCESSORY INFORMATION Proposed Construction:	D & B BULKHEADS 5217 LUNAR DR, 704-418-8667 RESIDENTIAL - MIS	KITTY HAWA Contrac	ctor NC License#:		
Description of Work Septic Permit Date: Septic Permit #:	3 tie pilings		Cost of Construction: CAMA Permit#: Flood Zone: Base Flood Elevation: Lot/Ground Elevation:	\$2,950 86261 0.0	
Comments:		PERMIT FEE			\$150.00
		TOTAL FEES	s:		\$150.00
Applicant Signature:	men wis	lafin	D & B BULKHEA	DS	

AYT

Inspector Signature: KEIL TWIFORD



Manteo: (252) 475-5870

Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

DOCKS; PIERS; BULKHDS, BOATLFTS

DOCKS;PIERS;BULKHDS, BOA	ATLFTS#: ACC-9665		03/21/2022
Parcel Number:	018953000		
Location:	233 EAGLE DR - COLINGTO	ON	
Subdivision:	COLINGTON HARBOR SEC	В	
Legal Description:	LOT: 26 & 27 BLK: SEC: B		
Owner Name:	EDWARD P KAPPES		
Owner Mail Address:	233 EAGLE DR - KILL DEVI	L HILLS, NC 27948	
Owner Contact Information	1		
Contractor Name:	D & B BULKHEADS		
Contractor Mail Address:	5217 LUNAR DR - KITTY H	AWK, NC 27949	
Contractor Phone:	704-418-8667		
Contractor NC License#:	NA		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$6,400
CAMA Permit	86279		
Lot/Ground elevation (ft)		DOCKS;PIERS;BULKHDS,	\$250.00
Loty Ground elevation (it)		BOATLFTS FEE:	\$250.00
Comments: DOCK REPLACE	MENT		
construction and be certain to information on this permit is shown on the submitted plant.	to comply with all zoning regula correct. That he is owner or du	gulations and laws, and should personations and building setbacks. The applying authorized agent of owner. That ald derstands this permit is valid for six medians.	icant certifies that the Il construction shall be as
	ours in advance) for inspections or Frisco Office 252.475.5878	at Dare County Offices Manteo Offic	e 252.475.5870, Northern
Applicant Signature:	men hustafi	D & B BULKHEADS bran8843@gmail.com	1
Inspector Signature: KEIL	TWIFORD	AYT	



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

DOCKS; PIERS; BULKHDS, BOATLFTS

S IN	040572000		
Parcel Number:	019673000	ANI	
Location:	131 SUNSET DR – COLINGTO	JN .	
Subdivision:	COLINGTON HARBOR SEC L LOT: 52 BLK: SEC: L		
Legal Description:	LOT: 52 BLK: SEC: L		
Owner Name:	DONNA A SUGG		
Owner Mail Address:	131 SUNSET DR - KILL DEVIL	. HILLS, NC 27948	
Owner Contact Information			
Contractor Name:	D&B BULKHEADS INC		
Contractor Mail Address:	401 AYCOCK ST - KILL DEVIL	. HILLS, NC 27948	
Contractor Phone:	252-455-6322		
Contractor NC License#:	NA		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$11,050
CAMA Permit	86280		
Lot/Ground elevation (ft)		DOCKS;PIERS;BULKHDS, BOATLFTS FEE:	\$250.00
Comments: BOATLIFT			
		lations and laws, and should person	
construction and be certain t	o comply with all zoning regulation	ons and building setbacks. The appl	icant certifies that the

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature: Source Westfield D&B BULKHEADS INC

Inspector Signature: KEIL TWIFORD AYT

revoked for failure to comply with applicable regulations and laws.



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

DOCKS; PIERS; BULKHDS, BOATLFTS

DOCKS;PIERS;BULKHDS, BOAT	LFTS#: ACC-9779		03/25/2022
Parcel Number:	020639000		
Location:	103 QUEEN CT - COLINGTON		
Subdivision:	COLINGTON HARBOR SEC V		
Legal Description:	LOT: 36 BLK: SEC: V		
Owner Name:	BRIAN E COEY		
Owner Mail Address:	5413 MICA DR - PRINCE GEOR	RGE, VA 23875	
Owner Contact Information:			
Contractor Name:	TIM REESE CONSTRUCTION		
Contractor Mail Address:	128 HOLLY RIDGE RD - MANT	EO, NC 27954	
Contractor Phone:	252-473-1243		
Contractor NC License#:	NA		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$3,500
CAMA Permit	NA	000000000	45,500
		DOCKS;PIERS;BULKHDS,	4000.00
Lot/Ground elevation (ft)		BOATLFTS FEE:	\$250.00
Comments:			
construction and be certain to information on this permit is co shown on the submitted plans revoked for failure to comply w	comply with all zoning regulation orrect. That he is owner or duly and and specifications that he unders with applicable regulations and law		cant certifies that the I construction shall be as nonths and may be
Beach Office 252.475.5871 or F		Dare County Offices Manteo Office	e 252.475.587 0 , Northern
Applicant Signature:		TIM REESE CONSTRUC	TION
Inspector Signature:		ALD	



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9812

03/25/2022

Parcel Number:

018834000

Location: Subdivision: 111 QUORK CT - COLINGTON **COLINGTON HARBOR SEC A**

Legal Description:

LOT: 31 BLK: SEC: A

Owner Name:

CYNTHIA L SWOOPE

Owner Mail Address:

111 QUORK CT - KILL DEVIL HILLS, NC 27948

Owner Contact Information:

Contractor Name:

R A HOY HEATING AND AIR CONDITIONING INC

Contractor Mail Address:

PO BOX 265 - KITTY HAWK, NC 27949

Contractor Phone:

252-261-8178

Contractor NC License#:

L13056

DETAILS

RESIDENTIAL

UNITS:

1.00

Cost of Job:

\$10,783

Electrical Contractor ID:

22222-L

Units

MECHANICAL PROJECT FEE: \$150.00

Comments: COMPLETE DUCT SYSTEM C/O THAT SERVICES UPSTAIRS AND MID LE VEL.

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature		R A HOY HEATING AND AIR CONDITIONING INC
0308088406084A8	3/28/2022	paxtonn@rahoy.com
DocuSigned by:		
Inspector Signature	3/28/2022	CHF



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9811	03/25/2022
WILCHMINGAL I NOSECIW. WILCH SOLL	

Parcel Number:

018875000

Location:

210 ROANOKE DR - COLINGTON

Subdivision:

COLINGTON HARBOR SEC A

Legal Description:

LOT: 75 BLK: SEC: A

Owner Name:

LINWOOD CARROLL BRYANT

Owner Mail Address:

POBOX 321 - RICH SQUARE, NC 27869

Owner Contact Information:

Contractor Name:

R A HOY HEATING AND AIR CONDITIONING INC.

Contractor Mail Address:

PO BOX 265 - KITTY HAWK, NC 27949

Contractor Phone:

252-261-8178

Contractor NC License#:

L13056

DETAILS

RESIDENTIAL

UNITS:

Units

1.00

Cost of Job:

\$7,154

Electrical Contractor ID:

n/a

0

MECHANICAL PROJECT FEE: \$150.00

Comments: C/O 16 SEER 1.5 TON TRANE H/P SYSTEM THAT SEVICES THE GROUND FLOOR. REUSE THE EXISTING STAND, LINE SET AND DUCT WORK.

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature PAX DA NX 0308088408084A6	3/28/2022	R A HOY HEATING AND AIR CONDITIONING INC paxtonn@rahoy.com
Inspector Signature Lei Twifor L	3/28/2022	CHF



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR-	9846				03/29/2022
Parcel Number:	020412000				
Location:	489 HARBOUR \	/IEW DR - COL	INGTON		
Subdivision:	COLINGTON HA	RBOR SEC S			
Legal Description:	LOT: 10 BLK: SEC	C: S			
Owner Name:	MICHAEL REYNO	DLDS			
Owner Mail Address:	489 HARBOR VII	EW DR KILL DE	VIL HILLS, NC 27948		
Owner Phone and email:					
Contractor Name:	ALPHA AND OM	EGA MULTI SE	RVICE LLC		
Contractor Mail Address:	121 SEAGULL CT	, KILL DEVILS	HILLS, NC 27948		
Contractor Phone:	2524553670	Contracto	or NC License#:		
BUILDING INFORMATION					
Proposed Construction Use:	REPAIR, REMOV	E AND REPLAC	E EXISTING DECK BOARDS	& HANDRAILS	
Proposed Construction Type:			Cost of Construction:	\$3,000	
Finished Square Footage:	0		CAMA Permit#:		
Unfinished Square Footage:	0		Septic Permit#:		
Stories:	0		Septic Permit Date:		
Building Height:			Survey/Site Plan:		
Total Rooms:	0		Water Tap#:		
Footing Type:			Water Type:		
Exterior Finish:			Flood Zone:		
Proposed Finished Floor			Base Flood Elevation:	4.0	
Elevation:			Lot/Ground Elevation:		
Bedrooms:	0		Baths/half baths:	0/0	
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE			\$150.00
		TOTAL FEES:			\$150.00
Applicant Signature:			ALPHA AND OM	EGA MULTI SERV	ICE LLC
Inspector Signature:			ALD		



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

REPAIR

REPAIR#: REPAIR-9843

03/29/2022

Parcel Number:

019273099

Location:

213 SOUNDVIEW DR - COLINGTON

Subdivision:

COLINGTON HARBOR SEC E

Legal Description:

LOT: 99 BLK: SEC: E

Owner Name:

MORI BEN ARI COHEN

Owner Mail Address:

213 SOUNDVIEW DR - KILL DEVIL HILLS, NC 27948

Owner Contact Information:

Contractor Name:

BARRY TWIFORD

Contractor Mail Address:

5545 MASHOES RD - MANNS HARBOR, NC 27953

Contractor Phone:

252-423-0568

Contractor NC License#:

UNLICENSED

DETAILS

RESIDENTIAL

Cost of Job:

\$15,000

REPAIR FEE:

\$150.00

Comments: REMOVE AND REPLACE DECK BOARDS, HANDRAIL, STEPS,

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Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

BARRY TWIFORD

TWIFORDBARRY4@GMAIL.COM

Inspector Signature: Ed Kindervater/A

ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9268

03/03/2022

Parcel Number:

029312044

Location:

7016 CURRITUCK RD - MARTIN'S POINT

Subdivision:

MARTIN'S POINT SECTION 2

Legal Description:

LOT: 44 BLK: 1 SEC: 2

Owner Name:

LEIGH P FORBES

Owner Mail Address:

7016 CURRITUCK RD - KITTY HAWK, NC 27949

Owner Contact Information:

Contractor Name:

R A HOY HEATING AND AIR CONDITIONING INC

Contractor Mail Address:

PO BOX 265 - KITTY HAWK, NC 27949

Contractor Phone:

252-261-8178

Contractor NC License#:

Electrical Contractor ID:

L13056

DETAILS

RESIDENTIAL

UNITS:

1.00

Units

22222-L

1

MECHANICAL PROJECT FEE: \$150.00

Cost of Job:

\$4,301

Comments: C/O AIR HANDLER ONLY! GEOTHERMAL SYSTEM! TRANE TEM6 3-TON!

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Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252,475,5871 or Frisco Office 252,475,5878

Applicant Signature	3/7/2022	R A HOY HEATING AND AIR CONDITIONING INC paxtonn@rahoy.com
Inspector Signature	3/4/2022	ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9878

03/30/2022

Parcel Number:

020368000

Location:

448 HARBOUR VIEW DR - COLINGTON

Subdivision:

COLINGTON HARBOR SEC R

Legal Description:

LOT: 102 BLK: SEC: R

Owner Name:

FRANCIS SHERIDAN

Owner Mail Address:

405 WARREN WRIGHT RD - BELCHERTOWN, MA 01007

Owner Contact Information:

Contractor Name:

ANDERSON HEATING & COOLING LLC

Contractor Mail Address:

PO BOX 396 - KITTY HAWK, NC 27949

Contractor Phone:

252-619-3105

Contractor NC License#:

314838

DETAILS

RESIDENTIAL

UNITS:

1.00

Electrical Contractor ID:

30003

Units

1

MECHANICAL PROJECT FEE: \$150.00

Cost of Job:

\$7,846

Comments: Replace existing HVAC system with a new Carrier 2 Ton 14 SEE R Heat Pump and matching Air Handler

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Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature

ating and Cooling/30/2022

ANDERSON HEATING & COOLING LLC contact@andersonheatingandcooling.com

Inspector Signature

ALD 3/30/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871 Frisco: (252) 475-5878

REPAIR

		REPAIR	
REPAIR#: REPAIR-9846			03/29/202
Parcel Number:	020412000		
Location:	489 HARBOUR VIEW	V DR – COLINGTON	
Subdivision:	COLINGTON HARBO	OR SEC S	
Legal Description:	LOT: 10 BLK: SEC: S		
Owner Name:	MICHAEL REYNOLDS		
Owner Mail Address: Owner Contact Information		DR - KILL DEVIL HILLS, NC 27948	
Contractor Name:	ALPHA AND OMEGA	A MULTI SERVICE LLC	
Contractor Mail Address:		KILL DEVILS HILLS, NC 27948	
Contractor Phone:	2524553670		
Contractor NC License#:	NA		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$3,000
		REPAIR FEE:	\$150.00
construction and be certain information on this permit is shown on the submitted pla revoked for failure to comple Call Building Inspector (24 H	esponsible to comply with to comply with all zoning s correct. That he is owne ns and specifications that y with applicable regulations ours in advance) for inspe	n all regulations and laws, and should regulations and building setbacks. The r or duly authorized agent of owner. T he understands this permit is valid fo ons and laws.	e applicant certifies that the hat all construction shall be as r six months and may be
Beach Office 252.475.5871 of the Applicant Signature:	or Frisco Office 252.475.5	ALPHA AND OM	EGA MULTI SERVICE LLC vices8@gmail.com
Inspector Signature	igned by:	ALD	
Inspector Signature	The ford	3/29/2022	



County of Dare
Planning Department
PO Box Drawer 1000
Manteo NC 27954

MECHANICAL PERMIT DATA

Manteo (252)475-5870 Northern Beach (252)475-5871 Buxton (252)475-5878

Permit Date: 2022-03-29

PERMIT#: 9845

Parcel Number:

004152000

PIN Number:

988305282636

Location:

103 PINE CONE TRL KILL DEVIL HILLS NC

Subdivision Name:

BAUM BAY HARBOR SECS 1-4

Legal Description:

LOT: E BLK: SEC: 2

Owner:

RANDOLPH VAUGHAN FOSTER

Owner Address:

103 PINE COVE TRL KILL DEVIL HILLS NC 27948

Owner Phone:

N/A

CONTRACTOR

Contractor Name:

ARMSTRONG AND SON HEATING AND AIR LLC

Contractor Address:

3978 ALBEMARLE CHURCH RD COLUMBIA NC 27925

Contractor Phone:

252-797-4100

NC License #:

L22516 License Type: MECH

DETAILS

REPLACE DUCTWORK UNDER HOUSE

Cost of job:

\$5,000

Electrical Contractor ID:

NA

Units

0

MECHANICAL PERMIT FEE

150,00

TOTAL FEES:

\$150.00

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Applicant Signature:

ARMSTRONG AND SON HEATING AND AIR LLC

Inspector Signature:

SIGNATURE ON FILE

Application Reference:

6830



County of Dare
Planning Department
PO Box Drawer 1000
Manteo NC 27954

MECHANICAL PERMIT DATA

Manteo (252)475-5870 Northern Beach (252)475-5871 Buxton (252)475-5878

Permit Date: 2022-03-08

PERMIT#: 9380

Parcel Number:

019609000

PIN Number: 986416935501

Location: 207 E SIR WALTER RALEIGH DR COLINGTON NC

Subdivision Name: COLINGTON HARBOR SEC K

Legal Description:

LOT: 141 BLK: SEC: K

Owner:

JOHN H KONNERT

Owner Address:

2408 SWEET BAY LN RESTON VA 22091

Owner Phone:

N/A

CONTRACTOR

Contractor Name:

R A HOY HEATING AND AIR CONDITIONING INC

Contractor Address:

PO BOX 265 KITTY HAWK NC 27949

Contractor Phone:

252-261-8178

NC License #:

L13056 License Type: MECH

C/O 14 SEER 2.5 TON H/P SYSTEM THAT SERVICES THE WHOLE HOUSE! REUSE THE **DETAILS** EXISTING STAND, LINE SET AND DUCT WORK.

Cost of job:

\$6,972 22222-L

Electrical Contractor ID:

222

Units

1

MECHANICAL PERMIT FEE

150.00

TOTAL FEES:

\$150.00

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R A HOY HEATING AND AIR CONDITIONING

Applicant Signature:

INC

Inspector Signature:

SIGNATURE ON FILE

Application Reference:

6566



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

COMMERCIAL BUILDING PERMIT

BUILDING	PERMIT#:	C-9848

03/29/2022

Parcel Number:

018658000

Location:

2141 COLINGTON RD - COLINGTON

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

JOSEPH JR JONES

Owner Mail Address:

4000 LONG MEADOW LN LAKE ORION, MI 48359

Owner Phone and email:

Contractor Name:

OWNER/BLDR

Contractor Mail Address:

Contractor Phone:

Contractor NC License#: UNLICENSED

BUILDING INFORMATION

Proposed Construction Use:

ROOF OVER DECK AND 5X5FT DECK

Occupancy:

Proposed Construction Type:

Cost of Construction:

\$500

Finished Square Footage:

CAMA Permit#: Septic Permit#:

Unfinished Square Footage:

Septic Permit Date:

Stories: **Building Height: Total Rooms:**

Survey/Site Plan: Water Tap#:

Footing Type:

Water Type:

Exterior Finish: Sprinkler System: Flood Zone:

Proposed Finished Floor Elev:

Base Flood Elevation: Lot/Ground Elevation: 0.0

Bedrooms:

Baths/half baths:

0/0

Comments: Any deviation from the building plan

PERMIT FEE

\$150.00

or site plan requires prior approval.

TOTAL FEES:

\$150.00

Applicant Signature:

JOSEPH JR JONES

Inspector Signature: KIEL TWIFORD/A

ALD



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY F	PERMIT#:	ACC-9883
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03/30/2022

Parcel Number:

018686000

Location:

1648 COLINGTON RD – COLINGTON CHARLES P NUNEMAKER ET ALS

Subdivision: Legal Description:

LOT: NEW PARCEL 1 BLK: SEC:

Owner Name:

WILLIAM J JR MEYER

Owner Mail Address:

PO BOX 1115 KILL DEVIL HILLS, NC 27948

Owner Phone and email:

Contractor Name:

WILLIAM J JR MEYER

Contractor Mail Address:

PO BOX 1115, KILL DEVIL HILLS, NC 27948

Contractor Phone:

25298265952

Contractor NC License#: OWNER/BLDR

ACCESSORY INFORMATION

Proposed Construction:

COMMERCIAL - DOCKS; PIERS; BULKHDS, BOATLFTS,

Description of Work

ADD SOLID WOOD FENCE

\$2,000

CAMA Permit#:

Cost of Construction:

0

Flood Zone:

Base Flood Elevation:

0.0

Lot/Ground Elevation:

0

Comments:

PERMIT FEE

\$250.00

TOTAL FEES:

\$250.00

Applicant Signature:

Bills Marine

WILLIAM J JR MEYER

3/30/2022

Inspector Signature:

bed twiford

ALD

3/30/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-92/3	
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03/03/2022

Parcel Number:

024234070

Location:

157 AIRPORT RD - MANTEO

Subdivision:

EVANSVILLE SUBDIV

Legal Description:

LOT: 70 BLK: SEC:

Owner Name:

MARY LOU PENNY DURNEY

Owner Mail Address:

170 AIRPORT RD MANTEO, NC 27954

Owner Phone and email:

757-434-0598 VABEACHPEN@YAHOO.COM

Contractor Name:

JD JOHNSON REALTY CONSTRUCTION LLC

Contractor Mail Address:

PO BOX 340, MANTEO, NC 27954

Contractor Phone:

252-305-9982

Contractor NC License#: 73168

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW, NEW CONSTRUCTION SFD

Proposed Construction Type:

SFD

Cost of Construction:

\$400,000

Finished Square Footage:

. 1450

CAMA Permit#:

NA

Unfinished Square Footage:

S4-9111

750

Septic Permit#:

2/23/2022

Stories:

1.0 0

Septic Permit Date: Survey/Site Plan:

YES

Building Height: Total Rooms:

5

Water Tap#:

52075

Footing Type:

PILING

Water Type:

Central Water

Exterior Finish:

VINYL SIDING

Flood Zone: Base Flood Elevation: X 8.0

Proposed Finished Floor

17

Lot/Ground Elevation:

13.7

Elevation: Bedrooms:

3

Baths/half baths:

2.00/0

Comments: Any deviation from the building plan

or site plan requires prior approval.

PERMIT FEE

HOME OWNERS RECOVERY FEE

\$1,388.00 10.00

AS-BUILT SURVEY REQUIRED BEFORE CO

RESIDENTIAL ZONING APPROVAL

276

100.00

TOTAL FEES:

\$1,498.00

Applicant Signature:

JD JOHNSON REALTY CONSTRUCTION LLC

Inspector Signature:

ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9468

03/11/2022

Parcel Number:

024423025

Location:

165 TUSCARORA CT - MANTEO

Subdivision:

CROATAN WOODS DEVELOPMENT INC

Legal Description:

LOT: 23 BLK: SEC:

Owner Name:

LYNNE BRAISTED PEDERSEN

Owner Mail Address:

7017 FAIRWINDS DR ORIENTAL, NC 28571

Owner Phone and email:

Contractor Name:

BARKER & BARKER CUSTOM HOMES, LLC

Contractor Mail Address:

112 WALTER CT, MANTEO, NC 27954

Contractor Phone:

2523335449

Contractor NC License#: 84173

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW, NEW CONSTRUCTION SFD

Proposed Construction Type:

SFD

Cost of Construction:

\$600,000

Finished Square Footage:

2128

CAMA Permit#:

NA

Unfinished Square Footage:

S3-9200

Stories:

1418 2.0

Septic Permit#: Septic Permit Date:

2/28/2022

Building Height:

0

Survey/Site Plan:

YES

Total Rooms:

Water Tap#:

53397

Footing Type:

MASONARY

Water Type:

Central Water

Exterior Finish:

Proposed Finished Floor

LAP SIDING

Flood Zone: Base Flood Elevation: X 8.0

Elevation:

12.5

Lot/Ground Elevation:

5.7

Bedrooms:

3

Baths/half baths:

2.00/1

Comments: Any deviation from the building plan

or site plan requires prior approval.

