



Town of Kill Devil Hills

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



Planning and Inspection Department

DEC 15 2020

ZP2020-081	ZONING PERMIT
PROJECT NAME: Linda Ihle	ISSUED: 12/14/2020
SITE ADDRESS: 1407 KETCH LN KILL DEVIL HILLS	EXPIRES: 06/12/2021

APPLICANT: IHLE, LINDA LOUISE 1407 KETCH LANE KILL DEVIL HILLS, NC 27948	OWNER: IHLE, LINDA LOUISE 1407 KETCH LANE KILL DEVIL HILLS, NC 27948
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CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/31/2020
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PARCEL:

PIN: 988414330892	Parcel Number: 003590000
Address: 1407 KETCH LN KILL DEVIL HILLS	
Addition: LANDING SECTION 2, THE	Zoning:
Legal Description:	Block: 0 Lot(s): 135

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

PROJECT DESCRIPTION: Fence

PAID
12/15/2020
By Pat

ZP2020-081

PROJECT NAME: Linda Ihle

SITE ADDRESS: 1407 KETCH LN KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 12/14/2020

EXPIRES: 06/12/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	1800.00
SURVEYOR NAME AND NUMBER	Seaboard Surveying
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

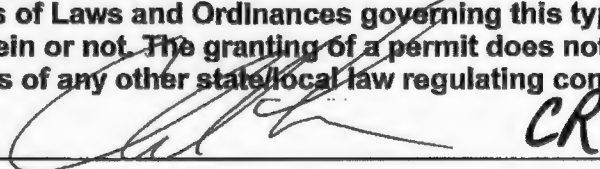
Zoning Final

CONDITIONS

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

* Call for a stringline inspection before installing the fence.

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

Issued By:  CR

Contractor or Authorized Agent: Linda Ihle Date: 12/15/2020



Town of Kill Devil Hills

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PAID

DEC - 3 2020

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2020-252

PROJECT NAME: Lawson remodel
SITE ADDRESS: 216 SHILOH ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/03/2020

EXPIRES: 06/01/2021

APPLICANT: LAWSON, CHRISTOPHER
1917 ROSEMARY LN
CHESAPEAKE, VA 23321

OWNER: LAWSON, CHRISTOPHER
1917 ROSEMARY LN
CHESAPEAKE, VA 23321

CONTRACTOR: Foley Construction
4300 Worthington Lane
kitty hawk, nc 27949
610-804-3517

BUILDING: Foley Construction
4300 Worthington Lane
kitty hawk, nc 27949
610-804-3517

License: 74465
Expires: 08/31/2021

PARCEL:

PIN: 988513031277

Parcel Number: 000995000

Address: 216 SHILOH ST KILL DEVIL HILLS

Zoning:

Addition: MOOR SHORES

Block: 0 **Lot(s):** 33

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Renovation/Remodel/Relocate	\$292.50	\$0.00	Remodel/Renovation	650 SQFT
Res. Building Permit Fee	\$232.50	\$0.00	Residential Heated Space	310 sq. Ft.
Driveway Permit Fee	\$50.00	\$0.00	(.75)	
Totals :	\$575.00	\$0.00		

PROJECT DESCRIPTION: finish off ground floor enclosure to add 4th bedroom, adding 5" to existing slab, driveway addition

PAID
12/3/2020
paypal

BJ2020-252

PROJECT NAME: Lawson remodel
SITE ADDRESS: 216 SHILOH ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/03/2020

EXPIRES: 06/01/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	30127
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8.2
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	27000.00
LOT COVERAGE	23.30
LIVING SPACE (SQFT)	960
SURVEYOR NAME AND NUMBER	John Mayne L-4567
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

BJ2020-258**PROJECT NAME:** SHEPHARD GROUND LEVEL LIVING SPACE
ADDITION
SITE ADDRESS: 2019 HIGHVIEW ST KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 12/08/2020

EXPIRES: 06/06/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
# PARKING SPACES/BEDROOM	2
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
LOT COVERAGE	38.20
LIVING SPACE (SQFT)	481
SURVEYOR NAME AND NUMBER	JOHN HURDLE, L-5209
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

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

* Zoning Final Inspection is required.



Town of Kill Devil Hills

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PAID

DEC 11 2020

Planning and Inspection Department

TOWNSHIP

BJ2020-261

PROJECT NAME: MANNING GARAGE ENCLOSURE
SITE ADDRESS: 1812 SEMINOLE ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/10/2020

EXPIRES: 06/08/2021

APPLICANT: MANNING, ERIC
100 New Castle Court
Summerville, SC 29486

OWNER: MANNING, ERIC
100 New Castle Court
Summerville, SC 29486

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405274519

Parcel Number: 002463000

Address: 1812 SEMINOLE ST KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

Block: H **Lot(s):** 10

Legal Description:

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

PROJECT DESCRIPTION: ENCLOSE CARPORT AREA FOR GARAGE 12'x20' UNDER EXISTING FOOTPRINT

PAID
12/11/2020
203

BJ2020-261

PROJECT NAME: MANNING GARAGE ENCLOSURE
SITE ADDRESS: 1812 SEMINOLE ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/10/2020

EXPIRES: 06/08/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1700.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* Zoning Final Inspection is required.

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



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DEC 14 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2020-257

PROJECT NAME: Furman 1st Floor Addition
SITE ADDRESS: 1804 SIOUX ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/11/2020

EXPIRES: 06/09/2021

APPLICANT: John Furman
1804 Sioux St.
Kill Devil Hills, NC 27948
757-620-1222

OWNER: John Furman
1804 Sioux St.
Kill Devil Hills, NC 27948
757-620-1222

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988409270100

Parcel Number: 002440000

Address: 1804 SIOUX ST KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

Zoning:

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

Legal Description:

FEES:

	<u>Paid</u>	<u>Due</u>
Res. Building Permit Fee	\$512.25	\$0.00
Totals :	\$512.25	\$0.00

BUILDING AREA:

Residential Heated Space 683 sq. Ft.
(.75)

PROJECT DESCRIPTION: enclose first floor, creating 4 total bedroom single family dwelling, bringing parking into compliance



PAID

12/14/2020 DE
CK#1116

BJ2020-257**PROJECT NAME:** Furman 1st Floor Addition
SITE ADDRESS: 1804 SIOUX ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/11/2020**EXPIRES:** 06/09/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	30251
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	30.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	29000.00
LIVING SPACE (SQFT)	683
GARAGE (SQFT)	757
TOTAL SQUARE FOOTAGE	1440
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling



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DEC 14 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-286

PROJECT NAME: Baer Piling Replacement
SITE ADDRESS: 2021 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 12/14/2020

EXPIRES: 06/12/2021

APPLICANT: MS. REBECCA S BAER
4815 Lake Dr. #4
Va Beach, Va 23455

OWNER: MS. REBECCA S BAER
4815 Lake Dr. #4
Va Beach, Va 23455

CONTRACTOR: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

RESIDENTIAL, LIMITED: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

License: 79801
Expires: 01/01/2021

PARCEL:

PIN: 989313137752

Parcel Number: 008517000

Address: 2021 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: NAGS HEAD SHORES AMENDED SEC 4

Zoning:

Block: 4

Lot(s): PT 10 PT 9

Legal Description:

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

PROJECT DESCRIPTION: replace 3 pilings 8x8x16 no change to footprint

PAID
12/14/2020
pay pal

BP2020-286

PROJECT NAME: Baer Piling Replacement
SITE ADDRESS: 2021 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 12/14/2020

EXPIRES: 06/12/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
HEALTH DEPARTMENT PERMIT #	30306
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3270.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: J. Lewis Date: 12/14/2020



Town of Kill Devil Hills

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Planning and Inspection Department

BJ2020-266	BUILDING JOINT
PROJECT NAME: William Lee Family Trust	ISSUED: 12/16/2020
SITE ADDRESS: 1515 SIR WALTER RD KILL DEVIL HILLS	EXPIRES: 06/14/2021

APPLICANT: Leining, Richard 15655 Katherine Trail MARSHALL, MI 49068 269-830-7965	OWNER: LEE, WILLIAM M 1839 BRANDON AVENUE PETERSBURG, VA 23805
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CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/31/2020
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PARCEL:

PIN: 988411555515	Parcel Number: 003188000
Address: 1515 SIR WALTER RD KILL DEVIL HILLS	Zoning:
Addition: W R DEATON - DELRAY BEACH	Block: D Lot(s): 33
Legal Description:	

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

PROJECT DESCRIPTION: Replace walls and downstairs laundry room and bathroom after pilings were replaced

PAID
DEC 16 2020

BJ2020-266**PROJECT NAME:** William Lee Family Trust**SITE ADDRESS:** 1515 SIR WALTER RD KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/16/2020**EXPIRES:** 06/14/2021**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5300.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Zoning Final Inspection is required.



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DEC 29 2020

Planning and Inspection Department

BJ2020-268

PROJECT NAME: HAMILTON REMODEL
SITE ADDRESS: 205 HAYMAN BLVD E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/21/2020

EXPIRES: 06/19/2021

APPLICANT: Palm and Pine Ventures
1513 Glider Ct
Kill Devil Hills, NC 27948

OWNER: Palm and Pine Ventures
1513 Glider Ct
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988513125563

Parcel Number: 000785000

Address: 205 HAYMAN BLVD E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES AMD BLK 6

Zoning:
Block: 6 **Lot(s):** 9

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$475.20	\$0.00	Remodel/Renovation 1056 SQFT
Totals :	\$475.20	\$0.00	

PROJECT DESCRIPTION: REMODEL LIVING SPACE, RECONSTRUCT CEILING FOR VAULTED CEILING IN LIVING ROOM, METER BASE CHANGE OUT, REVERT GOUND FLOOR ENCLOSURE TO ORGINALLY PERMITTED STATE OF "STORAGE ONLY", RESKIN DECK

PAID

12/28/2020 Du
pay pal

BJ2020-268

PROJECT NAME: HAMILTON REMODEL

SITE ADDRESS: 205 HAYMAN BLVD E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/21/2020

EXPIRES: 06/19/2021

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	13000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Smoke alarms shall be installed in compliance with R314 of the 2018 NCRBC.
- * The ground floor shall be used as storage only.



Town of Kill Devil Hills

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PAID

DEC 30 2020

Planning and Inspection Department

BJ2020-276

PROJECT NAME: Foster elevator
SITE ADDRESS: 303 BURNS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/30/2020

EXPIRES: 06/28/2021

APPLICANT: FOSTER, DARLENE MARIE
HAROLD, MARJORIE J
14476 ALPS DRIVE
WOODBIDGE, VA 22193

OWNER: FOSTER, DARLENE MARIE
HAROLD, MARJORIE J
14476 ALPS DRIVE
WOODBIDGE, VA 22193

ELECTRICAL: JESSE N. OWENS ELECTRIC CORP HARBINGER **License:** 3360L
NC **Expires:** 12/30/2015
UNKNOWN
UNKNOWN, XX 00000

PARCEL:

PIN: 988316942100 **Parcel Number:** 008461000
Address: 303 BURNS DR KILL DEVIL HILLS
Addition: OCEAN ACRES TRACT 3 SEC 1 **Zoning:**
Block: F **Lot(s):** 3
Legal Description:

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

PROJECT DESCRIPTION: Add elevator within footprint of existing deck.

