

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

Commercial Project Approval
Application # 202201589

Property Address: 2706 SOUTH CROATAN HWY **PIN #:** 989206289848 **Parcel:** 005691000

Lot/Block/Sec: LOT: PARCEL 2B BLK: SEC: **Subdivision:** SUBDIVISION - NONE

Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** PRIVATE CLUB

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

Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: FRATERNAL ORDER OF EAGLES - OUTER BANKS

Owner Address: PO BOX 2109 KILL DEVIL HILLS, NC 27948

Contractor Name: OCEAN BUILDERS, LLC **Contractor Phone:** 252-480-5514

Contractor Address: 349 Water Plant Rd Unit E Manteo, NC 27954

Description: Replace roof, south wall and reinforce existing second floor according to plans

Construction Value: \$191072 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| CA202203535 | COMM ADD-REM-REP-ACC | \$671.61 | SS | 12/08/2022 |

Conditions of Approval:

- Owner is aware Building will require a sprinkler system. Owner and engineer are in the process of working the water situation out. Owner is also aware they need a full 2018 Appendix B and engineered P, M and E's and floor plan.
- Permit approval is for the following: Demolition of south wall. Demolition of roof structure. Restoration of south wall is approved. Fixing existing second floor is approved. Addition of new floor space approved. Any needed demolition to complete repairs and restoration.
- Fire extinguisher required on site at all times during construction.
- Provide engineered floor truss info from manufacturer.
- Provide engineered 140 mph roof truss from manufacturer.
- Call for framing / sheathing inspection.
- Additional engineering may be requested.

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203533 | FLOOD PERMIT | \$0.00 | SS | 12/08/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| ZN202203534 | ZONING PERMIT - COMM | \$0.00 | KW | 12/08/2022 |

Conditions of Approval:

Zoning has been reviewed and approved to replace the fire damaged roof structure, southern building wall and to reinforce the existing second floor according the plans submitted.
No increase in floor area or customer service area proposed, applicant understands needs of fire suppression moving forward.
No increase in footprint or lot coverage is proposed at this time.
Final zoning inspection required prior to the issuance of Certificate of Compliance.

Additional Conditions:

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

TOWN OF NAGS HEAD
PO Box 99 Nags Head, NC 27959
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Commercial Project Approval
Application # 202201208

Property Address: 2424 SOUTH CROATAN HWY **PIN #:** 989317202582 **Parcel:** 005656005
Lot/Block/Sec: LOT: PAR A BLK: SEC: **Subdivision:** SUBDIVISION - NONE
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** COMMERCIAL
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: SOUTH BEACH PLAZA ASSOCIATES, LLC
Owner Address: PO BOX 2084 KITTY HAWK, NC 27949
Contractor Name: DODSON & COMPANY CONSTRUCTION, INC. **Contractor Phone:** 336-229-0539
Contractor Address: PO Box 1803 Burlington, NC 27216

Description: Interior front of house remodel of existing Dunkin Donuts; includes: new wall finishes, millwork, equipment and light fixtures as well as all associated plumbing and electrical; signage work to be done by sign vendor under separate permit
Construction Value: \$150000 **Classification of Work:** COMMERCIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| CA202203592 | COMM ADD-REM-REP-ACC | \$580.00 | SS | 12/13/2022 |

Conditions of Approval:

- Note: Most of the comments are heads up in nature and may not constitute a change to the plans. Please feel free to contact us if you have any questions.
- Cory Tate: 252-449-6043 or Steve Szymanski 252-449-2005
- 1. A pre-construction meeting is recommended before commencing work once the permit is issued. It will help with determining what type of inspections need to take place.
- 2. Approved customer plans on site for all inspections.
- 3. All changes to approved plans can only be made by the engineers of record. A stamped and signed letter or drawing will be required from the engineer of record.
- 4. Provide fire extinguisher on site at all times during construction.
- 5. Signage requires a separate permit
- 6. Label front and rear door with unit address. (if applicable)
- 7. Maintain all ADA signage.
- 8. Provide proper number of ADA dining seating per ANSI
- 9. All plumbing fixtures shall have cutoffs
- 10. Pipe supports per 2018 NC Plumbing Code or engineer requirements whichever is more restrictive.
- 11. All Kitchen 120-volt outlets shall be GFCI protected.
- 12. Tie lights need to be tied up independent of ceiling grid. Light supports shall be distinguishable from the ceiling supports
- 13. Additional engineering could be requested.
- 14. Review zoning permit conditions.
- Please note: All Final inspections will need to have been passed and entered in our computer program prior to being able to issue a Certificate of Occupancy.
- Zoning review contact is Kelly Wyatt: 252-449-6042
- Public works review contact is David Ryan: 252-449-6221
- Fire review contact is Shane Hite 252-449-2050

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203591 | FLOOD PERMIT | \$0.00 | SS | 12/13/2022 |

Conditions of Approval:

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

Commercial Project Approval
Application # 202201511

Property Address: 4800 SOUTH CROATAN HWY **PIN #:** 080113049010 **Parcel:** 024961512
Lot/Block/Sec: LOT: PARCEL L BLK: SEC: **Subdivision:** SUBDIVISION - NONE
Zoning: VILLAGE ATTACHED SF 4 **Land Use:** HOSPITAL
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: OUTER BANKS HOSPITAL INC
Owner Address: 4800 S CROATAN HWY NAGS HEAD, NC 27959

Contractor Name: C. A. Lewis, Inc. **Contractor Phone:** 252-757-3536
Contractor Address: 2825 S Charles Ave Greenville, NC 27858

Description: Replacing RF Equipment, room remodel
Construction Value: \$76487 **Classification of Work:** COMMERCIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| CA202203599 | COMM ADD-REM-REP-ACC | \$370.00 | SS | 12/13/2022 |

Conditions of Approval:

- Review fire comments. Pull trade permits prior to starting work. Call for all required inspections. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203598 | FLOOD PERMIT | \$0.00 | SS | 12/13/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| ZN202203597 | ZONING PERMIT - COMM | \$0 | KW | 0.0012/13/2022 |

Conditions of Approval:

Zoning has been reviewed and approved for interior remodel - no increase in footprint or lot coverage permitted.
Final zoning inspection required prior to issuance of Certificate of Occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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

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

TOWN OF NAGS HEAD
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Commercial Project Approval
Application # 202201651

Property Address: 5401 SOUTH CROATAN HWY **PIN #:** 080118227049 **Parcel:** 026404000
Lot/Block/Sec: LOT: BLK: SEC: **Subdivision:** SUBDIVISION - NONE
Zoning: VILLAGE INSTITUTIONAL **Land Use:** MUNICIPAL FACILITY
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: TOWN OF NAGS HEAD
Owner Address: P O BOX 99

Contractor Name: MACKO OBX CONSTRUCTION, INC. **Contractor Phone:** 252-480-6411
Contractor Address: PO Box 3689 Kill Devil Hills, NC 27948

Description: Replace 9 windows with Andersen A-series as well as replace wooden shutters with PVC shutters
Construction Value: \$31214 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| CA202203642 | COMM ADD-REM-REP-ACC | \$0.00 | SS | 12/15/2022 |

Conditions of Approval:

- Review window and door handout we have provided. Call for air sealing inspection. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203641 | FLOOD PERMIT | \$0.00 | SS | 12/15/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| ZN202203640 | ZONING PERMIT - COMM | \$0 | KW | 0.0012/15/2022 |

Conditions of Approval:

Zoning has been reviewed and approved for replacement of windows and shutters only. All work to be within the existing footprint.

Additional Conditions:

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

PLEASE NOTE:

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

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

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

(ZONING) RIGHT OF APPEAL



Commercial Project Approval
Application # 202201605

Property Address: 123 WEST WESTSIDE CT **PIN #:** 071810469537 **Parcel:** 007324008
Lot/Block/Sec: LOT: 8 BLK: SEC: **Subdivision:** CHAWANOOK WEST
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** MUNICIPAL FACILITY
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0719 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: TOWN OF NAGS HEAD
Owner Address: P O BOX 99

Contractor Name: JACOBS TELECOMMUNICATIONS INC. **Contractor Phone:** 678-926-1501
Contractor Address: 5449 Bell Ferry Road

Description: Add (6) antenna, stacked, and (1) surge suppression box on existing antenna mounts. No ground work or disturbance.

Construction Value: \$15000 **Classification of Work:** COMMERCIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| CA202203639 | COMM ADD-REM-REP-ACC | \$190.00 | SS | 12/15/2022 |

Conditions of Approval:

- Provide engineer certification prior to scheduling final inspection

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| ZN202203638 | ZONING PERMIT | \$0 | KB | 12/15/2022 |

Conditions of Approval:

Add (6) antenna, stacked, and (1) surge suppression box on existing antenna mounts. No ground work or disturbance. Must complete final inspection to receive final certificate of occupancy

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

DECISION: Approved with Conditions (See above)



Responsible Party **Date**



**Commercial Project Approval
Application # 202201605**

Property Address: 123 WEST WESTSIDE CT **PIN #:** 071810469537 **Parcel:** 007324008
Lot/Block/Sec: LOT: 8 BLK: SEC: **Subdivision:** CHAWANOOK WEST
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** MUNICIPAL FACILITY
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0719 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: TOWN OF NAGS HEAD
Owner Address: P O BOX 99

Contractor Name: JACOBS TELECOMMUNICATIONS INC. **Contractor Phone:** 678-926-1501
Contractor Address: 5449 Bell Ferry Road

Description: Add (6) antenna, stacked, and (1) surge suppression box on existing antenna mounts. No ground work or disturbance.

Construction Value: \$15000 **Classification of Work:** COMMERCIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| CA202203639 | COMM ADD-REM-REP-ACC | \$190.00 | SS | 12/15/2022 |

Conditions of Approval:

- Provide engineer certification prior to scheduling final inspection

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| ZN202203638 | ZONING PERMIT | \$0 | KB | 12/15/2022 |

Conditions of Approval:

Add (6) antenna, stacked, and (1) surge suppression box on existing antenna mounts. No ground work or disturbance. Must complete final inspection to receive final certificate of occupancy

Additional Conditions:

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

PLEASE NOTE:


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

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

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

DECISION: Approved with Conditions (See above)



Responsible Party **Date**

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

Commercial Project Approval
Application # 202201620

Property Address: 7031 SOUTH VA DARE TRL **PIN #:** 08001564980101 **Parcel:** 006600000
Lot/Block/Sec: LOT: 15-17 & PT 14 BLK: 5 SEC: **Subdivision:** OCEAN VILLAS I
Zoning: COMMERCIAL/RESIDENTIAL DISTRIC **Land Use:** MULTI-FAMILY DWELLING
Flood Zone: AO **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 12
Map Panel No: 0800 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: OCEAN VILLAS HOMEOWNERS ASSOCIATION INC
Owner Address: PO BOX 125

Contractor Name: PROPERTY OWNER **Contractor Phone:**
Contractor Address: See Above 000, 00 00000

Description: Repair of existing dun walk over, rebuild over existing in same footprint OCEAN VILLAS HOMEOWNERS ASSOC

Construction Value: \$8500 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| CA202203713 | COMM ADD-REM-REP-ACC | \$160.00 | SS | 12/21/2022 |

Conditions of Approval:

- Review beach walkway permit condition handout we have provided. Call for material check. Call for final inspection. Any questions call Steve at 252 449 2005

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203712 | FLOOD PERMIT | \$0.00 | SS | 12/21/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| ZN202203711 | ZONING PERMIT - COMM | \$0 | KB | 0.0012/21/2022 |

Conditions of Approval:

Repair over existing dune walk-over in same footprint. Must follow all conditions in the CAMA exemption letter as well as the building permit. Must complete final inspection to receive final certificate of occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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

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



Commercial Sign Approval
Application # 202201642

Property Address: 5000 SOUTH CROATAN HWY **PIN #:** 080113133277 **Parcel:** 029099000
Lot/Block/Sec: LOT: 3 & 4 BLK: SEC: **Subdivision:** OUTER BANKS MALL
Zoning: VILLAGE COMMERCIAL 1 **Land Use:** SHOPPING CENTER **Flood Zone:** X

Owner Name: NAGS HEAD COMPANY LLC
Owner Address: PO BOX 108

Contractor Name: AD LIGHT SIGNS **Contractor Phone:** 252-202-4625
Contractor Address: 600 W Boundary St Kill Devil Hills, NC 27948

Description: Production & installation of front lit channel letter sign
Construction Value: \$8000 **Classification of Work:** ACCESSORY STRUCTURE (COMMERCIAL SIGN)

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| SG202203710 | BUILDING SIGN PERMIT | \$75.00 | SS | 12/21/2022 |

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Caroline Decker to discuss 252-480-4707 carolinbed@vrobx.com prior to commencing construction.
-
- Pull electrical permit. Call for zoning and building final inspection

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------------|---------------------|--------------|----------------|
| ZS202203708 | ZONING - COMMERCIAL SIGN | \$75.00 | KB | 12/21/2022 |

Conditions of Approval:

- Production and installation of front lit channel sign 20.5" x 234"
- Electrical Permit required; Must comply with all conditions of Electrical Permit
- Any modification to the approved permit shall be submitted to Planning for review. Must complete final inspection to receive final certificate of occupancy.
- Building Permit required; Must comply with all conditions of Building Permit

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

Pursuant to Section 48-594(b)(1) of the Nags Head Zoning Ordinance, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

Approved with Conditions (See Above)

DECISION: Approved with Conditions (See above)

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

Commercial Project Approval
Application # 202201660

Property Address: 2230 SOUTH CROATAN HWY **PIN #:** 989317116794 **Parcel:** 005618000

Lot/Block/Sec: LOT: 1A-1R BLK: SEC: **Subdivision:** CHARLES L SINEATH DIVISION

Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** OFFICE/RETAIL

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

Map Panel No: 9893 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: COASTAL BLUEWATER CAPITAL, LLC

Owner Address: PO BOX 969

Contractor Name: Aria Construction & Development, Inc.

Contractor Phone: 252-796-7737

Contractor Address: PO Box 321 Creswell, NC 27928

Description: Removal of equip/dividing wall to convert space to retail relo 1 freezer 2 coolers 2 bathrms 1 hot water heater

Construction Value: \$75000

Classification of Work: COMMERCIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| CA202203762 | COMM ADD-REM-REP-ACC | \$370.00 | SS | 12/30/2022 |

Conditions of Approval:

- Permit is approved only for scope of work submitted. This is the approved scope: Removal of equip/dividing wall to convert space to retail and relocate 1 freezer 2 coolers 2 bathrooms 1 hot water heater. Addition on plans is not approved at this time. Review additional comment sheet concerning project in paperwork given to you. Pull all trade permits before work is started. Call for demo inspection final when demo complete. Call for all required inspections. Call for fire, zoning and building final inspections. Call Steve for a site visit prior to starting 252 449 2005

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203761 | FLOOD PERMIT | \$0.00 | SS | 12/30/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|----------------------|---------------------|--------------|----------------|
| ZN202203760 | ZONING PERMIT - COMM | \$0 | KW | 12/30/2022 |

Conditions of Approval:

Zoning has been reviewed and approved for interior renovations as needed in anticipation of adding additional retail space. This permit does not authorize the conversion to retail, only the work needed in advance. Awaiting authorization from the Nags Head Board of Commissioners Special Use Permit re: additional parking with bicycle rack reduction. All work to remain within the existing footprint. No increase in footprint or lot coverage permitted. Final zoning inspection required upon completion.

Additional Conditions:

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202201580

Property Address: 8414 SOUTH OLD OREGON INLET RD **PIN #:** 070908981762 **Parcel:** 007038000

Lot/Block/Sec: LOT: 108 BLK: 6 SEC: **Subdivision:** BODIE ISLAND BEACH

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

Flood Zone: AE **Base Flood Elevation:** 4.0 **Regulatory Flood Elevation:** 9

Map Panel No: 0709 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: ROBERTSON, TIMOTHY P - ROBERTSON, DONNA

Owner Address: 3025 DOGWOOD TER

Contractor Name: GS REMODELS INC **Contractor Phone:** 757-754-0018

Contractor Address: 801 N POINDEXTER ST

Description: Replace railings, posts, replace the decking boards

Construction Value: \$10000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203466 | RES ADD-REM-REP-ACC | \$160.00 | SS | 12/01/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair handout we have provided. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203465 | FLOOD PERMIT | \$0.00 | SS | 12/01/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203464 | ZONING PERMIT - RES | \$0.00 | KW | 12/01/2022 |

Conditions of Approval:

Zoning has been reviewed and approved to replace railings and deck boards only. No increase in footprint or lot coverage approved.