LOCAL ELEVATION STANDARD OF 8' APPLIES,

AREAS BELOW 8' WILL REQUIRE FLOOD VENTS,

UNDER CONSTRUCTION ELEVATION CERTIFICATE

BUILT SURVEY REQUIRED BEFORE CO

CONSTRUCTION ELEVATION CERTIFICATE AND AS

PERMIT FEE

HOME OWNERS RECOVERY FEE **RESIDENTIAL ZONING APPROVAL**

BARKER & BARKER CUSTOM HOMES, LLC

\$2,163.00 10.00 100.00

REQUIRED BEFORE ROUGH IN, FINISHED

TOTAL FEES:

\$2,273.00

Applicant Signature:

Inspector Signature: Ed Kindervater / AD

ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

	,,,,,,			
BUILDING PERMIT#: R-9533				03/15/202
Parcel Number:	024423024			
Location:	173 TUSCARORA	A CT — MANTEO		
Subdivision:	CROATAN WOO	DS DEVELOPMENT INC		
Legal Description:	LOT: 22 BLK: SEC	3		
Owner Name:	DAVID M CREWS	S		
Owner Mail Address:	109 CANVASBAC	CK CT GEORGETOWN, KY 40324		
Owner Phone and email:	919-417-0733 d	avid_crews_zooo@yahoo.com		
Contractor Name:	C TRIP LLC			
Contractor Mail Address:	770 BROOKS DA	IRY ROAD, GEORGETOWN, KY 40324		
Contractor Phone:	919-417-0733	Contractor NC License#: 87218		
BUILDING INFORMATION				
Proposed Construction Use:	SINGLE FAMILY DEPILINGS	DWELLING NEW , NEW CONSTRUCTION S	SFD. THREE STORY H	OUSE ON
Proposed Construction Type:	SFD	Cost of Construction:	\$650,000	
Finished Square Footage:	2589	CAMA Permit#:	NA	
Unfinished Square Footage:	1520	Septic Permit#:	S3-7523	
Stories:	3.0	Septic Permit Date:	12/03/02021	
Building Height:	0	Survey/Site Plan:	YES	
Total Rooms:	8	Water Tap#:	YES	
Footing Type:	PILING	Water Type:	Central Water	
Exterior Finish:	LAP SIDING	Flood Zone:	AE	
Proposed Finished Floor	8	Base Flood Elevation:	8.0	
Elevation:	· ·	Lot/Ground Elevation:	4.4	
Bedrooms:	4	Baths/half baths:	3.00/0	
Comments: Any deviation fron	n the building plan	PERMIT FEE		\$2,550.00
or site plan requires prior appr		HOME OWNERS RECOVERY FEE	- 1	10.00
LOCAL ELEVATION STANDARD		RESIDENTIAL ZONING APPROVAL	251	100.00
AREAS UNDER 8' WILL REQUIR				
HEIGHT AND UNDER CONSTUC CERTIFICATES REQUIRED BEFO				
FINISHED COSTRUCTION ELEVA	•	TOTAL FEES:	4	\$2,660.00
CERTIFICATE AND AS BUILT SU		TOTAL PLLS.		72,000.00
	Crews			
184FEDB Doou8igs	139F7F458 ned by:	3/15/2022		
Applicant Signature:	is democked	CTDIDLIC		
	E752B444	3/15/2022 C TRIP LLC		
Inspector Signature:		ALD		
mopertor signature:		ALD		



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9777

03/25/2022

Parcel Number:

023612000

Location:

4195 MILL LANDING RD - WANCHESE

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

JEFFREY H GARRISON

Owner Mail Address:

4102 W VANSCIVER DR NAGS HEAD, NC 27959

Owner Phone and email:

Contractor Name:

HATCHELL CONCRETE, INC

Contractor Mail Address:

PO BOX 2405, MANTEO, NC 27954

Contractor Phone:

252-473-6074

Contractor NC License#: 34205

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW, NEW CONSTRUCTION TWO BDRM TWO BTH SFD

Proposed Construction Type:

SFD

Cost of Construction: \$200,000

Finished Square Footage:

1400

CAMA Permit#:

Unfinished Square Footage:

NA

674

Septic Permit#:

S22-9655 3/21/2022

Stories:

1.0 27'11" **Septic Permit Date:** Survey/Site Plan:

YES

Building Height:

Water Tap#:

49736

Total Rooms: Footing Type:

PILING

Water Type:

Central Water

Exterior Finish:

LAP SIDING

Flood Zone:

Proposed Finished Floor

12

Base Flood Elevation: Lot/Ground Elevation: 8.0 4

Elevation: Bedrooms:

2

Baths/half baths:

2.00/0

Comments: Any deviation from the building plan

or site plan requires prior approval.

Existing Mobile Home shall be removed before issuance of CO. LOCAL ELEVATION STANDARD OF 8' APPLIES AREAS BELOW 8' REQIURE FLOOD VENTS, UNDER CONSTRUCTION ELEVATION CERTIFICATE REQUIRED BEFORE ROUGH IN, AS **BUILT SURVEY AND FINISHED CONSTRUCTION**

ELEVATION CERTIFICATE REQUIRED BEFORE CO

PERMIT FEE

HOME OWNERS RECOVERY FEE

\$1,320.00 10.00

RESIDENTIAL ZONING APPROVAL

143

100.00

TOTAL FEES:

\$1,430.00

Applicant Signature:

HATCHELL CONCRETE, INC

Inspector Signature:

Ed Kindervater

ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

	bankt			
		TOTAL FEES:		\$1,219.00
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE HOME OWNERS RECOVERY FEE RESIDENTIAL ZONING APPROVAL	193	\$1,109.00 10.00 100.00
Bedrooms:	3	Baths/half baths:	2.00/0	
Elevation:	12.9	Lot/Ground Elevation:	8.7	
Proposed Finished Floor	LAF SIDING	Base Flood Elevation:	8.0	
Exterior Finish:	LAP SIDING	Flood Zone:	X	
Footing Type:	PILING	Water Type:	Central Water	
Total Rooms:	6	Water Tap#:	53418	
Stories: Building Height:	1.0 20'00"	Septic Permit Date: Survey/Site Plan:	3/18/2022 YES	
Unfinished Square Footage:	590	Septic Permit#:	S8-9623	
Finished Square Footage:	1164	CAMA Permit#:	NA	
Proposed Construction Type:	SFD	Cost of Construction:	\$225,000	
Proposed Construction Use:		WELLING NEW , NEW CONSTRUCTION SI		
BUILDING INFORMATION				
	232-441-1313	Contractor IVC Licensess. 18940		
Contractor Phone:	252-441-1515	Contractor NC License#: 18946		
Contractor Name: Contractor Mail Address:	STAN WHITE REALTY AND CONSTRUCTION INC PO BOX 1447, NAGS HEAD, NC 27959			
Owner Phone and email.	232-207-3799 30	an@outerbanksrentals.com		
Owner Mail Address: Owner Phone and email:	P O DRAWER 1447 NAGS HEAD, NC 27959 252-207-3799 stan@outerbanksrentals.com			
Owner Name:	STANFORD M WHITE			
Legal Description:	LOT: 3 BLK: SEC:			
Subdivision:	CAROLINA WOO	DS		
Location:	294 AIRPORT RD	- MANTEO		
Parcel Number:	025226015			
BUILDING PERMIT#: R-9785				03/25/2022
				an lan lane.

ALD

Inspector Signature: Ed Kindervater/AD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9789

03/25/2022

Parcel Number:

025212013

Location:

124 SUNNYSIDE DR - MANTEO

Subdivision:

SUNNYSIDE

Legal Description:

LOT: 13 BLK: SEC:

Owner Name:

CHRISTIAN TYLER BRANTLEY

Owner Mail Address:

P O BOX 1253 BUXTON, NC 27920

Owner Phone and email:

Contractor Name:

SIMPLESIDE CONSTRUCTION INC

Contractor Mail Address:

308 W HELGA ST, KILL DEVIL HILLS, NC 27948

Contractor Phone:

2525648307

Contractor NC License#: 78583

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW, NEW CONSTRUCTION SFD ON PILINGS

Proposed Construction Type:

SFD

Cost of Construction:

Finished Square Footage:

\$415,000

2242

CAMA Permit#:

NA

Unfinished Square Footage:

Proposed Finished Floor

1635

Septic Permit#:

S3-9138

Stories:

1.5

Septic Permit Date: Survey/Site Plan:

2/24/22

YES

Building Height: Total Rooms:

25'11"

Water Tap#:

PUBLIC

Footing Type:

PILING

Water Type: Flood Zone:

Central Water

Exterior Finish:

VINYL SIDING

Base Flood Elevation:

8.0

Elevation:

14.5

Lot/Ground Elevation:

11.5

Bedrooms:

4

Baths/half baths:

2.00/0

Comments: Any deviation from the building plan

or site plan requires prior approval.

LOCAL ELEVATION STANDARD OF 8' APPLIES

UNDER CONSTRUCTION ELEVATION CERTIFICATE REQUIRED BEFORE ROUGH IN, FINISHED

CONSTUCTION ELEVATION CERTIFICATE AND AS BUILT SURVEY REQUIRED BEFORE CO.

PERMIT FEE

HOME OWNERS RECOVERY FEE RESIDENTIAL ZONING APPROVAL

\$2,336,00 10.00

100.00

185

TOTAL FEES:

\$2,446.00

Applicant Signature:

SIMPLESIDE CONSTRUCTION INC

Inspector Signature:

3/25/2022

ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9841	03/28/2022

Parcel Number:

027480000

Location:

196 JONES CIR - MANTEO

Subdivision:

JONES HEIGHTS

Legal Description:

LOT: 30 BLK: SEC:

Owner Name:

FRANK MCNARY COLLINS

Owner Mail Address:

P O BOX 1231 MANTEO, NC 27954

Owner Phone and email:

Contractor Name:

GODFEYCONSTRUCTION

Contractor Mail Address:

P.O. BOX 694, KILL DEVIL HILLS, NC 27948

Contractor Phone:

Contractor NC License#: 6982

BUILDING INFORMATION

Proposed Construction Use: SINGLE FAMILY DWELLING NEW, CONSTRUCT NEW SFD ON PILINGS

Proposed Construction Type:

SFD

Cost of Construction:

Finished Square Footage:

1416

CAMA Permit#:

\$261,854

Unfinished Square Footage:

NA

Stories:

199 1.0

Septic Permit#: Septic Permit Date: 53-7332 11/22/2021

Building Height:

18'00"

Survey/Site Plan:

YES

Total Rooms:

Water Tap#:

YES

Footing Type:

PILING

VINYL SIDING

Water Type: Flood Zone:

Central Water

Exterior Finish:

Proposed Finished Floor

Base Flood Elevation:

8.0

Elevation:

10.2

Lot/Ground Elevation:

6.7

Bedrooms:

3

Baths/half baths:

2.00/0

Comments: Any deviation from the building plan

or site plan requires prior approval.

LOCAL ELEVATION STANDARD OF 8' APPLIES

AREAS BELOW 8' REQUIRE FLOOD VENTS, UNDER

CONSTRUCTION ELEVATION CERTIFICATE

REQUIRED BEFORE ROUGH IN, FINISHED

CONSTRUCTION ELEVATION CERTIFICATE AND AS TOTAL FEES:

BUILT SURVEY BEFORE CO

PERMIT FEE

HOME OWNERS RECOVERY FEE RESIDENTIAL ZONING APPROVAL

185

\$1,252.00

\$1,142.00

10.00

100.00

Applicant Signature:

GODFEYCONSTRUCTION

Inspector Signature: Ed Kinderveter



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871 Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9849

03/29/2022

Parcel Number: Location:

149 AIRPORT RD - MANTEO

024230000

Subdivision: **EVANSVILLE SUBDIV** Legal Description: LOT: 72 BLK: SEC:

Owner Name: Owner Mail Address:

ZACHARY MCCOY TILLETT 105 MIDDLE ST MANTEO, NC 27954

Gwner Phone and email:

Contractor Name: COASTAL SEPTIC COMPANY 2110 S LARK AVE, NAGS HEAD, NC 27959 Contractor Mail Address: 2524417441 Contractor NC License#:

Contractor Phone: **BUILDING INFORMATION**

SINGLE FAMILY DWELLING NEW, NEW CONSTRUCTION SFD ON PILINGS WITH GARAGE

Proposed Construction Use: SLAB **Proposed Construction Type:** SFD Cost of Construction: \$205,000 Finished Square Footage: CAMA Permit#: NA 1185 **Unfinished Square Footage:** 436 " Septic Permit#: 58-8659

Stories: 1.0 Septic Permit Date: 2/1/2022 **Building Height:** 21'00: Survey/Site Plan: YES Total Rooms: Water Tap#: 52071

Footing Type: COMBINATION Water Type: Central Water Flood Zone! Exterior Finish: LAP SIDING



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY PERMIT#:	ACC-9219
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03/01/2022

Parcel Number:

027242000

Location:

181 BAYVIEW DR - STUMPY POINT

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

NITA TOXEY DOUGHTIE

Owner Mail Address:

415 TAYLOR MILL RD EURE, NC 27935

Owner Phone and email:

Contractor Name:

NORTHEASTERN MARINE INC

Contractor Mail Address:

PO BOX 42, KITTY HAWK, NC 27949

Contractor Phone:

2522613682

Contractor NC License#: 30026

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - DOCKS; PIERS; BULKHDS, BOATLFTS,

Description of Work

CONSTRUCT 365' VINYL BULKHEAD. APPROX. 100' FOR NATURAL SHORELINE AND

BALANCE REPLACEMENT BULKHEAD

Cost of Construction:

\$85,000

CAMA Permit#:

86220

Flood Zone:

Base Flood Elevation:

0.0

Lot/Ground Elevation:

Comments:

PERMIT FEE

\$250.00

TOTAL FEES:

\$250.00

Applicant Signature:

- Docustymed by:

Julie Emery

- COMMONDER 182424

3/1/2022

NORTHEASTERN MARINE INC

-- Doou\$igned by

Inspector Signature:

Ed kindervater

3/1/2022



Manteo: (252) 475-5870 KDH: (252) 475-5871

Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY	PERMIT#:	ACC-9299
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03/04/2022

Parcel Number:

024104000

Location:

292 BAYVIEW DR - STUMPY POINT

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

B MARK MATHIAS

Owner Mail Address:

292 BAYVIEW DR STUMPY POINT, NC 27978

Owner Phone and email:

Contractor Name:

B MARK MATHIAS

Contractor Mail Address:

292 BAYVIEW DR, STUMPY POINT, NC 27978

Contractor Phone:

252-706-0613

Contractor NC License#: OWNER/BLDR

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - DOCKS; PIERS; BULKHDS, BOATLFTS,

Description of Work

BOAT LIFT ONLY

\$11,000

CAMA Permit#:

00400

Flood Zone:

Base Flood Elevation:

Cost of Construction:

0.0

Lot/Ground Elevation:

Comments:

PERMIT FEE

\$250.00

TOTAL FEES:

\$250.00

Applicant Signature:

B MARK MATHIAS

Inspector Signature: Ed Kindervater / AD



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ENTIAL - DOCKS;PIERS;B	954 actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		03/10/2022
MASHOES RD – MASHO DIVISION - NONE BLK: SEC: ERT C PEDERSEN OX 4 MANTEO, NC 279 ERT C PEDERSEN OX 4, MANTEO, NC 279 EACH CONTRACTOR	954 actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		T AND 24X14
INISION - NONE BLK: SEC: ERT C PEDERSEN OX 4 MANTEO, NC 279 ERT C PEDERSEN OX 4, MANTEO, NC 279 14-0930 Contra ENTIAL - DOCKS; PIERS; B	954 actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		T AND 24X14
BLK: SEC: ERT C PEDERSEN OX 4 MANTEO, NC 279 ERT C PEDERSEN OX 4, MANTEO, NC 279 144-0930 Contra EENTIAL - DOCKS; PIERS; B. TRUCT 56X6 PIER, 16X4	954 actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		T AND 24X14
RT C PEDERSEN OX 4 MANTEO, NC 279 RT C PEDERSEN OX 4, MANTEO, NC 279 114-0930 Contra PENTIAL - DOCKS; PIERS; B	954 actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		F AND 24X14
OX 4 MANTEO, NC 279 OX 4 MANTEO, NC 279 OX 4, MANTEO, NC 279 J14-0930 Contra DENTIAL - DOCKS; PIERS; B TRUCT 56X6 PIER, 16X4	954 actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		T AND 24X14
RT C PEDERSEN OX 4, MANTEO, NC 27: 14-0930 Contra ENTIAL - DOCKS; PIERS; B	954 actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		T AND 24X14
OX 4, MANTEO, NC 279 14-0930 Contra PENTIAL - DOCKS; PIERS; B TRUCT 56X6 PIER, 16X4	actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		F AND 24X14
OX 4, MANTEO, NC 279 14-0930 Contra PENTIAL - DOCKS; PIERS; B TRUCT 56X6 PIER, 16X4	actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		F AND 24X14
ENTIAL - DOCKS; PIERS; B TRUCT 56X6 PIER, 16X4	actor NC License#: OWNER BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		F AND 24X14
ENTIAL - DOCKS;PIERS;B TRUCT 56X6 PIER, 16X4	BULKHDS, BOATLFTS, PLATFORM W/ 6X16 LWR LA		T AND 24X14
TRUCT 56X6 PIER, 16X4	PLATFORM W/ 6X16 LWR LA	ANDING, BOAT LIFT	T AND 24X14
TRUCT 56X6 PIER, 16X4	PLATFORM W/ 6X16 LWR LA	ANDING, BOAT LIFT	T AND 24X14
TRUCT 56X6 PIER, 16X4	PLATFORM W/ 6X16 LWR LA	ANDING, BOAT LIFT	AND 24X14
	Cost of Construction:	\$70,560	
	CAMA Permit#:	86452	
	Flood Zone:		
	Base Flood Elevation:	0.0	
	Lot/Ground Elevation:		
PERMIT FE	E		\$250.00
TOTAL FEE	: •		\$250.00
TOTALTE			7230100
حلا	ROBERT C PEDE	RSEN	
		TOTAL FEES: ROBERT C PEDE	

Inspector Signature: Ed Kindervater / AD



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-9657

03/21/2022

Parcel Number:

025117000

Location:

1205 N HWY 64/264 - MANTEO

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

PHILIP S JR RUCKLE

Owner Mail Address:

1205 N HWY 64/264 MANTEO, NC 27954

Owner Phone and email:

Contractor Name:

PHILIP S JR RUCKLE

Contractor Mail Address:

1205 N HWY 64/264, MANTEO, NC 27954

Contractor Phone:

252-473-1301

Contractor NC License#: OWNER/BLDR

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - MISC ACCESSORY,

Description of Work

ADD ONTO BACK OF EXISTING HOUSE 8'X30' DECK.

Septic Permit Date:

CAMA Permit#:

Cost of Construction:

\$5,000

Septic Permit #:

Flood Zone:

0.0

Base Flood Elevation: Lot/Ground Elevation:

Comments: Replacement permit for expired

PERMIT FEE

\$150.00

Permit # 6004197

TOTAL FEES:

\$150.00

Applicant Signature:

PHILIP S JR RUCKLE

Inspector Signature:

Ed Kindervater



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY PERM	IT#: /	ACC-9	746
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03/24/2022

Parcel Number:

030037000

Location:

104 BRADFORD LN - MANTEO

Subdivision:

BRAKEWOOD SEC. 3

Legal Description:

LOT: 38 BLK: SEC: 3

Owner Name:

TERRANCE DOUGLAS JONES

Owner Mail Address:

104 BRADFORD LN MANTEO, NC 27954

Owner Phone and email:

Contractor Name:

TERRANCE DOUGLAS JONES

Contractor Mail Address:

104 BRADFORD LN, MANTEO, NC 27954

Contractor Phone:

Contractor NC License#: OWNER/BLDR

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - SWIMMING POOLS; HOT TUBS, POOL

Description of Work

CONSTRUCT INGROUND 16'X32' POOL

Septic Permit Date:

08/18/2021

2524733665

Cost of Construction:

\$50,000

Septic Permit #:

S22-5536

CAMA Permit#:

NA

Flood Zone:

Base Flood Elevation:

8.0

Lot/Ground Elevation:

Comments: Lot Coverage not to Exceed 30%. AS

PERMIT FEE

\$300.00

BUILT SURVEY REQUIRED BEFORE CO

TOTAL FEES:

\$300.00

Applicant Signature:

TERRANCE DOUGLAS JONES

Inspector Signature: Ed Kindervater / AD



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY	PERMIT#:	ACC-9766

03/25/2022

Parcel Number:

026075000

Location:

8 COOPER LN - WANCHESE

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

WILLIAM A HOLTON

Owner Mail Address:

12015 CUTBANK CHURCH RD MC KENNEY, VA 23872

Owner Phone and email:

Contractor Name:

WILLIAM A HOLTON

Contractor Mail Address:

12015 CUTBANK CHURCH RD, MC KENNEY, VA 23872

Contractor Phone:

2526192810

Contractor NC License#: OWNER/BLDR

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - ACCESSORY STRUCT OVER 12 FT, ACC

Description of Work

REMOVE FRONT TRAILER AND ADD 12 X 24 SHED

\$8,000

Septic Permit Date:

Septic Permit #:

CAMA Permit#:

Flood Zone:

Footing Type:

Finished Square Footage:

0

Base Flood Elevation:

Cost of Construction:

0.0

Unfinished Square Footage:

288

Lot/Ground Elevation:

Comments:

PERMIT FEE

TOTAL PEES:

\$150.00

\$150.00

Applicant Signature: Letter Signature: Elling H

WILLIAM A HOLTON

Inspector Signature:



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-9786

03/25/2022

Parcel Number:

024383000

Location:

277 MOTHER VINEYARD RD - MANTEO

Subdivision:

MOTHER VINEYARD SECTION 1

Legal Description:

LOT: 10 BLK: SEC: 1

Owner Name:

ROLAND DOCK III SAWYER

Owner Mail Address:

P O BOX 1292 MANTEO, NC 27954

Owner Phone and email:

Contractor Name:

ADP SWIMMING POOLS & CONSTRUCTION LLC

Contractor Mail Address:

801 INDIAN DR, KILL DEVIL HILLS, NC 27948

Contractor Phone:

252-305-8088

Contractor NC License#: 53785

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - DOCKS; PIERS; BULKHDS, BOATLFTS,