PAID
12/30/2020
R. P. C.

BJ2020-276

PROJECT NAME: Foster elevator

SITE ADDRESS: 303 BURNS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/30/2020

EXPIRES: 06/28/2021

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	950,00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

* Gate required at upper deck opening meeting the requirements of a pool barrier gate. Self closing/latching, 48" height with proper child proof latch requirements per the 2018 NCRC pool barrier gate requirements of Appendix V section AV105.2.



Town of Kill Devil Hills

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Planning and Inspection Department

BJ2020-269

PROJECT NAME: Morris Pool
SITE ADDRESS: 333 ARCHDALE ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/22/2020

EXPIRES: 06/20/2021

APPLICANT: MORRIS, CHAD R
P O BOX 2412
KILL DEVIL HILLS, NC 27948

OWNER: MORRIS, CHAD R
P O BOX 2412
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517011475

Parcel Number: 000584000

Address: 333 ARCHDALE ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 45 **Lot(s):** 4-6

Legal Description:

FEES:	Paid	Due
Pool/Hot Tub	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Add 26'x12' in ground pool

PAID

DEC 22 2020

12/22/2020

BJ2020-269

PROJECT NAME: Morris Pool

SITE ADDRESS: 333 ARCHDALE ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/22/2020

EXPIRES: 06/20/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	30335
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	20000.00
LOT COVERAGE	37.00
SURVEYOR NAME AND NUMBER	Ray Meekins L-2592
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final Pool Bonding
Zoning Final

CONDITIONS

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



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PAID

DEC 30 2020

Planning and Inspection Department

BJ2020-275

PROJECT NAME: Chrisman home relocation
SITE ADDRESS: 3308 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/29/2020

EXPIRES: 06/27/2021

APPLICANT: Chrisman, Harold
318 Oak Run
kitty hawk, nc 27949

OWNER: Chrisman, Harold
318 Oak Run
kitty hawk, nc 27949

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988509054086

Parcel Number: 000064000

Address: 3308 VA DARE TRL N KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 2

Zoning:
Block: 2 **Lot(s):** 7

Legal Description:

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

PROJECT DESCRIPTION: Relocate existing main structure within property setbacks ONLY. Permit does not include renovations, outside shower or construction of decks/porches.

BJ2020-275

PROJECT NAME: Chrisman home relocation

SITE ADDRESS: 3308 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/29/2020

EXPIRES: 06/27/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	15000.00
ENGINEER AND LICENSE NUMBER	Harold Goodman 20446
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.



Town of Kill Devil Hills

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

PAID

DEC - 3 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2020-320

PROJECT NAME:

SITE ADDRESS: 205 HAYMAN BLVD E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/02/2020

EXPIRES: 05/31/2021

APPLICANT: Palm and Pine Ventures
1513 Glider Ct
Kill Devil Hills, NC 27948

OWNER: Palm and Pine Ventures
1513 Glider Ct
Kill Devil Hills, NC 27948

MECHANICAL H-3:

ARMSTRONG AND SON
3978 Albermarle Curch rd.
Columbia, NC 27925
252-394-5316

License: 22516
Expires: 12/31/2020

PARCEL:

PIN: 988513125563

Parcel Number: 000785000

Address: 205 HAYMAN BLVD E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES AMD BLK 6

Zoning:

Block: 6 **Lot(s):** 9

Legal Description:

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

PROJECT DESCRIPTION: HVAC repairs/replacement

PAID

12/2/2020
pay pay

MC2020-320

PROJECT NAME:

SITE ADDRESS: 205 HAYMAN BLVD E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/02/2020

EXPIRES: 05/31/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6250.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Charles Thuman

Contractor or Authorized Agent: David Armstrong **Date:** 12/02/2020



Town of Kill Devil Hills

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

PAID
DEC - 2 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2020-321

PROJECT NAME:

SITE ADDRESS: 3131 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/01/2020

EXPIRES: 05/30/2021

APPLICANT: LOWSKY, ELSA
P O BOX 642453
LOS ANGELES, CA 90064

OWNER: LOWSKY, ELSA
P O BOX 642453
LOS ANGELES, CA 90064

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

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 987516824788

Parcel Number: 003052000

Address: 3131 BAY DR KILL DEVIL HILLS

Zoning:

Addition: MOOR SHORES

Block: 0 **Lot(s):** 74-75

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7076.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N



PAID
12/2/2020
[Signature]

MC2020-321

PROJECT NAME:

SITE ADDRESS: 3131 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/01/2020

EXPIRES: 05/30/2021

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Jaclyn Slater Date: 12 / 02 / 2020



Town of Kill Devil Hills

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

PAID

DEC - 3 2020

Planning and Inspection Department

MC2020-323

PROJECT NAME: Downs HVAC
SITE ADDRESS: 112 OCEAN BAY BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/02/2020

EXPIRES: 05/31/2021

APPLICANT: Downs, Warren & Kathy
1162 Sharron DR
CHESAPEAKE, VA 23320
757-580-2488

OWNER: Downs, Warren & Kathy
1162 Sharron DR
CHESAPEAKE, VA 23320
757-580-2488

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

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 988420707608

Parcel Number: 003869000

Address: 112 OCEAN BAY BLVD KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 37 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: Install mini split system on ground level

DETAILS

Permit

Name	Value
NATURAL GAS SIGNOFF	N

Handwritten: value \$3,731.⁰⁰

REQUIRED INSPECTIONS

Final



PAID
12/3/2020
pay pal

CONDITIONS

MC2020-323

PROJECT NAME: Downs HVAC

SITE ADDRESS: 112 OCEAN BAY BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/02/2020

EXPIRES: 05/31/2021

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Issued By: Charles Thuman

Contractor or Authorized Agent: Jaclyn Slater Date: 12 / 02 / 2020



Town of Kill Devil Hills

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

DEC - 8 2020

Planning and Inspection Department

MC2020-324

PROJECT NAME:

SITE ADDRESS: 404 W 5th St Kill Devil Hills

MECHANICAL

ISSUED: 12/04/2020

EXPIRES: 06/02/2021

APPLICANT: ROBERT LEE
PO Box 446
Gatesville, NC 27938
252-339-0023

OWNER: ROBERT LEE
PO Box 446
Gatesville, NC 27938
252-339-0023

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

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 988405188679

Parcel Number: 002067000

Address: 404 W 5th St Kill Devil Hills

Zoning:

Addition: WRIGHT'S SHORES

Block: 0 **Lot(s):** 13

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

PAID
12/7/2020
paypal

MC2020-324

PROJECT NAME:

SITE ADDRESS: 404 W 5th St Kill Devil Hills

MECHANICAL

ISSUED: 12/04/2020

EXPIRES: 06/02/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6467.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Jaclyn Slater **Date:** 12 / 07 / 2020



Town of Kill Devil Hills

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

DEC 10 2020

Planning and Inspection Department

MC2020-326

PROJECT NAME: Mineo HVAC
SITE ADDRESS: 111 GREENSBORO ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/10/2020

EXPIRES: 06/08/2021

APPLICANT: Mineo 1 LLC
PO Box 1566
kitty hawk, nc 27949

OWNER: Mineo 1 LLC
PO Box 1566
kitty hawk, nc 27949

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

License: 12643
Expires: 12/31/2020

PARCEL:

PIN: 988406297898

Parcel Number: 001880000

Address: 111 GREENSBORO ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:
Block: 0 **Lot(s):** 436

Legal Description:

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

PROJECT DESCRIPTION: Install mini split system



PAID
12/10/2020
CK # 1842

MC2020-326

PROJECT NAME: Mineo HVAC

SITE ADDRESS: 111 GREENSBORO ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/10/2020

EXPIRES: 06/08/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9782.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: Tom McDonald Date: 12 / 10 / 2020



Town of Kill Devil Hills

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

PAID

DEC 10 2020

Planning and Inspection Department

MC2020-325

PROJECT NAME:

SITE ADDRESS: 308 ARCH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/08/2020

EXPIRES: 06/06/2021

APPLICANT: Dail, Joseph & Amy
308 WEST Arch ST
Kill Devil Hills, NC 27948
757-406-0357

OWNER: Dail, Joseph & Amy
308 WEST Arch ST
Kill Devil Hills, NC 27948
757-406-0357

MECHANICAL H2 AND H3: DAVID ARMSTRONG SERVICES
Rt. 2, box 2-1A
Creswell, NC 27928
252-394-5315

License: 21460
Expires: 12/31/2020

PARCEL:

PIN: 987516940169

Parcel Number: 000217000

Address: 308 ARCH ST W KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:

Block: 0 **Lot(s):** 116

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement



PAID
12/10/2020 by
pay pal

MC2020-325

PROJECT NAME:

SITE ADDRESS: 308 ARCH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/08/2020

EXPIRES: 06/06/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: david armstrong Date: 12 / 08 / 2020



Town of Kill Devil Hills

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

PAID
DEC 14 2020
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2020-327	MECHANICAL
PROJECT NAME:	ISSUED: 12/11/2020
SITE ADDRESS: 200 THIRD ST W KILL DEVIL HILLS	EXPIRES: 06/09/2021

APPLICANT: Jeremiah Kearns 200 WEST 3rd ST nags head, nc 27959 240-793-9083	OWNER: Jeremiah Kearns 200 WEST 3rd ST nags head, nc 27959 240-793-9083
---	---

H-3, CLASS I:	Beach Air Heating and Cooling PO Box 1047 Manteo, NC 27954 252-216-7544	License: 29768 Expires: 12/31/2020
----------------------	--	---

PARCEL:

PIN: 988406371655	Parcel Number: 002911000
Address: 200 THIRD ST W KILL DEVIL HILLS	Zoning:
Addition: HEDRICKS ADDITION - CROATAN SH	Block: 0 Lot(s): 30
Legal Description:	

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

PROJECT DESCRIPTION: HVAC replacement

PAID
12/11/2020
Pay Per

MC2020-327

PROJECT NAME:

SITE ADDRESS: 200 THIRD ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/11/2020

EXPIRES: 06/09/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6793.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Cate Jordan Date: 12/11/2020



Town of Kill Devil Hills

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

DEC 15 2020

Planning and Inspection Department

MC2020-329

PROJECT NAME: Wise HVAC
SITE ADDRESS: 1409 Shay ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/14/2020