Final zoning inspection required prior to issuance of Certificate of Compliance.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202201466

Property Address: 9629C EAST SPENCER ST **PIN #:** 071806488137 **Parcel:** 007329000

Lot/Block/Sec: LOT: 1 BLK: SEC: **Subdivision:** SUFFOLK COLONY

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

Flood Zone: SHX **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 12

Map Panel No: 0718 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: WILLIAMS, CALVIN T - WILLIAMS, STACEY NI
Owner Address: 2400 BRAMBLETON RD

Contractor Name: ACS-OBX LLC **Contractor Phone:** 252-599-2999
Contractor Address: P O BOX 1771

Description: Replace 28x10 deck and add steps on west side of house
Construction Value: \$30000 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203484 | RES ADD-REM-REP-ACC | \$220.00 | SS | 12/02/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair handout we have provided. Call for final inspection
-

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203483 | FLOOD PERMIT | \$0.00 | SS | 12/02/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203482 | ZONING PERMIT - RES | \$0.00 | KB | 12/02/2022 |

Conditions of Approval:

Replace 28x10 deck in same footprint. adding 4x4 landing and steps to ground on west side of house. Must complete final zoning inspection to receive final certificate of occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



Residential Project Approval
Application # 202201531

Property Address: 4805 SOUTH VA DARE TRL **PIN #:** 080113148993 **Parcel:** 008735001

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

Subdivision: BRANT SHORES

Zoning: COMMERCIAL/RESIDENTIAL DISTRIC

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12

Map Panel No: 0801

Map Panel Date: 06/19/2020

Suffix: K

Datum Used: NAVD 1988

Owner Name: PITSY LLC

Owner Address: 444 BOWEN DR EXTON, PA 19341

Contractor Name: PHILIP C. KANIS T/A CEDAR SCAPE CONST. C

Contractor Phone: 252-480-5547

Contractor Address: 713 Colington Drive Kill Devil Hills, NC 27948

Description: Rebuild walkway to beach over existing walkway & adding a 12'x16' deck w/bench seats CAMA # 2022-031

Construction Value: \$16000

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203492 | RES ADD-REM-REP-ACC | \$190.00 | SS | 12/05/2022 |

Conditions of Approval:

- Review comments on your plans. Review beach walkway handout we have provided. Call for piling inspection. Call for a site visit prior to starting work. Call Steve at 252 449 2005. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203490 | FLOOD PERMIT | \$0.00 | SS | 12/05/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203491 | ZONING PERMIT - RES | \$0.00 | KB | 12/05/2022 |

Conditions of Approval:

REBUILD WALKWAY TO BEACH OVER EXISITING WALKWAY AND ADD 12' X 16' DECK WITH BENCH SEATS. Must complete final inspection to receive final certificate of occupancy. MUST HAVE A FINAL CAMA INSPECTION BEFORE CERTIFICATE OF OCCUPANCY CAN BE ISSUED.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



Residential Project Approval
Application # 202201576

Property Address: 4931 SOUTH VA DARE TRL **PIN #:** 080113243020 **Parcel:** 000380042
Lot/Block/Sec: LOT: 1 BLK: SEC: **Subdivision:** SEVEN SISTERS EAST
Zoning: VILLAGE DET RES SF 2 **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12
Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: BBM REAL ESTATE HOLDINGS LLC
Owner Address: PO Box 43 Elma, NY 14059

Contractor Name: TABB, WILLIAM DAVID **Contractor Phone:** 252-207-2630
Contractor Address: P O BOX 1077 NAGS HEAD, NC 27959

Description: Replace existing pool fence with new, replace beach walkover repair pool cabana roof no change in footprint

Construction Value: \$29000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203495 | RES ADD-REM-REP-ACC | \$220.00 | SS | 12/05/2022 |

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Caroline Decker to discuss 252-480-4707 corolind@vrobx.com prior to commencing construction.
 - Review beach walkway handout we have provided. Call for material check. Deck piles shall be 16 foot minimum tip penetration. Pool barrier shall be break away construction. Review zoning permit conditions. Review appendix V we have provided. Call for final inspections
-

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203493 | FLOOD PERMIT | \$0.00 | SS | 12/05/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203494 | ZONING PERMIT - RES | \$0.00 | KB | 12/05/2022 |

Conditions of Approval:

Replace existing pool fence with new. Replace beach walkover with new. Repair pool cabana roof (no change in foot print. Must complete final inspection to receive final certificate of occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202201546

Property Address: 406 WEST BARRACUDA DR **PIN #:** 989112863991 **Parcel:** 007802000
Lot/Block/Sec: LOT: 44 BLK: SEC: E **Subdivision:** OLD NAGS HEAD COVE SEC E
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9891 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: WALTRIP, LINWOOD L II - WALTRIP, HOLLY M
Owner Address: 4331 ACORN LN QUINTON, VA 23141

Contractor Name: PROPERTY OWNER **Contractor Phone:**
Contractor Address: See Above

Description: Remove existing top deck, frame out and enclose for new sitting room - 309 HSF, reside new walls, windows, shingles, all in same footprint - adding 309 HSF

Construction Value: \$28500 **Classification of Work:** RESIDENTIAL ADDITION

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203499 | RES ADD-REM-REP-ACC | \$220.00 | SS | 12/06/2022 |

Conditions of Approval:

- Properly contain and dispose of construction debris. Windows and doors shall be code compliant. HVAC shall be code compliant. Pull all trade permits prior to starting work. Call for all required inspections. Provide smoke and co2 detectors to code throughout home. Any questions call Steve at 252 449 2005

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203497 | FLOOD PERMIT | \$0.00 | SS | 12/06/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203498 | ZONING PERMIT - RES | \$0.00 | KB | 12/06/2022 |

Conditions of Approval:

Remove existing top deck, frame out and enclose for new sitting room - 309 HSF, reside new walls, windows shingles. All work to remain in existing footprint. Must complete final zoning inspection to receive certificate of occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



Residential Project Approval
Application # 202201377

Property Address: 8003 SOUTH OLD OREGON INLET RD **PIN #:** 080016820714 **Parcel:** 006952000

Lot/Block/Sec: LOT: 4 BLK: 1 SEC: **Subdivision:** BODIE ISLAND BEACH

Zoning: COMMERCIAL/RESIDENTIAL DISTRIC **Land Use:** SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:**

Map Panel No: **Map Panel Date:** **Suffix:** **Datum Used:**

Owner Name: SENSABAUGH, SUZANNE MARIA

Owner Address: 9715 GULF SHORE DR NO 103 NAPLES, FL 34108

Contractor Name: Sea Thru Construction, Inc. **Contractor Phone:** 252-202-4692

Contractor Address: PO Box 2471 KITTY HAWK, NC 27949

Description: Remodel kitchen, bathrooms, flooring, windows, sliders, powder room, painting

Construction Value: \$206400 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203503 | RES ADD-REM-REP-ACC | \$694.60 | SS | 12/06/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Provide receipts prior to scheduling final inspection to verify cost of job (\$196,000). Review window and door handout we have provided. Provide smoke and co2 detector to code throughout home. Pull all trade permits prior to starting any work. All work shall meet today's codes. Review zoning permit conditions. Call for final inspections

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203502 | FLOOD PERMIT | \$0.00 | SS | 12/06/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203504 | ZONING PERMIT - RES | \$0.00 | KB | 12/06/2022 |

Conditions of Approval:

Remodel kitchen, bathrooms, flooring, windows, sliders, powder room, painting. No work to be done outside of existing footprint. Must complete final zoning inspection to receive certificate of occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202201520

Property Address: 9420 SOUTH OLD OREGON INLET RD **PIN #:** 071806396744 **Parcel:** 007970027

Lot/Block/Sec: LOT: 27 BLK: SEC: **Subdivision:** HOLLYWD BCH RECOMB/SO CREEK AC

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE

Flood Zone: AE **Base Flood Elevation:** 4.0 **Regulatory Flood Elevation:** 9

Map Panel No: 0718 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: FRIEDMAN, MEI

Owner Address: 406 JOHN CARLYLE ST ALEXANDRIA, VA 22314

Contractor Name: ART OF LIVING DAPHNE, LLC

Contractor Phone: 571-257-8818

Contractor Address: 3535 Poseidon Ct Kitty Hawk, NC 27949

Description: Add swimming pool

Construction Value: \$35000 **Classification of Work:** RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203508 | RES ADD-REM-REP-ACC | \$250.00 | SS | 12/07/2022 |

Conditions of Approval:

- Permit is for Pool install only. Provide health department final inspection prior to calling for pool final inspection (if applicable). Review zoning permit conditions and call for zoning final inspection. Pull electrical permit. Call for any electrical trench inspections. Call for all required bonding inspections. Pool barrier shall comply with 2018 Appendix V. Pool equipment shall be elevated at or above the 9 foot RFPE. Call for final inspection.

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203506 | FLOOD PERMIT | \$0.00 | SS | 12/07/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203507 | ZONING PERMIT - RES | \$0.00 | KB | 12/07/2022 |

Conditions of Approval:

ADDING A SWIMMING POOL AND CONCRETE POOL DECK AND POOL FENCE. AS BUILT IS REQUIRED BEFORE FINAL INSPECTION, Must complete final inspections (Building and Zoning) to receive certificate of occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202201579

Property Address: 9118 SOUTH OLD OREGON INLET RD **PIN #:** 071917224374 **Parcel:** 007970071

Lot/Block/Sec: LOT: 71 BLK: SEC: **Subdivision:** HOLLYWD BCH RECOMB/SO CREEK AC

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

Flood Zone: AE

Owner Name: HULME, CHRISTINE ANN

Owner Address: 4206 KIMBRELEE CT ALEXANDRIA, VA 22309

Contractor Name: PROPERTY OWNER **Contractor Phone:**

Contractor Address: See Above 000, 00 00000

Description: Repair deck treads/wood, railings, staircase; add beam & remove spiral staircase

Construction Value: \$28000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203515 | RES ADD-REM-REP-ACC | \$220.00 | SS | 12/07/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair and stair handouts we have provided. Call for final inspection

PUBLIC WORKS INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203513 | FLOOD PERMIT | \$0.00 | SS | 12/07/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203514 | ZONING PERMIT - RES | \$0.00 | KB | 12/07/2022 |

Conditions of Approval:

- Repair deck treads, railings and stair tread, add beam, remove spiral staircase; all work to be done in existing footprint. Must complete final inspection (Building & Zoning) to receive certificate of occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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

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



Residential Project Approval
Application # 202201587

Property Address: 9018 SOUTH OLD OREGON INLET RD **PIN #:** 071913231019 **Parcel:** 007970205

Lot/Block/Sec: LOT: 5 BLK: SEC: **Subdivision:** SOUTH CREEK ACRES PH 2

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE

Flood Zone: SHX **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9

Map Panel No: 0719 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: OLIVER, MARY

Owner Address: 4 HAMMOCK VLG MANTEO, NC 27954

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above

Description: Repair screened porch, replace siding & rotten wood (10x19') Replace pool fence

Construction Value: \$20000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203518 | RES ADD-REM-REP-ACC | \$190.00 | SS | 12/07/2022 |

Conditions of Approval:

- You have 2 open permits that need closed out. (1) Kitchen remodel and (2) front deck and rail replacement.
- Call for a site visit to determine building permit conditions for new projects. Review appendix V we have provided to meet Pool Barrier construction requirements. Call Steve 252 449 2005

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203516 | FLOOD PERMIT | \$0.00 | SS | 12/07/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203517 | ZONING PERMIT - RES | \$0.00 | KB | 12/07/2022 |

Conditions of Approval:

Repair screened porch, replace siding & rotten wood (10x19') Replace pool fence. Must complete final (Building & Zoning) inspection to receive certificate of occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



Residential Project Approval
Application # 202201592

Property Address: 2426 SOUTH MEMORIAL AVE **PIN #:** 989318209986 **Parcel:** 005668000
Lot/Block/Sec: LOT: 9 BLK: SEC: 1 **Subdivision:** CONCH SHELL ESTATES
Zoning: HIGH DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9893 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: HANNAGAN, MARY B TTEE
Owner Address: 11 DICKINSON LN WILMINGTON, NC 19807
Contractor Name: PUGH BROTHERS CONSTRUCTION, LLC **Contractor Phone:** 252-207-1468
Contractor Address: 172 SWAN VIEW DR KILL DEVIL HILLS, NC 27948

Description: New siding & exterior trim w/L.P. Smart lap
Construction Value: \$22300 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203526 | RES ADD-REM-REP-ACC | \$220.00 | SS | 12/08/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Properly contain and dispose of construction debris. Call for sheathing / framing repair inspection if any repairs occur. Pull electrical permit to contend with wiring issues as they arise. Install siding per product evaluation report. Call for final inspection.
-

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203524 | FLOOD PERMIT | \$0.00 | SS | 12/08/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203525 | ZONING PERMIT - RES | \$0.00 | KB | 12/08/2022 |

Conditions of Approval:

NEW SIDING AND EXTERIOR TRIM WITH L.P. SMART LAP.
MUST HAVE FINAL (BUILDING & ZONING) INSPECTION TO RECEIVE CERTIFICATE OF OCCUPANCY.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



Residential Project Approval
Application # 202201595

Property Address: 8717 SOUTH OLD OREGON INLET RD **PIN #:** 071909154640 **Parcel:** 026852000
Lot/Block/Sec: LOT: 6 BLK: 1 SEC: 5 **Subdivision:** HOLLYWOOD BEACH SEC 5 AMENDED
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12
Map Panel No: 0719 **Map Panel Date:** 06/19/2020 **Suffix:** k **Datum Used:** NAVD 1988

Owner Name: EBRON, JULIA ETHERIDGE
Owner Address: 6712 NEWINGTON RD LORTON, VA 22079

Contractor Name: Hardin Eric Wyant **Contractor Phone:** 252-216-8991
Contractor Address: 100 Inge Dr Manteo, NC 27954

Description: Full kitchen & master bath remodel top floor, removing fireplace, non-load bearing, new interior steps from 1st floor to top floor; removal of closet to enlarge master bath, non-load bearing; replacing 4 sliders

Construction Value: \$175000 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203532 | RES ADD-REM-REP-ACC | \$657.50 | SS | 12/08/2022 |

Conditions of Approval:

- Provide proof that there is nothing flood non conforming about this structure. Provide smoke and co2 detectors to code throughout home. Pull all trade permits prior to starting work. Call for all required inspections. Review zoning permit conditions. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203531 | FLOOD PERMIT | \$0.00 | SS | 12/08/2022 |

Conditions of Approval:

Additional Conditions:

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

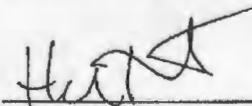
PLEASE NOTE:

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

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

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

DECISION: Approved with Conditions (See above)


Responsible Party

12-9-22
Date



Residential Project Approval
Application # 202201440

Property Address: 3413 SOUTH VA DARE TRL **PIN #:** 989211654692 **Parcel:** 007613000
Lot/Block/Sec: LOT: 7 BLK: SEC: **Subdivision:** PIER ONE
Zoning: COMMERCIAL/RESIDENTIAL DISTRIC **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: SANDY SOUTHPAWS, LLC
Owner Address: 8416 COPPICE CIR RALEIGH, NC 27615

Contractor Name: Compass Edge Construction, Inc. **Contractor Phone:** 252-202-4217
Contractor Address: 103 High Dune Lp Southern Shores, NC 27949

Description: Add elevator on front (west side) of house CAMA 22-036

Construction Value: \$120000 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203557 | RES ADD-REM-REP-ACC | \$500.00 | SS | 12/12/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Properly contain and dispose of construction debris. All work shall meet current codes. Pull trade permits prior to starting work. Call for all required inspections. Provide elevator cert letter. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203555 | FLOOD PERMIT | \$0.00 | SS | 12/12/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203556 | ZONING PERMIT - RES | \$0.00 | KB | 12/12/2022 |

Conditions of Approval:

Remove approximately 50 square feet of stairs and deck and add approximately 27 sq feet for elevator on west side of house.

Property legally nonconforming @ 6,056 square feet; as part of development permit for elevator contractor is removing 50 square feet of stairs and decking and adding 27 square feet for the elevator. No increase in degree of non-conformity.

AS BUILT REQUIRED PRIOR TO FINAL INSPECTION.

MUST HAVE FINAL (ZONING & BUILDING) INSPECTION TO RECIEVE CERTIFICATE OF OCCUPANCY.

Additional Conditions:

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202201462

Property Address: 2810 SOUTH LOST COLONY DR **PIN #:** 989205270659 **Parcel:** 005852000

Lot/Block/Sec: LOT: 31 BLK: C SEC: **Subdivision:** VISTA COLONY WEST

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

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

Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: LOWE, JENNIFER L

Owner Address: 2810 S LOST COLONY DR

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above

Description: Adding bedroom & bathroom under existing footprint of the house for an additional 200 HSF

Construction Value: \$20000 **Classification of Work:** RESIDENTIAL ADDITION

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203560 | RES ADD-REM-REP-ACC | \$190.00 | SS | 12/12/2022 |

Conditions of Approval:

- A new flood elevation cert may be required. Pull all trade permits prior to starting work. Call for all required inspections. Provide smoke and co2 detectors to code throughout home and addition. Permit is only approved based on scope of work given on building permit application. Review zoning and public works permit conditions. Call for final inspections

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203558 | FLOOD PERMIT | \$0.00 | SS | 12/12/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203559 | ZONING PERMIT - RES | \$0.00 | MK | 12/12/2022 |

Conditions of Approval:

All work within existing footprint of house, no additional lot coverage
Not adding additional bedrooms; house will stay three bedrooms. Dry entry connects upstairs and downstairs - not considered a duplex
Call for final zoning 252-441-7016

Additional Conditions:

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

PLEASE NOTE:

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

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

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



Residential Project Approval
Application # 202201625

Property Address: 4322 SOUTH VA DARE TRL **PIN #:** 080108073217 **Parcel:** 008613005
Lot/Block/Sec: LOT: 5 BLK: B1 SEC: 3 **Subdivision:** ROANOKE SOUND SHORES RESUB S 3
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:**
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 0
Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: PARDEW, SCOTT JAMES - PARDEW, MELISSA BR
Owner Address: 10525 SILVERTHORN CT

Contractor Name: Jay Perrin DBA Outer Banks Deck & Fence **Contractor Phone:** 252-305-8000
Contractor Address: PO Box 1734 Kill Devil Hills, NC 27948

Description: Replace decking & rails on front entry decks & rear 3rd floor deck, reframe main entry staircase SWO
Construction Value: \$12500 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203572 | RES ADD-REM-REP-ACC | \$190.00 | SS | 12/13/2022 |

Conditions of Approval:
- SWO. Work is about complete. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203571 | FLOOD PERMIT | \$0.00 | SS | 12/13/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203570 | ZONING PERMIT - RES | \$0.00 | KB | 12/13/2022 |

Conditions of Approval:
REPLACE DECKING AND RAILS ON FRONT ENTRY AND REAR 3RD FLOOR DECKS, RE FRAME MAIN ENTRY STAIRCASE. ALL WORK TO STAY IN SAME FOOTPRINT.
ANY WORK THAT CHANGES FROM ORIGINAL SUBMITTED PLAN MUST BE SUBMITTED AND REVIEWED FOR APPROVAL THE PLANNING DEPARTMENT.
MUST HAVE FINAL INSPECTION TO RECEIVE FINAL CERTIFICATE OF OCCUPANCY.

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202201613

Property Address: 4117 SOUTH THIRTEENTH ST **PIN #:** 989111763948 **Parcel:** 030476000
Lot/Block/Sec: LOT: 38 BLK: SEC: 3 **Subdivision:** SOUTHRIDGE SEC 3
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: AE **Base Flood Elevation:** 4.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9891 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: MURENSKY, CATHERINE L
Owner Address: 14950 W EVANS PL

Contractor Name: DELFERA, WILLIAM **Contractor Phone:** 610-247-8227
Contractor Address: 4148 DOWDY LN

Description: Replace existing decks, handrails & stairs staying in existing footprint
Construction Value: \$16400 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203575 | RES ADD-REM-REP-ACC | \$190.00 | SS | 12/13/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair handout we have provided. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203574 | FLOOD PERMIT | \$0.00 | SS | 12/13/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203573 | ZONING PERMIT - RES | \$0.00 | KB | 12/13/2022 |

Conditions of Approval:

REPLACE EXISTING STAIRS, DECKS AND HANDRAILS, ALL WORK TO REMAIN IN EXISTING FOOTPRINT. IF ANY WORK WILL BE ALTERED FROM WHAT WAS ORIGINALLY SUBMITTED BE RESUBMIT THE CHANGES TO PLANNING AND ZONING DEPARTMENT FOR PRIOR APPROVAL BEFORE CHANGING/ALTERING WORK. MUST HAVE FINAL INSPECTION TO RECEIVE FINAL CERTIFICATE OF OCCUPANCY.