Description of Work CONSTRUCT NEW BULKHEAD

Cost of Construction:

\$36,800

CAMA Permit#:

86268

Flood Zone:

Base Flood Elevation:

0.0

Lot/Ground Elevation:

ALD

Comments:

PERMIT FEE

TOTAL FEES:

\$250.00

\$250.00

Applicant Signature:

ADP SWIMMING POOLS & CONSTRUCTION LLC

3/25/2022

3/25/2022

Inspector Signature:

3/25/2022

3/25/2022



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY	PERMIT#:	ACC-9788

03/25/2022

Parcel Number:

024384000

Location:

283 MOTHER VINEYARD RD - MANTEO

Subdivision:

MOTHER VINEYARD SECTION 1

Legal Description:

LOT: 11A BLK: SEC: 1

Owner Name:

ROC P M SANSOTTA

Owner Mail Address:

283 MOTHER VINEYARD RD MANTEO, NC 27954

Owner Phone and email:

Contractor Name:

ADP SWIMMING POOLS & CONSTRUCTION LLC

Contractor Mail Address:

801 INDIAN DR, KILL DEVIL HILLS, NC 27948

Contractor Phone:

252-305-8088

Contractor NC License#: 53785

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - DOCKS; PIERS; BULKHDS, BOATLFTS,

Description of Work CONSTRUCT NEW BULKHEAD

Cost of Construction:

\$31,000

CAMA Permit#:

86269

Flood Zone:

Base Flood Elevation:

0.0

Lot/Ground Elevation:

Comments:

PERMIT FEE

TOTAL FEES:

\$250.00

\$250.00

Applicant Signature:

ADP SWIMMING POOLS & CONSTRUCTION LLC

3/25/2022

Inspector Signature:

ALD

3/25/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9270

03/03/2022

Parcel Number:

024410031

Location:

129 WEIR POINT DR - MANTEO

Subdivision:

HERITAGE POINT PHASE 2

Legal Description:

LOT: 73 BLK: SEC:

Owner Name:

DAVID E WEIMER

Owner Mail Address:

129 WEIR POINT DR - MANTEO, NC 27954

Owner Contact Information:

757-553-8791 weimer05@verizon.net

Contractor Name:

R A HOY HEATING AND AIR CONDITIONING INC

Contractor Mail Address:

PO BOX 265 - KITTY HAWK, NC 27949

Contractor Phone:

252-261-8178

Contractor NC License#:

L13056

DETAILS

RESIDENTIAL

UNITS:

Units

1.00

Cost of Job:

\$8,969

22222-L

Electrical Contractor ID:

1

MECHANICAL PROJECT FEE: \$150.00

Comments: C/O 16 SEER 2-TON H/P SYSTEM WITH REMI HALO THAT SERVICES T HE UPSTAIRS. INSTALL REMI HALO IN THE DOWN SYSTEM, DUCT MODS

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Applicant Signature	Pagaton Aga	3/7/2022	R A HOY HEATING AND AIR CONDITIONING INC paxtonn@rahoy.com
Inspector Signature	EL bits Leverer	3/7/2022	_ ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9267

03/03/2022

Parcel Number:

024658005

Location:

124 CAROLINA COURT WEST - MANTEO

Subdivision:

CAROLINA PINES WEST

Legal Description:

LOT: 5 BLK: SEC:

Owner Name:

ALFREDO R LANDAZURI

Owner Mail Address:

124 W CAROLINA CT - MANTEO, NC 27954

Owner Contact Information:

Contractor Name:

ANDERSON HEATING & COOLING LLC

Contractor Mail Address:

PO BOX 396 - KITTY HAWK, NC 27949

Contractor Phone:

252-619-3105

Contractor NC License#:

314838

DETAILS

RESIDENTIAL

UNITS:

Units

1.00

Cost of Job:

\$8,898

Electrical Contractor ID:

3

0

MECHANICAL PROJECT FEE: \$150.00

Comments: Replace existing HVAC system with a new Carrier 14SEER 2 Ton Heat Pump and matching Air Handler

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

and Coding/3/2022 **Applicant Signature** ANDERSON HEATING & COOLING LLC contact@andersonheatingandcooling.com Inspector Signature ALD 3/3/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9534

03/15/2022

Parcel Number:

023265000

Location:

139 CREEKVIEW LN - MANTEO

Subdivision:

WESCOTT ESTATES

Legal Description:

LOT: 9 BLK: SEC:

Owner Name:

LILIAS J. MORRISON

Owner Mail Address:

PO BOX 146 - HARBINGER, NC 27941

Owner Contact Information:

252-491-8622

Contractor Name:

R A HOY HEATING AND AIR CONDITIONING INC

Contractor Mail Address:

PO BOX 265 - KITTY HAWK, NC 27949

Contractor Phone:

252-261-8178

Contractor NC License#:

L13056

DETAILS

RESIDENTIAL

UNITS:

4.00

Cost of Job:

\$93,163

Electrical Contractor ID:

22222-L

Units

4

MECHANICAL PROJECT FEE: \$200.00

Comments: C/O 4 SYSTEMS. 18 SEER 4 TON, 18 SEER 4 TON, 18 SEER 2.5 TON, 18 SEER 2 TON.NEW STANDS SAME LOCATIONS NEW DUCT WORK SYST

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Applicant Signature	3/15/2022	R A HOY HEATING AND AIR CONDITIONING INC paxtonn@rahoy.com
Inspector Signature	3/15/2022	_ ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9661

03/21/2022

Parcel Number:

023271028

Location:

135 CREEKVIEW LN - MANTEO

Subdivision:

WESCOTT ESTATES

Legal Description:

LOT: 28 BLK: SEC:

Owner Name:

LILIAS J. MORRISON

Owner Mail Address:

PO BOX 146 - HARBINGER, NC 27941

Owner Contact Information:

252-491-8622

Contractor Name:

R A HOY HEATING AND AIR CONDITIONING INC

Contractor Mail Address:

PO BOX 265 - KITTY HAWK, NC 27949

Contractor Phone:

252-261-8178

Contractor NC License#:

L13056

DETAILS

RESIDENTIAL

UNITS:

2.00

Cost of Job:

\$18,243

Electrical Contractor ID:

22222-L

Units

2

MECHANICAL PROJECT FEE: \$150.00

Comments: 16 SEER 2-TON AND 3-TON DOUBLE C/O. NEW STAND SAME LOCATION. REUSE EXISTING LINE SETS AND DUCT WORK.

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature R A HOY HEATING AND AIR CONDITIONING INC 3/21/2022 paxtonn@rahoy.com Inspector Signature ALD 3/21/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9865

03/29/2022

Parcel Number:

024410005

Location:

131 FORT HUGAR WAY - MANTEO

Subdivision:

HERITAGE POINT PHASE 2

Legal Description:

LOT: 47 BLK: SEC:

Owner Name:

ROBERT C TTEE WEBSTER

Owner Mail Address:

131 FORT HUGAR WAY - MANTEO, NC 27954

Owner Contact Information:

Contractor Name:

ANDERSON HEATING & COOLING LLC

Contractor Mail Address:

PO BOX 396 - KITTY HAWK, NC 27949

Contractor Phone:

252-619-3105

Contractor NC License#:

314838

DETAILS

RESIDENTIAL

UNITS:

1.00

Cost of Job:

\$8,898

Electrical Contractor ID:

30003

Units

1

MECHANICAL PROJECT FEE: \$150.00

Comments: Replace existing Top Floor HVAC system with a new 2 Ton Carr ier 14SEER Heat Pump and matching Air Handler

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252,475,5871 or Frisco Office 252,475,5878

to oling and Coding/29/2022 **Applicant Signature** ANDERSON HEATING & COOLING LLC contact@andersonheatingandcooling.com Inspector Signature: ALD 3/29/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-9839

03/28/2022

Parcel Number:

024410055

Location:

154 BATTLEFIELD CT - MANTEO

Subdivision:

HERITAGE POINT PHASE 3

Legal Description:

LOT: 97 BLK: SEC:

Owner Name:

SUSAN E LINNEY

Owner Mail Address:

2236 HARTFORDS BLUFF CIR - MOUNT PLEASANT, SC 29466

Owner Contact Information:

Contractor Name:

SOUNDSIDE HEATING AND AIR CONDITIONING,

Contractor Mail Address:

106 ROBERT BRUCE DR - MANTEO, NC 27954

Contractor Phone:

2524737769

Contractor NC License#:

L.34278

DETAILS

RESIDENTIAL

UNITS:

2.00

Cost of Job:

\$27,000

Electrical Contractor ID:

34997

Units

MECHANICAL PROJECT FEE: \$150.00

Comments: Install 3.5 ton and 3 ton 14 SEER Goodman heat pump split sy stems with duct work.

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Applicant Signature	3/28/2022	SOUNDSIDE HEATING AND AIR CONDITIONING soundsidehvac@gmail.com
Inspector Signature	3/28/2022	_ ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

REPAIR

REPAIR#: REPAIR-9314

03/04/2022

Parcel Number:

025779000

Location:

601 VISTA LAKE DR - MANTEO

Subdivision:

VISTA LAKE SEC 2

Legal Description:

LOT: 49 BLK: SEC:

Owner Name:

LESTER TALLY PAGE

Owner Mail Address:

601 VISTA LAKE DR - MANTEO, NC 27954

Owner Contact Information:

Contractor Name:

JES CONSTRUCTION LLC

Contractor Mail Address:

1741 CORPORATE LANDING PKWY STE 101 - VIRGINIA BEACH, VA 23454

Contractor Phone:

757-558-9909

Contractor NC License#:

69678

DETAILS

RESIDENTIAL

Cost of Job:

\$5,500

REPAIR FEE:

\$150.00

Comments: Stabilize existing foundation using Intellijacks

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Applicant Signature JES Construction INC		JES CONSTRUCTION LLC
2400D49AF084417	3/7/2022	jesvbpermitting@jeswork.com
Inspector Signature El bin Levaker		
Inspector Signature El bild week r	3/4/2022	ALD



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

REPAIR

REPAIR#: REPAIR-9879

03/30/2022

Parcel Number:

028529000

Location:

121 THE OAKS - MANTEO

Subdivision:

WILDWOODS

Legal Description:

LOT: 6 BLK: SEC: 1

Owner Name:

BROOKE MICHEL ELLIOTT

Owner Mail Address:

PO BOX 718 - MANTEO, NC 27954

Owner Contact Information:

Contractor Name:

JES CONSTRUCTION LLC

Contractor Mail Address:

1741 CORPORATE LANDING PKWY STE 101 - VIRGINIA BEACH, VA 23454

Contractor Phone:

757-558-9909

Contractor NC License#:

69678

DETAILS

RESIDENTIAL

Cost of Job:

\$24,000

REPAIR FEE:

\$150.00

Comments: Crawlspace carpentry, encapsulation and drainage

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Applicant Signature AS Construction INC		JES CONSTRUCTION LLC
340DD43AF084417	3/30/2022	jesvbpermitting@jeswork.com
Docustioned by:		
Inspector Signature		_ ALD
	3/30/2022	



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-9685	5
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03/22/2022

Parcel Number:

016602000

Location:

514 E R DANIELS RD - WANCHESE

Subdivision:

J T DANIELS

Legal Description:

LOT: 5 BLK: SEC:

Owner Name:

RHEA ANNE BYRD

Owner Mail Address: Owner Phone and email: 514 ER DANIELS RD WANCHESE, NC 27981 252-216-5725 girltrouble 4@hotmail.com

Contractor Name:

BILL FROELICH

Contractor Mail Address:

PO BOX 3337, KILL DEVIL HILLS, NC 27948

Contractor Phone:

252-480-2124

Contractor NC License#: 62232

BUILDING INFORMATION

Proposed Construction Use:

RESIDENTIAL ENCLOSURE, ENCLOSING CARPORT TO CONVERT TO GARAGE FOR STORAGE

PURPOSES ONLY.

Proposed Construction Type:

Cost of Construction:

\$5,000

Finished Square Footage:

CAMA Permit#:

NA

Unfinished Square Footage:

Proposed Finished Floor

Septic Permit#:

S22-9578

Stories:

Septic Permit Date: Survey/Site Plan:

3/17/2022

Building Height: Total Rooms:

Water Tap#:

NA NA

Footing Type:

Water Type:

NA

Exterior Finish:

Flood Zone:

Base Flood Elevation: 0.0

Elevation:

7.2

Bedrooms:

0

7.7

Lot/Ground Elevation: Baths/half baths:

0/0

Comments: Any deviation from the building plan

or site plan requires prior approval.

PERMIT FEE

\$150.00

ENCLOSURE BELOW 8ft. MUST HAVE FLOOD

VENTS ON TWO WALLS. NOT TO BE USED AS

LIVING OR CONDITIONED SPACE. FINAL

CONSTRUCTION EC REQUIRED BEFORE CO

HOME OWNERS RECOVERY FEE

10.00

TOTAL PEES

\$160.00

Applicant Signature

BILL FROELICH

Inspector Signature: Ed Kindervater / AD

ACCESSORY PERMIT#: GENR-9564



County of Dare Planning Office PO Box Drawer 1000 Manteo NC 27954

Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

03/16/2022

ACCESSORY PERMIT

Parcel Number:	030900000		
Location:	106 FORT HUGAR WAY – MANTEO		
Subdivision:	HERITAGE POINT PHASE 1		
Legal Description:	LOT: 8 BLK: SEC:		
Owner Name:	WILLIAM R III BONNER		
Owner Mail Address:	106 FORT HUGAR WAY MANTEO, NC 27954		
Owner Phone and email:			
Contractor Name:	ELECTRICAL AND LIGHTING SOLUTIONS, INC		
Contractor Mail Address:	2556 GAYTON CENTRE DRIVE, HENRICO, VA 23238		
Contractor Phone:	8046416339 Contractor NC License#: L.32035		
ACCESSORY INFORMATION			
Proposed Construction:	RESIDENTIAL - GENERATOR INSTALL,		
Description of Work	INSTALL 20KW GENERATOR WITH TWO AUTOMATIC TRANSFER SWITCHES		

Comments:	PERMIT FEE	\$150.00

Cost of Construction:

Base Flood Elevation:

Lot/Ground Elevation:

CAMA Permit#: Flood Zone:

TOTAL FEES: \$150.00

\$14,200

0.0

Applicant Signature:

3/16/2022

Inspector Signature:

ALD

3/16/2022

Application Reference # 6721 on 03/16/2022



Manteo: (252) 475-5870 KDH: (252) 475-5871 Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY PERMIT#: GENI	-9565	03/16/2022
Parcel Number: Location: Subdivision: Legal Description:	030929000 111 FORT HUGAR WAY – MANTEO HERITAGE POINT PHASE 1 LOT: 37 BLK: SEC:	
Owner Name: Owner Mail Address: Owner Phone and email:	PARRAN R WILKINSON 44791 SMITHS NURSERY RD HOLLYWOOD, MD 20636	
Contractor Name: Contractor Mail Address:	ELECTRICAL AND LIGHTING SOLUTIONS, INC	
Contractor Phone:	2556 GAYTON CENTRE DRIVE, HENRICO, VA 23238 8046416339 Contractor NC License#: L.32035	
ACCESSORY INFORMATION		
Proposed Construction: Description of Work :	RESIDENTIAL - GENERATOR INSTALL, INSTALL 20 KW GENERATOR WITH ONE AUTOMATIC TRANSFER Cost of Construction: \$	SWITCH 12,000
:	CAMA Permit#:	
	Flood Zone: Base Flood Elevation: Lot/Ground Elevation:	.0
Comments:	PERMIT FEE	\$150.00
	TOTAL FEES:	\$150.00
Applicant Signature:		HTING SOLUTIONS, INC
4000	нфина. 3/21/2022	
Inspector Signature:	and by:	

3/17/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-9535

03/15/2022

Parcel Number:

025923000

Location:

612 OLD WHARF RD - WANCHESE

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

VICTOR LYNN III DAVIS

Owner Mail Address:

612 OLD WHARF RD - WANCHESE, NC 27981

Owner Contact Information:

Contractor Name:

COTTAGE ELECTRIC

Contractor Mail Address:

PO BOX 2192 - MANTEO, NC 27954

Contractor Phone:

2522165796

Contractor NC License#:

L.27745

DETAILS

RESIDENTIAL

Cost of Job:

\$8,000

Amp Increase: Service Amps: 0

200

ELECTRICAL PERMIT FEE:

\$150.00

Comments: Installed generator and transfer switch

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifles that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Applicant Signature		COTTAGE ELECTRIC
	3/15/2022	cottageelectric@yahoo.com
—Dosublened by:		
Inspector Signature		ALD
#F0A665E7528444	3/15/2022	



Manteo: (252) 475-5870 KDH: (252) 475-5871

Frisco: (252) 475-5878

MOBILE HOME PERMIT

PERMIT#: R-9730

03/22/2022

Parcel Number:

028175000

Location:

19532 SOUTH LAKE DR - EAST LAKE

Subdivision:

SOUTH LAKE SUB

LOT: 29 BLK: SEC:

Mobile Home Park:

OWNER INFORMATION

BASNIGHT ENTERPRISES LLC

1560 NORTH ROAD ST MANTEO, NC 27954

CONTRACTOR

CLAYTON HOMES INC.

1560 NORTH ROAD ST ELIZABETH CITY, NC 27909

252-335-1070

NC License#: 59143

MOBILE HOME MOVER

D AND D MOBILE HOME MOVERS

7838 HWY 17 N WASHINGTON, NC 27889

252-944-6422

MOBILE HOME INSTALLER

CLAYTON HOMES INC

1560 NORTH ROAD ST ELIZABETH CITY, NC 27909

252-335-1070 NC License#: 59143

DETAILS

INSTALL 2021 16X76 CLAYTON ANNIVERSARY MOBILE HOME

Living Space

1216

2021

Estimated Cost:

\$105,000

Non-living Space

0

CAMA Permit#:

S22-9469

Make:

Clayton

Septic Permit#: Septic Permit Date:

03/11/2022

Model: Year:

Anniversary

Survey/Site Plan:

Serial #:

OHC031221NC

Water Tap#: Water Type:

HUD#: Width in feet: NTA2008893 16

Flood Zone:

Length in feet:

76

Base Flood Elevation:

0.0

Hurricane Built:

3

Lot/Ground Elevation:

2.0

Footing/foundation Type:

COMBINATION

Application Number:

6681

Comments: Any deviation from the building plan or site plan requires prior approval. AE4 FLOOD **ZONE REQUIRES 8' ELEVATION TO THE BOTTOM** OF THE LOWEST STRUCTURAL MEMBER OF THE

FRAME, FINISHED CONSTRUCTION ELEVATION CERTIFICATE REQUIRED BEFORE CO

PERMIT FEE

FLOOD DEVELOPMENT BLDG PERMIT

\$608.00 75.00

TOTAL FEES:

\$683.00

Applicant Signature:

CLAYTON HOMES INC

Inspector Signature:



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-9692

03/22/2022

Parcel Number:

024876000

Location:

4751 MILL LANDING RD - WANCHESE

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

WANCHESE OPERATIONS INC

Owner Mail Address:

2000 NORTHGATE COMMERCE PKWY - SUFFOLK, VA 23435

Owner Contact Information:

Contractor Name:

M O S ELECTRIC

Contractor Mail Address:

PO BOX 2699 - KITTY HAWK, NC 27949

Contractor Phone:

252-207-8678

Contractor NC License#:

5938 UL

DETAILS

COMMERCIAL

Cost of Job:

\$300

Amp Increase:

0

Service Amps: 100 **ELECTRICAL PERMIT FEE:**

\$150.00

Comments: TEMP POWER POLE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252,475,5871 or Frisco Office 252,475,5878

Applicant Signature:

M O S ELECTRIC

mosdms@earthlink.net

Inspector Signature: Ed Kindervater

DocuSign Envelope ID: D587AF50-FDCD-4039-97A5-B3B9B6F3F26A



County of Dare Planning Office PO Box Drawer 1000 Manteo NC 27954

X

Manteo: (252) 475-5870 Northern Beach: (252) 475-5871 Frisco: (252) 475-5878

GENERATOR INSTALL

GENERATOR INSTALL#: GENR-9377	GENERATOR I	INSTALL#:	GENR-9377	
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03/08/2022

Parcel Number:

024461000

Location:

104 CANNON TRL - MANTEO

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

CHRISTOPHER L SEAWELL

Owner Mail Address:

PO BOX 339 - MANTEO, NC 27954

Owner Contact Information:

Contractor Name:

BEAR ROCK ELECTRIC INC

Contractor Mail Address:

PO BOX 1604 - KITTY HAWK, NC 27949

Contractor Phone:

8886889927

Contractor NC License#:

U-30667

DETAILS

RESIDENTIAL

Cost of Job:

\$10,500

GENERATOR INSTALL FEE:

\$150.00

Comments: INSTALLATION OF GENERAC 24KW CENERATOR AND 200 AMP TRANSFER SWITCH ON ELEVATED WOODEN

PLATFORM

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature:

Ere Ol

3/8/2022

BEAR ROCK ELECTRIC INC

nclose@bearrockelectric.com

Inspector Signature:

Ed kindemater

AYT

3/8/2022



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-9659

03/21/2022

Parcel Number:

013331001

Location:

370 HARBOR RD – WANCHESE

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: 2 BLK: SEC:

Owner Name:

SONNY'S HARBOR LLC

Owner Mail Address:

PO BOX 305 - WANCHESE, NC 27981

Owner Contact Information:

Contractor Name:

LOWIRE LLC

Contractor Mail Address:

PO BOX 2751 - KILL DEVIL HILLS, NC 27948

Contractor Phone:

2524494690

Contractor NC License#:

U-19403

DETAILS

COMMERCIAL

Cost of Job:

\$20,000

Amp Increase:

200

Service Amps:

600

ELECTRICAL PERMIT FEE:

\$150.00

Comments: SERVICE UPGRADE FROM 400 TO 600 - ADDITION OF ELECTRICAL OUTLETS

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

DocuSigned by:		
Applicant Signature Daniel Parsons		LOWIRE LLC
5F67FCF2C876416	3/25/2022	daniel@lowire.com
DocuSigned by:		
Inspector Signature: Ed kin demater		AYT
8F0A695E752B444	3/21/2022	



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

ELECTRICAL PERMIT

03/07/2022

Parcel Number:

023957001

Location:

8353 SHIPYARD RD - MANNS HARBOR

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

SHERRY TWIDDY FOREMAN

Owner Mail Address:

PO BOX 77 - MANNS HARBOR, NC 27953

Owner Contact Information:

252-256-4488 naturesharmony11@gmail.com

Contractor Name:

LOWIRE LLC

Contractor Mail Address:

PO BOX 2751 - KILL DEVIL HILLS, NC 27948

Contractor Phone:

2524494690

Contractor NC License#:

U-19403

DETAILS

COMMERCIAL

die A Pairon

Cost of Job:

\$2,500

Amp Increase:

Service Amps:

100

ELECTRICAL PERMIT FEE:

\$150.00

Comments: REPLACE MAIN ELEC SERVICE INCL UTILITY METER BASE, MAIN PANEL/BREAKERS BLDG 1.