EXPIRES: 06/12/2021

APPLICANT: PATRICIA R. WISE
PO Box 1721
kill devil hills, nc 27948

OWNER: PATRICIA R. WISE
PO Box 1721
kill devil hills, nc 27948

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

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

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 988316749504

Parcel Number: 004788000

Address: 1409 Shay ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL BEACH EXTENDED

Block: 4 **Lot(s):** 9

Legal Description:

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

PROJECT DESCRIPTION: 2.5 ton hvac changeout

PAID
12/15/2020
Peg Pcl

MC2020-329**PROJECT NAME:** Wise HVAC**SITE ADDRESS:** 1409 Shay ST KILL DEVIL HILLS**MECHANICAL****ISSUED:** 12/14/2020**EXPIRES:** 06/12/2021

DETAILS**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6806.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONSFinal

CONDITIONS

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

Issued By: Charles ThumanContractor or Authorized Agent: Jaclyn Slater Date: 12/15/2020



Town of Kill Devil Hills

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

PAID

DEC 29 2020

Planning and Inspection Department

TOWNSHIP
KILL DEVIL HILLS

MC2020-334

PROJECT NAME:

SITE ADDRESS: 410 WILKINSON ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/29/2020

EXPIRES: 06/27/2021

APPLICANT: Hall, Stephanie
410 WILKINSON ST
KILL DEVIL HILLS, NC 27948

OWNER: Hall, Stephanie
410 WILKINSON ST
KILL DEVIL HILLS, NC 27948

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

License: 12643
Expires: 12/31/2020

PARCEL:

PIN: 987520922366

Parcel Number: 000681000

Address: 410 WILKINSON ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 59 **Lot(s):** 26-28

Legal Description:

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

PROJECT DESCRIPTION: Install new owner supplied mini-split system



PAID

for 12/29/2020

check # 1659

MC2020-334

PROJECT NAME:

SITE ADDRESS: 410 WILKINSON ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/29/2020

EXPIRES: 06/27/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1783.50
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Tom McDonald Date: 12/29/2020



Town of Kill Devil Hills

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

PAID

DEC 29 2020

Planning and Inspection Department

MC2020-332

PROJECT NAME: COLLINS MINI-SPLIT
SITE ADDRESS: 3307 BRIGGS ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/28/2020

EXPIRES: 06/26/2021

APPLICANT: Collins, Teri
208 George Wythe Ln
Williamsburg, Va 23188

OWNER: Collins, Teri
208 George Wythe Ln
Williamsburg, Va 23188

MECHANICAL: ALL SEASONS HEATING & COOLING
P.O. Box 244
Point Harbor, NC 27964
491-9232

License: 19091
Expires: 12/31/2020

PARCEL:

PIN: 988513040885

Parcel Number: 000011000

Address: 3307 BRIGGS ST KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH AMENDED BLK 3

Block: 3 **Lot(s):** 12

Legal Description:

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

PROJECT DESCRIPTION: REPLACE MINI-SPLIT SYSTEM



PAID

12/28/2020

pay pal

MC2020-332

PROJECT NAME: COLLINS MINI-SPLIT
SITE ADDRESS: 3307 BRIGGS ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/28/2020

EXPIRES: 06/26/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2630.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

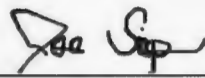
Final

CONDITIONS

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Issued By: Jordan Blythe

Contractor or Authorized Agent:  Date: 12 / 28 / 2020



Town of Kill Devil Hills

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

PAID

DEC 29 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2020-331

PROJECT NAME: BERNARDI HVAC
SITE ADDRESS: 804 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/28/2020

EXPIRES: 06/26/2021

APPLICANT: BERNARDI, MICHAEL
18 HUDGINS RD
POQUOSON, VA 23662
757-719-6927

OWNER: BERNARDI, MICHAEL
18 HUDGINS RD
POQUOSON, VA 23662
757-719-6927

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988413135701

Parcel Number: 027546121

Address: 804 FIRST ST W KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 121

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT



PAID

JB
chk
12/29/2020

MC2020-331

PROJECT NAME: BERNARDI HVAC
SITE ADDRESS: 804 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/28/2020

EXPIRES: 06/26/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Jordan Blythe

Contractor or Authorized Agent: M B Bernardi Date: 12 / 28 / 2020



Town of Kill Devil Hills

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

PAID

DEC 31 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2020-333

PROJECT NAME:

SITE ADDRESS: 207 Memorial Blvd. N. KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/29/2020

EXPIRES: 06/27/2021

APPLICANT: RANDALL HAASE
15256 Providence Woods Ln.
Petersburg, VA 23805

OWNER: RANDALL HAASE
15256 Providence Woods Ln.
Petersburg, VA 23805

H-1, H-2, H-3, CLASS I: POP'S REPAIR
PO Box 1130
Kill Devil Hills, NC 27948

License: 34144
Expires: 12/31/2020

PARCEL:

PIN: 988420718113

Parcel Number: 003762000

Address: 207 Memorial Blvd. N. KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 26

Lot(s): PT 3 & 4

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement



PAID

12/30/2020

Handwritten initials

MC2020-333

PROJECT NAME:

SITE ADDRESS: 207 Memorial Blvd. N. KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/29/2020

EXPIRES: 06/27/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5700.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Julia Scheer Date: 12 / 29 / 2020



Town of Kill Devil Hills

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

PAID

DEC 10 2020

Planning and Inspection Department

DW2020-021

PROJECT NAME: Briggs Driveway
SITE ADDRESS: 1507 GLIDER CT KILL DEVIL HILLS

DRIVEWAY

ISSUED: 12/09/2020

EXPIRES: 06/07/2021

APPLICANT: Briggs, Robin Lee
1507 Glider Ct
Kill Devil Hills, NC 27948
252-564-2664

OWNER: Briggs, Robin Lee
1507 Glider Ct
Kill Devil Hills, NC 27948
252-564-2664

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988414346564

Parcel Number: 003417000

Address: 1507 GLIDER CT KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 1

Zoning:
Block: 0 **Lot(s):** 161

Legal Description:

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

PROJECT DESCRIPTION: remove and replace existing driveway

DW2020-021

PROJECT NAME: Briggs Driveway
SITE ADDRESS: 1507 GLIDER CT KILL DEVIL HILLS

DRIVEWAY

ISSUED: 12/09/2020

EXPIRES: 06/07/2021

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	William S Jones L-2502
HEALTH DEPARTMENT PERMIT #	30240
ZONING DISTRICT	RL
CONSTRUCTION COST	2500.00
FLOOD ZONE	X
LOT COVERAGE	25.00

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 12/10/20



Town of Kill Devil Hills

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

DEC 18 2020

Planning and Inspection Department

OP2020-083

PROJECT NAME: Water Oak Residential LLC (OCCUPANCY)
SITE ADDRESS: 1303 Harpoon Drive Kill Devil Hills

OCCUPANCY

ISSUED: 12/18/2020

EXPIRES:

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

OWNER: Water Oak Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

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

License: 62306
Expires: 12/31/2020

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

License: 62306
Expires: 12/31/2020

PARCEL:

PIN: 988414225788

Parcel Number:

Address: 1303 Harpoon Drive Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 27, Water Oak Residential Community

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$106.75	\$0.00
Residential Trash Can	\$106.75	\$0.00
Totals :	\$263.50	\$0.00

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

OP2020-083

PROJECT NAME: Water Oak Residential LLC (OCCUPANCY)

SITE ADDRESS: 1303 Harpoon Drive Kill Devil Hills

OCCUPANCY

ISSUED: 12/18/2020

EXPIRES:

DETAILS

Permit

Name	Value
# OF TRASH CANS	2
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Graeg Mueck Date: 12.18.20



Town of Kill Devil Hills

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

PAID
DEC 14 2020

Planning and Inspection Department

OP2020-081

PROJECT NAME: John and Mandy Bartell
SITE ADDRESS: 520 W. Palmetto Street Kill Devil Hills

OCCUPANCY
ISSUED: 12/14/2020

EXPIRES:

PARENT PERMIT #: BJ2020-132

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

OWNER: Bartell, John
PO Box 742
Manteo, NC 27954
252-489-1875

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

License: 67524
Expires: 01/01/2021

PARCEL:

PIN: 987520907139

Parcel Number:

Address: 520 W. Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 31R, Block 74, Virginia Dare Shores Recombination

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

2020-081

PROJECT NAME: John and Mandy Bartell
SITE ADDRESS: 520 W. Palmetto Street Kill Devil Hills

OCCUPANCY
ISSUED: 12/14/2020

EXPIRES:

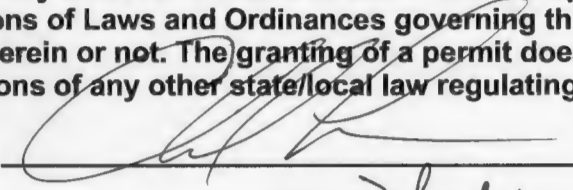
DETAILS

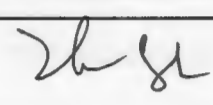
Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.5
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 12-14-2020



Town of Kill Devil Hills

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

DEC 11 2020

Planning and Inspection Department

OP2020-060

PROJECT NAME: Garcia Residence
SITE ADDRESS: 401 CAMERON ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 09/03/2020

EXPIRES:

PARENT PERMIT #: OP2020-050

APPLICANT: GARCIA, ZACHARY A
310 W ARCHDALE STREET
KILL DEVIL HILLS, NC 27948

OWNER: GARCIA, ZACHARY A
310 W ARCHDALE STREET
KILL DEVIL HILLS, NC 27948

CONTRACTOR: TODD COYLE CONSTRUCTION
PO Box 1094
kitty hawk, nc 27949
252-261-9728

GENERAL: TODD COYLE CONSTRUCTION
PO Box 1094
kitty hawk, nc 27949
252-261-9728

License: 60830
Expires: 01/01/2021

PARCEL:

PIN: 987516845412

Parcel Number: 000160000

Address: 401 CAMERON ST KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 47

Legal Description:

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

PROJECT DESCRIPTION: New 3 Bedroom SFD



PAID

12/11/2020
ch #1306

OP2020-060

PROJECT NAME: Garcia Residence
SITE ADDRESS: 401 CAMERON ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 09/03/2020

EXPIRES:

DETAILS

Permit

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

CONDITIONS

- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____ 

Contractor or Authorized Agent: _____  **Date:** 12/11/20



Town of Kill Devil Hills

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

PAID

Planning and Inspection Department

DEC 10 2020

OP2020-079

PROJECT NAME: Tinsley New House (Occupancy)
SITE ADDRESS: 516 WILKINSON ST W KILL DEVIL HILLS

OCCUPANCY
ISSUED: 12/09/2020

EXPIRES:

APPLICANT: Tinsley, Richard
516 W Sothel Street
Kill Devil Hills, NC 27948

OWNER: Tinsley, Richard
516 W Sothel Street
Kill Devil Hills, NC 27948

CONTRACTOR: DUNSTAN, GARLAND
PO BOX 402
kitty hawk, nc 27949

CONTRACTOR: G. Dunstan
PO BOX 402
Kitty Hawk, NC 27949
252-202-1100

License: 19436
Expires: 12/31/2020

PARCEL:

PIN: 987520827068

Parcel Number: 000685000

Address: 516 WILKINSON ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 66 **Lot(s):** 27-29

Legal Description:

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

PROJECT DESCRIPTION: New 4 Bedroom SFD (Occupancy)

OP2020-079

PROJECT NAME: Tinsley New House (Occupancy)
SITE ADDRESS: 516 WILKINSON ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/09/2020

EXPIRES:

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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

Issued By: Charles Thuman

Contractor or Authorized Agent: 

Date: 12-10-2020



Town of Kill Devil Hills

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

PAID

DEC 10 2020

Planning and Inspection Department

OP2020-080

PROJECT NAME: Dunstan New House
SITE ADDRESS: 1002 BOUNDARY ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/10/2020

EXPIRES:

PARENT PERMIT #: BJ2020-076

APPLICANT: DUNSTAN, GARLAND
PO BOX 402
kitty hawk, nc 27949

OWNER: DUNSTAN, GARLAND
PO BOX 402
kitty hawk, nc 27949

CONTRACTOR: G. Dunstan
PO BOX 402
Kitty Hawk, NC 27949
252-202-1100

License: 19436
Expires: 12/31/2020

PARCEL:

PIN: 988311656232

Parcel Number: 004627004

Address: 1002 BOUNDARY ST KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 59 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: New 4 Bedroom SFD

OP2020-080

PROJECT NAME: Dunstan New House

SITE ADDRESS: 1002 BOUNDARY ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/10/2020

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 12-10-2020



Town of Kill Devil Hills

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

PAID

DEC - 8 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2020-078

PROJECT NAME: Donald F. Jennings
SITE ADDRESS: 603 SPORTSMAN DR W KILL DEVIL HILLS

OCCUPANCY
ISSUED: 12/08/2020

EXPIRES:

PARENT PERMIT #: BJ2018-245

APPLICANT: JENNINGS, DONALD
P. O. Box 1102
nags head, nc 27959
252-207-4936

OWNER: Jennings, Donald F.
515 W. Soundside Road
nags head, nc 27959
252-207-4936

RESIDENTIAL - INTERMEDIATE: JENNINGS, DONALD
P. O. Box 1102
nags head, nc 27959
252-207-4936

License: 32637
Expires: 01/01/2020

RESIDENTIAL - INTERMEDIATE: JENNINGS, DONALD
P. O. Box 1102
nags head, nc 27959
252-207-4936

License: 32637
Expires: 01/01/2020

PARCEL:

PIN: 988517006088

Parcel Number: 001542000

Address: 603 SPORTSMAN DR W KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:

Block: 0 **Lot(s):** 180-181

Legal Description:

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

OP2020-078

PROJECT NAME: Donald F. Jennings
SITE ADDRESS: 603 SPORTSMAN DR W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/08/2020

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 12-8-20



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2020-077

PROJECT NAME: Macko New House
SITE ADDRESS: 1603 WOOD DUCK LN KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/04/2020

EXPIRES:

PARENT PERMIT #: BJ2020-128

APPLICANT: MACKO, JOHN A
127 SUNRISE LANE
KILL DEVIL HILLS, NC 27948

OWNER: MACKO, JOHN A
127 SUNRISE LANE
KILL DEVIL HILLS, NC 27948

CONTRACTOR: MACKO OBX CONSTRUCTION, INC
P.O. BOX 3689
Kill Devil Hills, NC 27948
252-480-6411

BUILDING UNLIMITED: MACKO OBX CONSTRUCTION, INC
P.O. BOX 3689
Kill Devil Hills, NC 27948
252-480-6411

License: 81540
Expires: 01/01/2021

PARCEL:

PIN: 988319722070

Parcel Number: 027089000

Address: 1603 WOOD DUCK LN KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 30

Legal Description:

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$213.50	\$0.00
Totals :	\$263.50	\$0.00

PROJECT DESCRIPTION: New 4 Bedroom SFD

PAID

DEC - 4 2020

TOWN OF
KILL DEVIL HILLS

OP2020-077

PROJECT NAME: Macko New House
SITE ADDRESS: 1603 WOOD DUCK LN KILL DEVIL HILLS

OCCUPANCY
ISSUED: 12/04/2020

EXPIRES:

DETAILS

Permit

Name	Value
# OF TRASH CANS	2
PURPOSE	Residential New
ZONING DISTRICT	MFED
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12/4/20



Town of Kill Devil Hills

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

April
PAID

DEC - 2 2020

Planning and Inspection Department

TRAIL
HILLS

BP2020-273

PROJECT NAME: CAMBRIGE COVE 1105 UNIT 304C-D STAIR AND LANDING REPAIR

SITE ADDRESS: 1105 Cambridge Rd. Kill Devil Hills

BUILDING

ISSUED: 12/01/2020

EXPIRES: 05/30/2021

APPLICANT: LOIS THOMAS
1706 Mellick Ridge Rd
Manakin Sabot, Va 23103
804-908-0502

OWNER: Bermuda Bay Homeowners Association
PO Box 1807
Nags Head, NC 27959
480-4722

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988310279410304

Parcel Number:

Address: 1105 Cambridge Rd. Kill Devil Hills

Zoning: G&I

Addition: Bermuda Bay

Block: **Lot(s):**

Legal Description:

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

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR AND LANDING

PAID
12/2/2020
pay pdf

BP2020-273

PROJECT NAME: CAMBRIDGE COVE 1105 UNIT 304C-D STAIR AND
LANDING REPAIR
SITE ADDRESS: 1105 Cambridge Rd. Kill Devil Hills

BUILDING

ISSUED: 12/01/2020

EXPIRES: 05/30/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	G&I Private
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1200.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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



Town of Kill Devil Hills

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

PAID

DEC - 3 2020

Planning and Inspection Department

BJ2020-256

PROJECT NAME: Williams remodel
SITE ADDRESS: 1801 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/02/2020

EXPIRES: 05/31/2021

APPLICANT: Williams, Jesse
PO BOX 1426
Kill Devil Hills, NC 27948
302-206-0340

OWNER: Williams, Jesse
PO BOX 1426
Kill Devil Hills, NC 27948
302-206-0340

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2021

PARCEL:

PIN: 989309155170C7

Parcel Number: 028137000

Address: 1801 VA DARE TRL S KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): A, UNIT 7

Legal Description:

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

PROJECT DESCRIPTION: Remove fireplace and wall, relocate plumbing vent, install 2 LVL's per engineer letter



PAID

12/3/2020
papap

BJ2020-256

PROJECT NAME: Williams remodel

SITE ADDRESS: 1801 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/02/2020

EXPIRES: 05/31/2021

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	2000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: [Signature] Date: 12 / 02 / 2020



Town of Kill Devil Hills

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

PAID

DEC 14 2020

Planning and Inspection Department

TO NOT
KILL DEVIL HILLS

BJ2020-253

PROJECT NAME: High Dunes
SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/11/2020

EXPIRES: 06/09/2021

APPLICANT: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

OWNER: KDH PROPERTIES LLC
630 Tannas Lane
Earlysville, Va 22936

RESIDENTIAL, LIMITED: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

License: 79801
Expires: 01/01/2021

PARCEL:

PIN: 98930906937200

Parcel Number: 004674999

Address: 1405 VA DARE TRL S KILL DEVIL HILLS

Addition:

Zoning:

Block: B

Lot(s): COM. PROP.
LTS 11,1

Legal Description:

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

PROJECT DESCRIPTION: Demo and replace 90' walkway, pool pump house and shower, 10X12 platform, 2 walls next to pool



PAID
Pd 12/11/2020
P.S. Pal



Town of Kill Devil Hills

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

PAID

DEC - 2 2020

Planning and Inspection Department

MC2020-322	MECHANICAL
PROJECT NAME:	ISSUED: 12/01/2020
SITE ADDRESS: 1625 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 05/30/2021

APPLICANT: Kenneth & Lynda, Weeks
40 Rader ST APT 403
NORFOLK, VA 23510
410-212-1043

OWNER: Kenneth & Lynda, Weeks
40 Rader ST APT 403
NORFOLK, VA 23510
410-212-1043

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

License: 12643
Expires: 12/31/2020

PARCEL:

PIN: 98841156490202

Parcel Number: 002775002

Address: 1625 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:


Block: B

Lot(s): UNIT 2
PHASE 1 LT7

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

 **PAID**
12/2/2020
CK # 183



Town of Kill Devil Hills

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

DEC 30 2020

Planning and Inspection Department

MC2020-335

PROJECT NAME:

SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/29/2020

EXPIRES: 06/27/2021

APPLICANT: RICHARD BRAGG
5430 DORCHESTER RD
RICHMOND, VA 23225

OWNER: RICHARD BRAGG
5430 DORCHESTER RD
RICHMOND, VA 23225

MECHANICAL H-3, CLASS 1:

Anderson Heating and Cooling Co., LLC
PO Box 396
Kitty Hawk, NC 27949
252-619-3105

License: 31438
Expires: 12/31/2020

PARCEL:

PIN: 98830897368911

Parcel Number: 004302020

Address: 200 MARTIN ST E KILL DEVIL HILLS

Addition:

Zoning:

Block: 15

Lot(s): UT 304
LOTS 6-14

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

MC2020-335

PROJECT NAME:

SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/29/2020

EXPIRES: 06/27/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7506.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

PO BOX 1719
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PAID

DEC - 3 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-258

PROJECT NAME: Gary and Julie Seabright
SITE ADDRESS: 900 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 11/03/2020

EXPIRES: 05/02/2021

APPLICANT: Gardner Construction
105 Elizabeth Ct.
KILL DEVIL HILLS, NC 27948
252-715-1911

OWNER: Seabright, Julie and Gary
PO B ox 3025
Kill Devil Hills, NC 27948

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2021

PARCEL:

PIN: 98841572177503

Parcel Number: 027342000

Address: 900 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: 19

Lot(s): 1-2 UNIT 3

Legal Description:

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

PROJECT DESCRIPTION: Expand deck

Value
3000.00

BP2020-258

PROJECT NAME: Gary and Julie Seabright

SITE ADDRESS: 900 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 11/03/2020

EXPIRES: 05/02/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	29636
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
Zoning Final

CONDITIONS

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



Town of Kill Devil Hills

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

PAID

DEC - 3 2020

Planning and Inspection Department

BP2020-257

PROJECT NAME: Dennis Julie McCarty
SITE ADDRESS: 900 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 11/03/2020