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant. In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202201588

Property Address: 3317 SOUTH LINDA LN **PIN #:** 989211552791 **Parcel:** 016551034
Lot/Block/Sec: LOT: 31 BLK: SEC: **Subdivision:** OLD NAGS HEAD PLACE
Zoning: HIGH DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: ADCOCK, CLYDE WESLEY
Owner Address: 4814 LAKELAND RD

Contractor Name: ACS-OBX LLC **Contractor Phone:** 252-599-2999
Contractor Address: P O BOX 1771

Description: Add elevator

Construction Value: \$100000 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203596 | RES ADD-REM-REP-ACC | \$440.00 | SS | 12/13/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Provide smoke and co2 detectors to code throughout home. Property contain and dispose of construction debris. All work shall meet current codes. Pull trade permits prior to starting work. Call for all required inspections. Provide elevator cert letter. Additional engineering may be requested. Elevator equipment shall be at or above the 9 foot RFPE. Review zoning permit conditions. Call for final inspections

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203595 | FLOOD PERMIT | \$0.00 | SS | 12/13/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203594 | ZONING PERMIT - RES | \$0.00 | KW | 12/13/2022 |

Conditions of Approval:

Zoning has been reviewed and approved for the addition of an elevator (approx 5'7" x 5'1") within the existing footprint of the home.

Must meet the 9 ft. regulatory flood protection elevation. Elevation Certificate Required to ensure compliance.

No increase in footprint or lot coverage permitted.

Final zoning inspection required prior to issuance of Certificate of Occupancy.

Additional Conditions:

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202201594

Property Address: SOUTH VA DARE TRL **PIN #:** 080109067415 **Parcel:** 008630000
Lot/Block/Sec: LOT: 4 BLK: D1 SEC: 3 **Subdivision:** ROANOKE SOUND SHORES RESUB S 3
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** VACANT
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: SCOTT, JEFFERY M - SCOTT, LORA V
Owner Address: 2860 W BRIGSTOCK RD MIDLOTHIAN, VA 23113

Contractor Name: ACS-OBX LLC **Contractor Phone:** 252-599-2999
Contractor Address: P O BOX 1771 NAGS HEAD, NC 27959

Description: Construct new single-family dwelling on piling foundation; 4 bedroom, 3.4 baths
Construction Value: \$900000 **Classification of Work:** NEW RESIDENTIAL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|-------------------------|---------------------|--------------|----------------|
| BR202203583 | B-RESIDENTIAL NEW CONST | \$3778.33 | SS | 12/13/2022 |

Conditions of Approval:

- Additional engineering may be requested. Review deck ban connections to meet minimum code compliance. Exterior handrails shall terminate in newel post. Building under construction elevation certificate may be required. A final flood elevation certificate is required. Bottom of living space floor joist shall be at or above the 9 Local RFPE. All material below the 9-foot RFPE shall be pressure treated. All subs shall pull permits prior to starting work. Call for all required inspections. Review zoning, storm water and PW permit conditions. Please call with any questions at 252 441 7016

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203580 | FLOOD PERMIT | \$0.00 | SS | 12/13/2022 |

Conditions of Approval:

PUBLIC WORKS INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| PW202203582 | PW APPROVAL RES NEW | \$2384.30 | LCN | 12/13/2022 |

Conditions of Approval:

- See Public Works Approval handout for detailed project information
- For Public Works related items please call the Public Works Department at 252-441-1122.
- 36-4(f):max. driveway width is restricted to 26' w/a max. of 15R, min. driveway width is 12'
- 36-4(f):max. driveway apron shall be a min. of 10' in length, 4" thick, 3,000 psi conc. and designed for access purposes only. The driveway apron shall be sloped a min. of 1/4" per foot from the eop to a point 6' offset from the eop, creating a valley section within the driveway, (2" min. drop)
- All driveways constructed within the Town of Nags Head must be sloped away from the street 1/4-inch per foot for the first six (6) feet off the edge of the street. Contractor MUST call Public Works for an inspection AFTER driveway is formed-up and PRIOR to pouring concrete or laying asphalt. Call for FINAL inspection once pouring is complete. Give 24 advance notice for all inspections.

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203581 | ZONING PERMIT - RES | \$0.00 | KW | 12/13/2022 |



Residential Project Approval
Application # 202201581

Property Address: 314 WEST BLUE JAY ST **PIN #:** 989210275256 **Parcel:** 005782000
Lot/Block/Sec: LOT: 4 BLK: C SEC: **Subdivision:** VISTA COLONY PLACE
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: BLUM, RODGER F - SEIGH, WILLIAM R
Owner Address: 1408 TRAILWOOD DR

Contractor Name: Premier Coastal Contracting, LLC **Contractor Phone:** 252-305-8067
Contractor Address: PO Box 2359 Manteo, NC 27954

Description: Replace failing windows & sliding exterior, replace rotten decking all decks enclose ground floor storage room in footp

Construction Value: \$129000 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203616 | RES ADD-REM-REP-ACC | \$530.00 | SS | 12/15/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Provide smoke and co2 detectors to code throughout home. Provide deck plans for review and approval prior to starting work. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair handout we have provided. Call for sheathing / framing repair inspection if any repairs occur. Pull electrical permit to contend with wiring issues as they arise. Install siding per product evaluation report. Call for final inspection.

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203615 | FLOOD PERMIT | \$0.00 | SS | 12/15/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203614 | ZONING PERMIT - RES | \$0.00 | KB | 12/15/2022 |

Conditions of Approval:

Zoning reviewed and approved for the removal and replacement of siding and windows on exterior of home.
Zoning reviewed and approved replacement of decking on all decks.
Zoning reviewed and approved Straighten first floor deck to remove angles.
Zoning reviewed and approved conditioned ground floor enclosure not to exceed 256 sq ft. Enclosed storage shall not be used as additional bedroom. House before proposed work was 4 bedroom 2.5 bath and house after proposed work stayed at 4 bedroom 2.5 bath.
Zoning final inspection required before CO is approved.

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months



Residential Project Approval
Application # 202201638

Property Address: 101 EAST DARE DR **PIN #:** 070908978844 **Parcel:** 007948000
Lot/Block/Sec: LOT: 6 BLK: B SEC: **Subdivision:** NAGS HEAD SOUTH BLK B
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: AE **Base Flood Elevation:** 4.0 **Regulatory Flood Elevation:** 12
Map Panel No: 0709 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: BUTLER, BOBBY D JR - BUTLER, LAURA FREEM
Owner Address: 21165 CROCUS TERR

Contractor Name: PROPERTY OWNER **Contractor Phone:**
Contractor Address: See Above

Description: Repairing rotten wood on the existing deck, handrails & stairs, interior beams, joists, no change in footprint SWO

Construction Value: \$28000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203620 | RES ADD-REM-REP-ACC | \$220.00 | SS | 12/15/2022 |

Conditions of Approval:

- This was a SWO. Call for site visit to determine building permit conditions. Call Steve at 252 449 2005. Provide address #'s on home if none are present. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair and stair handout we have provided. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203618 | FLOOD PERMIT | \$0.00 | SS | 12/15/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203619 | ZONING PERMIT - RES | \$0.00 | KB | 12/15/2022 |

Conditions of Approval:

REPLACING ROTTEN WOOD ON THE EXISITING DECK, HANDRAILS AND STAIRS. LEAVING ALL POST AND EXTERIOR BEAMS AS IS. REPLACING ALL INTERIOR BEAMS, JOISTS AND DECK BOARDS ASSOCIATED WITH DECK, STAIRS INCLUDED. ALL WORK TO REMIAN IN THE SAME FOOTPRINT. ZONING REVIEW COMPLETED AND APPROVED ANY ALTERATION TO APPROVED ZONING REVIEW MUST BE SUBMITTED AND APPROVED BEFORE ANY ALTERATIONS TO WORK. MUST HAVE FINAL INSPECTION TO RECIEVE FINAL CERTIFICATE OF OCCUPANCY.

Additional Conditions:

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202201648

Property Address: 10017 SOUTH OLD OREGON INLET RD **PIN #:** 071811652359 **Parcel:** 007322007

Lot/Block/Sec: LOT: 7 BLK: SEC: **Subdivision:** NORTHBANK - PHASE 1

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12

Map Panel No: 0718 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: PARNELL, NOLIE K - HOGAN, DANIEL F

Owner Address: 3726 CAPILANO DR

Contractor Name: ADP SWIMMING POOLS & CONSTRUCTION, LLC
252-305-8088

Contractor Phone:

Contractor Address: 801 Indian Dr Kill Devil Hills, NC 27948

Description: Replace 6 windows rebuild outdoor shower replace cedar shake siding on S & W walls top story,replace lattice ground level

Construction Value: \$50000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203623 | RES ADD-REM-REP-ACC | \$280.00 | SS | 12/15/2022 |

Conditions of Approval:

- Review window and door handout we have provided. Call for air sealing inspection of windows. Pull electrical and plumbing permit if needed. Call for inspection of any rot repair that may occur. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203621 | FLOOD PERMIT | \$0.00 | SS | 12/15/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203622 | ZONING PERMIT - RES | \$0.00 | CMT | 12/15/2022 |

Conditions of Approval:

Zoning reviewed and approved replacement of 6 windows,
Zoning reviewed and approved replacement of cedar shake siding on south and west facing walls on the top story only.

Zoning reviewed and approved removing existing lattice on ground level.

Zoning reviewed and approved the rebuild of the outdoor shower in the same footprint under the house.

Additional Conditions:

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

PLEASE NOTE:

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



Residential Project Approval
Application # 202201609

Property Address: 4919 EAST ENGAGEMENT HILL LOOP **PIN #:** 080113146473 **Parcel:** 027839038

Lot/Block/Sec: LOT: 22 BLK: SEC: **Subdivision:** SEVEN SISTERS

Zoning: VILLAGE DET RES SF 2 **Land Use:** SINGLE FAMILY DWELLING, LARGE

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

Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: ZIMMERMAN, ERIC B

Owner Address: PO BOX 268

Contractor Name: ASHTON LEE HARRELL T/A ALH CONSTRUCTION
252-207-1247

Contractor Phone:

Contractor Address: 4144 POOR RIDGE RD

Description: Enclose three walls to convert carport with overhead door 1/3/23 new size of carport 13x27.8

Construction Value: \$20500

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203634 | RES ADD-REM-REP-ACC | \$230.00 | SS | 12/15/2022 |

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Caroline Decker to discuss 252-480-4707 carolined@vrobx.com prior to commencing construction.
-
- Call for a site visit to discuss all conditions. Call Steve at 252 449 2005. Before work starts proof shall be provided that the enclosure floor is above the 9 foot RFPE. If not above the 9 foot RFPE, then total area of all enclosures under home shall not exceed 300 square feet using the siding to siding finish to calculate area. A final flood elevation certificate may be required. All material below the 9 foot RFPE needs to be pressure treated All work shall meet current codes. Flood vents to code may be required. Provide smoke and co2 detectors to code throughout home. Pull electrical permit prior to starting work. Sheetrock required on ceiling and wall adjacent to living space. Call for a site visit prior to starting any work. Call for all required inspections. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203633 | FLOOD PERMIT | \$0.00 | SS | 12/15/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203632 | ZONING PERMIT - RES | \$0.00 | CMT | 12/15/2022 |

Conditions of Approval:

- Zoning reviewed and approved conversion of carport to garage as non-heated space.
- Zoning reviewed and approved garage not to exceed 240 sq feet.
- Zoning reviewed and approved garage conversion to be calculated as parking.
- Zoning reviewed and approved garage, not as livable or sleeping space.
- When project is finished call for final inspection.

Additional Conditions:

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



Residential Project Approval
Application # 202201647

Property Address: 5311 SOUTH VA DARE TRL **PIN #:** 08011432052202 **Parcel:** 000380015

Lot/Block/Sec: LOT: LT 5 UNIT B BLK: SEC: **Subdivision:** SEA POINTE

Zoning: VILLAGE TOWNHOUSE **Land Use:** SINGLE FAMILY DWELLING

Flood Zone: VE **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 12

Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: BARNES, ROBERT B III - BARNES, MARY ELIZ

Owner Address: 310 CHARMIAN RD

Contractor Name: JETTY CONSTRUCTION, LLC

Contractor Phone: 252-715-1452

Contractor Address: 1002 W DEAN ST

Description: Repair/update 80sf guest bathroom w/new flooring fixtures tile paint, replace wooden deck in same footprint 10'x25'

Construction Value: \$30000

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203637 | RES ADD-REM-REP-ACC | \$220.00 | SS | 12/15/2022 |

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Caroline Decker to discuss 252-480-4707 carolined@vrobx.com prior to commencing construction.
- Provide address #s on home if none are present. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair handout we have provided. Pull all trade permits prior to starting work. Call for all required inspections. Provide smoke and co2 detectors to code throughout home. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203636 | FLOOD PERMIT | \$0.00 | SS | 12/15/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203635 | ZONING PERMIT - RES | \$0.00 | CMT | 12/15/2022 |

Conditions of Approval:

Zoning reviewed and approved repair and update of 80 sq ft guest bathroom with new flooring in same footprint, no change in size.

Zoning reviewed and approved repair of 10' x 25' deck in same foot print conditioned that original pilings are used. Any additional or replacement of pilings will require a CAMA Minor permit per G.S. 15A NCAC 07H .0309.

Call for final inspection.

Additional Conditions:

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

PLEASE NOTE:



Residential Project Approval
Application # 202201654

Property Address: 103 EAST MCCALL CT **PIN #:** 071820718261 **Parcel:** 010298000
Lot/Block/Sec: LOT: 1 BLK: SEC: **Subdivision:** JOHNSTON V MCCALL JR
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: AO **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 12
Map Panel No: 0718 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: RHEUBOTTOM, JEFFREY - WAGNER, WENDY
Owner Address: 300 LIVE OAK CT

Contractor Name: FLOYD BRICKHOUSE CONSTRUCTION, LLC **Contractor Phone:** 252-202-3431
Contractor Address: 1502 DARIAN DR

Description: Replace approx 32' siding replace, replace 64' drywall, replace damaged studs, insulation, paint SWO
Construction Value: \$5500 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203647 | RES ADD-REM-REP-ACC | \$180.00 | SS | 12/16/2022 |

Conditions of Approval:
- SWO. Call Steve for a site visit to determine building permit conditions 252 449 2005

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203646 | FLOOD PERMIT | \$0.00 | SS | 12/16/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203645 | ZONING PERMIT - RES | \$0.00 | KW | 12/16/2022 |

Conditions of Approval:
Zoning has been reviewed and approved for replacement of siding and interior work such as drywall, etc. All work shall be within the existing footprint. No increase in footprint or lot coverage is permitted.
Final zoning inspection required prior to issuance of Certificate of Completion.

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



Residential Project Approval
Application # 202201641

Property Address: 3505 SOUTH VA DARE TRL **PIN #:** 989211657190 **Parcel:** 027997000
Lot/Block/Sec: LOT: 72 & 177 BLK: SEC: **Subdivision:** GEO T STRONACH
Zoning: COMMERCIAL/RESIDENTIAL DISTRIC **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: DAVIS, DOUG (A.K.A. DOUGLAS) - DAVIS, LA
Owner Address: 18 OLD OAK

Contractor Name: **Contractor Phone:**
Contractor Address:

Description: Front stairs, replacing deck boards around pool deck handrails & pickets on 2nd & 3rd floor decks E side
Construction Value: \$10000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203650 | RES ADD-REM-REP-ACC | \$160.00 | SS | 12/16/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair and stair handouts we have provided. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203649 | FLOOD PERMIT | \$0.00 | SS | 12/16/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203648 | ZONING PERMIT - RES | \$0.00 | KB | 12/16/2022 |

Conditions of Approval:

Replace front stairs, deck boards around pool deck, handrails and pickets on 2nd and 3rd floor decks on east side of house all work to be done in existing foot print.
All work to follow conditions laid out in CAMA exemption letter 2022-033.
Must complete final inspection to receive final certificate of occupancy

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202201658

Property Address: 103 EAST MCCALL CT **PIN #:** 071820716251 **Parcel:** 010296000
Lot/Block/Sec: LOT: 1 BLK: SEC: **Subdivision:** JOHNSTON V MCCALL JR
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: AO **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 12
Map Panel No: 0718 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: RHEUBOTTOM, JEFFREY - WAGNER, WENDY
Owner Address: 300 LIVE OAK CT

Contractor Name: PROPERTY OWNER **Contractor Phone:**
Contractor Address: See Above

Description: Convert 1 full bath into 1 full & 1 half bath

Construction Value: \$3000 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203667 | RES ADD-REM-REP-ACC | \$130.00 | SS | 12/19/2022 |

Conditions of Approval:

- Engineering may be requested. Pull trade permits. Provide smoke and co2 detectors to code throughout home. Proper plumbing fixture clearances shall be maintained or be provided. Call for all required inspections. Call for final inspection.
-

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203666 | FLOOD PERMIT | \$0.00 | SS | 12/19/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203665 | ZONING PERMIT - RES | \$0.00 | KW | 12/19/2022 |

Conditions of Approval:

Zoning has been reviewed and approved for interior remodel of restrooms only. No additional bedrooms. No increase in footprint or lot coverage permitted.

Final zoning inspection required prior to Issuance of Certificate of Completion.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

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



Residential Project Approval
Application # 202201513

Property Address: 8814 SOUTH VA DARE TRL **PIN #:** 080011668075 **Parcel:** 008554008
Lot/Block/Sec: LOT: 8 BLK: 2 SEC: **Subdivision:** WHALEBONE BEACHES - COMP. MAP
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0800 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: SPRUILL, W DAVID
Owner Address: 36 THE MOORINGS DR

Contractor Name: PATTON CONTRACTING, LLC **Contractor Phone:** 252-489-9537
Contractor Address: 113 W WINDJAMMER RD

Description: Master Suite addition 520 sq ft 1 bedroom & 1 bath
Construction Value: \$225000 **Classification of Work:** RESIDENTIAL ADDITION

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203680 | RES ADD-REM-REP-ACC | \$732.50 | SS | 12/20/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. A final flood elevation certificate is required. Pull all trade permits prior to starting work. Provide smoke and co2 detectors to code through out home. Call for all required inspection. Properly contain and dispose of construction debris. Review zoning and public works permit conditions. Call for all final inspections.

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203678 | FLOOD PERMIT | \$0.00 | SS | 12/20/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203678 | ZONING PERMIT - RES | \$0.00 | KW | 12/20/2022 |

Conditions of Approval:

Zoning has been reviewed and approved for approximate 520 square foot detached habitable/conditioned addition to existing single-family dwelling.
Dare County Health Department authorizes the addition of one bedroom and one bathroom, bringing the total bedroom count to 4.