SUBPANEL/BREAKERS BLDG 3. GRNHSE 1&3

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

daniel@lowire.com

Inspector Signature: KEIL TWIFORD

AYT



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871 Frisco: (252) 475-5878

	COMMERC	IAL BUILDING PERMIT		
BUILDING PERMIT#: GENR-94	148		03/11/2022	
Parcel Number:	026087000			
Location:	332 POND RD - WANG	CHESE		
Subdivision:	CROATAN INC			
Legal Description:	LOT: 2 BLK: SEC:			
Owner Name:	CROWN CASTLE SOUTH LLC			
Owner Mail Address: Owner Phone and email:	PMB 343 4017 WASHINGTON RD MCMURRAY, PA 15317			
Contractor Name:	TL Worley Electrical Se	ervices		
Contractor Mail Address:	3863 Barber Mill Road, Clayton, NC 27520			
Contractor Phone:	Contractor NC License#: U.10597			
BUILDING INFORMATION				
Proposed Construction Use:	, INSTALL EMERGENCY I	BACK-UP GENERATOR FOR AT&T ANT	ENNA & EXPAND FENCING	
Occupancy:				
Proposed Construction Type:		Cost of Construction:	\$18,500	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:		
Sprinkler System:		Base Flood Elevation:	0.0	
Proposed Finished Floor Elev:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0/0	
Comments: Any deviation from or site plan requires prior appro	0,	MIT FEE	\$150.00	
DocuSig	ned by:	A. A. aDLA		
Chasite	Johnson, Project to	3/17/2022	\$150.00	
Applicant Signature:		5, 2., 2022		

3/17/2022

ALD

Application Reference # 6240 on 02/02/2022

Inspector Signature:

Ed kindemater -8F0A005E752B444...



Manteo: (252) 475-5870 Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

	ELECTRIC	CAL PERMIT	
ELECTRICAL PERMIT#: ELEC-	-9343		03/07/202
Parcel Number:	013331001		
Location:	370 HARBOR RD - WANC	HESE	
Subdivision:	SUBDIVISION - NONE		
Legal Description:	LOT: 2 BLK: SEC:		
Owner Name:	SONNY'S HARBOR LLC		
Owner Mail Address: Owner Contact Information	PO BOX 305 - WANCHESI :	E, NC 27981	
Contractor Name:	LOWIRE LLC		
Contractor Mail Address:	PO BOX 2751 - KILL DEVI	L HILLS, NC 27948	
Contractor Phone:	2524494690		
Contractor NC License#:	U-19403		
DETAILS	COMMERCIAL		
		Cost of Job:	\$2, 0 00
Amp Increase:	0		
	200	ELECTRICAL PERMIT FEE:	\$150.00
Service Amps:			
The owner and builder are re construction and be certain to information on this permit is shown on the submitted plan	ce 200A MAIN ELECTRICAL PAI esponsible to comply with all re to comply with all zoning regula correct. That he is owner or du	gulations and laws, and should personations and building setbacks. The applially authorized agent of owner. That all derstands this permit is valid for six m	cant certifies that the construction shall be as
The owner and builder are re construction and be certain to information on this permit is shown on the submitted plan revoked for failure to comply	esponsible to comply with all responsible to comply with all zoning regula correct. That he is owner or dust and specifications that he unit with applicable regulations and ours in advance) for inspections	gulations and laws, and should personations and building setbacks. The applially authorized agent of owner. That all derstands this permit is valid for six m	cant certifies that the construction shall be as nonths and may be
The owner and builder are re construction and be certain to information on this permit is shown on the submitted plan revoked for failure to comply Call Building Inspector (24 Ho	esponsible to comply with all responsible to comply with all zoning regula correct. That he is owner or dust and specifications that he unit with applicable regulations and ours in advance) for inspections	gulations and laws, and should personations and building setbacks. The applially authorized agent of owner. That all derstands this permit is valid for six med laws.	cant certifies that the construction shall be as nonths and may be

AYT

Inspector Signature: KEIL TWIFORD



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

BUILDING PERMIT # DPA22-000035

Location: 79 DUC District: RS1 - S Subdiv SO/SH Lot-Block-Sect: LOT: 27 BUSINESS NAME: CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL# FAX#: EMAIL: DESCRIPTION OF WORK - (AREMOVING HANDICAP RAMESPECIAL CONDITIONS - ALL TYPE OF CONSTRUCTION: Bulkhead - Piers/Dock Detached Garage - AC OCCUPANCY: HEATED/LIVING AREAS (Sql.) NON-HEATED AREAS (Sqf.) NUMBER OF STORIES: BEDROOMS: SEPTIC CAP. # OF PERSONS BATHS: ½ BATHS: GARAGE - DETACHED: ATT. STORAGE ENCLOSURE: POOL: SHED: FLOOD ZONE: Unshaded X BASE FLOOD ELEVATION: 1 PERMIT FEES: Description Remodel / Renovation / Repair Femodel / Reno	New Construction Retaining Wall Accessory Storage Buildi AFt): 0.0 ACCESSORY ACCESS	ERD 176 the Building Plan or S WATER LINE PE (8) FT. SHALL BE Addition / Expans I - Beach Access W	NC G.C. LICENS LIMITATION: CLASSIFICATIOI QUALIFIER: LIEN AGENT NA ENTRY#: LIEN AGENT AD Site Plan requires p TREATED Sion - Remodel / Valkway/Stairs -	N: ME:
District: RS1 - S Bubdiv SO/SH LOT: 27 BUSINESS NAME: CONTRACTOR'S NAM	Single Family Resident I BLK 227 7 BLK: 227 SEC: LOVELL, SAMUEL 990 HIGHLAND LAKI UNION HALL, VA 241 252-732-6474 252-732-6474 (Any deviation from t AP- INSTTALL PEX 1" L WOOD BELOW RFF New Construction sks - Retaining Wall accessory Storage Buildi ACCESSORY Storage Buildi TAFt): 0.0 (A) A	ERD 176 the Building Plan or S WATER LINE PE (8) FT. SHALL BE - Addition / Expans I - Beach Access W ing - Dune Deck - TYPE OF FOUNDATION HEAT: WC:	NC G.C. LICENS NC G.C. LICENS NC G.C. LICENS LIMITATION: CLASSIFICATIOI QUALIFIER: LIEN AGENT NA ENTRY#: LIEN AGENT AD Site Plan requires p TREATED Sion - Remodel /	252-722-6474 SED CONTRACTOR: SE NUMBER: N: ME: DDRESS: Orior approval): REMODEL - INSTALL FRONT STEPS, / Renovation / Repair -
ubdiv ot-Block-Sect: LOT: 27 USINESS NAME: ONTRACTOR'S NAME: DDRESS: ITY, STATE, ZIP: FFICE#: ELL# AX#: MAIL: ESCRIPTION OF WORK - (/ EMOVING HANDICAP RAME) PECIAL CONDITIONS - ALL YPE OF CONSTRUCTION: Bulkhead - Piers/Dock Detached Garage - Act OCCUPANCY: EATED/LIVING AREAS (Sqf) UMBER OF STORIES: EDROOMS: EPTIC CAP. # OF PERSONS ATHS: ½ BATHS: ARAGE - DETACHED: ATT TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: I	I BLK 227 7 BLK: 227 SEC: LOVELL, SAMUEL 990 HIGHLAND LAKI UNION HALL, VA 241 252-732-6474 (Any deviation from t MP- INSTTALL PEX 1" L WOOD BELOW RFF New Construction sks - Retaining Wall accessory Storage Buildi ACCESSORY STORAGE Buildi TIPFt): 0.0 H	ERD 176 the Building Plan or S WATER LINE PE (8) FT. SHALL BE - Addition / Expans I - Beach Access W ing - Dune Deck - TYPE OF FOUNDATION HEAT: WC:	NC G.C. LICENS NC G.C. LICENS NC G.C. LICENS LIMITATION: CLASSIFICATIOI QUALIFIER: LIEN AGENT NA ENTRY#: LIEN AGENT AD Site Plan requires p TREATED Sion - Remodel /	BED CONTRACTOR: BE NUMBER: N: N: ME: DRESS: Drior approval): REMODEL - INSTALL FRONT STEPS, / Renovation / Repair -
USINESS NAME: ONTRACTOR'S NAME: DDRESS: ITY, STATE, ZIP: FFICE#: ELL# AX#: MAIL: ESCRIPTION OF WORK - (A EMOVING HANDICAP RAME PECIAL CONDITIONS - ALL YPE OF CONSTRUCTION: Bulkhead - Piers/Dock Detached Garage - Ac CCUPANCY: EATED/LIVING AREAS (Sqft) UMBER OF STORIES: EDROOMS: EPTIC CAP. # OF PERSONS ATHS: ½ BATHS: ARAGE - DETACHED: ATT TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: 1	LOVELL, SAMUEL 990 HIGHLAND LAKI UNION HALL, VA 241 252-732-6474 252-732-6474 (Any deviation from t MP- INSTTALL PEX 1" L WOOD BELOW RFF New Construction eks - Retaining Wall accessory Storage Buildi Accessory Storage Buildi 17 17 17 17 17 17 17 17 17 17 17 17 17	the Building Plan or S WATER LINE PE (8) FT. SHALL BE - Addition / Expans I - Beach Access W ing - Dune Deck - TYPE OF FOUNDATION HEAT: WC:	NC G.C. LICENS LIMITATION: CLASSIFICATIOI QUALIFIER: LIEN AGENT NA ENTRY#: LIEN AGENT AD Site Plan requires p TREATED Sion - Remodel / Valkway/Stairs -	N: ME: DRESS: Drior approval): REMODEL - INSTALL FRONT STEPS, Accessory - Other Swimming Pools - Workshop - Gazebo PERMIT TYPE: Residential RESIDENCE TYPE: 2nd Home BUILDING USE: Single Family
ONTRACTOR'S NAME: DDRESS: ITY, STATE, ZIP: FFICE#: ELL# AX#: MAIL: ESCRIPTION OF WORK - (A EMOVING HANDICAP RAME PECIAL CONDITIONS - ALL YPE OF CONSTRUCTION: Bulkhead - Piers/Dock Detached Garage - Ac OCCUPANCY: EATED/LIVING AREAS (Sqf) UMBER OF STORIES: EDROOMS: EPTIC CAP. # OF PERSONS ATHS: ½ BATHS: ARAGE - DETACHED: ATT TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: I	990 HIGHLAND LAKI UNION HALL, VA 241 252-732-6474 252-732-6474 (Any deviation from t MP- INSTTALL PEX 1" L WOOD BELOW RFF New Construction eks - Retaining Wall accessory Storage Buildi ACCESSORY	the Building Plan or S WATER LINE PE (8) FT. SHALL BE - Addition / Expans I - Beach Access W ing - Dune Deck - TYPE OF FOUNDATION HEAT: WC:	NC G.C. LICENS LIMITATION: CLASSIFICATIOI QUALIFIER: LIEN AGENT NA ENTRY#: LIEN AGENT AD Site Plan requires p TREATED Sion - Remodel / Valkway/Stairs -	N: ME: DRESS: Drior approval): REMODEL - INSTALL FRONT STEPS, Accessory - Other Swimming Pools - Workshop - Gazebo PERMIT TYPE: Residential RESIDENCE TYPE: 2nd Home BUILDING USE: Single Family
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ITY, STATE, ZIP: FFICE#: ELL# AX#: MAIL: ESCRIPTION OF WORK — (A EMOVING HANDICAP RAME PECIAL CONDITIONS - ALL YPE OF CONSTRUCTION: Bulkhead - Piers/Dock Detached Garage - AC CCUPANCY: EATED/LIVING AREAS (Sqft) UMBER OF STORIES: EDROOMS: EPTIC CAP. # OF PERSONS ATHS: ½ BATHS: ARAGE - DETACHED: ATT TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: I	UNION HALL, VA 241 252-732-6474 (Any deviation from the INSTTALL PEX 1" L WOOD BELOW RFF New Construction the Instruction with the Instruction of the Instruction o	the Building Plan or S WATER LINE PE (8) FT. SHALL BE - Addition / Expans I - Beach Access W ing - Dune Deck - TYPE OF FOUNDATION HEAT: WC:	CLASSIFICATION QUALIFIER: LIEN AGENT NA ENTRY#: LIEN AGENT AD Site Plan requires p TREATED sion - Remodel / Valkway/Stairs -	DRESS: Drior approval): REMODEL - INSTALL FRONT STEPS, / Renovation / Repair - Accessory - Other Swimming Pools - Workshop - Gazebo PERMIT TYPE: Residential RESIDENCE TYPE: 2nd Home BUILDING USE: Single Family
ELL# AX#: MAIL: ESCRIPTION OF WORK - (AMENOVING HANDICAP RAME PECIAL CONDITIONS - ALL YPE OF CONSTRUCTION: Bulkhead - Piers/Dock Detached Garage - ACCUPANCY: EATED/LIVING AREAS (Sqft) ON-HEATED AREAS (Sqft) UMBER OF STORIES: EDROOMS: EPTIC CAP. # OF PERSONS ATHS: ½ BATHS: ARAGE - DETACHED: ATTORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: Interpretation Description Lemodel / Renovation / Repair Formodel / Renovation / Ren	(Any deviation from the INSTTALL PEX 1" Let WOOD BELOW RFF New Construction Retaining Wall Accessory Storage Building The Instruction Ins	WATER LINE PE (8) FT. SHALL BE - Addition / Expans I - Beach Access Wing - Dune Deck - TYPE OF FOUNDATION HEAT: WC:	LIEN AGENT NA ENTRY#: LIEN AGENT AD Site Plan requires p TREATED sion - Remodel / Valkway/Stairs -	DDRESS: Drior approval): REMODEL - INSTALL FRONT STEPS, / Renovation / Repair - Accessory - Other Swimming Pools - Workshop - Gazebo PERMIT TYPE: Residential RESIDENCE TYPE: 2nd Home BUILDING USE: Single Family
ESCRIPTION OF WORK — (A EMOVING HANDICAP RAMI PECIAL CONDITIONS - ALL YPE OF CONSTRUCTION: Bulkhead - Piers/Dock Detached Garage - AC CCUPANCY: EATED/LIVING AREAS (Sqft) IUMBER OF STORIES: EDROOMS: EPTIC CAP. # OF PERSONS ATHS: ½ BATHS: GARAGE - DETACHED: ATT. TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: I	(Any deviation from the INSTTALL PEX 1" Let WOOD BELOW RFF New Construction Retaining Wall Accessory Storage Building From the Institute of t	WATER LINE PE (8) FT. SHALL BE - Addition / Expans I - Beach Access Wing - Dune Deck - TYPE OF FOUNDATION HEAT: WC:	ENTRY#: LIEN AGENT AD Site Plan requires p TREATED sion - Remodel / Valkway/Stairs -	DDRESS: Drior approval): REMODEL - INSTALL FRONT STEPS, / Renovation / Repair - Accessory - Other Swimming Pools - Workshop - Gazebo PERMIT TYPE: Residential RESIDENCE TYPE: 2nd Home BUILDING USE: Single Family
ESCRIPTION OF WORK — (AMOUNG HANDICAP RAMIPECIAL CONDITIONS - ALL YPE OF CONSTRUCTION: Bulkhead - Piers/Dock Detached Garage - ACCUPANCY: EATED/LIVING AREAS (Sql) ON-HEATED AREAS (Sqft) IUMBER OF STORIES: EDROOMS: EPTIC CAP. # OF PERSONS ATHS: ½ BATHS: IARAGE - DETACHED: ATT. TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: I	New Construction Retaining Wall Accessory Storage Buildi AFt): 0.0 ACCESSORY ACCESS	WATER LINE PE (8) FT. SHALL BE - Addition / Expans I - Beach Access Wing - Dune Deck - TYPE OF FOUNDATION HEAT: WC:	LIEN AGENT AD Site Plan requires p TREATED Sion - Remodel / Valkway/Stairs -	Permit Type: Residential RESIDENCE Type: 2 nd Home BUILDING USE: Single Family
EMOVING HANDICAP RAMIPECIAL CONDITIONS - ALL YPE OF CONSTRUCTION: Bulkhead - Piers/Dock Detached Garage - Ac CCUPANCY: EATED/LIVING AREAS (Sqft) ON-HEATED AREAS (Sqft) ON-HEATED AREAS (Sqft) ON-HEATED AREAS (Sqft) EDROOMS: EPTIC CAP. # OF PERSONS ATHS: ½ BATHS: CARAGE - DETACHED: ATT TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: I	New Construction Retaining Wall Accessory Storage Buildi AFt): 0.0 ACCESSORY ACCESS	WATER LINE PE (8) FT. SHALL BE - Addition / Expans I - Beach Access Wing - Dune Deck - TYPE OF FOUNDATION HEAT: WC:	TREATED sion - Remodel / Valkway/Stairs - Generator	/ Renovation / Repair - Accessory - Other Swimming Pools - Workshop - Gazebo PERMIT TYPE: Residential RESIDENCE TYPE: 2nd Home BUILDING USE: Single Family
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EPTIC CAP. # OF PERSONS ATHS: ½ BATHS: ARAGE - DETACHED: ATT. TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: I ERMIT FEES: Lescription Lemodel / Renovation / Repair Filinimum Permit Fee The owner and builder are re-	li.	NIERIOR WALLS.		Residential District
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OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: I PERMIT FEES: Description Remodel / Renovation / Repair F Minimum Permit Fee *The owner and builder are re-	THE RESERVE OF THE PROPERTY OF	NSULATION:		CAMA PERMIT #:
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ASE FLOOD ELEVATION: I ERMIT FEES: lescription lemodel / Renovation / Repair F linimum Permit Fee The owner and builder are re		ECKS (SqFt):		
PERMIT FEES: Description Remodel / Renovation / Repair F Minimum Permit Fee *The owner and builder are re		VINDOWS MAKE:		SEPTIC PERMIT #:
Description Remodel / Renovation / Repair F Minimum Permit Fee *The owner and builder are re	LES 8π M	VINDOWS TYPE:		DATE ISSUED:
Description Remodel / Renovation / Repair F Minimum Permit Fee *The owner and builder are re		TOTAL CONSTRUC	CTION COST: \$8,000	0.00
**The owner and builder are re	Fee			Total Cost 80.00
				20.00 TOTAL FEE: 100.00
uly authorized agent of owner alid for 180 days to begin con	n of Southern Shores, er; that all construction	. The applicant certifies n shall be as shown on	s that the information the submitted plans	sonally inspect all construction and be certain to comply on on this permit is correct; that he/she is the owner or is and specifications; the he/she understands this permit is able regulations and laws.
Sound W Enl		JAMUE	FRATORET	03/01/202
pplicant - Owner/Contracto	or	(Please print	t and sign name)	Date Approved
Keltin Co	ach			3-1-2
Building/Code/Zoning Officia	ノノノル			Date Issued

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date January 28, 2022

TP22-00001	2	
Mechanical	Trade	Permit

Project Address: 33 E DOGWOOD TRL
Property Owner: SITTERSON, WILLIAM R

PIN #: 022120000

Mailing Address: 921 MORATTICO CIR

GLEN ALLEN, VA 23060

Permit Types: Plumbing Delectrical Mech Contractor:	anical Gas		
Company Name: North Beach Services	Heating and Cooling		Jimmy Weaver
Phone: (252) 491-2878 N. C. License Number: 22053		Address:	PO Box 181 Kitty Hawk , NC 27949
Description of Work: Replace HVAC	system with Trane 14 Seer 1	.5 ton h/p and matc	hing a/h
Description of Work: Replace HVAC Project Cost Estimate: \$7,000.00	system with Trane 14 Seer 1 Permit Amount: 100.00 Payment: Date Type Reference I		

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licerisee or Duly Authorized Representative Date

Signature of Permit Official

<u>3-2-2</u>2

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date March 02, 2022

Project Address: 5 SANDFIDDLER CT	PIN #: 022524005
Property Owner: WILLEMS, JAY MARTIN	Mailing Address: 412 BEACH DR ANNAPOLIS, MD 21403
Permit Types: ☐ Plumbing ☐ Electrical ☐ Mechanical ☐ Contractor:	Gas
Company Name: Anderson Heating & Cooling	Qualifier: Gil Anderson
Phone: (252) 619-3105	Address: PO Box 396
N. C. License Number: 31438	Kitty Hawk, NC 27949
Description of Work: Replace existing HVAC sy	stem with a new Carrier 2 Ton 14SEER Heat Pump and matcl
Description of Work: Replace existing HVAC sy Air Handler	stem with a new Carrier 2 Ton 14SEER Heat Pump and matcl
Air Handler	stem with a new Carrier 2 Ton 14SEER Heat Pump and match
Project Cost Estimate: \$7,846.00 Perm	t Amount: 100.00 ent:
Project Cost Estimate: \$7,846.00 Perm	t Amount : 100.00
Project Cost Estimate: \$7,846.00 Perm Paym Date I hereby certify that all information in this application	t Amount: 100.00 ent: Type Reference Receipt ReceivedFrom Amount s correct and all work will comply with the State Building Code an Inspection Department will be notified of any changes in the
Project Cost Estimate: \$7,846.00 Perm Paym Date hereby certify that all information in this application other local laws and ordinances and regulations. The	t Amount: 100.00 ent: Type Reference Receipt ReceivedFrom Amount s correct and all work will comply with the State Building Code an Inspection Department will be notified of any changes in the

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date March 02, 2022

TP22-00003	2	
Mechanical	Trade	Permit

Project Address: 43 ELEVENTH AVE **Property Owner:** MCGRAW, RYAN P

PIN #: 021000000

Mailing Address: 7702 FULMAR DR

DUBLIN, OH 43017

		55E114, O11 430 17
Permit Types: Plumbing Electrical Mechan Contractor:	nical Gas	
Company Name: OBHC, Inc. dba One Ho Phone: (252) 441-1740 N. C. License Number: 12643	our Heating & Air Conditioning	Qualifier: Brian McDonald Address: PO Box 2600 Kill Devil Hills, NC 27948
Description of Work: REPLACE HVAC	WITH 14 SEER 3 TON DAIKIN A	IR HANDLER & HEAT PUMP
Project Cost Estimate: \$7,369.00	Permit Amount: 100.00 Payment: Date Type Reference Receip	ot ReceivedFrom Amount
I hereby certify that all information in this apother local laws and ordinances and regula approved plans and specification for the pro	tions. The Inspection Department v	Il comply with the State Building Code and all will be notified of any changes in the
Ton Mulz Signature of Licensee or Duly Authorized R	3-2-22 Representative Date	Signature of Permit Official Date By MB