EXPIRES: 05/02/2021

APPLICANT: Gardner Construction
105 Elizabeth Ct.
KILL DEVIL HILLS, NC 27948
252-715-1911

OWNER: MCCARTY, DENNIS P ETUX
9203 BATIMORE AVENUE
COLLEGE PARK, MD 20740

GENERAL: GARDNER
P.O. Box 576
Nags Head, NC 27959

License: 26931
Expires:

PARCEL:

PIN: 98841572068602-3594

Parcel Number: 027655000

Address: 900 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: 19

Lot(s): 1-2 - UNIT 2

Legal Description:

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

PROJECT DESCRIPTION: Deck expansion

Value?
3,000.00

BP2020-257**PROJECT NAME:** Dennis Julie McCarty**SITE ADDRESS:** 900 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 11/03/2020**EXPIRES:** 05/02/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	30144
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
 Zoning Final

CONDITIONS

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



Town of Kill Devil Hills

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

DEC 18 2020

Planning and Inspection Department

BJ2020-254

PROJECT NAME: New 3 Bedroom SFD
SITE ADDRESS: 711 Zen Lane Kill Devil Hills

BUILDING JOINT

ISSUED: 12/14/2020

EXPIRES: 06/12/2021

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

OWNER: Water Oak Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

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

License: 62306
Expires: 12/31/2020

PARCEL:

PIN: 988417220311

Parcel Number:

Address: 711 Zen Lane Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 62, Water Oak Residential Community

FEES:

	<u>Paid</u>	<u>Due</u>
Res. Building Permit Fee	\$1,452.10	\$0.00
Covered Porch Residential	\$130.50	\$0.00
T-Pole	\$50.00	\$0.00
Fence	\$100.00	\$0.00
Totals :	\$1,732.60	\$0.00

BUILDING AREA:

Residential Unheated (.40)	439 Sq. Ft
# of Temporary Poles	1 EA
Residential Heated Space (.75)	1702 sq. Ft.
Covered Porches/Decks	174 SQFT

PROJECT DESCRIPTION: New 3 Bedroom 2 bath Single Family Dwelling, proposed pool is not permitted

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: 724315

BJ2020-254**PROJECT NAME:** New 3 Bedroom SFD
SITE ADDRESS: 711 Zen Lane Kill Devil Hills**BUILDING JOINT****ISSUED:** 12/14/2020**EXPIRES:** 06/12/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	325000.00
LOT COVERAGE	38.10
LIVING SPACE (SQFT)	1702
COVERED PORCHES/DECKS (SQFT)	174
GARAGE (SQFT)	439
TOTAL SQUARE FOOTAGE	2315
SURVEYOR NAME AND NUMBER	Michael Robinson 18994
ENGINEER AND LICENSE NUMBER	Mike O'Steen 032628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-239	BUILDING JOINT
PROJECT NAME: Water Oak Residential, LLC	ISSUED: 12/17/2020
SITE ADDRESS: 1302 Tranquil Place Kill Devil Hills	EXPIRES: 12/08/2021

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

OWNER: Water Oak Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

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

License: 62306
Expires: 12/31/2020

PARCEL:

PIN: 988413221545

Parcel Number:

Address: 1302 Tranquil Place Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 64, Phase 1, Water Oak Residential Community

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Pool/Hot Tub	\$200.00	\$0.00	Residential Unheated (.40)	427 Sq. Ft
Res. Building Permit Fee	\$1,818.55	\$0.00	Residential Heated Space (.75)	2197 sq. Ft.
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Totals :	\$2,218.55	\$0.00		

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

DEC 18 2020

Water Tap #: 724316

BJ2020-239**PROJECT NAME:** Water Oak Residential, LLC
SITE ADDRESS: 1302 Tranquil Place Kill Devil Hills**BUILDING JOINT****ISSUED:** 12/17/2020**EXPIRES:** 12/08/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	KDHWWT
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	300000.00
LOT COVERAGE	34.60
LIVING SPACE (SQFT)	2197
GARAGE (SQFT)	427
OPEN DECK (SQFT)	250
TOTAL SQUARE FOOTAGE	2874
SURVEYOR NAME AND NUMBER	Michael Robinson
ENGINEER AND LICENSE NUMBER	Mike Osteen 032628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-243

PROJECT NAME: Eric Pruitt
SITE ADDRESS: 2055 NEW BERN ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/04/2020

EXPIRES: 06/02/2021

APPLICANT: PRUITT, ERIC GLADSTONE
2055 New Bern Street
Kill Devil Hills, NC 27948

OWNER: PRUITT, ERIC GLADSTONE
2055 New Bern Street
Kill Devil Hills, NC 27948

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/31/2020

PARCEL:

PIN: 988518207841

Parcel Number: 001781000

Address: 2055 NEW BERN ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:

Block: 0 **Lot(s):** 332

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$816.75	\$0.00	Remodel/Renovation	988 SQFT
Totals :	\$966.75	\$0.00	Residential Heated Space (.75)	1089 sq. Ft.

PROJECT DESCRIPTION: Proposed second story addition/3 bedroom single family dwelling

PAID
12/4/2020
Check # 6162

BJ2020-243

PROJECT NAME: Eric Pruitt

SITE ADDRESS: 2055 NEW BERN ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/04/2020

EXPIRES: 06/02/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	62000.00
LOT COVERAGE	48.00
LIVING SPACE (SQFT)	2077
OPEN DECK (SQFT)	160
TOTAL SQUARE FOOTAGE	2237
SURVEYOR NAME AND NUMBER	BILD
ENGINEER AND LICENSE NUMBER	Roland McPherson 13627
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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



Town of Kill Devil Hills

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

DEC 15 2020

Planning and Inspection Department

BJ2020-211

PROJECT NAME: Small Remodel
SITE ADDRESS: 1700 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/11/2020

EXPIRES: 11/17/2021

APPLICANT: Small, Priscilla E.
P O BOX 426
KILL DEVIL HILLS, NC 27948
252-449-5565

OWNER: Small, Priscilla E.
P O BOX 426
KILL DEVIL HILLS, NC 27948
252-449-5565

CONTRACTOR: HADDON HOMES, INC.
PO Box 1868
Nags Head, NC 27959
267-2287

CONTRACTOR: HADDON HOMES, INC.
PO Box 1868
Nags Head, NC 27959
267-2287

License: 55566
Expires: 01/01/2021

PARCEL:

PIN: 988413046916 **Parcel Number:** 002554000

Address: 1700 BAY DR KILL DEVIL HILLS

Addition: CROATAN SHORES INC SEC 1 **Zoning:**

Block: 0 Lot(s): 6-7& PT. BAY VIEW

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$574.50	\$0.00	Covered Porches/Decks	442 SQFT
Open Deck Fee	\$450.00	\$0.00	Open Decks	3 EA
Pool/Hot Tub	\$200.00	\$0.00	Remodel/Renovation	1316 SQFT
Renovation/Remodel/Relocate	\$592.20	\$0.00	Residential Unheated (.40)	144 Sq. Ft
Res. Building Permit Fee	\$1,696.30	\$0.00	Residential Unheated (.40)	613 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1858 sq. Ft.
Totals :	\$3,563.00	\$0.00	Covered Porches/Decks	324 SQFT
			# of Temporary Poles	1 EA

BJ2020-211

PROJECT NAME: Small Remodel

SITE ADDRESS: 1700 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/11/2020

EXPIRES: 11/17/2021

PROJECT DESCRIPTION: Raise and relocated existing house on same parcel, add 2 floors underneath

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	30073
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	7.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	815000.00
# OF UNITS	20
LIVING SPACE (SQFT)	3174
COVERED PORCHES/DECKS (SQFT)	442
GARAGE (SQFT)	613
STORAGE (SQFT)	144
OPEN DECK (SQFT)	260
TOTAL SQUARE FOOTAGE	4957
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
ENGINEER AND LICENSE NUMBER	Mike Osteen 032628
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

PO BOX 1719
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PPD

DEC 11 2020

Planning and Inspection Department

TECHNICAL
INSPECTION

BJ2020-262

PROJECT NAME: Norman Krueger
SITE ADDRESS: 1911 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/10/2020

EXPIRES: 06/08/2021

APPLICANT:	RM SAUNDERS GENERAL CONTRACTORS PO Box 1922 Kill Devil Hills, NC 27948 480-9477	OWNER:	KRUEGER, C NORMAN 10204 Ruffian Ln BERLIN, MD 21811 443-397-5822
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GENERAL - UNLIMITED:	SAUNDERS, RM / R M SAUNDERS GENERAL CONTRACTORS INC PO Box 1922 Kill Devil Hills, NC 27948 252-207-8710	License: 32380 Expires: 01/01/2021
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PARCEL:

PIN:	988406491264	Parcel Number:	002815000
Address:	1911 VA DARE TRL N KILL DEVIL HILLS		
Addition:	Croatan Shores Amended	Zoning:	
Legal Description:		Block:	E Lot(s): 14

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

PROJECT DESCRIPTION: Add elevator within footprint of existing oceanside deck

BJ2020-262**PROJECT NAME:** Norman Krueger**SITE ADDRESS:** 1911 VA DARE TRL N KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/10/2020**EXPIRES:** 06/08/2021**DETAILS****Permit**

Name	Value
ZONING DISTRICT	OIR
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	50000.00
LOT COVERAGE	28.80
SURVEYOR NAME AND NUMBER	Seaboard Surveying
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.