The existing principal structure and the proposed addition must operate as a single-family dwelling unit and one house keeping unit for zoning purposes.
Elevation Certificate to ensure 9 ft. RFPE is being met is required.
Foundation Survey required.
Must adhere here to all requirements of approved stormwater management measures.

The addition of one bedroom requires an additional parking space be provided for a total of two parking spaces.
The driveway apron exceeded 26 ft, a portion is to be removed to bring the apron into compliance.
An additional 10 x 18 parking space has been proposed, this improves the existing parking and reduces the overall degree of nonconformity with regard to parking.
Proposed new parking shall maintain a 5 ft. setback from the front property line.
As-Built Survey required prior to Final Zoning approval.
Final zoning approval required prior to issuance of Certificate of Occupancy.



Residential Project Approval
Application # 202201674

Property Address: 10305 SOUTH OLD OREGON INLET RD **PIN #:** 071815723695 **Parcel:** 015098001

Lot/Block/Sec: LOT: PARCEL A BLK: SEC: **Subdivision:** SUBDIVISION - NONE

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE **Base Flood Elevation:** 10.0 **Regulatory Flood Elevation:** 12

Map Panel No: 0718 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: OBX LONE STAR 2 LLC

Owner Address: 9720 FALLOW RUN

Contractor Name: Keystone Custom Builders, LLC

Contractor Phone: 252-202-4696

Contractor Address: PO Box 3678 St Kill Devil Hills, NC 27948

Description: Two bathrooms will be remodeled

Construction Value: \$56800

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203704 | RES ADD-REM-REP-ACC | \$310.00 | SS | 12/21/2022 |

Conditions of Approval:

- Need more info. Call for site visit to determine building permit conditions

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203703 | FLOOD PERMIT | \$0.00 | SS | 12/21/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203702 | ZONING PERMIT - RES | \$0.00 | CMT | 12/21/2022 |

Conditions of Approval:

Planning reviewed and approved the two bathroom remodel in same footprint.
Planning reviewed and approved 2 bathroom remodel no to increase number of bathrooms.
Planning reviewed and approved 2 bathroom remodel with NO increase in conditioned space.
Call for final inspection to obtain Certificate of Occupancy.

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



Residential Project Approval
Application # 202201667

Property Address: 4206 WEST SILVER SANDS CT **PIN #:** 989108878760 **Parcel:** 030376000

Lot/Block/Sec: LOT: 51A BLK: SEC: 1 **Subdivision:** SOUTHRIDGE SEC 1

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

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

Map Panel No: 9891 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: GUIDA, MICHAEL - FINCH, LADONNA

Owner Address: 4206 W SILVER SANDS CT

Contractor Name: **Contractor Phone:**

Contractor Address:

Description: Add 4" wide x 60" tall box out for gas fireplace on 1st floor South side of house

Construction Value: \$7900 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203716 | RES ADD-REM-REP-ACC | \$160.00 | SS | 12/21/2022 |

Conditions of Approval:

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203715 | FLOOD PERMIT | \$0.00 | SS | 12/21/2022 |

Conditions of Approval:

- Call for framing and sheathing inspection. Pull all trade permits prior to starting work. Provide fireplace installation instructions at framing inspection. Provide co2 and smoke detectors to code throughout the house. Tie down cantilever at joists. Call for final inspection

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203714 | ZONING PERMIT - RES | \$0.00 | CMT | 12/21/2022 |

Conditions of Approval:

Zoning reviewed and approved box out for gas fire place on first floor.
Zoning reviewed and approved box out for gas fireplace that does not add to the square footage of the home.
Call for final inspection.

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



Residential Project Approval
Application # 202201624

Property Address: 8418 SOUTH OLD OREGON INLET RD **PIN #:** 070908982603 **Parcel:** 007036000

Lot/Block/Sec: LOT: 106 BLK: 6 SEC: **Subdivision:** BODIE ISLAND BEACH

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

Flood Zone: AE **Base Flood Elevation:** 4.0 **Regulatory Flood Elevation:** 9

Map Panel No: 0709 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: GALUP, CLAUDIA M

Owner Address: 106 BRIDLEWOOD PL

Contractor Name: Premiere Contracting, Inc.

Contractor Phone: 252-207-9935

Contractor Address: PO Box 269

Description: Construct an elevator through the existing front decks of the house

Construction Value: \$98938

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203719 | RES ADD-REM-REP-ACC | \$440.00 | SS | 12/21/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Provide smoke and co2 detectors to code throughout home. Properly contain and dispose of construction debris. All work shall meet current codes. Pull trade permits prior to starting work. Call for all required inspections. Provide elevator cert letter. Additional engineering may be requested. Elevator equipment shall be at or above the 9 foot RFPE. Review zoning permit conditions. Call for final inspections

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203717 | FLOOD PERMIT | \$0.00 | SS | 12/21/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203718 | ZONING PERMIT - RES | \$0.00 | CMT | 12/21/2022 |

Conditions of Approval:

Zoning reviewed and approved elevator within footprint of covered deck.
Zoning reviewed and approved elevator not to increase lot coverage.
Zoning reviewed and approved installation of elevator with no increase in conditioned space.
Call for final inspection.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202201677

Property Address: 405 EAST ALBATROSS ST **PIN #:** 989314236000 **Parcel:** 005550000
Lot/Block/Sec: LOT: A BLK: 1 SEC: 4 **Subdivision:** NAGS HEAD SHORES AMENDED SEC 4
Zoning: COMMERCIAL/RESIDENTIAL DISTRIC **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 12
Map Panel No: 9893 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: TARLETON, ANDRA W - TARLETON, MICHAEL S
Owner Address: 6800 VIRGINIA CIR

Contractor Name: PROPERTY OWNER **Contractor Phone:**
Contractor Address: See Above

Description: Replacing door in kitchen with a window

Construction Value: \$1500 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203731 | RES ADD-REM-REP-ACC | \$100.00 | SS | 12/28/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Call for sheathing / framing inspection. Electrical permit may be needed. Provide smoke and co2 detectors to code throughout home. Call for final inspection.

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203730 | FLOOD PERMIT | \$0.00 | SS | 12/28/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203729 | ZONING PERMIT - RES | \$0.00 | CMT | 12/28/2022 |

Conditions of Approval:

Zoning reviewed and approved replacement of kitchen door to window. If scope of work increases or changes, then amendment of permit and approval will be required.
Call for final inspections.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

Pursuant to Section 3.9 of the Unified Development Ordinance, Appeals of Administrative Decisions, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



**Residential Project Approval
Application # 202201668**

Property Address: 6111 SOUTH SOUTH SHORE CT **PIN #:** 080006381448 **Parcel:** 024961345

Lot/Block/Sec: LOT: 15 BLK: SEC: **Subdivision:** LEEWARD SHORES

Zoning: VILLAGE DET SF 3 **Land Use:** VACANT

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

Map Panel No: 0800 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: KISER, BENJAMIN M - KISER, CAROLYN J

Owner Address: 105 W MARSH COVE DR NAGS HEAD, NC 27959

Contractor Name: DREAM BUILDERS CONSTRUCTION AND DEVELOPM **Contractor Phone:** 252-573-8910

Contractor Address: PO BOX 33 KILL DEVIL HILLS, NC 27948

Description: New single-family dwelling on pilings, 4 bedrooms 5.2 baths elevator, pool, fence & attached garage

Construction Value: \$1,038,733 **Classification of Work:** NEW RESIDENTIAL

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------------|---------------------|--------------|----------------|
| BR202203759 | RESIDENTIAL NEW CONST SFD | \$4551.33 | SS | 12/30/2022 |

Conditions of Approval:

- Pull all trade permits before starting work. Call for all required inspections. A building under construction elevation cert may be required. A final elevation certificate is required. Bottom of floor joists shall be at or above the 9-foot RFPE. All material below the 9-foot RFPE is required to be pressure treated. Provide flood vents to code in garage and foundation walls. Provide engineer cert letter for house piles in relation to pool location. Provide engineer floor truss info prior to scheduling framing inspection. Provide elevator cert letter prior to scheduling final inspection. Review zoning, storm water and public works permit conditions. Call for public works, zoning and building final inspections

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203756 | FLOOD PERMIT | \$0.00 | SS | 12/30/2022 |

Conditions of Approval:

PUBLIC WORKS INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| PW202203758 | PW APPROVAL RES NEW | \$965.06 | LCN | 12/30/2022 |

Conditions of Approval:

- See Public Works Approval handout for detailed project information
- For Public Works related items please call the Public Works Department at 252-441-1122.
- All driveways constructed within the Town of Nags Head must be sloped away from the street 1/4-inch per foot for the first six (6) feet off the edge of the street. Contractor MUST call Public Works for an inspection AFTER driveway is formed-up and PRIOR to pouring concrete or laying asphalt. Call for FINAL inspection once pouring is complete. Give 24 advance notice for all inspections.
- 36-4(f):max. driveway width is restricted to 26' w/a max. of 15R, min. driveway width is 12'
- 36-4(f):max. driveway apron shall be a min. of 10' in length, 4" thick, 3,000 psi conc. and designed for access purposes only. The driveway apron shall be sloped a min. of 1/4" per foot from the eop to a point 6' offset from the eop, creating a valley section within the driveway, (2" min. drop)

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203757 | ZONING PERMIT - RES | \$0.00 | CT | 12/30/2022 |



Residential Project Approval
Application # 202201684

Property Address: 9505 SOUTH OLD OREGON INLET RD **PIN #:** 071806493557 **Parcel:** 007263000

Lot/Block/Sec: LOT: PTS OF 14 & 15 BLK: 2 SEC: 1 **Subdivision:** HOLLYWOOD BEACH SEC 1

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE **Base Flood Elevation:** 10.0 **Regulatory Flood Elevation:** 12

Map Panel No: 0718 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: ABOVE WATER LLC

Owner Address: 14328 WESTERN RIDERS LN

Contractor Name: K.I.C.Z. MAINTENANCE & REMODELING INC **Contractor Phone:** 252-619-2599

Contractor Address: P O BOX 875

Description: Remove & replace deck boards, handrails & posts from deck & stairs, handrails & posts

Construction Value: \$12341 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203743 | RES ADD-REM-REP-ACC | \$190.00 | SS | 12/30/2022 |

Conditions of Approval:

- Provide address #s on home if none are present. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair handout we have provided. Call for final inspection

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203742 | FLOOD PERMIT | \$0.00 | SS | 12/30/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203737 | ZONING PERMIT - RES | \$0.00 | CMT | 12/29/2022 |

Conditions of Approval:

Zoning reviewed and approved repair and maintenance of deck, deck boards, hand rails, and stairs. No increase in footprint of deck or stairs. No replacement of pilings.
Call to schedule final inspection for Certificate of Compliance.

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202201637

Property Address: 112 EAST SEA HOLLY CT **PIN #:** 080006496356 **Parcel:** 030985000
Lot/Block/Sec: LOT: 24 BLK: SEC: **Subdivision:** SEASIDE SOUTH
Zoning: VILLAGE DET SF 3 **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12
Map Panel No: 0800 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: HAMEL, THOMAS J - HAMEL, LINDA
Owner Address: 5 STATE ST

Contractor Name: WILLIAM T KEY DBA PRETTY BIRD LANDSCAPIN **Contractor Phone:**
252-435-3893
Contractor Address: P O BOX 74

Description: Replace beach walkway & replace/enlarge dune deck including pilings
Construction Value: \$9000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| RE202203750 | RES ADD-REM-REP-ACC | \$160.00 | SS | 12/30/2022 |

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Caroline Decker to discuss 252-480-4707 carolined@vrobx.com prior to commencing construction.
-
- This was a NOV. Work is complete. A site visit will determine building permit conditions. Call Steve at 252 449 2005 to set up a site visit

FLOOD INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|--------------------|---------------------|--------------|----------------|
| FL202203749 | FLOOD PERMIT | \$0.00 | SS | 12/30/2022 |

Conditions of Approval:

ZONING INFORMATION

| Permit # | Permit Description | Total Fees Paid/Due | Approved By: | Approved Date: |
|-------------|---------------------|---------------------|--------------|----------------|
| ZN202203748 | ZONING PERMIT - RES | \$0.00 | CMT | 12/30/2022 |

Conditions of Approval:

Zoning reviewed and approved 10' x 12' dune deck with replacement walkover in same footprint.

Any deviations from original permit will require new review and approval.
Call for final inspection Zoning inspection for Certificate of Occupancy

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.



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

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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-15232

12/30/2022

Parcel Number: 024652011
 Location: 122 THE OAKS – MANTEO
 Subdivision: NOTTINGHAM (REVISED)
 Legal Description: LOT: 1 BLK: SEC:

Owner Name: JOHN F JR THOMAS
 Owner Mail Address: 7084 HWY 64/264 MANNS HARBOR, NC 27953
 Owner Phone and email: 252-599-0832 jthomas0832@gmail.com

Contractor Name: RIVERSIDE BUILDERS LLC
 Contractor Mail Address: 509 BAY LAKE DR, CHOCOWINITY, NC 27817-9094
 Contractor Phone: 252-414-9419 Contractor NC License#: 74589

BUILDING INFORMATION

| | | | |
|------------------------------------|--|-----------------------|---------------|
| Proposed Construction Use: | SINGLE FAMILY DWELLING NEW , NEW SFR MODULAR HOME ON PILINGS | | |
| Proposed Construction Type: | SFD | Cost of Construction: | \$275,238 |
| Finished Square Footage: | 1329 | CAMA Permit#: | NA |
| Unfinished Square Footage: | 160 | Septic Permit#: | S3-14259 |
| Stories: | 1.0 | Septic Permit Date: | 11/02/2022 |
| Building Height: | 28'0" | Survey/Site Plan: | YES |
| Total Rooms: | 9 | Water Tap#: | 53584 |
| Footing Type: | PILING | Water Type: | Central Water |
| Exterior Finish: | VINYL SIDING | Flood Zone: | X |
| Proposed Finished Floor Elevation: | 8.00' | Base Flood Elevation: | 8.0 |
| Bedrooms: | 3 | Lot/Ground Elevation: | 6.00' |
| | | Baths/half baths: | 2.00/0 |

| | | |
|--|-----------------------------|-------------------|
| Comments: Any deviation from the building plan or site plan requires prior approval. LOCAL FLOOD ELEVATION OF 8' APPLIES, AREAS BELOW 8' WILL REQUIRE FLOOD VENTS. UNDER CONSTRUCTION ELEVATION CERTIFICATE REQUIRED BEFORE ROUGH IN, FINAL ELEVATION CERTIFICATE AND AS BUILT SURVEY REQUIRED BEFORE CO. | PERMIT FEE | \$1,060.75 |
| | HOME OWNERS RECOVERY FEE | 10.00 |
| | RESIDENTIAL ZONING APPROVAL | 100.00 |
| | TOTAL FEES: | \$1,170.75 |

Applicant Signature: Jason Wichard: Riverside Builders LLC 12/30/2022 RIVERSIDE BUILDERS LLC
 Inspector Signature: Keil Twiford 12/30/2022 Keil Twiford

Application Reference # 9538 on 11/23/2022



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

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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-14954

12/13/2022

Parcel Number: 024423034
 Location: 140 CHICORA CT – MANTEO
 Subdivision: CROATAN WOODS DEVELOPMENT INC
 Legal Description: LOT: 32 BLK: SEC:

Owner Name: TODD H SEIBERT
 Owner Mail Address: 2503 ROSWELL AVE UNIT 306 CHARLOTTE, NC 28209
 Owner Phone and email: 704-560-8744

Contractor Name: BARKER & BARKER CUSTOM HOMES, LLC
 Contractor Mail Address: 112 WALTER CT, MANTEO, NC 27954
 Contractor Phone: 2523335449 Contractor NC License#: 84173

BUILDING INFORMATION

Proposed Construction Use: SINGLE FAMILY DWELLING NEW , CONSTRUCTION OF A NEW SINGLE FAMILY DWELLING
 Proposed Construction Type: SFD Cost of Construction: \$725,000
 Finished Square Footage: 2721 CAMA Permit#: NA
 Unfinished Square Footage: 1244 Septic Permit#: S8-14608
 Stories: 2.0 Septic Permit Date: 11/22/2022
 Building Height: 30 Survey/Site Plan: YES
 Total Rooms: 11 Water Tap#: 53585
 Footing Type: PILING Water Type: Central Water
 Exterior Finish: LAP SIDING Flood Zone: X
 Proposed Finished Floor Elevation: 6.3 Base Flood Elevation: 8.0
 Lot/Ground Elevation: 5.3
 Bedrooms: 4 Baths/half baths: 3.00/1

Comments: Any deviation from the building plan or site plan requires prior approval. LOCAL FLOOD ELEVATION OF 8' APPLIES, ALL AREAS BELOW 8' WILL REQUIRE FLOOD VENTS. UNDER CONSTRUCTION ELEVATION CERTIFICATE REQUIRED BEFORE ROUGH IN, AS BUILT SURVEY AND FINAL ELEVATION CERTIFICATE REQUIRED BEFORE CO.

| | |
|-----------------------------|-------------------|
| PERMIT FEE | \$2,538.35 |
| HOME OWNERS RECOVERY FEE | 10.00 |
| RESIDENTIAL ZONING APPROVAL | 100.00 |
| TOTAL FEES: | \$2,648.35 |

266

DocuSigned by: [Signature]
 Applicant Signature: D03D2033BF8B458... 12/13/2022 BARKER & BARKER CUSTOM HOMES, LLC
 DocuSigned by: [Signature]
 Inspector Signature: 8F837CD3D827499... 12/13/2022 SF

Application Reference # 9581 on 11/30/2022



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

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

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-15104

12/20/2022

Parcel Number: 025327003
Location: 110 CREEFS RIDGE RD – MANTEO
Subdivision: CREEF RIDGE GARDENS
Legal Description: LOT: 3 BLK: SEC:

Owner Name: CARL N TTEE GUERRERI
Owner Mail Address: 10102 HOLLAND CT - MANASSAS, VA 20110
Owner Contact Information:

Contractor Name: R A HOY HEATING AND AIR CONDITIONING INC
Contractor Mail Address: PO BOX 265 - KITTY HAWK, NC 27949
Contractor Phone: 252-261-8178
Contractor NC License#: L13056

DETAILS RESIDENTIAL

Cost of Job: \$7,776

Electrical Contractor ID: 22222-L
Units 1

MECHANICAL PROJECT FEE: \$150.00

Comments: SINGO C/O-TRANE 14 SEER 2-TON SIRTEMP H/P SYSTEM THAT S SERVICES THE UPSTAIRS

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

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

DocuSigned by:
Applicant Signature: *R A Hoy Heating and Air Conditioning* R A HOY HEATING AND AIR CONDITIONING INC
02CC04880F7B4B4... 12/21/2022 Brian@rahoy.com

DocuSigned by:
Inspector Signature: *Keil Twiford* Keil Twiford
8F937CD3D827490... 12/20/2022

Application Reference # 9752 on 12/20/2022



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

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

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-14866

12/08/2022

Parcel Number: 026066000
Location: 152 PUGH RD – WANCHESE
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: 2 BLK: SEC:

Owner Name: JOANNE K FAGAN
Owner Mail Address: 2308 BERG ST - PITTSBURGH, PA 15203
Owner Contact Information:

Contractor Name: R A HOY HEATING AND AIR CONDITIONING INC
Contractor Mail Address: PO BOX 265 - KITTY HAWK, NC 27949
Contractor Phone: 252-261-8178
Contractor NC License#: L13056

DETAILS RESIDENTIAL

Cost of Job: \$9,823

Electrical Contractor ID: 22222-L
Units 0

MECHANICAL PROJECT FEE: \$150.00

Comments: SINGLE DUCT SYSTEM REPLACEMENT.