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RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

BUILDING PERMIT # DPA22-000034

arcel: 021791000 IN: 986818416306 ocation: 213 SEA OATS TRL		Owner: Address:	KEATING, THOMAS L 213 SEA OATS TRL		
Location: District: Subdiv Lot-Block-Sect:	RS1 SO/S	3 SEA OATS TRL 1 - Single Family Residential District /SH BEACH BLK 84 T: 20 BLK: 84 SEC:		Phone #:	SOUTHERN SHORES, NC 27949
BUSINESS NAME: CONTRACTOR'S N ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL# FAX#: EMAIL:		Albanese Construction Company ME: Joe Albanese 1811 Sea Swept Road Kill Devil Hills, NC 27948 (252) 441-3856 jjalbanese@msn.com		NC G.C. LICENS NC G.C. LICENS LIMITATION: CLASSIFICATIC QUALIFIER: LIEN AGENT NA ENTRY#: LIEN AGENT AI	ON: AME:
DOUBLE 2 X 12 GI	RDER O	N WEST SIDE O	from the Building Plan F DECK W RFPE (8) FT. SHALL		prior approval): REMODEL - REPLACE 32' OF ROTTED
TYPE OF CONSTR					/ Renovation / Repair - Accessory - Other
		ocks - Retaini			Swimming Pools - Workshop - Gazebo
	ge -	Accessory Storage		ck - Generator	
OCCUPANCY:			TYPE OF FOUNDA	ATION:	PERMIT TYPE: Residential
HEATED/LIVING A			HEAT:		RESIDENCE TYPE: Residence
NON-HEATED ARI	EAS (Sq	Ft): 0	A/C:		BUILDING USE: Single Family
NUMBER OF STO	RIES:		INTERIOR WALLS	:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:			EXTERIOR WALLS	S:	ZONING PERMIT #:
SEPTIC CAP. # OF	PERSO	NS:	FIREPLACE:		DATE APPROVED:
BATHS: 1/2 BATHS			ROOF:		PERMITTED/CONDITIONAL USE: Single Family Dwelling
			INSULATION:		CAMA PERMIT #:
STORAGE ENCLO	SURE:	-11-11-	ELEVATOR (SqFt)	:	DATE ISSUED:
POOL: SHED:			DECKS (SqFt):		
FLOOD ZONE: Un			WINDOWS MAKE:		SEPTIC PERMIT #:
BASE FLOOD ELE	VATION	: LES 8ft	WINDOWS TYPE:		DATE ISSUED:
PERMIT FEES:			TOTAL CONS	TRUCTION COST: \$2,15	0.00
Description Remodel / Renovati Homeowners Recov Minimum Permit Fee	ery Fund				Total Cost 22.00 10.00 78.00 TOTAL FEE: 110.00
with all Ordinances duly authorized)age	of the Tont of own begin of the Tont of own of the Tont of the Ton	own of Southern S ner; that all const onstruction and r ctor	Shores. The applicant cel ruction shall be as show may be revoked for failur (Please	rtifies that the informati in on the submitted plan	sonally inspect all construction and be certain to comply on on this permit is correct; that he/she is the owner or mes and specifications; the he/she understands this permit is able regulations and laws. Date Approved 3-2-200 Date Issued

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Residential Trade Contractor Permit

Date February 22, 2022

TP22-00002	7	
Mechanical	Trade	Permit

Project Address: 15 THIRTEENTH AVE

Property Owner: MANN, STEPHEN

PIN #: 021299000

Mailing Address: 150 SAN CARLOS AVE

EL CERRITO, CA 94530

Permit Types: Plumbing Sele Contractor:	ectrical	Mechanical	∐Gas			
Company Name: Air-	O-Smith			Qualifier:	Steven Smith	
Phone: (252) 261-523	38			Address:	330 N. Dogwood Trail	
N. C. License Numbe	er: 30070				Southern Shores, NC 27949	
Description of Work:		ACE MID LOWER LER LINE & LOV			SEER 2 TON 410A HEAT PUMP & AIR	

Project Cost Estimate: \$7,800.00

Permit Amount: 100.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Buly Authorized Representative

Date

Signature of Permit Official

<u>3.4-28</u>

Date



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RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

BUILDING PERMIT # DPA22-000036

22203000 86818319120 13 S WOODLAND DR 851 - Single Family Reside 60/SH SOUNDSIDE BLK 9 OT: 45 BLK: 95 SEC:		Owner: Address: Phone #:	GOULD, JAMES H 213 S WOODLAND DR SOUTHERN SHORES, NC 27949 804-731-1353	
86818319120 .13 S WOODLAND DR RS1 - Single Family Reside O/SH SOUNDSIDE BLK 9 OT: 45 BLK: 95 SEC:		Address:	213 S WOODLAND DR SOUTHERN SHORES, NC 27949	
RS1 - Single Family Reside 60/SH SOUNDSIDE BLK 9 OT: 45 BLK: 95 SEC:		Phone #:	•	
SO/SH SOUNDSIDE BLK S OT: 45 BLK: 95 SEC:		Phone #:	804-731-1353	
OT: 45 BLK: 95 SEC:	95			
E: James Gould				
E: James Gould		NC G.C. LICENSE	D CONTRACTOR:	
		NC G.C. LICENSE	NUMBER:	
213 Woodland Drive		LIMITATION:		
Southern Shores, N 804-731-1353	10 27949	CLASSIFICATION: QUALIFIER:		
804-731-1353		LIEN AGENT NAM	Æ:	
		ENTRY#:		
jgouldoz@gmail.co	m	LIEN AGENT ADDI	RESS:	
RK – (Any deviation fron	n the Building Plan or S	Site Plan requires pri	or approval): Homeowner will be completing this project	
on Nand Faide of deals o	mal manula a a contela tora ata al lo		Chibania da tanana a malifirm ta a a a a a a a a a a a a a	
on in and E side of deck all removed and replaced.	na repiace with treated it No deck hoards heing ch	umber benches with 3	6 " backs that serve as railings too. Approximately 1/	
3 - ALL WOOD BELOW R	FPE (8) FT. SHALL BE	TREATED		
TION: New Construction	on - Addition / Expans	sion - Remodel / R	Renovation / Repair - Accessory - Other	
	· · · · · · · · · · · · · · · · · · ·			
			withining froots - C. Workshop - C. Gazebo	
Accessory Storage Bui		All the second s		
0 /0 =0 0 0		·N:	PERMIT TYPE: Residential	
			RESIDENCE TYPE: Residence	
(SqFt): 0	IA/C:		BUILDING USE: Single Family	
i:	INTERIOR WALLS:		ZONING DISTRICT: RS1 - Single Family Residential District	
AND THE RESERVE OF THE PARTY OF	EXTERIOR WALLS:		ZONING PERMIT #:	
RSONS:	FIREPLACE:		DATE APPROVED:	
	ROOF:		PERMITTED/CONDITIONAL USE: Single Family Dwelling	
: ATTACHED:	INSULATION:		CAMA PERMIT #:	
RE:	ELEVATOR (SqFt):		DATE ISSUED:	
	DECKS (SqFt):			
ed X	WINDOWS MAKE:		SEPTIC PERMIT #:	
ION: LES 8ft	WINDOWS TYPE:		DATE ISSUED:	
	TOTAL CONSTRU	JCTION COST: \$500.00		
			T 110	
Repair Fee			Total Cost 5,00	
			95.00	
			TOTAL FEE: 100.00	
are responsible to comp	ly with all regulations an	d laws; should persor	nally inspect all construction and be certain to comply	
owner; that all constructi	on shall be as shown on	s the submitted plans :	and specifications: the he/she understands this nermit is	
in construction and may I	be revoked for failure to	comply with applicabl	le regulations and laws.	
Dall Kercela	3/4/22			
<u> </u>		***************************************	03/04/2022	
tractor	(Please print	t and sign name)	Date Approved	
) i			/	
Park			3-4-202	
Pouk Official By MB		all the law of the la	3-4-203 Date Issued	
	jgouldoz@gmail.com RK – (Any deviation from on N and E side of deck a g removed and replaced. I s - ALL WOOD BELOW R FION: New Construction rs/Docks - Retaining W Accessory Storage Buil S (SqFt): 0.0 (SqFt): 0 RSONS: RESONS: REPAITACHED: RE: REPAITACHED: RE: REPAITACHED: RE: REPAITACHED: RE: REPAITACHED: RE: RESONS: REPAITACHED: RE: RECENTIFIED: RESONS: RESONS	igouldoz@gmail.com RK – (Any deviation from the Building Plan or Son N and E side of deck and replace with treated in gremoved and replaced. No deck boards being characters of the ALL WOOD BELOW RFPE (8) FT. SHALL BE FION: New Construction - Addition / Expansis/Docks - Retaining Wall - Beach Access V Accessory Storage Building - Dune Deck - TYPE OF FOUNDATIONS (SqFt): 0.0 HEAT: (SqFt): 0.0 HEAT: (SqFt): 0 A/C: EXTERIOR WALLS: ROOF: PER ATTACHED: INSULATION: RE: ELEVATOR (SqFt): DECKS (SqFt): DECKS (SqFt): TOTAL CONSTRUCTION of Southern Shores. The applicant certified owner; that all construction shall be as shown on in construction and may be revoked for failure to the storage of the storage	igouldoz@gmail.com RK - (Any deviation from the Building Plan or Site Plan requires price on N and E side of deck and replace with treated lumber benches with 3 gremoved and replaced. No deck boards being changed at this time. ION: New Construction - Addition / Expansion - Remodel / Fis/Docks - Retaining Wall - Beach Access Walkway/Stairs - Sis/Docks - Retaining Wall - Beach Access Walkway/Stairs - Sis/Oocks - Retaining Wall - Dune Deck - Generator TYPE OF FOUNDATION: INTERIOR WALLS: EXTERIOR WALLS: EXTERIOR WALLS: EXTERIOR WALLS: ROOF: INSULATION: E: ELEVATOR (SqFt): DECKS (SqFt): DECKS (SqFt): MINDOWS MAKE: ION: LES 8ft WINDOWS TYPE: TOTAL CONSTRUCTION COST: \$500.00 Repair Fee Train responsible to comply with all regulations and laws; should person owner; that all construction shall be as shown on the submitted plans a in construction and may be revoked for failure to comply with applicable of the complex with a	

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date March 07, 2022

TP22-000033

Electrical Trade Permit

Project Address: 141 W HOLLY TRL

Property Owner: BERNTSEN, KEITH CRISTIAN

PIN #: 022266000

Mailing Address: 141 W HOLLY TRL

KITTY HAWK, NC 27949

Permit Types: Plumbing Electrical Mech Contractor:	anical Gas	
Company Name: HW Olds Framing & N Phone: (252) 489-8169	/lechanical	Qualifier: Howard W. Olds Address: 3617 Windgrass Circle
N. C. License Number: 6341-L		Kitty Hawk, NC 27949
Description of Work: SERVICE CHA	NGE OUT 200 AMP TO 400 AMF	
Project Cost Estimate: \$3,500.00	Permit Amount: 100.00	
	Payment: Date Type Reference Rec	ceipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

Date

Signature of Permit Official

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date March 02, 2022

TP22-000030	
Plumbing Trade	Permit

Project Address: 318 WAX MYRTLE TRL
Property Owner: HALEY, RICHARD SCOTT

PIN #: 020977000

Mailing Address: 318 WAX MYRTLE TRL

KITTY HAWK, NC 27949

P		
Permit Types: Plumbing Electrical Mechanica Contractor:	ıl 🖾 Gas	
Company Name: Mr. Groovy's Plumbing Llc Phone: N. C. License Number: 35063		Qualifier: Joseph Holton Address: P.O. Box 91 Point Harbor, NC 27964
Description of Work: Installation of a new	v tankless water heater	
Project Cost Estimate: \$3,500.00	Permit Amount: 100.00 Payment: Date Type Reference Rece	ipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

3-4-2022

Signature of Licensee or D

Authorized Representative

Date

Signature of Permit Official

Date

Bund

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date March 09, 2022

TP22-0000)36
Gas Trade	Parmit

Project Address: 104 S DOGWOOD TRL Property Owner: HOWDERSHELL, MAT		: 022318000 : 104 S DOGWOOD TRL SOUTHERN SHORES, NC 27949
Permit Types: Plumbing Electrical Mechar Contractor:	nical 🖾 Gas	
Company Name: Tarhell Fireplace and Gr Phone: (252) 426-1426 N. C. License Number: 21798	rill Shop	Qualifier: Roy Murray Address: 657 OCEAN HWY S Hertford, NC 27944
Description of Work: Gas line and Fire	eplace install	
Project Cost Estimate: \$15,300.00	Permit Amount: 100.00 Payment: Date Type Reference Rece	ipt ReceivedFrom Amount
hereby certify that all information in this apother local laws and ordinances and regular approved plans and specification for the pro	tions. The Inspection Department	Il comply with the State Building Code and all will be notified of any changes in the

3/9/2022

Date

Roy Murray

Signature of Licensee or Duly Authorized Representative



COMMERCIAL BUILDING/FLOODPLAIN **DEVELOPMENT PERMIT**

\					
Parcel:	02281	9005		Owner:	SOUTHERN SHORES CROSSING LLC -
PIN:		7024126	•	Address:	SOUTHERN SHORES PIZZA UNIT 105 & 106 P.O. BOX 150
Location:		AN BLVD			KITTY HAWK, NC 27949
District: Bubdiv		neral Commercial IVISION - NONE	District	Phone #:	804-420-6878
_ot-Block-Sect:		&4 AND PARCEL	B BLK: SEC:		
TICHTOO HASE			and the second section of the second		
BUSINESS NAME: CONTRACTOR'S NA	AME:	SOUTHERN SHO	RES PIZZA	NC G.C. LICENSE	ED CONTRACTOR:
ADDRESS:	***************************************	1 OCEAN BLVD I		NC G.C. LICENSE LIMITATION:	= NUMBER:
CITY, STATE, ZIP:		SOUTHERN SHO	RES, NC 27949	CLASSIFICATION	1;
OFFICE#: :ELL#		804-420-6878		QUALIFIER:	
AX#:				LIEN AGENT NAM	ME:
MAIL:				ENTRY#: LIEN AGENT ADD	ORESS:
IN THE THE DO	O1 / 11 / 1	HALLEMAN THEORY. F	om the Building Plan of EXTEND CIRCUIT FOR RFPE (8) FT. SHALL B	/ S 4 1 1 1 1 2 2 2 2 2 2	rior approval): REMODEL - COMBINE UNIT 105 & 106 S
YPE OF CONSTRU	ICTION:	New Construc	tion - D Addition / Exp	pansion - Remodel / F	Renovation / Repair - Accessory - Other
🗌 Bulkhead - 🗍 F	Piers/Doc	ks - Retaining	Wall - Beach Acres	ss Walkway/Staire	Swimming Pools - Workshop - Gazebo
Detached Garage	. 17	ccasson/ Storage B	uilding - Dune Deck	A TO	wanting roots - Workshop - Gazebo
CCUPANCY:	,	ccessory Storage b			
EATED/LIVING AR	FAS (Sc	E+1-	TYPE OF FOUNDATHEAT:	HON:	PERMITTED/CONDITIONAL USE: Per ZA
ON-HEATED AREA			A/C:		COMMERCIAL USE: Per ZA
		1:			PROPERTY USE: Commercial
IUMBER OF STORI	ES:		INTERIOR WALLS:		ZONING DISTRICT: C - General Commercial District
EDROOMS:			EXTERIOR WALLS:		ZONING PERMIT #:
EPTIC CAP, # OF P	ERSON	S:	FIREPLACE:		DATE APPROVED:
BATHS: 1/2 BATHS:			ROOF:		BUILDING USE: Per BL
ARAGE - DETACH		ACHED:	INSULATION:		CAMA PERMIT #:
TORAGE ENCLOS	URE:		ELEVATOR (SqFt):		DATE ISSUED:
LOOD ZONE: Unsh	oded V		DECKS (SqFt):		
BASE FLOOD ELEV		I CC OA	WINDOWS MAKE:		SEPTIC PERMIT #:
MOE FLOOD ELEV	AHON:	LES BIL	WINDOWS TYPE:		DATE ISSUED:

PERMIT FEES:			TOTAL CONSTR	RUCTION COST: \$3,000.0	00
Description					T. 1.5
Remodel / Renovation	/Repair	Fee			Total Cos 30,00
Minimum Permit Fee					70.00
***The owner and bui	lder are	responsible to per	and a self-lead of the self-life		TOTAL FEE: 100.00
uly authorized agent	of owne	that all construct	tion shall be as shown	on the submitted plane	onally inspect all construction and be certain to comply on on this permit is correct; that he/she is the owner or and specifications; the he/she understands this permit is oly with applicable regulations and laws.
·)			by with applicable regulations and laws.
0/6/			Colby Bo	012	
pplicant - Owner/Co	ontracto	r	(Please pr	int and sign name)	Date Issued
					03/00/000
uilding/Code/Zoning	g Officia	J			03/08/2022
-					Date Approved

Permit Detail

TOWN OF SOUTHERN SHORES PLANNING AND CODE ENFORCEMENT

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southemshores-nc.gov



Residential Trade Contractor Permit

Date March 09, 2022

TP22-000035	
Mechanical Trade	Permit

Project Address: 249 DUCK RD

Property Owner: ALDERMAN, PATRICIA L

PIN #: 021615000

Mailing Address: 900 WORMLEY CREEK DR

YORKTOWN, VA 23692

Permit Types: Plumbing Electrical Mechan Contractor:	nical Gas
Company Name: Norris Mechanical, LLC	Qualifier: HERSEY B NORRIS
Phone: (252) 491-2673	Address: 100 Freedom Avenue
N. C. License Number: 11100	Powells Point, NC 27966
Description of Work Replace existing	n heat numn split system with new 3-Ton 4 head mini split system.
Description of Work: Replace existing	g heat pump split system with new 3-Ton 4 head mini split system.
Description of Work: Replace existing Project Cost Estimate: \$11,150.00	g heat pump split system with new 3-Ton 4 head mini split system. Permit Amount: 100.00
. , ,	

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

Signature of Permit Official

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date March 10, 2022

TP22-00003	7	
Mechanical	Trade	Permit

Project Address: 300 N DOGWOOD TRL

Property Owner: HAAGA, STEPHEN C

PIN #: 026769000

Mailing Address: 14917 EMORY LN

ROCKVILLE, MD 20853

Permit Types: Plumbing Electrical Mech Contractor:	anical Gas		
Company Name: OBHC, Inc. dba One Phone: (252) 441-1740 N. C. License Number: 12643	Hour Heating & Air Conditioning		Brian McDonald PO Box 2600 Kill Devil Hills, NC 27948
Description of Work: INSTALL 20 SI	EER 1 TON DAIKIN MINI SPLIT HEA	ATPUMP	

other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date March 08, 2022

TP22-00003	4	
Mechanical	Trade	Permit

Project Address: 192 BRIGHT LANTERN LN Property Owner: DRAPER, FRANK DALE	PIN #: 022383019 Mailing Address: P. O. BOX 574 KITTY HAWK, NC 27949
Permit Types: Plumbing Electrical Mechanical Gas Contractor:	
Company Name: North Beach Services Heating and Coc Phone: (252) 491-2878 N. C. License Number: 22053	Qualifier: Jimmy Weaver Address: PO Box 181 Kitty Hawk, NC 27949
Description of Work: Replace top level system with	Trane 14 Seer 3 ton h/p and matching a/h

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Permit Amount: 100.00

Payment:

Signature of Licensee or Duly Authorized Representative

Project Cost Estimate: \$7,000.00

3/9/22

Date Type Reference Receipt ReceivedFrom Amount

Signature of Permit Official



TOWN OF SOUTHERN SHORES

PLANNING AND CODE ENFORCEMENT 5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

-4KOFIM.					
Parcel:	022383549		Owner:	CHAPMAN, CHRISTINA L	
PIN:	986711672113		Address:	177 CLAMSHELL TRL	
_ocation:	177 CLAMSHELL T		Dh #1	SOUTHERN SHORES, NC 27949	
District: Subdiv	RS1 - Single Family CHICAHAUK	Residential District	Phone #:	301-219-1981	
ot-Block-Sect:	LOT: 549 BLK: SEC	:			
CONTRACTOR'S NAME: Bill Frasca ADDRESS: 2401 Colington Roa		ofing and Siding, Inc.	NC G.C. LICENSED ON G.C. LICENSE NO LIMITATION:		
FFICE#:	TY, STATE, ZIP: Kill Devil Hİlls, NC 2 FFICE#: (252) 256-1814		CLASSIFICATION: QUALIFIER:		
ELL#	(202) 200-11	717	LIEN AGENT NAME:		
AX#:	LIEN AU ENTRY:				
MAIL:	coastalrands	@hotmail.com	LIEN AGENT ADDRE	:SS:	
HEETS OF PLYW	OOD - SISTER BOTH ONS - ALL WOOD BE	SIDES OF RAFTERS LOW RFPE (8) FT. SHALL	. BE TREATED	approval): REMODEL - REPLACEMENT OF 8	-10
				ovation / Repair - Accessory - Other	
		-	•	nming Pools - 🔲 Workshop - 🔲 Gazebo	
	ge - Accessory Stor	age Building - 🔲 Dune De			
CCUPANCY:		TYPE OF FOUND	ATION:	PERMIT TYPE: Residential	
EATED/LIVING A	REAS (SqFt): 0.0	HEAT:		RESIDENCE TYPE: Residence	
ON-HEATED ARI	EAS (SqFt): 0	A/C:		BUILDING USE: Single Family	
UMBER OF STO	RIES:	INTERIOR WALLS	6:	ZONING DISTRICT: RS1 - Single Family Residential District	
EDROOMS:		EXTERIOR WALL	S:	ZONING PERMIT #:	
PTIC CAP. # OF	PERSONS:	FIREPLACE:		DATE APPROVED:	
ATHS: ½ BATHS	; :	ROOF:		PERMITTED/CONDITIONAL USE: Single F Dwelling	amily
	HED: ATTACHED:	INSULATION:		CAMA PERMIT #:	
TORAGE ENCLO	SURE:	ELEVATOR (SqFt)	* *	DATE ISSUED:	
OOL: SHED:		DECKS (SqFt):			
OOD ZONE: Uns		WINDOWS MAKE		SEPTIC PERMIT #:	
ASE FLOOD ELE	EVATION: LES 8ft	WINDOWS TYPE:		DATE ISSUED:	oli-sessimento de la compansión de la comp
		TOTAL CONS	TRUCTION COST: \$1,200.00		
Description Remodel / Renovation				Tota	ıl Cost 12.00
				TOTAL FFF:	10.00 88.00 110.00
rith all Ordinances of uly authorized age	ery Fund lilder are responsible to of the Town of Souther nt of owner; that all cor	n Shores. The applicant ce estruction shall be as show	rtifies that the information on	TOTAL FEE: ly inspect all construction and be certain to con this permit is correct; that helshe is the owner d specifications; the helshe understands this pe	12. 10. 88. 110. nply or
/MB		Ariana Hughe	s (Office Manager)	03/14	4/2022
pplicant - Owner/	Contractor	(Please	print and sign name)	Date App	roved
Kevin	Clark			3-14	-20
uilding/Code/Zon	ing Official D . M	A		Date Is	ssued
anding/Code/Zon	ing Official By M				
	U				