Town of Kill Devil Hills

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

PAID

DEC - 2 2020

Planning and Inspection Department

BJ2020-255

PROJECT NAME: William Whitfield
SITE ADDRESS: 1611 PRINCESS ANNE DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/02/2020

EXPIRES: 05/31/2021

APPLICANT: RENAISSANCE / RENAISSANCE
CONSTRUCTION COMPANY
PO Box 1411
Manteo, NC 27954
252-982-6059

OWNER: WHITFIELD, WILLIAM ELLIOTT
PO BOX 354
FRANKLIN, VA 23851

GENERAL: RENAISSANCE / RENAISSANCE CONSTRUCTION
COMPANY
PO Box 1411
Manteo, NC 27954
252-982-6059
License: 26244
Expires:

PARCEL:

PIN: 988410467313 **Parcel Number:** 003108000
Address: 1611 PRINCESS ANNE DR KILL DEVIL HILLS
Addition: W R DEATON - DELRAY BEACH **Zoning:**
Block: 1 **Lot(s):** PT 19 & 20
Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$273.15	\$0.00	Remodel/Renovation 607 SQFT
Totals :	\$273.15	\$0.00	

PROJECT DESCRIPTION: Remodel interior kitchen, living room and den

PAID
12/2/2020
OK # 3335

BJ2020-255

PROJECT NAME: William Whitfield

SITE ADDRESS: 1611 PRINCESS ANNE DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/02/2020

EXPIRES: 05/31/2021

DETAILS

Permit

Name	Value
ZONING DISTRICT	RH
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	60000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-236	BUILDING JOINT
PROJECT NAME: Morrison Pool	ISSUED: 11/06/2020
SITE ADDRESS: 103 FIRST ST E KILL DEVIL HILLS	EXPIRES: 05/05/2021

APPLICANT: Bert & Linda Morrison P.O. Box 3184 Portsmouth, VA 23701	OWNER: Bert & Linda Morrison P.O. Box 3184 Portsmouth, VA 23701
--	--

CONTRACTOR: CARIBBEAN POOLS
3017 Martins Point Rd
kitty hawk, nc 27949
252-207-1773


CONTRACTOR:	CARIBBEAN POOLS 3017 Martins Point Rd kitty hawk, nc 27949 252-207-1773	License: 73571 Expires: 12/31/2020
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PARCEL:

PIN: 988410457756	Parcel Number: 003138000
Address: 103 FIRST ST E KILL DEVIL HILLS	
Addition: W R DEATON - DELRAY BEACH	Zoning:
Legal Description:	Block: 4 Lot(s): 2

FEES:	Paid	Due
Pool/Hot Tub	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: add 14x30 inground pool to rear yard, relocate septic tank, add fencing

 **PAID**
12/4/2020
Check # 7632

BJ2020-236

PROJECT NAME: Morrison Pool
SITE ADDRESS: 103 FIRST ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 11/06/2020

EXPIRES: 05/05/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	30075
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	51156.00
LOT COVERAGE	33.27
SURVEYOR NAME AND NUMBER	Gloria Rogers L-3531
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing	Zoning Final
Slab/Foundation/Piling	Pool Bonding
Final	

CONDITIONS

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

* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.

* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

* Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.

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



Town of Kill Devil Hills

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

COMM
PAID

DEC 14 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-281

PROJECT NAME: Ocean Atlantic Rentals-Reroof
SITE ADDRESS: 2001 CROATAN HWY S KILL DEVIL HILLS

BUILDING

ISSUED: 12/11/2020

EXPIRES: 06/09/2021

APPLICANT: MR. GREGORY A HONEYCUTT
PO Box 838
Ocracoke, NC 27960

OWNER: MR. GREGORY A HONEYCUTT
PO Box 838
Ocracoke, NC 27960

CONTRACTOR: Frasca, William - Frasca Custom Homes
2401 Colington Road
Kill Devil Hills, NC 27948
252-480-0515

CONTRACTOR: Frasca, William - Frasca Custom Homes
2401 Colington Road
Kill Devil Hills, NC 27948
252-480-0515

License: 72094
Expires: 02/05/2021

PARCEL:

PIN: 989313130902

Parcel Number: 004946000

Address: 2001 CROATAN HWY S KILL DEVIL HILLS

Addition: LAKE DRIVE DEVELOPMENT SEC 2

Zoning:

Block: 0 **Lot(s):** 16-19

Legal Description:

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

PROJECT DESCRIPTION: removing existing roof system, installing ISO board with new roof membrane

PAID
Rc 12/11/2020
By Pol

BP2020-281**PROJECT NAME:** Ocean Atlantic Rentals Reroof
SITE ADDRESS: 2001 CROATAN HWY S KILL DEVIL HILLS**BUILDING****ISSUED:** 12/11/2020**EXPIRES:** 06/09/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	42600.00
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* Progress inspections required to observe all hold down attachments.

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Ariana Hughes Date: 12 / 11 / 2020



Town of Kill Devil Hills

COMM

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

Planning and Inspection Department

BP2020-288	BUILDING
PROJECT NAME:	ISSUED: 12/16/2020
SITE ADDRESS: 2401 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 06/14/2021

APPLICANT: Blue Anchor Partners, LLC
23 Meredith Ct.
Monmouth, NJ 07750
201-660-4212

OWNER: Blue Anchor Partners, LLC
23 Meredith Ct.
Monmouth, NJ 07750
201-660-4212

CONTRACTOR: OCEAN BUILDERS LLC
PO BOX 160
Manns Harbor, NC 27953
252-480-5514

GENERAL: OCEAN BUILDERS LLC
PO BOX 160
Manns Harbor, NC 27953
252-480-5514

License: 56420
Expires: 12/31/2020

PARCEL:

PIN: 988517115597

Parcel Number: 003037000

Address: 2401 CROATAN HWY N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORE AMD BLK 22

Zoning:

Block: 22 **Lot(s):** 6-8 SUR DB 128/460

Legal Description:

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

PROJECT DESCRIPTION: Replace siding and trim on exterior

DEC 17 2020

BP2020-288

PROJECT NAME:

SITE ADDRESS: 2401 CROATAN HWY N KILL DEVIL HILLS

BUILDING

ISSUED: 12/16/2020

EXPIRES: 06/14/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	55000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 12/17/20

Comm



Town of Kill Devil Hills

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

DEC 15 2020

Planning and Inspection Department

MC2020-328

PROJECT NAME: Proof Bakery mechanical hood
SITE ADDRESS: 402 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/11/2020

EXPIRES: 06/09/2021

APPLICANT: BEASLEY, BILLY C
P O BOX 237
KILL DEVIL HILLS, NC 27948

OWNER: BEASLEY, BILLY C
P O BOX 237
KILL DEVIL HILLS, NC 27948

COMMERCIAL HOOD AND FIRE SUPPRES:

BLH, INC.
4111 South Croatan Highway
Nags Head, NC 27959

License: LEGACY UNKNOWN
Expires: 12/30/2050

PARCEL:

PIN: 988308796494

Parcel Number: 004029000

Address: 402 CROATAN HWY S KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 66

Lot(s): 15-17 & PT 18

Legal Description:

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

PROJECT DESCRIPTION: Install grease hood with fire suppression as required by the manufacturer drawings.

MC2020-328

PROJECT NAME: Proof Bakery mechanical hood
SITE ADDRESS: 402 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/11/2020

EXPIRES: 06/09/2021

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	20000.00
CONSTRUCTION TYPE	III
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

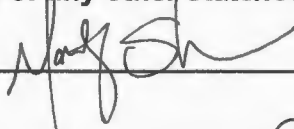
REQUIRED INSPECTIONS

Final _____ Fire _____
Rough In _____

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12-15-20



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-267

PROJECT NAME: DESTINATION FUN REMODEL
SITE ADDRESS: 1217 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/17/2020

EXPIRES: 06/15/2021

APPLICANT: WOODCAT, LLC
P.O. Box 1532
Kill Devil Hills, NC 27948

OWNER: WOODCAT, LLC
P.O. Box 1532
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312965709

Parcel Number: 004329000

Address: 1217 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 6

Lot(s): 7-9 & PT 10-12

Legal Description:

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

PROJECT DESCRIPTION: Removal of interior non-load bearing walls to remove mini golf and increase arcade area.
Removal of associated electrical and hvac.



PAID

JP
12/21/2020

BJ2020-267**PROJECT NAME:** DESTINATION FUN REMODEL
SITE ADDRESS: 1217 CROATAN HWY S KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/17/2020**EXPIRES:** 06/15/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	20
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	IV
CONSTRUCTION COST	250.00
ARCHITECT NAME AND LICENSE NUMBER	Cahoon & Kasten 51211
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

Rough In

Zoning Final

Final

CONDITIONS

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



Town of Kill Devil Hills

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

DEC 28 2020

Planning and Inspection Department

BJ2020-263	BUILDING JOINT
PROJECT NAME: 1006 Keg Cooler	ISSUED: 12/22/2020
SITE ADDRESS: 1006 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 06/20/2021

APPLICANT: CHIP BARGER 1006 S. Va. Dare Tr. Kill Devil Hills, NC 27948	OWNER: CHIP BARGER 1006 S. Va. Dare Tr. Kill Devil Hills, NC 27948
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 988308985302	Parcel Number: 004305000
Address: 1006 VA DARE TRL S KILL DEVIL HILLS	
Addition: KILL DEVIL HILLS SEC 1	Zoning:
Legal Description:	Block: 8 Lot(s): 4 & PT 3

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

PROJECT DESCRIPTION: Add keg cooler and build out tasting bar with new plumbing.

value?

10' x 6' shop

\$ 2000.00

BJ2020-263

PROJECT NAME: 1006 Keg Cooler

SITE ADDRESS: 1006 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/22/2020

EXPIRES: 06/20/2021

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12-28-2020



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2020-082

PROJECT NAME: New Harris Teeter Fuel Center
SITE ADDRESS: 2006 CROATAN HWY S KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/15/2020

EXPIRES:

PARENT PERMIT #: BJ2020-171

APPLICANT: HARRIS TEETER PROPERTIES LLC
701 Crestdale Road
MATTHEWS, NC 28105

OWNER: HARRIS TEETER PROPERTIES LLC
701 Crestdale Road
MATTHEWS, NC 28105

CONTRACTOR: D.R. Mozeley, Inc.
PO BOX 680970
CHARLOTTE, NC 28216
571-492-2210

UNLIMITED BUILDING: D.R. Mozeley, Inc.
PO BOX 680970
CHARLOTTE, NC 28216
571-492-2210

License: 3461
Expires:

PARCEL:

PIN: 989313037456

Parcel Number: 004896000

Address: 2006 CROATAN HWY S KILL DEVIL HILLS

Zoning:

Addition: SUBDIVISION - NONE

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

Legal Description:

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: 7 MDP fuel center, 540 sq ft kiosk, canopy, 2 underground storage tanks, and site improvements



PAID

Per 12/15/2020

By Paul

OP2020-082

PROJECT NAME: New Harris Teeter Fuel Center
SITE ADDRESS: 2006 CROATAN HWY S KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/15/2020

EXPIRES:

DETAILS


Permit

Name	Value
# OF TRASH CANS	0
PURPOSE	Commercial New
ZONING DISTRICT	C
FLOOD ZONE	X
OCCUPANCY TYPE	Business

CONDITIONS

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

Issued By:  CR

Contractor or Authorized Agent:  Date: 12 / 18 / 2020



Town of Kill Devil Hills

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

Planning and Inspection Department

SG2020-035	SIGN
PROJECT NAME: Natasha Blake/Coastal Massage	ISSUED: 12/08/2020
SITE ADDRESS: 114 MEADOWLARK ST W KILL DEVIL HILLS	EXPIRES: 06/06/2021

APPLICANT: Blake, Natasha PO Box 224 JARVISBURG, NC 27947 252-216-1659	OWNER: MYERS, RALPH DONALD PO BOX 2258 KILL DEVIL HILLS, NC 27948
--	--

CONTRACTOR: SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2021
---	--

PARCEL:

PIN: 988307794507	Parcel Number: 004198000
Address: 114 MEADOWLARK ST W KILL DEVIL HILLS	
Addition: KITTY HAWK SHORES - REVISED	Zoning: Block: 65 Lot(s): 11-13 & PT 14
Legal Description:	

FEES:	Paid	Due
Sign Permit Fee	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Add sign to free-standing and add sign to building

PAID
DEC - 8 2020

SG2020-035

PROJECT NAME: Natasha Blake/Coastal Massage
SITE ADDRESS: 114 MEADOWLARK ST W KILL DEVIL HILLS

SIGN**ISSUED:** 12/08/2020**EXPIRES:** 06/06/2021**DETAILS****Permit**

Name	Value
# OF SIGNS	2
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	10.66
SIGN - WALL PERMITTED (SQFT)	36.00
SIGN- WALL PROPOSED (SQ FT)	7.66
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	500.00
FLOOD ZONE	X

REQUIRED INSPECTIONS

Final

CONDITIONS

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

* Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.