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

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

DocuSigned by:
Applicant Signature: *R A Hoy Heating and Air Conditioning* 12/8/2022 R A HOY HEATING AND AIR CONDITIONING INC
03693840606446... paxtonn@rahoy.com

DocuSigned by:
Inspector Signature: *Keil Twiford* 12/8/2022 Keil Twiford
8F837CD3D827466...

Application Reference # 9642 on 12/07/2022



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

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

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-14849

12/07/2022

Parcel Number: 029788000
Location: 106 INGE DR – MANTEO
Subdivision: VAN BUREN ESTATES
Legal Description: LOT: 2 BLK: SEC: 1

Owner Name: CHARLES C JR RODER
Owner Mail Address: 106 INGE DR - MANTEO, NC 27954
Owner Contact Information:

Contractor Name: R A HOY HEATING AND AIR CONDITIONING INC
Contractor Mail Address: PO BOX 265 - KITTY HAWK, NC 27949
Contractor Phone: 252-261-8178
Contractor NC License#: L13056

DETAILS RESIDENTIAL

Cost of Job: \$10,987

Electrical Contractor ID: 55555-L
Units 1

MECHANICAL PROJECT FEE: \$150.00

Comments: Changing out heating unit

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

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

DocuSigned by:
Applicant Signature: *R A Hoy Heating and Air Conditioning* 12/7/2022 R A HOY HEATING AND AIR CONDITIONING INC
paxtonn@rahoy.com

DocuSigned by:
Inspector Signature: *Keil Twiford* 12/7/2022 Keil Twiford

Application Reference # 9623 on 12/06/2022



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

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

ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-15015

12/15/2022

Parcel Number: 023126000
 Location: 800 N GEORGE HOWE ST – MANTEO
 Subdivision: ROANOKE PARK
 Legal Description: LOT: 11 & N 1/2 OF FORMER AMADAS ST BLK: G SEC:

Owner Name: CHARLES WAYNE KIDD
 Owner Mail Address: 800 N GEORGE HOWE ST MANTEO, NC 27954
 Owner Phone and email: 252-267-0711 CWK.KIDD@GMAIL.COM

Contractor Name:
 Contractor Mail Address:
 Contractor Phone: Contractor NC License#:

ACCESSORY INFORMATION

| | | | |
|----------------------------|--|-----------------------|----------|
| Proposed Construction: | RESIDENTIAL - ACCESSORY STRUCT OVER 12 FT, ACC | | |
| Description of Work | 24'X36' DETACHED METAL GARAGE | | |
| Septic Permit Date: | 06/06/2022 | Cost of Construction: | \$26,000 |
| Septic Permit #: | S9-11185 | CAMA Permit#: | N/A |
| Footing Type: | CONCRETE | Flood Zone: | X |
| Finished Square Footage: | 0 | Base Flood Elevation: | 8.0 |
| Unfinished Square Footage: | 864 | Lot/Ground Elevation: | 7'1" |

Comments: LOCAL FLOOD ELEVATION OF 8' PERMIT FEE \$345.60
 APPLIES, AREAS BELOW 8' REQUIRE FLOOD
 VENTS. IN LIEU OF ELEVATION CERTIFICATE,
 FOUR CORNER SPOT ELEVATIONS REQUIRED ON
 AS BUILT SURVEY. AS BUILT SURVEY REQUIRED
 BEFORE CO.

TOTAL FEES: \$345.60

Applicant Signature: Charles Wayne Kidd CHARLES WAYNE KIDD

Inspector Signature: Keil Twiford MSF SF

Application Reference # 9680 on 12/09/2022



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

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

ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-14903

12/09/2022

Parcel Number: 016267000
 Location: 149 BRAKEWOOD RD – MANTEO
 Subdivision: BRAKEWOOD
 Legal Description: LOT: 11 BLK: SEC: 1

Owner Name: DAVID A STUPKA
 Owner Mail Address: 149 BRAKEWOOD RD MANTEO, NC 27954
 Owner Phone and email: 252-216-1380 davidstupka149@gmail.com

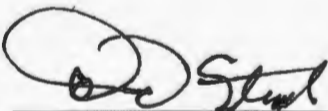
Contractor Name:
 Contractor Mail Address:
 Contractor Phone: Contractor NC License#:

ACCESSORY INFORMATION

Proposed Construction: RESIDENTIAL - SWIMMING POOLS;HOT TUBS, POOL
 Description of Work: INSTALL OF 15'X7.5' SWIM SPA WITH 6" CONCRETE PAD AND DECK
 Septic Permit Date: 12/05/2022 Cost of Construction: \$35,500
 Septic Permit #: S22-14792 CAMA Permit#: NA
 Flood Zone:
 Base Flood Elevation: 8.0
 Lot/Ground Elevation: 13

Comments: AS BUILT SURVEY REQUIRED BEFORE PERMIT FEE \$300.00
 CO

TOTAL FEES: \$300.00

Applicant Signature:  DAVID A STUPKA

Inspector Signature: Keil Twiford  SF

Application Reference # 9466 on 11/15/2022



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

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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR-15187

12/28/2022

Parcel Number: 017563000
Location: 5821 OLD FERRY DOCK RD – MANNS HARBOR
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner Name: CARRIE MIDGETT COKER
Owner Mail Address: 984 ALBEMARLE DR ELIZABETH CITY, NC 27909
Owner Phone and email: 252-531-3280 camidgett@gmail.com

Contractor Name: JES CONSTRUCTION LLC
Contractor Mail Address: 1741 CORPORATE LANDING PKWY STE 101, VIRGINIA BEACH, VA 23454
Contractor Phone: 757-558-9909 Contractor NC License#:

BUILDING INFORMATION

| | | | |
|------------------------------------|---|-----------------------|----------|
| Proposed Construction Use: | REPAIR , STABILIZE EXISTING FOUNDATION USING INTELLIJACKS & REPLACE SOME STRUCTURAL WOOD WORK | | |
| Proposed Construction Type: | | Cost of Construction: | \$20,000 |
| Finished Square Footage: | 0 | CAMA Permit#: | |
| Unfinished Square Footage: | 0 | Septic Permit#: | |
| Stories: | 0 | Septic Permit Date: | |
| Building Height: | | Survey/Site Plan: | |
| Total Rooms: | 0 | Water Tap#: | |
| Footing Type: | | Water Type: | |
| Exterior Finish: | | Flood Zone: | SHX |
| Proposed Finished Floor Elevation: | | Base Flood Elevation: | 0.0 |
| Bedrooms: | 0 | Lot/Ground Elevation: | |
| | | Baths/half baths: | 0/0 |

Comments: Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$150.00

TOTAL FEES: \$150.00

| | | |
|----------------------|-------------------------|---------------------------------|
| DocuSigned by: | <i>JES Construction</i> | |
| Applicant Signature: | 248DD43AF064417... | 12/28/2022 JES CONSTRUCTION LLC |
| DocuSigned by: | <i>keil twiford</i> | |
| Inspector Signature: | 8F937CD3D827499... | 12/28/2022 Keil Twiford |

Application Reference # 9667 on 12/08/2022



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

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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR-14829

12/06/2022

Parcel Number: 024399001
 Location: 102 SCUPPERNONG RD – MANTEO
 Subdivision: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner Name: GEORGE R JR AYERS
 Owner Mail Address: P O BOX 515 WANCHESE, NC 27981
 Owner Phone and email:

Contractor Name:
 Contractor Mail Address:
 Contractor Phone: Contractor NC License#:

BUILDING INFORMATION

| | | | |
|------------------------------------|---|-----------------------|---------|
| Proposed Construction Use: | REPAIR , REPLACE STEPS, LANDING, HANDRAILS, & DECKING IN EXISTING FOOTPRINT | | |
| Proposed Construction Type: | | Cost of Construction: | \$5,500 |
| Finished Square Footage: | 0 | CAMA Permit#: | |
| Unfinished Square Footage: | 0 | Septic Permit#: | |
| Stories: | 0 | Septic Permit Date: | |
| Building Height: | | Survey/Site Plan: | |
| Total Rooms: | 0 | Water Tap#: | |
| Footing Type: | | Water Type: | |
| Exterior Finish: | | Flood Zone: | X |
| Proposed Finished Floor Elevation: | | Base Flood Elevation: | 0.0 |
| Bedrooms: | 0 | Lot/Ground Elevation: | |
| | | Baths/half baths: | 0/0 |

Comments: Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$150.00

TOTAL FEES: \$150.00

Applicant Signature: BROOKS HOME RENOVATIONS

Inspector Signature: Keil Twiford SF

Application Reference # 9565 on 11/29/2022

L



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

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

ANTENNA INSTALLATION - REPLACE PERMIT

PERMIT#: C-15119

12/21/2022

Parcel Number: 026087000
Location: 332 POND RD – WANCHESE
Subdivision: CROATAN INC
Legal Description: LOT: 2 BLK: SEC:

Owner Name: CROWN CASTLE SOUTH LLC
Owner Mail Address: PMB 343 4017 WASHINGTON RD - MCMURRAY, PA 15317
Owner Contact Information:

Contractor Name: JACOBS TELECOMMUNICATIONS, INC
Contractor Mail Address: 4801 COX RD, STE 302 - GLEN ALLEN, VA 23060
Contractor Phone: 8042187414 Contractor NC License#: 74930

BUILDING INFORMATION

Proposed Construction Use: ANTENNA INSTALLATION - REPLACE
REMOVE & REPLACE EXISTING ANTENNAS AND MODIFY MOUNTS, ADD BREAKERS
Number of Antennas: Cost of Construction: \$24,680

Comments: Any deviation from the building plan or site plan requires prior approval.

| | |
|--------------------|-----------------|
| PERMIT FEE | \$300.00 |
| <hr/> | |
| TOTAL FEES: | \$300.00 |

Applicant Signature: DocuSigned by: Tony Stewart JACOBS TELECOMMUNICATIONS, INC
12/22/2022

Inspector Signature: DocuSigned by: Keil Twiford Keil Twiford
12/21/2022

Application Reference # 9704 on 12/13/2022

L



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

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

FUEL TANK INSTALLATION-REPLACE PERMIT

PERMIT#: C-15217

12/29/2022

Parcel Number: 024838000
Location: 4331 MILL LANDING RD – WANCHESE
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: PARCEL TWO BLK: SEC:

Owner Name: FRESH CATCH SEAFOOD INC
Owner Mail Address: 4331 MILL LANDING RD - WANCHESE, NC 27981
Owner Contact Information:

Contractor Name: HATCHELL CONCRETE, INC
Contractor Mail Address: PO BOX 2405 - MANTEO, NC 27954
Contractor Phone: phone: Contractor NC License#: 34205

BUILDING INFORMATION

Proposed Construction Use: FUEL TANK INSTALLATION-REPLACE
FUEL TANK REPLACEMENT

Building Height: Cost of Construction: \$100,000
CAMA Permit#: Survey/Site Plan:

Comments: Any deviation from the building plan or site plan requires prior approval.

PERMIT FEE \$500.00

TOTAL FEES: \$500.00

Applicant Signature: Derek Hatchell Jr HATCHELL CONCRETE, INC
577AA70C41484ED... 1/2/2023

Inspector Signature: Keil Twiford Keil Twiford
8F837CD9D827400... 12/29/2022

Application Reference # 9760 on 12/21/2022

L



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

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

COMMERCIAL BUILDING PERMIT

BUILDING PERMIT#: C-15092

12/20/2022

Parcel Number: 024412001
Location: 1411 NATIONAL PARK DR – MANTEO
Subdivision: HATTIE DOUGH & THEO S MEEKINS
Legal Description: LOT: BLK: SEC:

Owner Name: ROANOKE ISLAND HISTORICAL ASSOC
Owner Mail Address: 1409 HIGHWAY 64/264 MANTEO, NC 27954
Owner Phone and email:

Contractor Name:
Contractor Mail Address:
Contractor Phone: Contractor NC License#:

BUILDING INFORMATION

Proposed Construction Use: COMMERCIAL BUILDING USE , CONSTRUCTION OF A NEW GREENHOUSE

Occupancy:

| | | |
|--------------------------------|-----------------------|----------|
| Proposed Construction Type: | Cost of Construction: | \$40,000 |
| Finished Square Footage: 0 | CAMA Permit#: | |
| Unfinished Square Footage: 140 | Septic Permit#: | |
| Stories: 0.0 | Septic Permit Date: | |
| Building Height: 0 | Survey/Site Plan: | |
| Total Rooms: 0 | Water Tap#: | |
| Footing Type: OTHER | Water Type: | |
| Exterior Finish: | Flood Zone: | X |
| Sprinkler System: | Base Flood Elevation: | 0.0 |
| Proposed Finished Floor Elev: | Lot/Ground Elevation: | |
| Bedrooms: 0 | Baths/half baths: | 0.00/0 |

Comments: Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$150.00

TOTAL FEES: \$150.00

DocuSigned by:
Applicant Signature Rich Stone ROANOKE ISLAND HISTORICAL ASSOC
74ACB5A5425F4D8... 12/21/2022

DocuSigned by:
Inspector Signature Keil Twiford Keil Twiford
8F837CD3D827490... 12/20/2022

Application Reference # 9730 on 12/15/2022

SOLAR



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

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

ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-14865

12/08/2022

Parcel Number: 024410041
Location: 153 FORT HUGAR WAY – MANTEO
Subdivision: HERITAGE POINT PHASE 2
Legal Description: LOT: 83 BLK: SEC:

Owner Name: CORINNE ANN MACPHERSON
Owner Mail Address: 30146 WALSER CHAPEL HILL, NC 27517
Owner Phone and email:

Contractor Name: 691 ELECTRIC
Contractor Mail Address: P O BOX 691, NAGS HEAD, NC 27959
Contractor Phone: 252-548-2678 Contractor NC License#: U.33016

ACCESSORY INFORMATION

Proposed Construction: RESIDENTIAL - MISC ACCESSORY,
Description of Work: INSTALL 27 SOLAR PANELS ON ROOF WITH ONE INVERTER
Septic Permit Date: Cost of Construction: \$28,450
Septic Permit #: CAMA Permit#: AE
Flood Zone: AE
Base Flood Elevation: 8.0
Lot/Ground Elevation:

Comments: PERMIT FEE \$150.00

TOTAL FEES: \$150.00

Applicant Signature: 691 Electric 691 ELECTRIC
DocuSigned by: E9C987961571494... 12/15/2022

Inspector Signature: Keil Twiford Keil Twiford
DocuSigned by: 8F937CD3D827496... 12/8/2022

Application Reference # 8787 on 09/16/2022

X



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

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

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-14769

12/01/2022

Parcel Number: 018942000
Location: 232 EAGLE DR – COLINGTON
Subdivision: COLINGTON HARBOR SEC B
Legal Description: LOT: 14 BLK: SEC: B

Owner Name: BARRY G HOLMQUIST
Owner Mail Address: 128 HICKORY HILL DR - LITTLETON, NC 27850
Owner Contact Information:

Contractor Name: OUTER BANKS ELECTRIC INC
Contractor Mail Address: 714 N HWY 64/264 - MANTEO, NC 27954
Contractor Phone: 2524733033
Contractor NC License#: U-24451

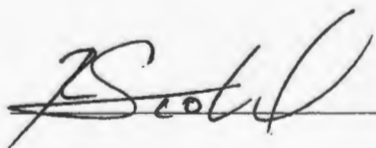
DETAILS RESIDENTIAL


Amp Increase: 0
Service Amps: 200
Cost of Job: \$
ELECTRICAL PERMIT FEE: \$150.00

Comments: INSTALL ELECTRICAL RCPT FOR HANDICAP LIFT

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

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

Applicant Signature: 

Inspector Signature: Keil Twiford RSF 

Application Reference # 9602 on 12/01/2022



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

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

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-15243

12/30/2022

Parcel Number: 023930000
Location: 318 BAYVIEW DR – STUMPY POINT
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner Name: JARRAD R BURKERT
Owner Mail Address: 318 BAYVIEW DR - STUMPY POINT, NC 27978
Owner Contact Information:

Contractor Name: OUTER BANKS ELECTRIC INC
Contractor Mail Address: 714 N HWY 64/264 - MANTEO, NC 27954
Contractor Phone: 2524733033
Contractor NC License#: U-24451

DETAILS RESIDENTIAL

Cost of Job: \$2,540

Amp Increase:
Service Amps: 200 ELECTRICAL PERMIT FEE: \$150.00

Comments: REPLACE MAIN PANEL

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

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

Applicant Signature:  1/3/2023
OUTER BANKS ELECTRIC INC
chris@obxelectric.com

Inspector Signature:  1/3/2023
Keil Twiford

Application Reference # 9816 on 12/30/2022



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

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

PLUMBING PROJECT

PLUMBING PROJECT#: PLMB-15033

12/15/2022

Parcel Number: 027818054
 Location: 42132 GREENWOOD PL – AVON
 Subdivision: KINNAKEET SHORES PHASE 1
 Legal Description: LOT: 54 BLK: SEC:

Owner Name: SCOTT J FRIBERG
 Owner Mail Address: 35531 WILLIAMS GAP - ROUND HILL, VA 20141
 Owner Contact Information:

Contractor Name: CORNERSTONE MARINE & REMODELING, LLC
 Contractor Mail Address: PO BOX 2371 - MANTEO, NC 27954
 Contractor Phone: 2524550960
 Contractor NC License#: 84441

DETAILS RESIDENTIAL

Cost of Job: \$6,500

PLUMBING PROJECT FEE: \$150.00

Comments: CHANGE OUT GREY PLUMBING PIPES TO NEW

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

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

Applicant Signature: _____

CORNERSTONE MARINE & REMODELING, LLC
 cornerstoneobx@yahoo.com

Inspector Signature: _____

Wayland Jennette

SF

Application Reference # 9723 on 12/15/2022



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

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

GENERATOR INSTALL

GENERATOR INSTALL#: **GENR-15085**

12/20/2022

Parcel Number: 017536001
Location: 19402 HWY 64 – EAST LAKE
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner Name: JOHANNA E MATTHES
Owner Mail Address: 19402 HWY 64 - EAST LAKE, NC 27953
Owner Contact Information:

Contractor Name: ELECTRICAL AND LIGHTING SOLUTIONS, INC
Contractor Mail Address: 2556 GAYTON CENTRE DRIVE - HENRICO, VA 23238
Contractor Phone: 8046416339
Contractor NC License#: L.32035

DETAILS RESIDENTIAL

Cost of Job: \$14,000

GENERATOR INSTALL FEE: \$150.00

Comments: INSTALL 1 KOHLER 20KW GENERATOR AND 1 KOHLER AUTOMATIC TRANSFER. INSTALL PROPANE TANK AND LINE TO GENERATOR

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

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

Applicant Signature: _____

ELECTRICAL AND LIGHTING SOLUTIONS, INC
brian@elsrichmond.com

Inspector Signature: _____

Keil Twiford

MSF

SF

Application Reference # 9747 on 12/20/2022

X



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

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

GENERATOR INSTALL

GENERATOR INSTALL#: GENR-15086

12/20/2022

Parcel Number: 023920000
Location: 7561 JAMES MANN RD – MANNS HARBOR
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner Name: DONALD C SR HUX
Owner Mail Address: P O BOX 146 - MANNS HARBOR, NC 27953
Owner Contact Information:

Contractor Name: ELECTRICAL AND LIGHTING SOLUTIONS, INC
Contractor Mail Address: 2556 GAYTON CENTRE DRIVE - HENRICO, VA 23238
Contractor Phone: 8046416339
Contractor NC License#: L.32035

DETAILS RESIDENTIAL

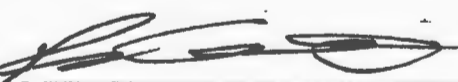
Cost of Job: \$14,000

GENERATOR INSTALL FEE: \$150.00

Comments: INSTALL 1 KOHLER 20KW GENERATOR AND 1 KOHLER TRANSFER SWITCH INSTALL PROPANE TANK AND LINE TO GENERATOR

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

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

Applicant Signature: 

ELECTRICAL AND LIGHTING SOLUTIONS, INC
brian@elsrichmond.com

Inspector Signature: Kell Twiford 

SF

Application Reference # 9746 on 12/20/2022

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



Residential Trade Contractor Permit

Date December 01, 2022

TP22-000206
Mechanical Trade Permit

Project Address: 7 SECOND AVE
Property Owner: LOWE, JENNIFER

PIN #: 021042000
Mailing Address: 5001 30TH ST N
ARLINGTON, VA 22207

Permit Types:

- Plumbing Electrical Mechanical Gas

Contractor:

Company Name: OBHC, Inc. dba One Hour Heating & Air Conditioning
Phone: (252) 441-1740
N. C. License Number: 12643

Qualifier: Brian McDonald
Address: PO Box 2600
Kill Devil Hills, NC 27948

Description of Work: REPLACE HVAC WITH 14 SEER 1 1/2 TON DAIKIN AIR HANDLER & HEAT PUMP

Project Cost Estimate: \$6,877.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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



Signature of Licensee or Duly Authorized Representative Date 12-1-22



Signature of Permit Official Date 12-1-2022
By MB



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000187

Parcel: 021582000
PIN: 986815522881
Location: 24 PERIWINKLE PL
District: RS1 - Single Family Residential District
Subdiv: SO/SH BEACH BLK 38 AMENDED
Lot-Block-Sect: LOT: 14 BLK: 38 SEC:

Owner: REED, DAVID
Address: 24 PERIWINKLE PL
SOUTHERN SHORES, NC 27949
Phone #: 704-631-9333

BUSINESS NAME: The Works
CONTRACTOR'S NAME: Lawrence Barnes
ADDRESS: 136 Schoolhouse Rd
CITY, STATE, ZIP: Kill Devil Hills, NC 27948
OFFICE#:
CELL#: (252) 202-4162
FAX#:
EMAIL: theworksobx@gmail.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 74915
LIMITATION: limited
CLASSIFICATION:
QUALIFIER:
LIEN AGENT NAME:
ENTRY#:
LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ADDITION - Construct 12x16 grade level deck to place spa, install 50 amp electrical circuit to supply spa
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

| | | |
|---|----------------------------|--|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input checked="" type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | RESIDENCE TYPE: 2nd Home |
| NON-HEATED AREAS (SqFt): 192 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: ZP22-000099 |
| SEPTIC CAP. # OF PERSONS: 8 | FIREPLACE: | DATE APPROVED: 10/04/2022 |
| BATHS: ½ BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): 192 | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: | SEPTIC PERMIT #: S22-13428 |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: | DATE ISSUED: 09/27/2022 |

| | | |
|--------------------------------------|--|--|
| PERMIT FEES: | | TOTAL CONSTRUCTION COST: \$5,000.00 |
| Description | | Total Cost |
| Non-Heated Areas Fee (Single Family) | | 57.60 |
| Homeowners Recovery Fund | | 10.00 |
| Minimum Permit Fee | | 42.40 |
| TOTAL FEE: 110.00 | | |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

Lawrence C Barnes
Lawrence C Barnes

Applicant - Owner/Contractor (Please print and sign name)

Kevin Clark

Date Approved

12-2-2022
Date Issued

Building/Code/Zoning Official

By MB



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000230

Parcel: 021203000
PIN: 986806372770
Location: 11 NINTH AVE
District: RS1 - Single Family Residential District
Subdiv: SEA CREST VILLAGE
Lot-Block-Sect: LOT: 6 BLK: 54 SEC:

Owner: CORDERO, VICENTE S TTEE
Address: 2721 JETERS CHAPEL RD
VINTON, VA 24179
Phone #: 703-489-2578

BUSINESS NAME: Sykes Construction LLC
CONTRACTOR'S NAME: Jeff Sykes
ADDRESS: Sykes Construction LLC
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#:
CELL#
FAX#:
EMAIL: sykesconstructionobx@gmail.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 78636
LIMITATION: 750,000
CLASSIFICATION: Limited
QUALIFIER: Jeff Sykes
LIEN AGENT NAME: Chicago Title Company, LLC
ENTRY#: 1817110
LIEN AGENT ADDRESS: 223 S. WEST ST SUITE 900
RALEIGH N.C 27603

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval):
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

| | | |
|---|----------------------------|--|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | RESIDENCE TYPE: Vacation Cottage < 30 days |
| NON-HEATED AREAS (SqFt): 0 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | DATE APPROVED: |
| BATHS: ½ BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: | SEPTIC PERMIT #: |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: | DATE ISSUED: |

| | | |
|-----------------------------------|--|---|
| PERMIT FEES: | | TOTAL CONSTRUCTION COST: \$75,000.00 |
| Description | | Total Cost |
| Remodel / Renovation / Repair Fee | | 750.00 |
| Homeowners Recovery Fund | | 10.00 |
| | | TOTAL FEE: 760.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

Jeff Sykes
Applicant - Owner/Contractor

Jeffrey J Sykes
(Please print and sign name)

12-2-22
12/01/2022
Date Approved

Kevin Allen
Building/Code/Zoning Official
By: WJH

12-2-22
Date Issued



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27948
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000231

| | | | |
|------------------------|--|-----------------|--|
| Parcel: | 022523017 | Owner: | HOLMES, JOHN E |
| PIN: | 986805076876 | Address: | 6906 BRIMSTONE LN FAIRFAX, VA 22039 |
| Location: | 5 SOUNDVIEW TRL | Phone #: | 703-304-4420 |
| District: | RS1 - Single Family Residential District | | |
| Subdiv | SO/SH BLK 61-A LOTS 1-25 PH 1 | | |
| Lot-Block-Sect: | LOT: 17 BLK: 61A SEC: 1 | | |

| | | | |
|---------------------------|----------------------------------|-------------------------------------|-------------------------|
| BUSINESS NAME: | Coastal Roofing and Siding, Inc. | NC G.C. LICENSED CONTRACTOR: | Non-Licensed Contractor |
| CONTRACTOR'S NAME: | Bill Frasca | NC G.C. LICENSE NUMBER: | |
| ADDRESS: | 2401 Collington Road | LIMITATION: | |
| CITY, STATE, ZIP: | Kill Devil Hills, NC 27948 | CLASSIFICATION: | |
| OFFICE#: | (252) 256-1814 | QUALIFIER: | |
| CELL#: | | LIEN AGENT NAME: | |
| FAX#: | | ENTRY#: | |
| EMAIL: | coastalrands@hotmail.com | LIEN AGENT ADDRESS: | |

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - REPLACE REAR DECK SYSTEM (NO CHANGE IN FOOTPRINT), REFRAMING STAIRS WITHIN FOOTPRINT TO MEET BUILDING CODE, INSTALL SOUTHERN VINYL HANDRAILS, DECKING SURFACE TO BE TREX COMPOSITE, DECKING FRAMEWORK TO BE ALL TREATED.
SPECIAL CONDITIONS - ALL WOOD BELOW RFP (8) FT. SHALL BE TREATED

| | | |
|---|----------------------------|--|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | RESIDENCE TYPE: Residence |
| NON-HEATED AREAS (SqFt): 0 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | DATE APPROVED: |
| BATHS: 1/2 BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: | SEPTIC PERMIT #: |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: | DATE ISSUED: |

| | |
|-----------------------------------|---|
| PERMIT FEES: | TOTAL CONSTRUCTION COST: \$28,503.00 |
| Description | Total Cost |
| Remodel / Renovation / Repair Fee | 286.00 |
| | TOTAL FEE: 286.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

| | |
|--|-----------------------------|
| Ariana Hughes (Office Manager) | 12/02/2022 Date Approved |
| Applicant - Owner/Contractor (Please print and sign name) | |
| Kevin Clark | |
| Building/Code/Zoning Official | Date Issued 12-5-2022 |
| | |



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000234

| | | | |
|------------------------|--|-----------------|---|
| Parcel: | 020975000 | Owner: | PURCELL, MARK J |
| PIN: | 986809263639 | Address: | 324 WAX MYRTLE TRL SOUTHERN SHORES, NC 27949 |
| Location: | 324 WAX MYRTLE TRL | Phone #: | 415-505-0703 |
| District: | RS1 - Single Family Residential District | | |
| Subdiv | SO/SH BEACH BLKS 62 72 82 | | |
| Lot-Block-Sect: | LOT: 16 & 17 BLK: 62 SEC: | | |

| | | | |
|---------------------------|--------------------------------|-------------------------------------|--|
| BUSINESS NAME: | OBX BEE'S MAINTENANCE & REPAIR | NC G.C. LICENSED CONTRACTOR: | |
| CONTRACTOR'S NAME: | NEMESIO SALAZAR | NC G.C. LICENSE NUMBER: | |
| ADDRESS: | PO BOX 2183 | LIMITATION: | |
| CITY, STATE, ZIP: | KILL DEVIL HILLS, NC 27948 | CLASSIFICATION: | |
| OFFICE#: | | QUALIFIER: | |
| CELL#: | | LIEN AGENT NAME: | |
| FAX#: | | ENTRY#: | |
| EMAIL: | OBXBEE@GMAIL.COM | LIEN AGENT ADDRESS: | |

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - REPLACE FRONT DECK OF HOUSE - DECKING BOARDS AND RAILING ONLY
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

| | | | | | |
|--|----------------------------|------------------------------|--|-------------------------------|------------------|
| TYPE OF CONSTRUCTION: | New Construction - | Addition / Expansion - | Remodel / Renovation / Repair - | Accessory - | Other |
| | Bulkhead - | Piers/Docks - | Retaining Wall - | Beach Access Walkway/Stairs - | Swimming Pools - |
| | Detached Garage - | Accessory Storage Building - | Dune Deck - | Generator | Workshop - |
| OCCUPANCY: | TYPE OF FOUNDATION: | | PERMIT TYPE: Residential | | |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | | RESIDENCE TYPE: Residence | | |
| NON-HEATED AREAS (SqFt): 0 | A/C: | | BUILDING USE: Single Family | | |
| NUMBER OF STORIES: | INTERIOR WALLS: | | ZONING DISTRICT: RS1 - Single Family Residential District | | |
| BEDROOMS: | EXTERIOR WALLS: | | ZONING PERMIT #: | | |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | | DATE APPROVED: | | |
| BATHS: 1/2 BATHS: | ROOF: | | PERMITTED/CONDITIONAL USE: Single Family Dwelling | | |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | | CAMA PERMIT #: | | |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | | DATE ISSUED: | | |
| POOL: SHED: | DECKS (SqFt): | | | | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: | | SEPTIC PERMIT #: | | |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: | | DATE ISSUED: | | |

| | | |
|-----------------------------------|--|--------------------------|
| PERMIT FEES: | TOTAL CONSTRUCTION COST: \$6,000.00 | |
| Description | | Total Cost |
| Remodel / Renovation / Repair Fee | | 60.00 |
| Homeowners Recovery Fund | | 10.00 |
| Minimum Permit Fee | | 40.00 |
| | | TOTAL FEE: 110.00 |

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Nemesio Salazar
Nemesio Salazar
Applicant - Owner/Contractor (Please print and sign name)

12/06/2022
Date Approved

Kevin Clark
Kevin Clark
Building/Code/Zoning Official By MB

12-7-2022
Date Issued



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000221

Parcel: 021797000
Owner: JURAK, RASTISLAV
PIN: 986818319798
Address: PO BOX 164
Location: 228 HILLCREST DR
District: RS1 - Single Family Residential District
Phone #: 252-207-9135
Subdiv: SO/SH BEACH BLK 84
Lot-Block-Sect: LOT: 32 BLK: 84 SEC:

BUSINESS NAME:
CONTRACTOR'S NAME: JURAK, RASTISLAV
ADDRESS: P.O. BOX 164
CITY, STATE, ZIP: COROLLA, NC 27927
OFFICE#:
CELL#: 252-207-9135
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR:
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:
LIEN AGENT NAME:
ENTRY#:
LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval):
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

| | | |
|--|----------------------------|--|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | RESIDENCE TYPE: Residence |
| NON-HEATED AREAS (SqFt): 320 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | DATE APPROVED: |
| BATHS: ½ BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: 320 | INSULATION: | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: | SEPTIC PERMIT #: S22-11982 |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: | DATE ISSUED: 11/15/2022 |

| | |
|---|--------------------------|
| TOTAL CONSTRUCTION COST: \$10,000.00 | |
| PERMIT FEES: | Total Cost |
| Description | 96.00 |
| Non-Heated Areas Fee (Single Family) | 4.00 |
| Minimum Permit Fee | TOTAL FEE: 100.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

RASTISLAV JURAK

R. JURAK

Applicant - Owner/Contractor

(Please print and sign name)

Date Approved

Kevin Clark

12-7-2022
Date Issued

Building/Code/Zoning Official

By NB

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



Residential Trade Contractor Permit

Date December 07, 2022

**TP22-000207
Mechanical Trade Permit**

Project Address: 7 OCEAN VIEW LOOP
Property Owner: BRIDGEMAN, FRANKIE LEE

PIN #: 022819127
Mailing Address: 701 MANDARIN LN
CHESAPEAKE, VA 23323

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: COMFORT SYSTEMS OF VIRGINIA INC
Phone:
N. C. License Number: L.18021

Qualifier: ROBERT C FOSTER
Address: 4116 SOUTH MILITARY HIGHWAY
CHESAPEAKE , VA 23321

Description of Work: REPLACE HVAC UNITS WITH LIKE UNITS

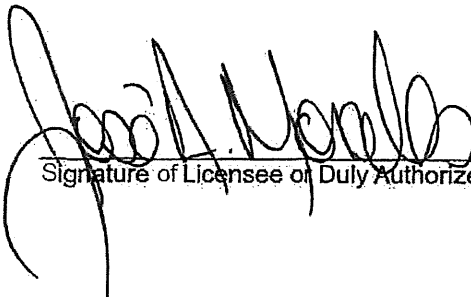
Project Cost Estimate: \$6,465.00

Permit Amount: 150.00


Payment:

Date Type Reference Receipt Received From Amount

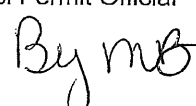
I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted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

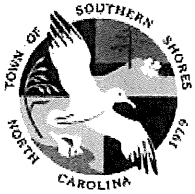


Signature of Licensee or Duly Authorized Representative 12-9-22 Date



Signature of Permit Official 12-9-22 Date

By 



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000238

| | | | |
|------------------------|---------------------------------------|-----------------|---|
| Parcel: | 022674901 | Owner: | DARE COUNTY |
| PIN: | 986719501307 | Address: | 16 S DOGWOOD TRL SOUTHERN SHORES, NC 27949 |
| Location: | 16 S DOGWOOD TRL | Phone #: | -- |
| District: | R1 - Low Density Residential District | | |
| Subdiv | SUBDIVISION - NONE | | |
| Lot-Block-Sect: | LOT: BLK: SEC: | | |

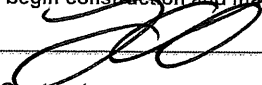
| | | | |
|---------------------------|----------------------------|-------------------------------------|--|
| BUSINESS NAME: | ZANE GILLESPIE | NC G.C. LICENSED CONTRACTOR: | |
| CONTRACTOR'S NAME: | ZANE GILLESPIE | NC G.C. LICENSE NUMBER: | |
| ADDRESS: | 551 PARKWOOD AVE | LIMITATION: | |
| CITY, STATE, ZIP: | KILL DEVIL HILLS, NC 27948 | CLASSIFICATION: | |
| OFFICE#: | | QUALIFIER: | |
| CELL#: | | LIEN AGENT NAME: | |
| FAX#: | | ENTRY#: | |
| EMAIL: | | LIEN AGENT ADDRESS: | |

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ACCESSORY - REPLACEMENT OF SCOREBOARDS AT BOTH BASEBALL FIELDS (ALL MATERIALS & LABOR ARE BEING DONATED TO THE SCHOOL)
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

| | | |
|---|----------------------------|---|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | RESIDENCE TYPE: Residence |
| NON-HEATED AREAS (SqFt): 0 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: R1 - Low Density Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: ZP22-000122 |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | DATE APPROVED: 12/13/2022 |
| BATHS: ½ BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Other |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: | SEPTIC PERMIT #: |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: | DATE ISSUED: |

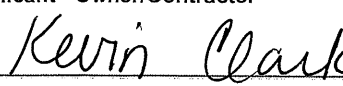

| | |
|---|--------------------------|
| TOTAL CONSTRUCTION COST: \$22,500.00 | |
| PERMIT FEES: | Total Cost |
| Description | 100.00 |
| Minimum Permit Fee | TOTAL FEE: 100.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.