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

Parcel: PIN: Location: District: Subdiv	022819111 986716926780 32 OCEAN VIEW LOO RS1 - Single Family Re OCEAN VIEW SUBDIV	esidential District	Owner: Address: Phone #:	COBLE, JAMES 2317 W GREY G BURLINGTON, N 336-269-0177	ABLES DR	
Lot-Block-Sect:	LOT: 11R BLK: SEC:					
BUSINESS NAME: CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: CELL# EAX#: EMAIL: Shoreline Electric of Kill Devil Hi Gary Justice 126 Waterview Drive Grandy, NC 27939 (252) 599-1967 (252) 599-1967 Shoreline Electric of Kill Devil Hi Gary Justice 126 Waterview Drive 127 Waterview Drive 127 Waterview Drive 128 Waterview Drive 128 Waterview Drive 128 Waterview Drive 128 Waterview Drive 129 Waterview Drive 120 Waterview Drive		Drive 939	NC G.C. LICENSE NUMBE LIMITATION: CLASSIFICATION: QUALIFIER: LIEN AGENT NAME: ENTRY#:		MBER: U.09716 Unlimited Unlimited GARY DEAN JUSTICE	
GENERATOR WITH SPECIAL CONDITI	H 36 X 60 SALT TREATED ONS - ALL WOOD BELOV RUCTION: New Constr Piers/Docks - Retainin	w RFPE (8) FT. SHALL BE uction - Addition / Expansion Wall - Beach Access	rsion - Remodel Walkway/Stairs -	/ Renovation / Repair -	Accessory - Other	
	ge - 🗀 Accessory Storage	Building - Dune Deck -	CONTRACTOR OF THE PARTY OF THE			
OCCUPANCY:		TYPE OF FOUNDATION	ON:	PERMIT TYPE		
HEATED/LIVING A		HEAT:			E TYPE: 2nd Home	
NON-HEATED ARE	EAS (SqFt): 0	A/C:		BUILDING USE: Single Family		
NUMBER OF STOR	RIES:	INTERIOR WALLS:		ZONING DIST Residential Dis	RICT: RS1 - Single Family	
BEDROOMS:		EXTERIOR WALLS:			MIT #: ZP22-000020	
SEPTIC CAP. # OF	PERSONS:	FIREPLACE:			VED: 03/10/2022	
BATHS: ½ BATHS		ROOF:		PERMITTED/0	CONDITIONAL USE: Single Family	
				Dwelling		
	HED: ATTACHED:	INSULATION:		CAMA PERMI		
STORAGE ENCLO	SURE:	ELEVATOR (SqFt):		DATE ISSUED);	
POOL: SHED:	- L - J - J V	DECKS (SqFt):				
FLOOD ZONE: Uns		WINDOWS MAKE:		SEPTIC PERM		
BASE FLOOD ELE	VATION: LES 8TT	WINDOWS TYPE:		DATE ISSUED):	
PERMIT FEES: Description Minimum Permit Fee	3	TOTAL CONSTRU	CTION COST: \$8,000	0.00	Total Cost 100.00 TOTAL FEE: 100.00	
vith all Ordinances of Iuly authorized ager	of the Town of Southern St nt of owner; that all constr	nores. The applicant certifie	es that the information the submitted plan	on on this permit is corr s and specifications: th	ruction and be certain to comply ect; that he/she is the owner or e he/she understands this permit is	
Applicant - Owner/	Contractor	(Please prin	nt and sign name)		Date Approved	
KRITIT	(Oach	(i loudo pin	and orgin name)		3.14.20	
Building/Code/Zon	ing Official $\mathcal{L}_{IA} \mathcal{V}_{I} \mathcal{V}$	3	7	(************************************	Date Issued	
		•				



RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

PIN: Location: District:	022482000 986715546693 75 POTESKEET TRL RS1 - Single Family F		Owner: Address: Phone #:	HOERNER, ELISABETH FORBES 75 POTESKEET TRL KITTY HAWK, NC 27949 757-301-8789	
Subdiv Lot-Block-Sect:	CHICAHAUK LOT: 398 BLK: SEC:				
BUSINESS NAME: Virginia Foundat CONTRACTOR'S NAME: Devon Lewis 529 Viking Drive Virginia Beach, \ CITY, STATE, ZIP: Virginia Beach, \ OFFICE#: (757) 301-8789 FAX#: EMAIL: permits@vfsworl		ve , VA 23452 9	NC G.C. LICENSE NUMBER: LIMITATION: CLASSIFICATION: QUALIFIER: LIEN AGENT NAME: ENTRY#:		
DESCRIPTION OF W	/ORK – (Any deviation	from the Building Plan	or Site Plan requires	prior approval): REMODEL-REPAIR - Install Smart lacks	
on poured footings, si SPECIAL CONDITIO	upplemental beam, flooi	joist sister and Push Pie	rs to stabilize foundation	n	
TYPE OF CONSTRU	ICTION: New Cons	truction - Addition / Ex	pansion - Remodel	/ Renovation / Repair - Accessory - Other	
Bulkhead - D F	Piers/Docks - Retain	ing Wall - 🧻 Beach Acce	ss Walkway/Stairs -	Swimming Pools - Workshop - Gazebo	
		e Building - Dune Dec		Trononop - 127 Cazego	
CCUPANCY:	- Accessory Storag	TYPE OF FOUNDA		PERMIT TYPE: Residential	
IEATED/LIVING AR	EAS (SaFt): 0.0	HEAT:	WION.	RESIDENCE TYPE: Residence	
ON-HEATED AREA		A/C:		BUILDING USE: Single Family	
				ZONING DISTRICT: RS1 - Single Family	
UMBER OF STORI	ES:	INTERIOR WALLS	:	Residential District	
EDROOMS:		EXTERIOR WALLS	S:	ZONING PERMIT #:	
EPTIC CAP. # OF P	ERSONS:	FIREPLACE:		DATE APPROVED:	
ATHS: ½ BATHS:		ROOF:		PERMITTED/CONDITIONAL USE: Single Family Dwelling	
ARAGE - DETACH	ED: ATTACHED:	INSULATION:		CAMA PERMIT#:	
TORAGE ENCLOS	URE:	ELEVATOR (SqFt):	A Company of the Comp	DATE ISSUED:	
OOL: SHED:		DECKS (SqFt):			
LOOD ZONE: Shad		WINDOWS MAKE:		SEPTIC PERMIT #:	
BASE FLOOD ELEV	ATION: LES 8ft	WINDOWS TYPE:	Management and Application of the Control of the Co	DATE ISSUED:	
Walter Town Control of the Control o		TOTAL CONST	RUCTION COST: \$22,89	19.27	
PERMIT FEES:				Total Cost	
Description	/ Repair Fee			229.00	
Description	der are reconneible 4	omply with all regulation	e and lawer should	TOTAL FEE: 229.00 sonally inspect all construction and be certain to comply	
Description Remodel / Renovation	aci are responsible to c	nores. The applicant cer	tities that the information	on on this permit is correct: that he/she is the owner or	
Description Remodel / Renovation *The owner and buil- ith all Ordinances of	the Town of Southern S	ruction shall be as show	n on the submitted plan	is and specifications: the he/she understands this permit is	
Description Remodel / Renovation The owner and builtith all Ordinances of	of owner; that all const		e to comply with applica	able regulations and laws.	
escription lemodel / Renovation The owner and buil- th all Ordinances of ily authorized agent	the Town of Southern S	•	•		
Description Remodel / Renovation The owner and builtith all Ordinances of	of owner; that all const	•	NON LEWIS	·	
Description Remodel / Renovation The owner and builth all Ordinances of uly authorized agent alid for 180 days to b	of owner; that all const egin construction and r	i De	print and sign name)	Date Approved	
Description Remodel / Renovation The owner and builtith all Ordinances of all outhorized agent all of or 180 days to b	of owner; that all const egin construction and r	i De	,	Date Approved	
Description Remodel / Renovation **The owner and buil- yith all Ordinances of uly authorized agent alid for 180 days to b	of owner; that all const egin construction and r	i De	,	Date Approved	
Description Remodel / Renovation The owner and builth all Ordinances of the second all of the second a	of owner; that all const egin construction and r	i De	,	Date Approved	
Description Remodel / Renovation **The owner and buil- vith all Ordinances of uly authorized agent	of owner; that all const egin construction and r	i De	,	Date Approved	



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RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

District: RS1 Subdiv CHI	2383008 818409680 7 SEA OATS LN 1 - Single Family Re ICAHAUK F: 8 BLK: SEC:	sidential District	Owner: Address: Phone #:	HAGENAH, TOE 197 SEA OATS I KITTY HAWK, N 252-489-3835	N
BUSINESS NAME: CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL#	Snearer Constru Paul Snearer P.O. Box 2875 Kitty Hawk, NC 2 (252) 261-2228		NC G.C. LICENSE NC G.C. LICENSE LIMITATION: CLASSIFICATION QUALIFIER:		Licensed General Contractor 25865 Unlimited Building
FAX#:			LIEN AGENT NAN	NC.	Paul Snearer
FAX#: EMAIL:	Datilaneansk		ENTRY#:	ic.	First American Title Insurance Company 1650945
DESCRIPTION OF WORK - CONCRETE POOL 16 X 32 SPECIAL CONDITIONS - AI	paulsnearerhome		LIEN AGENT ADD		223 S. WEST ST SUITE 900
TYPE OF CONSTRUCTION Bulkhead - Piers/Doo Detached Garage - A CCUPANCY:	l: New Construction New	uilding - 🔲 Dune Deck -	Generator	enovation / Repair - 🦪	Accessory - Other Vorkshop - Gazebo
EATED/LIVING AREAS (Se		TYPE OF FOUNDATION	ON:	DEDMIT TVE	
ON-HEATED AREAS (SQF	grt): 0.0	HEAT:		PERMIT TYPE:	Residential
	t): U	A/C:		RESIDENCE TY	PE: Residence
JMBER OF STORIES:		INTERIOR WALLS:		BUILDING USE ZONING DISTR	CT PS1 Single F. "
		1-1/2-1-1-1		i tosidentiai Distr	ict
		EXTERIOR WALLS			
PTIC CAP, # OF PERSON	S:	EXTERIOR WALLS: FIREPLACE:		ZONING PERMI	T#: ZP22-000021
PTIC CAP. # OF PERSON THS: ½ BATHS:		FIREPLACE: ROOF:		ZONING PERMI DATE APPROVI	D: 03/11/2022
PTIC CAP. # OF PERSON THS: ½ BATHS: RAGE - DETACHED: ATT		FIREPLACE: ROOF: INSULATION:		ZONING PERMI DATE APPROVI PERMITTED/CO	D: 03/11/2022 NDITIONAL USE:
PTIC CAP. # OF PERSON THS: ½ BATHS: RAGE - DETACHED: ATT DRAGE ENCLOSURE:	TACHED:	FIREPLACE: ROOF: INSULATION: ELEVATOR (SqFt):		ZONING PERMI DATE APPROVE PERMITTED/CO CAMA PERMIT	D: 03/11/2022 NDITIONAL USE:
PTIC CAP, # OF PERSON THS: ½ BATHS: RAGE - DETACHED: ATT DRAGE ENCLOSURE: OL: 1,200 SHED:	TACHED:	FIREPLACE: ROOF: INSULATION: ELEVATOR (SqFt): DECKS (SqFt):		ZONING PERMI DATE APPROVI PERMITTED/CO	D: 03/11/2022 NDITIONAL USE:
PTIC CAP, # OF PERSON THS: ½ BATHS: RAGE - DETACHED: ATT ORAGE ENCLOSURE: OL: 1,200 SHED: DOD ZONE: Unshaded X	TACHED:	FIREPLAGE: ROOF: INSULATION: ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE:		ZONING PERMI DATE APPROVE PERMITTED/CO CAMA PERMIT DATE ISSUED:	ED: 03/11/2022 NDITIONAL USE: #:
EPTIC CAP. # OF PERSON ATHS: ½ BATHS: ARAGE - DETACHED: ATT ORAGE ENCLOSURE: DOL: 1,200 SHED: OOD ZONE: Unshaded X	TACHED:	FIREPLACE: ROOF: INSULATION: ELEVATOR (SqFt): DECKS (SqFt):		ZONING PERMI DATE APPROVE PERMITTED/CO CAMA PERMIT DATE ISSUED:	#: S22-9092
EDROOMS: EPTIC CAP, # OF PERSON ATHS: ½ BATHS: ARAGE - DETACHED: ATI ORAGE ENCLOSURE: DOL: 1,200 SHED: OOD ZONE: Unshaded X ASE FLOOD ELEVATION: 1 ERMIT FEES: scription imming Pools	TACHED:	FIREPLACE: ROOF: INSULATION: ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE: WINDOWS TYPE: TOTAL CONSTRUC	TION COST: \$75,000.00	ZONING PERMI DATE APPROVI PERMITTED/CO CAMA PERMIT; DATE ISSUED: SEPTIC PERMIT DATE ISSUED: 0	#: S22-9092 2/22/2022
EPTIC CAP. # OF PERSON ATHS: ½ BATHS: ARAGE - DETACHED: ATT ORAGE ENCLOSURE: OOL: 1,200 SHED: OOD ZONE: Unshaded X ASE FLOOD ELEVATION: I ERMIT FEES: scription Jimming Pools he owner and builder are re all Ordinances of the Town of authorized agent of owner; d for 180 days to begin cons	IACHED; LES 8ft sponsible to comply of Southern Shores; that all construction and may be	FIREPLACE: ROOF: INSULATION: ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE: WINDOWS TYPE: TOTAL CONSTRUCT y with all regulations and s. The applicant certifies	I laws; should personal	ZONING PERMI DATE APPROVE PERMITTED/CO CAMA PERMIT DATE ISSUED: SEPTIC PERMIT DATE ISSUED: 0	#: S22-9092 2/22/2022
EPTIC CAP. # OF PERSON ATHS: ½ BATHS: ARAGE - DETACHED: ATT ORAGE ENCLOSURE: DOL: 1,200 SHED: OOD ZONE: Unshaded X SE FLOOD ELEVATION: I RMIT FEES: scription imming Pools The owner and builder are re all Ordinances of the Town (authorized approximation)	IACHED; LES 8ft sponsible to comply of Southern Shores; that all construction and may be	FIREPLACE: ROOF: INSULATION: ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE: WINDOWS TYPE; TOTAL CONSTRUCT Total construct y with all regulations and s. The applicant certifies on shall be as shown on e revoked to failure to come.	I laws; should personal	ZONING PERMI DATE APPROVE PERMITTED/CO CAMA PERMIT DATE ISSUED: SEPTIC PERMIT DATE ISSUED: 0	#: \$22-9092 2/22/2022 Total Cost 125.00 TOTAL FEE: 125.00
EPTIC CAP. # OF PERSON ATHS: ½ BATHS: ARAGE - DETACHED: ATT ORAGE ENCLOSURE: DOL: 1,200 SHED: OOD ZONE: Unshaded X ASE FLOOD ELEVATION: ERMIT FEES: scription imming Pools he owner and builder are re all Ordinances of the Town authorized agent of owner; d for 180 days to begin cons	IACHED; LES 8ft sponsible to comply of Southern Shores; that all construction and may be	FIREPLACE: ROOF: INSULATION: ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE: WINDOWS TYPE; TOTAL CONSTRUCT Total construct y with all regulations and s. The applicant certifies on shall be as shown on e revoked to failure to come.	t laws; should personal that the information on the submitted plans and amply with applicable r	ZONING PERMI DATE APPROVE PERMITTED/CO CAMA PERMIT DATE ISSUED: SEPTIC PERMIT DATE ISSUED: 0	#: S22-9092 2/22/2022 Total Cost 125.00 TOTAL FEE: 125.00 Ition and be certain to comply; that he/she is the owner or ee/she understands this permit is



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000031

Parcel: PIN: Location: District: Subdiv Lot-Block-Sect:	98686 302 H RS1 - SO/S	66000 09159478 HLLCREST DR · Single Family Resid H BEACH BLKS 63 7 7 BLK: 82A SEC:		Owner: , Address: Phone #:	LANG, EDWARD 296 SEA OATS TE SOUTHERN SHO 252-207-1952	₹L
BUSINESS NAME: CONTRACTOR'S N ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL# FAX#:	AME:	Fulcher Homes O.C. Fulcher P.O. Box 543 Kitty Hawk, NC 27 (252) 261-3316	949	NC G.C. LICENS NC G.C. LICENS LIMITATION: CLASSIFICATIO QUALIFIER: LIEN AGENT NA ENTRY#:	DN:	Licensed General Contractor 17852 Unlimited Building O.C. Fulcher Chicago Title Company, LLC 162551
EMAIL:		fulcheroc@earthlin	k.net	LIEN AGENT A	DDRESS:	223 S. WEST ST SUITE 900 RALEIGH N.C 27603
CONSTRUCTION C SPECIAL CONDITION TYPE OF CONSTR Bulkhead -	UCTION	EDROOM HOUSE 2: LL WOOD BELOW F Rew Construct pocks - Retaining V	135 SQ FT WITH 2 1// RFPE (8) FT. SHALL I	2 BATHS BE TREATED coansion - Remodel ss Walkway/Stairs -	/ Renovation / Repair -	Accessory - Other
OCCUPANCY: 6	је - 📖	Accessory Storage Bu		K - Generator TION: Monolithic slab	PERMIT TYPE	· Posidontial
HEATED/LIVING A	REAS (S	SaFt): 2135 0	HEAT: Heat Pump	TION. MOHOIILING SIAD		YPE: Residence
NON-HEATED ARE			A/C: Heat Pump	nderen den dem kom i det sel melden i sennem om en melde i menne åtte kom sen det kom med		E: Single Family
NUMBER OF STOR			INTERIOR WALLS:	SHEETROCK		RICT: RS1 - Single Family
BEDROOMS: 3		The Court Court of Court Court of Court	EXTERIOR WALLS	: Cedar Shakes	ZONING PERI	MIT #: ZP22-000019
SEPTIC CAP. # OF	PERSO	NS : 6	FIREPLACE: Gas		DATE APPRO	VED: 03/01/2022
BATHS: 2 ½ BATH	S: 1	odni savenikte kine oppose kopina kaken sida je sta o zákonkol	ROOF: Asphalt		Dwelling	CONDITIONAL USE: Single Family
GARAGE - DETACI		TTACHED: 618	INSULATION: Batt	el andet una committe de la litte de l	CAMA PERMI	
STORAGE ENCLO	SURE:		ELEVATOR (SqFt):		DATE ISSUED	
POOL: SHED:		TO THE PROPERTY OF THE PROPERT	DECKS (SqFt): 393		OEDTIA DEDI	HT. II. 00. 00 F0
FLOOD ZONE: Uns	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN		WINDOWS MAKE: WINDOWS TYPE:		SEPTIC PERM	
BASE FLOOD ELE	VATION	: LES 8Π	IMINDOMS TYPE:	THE PERSON NAMED IN COLUMN TO A STREET OF THE PERSON NAMED IN COLUMN ASSESSMENT OF THE PERSON NAMED IN COLUMN ASSESSMEN	DATE ISSUED	: 01/19/2022
PERMIT FEES: Description Plan Review Fee - Si Heated/Living Area F Non-Heated Areas F Homeowners Recove	ee (Sing ee (Singl		TOTAL CONSTR	UCTION COST: \$590,5	00.00	Total Cost 150.00 1,281.00 303.30 10.00 TOTAL FEE: 1,744.30
with all Ordinances of duly authorized ager	of the To	wn of Southern Shor	es. The applicant cert ion shall be as showr	lifies that the informati n on the submitted plan	on on this permit is corr	ruction and be certain to comply ect; that he/she is the owner or e he/she understands this permit is s.
F					tomas de la comunicación de la c	03/01/2022
Applicant - Owner/	Contrac رس	tor /	√(Please p	orint and sign name)		Date Approved
0.6	7	alcho	7.	3/2/2	2	
Building/Code/Zon	ing Offic	cial		t - /	deli ligiti magazi di magazi d	Date Issued
Kevin	0	lack	Byme	3		3-15-20

https://www3.citizenserve.com/Admin/WorkOrderDocuments?Action=ListDocuments&WorkOrder_ID=85099397&showThumbNailsFlag=false

3-15-2028

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Trade Contractor Permit

Date March 11, 2022

TP22-000038	
Mechanical Trade	Permit

Project Address: 178 OCEAN BLVD

Property Owner: SUKYS, AIDA T

PIN #: 021897000

Mailing Address: 4417 STANFORD ST

CHEVY CHASE, MD 20815

Permit Types: Plumbing Electrical Mechai Contractor:	nical Gas
Company Name: R.A. Hoy Heating & A/C	
Phone: (252) 261-2008 N. C. License Number: 13056	Address: P.O. Box 179 Kitty Hawk, NC 27949
Description of Work: C/O 16 SEER 5	TON AND 16 SEER 2TON HP ONLY.

other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

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Residential Trade Contractor Permit

Date March 15, 2022

TP22-000040	
Machanical Trade	Parmit

Project Address: 149 POTESKEET LOOP

Property Owner: CANNING, KURT D

PIN #: 022383533

Mailing Address: 149 POTESKEET LOOP

SOUTHERN SHORES, NC 27949

Permit Types:

Plumbing Contractor:

Electrical

Mechanical

Gas

Company Name: Master Heating & Cooling

Phone: (252) 255-0095

N. C. License Number: L.18066

Qualifier: Anthony Pritchett

Address: P.O. Box 707

Kitty Hawk, NC 27949

Description of Work: REPLACE 3 TON 18 SEER R410A BOSCH HEAT PUMP SYSTEM FOR LOWER LEVEL

Project Cost Estimate: 11,000.00

Permit Amount: 100.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date March 15, 2022

TP22-00004	1	
Mechanical	Trade	Parmit

Project Address: 6 PURPLE MARTIN LN

PIN #: 021660000

Property Owner: EDWARDS, KENNETH	Mailing Address: 10263 FIRETOWER RD WINDSOR, VA 23487
Permit Types: Plumbing Electrical Mechanical Gar Contractor:	s
Company Name: Master Heating & Cooling	Qualifier: Anthony Pritchett
Phone: (252) 255-0095	Address: P.O. Box 707
N. C. License Number: L.18066	Kitty Hawk, NC 27949
Description of Work: REPLACE 1.5 TON 14 SEER F	R410A LENNOX HEAT PUMP SYSTEM LOWER LEVEL

Project Cost Estimate: \$7,250.00

Permit Amount: 100,00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative



TOWN OF SOUTHERN SHORES

PLANNING AND CODE ENFORCEMENT 5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

Parcel: PIN:	9867	17000 07790565		Owner: Address:	12607 CRABTRE	BENEDICT, JON K 12607 CRABTREE FALLS DR BRISTOW, VA 20136		
Location: District: Subdiv	RS1	DCEAN BLVD - Single Family Ro H AMENDED PL		Phone #:	703-283-6227	7736		
Lot-Block-Sect:		1 & 2 BLK: 30 SE						
BUSINESS NAME: CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: Frasca Custom H William Frasca 2401 Colington R Kill Devil Hills, NO		Rd	NC G.C. LICENSE LIMITATION:	NC G.C. LICENSED CONTRACTOR: NC G.C. LICENSE NUMBER: 172094 18411ATION: CLASSIFICATION:				
OFFICE#: CELL# FAX#:		(252) 480-0515		QUALIFIER: LIEN AGENT NAM ENTRY#:	ΛE:	Chicago Title Company, LLC 1650342		
EMAIL:		frascacustomh	omes@gmail.com	LIEN AGENT ADD	DRESS:	223 S. WEST ST SUITE 900 RALEIGH N.C 27603		
TYPE OF CONSTR	UCTION Piers/Do	i: New Const		kpansion - 🌅 Remodel / I	And the state of t	Accessory - Other Workshop - Gazebo		
OCCUPANCY:	je - 🗀	Accessory Storage	TYPE OF FOUND		PERMIT TYPE	: Residential		
HEATED/LIVING A	REAS (S	GaFt): 0.0	HEAT:	arioni		TYPE: 2nd Home		
NON-HEATED ARE			A/C:			E: Single Family		
NUMBER OF STORIES:		INTERIOR WALLS:		ZONING DIST	ZONING DISTRICT: RS1 - Single Family Residential District			
BEDROOMS:			EXTERIOR WALLS	S:	ZONING PER			
SEPTIC CAP. # OF	PERSO	NS:	FIREPLACE:		DATE APPRO			
BATHS: 1/2 BATHS			ROOF:		Dwelling	CONDITIONAL USE: Single Family		
GARAGE - DETAC		TTACHED:	INSULATION:		CAMA PERM			
STORAGE ENCLO	SURE:		ELEVATOR (SqFt)	<u> </u>	DATE ISSUED):		
POOL: SHED:			DECKS (SqFt):					
LOOD ZONE: Uns	COLUMN TWO IS NOT THE OWNER.	CARLES AND DESCRIPTION OF THE PARTY OF THE P	WINDOWS MAKE		SEPTIC PERM			
BASE FLOOD ELE	VATION	: LES 8ft	WINDOWS TYPE:		DATE ISSUED):		
			TOTAL CONST	RUCTION COST: \$73,680.	.00			
PERMIT FEES: Description			a Sammare New	200 31 30 50 50 \$1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	190	Total Cost		
Remodel / Renovatio Homeowners Recove		ir Fee				737.00 10.00 TOTAL FEE: 747.00		
**The owner and hu	ilder are	responsible to or	amply with all regulation	s and laws: should need	nally inspect all cons	truction and be certain to comply		
vith all Ordinances d luly authorized∕ager	of the To	wn of Southern S ier; that all consti	hores. The applicant cel ruction shall be as show hay be revoked for failur	rtifies that the information in on the submitted plans e to comply with applicab	on this permit is con and specifications; the ole regulations and lav	rect; that he/she is the owner or ne he/she understands this permit is		
1/100	_		—Ariana Hughe	es (Office Manage	er)	03/15/2022		
Applicant - Owner/	Contrac	tor	(Please	print and sign name)		Date Approved		
TUTTI	XII.	0				Date Issued		
Building/Code/Zon	ing Offic	cial by my	5			alis la		
						JI IN YOU		



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RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

				
Parcel:	022565000		Owner:	WRIGHT, WILLIAM A
PIN:	986710258505		Address:	87 N DOGWOOD TRL
.ocation: District:	87 S DOGWOOD TRL RS1 - Single Family Re	eidential Dietriet	Phone #:	KITTY HAWK, NC 27949 252-256-1050
ubdiv	SO/SH 114-117 126,12		rnone #.	232-230-1030
ot-Block-Sect:	LOT: 3 BLK: 116 SEC:			
SUSINESS NAME			NC G.C. LICENSE	ED CONTRACTOR:
ONTRACTOR'S			NC G.C. LICENSE	: NUMBER:
DDRESS: ITY, STATE, ZIP:	87 N. DOGWOO SOUTHERN SH		LIMITATION:	
FFICE#:	252-256-1050	SICES, 11C 21747	CLASSIFICATION QUALIFIER:	•
ELL#	252-256-1050		LIEN AGENT NAM	ΛE:
AX#:			ENTRY#:	
MAIL:			LIEN AGENT ADD	PRESS:
VITH FLOOD VEN PECIAL CONDIT	ITS IONS - ALL WOOD BELOV	V RFPE (8) FT. SHALL	BE TREATED	OR INSTALLED (2)- FLOOD VENTS
EQUIRED *			1 OIG BOD 1 EO C	ACTION LEGISTRE (2) TEOCE VENTO
		uction - Addition / Fx	pansion - Remodel / F	Renovation / Repair - Accessory - Other
				Swimming Pools - Workshop - Gazebo
Detached Gara	age - 🏻 Accessory Storage	Building - Dune Dec	ck - Generator	
CCUPANCY:		TYPE OF FOUNDA	TION:	PERMIT TYPE: Residential
	AREAS (SqFt): 0.0	HEAT:		RESIDENCE TYPE: Residence
ON-HEATED AR	EAS (SqFt): 196	A/C:		BUILDING USE: Single Family
IUMBER OF STO	RIES:	INTERIOR WALLS:	:	ZONING DISTRICT: RS1 - Single Family Residential District
EDROOMS:		EXTERIOR WALLS):	ZONING PERMIT #: ZP22-000022
EPTIC CAP. # OF	PERSONS:	FIREPLACE:		DATE APPROVED: 03/17/2022
ATHS: ½ BATHS	3:	ROOF:		PERMITTED/CONDITIONAL USE: Single Family Dwelling
ARAGE - DETAC	CHED: ATTACHED:	INSULATION:		CAMA PERMIT #:
TORAGE ENCLO	SURE:	ELEVATOR (SqFt):		DATE ISSUED:
OOL: SHED:		DECKS (SqFt):		
LOOD ZONE: AE		WINDOWS MAKE:		SEPTIC PERMIT #: S22-9213
ASE FLOOD ELI	EVATION: LES 8 ft	WINDOWS TYPE:		DATE ISSUED: 03/01/2022
		TOTAL CONCT	THATIAN AGAT AS AGA	
PERMIT FEES:		IOIAL CONST	RUCTION COST: \$3,000.0	JU
Description				Total Cos
Ion-Heated Areas I Iinimum Permit Fe	Fee (Single Family)			58.8
minum Permit Fe	5			41.2 TOTAL FEE: 100.0
*The owner and b	uilder are responsible to co	mply with all regulations	s and laws; should perso	nally inspect all construction and be certain to comply
ith all Ordinances	of the Town of Southern Sh	ores. The applicant cert	tifies that the information	on this permit is correct; that he/she is the owner or
ally authorized age	ent of owner; that all construction and m	iction shall be as shown	on the submitted plans	and specifications; the he/she understands this permit
111 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A L CONSTRUCTION AND IN			ie regulations and laws.
WYG	10	5/17	1000	various s
pplicent - Owner	/Contractor	(Please p	orint and sign name)	Date Approve
1/	(1/1 , 1,			2 - 2
KUMM	1 Vark			<u> </u>
	-i 0441-1-1 A 10 1	2 _	Annual Control of the	Date Issue
unding/Code/Zor	ning Official By M	5		
	1-0			



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RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

Parcel:	02678	5000		Owner:	GARCIA, DEBOR	AH ANNE	
PIN:		2767956		Address:	116 CLAMSHELL		
Location:	116 CL	AM SHELL TRL			KITTY HAWK, NC		
District:	RS1 - 8	Single Family Resid	ential District	Phone #:	252-202-9921		
Subdiv	CHICA						
Lot-Block-Sect:	LOT: 6:	2 BLK: SEC:					
BUSINESS NAME:		CORNERSTONE N	MARINE & REMODELING	NC G.C. LICENSI	ED CONTRACTOR:	Licensed General Contractor	
CONTRACTOR'S N	IAME.	DAVID PENNINGT	ON	NC G.C. LICENSE	= NIIMDED:	84441	
ADDRESS:	IAIVIL.	PO BOX 2371	011	LIMITATION:	I NOMBER.	LIMITED	
CITY, STATE, ZIP:		MANTEO, NC 279	54	CLASSIFICATION	BUILDING		
OFFICE#:				QUALIFIER:	••	20,22,110	
CELL#		(252) 455-0960		LIEN AGENT NAI	ME:		
AX#:				ENTRY#:			
EMAIL:		CORNERSTONEO	BX@YAHOO.COM	LIEN AGENT ADI	DRESS:		
AND REPLACE WIT	TH NEW T ONS - ALI	OP & SINK & FAUC L WOOD BELOW F		REATED		DEL - PULL OLD TOPS & SINK	
					•	•	
			Vall - Beach Access Wa		Swimming Pools - 🔲 \	Workshop - 🔲 Gazebo	
	je - ∟ A	ccessory Storage Bu	ilding - Dune Deck -			- D - : 1 t' - l	
OCCUPANCY:	DEAC (C.	(E4) , 0, 0	TYPE OF FOUNDATION	1:	PERMIT TYPE		
HEATED/LIVING A		THE RESERVE OF THE PARTY OF THE	HEAT:			RESIDENCE TYPE: Residence BUILDING USE: Single Family	
NON-HEATED ARE	:AS (SQFt	J: ∪	A/C:				
IUMBER OF STOR	RIES:		INTERIOR WALLS:			ZONING DISTRICT: RS1 - Single Family Residential District	
BEDROOMS:			EXTERIOR WALLS:		ZONING PERM	/IT #:	
SEPTIC CAP. # OF	PERSON	S:	FIREPLACE:		DATE APPROV	VED:	
BATHS: ½ BATHS:	:		ROOF:		PERMITTED/C Dwelling	ONDITIONAL USE: Single Family	
GARAGE - DETACI	HED: AT	TACHED:	INSULATION:		CAMA PERMIT	Г#:	
STORAGE ENCLO			ELEVATOR (SqFt):		DATE ISSUED		
POOL: SHED:	***************************************		DECKS (SqFt):				
LOOD ZONE: Uns	haded X		WINDOWS MAKE:	WELLOW THE	SEPTIC PERM	IT #:	
BASE FLOOD ELE		LES 8ft	WINDOWS TYPE:		DATE ISSUED		
		and the discount of the control of	TOTAL CONSTRUC	TION COST: \$5,000.	00		
PERMIT FEES: Description Remodel / Renovatio Homeowners Recove		Fee		,		Total Cost 50.00 10.00	
Minimum Permit Fee						50.00 TOTAL FEE: 110.0 0	
vith all Ordinances o July authorized ager	of the Tow ∩t of-o‴one	n of Southern Shore r: that all constructi	es. The applicant certifies	that the information he submitted plans	n on this permit is corre and specifications: the	ruction and be certain to comply ect; that he/she is the owner or e he/she understands this permit i	
		1///	ams fluid kin	fr. D/	Verigoritation		
Applicant - Owner/	Contracto	or	(Please print	and sign name)		Date Approve	
$N \sim N$	′) <u> </u>	٨					
relling !	2a L	K				2-18-21	
<u>,</u>		^ -	 			3 10 000	
Building/Code/Zoni	ing Offici	al (MA				Date issued	
	\searrow	NA. ID					
	V	J					



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

COMMERCIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000049

	022819005		Owner:	SOUTHERN SHORES CROSSING LLC	
IN:	987717024126	,	Address:	P.O. BOX 150	
ocation:	1 OCEAN BLVD UNIT #10		51	KITTY HAWK, NC 27949	
istrict: ubdiv	C - General Commercial D SUBDIVISION - NONE	strict	Phone #:	5404206878	
ot-Block-Sect:	LOT: 3&4 AND PARCEL B	BLK: SEC:		•	
CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL# FAX#: COLBY BOONE 1 OCEAN BLVD UN SOUTHERN SHORE 540-420-6878		S, NC 27949 CLASSIFICATION: QUALIFIER: LIEN AGENT NAME: ENTRY#:			
MAIL:	COLBYBOONE@G	MAIL.COM	LIEN AGENT A	DDRESS:	
REEZERS & REGIS PECIAL CONDITION TYPE OF CONSTRI	STER - ADD PLUMBING FO ONS - ALL WOOD BELOW R JCTION: New Construction	R DIP WELL & RINSE S FPE (8) FT. SHALL BE T on - Addition / Expansivall - Beach Access V	INK REATED sion - Remode Valkway/Stairs -	prior approval): REMODEL - EXTEND CIRCUIT FOR I / Renovation / Repair - Accessory - Other Swimming Pools - Workshop - Gazebo	
OCCUPANCY:	e - L Accessory Storage Du	TYPE OF FOUNDATIO		PERMITTED/CONDITIONAL USE: Per ZA	
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	3EAC (C=C4).	HEAT:	118;	COMMERCIAL USE: Per ZA	
EATED/LIVING AF		A/C:		PROPERTY USE: Commercial	
ON-HEATED ARE	A5 (5qri):	A/G;		ZONING DISTRICT: C - General Commercial	
NUMBER OF STORIES:		INTERIOR WALLS:			
		1		District	
		EXTERIOR WALLS:		District ZONING PERMIT #:	
EDROOMS:	PERSONS;	EXTERIOR WALLS: FIREPLACE:			
EDROOMS: EPTIC CAP. # OF				ZONING PERMIT #:	
EDROOMS: EPTIC CAP. # OF ATHS: ½ BATHS:		FIREPLACE:		ZONING PERMIT #: DATE APPROVED:	
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3-18-2020



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

CAROLINA						
Parcel: 022480000 PIN: 986715640652 Location: 73 TRINITIE TRL District: RS1 - Single Family Reside CHICAHAUK Lot-Block-Sect: LOT: 395 BLK; SEC:		ential District	Owner: Address: Phone #:	SWAIN, WILLIAM 73 TRINITIE TRI SOUTHERN SHO 252-573-1646		
BUSINESS NAME: CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#: KJ Construction an Keith Dobie P.O. Box 242 Kitty Hawk, NC 279 (252) 207-6589		NC G.C. LICENSE N LIMITATION:		E NUMBER:	Licensed General Contractor 59936 Unlimited Building WILLIAM KEITH DOBIE, JR	
ELL#			LIEN AGENT NAI	ME:	Fidelity National Title Company, LLC	
AX#:			ENTRY#:		1543069	
MAIL:	kjconstructionco@y	ahoo.com	LIEN AGENT ADI	DRESS:	223 S. WEST ST SUITE 900 RALEIGH N.C 27603	
Bulkhead - P Detached Garage	CTION: New Construction iers/Docks - Retaining W - Accessory Storage Bui	/all - Deach Access	s Walkway/Stairs - 🔲 s	Swimming Pools -	Accessory - Other Workshop - Gazebo	
CCUPANCY: 6	AC (CaEt), 0.0	TYPE OF FOUNDAT	ION: Monolithic slab	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	PERMIT TYPE: Residential	
EATED/LIVING ARE ON-HEATED AREA		HEAT: A/C:		RESIDENCE TYPE: Residence BUILDING USE: Single Family		
UMBER OF STORIE		And have been proported to the same of the			ZONING DISTRICT: RS1 - Single Family	
	:5;	INTERIOR WALLS: none		Residential D	istrict	
EDROOMS: EPTIC CAP. # OF PI	EDSONS: 6	EXTERIOR WALLS: match siding FIREPLACE:			MIT #: ZP21-000112 DVED: 11/08/2021	
ATHS: 0 ½ BATHS:		ROOF:			CONDITIONAL USE: Single Family	
ARAGE - DETACHE	D: ATTACHED:	INSULATION:		CAMA PERM	IT#:	
TORAGE ENCLOSU	JRE: 561	ELEVATOR (SqFt):		DATE ISSUE	D;	
OOL: SHED:	T (V	DECKS (SqFt): 301				
LOOD ZONE: Unsha	ATION: PLUS 3FT or LES	WINDOWS MAKE: WINDOWS TYPE: 2 Vivinco windows		SEPTIC PERMIT #: s22 -5939		
ft	TION. PLUS SET OF LES			DATE ISSUE	DATE ISSUED: 09/10/2021	
PERMIT FEES: Description Non-Heated Areas Fee Homeowners Recovery	(Single Family) Fund	TOTAL CONSTRI	UCTION COST: \$32,000	.00	Total Cos: 258.60 10.00 TOTAL FEE: 268.60 TOTAL FEE: 282.10 BALANCE DUE: 13.50	
ith all Ordinances of uly authorized agent	the Town of Southern Shore	es. The applicant certif on shall be as shown	fies that the information on the submitted plans	n on this permit is cor and specifications; t	struction and be certain to comply rect; that he/she is the owner or he he/she understands this permit i ws. 09/17/202	
pplicant - Owner/Co	ontractor	(Please pr	int and sign name)		Date Approve	
Karia 1	2000	(i lease bi	and orgin name/		09/21/202	
DUIL) (official Rumb				Date Issue	
uilding/Code/Zoning	g Official By				21220	



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COMMERCIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

	022521			Owner:		RES BUSINESS CENTER, LLC	
		815543 PER TRL		Address: 8 JUNIPER TRL KITTY HAWK, N		L - UNIT 10A NC 27949	
		neral Commercial D	istrict	Phone #:	2524892200	21040	
Subdiv	SUBDI\	VISION - NONE					
.ot-Block-Sect:	LOT: C	BLK: SEC:					
BUSINESS NAME:		CORNERSTONE N	MARINE & REMODELING	NC G.C. LICENS	ED CONTRACTOR:	Licensed General Contractor	
CONTRACTOR'S NAM		DAVID PENNINGT	ON	NC G.C. LICENSE NUMBER: LIMITATION:		84441	
DDRESS:		PO BOX 2371				LIMITED	
ITY, STATE, ZIP:	ICE#: L# (252) 455-0960		54	CLASSIFICATION:		BUILDING	
FFICE#: ELL#				QUALIFIER: LIEN AGENT NA	. NAE+		
AX#:				ENTRY#:	uvi.		
MAIL: CORNERSTONEC				DRESS:			
TYPE OF CONSTRUC	S - CTION: ers/Dock	New Constructions	on - Addition / Expansi /all - Beach Access Wailding - Dune Deck -	on - 🌠 Remodel ,	/ Renovation / Repair -	Accessory - Other	
	٠ ئــا Ac	cessory Storage Bu			Independent of		
CCUPANCY:	A C /C	FA).	TYPE OF FOUNDATION	l:		ONDITIONAL USE: Per ZA	
EATED/LIVING AREA			HEAT:		COMMERCIAL		
ON-HEATED AREAS	s (Sqrt)): 	A/C:		**************************************	PROPERTY USE: Commercial ZONING DISTRICT: C - General Commercial	
UMBER OF STORIES	S:		INTERIOR WALLS:		District	RICT: C - General Commercial	
EDROOMS:			EXTERIOR WALLS:		ZONING PERM	IIT #:	
EPTIC CAP. # OF PE	RSON	S:	FIREPLACE:		DATE APPROV	/ED:	
ATHS: ½ BATHS:			ROOF:		BUILDING USE: Per BL		
ARAGE - DETACHE		ACHED:	INSULATION:		CAMA PERMIT		
TORAGE ENCLOSU	RE:		ELEVATOR (SqFt):		DATE ISSUED		
OOL: SHED:			DECKS (SqFt):				
LOOD ZONE: Unshad	***************************************		WINDOWS MAKE:		SEPTIC PERM		
ASE FLOOD ELEVA	HON:	LES 8π	WINDOWS TYPE:	~0	DATE ISSUED		
PERMIT FEES:			TOTAL CONSTRUCT	TION COST: \$10,50	0.00		
Description Remodel / Renovation /						Total Cos 105.0 TOTAL FEE: 105.0	
with all Ordinances of outhorized agent	of the To or∂owne	own of Southern Shir; that all constructions to begin constructions to be successful to the second s	ores. The applicant certificion shall be as shown on truction and may be revoke	es that the informa	ition on this permit is co	truction and be certain to comply rrect; that he/she is the owner or he/she understands this permit ulations and laws.	
applicant - Owner/Con		<i></i>	ins Davilleny	and sign name)		Data Issue	
ppiicant - Owner/Col	nwacto	T.	(riease print	and sign name)		Date Issue	
						03/22/202	
uilding/Code/Zoning						Date Approve	
1/ 0 `	M	Daile.	1. 1. 12			^	
Kevin	U	cuvic 1	Sy MB			3-22-21	

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Trade Contractor Permit

Date March 15, 2022

TP	22-0	0003	9	
N/I o	cha	nical	Trada	Parmit

Project Address: 106 OCEAN BLVD	PIN #: 022529000
Property Owner: MONKEY SKULL HOUSE, LLC	Mailing Address: PO BOX 82 OAKLAWN EARLYSVILLE, VA 22936
Permit Types: Plumbing Electrical Mechanical Contractor:	Gas
Company Name: R.A. Hoy Heating & A/C	Qualifier: Douglas Wakeley
Phone: (252) 261-2008	Address: P.O. Box 179
N. C. License Number: 13056	Kitty Hawk, NC 27949
	SEER 1.5 TON AND A 2.5 TON TRANE HEAT PUMP SYSTEMS. D, LINESETS, AND THE DUCT WORK.
	mit Amount: 100.00
	ta Tyna Rafaranca Racaint RacaivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

3/22/2020

Signature of Permit Official

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Residential Trade Contractor Permit

Date March 22, 2022

TP22-000042

Mechanical Trade Permit

Project Address: 192 WAX MYRTLE TRL

Property Owner: BROWN, JERRY T TTEE

PIN #: 027294000

Mailing Address: 5114 GLENEAGLES WAY

SUFFOLK, VA 23435

Permit Types:

Plumbing Contractor:

Electrical

Mechanical

Gas

•

Company Name: All Seasons Heating & Cooling, Inc.