No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).

Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.

* Free-standing sign cannot exceed 20 feet in elevation above street grade measured from ground elevation to the top of the sign structure. Sign cannot overhang into the right of way.

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

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



Town of Kill Devil Hills

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

DEC 10 2020

Planning and Inspection Department

BP2020-282

PROJECT NAME: South renovation
SITE ADDRESS: 502 COPLEY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/10/2020
EXPIRES: 06/08/2021

APPLICANT: SOUTH, ROBERT
PO BOX 1305
Kill Devil Hills, NC 27948

OWNER: SOUTH, ROBERT
PO BOX 1305
Kill Devil Hills, NC 27948

CONTRACTOR: SO NICE AGAIN
500 SAND DUNE DR
kitty hawk, nc 27949
252-202-8449

BUILDING LIMITED: SO NICE AGAIN
PO Box 253
kitty hawk, nc 27949
252-455-4328

License: 79762
Expires: 01/01/2021

PARCEL:

PIN: 988316835143

Parcel Number: 005037000

Address: 502 COPLEY DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2

Zoning:
Block: 1 **Lot(s):** 17

Legal Description:

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

PROJECT DESCRIPTION: replace insulation, drywall, trim, flooring

BP2020-282PROJECT NAME: South renovation
SITE ADDRESS: 502 COPLEY DR KILL DEVIL HILLS**BUILDING**

ISSUED: 12/10/2020

EXPIRES: 06/08/2021

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	15780.56
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* Exterior wall insulation is required to be R15

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

Issued By: 

Contractor or Authorized Agent: Paul Snyder / So Nice Again Date: 12/10/2020



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2020-088

PROJECT NAME: Sansotta Electrical
SITE ADDRESS: 406 DURHAM ST W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 12/17/2020

EXPIRES: 06/15/2021

APPLICANT: PHILLIP SANSOTTA
P.O. Box 967
NAGS HEAD, NC 27959
208-362-5480

OWNER: PHILLIP SANSOTTA
P.O. Box 967
NAGS HEAD, NC 27959
208-362-5480

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

License: 16445
Expires: 06/09/2021

PARCEL:

PIN: 988405187962

Parcel Number: 001348000

Address: 406 DURHAM ST W KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 633

Legal Description:

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

PROJECT DESCRIPTION: remove existing stove and receptacles from downstairs apartment



PAID
Check # 1120
CR

EL2020-088**PROJECT NAME:** Sansotta Electrical
SITE ADDRESS: 406 DURHAM ST W KILL DEVIL HILLS**ELECTRICAL****ISSUED:** 12/17/2020**EXPIRES:** 06/15/2021

DETAILS**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	400.00
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Charles Thuman**Contractor or Authorized Agent:** Julia Scheer **Date:** 12 / 18 / 2020

BP2020-272**PROJECT NAME:****SITE ADDRESS:** 906 CLIPPER CT KILL DEVIL HILLS**BUILDING****ISSUED:** 11/25/2020**EXPIRES:** 05/24/2021**DETAILS****Permit**

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

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Cameron Thompson **Date:** 11 / 25 / 2020



Town of Kill Devil Hills

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

PAID

DEC - 2 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-275

PROJECT NAME: Phillip Harrington Enterprises
SITE ADDRESS: 3008 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/01/2020

EXPIRES: 05/30/2021

APPLICANT: RELIANT CONSTRUCTION LLC
4275 Worthington Lane
kitty hawk, nc 27949
252-202-7007

OWNER: Harrington, Phillip
PO Box 2232
ELIZABETH CITY, NC 27909
252-312-4500

GENERAL, UNLIMITED: RELIANT CONSTRUCTION LLC
4275 Worthington Lane
kitty hawk, nc 27949
252-202-7007

License: 62339
Expires: 12/31/2020

PARCEL:

PIN: 987520812575

Parcel Number: 029610000

Address: 3008 BAY DR KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES REVISED

Block: 89 **Lot(s):** 3-5

Legal Description:

FEES:	Paid	Due
Pier/Bulkhead	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Bulkhead with conditions



PAID

12/2/2020

pay pay

BP2020-275

PROJECT NAME: Phillip Harrington Enterprises
SITE ADDRESS: 3008 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/01/2020

EXPIRES: 05/30/2021

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5
PURPOSE	Residential Accessory
CONSTRUCTION COST	25000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Zoning Final Inspection is required.
- * Once the accessory structure (bulkhead) is constructed a building permit for a principal structure shall be obtained within 180 days or the permit will be revoked and the property will be in violation of the KDH Zoning Code.

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Bl **Date:** 12 / 02 / 2020



Town of Kill Devil Hills

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

PAID

DEC - 2 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-274

PROJECT NAME: Phillip Harrington Enterprises
SITE ADDRESS: 3002 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/01/2020

EXPIRES: 05/30/2021

APPLICANT: RELIANT CONSTRUCTION LLC
4275 Worthington Lane
kitty hawk, nc 27949
252-202-7007

OWNER: Harrington, Phillip
PO Box 2232
ELIZABETH CITY, NC 27909
252-312-4500

GENERAL, UNLIMITED: RELIANT CONSTRUCTION LLC
4275 Worthington Lane
kitty hawk, nc 27949
252-202-7007

License: 62339
Expires: 12/31/2020

PARCEL:

PIN: 987520813551

Parcel Number: 029610001

Address: 3002 BAY DR KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES REVISED

Zoning:

Block: 89

Lot(s): 1-2 & PT
CHOWAN ST

Legal Description:

FEES:	Paid	Due
Pier/Bulkhead	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Bulkhead with conditions

PAID
12/1/2020
paypal

BP2020-274

PROJECT NAME: Phillip Harrington Enterprises
SITE ADDRESS: 3002 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/01/2020

EXPIRES: 05/30/2021

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5
PURPOSE	Residential Accessory
CONSTRUCTION COST	25000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Zoning Final Inspection is required.
- * Once the accessory structure (bulkhead) is constructed a building permit for a principal structure shall be obtained within 180 days or the permit will be revoked and the property will be in violation of the KDH Zoning Code.

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Issued By: Marty Shaw

Contractor or Authorized Agent: Bl **Date:** 12/01/2020



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-275	BUILDING
PROJECT NAME: Phillip Harrington Enterprises	ISSUED: 12/01/2020
SITE ADDRESS: 3008 BAY DR KILL DEVIL HILLS	EXPIRES: 05/30/2021

APPLICANT: RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	OWNER: Harrington, Phillip PO Box 2232 ELIZABETH CITY, NC 27909 252-312-4500
---	--

GENERAL, UNLIMITED:	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	License: 62339 Expires: 12/31/2020
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PARCEL:

PIN: 987520812575	Parcel Number: 029610000
Address: 3008 BAY DR KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES REVISED	Block: 89 Lot(s): 3-5
Legal Description:	

FEES:	Paid	Due
Pier/Bulkhead	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Bulkhead with conditions

BP2020-275

PROJECT NAME: Phillip Harrington Enterprises
SITE ADDRESS: 3008 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/01/2020

EXPIRES: 05/30/2021

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5
PURPOSE	Residential Accessory
CONSTRUCTION COST	25000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Zoning Final Inspection is required.
- * Once the accessory structure (bulkhead) is constructed a building permit for a principal structure shall be obtained within 180 days or the permit will be revoked and the property will be in violation of the KDH Zoning Code.

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

Issued By: 12 / 02 / 2020

Contractor or Authorized Agent: 12 / 01 / 2020 **Date:** 12 / 01 / 2020



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-277	BUILDING
PROJECT NAME: Vaughan Deck Rebuild	ISSUED: 12/04/2020
SITE ADDRESS: 1217C VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 06/02/2021

APPLICANT: MARTHA V VAUGHAN REVOCABLE LIVING TRUST PO BOX 1863 Kill Devil Hills, NC 27948	OWNER: MARTHA V VAUGHAN REVOCABLE LIVING TRUST PO BOX 1863 Kill Devil Hills, NC 27948
--	--

CONTRACTOR: RONNIE BALLANCE CO., INC.
3801 Moore Shores Drive
Kitty Hawk, NC 27949


GENERAL:	BALLANCE, RONNIE EARL 412 W. Sothel Street Kitty Hawk, NC 27949	License: 11375 Expires:
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PARCEL:

PIN: 989309073487	Parcel Number: 004873000
Address: 1217C VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition:	Block: 5 Lot(s): 3
Legal Description:	

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

PROJECT DESCRIPTION: replace 8x21 open deck on SE corner, use existing pilings

 **PAID**
12/4/2020
[Signature]

BP2020-277

PROJECT NAME: Vaughan Deck Rebuild

SITE ADDRESS: 1217C VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 12/04/2020

EXPIRES: 06/02/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
HEALTH DEPARTMENT PERMIT #	30281
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6600.00
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

.....
* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

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

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



Town of Kill Devil Hills

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

PAID

DEC - 7 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-276**BUILDING**

PROJECT NAME: Piling repair
SITE ADDRESS: 200 FIRST ST E KILL DEVIL HILLS

ISSUED: 12/03/2020

EXPIRES: 06/01/2021

APPLICANT: PIONEER FENCE CO INC
109 S JOHN STREET
NEWPORT, DE 19804

OWNER: PIONEER FENCE CO INC
109 S JOHN STREET
NEWPORT, DE 19804

CONTRACTOR: CLARENCE GIBBS
PO BOX 2387
Wanchese, NC 27954
252-202-5991

BUILDING UNLIMITED: Gibbs, Clarence
Po Box 2387
Manteo, NC 27954

License: 76990
Expires: 01/01/2021

PARCEL:

PIN: 988411561145

Parcel Number: 003172000

Address: 200 FIRST ST E KILL DEVIL HILLS

Zoning:

Addition: W R DEATON - DELRAY BEACH

Block: C **Lot(s):** PT 37 & 38

Legal Description:

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

PROJECT DESCRIPTION: remove rotten pilings and replace with 8x8, sister some pilings with 6x6

*Value
\$26,430.00*



PAID
12/7/2020
CK # 2956

BP2020-276**PROJECT NAME:** Piling repair**SITE ADDRESS:** 200 FIRST ST E KILL DEVIL HILLS**BUILDING****ISSUED:** 12/03/2020**EXPIRES:** 06/01/2021

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	26430.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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



Town of Kill Devil Hills

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

DEC - 8 2020

Planning and Inspection Department

BP2020-278	BUILDING
PROJECT NAME: WAGNER DECK AND STAIR REBUILD	ISSUED: 12/07/2020
SITE ADDRESS: 438 CHOWAN ST W KILL DEVIL HILLS	EXPIRES: 06/05/2021

APPLICANT: JIM WAGNER
800 Gatling Point Parkway
Smithfield, Va 23430

OWNER: JIM WAGNER
800 Gatling Point Parkway
Smithfield, Va 23430

CONTRACTOR: GARROTT, RYAN
311 SIR CHANDLER DR
Kill Devil Hills, NC 27948
252-305-7248

UNLICENSED - REMODELING: GARROTT, RYAN
311 SIR CHANDLER DR
Kill Devil Hills, NC 27948
252-305-7248

License: XXXXXX
Expires: 12/31/2030

PARCEL:

PIN: 987520911928

Parcel Number: 000678039

Address: 438 CHOWAN ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 58 **Lot(s):** 39-40

Legal Description:

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

PROJECT DESCRIPTION: REBUILD DECK AND STAIR, REPLACE 3 PILINGS, GIRDER PLAN BY ENGINEER

PAID
12/7/2020
Pay Pal

BP2020-278

PROJECT NAME: WAGNER DECK AND STAIR REBUILD
SITE ADDRESS: 438 CHOWAN ST W KILL DEVIL HILLS

BUILDING

ISSUED: 12/07/2020

EXPIRES: 06/05/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	21000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
Zoning Final

CONDITIONS

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



Town of Kill Devil Hills

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

PAID
DEC - 9 2020

Planning and Inspection Department

BP2020-279	BUILDING
PROJECT NAME: PERRY STAIR, FENCE, AND DRIVEWAY	ISSUED: 12/08/2020
SITE ADDRESS: 2004 YORKTOWN KILL DEVIL HILLS	EXPIRES: 06/06/2021

APPLICANT: PERRY, KURT
2004 YORKTOWN ST
Kill Devil Hills, NC 27948
602-526-0814

OWNER: PERRY, KURT
2004 YORKTOWN ST
Kill Devil Hills, NC 27948
602-526-0814

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405181688

Parcel Number: 001479000

Address: 2004 YORKTOWN KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 1351

Legal Description:

FEES:	Paid	Due
Fence	\$100.00	\$0.00
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Driveway Permit Fee	\$50.00	\$0.00
Totals :	\$300.00	\$0.00

PROJECT DESCRIPTION: REBUILD AND RECONFIGURE FRONT EXTERIOR STAIR PER ENGINEER DETAIL, CONSTRUCT ADDITIONAL REAR STAIR, CONSTRUCT FENCE ALONG PROPERTY LINE, REMOVE APPROX. 179 SQFT OF UNPERMITTED DRIVEWAY FOR ZONING COMPLIANCE

PAID
12/8/2020
MB Perry

BP2020-279**PROJECT NAME:** PERRY STAIR, FENCE, AND DRIVEWAY
SITE ADDRESS: 2004 YORKTOWN KILL DEVIL HILLS**BUILDING****ISSUED:** 12/08/2020**EXPIRES:** 06/06/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONSZoning Final
Final

Stringline

CONDITIONS

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



Town of Kill Devil Hills

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

PAID

DEC 14 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-284	BUILDING
PROJECT NAME: Robert Segars	ISSUED: 12/11/2020
SITE ADDRESS: 104 COVE CT KILL DEVIL HILLS	EXPIRES: 06/09/2021

APPLICANT: NEMESIO SALAZAR PO BOX 2183 Kill Devil Hills, NC 27948 252-489-3437	OWNER: SEGARS, ROBERT P 32 CHERBOURG DRIVE NEWPORT NEWS, VA 23606
--	--

CONTRACTOR:	SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2021
--------------------	--	--

PARCEL:

PIN: 988415545808	Parcel Number: 027182000
Address: 104 COVE CT KILL DEVIL HILLS	Zoning:
Addition: LANDING SECTION 1, THE	Block: 0 Lot(s): 27
Legal Description:	

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

PROJECT DESCRIPTION: Repair and replace siding

PAID
12/14/2020
CK# 519

BP2020-284**PROJECT NAME:** Robert Segars
SITE ADDRESS: 104 COVE CT KILL DEVIL HILLS**BUILDING****ISSUED:** 12/11/2020**EXPIRES:** 06/09/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	23000.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Nemesio Salazar **Date:** 12 / 11 / 2020



Town of Kill Devil Hills

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

PAID
DEC 14 2020
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2020-283	BUILDING
PROJECT NAME: Efird Deck and Stair Repair	ISSUED: 12/11/2020
SITE ADDRESS: 204 WILKINSON ST E KILL DEVIL HILLS	EXPIRES: 06/09/2021

APPLICANT: EFIRD, EARNEST 14 CARROLL DR HAMPTON, VA 23662	OWNER: EFIRD, EARNEST 14 CARROLL DR HAMPTON, VA 23662
--	--

CONTRACTOR: Lenz Homes Inc.
PO BOX 74
Point Harbor, NC 27964
252-207-2637

GENERAL BUILDING - LIMITED:	Lenz Homes Inc. PO BOX 74 Point Harbor, NC 27964 252-207-2637	License: 80731 Expires:
------------------------------------	--	--

PARCEL:

PIN: 988513131400	Parcel Number: 002984001
Address: 204 WILKINSON ST E KILL DEVIL HILLS	
Addition: VIRGINIA DARE SHORES	Zoning:
Legal Description:	Block: 10 Lot(s): 24-26

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

PROJECT DESCRIPTION: remove and replace existing decking and handrails, and exterior stair stringers, no change to footprint

PAID
12/11/2020
Pj Pel

BP2020-283**PROJECT NAME:** Efir Deck and Stair Repair
SITE ADDRESS: 204 WILKINSON ST E KILL DEVIL HILLS**BUILDING****ISSUED:** 12/11/2020**EXPIRES:** 06/09/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	12
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	24000.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Phillip Lemg Date: 12/11/2020



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-291

PROJECT NAME: Golasa steps
SITE ADDRESS: 3202 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/18/2020

EXPIRES: 06/16/2021

APPLICANT: ISRAEL GOLASA
3202 Bay Dr.
KDH, NC 27948
252-573-9033

OWNER: ISRAEL GOLASA
3202 Bay Dr.
KDH, NC 27948
252-573-9033

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987516830283

Parcel Number: 000314000

Address: 3202 BAY DR KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 235

Legal Description:

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

PROJECT DESCRIPTION: Replace front steps "as is / where is"

PAID
12/18/2020
R. Pol

BP2020-291**PROJECT NAME:** Golasa steps**SITE ADDRESS:** 3202 BAY DR KILL DEVIL HILLS**BUILDING****ISSUED:** 12/18/2020**EXPIRES:** 06/16/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Israel Golasa **Date:** 12 / 18 / 2020



Town of Kill Devil Hills

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

PAID

DEC 16 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-289

PROJECT NAME: Harrington Pilings
SITE ADDRESS: 508 SPORTSMAN DR W KILL DEVIL HILLS

BUILDING

ISSUED: 12/16/2020

EXPIRES: 06/14/2021

APPLICANT: HARRINGTON, BRICE
8713 MIDWAY RD
Richmond, VA 23229

OWNER: HARRINGTON, BRICE
8713 MIDWAY RD
Richmond, VA 23229

CONTRACTOR: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

RESIDENTIAL, LIMITED: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

License: 79801
Expires: 01/01/2021

PARCEL:

PIN: 988517006285

Parcel Number: 001550000

Address: 508 SPORTSMAN DR W KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:
Block: 0 **Lot(s):** 189

Legal Description:

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

PROJECT DESCRIPTION: replace 21 house pilings



PAID
12/16/2020
pay pnf

BP2020-289**PROJECT NAME:** Harrington Pilings**SITE ADDRESS:** 508 SPORTSMAN DR W KILL DEVIL HILLS**BUILDING****ISSUED:** 12/16/2020**EXPIRES:** 06/14/2021

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	18900.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-290	BUILDING
PROJECT NAME: Elizabeth Payne	ISSUED: 12/18/2020
SITE ADDRESS: 1008 CLAM SHELL DR KILL DEVIL HILLS	EXPIRES: 06/16/2021

APPLICANT: Harrod, David PO Box 1548 Kill Devil Hills, NC 27948 252-449-4135	OWNER: PAYNE, ELIZABETH B 1008 CLAM SHELL DR KILL DEVIL HILLS, NC 27948
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CONTRACTOR:	SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2021
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PARCEL:

PIN: 988409065970	Parcel Number: 002559000
Address: 1008 CLAM SHELL DR KILL DEVIL HILLS	Zoning:
Addition: CROATAN SHORES INC SEC 1	Block: 23 Lot(s): 8
Legal Description:	

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

PROJECT DESCRIPTION: Replace hand rails, steps and door

PAID
12/24/2020
JB

BP2020-290

PROJECT NAME: Elizabeth Payne
SITE ADDRESS: 1008 CLAM SHELL DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/18/2020

EXPIRES: 06/16/2021

DETAILS

Permit

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

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* Zoning Final Inspection is required.

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

Issued By: Charles Thuman

Contractor or Authorized Agent: David Harrod Date: 12 / 21 / 2020



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-293

PROJECT NAME: GROSS STAIRS
SITE ADDRESS: 207 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING

ISSUED: 12/21/2020
EXPIRES: 06/19/2021

APPLICANT: GROSS, DAVID
2907 N UNDERWOOD ST
ARLINGTON, VA 22213
1-703-536-5746

OWNER: GROSS, DAVID
2907 N UNDERWOOD ST
ARLINGTON, VA 22213
1-703-536-5746

GENERAL, UNLICENSED: Scarborough's Home Improvements
395 NORTH SPOT RD
Powells Point, NC 27966
491-6904

License: 123
Expires:

PARCEL:

PIN: 988316949324

Parcel Number: 008414000

Address: 207 OCEAN ACRES DR W KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: REBUILD STAIR AND RAILINGS



PAID

12/22/2020

EB *paypal*

BP2020-293

PROJECT NAME: GROSS STAIRS

SITE ADDRESS: 207 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING

ISSUED: 12/21/2020

EXPIRES: 06/19/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1600.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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