Phone: (252) 491-9232

N. C. License Number: 19091

Qualifier: Joe Simpson

Address: P.O. Box 244

Point Harbor, NC 27964

Description of Work:

REPLACE UPSTAIRS WITH A 3 TON & DOWNSTAIRS WITH A 2.5 TON SPLIT SYSTEM

HEAT PUMPS & AIR HANDLERS

Project Cost Estimate: \$15,680.00

Permit Amount: 100.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

Date

Signature of Permit Official

Tate

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Trade Contractor Permit

Date March 25, 2022

TP22-000043 Mechanical Trade Permit

Project Address: 235 HILLCREST DR

Property Owner: HANSEN, EARL WILLIAM JR

PIN #: 022174000

Mailing Address: 235 HILLCREST DR

SOUTHERN SHORES, NC 27949

Permit Types: Plumbing Electrical Mecf Contractor:	nanical Gas	
Company Name: R.A. Hoy Heating & A Phone: (252) 261-2008 N. C. License Number: 13056	A/C	Qualifier: Douglas Wakeley Address: P.O. Box 179 Kitty Hawk, NC 27949
,		
Description of Work: INSTALL DUC	TLESS H/P SYSTEM	

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

3/25/2622

Signature of Permit Official

Date

By:mg



RESIDENTIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

Parcel: PIN: Location: District: Subdiv Lot-Block-Sect:	8 EIGI RS1 - SEA C	8000 0376285 HTH AVE Single Family Res REST VILLAGE BLK: 53 SEC:	idential District	Owner: Address: Phone #:	JORDAN, JOHN (5501 NORTHWO CENTER VALLE) 843-609-9218	OD DR	
BUSINESS NAME: Costin Creations, CONTRACTOR'S NAME: Travis Costin ADDRESS: 109 Scarborough Duck, NC 27949 DFFICE#: (252) 261-5177		stin No porough Ln. Lil 27949 CI		SED CONTRACTOR: SE NUMBER: N:	Licensed General Contractor 68905 Unlimited Building Travis Thomas Costin		
CELL#				LIEN AGENT NA	ME:	First American Title Insurance	
FAX#:				ENTRY#:		Company 1641804	
EMAIL: travis@costincrea		ations.com	LIEN AGENT AL	DRESS:	223 S. WEST ST SUITE 900 RALEIGH N.C 27603		
Bulkhead - P	iers/Do	ks - 🗌 Retaining		ess Walkway/Stairs - 🖾			
HEATED/LIVING ARI	EAS (S	Ft): 3762.0	HEAT: Heat Pump			RESIDENCE TYPE: Residence	
NON-HEATED AREA			A/C: Heat Pump			BUILDING USE: Single Family	
IUMBER OF STORII			INTERIOR WALLS: Drywall		ZONING DIST Residential Dis	ZONING DISTRICT: RS1 - Single Family Residential District	
BEDROOMS: 5			EXTERIOR WALLS: Cedar Shakes			MIT #: ZP22-000023	
SEPTIC CAP. # OF P	ERSON	S : 10	FIREPLACE: Gas			VED: 03/18/2022	
BATHS: 4 ½ BATHS:			ROOF: Asphalt		Dwelling	CONDITIONAL USE: Single Family	
ARAGE - DETACHI	DE: AT	IACHED: 820	INSULATION: Batt		CAMA PERMI		
TORAGE ENCLOSE OOL: 108 SHED:	JKE: 2	<u>دن</u>	ELEVATOR (SqFt): 25 DECKS (SqFt): 876		DATE ISSUED		
LOOD ZONE: Unshi	aded Y		WINDOWS MAKE		SEPTIC PERM	IIT #- S3_8154	
BASE FLOOD ELEV		LES 8ft	WINDOWS TYPE:		DATE ISSUED		
PERMIT FEES:			TOTAL CONST	RUCTION COST: \$940,00	00.00		
Description Plan Review Fee - Sing Heated/Living Area Fee Non-Heated Areas Fee Swimming Pools Homeowners Recovery	Single (Single	Family)				Total Cost 150.00 2,257.20 754.20 125.00 10.00 TOTAL FEE: 3,296.40	
vith all Ordinances of uly authorized agent	the Tow of owne egin co	n of Southern Sho r; that all construc istruction and maງ	res. The applicant ce tion shall be as show	rtifies that the information	on on this permit is corres s and specifications; the	ruction and be certain to comply ect; that he/she is the owner or e he/she understands this permit is	
		()0	- 0			03/18/2022	
Applicant - 9wner/Co	ontracto	or a	(Please	print and sign name)		Date Approve	
Kow	in	Cla	M			3/25/20	
						- / / -	



RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

Location: District: Subdiv Lot-Block-Sect:	021679000 986705293387 150 S DOGWOOD TRL RS1 - Single Family Re SO/SH SOUND BLKS LOT: 6 BLK: 112 SEC:	esidential District Phone #:		SS DOGWOOD LLC 7 LARK LN LANCASTER, PA 17603 717-925-7756	
BUSINESS NAME: CONTRACTOR'S NAME: SS DOGWOOD LLC ADDRESS: 7 LARK LN CITY, STATE, ZIP: LANCASTER, PA 17603 OFFICE#: 717-925-7756 CELL# 717-925-7756 FAX#: EMAIL:		NC G.C. LICENS NC G.C. LICENS LIMITATION: CLASSIFICATIO QUALIFIER: LIEN AGENT NA ENTRY#: LIEN AGENT AD	N: ME:		
ALUMINUM FENCE SPECIAL CONDITION TYPE OF CONSTRI	INCLUDING GATE ACCO DNS - ALL WOOD BELOV UCTION: New Constru	PRDING TO NC POOL CO V RFPE (8) FT. SHALL B Luction - Addition / Exp	ODE BE TREATED ansion - Remodel /	rior approval): ACCESSORY - INSTALL 13' OF Renovation / Repair - Accessory - Other Swimming Pools - Workshop - Gazebo	
				Swimming Pools - Workshop - Gazebo	
Detached Garag	ge - Accessory Storage				
JEGUPANCY: EATED/LIVING AF	DEAC (CFt). 0.0	TYPE OF FOUNDAT	ION:	PERMIT TYPE: Residential	
ON-HEATED ARE		HEAT:		RESIDENCE TYPE: 2nd Home	
		A/C:		BUILDING USE: Single Family	
UMBER OF STOR	IES:	INTERIOR WALLS:		ZONING DISTRICT: RS1 - Single Family	
EDROOMS:		EXTERIOR WALLS:		Residential District	
EPTIC CAP. # OF	PERSONS:	FIREPLACE:		ZONING PERMIT #: DATE APPROVED:	
ATHS: ½ BATHS:	į.	ROOF:		PERMITTED/CONDITIONAL USE: Single Family Dwelling	
		INSULATION:		CAMA PERMIT #:	
ARAGE - DETACH		ELEVATOR (SqFt):		DATE ISSUED:	
	JUIL.	DECKS (SqFt):		DATE ROOLD.	
TORAGE ENCLOS	JUNE.				
TORAGE ENCLOS				SEPTIC PERMIT #:	
STORAGE ENCLOS POOL: SHED: FLOOD ZONE: AE -	- 4 ft	WINDOWS MAKE:		SEPTIC PERMIT #: DATE ISSUED:	
STORAGE ENCLOS POOL: SHED: FLOOD ZONE: AE -	- 4 ft			SEPTIC PERMIT #: DATE ISSUED:	
GARAGE - DETACH STORAGE ENCLOS POOL: SHED: FLOOD ZONE: AE - BASE FLOOD ELEV PERMIT FEES: Description Minimum Permit Fee	- 4 ft	WINDOWS MAKE: WINDOWS TYPE:	RUCTION COST: \$1,388	DATE ISSUED: .00 Total Cost 100.00	
POOL: SHED: FLOOD ZONE: AE - BASE FLOOD ELEN PERMIT FEES: Description Minimum Permit Fee **The owner and bui vith all Ordinances o uly authorized agen	4 ft VATION: LES 8 ft ilder are responsible to co	WINDOWS MAKE: WINDOWS TYPE: TOTAL CONSTR mply with all regulations ores. The applicant certification shall be as shown as be revoked for failure to	and laws; should pers fies that the informatio on the submitted plans	DATE ISSUED: Total Cost 100.00 TOTAL FEE: 100.00 onally inspect all construction and be certain to comply on on this permit is correct; that he/she is the owner or and specifications: the he/she understands this permit is	
PERMIT FEES: Description Minimum Permit Fee *The owner and bui tith all Ordinances o uly authorized agen	4 ft VATION: LES 8 ft Ilder are responsible to co of the Town of Southern Sh	WINDOWS MAKE: WINDOWS TYPE: TOTAL CONSTR mply with all regulations ores. The applicant certife totion shall be as shown	and laws; should pers fies that the informatio on the submitted plans	DATE ISSUED: Total Cost 100.00 TOTAL FEE: 100.00 onally inspect all construction and be certain to comply on on this permit is correct; that he/she is the owner or and specifications: the he/she understands this permit is	
PERMIT FEES: Description Winimum Permit Fee The owner and builth all Ordinances of the ordinances of	Ilder are responsible to co of the Town of Southern Sh to fowner; that all constru- begin construction and man	WINDOWS MAKE: WINDOWS TYPE: TOTAL CONSTR mply with all regulations ores. The applicant certification shall be as shown as the revoked for failure to the shall be as the sha	and laws; should pers fies that the informatio on the submitted plans	DATE ISSUED: Total Cost 100.00 TOTAL FEE: 100.00 TOTAL FEE: 100.00 onally inspect all construction and be certain to comply n on this permit is correct; that he/she is the owner or and specifications; the he/she understands this permit is ble regulations and laws.	
POOL: SHED: FLOOD ZONE: AE - BASE FLOOD ELEN PERMIT FEES: Description Minimum Permit Fee **The owner and bui vith all Ordinances o uly authorized agen	Ilder are responsible to co of the Town of Southern Sh to fowner; that all constru- begin construction and man	WINDOWS MAKE: WINDOWS TYPE: TOTAL CONSTR mply with all regulations ores. The applicant certification shall be as shown as the revoked for failure to the shall be as the sha	and laws; should pers fies that the Informatio on the submitted plans to comply with applica	DATE ISSUED: Total Cost 100.00 TOTAL FEE: 100.00 TOTAL FEE: 100.00 onally inspect all construction and be certain to comply n on this permit is correct; that he/she is the owner or s and specifications; the he/she understands this permit is ble regulations and laws. 03/22/2022	
PERMIT FEES: Description Winimum Permit Fee The owner and builting authorized agen alid for 180 days to the control of the co	Ider are responsible to confine the Town of Southern Shit of owner; that all construction and management of the Town of Southern Shit of owner; that all construction and management of the Town of Southern Shit of the Town of Southern Shit of the Town of the	WINDOWS MAKE: WINDOWS TYPE: TOTAL CONSTR mply with all regulations ores. The applicant certification shall be as shown as the revoked for failure to the shall be as the sha	and laws; should pers fies that the Informatio on the submitted plans to comply with applica	DATE ISSUED: Total Cost 100.00 TOTAL FEE: 100.00 TOTAL FEE: 100.00 onally inspect all construction and be certain to comply on on this permit is correct; that he/she is the owner or and specifications; the he/she understands this permit is ble regulations and laws. O3/22/2022 Date Approved	
PERMIT FEES: Description Minimum Permit Fee The owner and builth all Ordinances of all of \$180 days to \$100.	Ider are responsible to confit the Town of Southern Shit of owner; that all construction and makes the southern Shit of owner that all construction and makes the southeast of t	WINDOWS MAKE: WINDOWS TYPE: TOTAL CONSTR mply with all regulations ores. The applicant certification shall be as shown as the revoked for failure to the shall be as the sha	and laws; should pers fies that the Informatio on the submitted plans to comply with applica	DATE ISSUED: Total Cost 100.00 TOTAL FEE: 100.00 TOTAL FEE: 100.00 onally inspect all construction and be certain to comply on on this permit is correct; that he/she is the owner or and specifications; the he/she understands this permit is ble regulations and laws. 1 - 2 03/22/2022 Date Approved	



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

Parcel:	022388000		Owner:	KITTRICK, KATH	LEEN A	
PIN:	986712852015		Address:	77 LANDFALL LC	OOP	
Location: District:	77 LANDFALL LOOP RS1 - Single Family F		Phone #:	KITTY HAWK, NO 571-278-0318	27949	
Subdiv	CHICAHAUK	Coldonial Diaglot	rnone #.	5/1-2/6-0316		
.ot-Block-Sect:	LOT: 215 BLK: SEC:					
BUSINESS NAME:	Dare Repairs		NC G.C. LICENSE	ED CONTRACTOR:	Licensed General Contractor	
CONTRACTOR'S NA ADDRESS:	AME: Kenneth Wert 448 Old Whar		NC G.C. LICENSE	NUMBER:	81517	
CITY, STATE, ZIP:	Wanchese, N		LIMITATION: CLASSIFICATION	·	limited building	
OFFICE#:	ICE#: (252) 423-0548		QUALIFIER:	i•	Kenneth Werth	
ELL#			LIEN AGENT NAM	ΛE:		
FAX#: FMAIL: kennethw@darerenairslic		rerenairalle com	c.com LIEN AGENT ADDRESS:			
EMAIL: kennethw@darerepairsllc.com		and the second of the second o		·		
ESCRIPTION OF Wildoor	ORK - (Any deviation	from the Building Plan	or Site Plan requires pr	ior approval): REMO	DEL convert outdoor bathroom to	
	NS - ALL WOOD BEL	OW RFPE (8) FT. SHALL	. BE TREATED			
YPE OF CONSTRU	ICTION: New Cons	truction - Addition / Ex	xpansion - 🖾 Remodel /	Renovation / Repair -	Accessory - Other	
Bulkhead - 📙 F	Plers/Docks - 🔲 Retair	ing Wall - 🔲 Beach Acce	ess Walkway/Stairs - 🔘 S	Swimming Pools - 🗍 ເ	Workshop - Gazebo	
Detached Garage	- Accessory Storag	je Building - 🔲 Dune De				
OCCUPANCY: 2			TYPE OF FOUNDATION: Monolithic slab		: Residential	
EATED/LIVING AR		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	HEAT: Electric		RESIDENCE TYPE: Residence	
ON-HEATED AREA	AS (SqFt): 0	A/C: Electric	A/C: Electric		BUILDING USE: Single Family	
IUMBER OF STORI	ES:	INTERIOR WALLS	INTERIOR WALLS: sheetrock		RICT: RS1 - Single Family strict	
EDROOMS: 4		EXTERIOR WALLS	EXTERIOR WALLS: siding		MIT #:	
EPTIC CAP, # OF F	ERSONS:	FIREPLACE:			DATE APPROVED:	
BATHS 4 1/2 BATHS	: 0	ROOF:	ROOF:		ONDITIONAL USE: Single Family	
SARAGE - DETACH	ED: ATTACHED:		INSULATION: Batt		T 11.	
TORAGE ENCLOS		ELEVATOR (SqFt)	The second secon	DATE ISSUED		
OOL: SHED:		DECKS (SqFt):		DAILIGOOLD		
LOOD ZONE: Unsh	aded X	WINDOWS MAKE:		SEPTIC PERM	IIT #·	
SASE FLOOD ELEV		WINDOWS TYPE:			* *	
PERMIT FEES:		TOTAL CONST	RUCTION COST: \$15,000.	00		
Description					Total Cos	
Remodel / Renovation					150,00	
Homeowners Recover	y runa				10.00	
*The owner and hull	dar are reenoneible to	omply with all varieties	a and laws, should a		TOTAL FEE: 160.00 ruction and be certain to comply	
itili all Orumances of	the Town of Southern	onores. The applicant cer	tities that the information	on this normit le carre	not that halaba in the assume as	
uly authorized agent	or owner, that all consi	ruction snall be as show	n on the silhmitted plane	and enacifications, the	a halaha undawatanda thia wayunti ta	
and for 100 days to b	egm construction and	may be revoked for failure	e to comply with applicab	ie regulations and law	s.	
Kenneth D	werry	Sunl Gills			03/29/2022	
pplicant - Owner/C	ontractor	/Places	nrint and sign name)			
11	1 1 ·	(riedse)	print and sign name)		Date Approved	
KOIMM	(10 ch 11				2 24	
1-0011	CKUMC		-		3- つ0~。	
uilding/Code/Zonin	g Official By M	12			Date Issued	
	· /sy/k	10				
	•					



RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

SIANCO, DAVID J CHERRY LN		
GHTSTOWN, PA 18940 196-1690		
90-1090		
•		
RACTOR:		
₹:		
CLASSIFICATION: QUALIFIER:		
TOTAL OF DECKING n / Repair - Accessory - Other Pools - Gazebo		
EDWIT TYPE D. 11		
PERMIT TYPE: Residential RESIDENCE TYPE: 2nd Home		
BUILDING USE: Single Family		
ZONING DISTRICT: RS1 - Single Family		
esidential District		
ONING PERMIT #:		
ATE APPROVED:		
ERMITTED/CONDITIONAL USE: Single Family welling		
AMA PERMIT#:		
ATE ISSUED:		
SEPTIC PERMIT #:		
ATE ISSUED:		
la de la companya de		
Total Cost		
282.00 10.00		
TOTAL FEE: 292.00		
pect all construction and be certain to comply		
permit is correct; that he/she is the owner or ifications; the he/she understands this permit is		
incations; the ne/she understands this permit is tions and laws.		
03/29/202		
Date Approved		
2 22		
J-30-a		
Date Issued		



RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

CAROLINA			BOILDING I ENGIN # BI AZZ-00003			
Parcel: PIN: Location: District:	026763000 986809176240 334 SEA OATS TRL RS1 - Single Family Re.	sidential District	Owner: Address: Phone #:	STANNECK, DENISE M 334 SEA OATS TRL KITTY HAWK, NC 27949 973-945-6108		
Subdiv Lot-Block-Sect:	SO/SH BLK 60 LOT: 8 BLK: 60 SEC:					
BUSINESS NAME: CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL# FAX#: EMAIL: STANNECK, DENISE M 334 SEA OATS TR SOUTHERN SHORES, NC 27949 973-945-6108 973-945-6108		NC G.C. LICENS NC G.C. LICENS LIMITATION: CLASSIFICATIO QUALIFIER: LIEN AGENT NA ENTRY#: LIEN AGENT AC	N: AME:			
RBOR/PERGOLA	WORK – (Any deviation f			orior approval): ACCESSORY - CONSTRUCT 8 X 10		
TYPE OF CONSTR	UCTION: New Constru	ıction - 🔲 Addition / E	xpansion - 🗌 Remodel	/ Renovation / Repair - 🌅 Accessory - 🔲 Other		
Bulkhead -	Piers/Docks - Retaining	g Wall - 🔲 Beach Acc	ess Walkway/Stairs -	Swimming Pools - Workshop - Gazebo		
Detached Garaç	ge - 🔲 Accessory Storage	Building - Dune De	eck - Generator			
OCCUPANCY:		TYPE OF FOUND.	ATION:	PERMIT TYPE: Residential		
IEATED/LIVING A		HEAT:		RESIDENCE TYPE: Residence		
ON-HEATED ARE	AS (SqFt): 80	A/C:		BUILDING USE: Single Family		
UMBER OF STOR	RIES:	INTERIOR WALLS	5:	ZONING DISTRICT: RS1 - Single Family Residential District		
BEDROOMS:		EXTERIOR WALL	S:	ZONING PERMIT #: ZP22-000024		
EPTIC CAP. # OF	PERSONS:	FIREPLACE:		DATE APPROVED: 03/28/2022		
ATHS: ½ BATHS		ROOF:		PERMITTED/CONDITIONAL USE: Single Family Dwelling		
	HED: ATTACHED:	INSULATION:		CAMA PERMIT #:		
TORAGE ENCLO	SURE:	ELEVATOR (SqFt)):	DATE ISSUED:		
OOL: SHED:		DECKS (SqFt):				
LOOD ZONE: Uns	haded X	WINDOWS MAKE:		SEPTIC PERMIT #:		
BASE FLOOD ELE	VATION: LES 8ft	WINDOWS TYPE:		DATE ISSUED:		
PERMIT FEES: Description Non-Heated Areas Fo Minimum Permit Fee Misc. Fee VIOLATIOI		TOTAL CONS	TRUCTION COST: \$5,300	Total Cost 24.00 76.00 100.00		
vith all Ordinances o uly authorized ager	of the Town of Southern Sh	ores. The applicant ce action shall be as show	rtifies that the information n on the submitted plan			
Applicant - Owner/	Contractor			03/28/2022		
Kom	Clark	(Flease	print and sign name)	Date Approved		
100111		8-		\sim		

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



Residential Trade Contractor Permit

Date March 29, 2022

TP22-000044 **Mechanical Trade Permit**

Project Address: 2 GINGUITE TRL

Property Owner: PIDDINGTON, MICHAEL S

PIN #: 022519090

Mailing Address: 2 GINGUITE TRL

KITTY HAWK, NC 27949

Permit Types:

Plumbing

Electrical

Mechanical

Gas

Contractor:

Company Name: Master Heating & Cooling

Phone: (252) 255-0095

N. C. License Number: L.18066

Qualifier: Anthony Pritchett

Address: P.O. Box 707

Kitty Hawk, NC 27949

Description of Work:

REPLACEMENT OF 3 TON 14 SEER R410A LENNOX HEAT PUMP SYSTEM FOR LOWER

Project Cost Estimate: \$7,000.00

Permit Amount: 100.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

ature of Licensee or Duly Authorized Representative