 Applicant - Owner/Contractor ZANE GILLESPIE
 (Please print and sign name)

12/13/2022

Date Approved


 Building/Code/Zoning Official
 By 

12-13-2022
Date Issued



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000233

Parcel: 020936000
Owner: YU, JING
PIN: 986810255834
Address: 6841 KIRKLEY AVE
Location: 305 WAX MYRTLE TRL
District: RS1 - Single Family Residential District
Subdlv: SO/SH BEACH BLKS 62 72 82
Phone #: 315-447-4586
Lot-Block-Sect: LOT: 12 BLK: 72 SEC:

BUSINESS NAME: Finch & Company, Inc
CONTRACTOR'S NAME: Marc Murray
ADDRESS: 116 Sandy Ridge Road
CITY, STATE, ZIP: Duck, NC 27949
OFFICE#: (252) 202-9879
CELL#: (252) 202-9879
FAX#: (252) 261-6719
EMAIL: marcemurray@gmail.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 52567
LIMITATION: Unlimited
CLASSIFICATION: Building
QUALIFIER: Marc Edward Murray / Olin E Finch
LIEN AGENT NAME: Chicago Title Co. LLC
ENTRY#: 1820574
LIEN AGENT ADDRESS: 223 S. West Street, Suite 900 / Raleigh, NC 27603

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a new single family dwelling with septic and parking, per submitted plans. Pool Shown on site plan is future development.
SPECIAL CONDITIONS -

| | | |
|--|--|--|
| TYPE OF CONSTRUCTION: New Construction - Addition / Expansion - Remodel / Renovation / Repair - Accessory - Other Bulkhead - Piers/Docks - Retaining Wall - Beach Access Walkway/Stairs - Swimming Pools - Workshop - Gazebo Detached Garage - Accessory Storage Building - Dune Deck - Generator | | |
| OCCUPANCY: 8 | TYPE OF FOUNDATION: Pile | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 2395.0 | HEAT: Heat Pump | RESIDENCE TYPE: Residence |
| NON-HEATED AREAS (SqFt): 535 | A/C: Heat Pump | BUILDING USE: Single Family |
| NUMBER OF STORIES: 3 | INTERIOR WALLS: Drywall | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: 3 | EXTERIOR WALLS: LP smart siding | ZONING PERMIT #: ZP22-000123 |
| SEPTIC CAP. # OF PERSONS: 8 | FIREPLACE: | DATE APPROVED: 12/13/2022 |
| BATHS: 5 1/2 BATHS: 0 | ROOF: Asphalt | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: | INSULATION: Batt | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): 258 | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: Stergis | SEPTIC PERMIT #: S3-14603 |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: Double Hung | DATE ISSUED: 11/21/2022 |

| | | |
|--|--|--|
| PERMIT FEES: | | TOTAL CONSTRUCTION COST: \$542,620.00 |
| Description | | Total Cost |
| Plan Review Fee - Single Family New Construction | | 150.00 |
| Heated/Living Area Fee (Single Family) | | 1,437.00 |
| Non-Heated Areas Fee (Single Family) | | 160.50 |
| Homeowners Recovery Fund | | 10.00 |
| | | TOTAL FEE: 1,757.50 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

Marc Murray
 Applicant/Owner/Contractor (Please print and sign name)
 Marc Murray

12/13/2022
Date Approved

Kevin Clark
 Building/Code/Zoning Official By MB

12-13-2022
Date Issued



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000236

| | | | |
|------------------------|--|-----------------|---|
| Parcel: | 021195000 | Owner: | KENNEDY, KURT V |
| PIN: | 986810278172 | Address: | 3424 W LANDING DR CHESAPEAKE, VA 23322 |
| Location: | 22 EIGHTH AVE | Phone #: | 757-469-8040 |
| District: | RS1 - Single Family Residential District | | |
| Subdiv | SEA CREST VILLAGE | | |
| Lot-Block-Sect: | LOT: 12 BLK: 53 SEC: | | |


| | | | |
|---------------------------|-----------------------------|-------------------------------------|-----------------------------|
| BUSINESS NAME: | Frasca Custom Homes, LLC | NC G.C. LICENSED CONTRACTOR: | Licensed General Contractor |
| CONTRACTOR'S NAME: | William Frasca | NC G.C. LICENSE NUMBER: | 72094 |
| ADDRESS: | 2401 Colington Rd | LIMITATION: | Building |
| CITY, STATE, ZIP: | Kill Devil Hills, NC 27948 | CLASSIFICATION: | |
| OFFICE#: | | QUALIFIER: | |
| CELL#: | (252) 480-0515 | LIEN AGENT NAME: | |
| FAX#: | | ENTRY#: | |
| EMAIL: | frascacustomhomes@gmail.com | LIEN AGENT ADDRESS: | |

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - SIDING REPLACEMENT : CERTAINTED MONOGRAM VINYL SIDING & PVC TRIM SIDING SYSTEM
SPECIAL CONDITIONS - ALL WOOD BELOW RFPPE (8) FT. SHALL BE TREATED

| | | |
|---|----------------------------|--|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | RESIDENCE TYPE: Vacation Cottage < 30 days |
| NON-HEATED AREAS (SqFt): 0 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | DATE APPROVED: |
| BATHS: ½ BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: | SEPTIC PERMIT #: |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: | DATE ISSUED: |


| | | |
|-----------------------------------|--|---|
| PERMIT FEES: | | TOTAL CONSTRUCTION COST: \$43,200.00 |
| Description | | Total Cost |
| Remodel / Renovation / Repair Fee | | 432.00 |
| Homeowners Recovery Fund | | 10.00 |
| | | TOTAL FEE: 442.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.


Ariana Hughes
Applicant - Owner/Contractor (Please print and sign name)

12/13/2022

Date Approved


Kevin Clark
Building/Code/Zoning Official *By NW*

12-15-2022
Date Issued



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000063

Parcel: 020970000
PIN: 986810268361
Location: 311 DUCK RD
District: RS1 - Single Family Residential District
Subdiv: SO/SH BEACH BLKS 62 72 82
Lot-Block-Sect: LOT: 10 BLK: 62 SEC:

Owner: HATT, KEITH
Address: 219 WAX MYRTLE TRAIL
SOUTHERN SHORES, NC 27949
Phone #: 717-319-1950

BUSINESS NAME: Donald F. Jennings
CONTRACTOR'S NAME: Donald F. Jennings
ADDRESS: PO BOX 192
CITY, STATE, ZIP: KITTY HAWK, NC 27949
OFFICE#: (252) 261-6041
CELL#:
FAX#:
EMAIL: donjenningshomes@yahoo.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 32637
LIMITATION: INTERMEDIATE
CLASSIFICATION: RESIDENTIAL
QUALIFIER: DONALD F. JENNINGS
LIEN AGENT NAME: Chicago Title Company, LLC
ENTRY#: 1664062
LIEN AGENT ADDRESS: 223 S. WEST ST SUITE 900
RALEIGH N.C 27603

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): NEW CONSTRUCTION - AMENDED PERMIT 12/9/2022 TO INCLUDE ADDITIONAL 550 SQ FT OF HEATED SPACE IN ATTIC FOR FUTURE USE NEW SINGLE FAMILY DWELLING WITH POOL & TIKI BAR
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

| | | |
|---|--------------------------------------|--|
| TYPE OF CONSTRUCTION: <input checked="" type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input checked="" type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: 6 | TYPE OF FOUNDATION: Block | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 2234.0 | HEAT: Heat Pump | RESIDENCE TYPE: Residence |
| NON-HEATED AREAS (SqFt): 1,365 | A/C: Heat Pump | BUILDING USE: Single Family |
| NUMBER OF STORIES: 1 | INTERIOR WALLS: Drywall | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: 3 | EXTERIOR WALLS: Lap- LP Smart | ZONING PERMIT #: |
| SEPTIC CAP. # OF PERSONS: 6 | FIREPLACE: Gas | DATE APPROVED: |
| BATHS: 2 ½ BATHS: 1 | ROOF: Asphalt | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: 469 | INSULATION: Batt | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: 640 SHED: | DECKS (SqFt): | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: ATRIUM | SEPTIC PERMIT #: S3-9860 |
| BASE FLOOD ELEVATION: PLUS 3FT or LES 8ft | WINDOWS TYPE: DOUBLE HUNG | DATE ISSUED: 03/29/2022 |

| | | |
|--|--|--|
| PERMIT FEES: | | TOTAL CONSTRUCTION COST: \$521,800.00 |
| Description | | Total Cost |
| Plan Review Fee - Single Family New Construction | | 150.00 |
| Heated/Living Area Fee (Single Family) | | 1,340.40 |
| Non-Heated Areas Fee (Single Family) | | 409.50 |
| Swimming Pools | | 125.00 |
| Homeowners Recovery Fund | | 10.00 |
| | | TOTAL FEE: 2,034.90 |
| | | PAID: 1704.90 |
| | | BALANCE DUE: 330.00 |

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Keith Hatt
Applicant - Owner/Contractor (Please print and sign name)

04/06/2022

Date Approved

Karin Clark
Building/Code/Zoning Official *By NUB*

04/06/2022

Date Issued

12-12-2020

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



Residential Trade Contractor Permit

Date December 13, 2022

**TP22-000210
Mechanical Trade Permit**

Project Address: 114 LANDING TRL
Property Owner: DE SANTIS, PETER

PIN #: 010069001
Mailing Address: 114 LANDING TRL
KITTY HAWK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Anderson Heating & Cooling
Phone: (252) 619-3105
N. C. License Number: 31438

Qualifier: Gil Anderson
Address: PO Box 396
Kitty Hawk, NC 27949

Description of Work: replace existing w/ Carrier Comfort - 2 Ton 14 SEER Residential Heat Pump Condensing Coastal Unit. 1.5 - 3 Ton Residential Fan Coil Variable Speed Multipoise

Project Cost Estimate: \$9,922.00

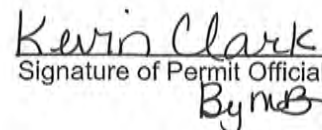
Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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


Signature of Licensee or Duly Authorized Representative 12/14/2022 Date


Signature of Permit Official 12-15-2022 Date
By *MB*

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



Residential Trade Contractor Permit

Date December 13, 2022

TP22-000209
Mechanical Trade Permit

Project Address: 35 ELEVENTH AVE
Property Owner: FEKKEN, BROCK A

PIN #: 020995025

Mailing Address: 35 11TH ALY W
SOUTHERN SHORES, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: R.A. HOY HEATING & AIR CONDITIONING
Phone: (252) 261-2008
N. C. License Number: 35329

Qualifier: JAYDEN CHUTSKOFF
Address: P.O. BOX 179
KITTY HAWK, NC 27949

Description of Work: SINGLE DUCTLESS MITSUBISHI MINI SPLIT INSTALL IN A GARAGE.

Project Cost Estimate: \$4,622.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

Brian Lancaster *12/16/2022*
Signature of Licensee or Duly Authorized Representative Date

Kevin Clark *12-19-2022*
Signature of Permit Official Date
By me



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000240

Parcel: 021900000
PIN: 986819609756
Location: 180 OCEAN BLVD
District: RS1 - Single Family Residential District
Subdiv: SO/SH AMENDED PLAT B SEC 3
Lot-Block-Sect: LOT: 11 & 12 BLK: 27 SEC: 3

Owner: POOLE, RODNEY M
Address: 3500 SEMINARY AVE
RICHMOND, VA 23227
Phone #: --

BUSINESS NAME: Dan Osman
CONTRACTOR'S NAME: Dan Osman
ADDRESS: PO Box 7403
CITY, STATE, ZIP: Kill Devil Hills, NC 27948
OFFICE#: (252) 202-4599
CELL#: (252) 202-4599
FAX#:
EMAIL: osmandanny@gmail.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 76259
LIMITATION: UNLIMITED
CLASSIFICATION: Building
QUALIFIER: Daniel S. Osman
LIEN AGENT NAME:
ENTRY#:
LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - REMOVE DECK BOARDS, STAIRS, AND GUARDRAILS & BENCH SEATS FROM DUNE DECK WALKWAY & REPLACE WITH NEW ONES
SPECIAL CONDITIONS - ALL WOOD BELOW RFPF (8) FT. SHALL BE TREATED

| | | |
|---|----------------------------|--|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | RESIDENCE TYPE: 2nd Home |
| NON-HEATED AREAS (SqFt): 0 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | DATE APPROVED: |
| BATHS: ½ BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): | |
| FLOOD ZONE: VE - 11 ft | WINDOWS MAKE: | SEPTIC PERMIT #: |
| BASE FLOOD ELEVATION: Plus 3 ft of Freeboard | WINDOWS TYPE: | DATE ISSUED: |

| | |
|---|--------------------------|
| TOTAL CONSTRUCTION COST: \$10,000.00 | |
| PERMIT FEES: | Total Cost |
| Description | 100.00 |
| Remodel / Renovation / Repair Fee | TOTAL FEE: 100.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

Dan Osman
Applicant - Owner/Contractor (Please print and sign name)

12/16/2022
Date Approved

Building/Code/Zoning Official
Kou Clark
Sp: WJ

Date Issued
12-19-22



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000229

Parcel: 022479392
PIN: 986715641990
Location: 74 TRINITIE TRL
District: RS1 - Single Family Residential District
Subdiv: CHICAHAWK
Lot-Block-Sect: LOT: 392 BLK: SEC:

Owner: MCDONALD, GARY W
Address: 74 TRINITIE TRL
KITTY HAWK, NC 27949
Phone #: 757-331-0593

BUSINESS NAME: SALT HOUSE MAINTENANCE
CONTRACTOR'S NAME: JONATHAN GONINAN
ADDRESS: 108 QUARTER LANDING CT
CITY, STATE, ZIP: HARBINGER, NC 27941
OFFICE#:
CELL#:
FAX#:
EMAIL: SALTUSEREPAIRS@GMAIL.COM

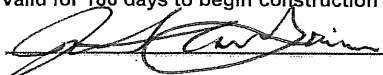
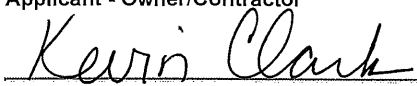
NC G.C. LICENSED CONTRACTOR:
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:
LIEN AGENT NAME:
ENTRY#:
LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ADDITION - BATHROOM EXPANSION
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

| | | |
|---|----------------------------|--|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input checked="" type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 25.0 | HEAT: | RESIDENCE TYPE: Residence |
| NON-HEATED AREAS (SqFt): 0 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | DATE APPROVED: |
| BATHS: 1/2 BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: | SEPTIC PERMIT #: |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: | DATE ISSUED: |

| | | |
|--|--|---|
| PERMIT FEES: | | TOTAL CONSTRUCTION COST: \$13,000.00 |
| Description | | Total Cost |
| Heated/Living Area Fee (Single Family) | | 15.00 |
| Homeowners Recovery Fund | | 10.00 |
| Minimum Permit Fee | | 85.00 |
| | | TOTAL FEE: 110.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.


Applicant - Owner/Contractor

Building/Code/Zoning Official

(Please print and sign name)

12/20/22
Date Approved
12/20/22
Date Issued

**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**

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



Residential Trade Contractor Permit

Date December 16, 2022

**TP22-000212
Mechanical Trade Permit**

Project Address: 83 DUCK WOODS DR

PIN #: 030167000

Property Owner: CONNERS, JAMES M

Mailing Address: 83 DUCK WOODS DR
KITTY HAWK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Anderson Heating & Cooling

Qualifier: Gil Anderson

Phone: (252) 619-3105

Address: P.O. Box 396

N. C. License Number:30003 / H3

Kitty Hawk, NC 27949

Description of Work: INSTALL CARRIER COMFORT 3 TON 14 SEER HEAT PUMP CONDENSING COASTAL UNIT WITH 3 TON FAN COIL MULTIPOSE (ALUMINUM COIL)

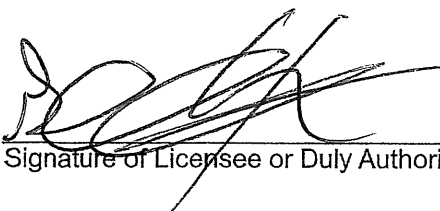
Project Cost Estimate: \$9,068.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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


Signature of Licensee or Duly Authorized Representative

12/19/22
Date


Signature of Permit Official 12/20/2022
By MB Date



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000237

Parcel: 022376000
PIN: 986712863073
Location: 92 SPINDRIFT TRL
District: RS1 - Single Family Residential District
Subdiv: CHICAHIAUK
Lot-Block-Sect: LOT: 175 BLK: SEC:
Owner: MADD PROPERTIES LLC
Address: 159 BIRCH RD
FRANKLIN LAKES, NJ 07417
Phone #: --

BUSINESS NAME:
CONTRACTOR'S NAME: MADD PROPERTIES LLC
ADDRESS: 159 BIRCH RD
CITY, STATE, ZIP: FRANKLIN LAKES, NJ 07417
OFFICE#:
CELL#:
FAX#:
EMAIL:
NC G.C. LICENSED CONTRACTOR:
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:
LIEN AGENT NAME: Chicago Title Company, LLC
ENTRY#: 1820196
LIEN AGENT ADDRESS: 223 S. WEST ST SUITE 900
RALEIGH N.C. 27603

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - NEW KITCHEN CABINETS & COUNTERS
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

| | | |
|---|----------------------------|--|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo | | |
| <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | RESIDENCE TYPE: Vacation Cottage < 30 days |
| NON-HEATED AREAS (SqFt): 0 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | DATE APPROVED: |
| BATHS: 1/2 BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | CAMA PERMIT #: |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: |
| POOL: SHED: | DECKS (SqFt): | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: | SEPTIC PERMIT #: |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: | DATE ISSUED: |

| | | |
|-----------------------------------|--|---|
| PERMIT FEES: | | TOTAL CONSTRUCTION COST: \$30,000.00 |
| Description: | | Total Cost |
| Remodel / Renovation / Repair Fee | | 300.00 |
| | | TOTAL FEE: 300.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

[Signature]
Applicant - Owner/Contractor (Please print and sign name)
Kevin Clark
Building/Code/Zoning Official
[Signature]
By MB
Date Approved: 12/13/2022
Date Issued: 12-21-2022

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



Residential Trade Contractor Permit

Date December 22, 2022

**TP22-000213
Mechanical Trade Permit**

Project Address: 19 FOXWOOD CIR
Property Owner: PARKER, BARBARAA

PIN #: 010069012
Mailing Address: 19 FOXWOOD CIR
SOUTHERN SHORES, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas
Contractor:

Company Name: All Seasons Heating & Cooling
Phone: (252) 491-9232
N. C. License Number: 19091

Qualifier: Joe Simpson
Address: PO Box 244
Point Harbor, NC 27964

Description of Work: REPLACE UPSTAIRS WITH 2 TON & DOWNSTAIRS WITH 2.5 TON SPLIT SYSTEM HEAT PUMPS & AIR HANDLERS

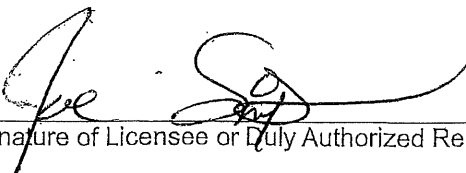
Project Cost Estimate: \$14,490.00


Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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


Signature of Licensee or Duly Authorized Representative 12-22-22 Date


Signature of Permit Official 12-22-2022 Date
By mrs

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



Residential Trade Contractor Permit

Date December 22, 2022

TP22-000214
Mechanical Trade Permit

Project Address: 63 HICKORY TRL
Property Owner: ST LAURENT, NORMAN B

PIN #: 022161000
Mailing Address: 63 HICKORY TRL
KITTY HAWK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas
Contractor:

Company Name: All Seasons Heating & Cooling
Phone: (252) 491-9232
N. C. License Number: 19091

Qualifier: Joe Simpson
Address: PO Box 244
Point Harbor, NC 27964

Description of Work: REPLACE UPSTAIRS WITH 2 TON SPLIT HEAT PUMP & AIR HANDLER

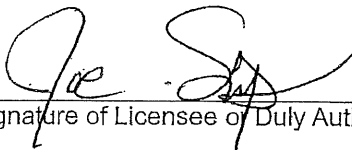
Project Cost Estimate: \$10,515.00

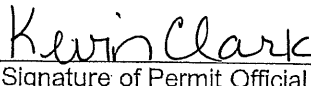
Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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


Signature of Licensee or Duly Authorized Representative 12-22-22 Date


Signature of Permit Official 12-22-2022 Date
By MB



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000241

Parcel: 020986000
PIN: 986809066988
Location: 337 N DOGWOOD TRL
District: RS1 - Single Family Residential District
Subdiv: SO/SH BLK 92 LOTS 1-11
Lot-Block-Sect: LOT: 2 BLK: 92 SEC:

Owner: KISCIRAS, CRAIG
Address: 161 SILVER FOX LN
TORRINGTON, CT 06790
Phone #: 914-879-3691

BUSINESS NAME: Barrett & Haber, LLC, T/A Emanuelson & Dad
CONTRACTOR'S NAME: Jackie Lewis
ADDRESS: PO Box 448
CITY, STATE, ZIP: Nags Head, NC 27959
OFFICE#: (252) 261-2212
CELL#:
FAX#: (252) 261-1115
EMAIL: emanuelson6705@outlook.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 87233
LIMITATION: Limited
CLASSIFICATION: Residential
QUALIFIER: Elizha Barrett
LIEN AGENT NAME:
ENTRY#:
LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ACCESSORY - INSTALL 1 JET SKI LIFT AND REBUILD STAIRS FROM BULKHEAD TO WATER
SPECIAL CONDITIONS - ALL WOOD BELOW RFPPE (8) FT. SHALL BE TREATED

| | | |
|---|----------------------------|--|
| TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo | | |
| <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: | TYPE OF FOUNDATION: | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 0.0 | HEAT: | RESIDENCE TYPE: 2nd Home |
| NON-HEATED AREAS (SqFt): 0 | A/C: | BUILDING USE: Single Family |
| NUMBER OF STORIES: | INTERIOR WALLS: | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: | EXTERIOR WALLS: | ZONING PERMIT #: ZP22-000126 |
| SEPTIC CAP. # OF PERSONS: | FIREPLACE: | DATE APPROVED: 12/20/2022 |
| BATHS: ½ BATHS: | ROOF: | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: | INSULATION: | CAMA PERMIT #: 86948 |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: 12/02/2022 |
| POOL: SHED: | DECKS (SqFt): | |
| FLOOD ZONE: AE - 4 ft | WINDOWS MAKE: | SEPTIC PERMIT #: |
| BASE FLOOD ELEVATION: LES 8 ft | WINDOWS TYPE: | DATE ISSUED: |

| | |
|---|--------------------------|
| TOTAL CONSTRUCTION COST: \$10,089.06 | |
| PERMIT FEES: | Total Cost |
| Description | 100.00 |
| Minimum Permit Fee | TOTAL FEE: 100.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

Jackie Lewis
Applicant - Owner/Contractor
Lorelei Zumbrenner
(Please print and sign name)

12/20/2022

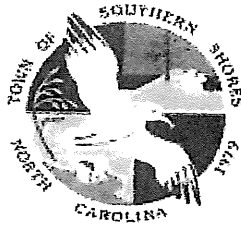
Date Approved

Kevin Clark
Building/Code/Zoning Official
By ncb

Date Issued

12-28-2022

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



Residential Trade Contractor Permit

Date December 22, 2022

**TP22-000215
Mechanical Trade Permit**

Project Address: 23 ELEVENTH AVE
Property Owner: MOUNTAIN2SEA PROPERTIES LLC

PIN #: 021249000
Mailing Address: 1700 TRANQUIL CT
VIRGINIA BEACH, VA 23454

Permit Types:

Plumbing Electrical Mechanical Gas
Contractor:

Company Name: Delta T Heating & Air Conditioning, Inc
Phone: (252) 261-0404
N. C. License Number: 35327

Qualifier: Lloyd Journigan
Address: PO Box 575
Kitty Hawk, NC 27949

Description of Work: REPLACE EXISITING 2.5 TON 14 SEER AMERICAN STANDARD HEAT PUMP

Project Cost Estimate: \$3,400.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

Signature of Licensee or Duly Authorized Representative

12/28/22

Date

Kevin Clark 12-28-2022

Signature of Permit Official

Date

By *KB*



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000235

Parcel: 022356014
PIN: 986706482180
Location: 36 FAIRWAY DR
District: RS1 - Single Family Residential District
Subdiv: SO/SH BLK 119
Lot-Block-Sect: LOT: 14 BLK: 119 SEC:

Owner: OTT, MARTINE S
Address: 118 ALBEMARLE DR
BLUE BELL, PA 19422
Phone #: 267-221-0072

BUSINESS NAME: Jeffrey H Haskett Homes, Inc
CONTRACTOR'S NAME: Jeff Haskett
ADDRESS: 4711 Lindbergh Ave
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#:
CELL#
FAX#:
EMAIL: jeff@hasketthomes.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 46718
LIMITATION: Intermediate
CLASSIFICATION: Building
QUALIFIER: Jeffrey H Haskett
LIEN AGENT NAME: Chicago Title Co
1820756
ENTRY#: 223 S. West St, Suite 900
Raleigh, NC 27603
LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): NEW CONSTRUCTION - BUILD NEW SFD WITH BULKHEAD
SPECIAL CONDITIONS - ALL WOOD BELOW RFP (8) FT. SHALL BE TREATED UNDER CONSTRUCTION & FINISHED CONSTRUCTION CERTIFICATES OR SURVEY SHOWING FINISHED GRADE REQUIRED

| | | |
|--|-------------------------------------|--|
| TYPE OF CONSTRUCTION: <input checked="" type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input checked="" type="checkbox"/> Other | | |
| <input checked="" type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo | | |
| <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator | | |
| OCCUPANCY: 10 | TYPE OF FOUNDATION: Pile | PERMIT TYPE: Residential |
| HEATED/LIVING AREAS (SqFt): 2998.0 | HEAT: Heat Pump | RESIDENCE TYPE: 2nd Home |
| NON-HEATED AREAS (SqFt): 1,094 | A/C: Heat Pump | BUILDING USE: Single Family |
| NUMBER OF STORIES: 2 | INTERIOR WALLS: drywall | ZONING DISTRICT: RS1 - Single Family Residential District |
| BEDROOMS: 5 | EXTERIOR WALLS: LP Smartside | ZONING PERMIT #: ZP22-000128 |
| SEPTIC CAP. # OF PERSONS: 10 | FIREPLACE: Gas | DATE APPROVED: 12/28/2022 |
| BATHS: 4 1/2 BATHS: 1 | ROOF: Asphalt | PERMITTED/CONDITIONAL USE: Single Family Dwelling |
| GARAGE - DETACHED: ATTACHED: 431 507 | INSULATION: Batt | CAMA PERMIT #: 86947 |
| STORAGE ENCLOSURE: | ELEVATOR (SqFt): | DATE ISSUED: 12/02/2022 |
| POOL: SHED: | DECKS (SqFt): 304 | |
| FLOOD ZONE: Unshaded X | WINDOWS MAKE: Viwinco | SEPTIC PERMIT #: S3-14190 |
| BASE FLOOD ELEVATION: LES 8ft | WINDOWS TYPE: DH | DATE ISSUED: 10/31/2022 |

| | |
|--|----------------------------|
| TOTAL CONSTRUCTION COST: \$957,597.00 | |
| PERMIT FEES: | |
| Description | Total Cost |
| Plan Review Fee - Single Family New Construction | 150.00 |
| Heated/Living Area Fee (Single Family) | 1,798.80 |
| Non-Heated Areas Fee (Single Family) | 328.20 |
| Bulkhead, Dock, Pier, Retaining Wall Fee | 150.00 |
| Homeowners Recovery Fund | 10.00 |
| | TOTAL FEE: 2,437.00 |

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

[Signature]
Applicant - Owner/Contractor (Please print and sign name)

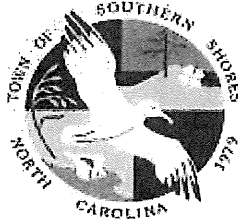
12/28/2022

Date Approved

[Signature]
Building/Code/Zoning Official
[Signature]

12-29-2022
Date Issued

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



Residential Trade Contractor Permit

Date December 29, 2022

**TP22-000218
Electrical Trade Permit**

Project Address: 155 WAX MYRTLE TRL
Property Owner: BRODIE, KATHERINE L

PIN #: 021990000
Mailing Address: 155 WAX MYRTLE TRL
SOUTHERN SHORES, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas
Contractor:

Company Name: Angel Advanced Technologies, LLC
Phone: (252) 256-2773
N. C. License Number: U.30701

Qualifier: Matius Antonio Florez
Address: 9138 Carotoke Hwy
Point Harbor, NC 27964

Description of Work: INSTALL CIRCUIT WIRING FOR CAR CHARGER

Project Cost Estimate: \$2,293.00

Permit Amount: 150.00

Payment:
Date Type Reference Receipt Received From Amount

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



Signature of Licensee or Duly Authorized Representative 12/30/22
Date



Signature of Permit Official 12-30-2022
Date
By mab



BUILDING PERMIT

PERMIT NUMBER: 5292

DATE: 11/30/22

OWNER: Outer Banks Craft Distilling LLC
ADDRESS: 510 Budleigh Street
CITY: Manteo STATE: NC ZIP: 27954

BUILDER: Premiere Coastal Contracting, LLC
CONTRACTOR LICENSE #: 78086
ADDRESS: 3200 Maritime Woods Drive
CITY: Manteo STATE: NC ZIP: 27954
PHONE: 252-305-8067

LOCATION OF BUILDING SITE: 510 Budleigh Street Manteo ZONING DISTRICT: Manteo IN
PARCEL NUMBER: 023274000 FLOOD ZONE: AE BFE: 8.2 FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: x REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: 880
NUMBER OF STORIES: 1 ROOMS: _____ BATHS: _____ FIREPLACES: _____

FINISHES:

EXTERIOR WALLS: Brick & LP B&B INTERIOR WALLS: PVC bottom 4' ROOF TYPE AND MATERIAL: Metal
HEAT TYPE: N/A INSULATION & R VALUE: n/a FLOORING: concrete
FOOTING: concrete FOUNDATION: Mono Slab

ADDITIONAL NOTES: See plans for elevation detail A2.1 - 1.1 Fig 5 for footing detail.

Storage Room Addition per architectural plans.

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$251,775.00

Review - \$ 440.00

Permit Cost: \$ 396.00

Date of Issuance: 12/2/22 *TOTAL \$ 836.00*

Seals: [Signature]
Applicant

[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



BUILDING PERMIT

PERMIT NUMBER: 5293

DATE: 11/21/22

OWNER: John & Heather Randall
ADDRESS: 14 Yacht Club Rd
CITY: Manteo STATE: NC ZIP: 27954

BUILDER: Tidal Pools Inc.
CONTRACTOR LICENSE #: 86498
ADDRESS: 310 Sneads Ferry Rd
CITY: Sneads Ferry STATE: NC ZIP: 28460
PHONE: 910-886-6344

LOCATION OF BUILDING SITE: 14 Yacht Club Rd ZONING DISTRICT: R-5
PARCEL NUMBER: 025694214 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) N/A
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: N/A UNHEATED SPACE: N/A
NUMBER OF STORIES: N/A ROOMS: N/A BATHS: N/A FIREPLACES: N/A
FINISHES: _____
EXTERIOR WALLS: N/A INTERIOR WALLS: N/A ROOF TYPE AND MATERIAL: N/A
HEAT TYPE: N/A INSULATION & R VALUE: N/A FLOORING: N/A
FOOTING: N/A FOUNDATION: N/A

ADDITIONAL NOTES: Installation of in-ground swimming pool Filter, salt system, VSP pump 4' broom finish concrete perimeter, plumbing, electrical water test kit, vaccum head/hose/pole, skimmer head/pole, 2, LED lights, 4 returns, 1 stainless steel handrail, 1 skimmer and 2 VGB drains initial water excavation/installation

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS ***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$74,744.00

Date of Issuance: 12/6/22

Review 50.00
Permit Cost: 300.00

Seals: Brian Grigsby (Agent)
Applicant

[Signature]
Inspector

\$ 350.00
MF
Zoning Official

Conditions of Permit: _____



MECHANICAL PERMIT

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

*** FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED***

PERMIT NUMBER: 5293

DATE: 12/6/2022

OWNER: WAYNE BAILEY

CONTRACTOR: RA HOY HEATING AND AIR CONDITIONING LLC

ADDRESS: 709 CAROLINA CT.

ADDRESS: PO BOX #179

CITY: MANTEO STATE: NC ZIP: 27954

CITY: KITTY HAWK STATE: NC ZIP: 27949

PHONE: 410-424-9376

PHONE: 252-261-2008

LOCATION: 709 CAROLINA CT.

PARCEL NUMBER: 023196000

BUILDER: _____

NUMBER OF HEATING UNITS: 1

NUMBER OF AIR HANDLERS: 1

NUMBER OF REGISTERS: _____

TONNAGE: 2

LICENSE NUMBER: 35329

WORK ORDER NUMBER: _____

COST: 9456

PERMIT COST: 150⁰⁰

IF REPAIRING OR ALTERING, PLEASE DESCRIBE WORK:

SINGLE C/O-- TRANE 16 SEER 2-TON H/P SYSTEM THAT SERVICES THE WHOLE HOUSE.

*****CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS*****

DATE OF ISSUANCE: 12/6/22 SEALS: BRIAN L. RA HOY
(APPLICANT)

(INSPECTOR) 



PERMIT NUMBER: 5296

BUILDING PERMIT

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

*** FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED ***

CONTRACTOR INFORMATION

NAME: Efferidge Construction Co
PHONE NUMBER: 252-305-1596 LICENSE NUMBER: 57111
ADDRESS: 1178 Driftwood Dr. Manteo NC, 27954
EMAIL: EfferidgeConstructionCo@yahoo.com

PROPERTY OWNER INFORMATION

NAME: John Waddill Jr. PHONE: 404 513 8220
EMAIL: John.Waddill@progressive-design.com

DEVELOPMENT INFORMATION

CHECK ALL THAT APPLY: NEW CONSTRUCTION ADDITION ACCESSORY STRUCTURE
 REMODEL SWIMMING POOL OTHER: _____ ATTACHED DETACHED

PROPERTY ADDRESS: 38 BALLAST PI.
PARCEL NUMBER: 025694395 ZONING DISTRICT: R-5
ESTIMATED COST: 10,000 HEATED SPACE (SQ. FT.): N/A UNHEATED SPACE (SQ. FT.): N/A
DESCRIPTION OF WORK: Repair Deck piles

FLOODPLAIN INFORMATION

FLOOD ZONE: AE ZONE VE ZONE X ZONE NOT APPLICABLE
BASE FLOOD ELEVATION (BFE): _____ FIRST FLOOR ELEVATION (FFE): _____
DESCRIPTION OF WORK BELOW BFE: N/A
PROPOSED NUMBER OF FLOOD VENTS: _____ ENCLOSED AREA BELOW BFE: YES NO
NET OPENING OF FLOOD VENTS (SQ. IN.): _____ ENGINEERED NON-ENGINEERED

REQUIRED DOCUMENTATION CHECKLIST

- SITE PLAN (*SHOWS ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS & PARKING) Letter from Engineer
- ONE SET OF WORKING DRAWINGS HEALTH DEPARTMENT APPROVALS (FOR RESTAURANTS)
- NC LIEN AGENT FORM CAMA PERMIT (IF REQUIRED) ELEVATION CERTIFICATE REQUIRED

| | |
|-------------------------|---------------|
| REVIEW FEE: | <u>50.00</u> |
| HOMEOWNERS RECOVER FEE: | |
| PERMIT COST: | <u>10000</u> |
| TOTAL COST: | <u>150.00</u> |
| CONDITIONS OF PERMIT: | |
| | |
| | |

**CALL BUILDING INSPECTOR
24 HOURS IN ADVANCE FOR ALL INSPECTIONS**

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

DATE OF ISSUANCE: 12/7/22
Seals: [Signature] Applicant [Signature] Inspector [Signature] Zoning Administrator



MECHANICAL PERMIT

PERMIT NUMBER: 5297

DATE: 11-30-2022

OWNER: OLD TOM PROPERTIES
ADDRESS: PO BOX 2405
CITY: MANTEO STATE: NC ZIP: 27954
PHONE: 252-473-8074

CONTRACTOR: DAVID ARMSTRONG JR SERVICES LLC
ADDRESS: 20 ALBEMARLE SHORES EXT
CITY: COLUMBIA STATE: NC ZIP: 27925
PHONE: 252-797-4177

LOCATION: 204 APT A-SIR WALTER RALEIGH ST PARCEL NUMBER: 024798001
BUILDER: _____

NUMBER OF HEATING UNITS: 1
NUMBER OF REGISTERS: 10
LICENSE NUMBER: 21460
COST: 5900.00

NUMBER OF AIR HANDLERS: 1
TONNAGE: 1.5 TON 143 SPLIT SYSTEM
WORK ORDER NUMBER: _____
Permit Cost: 150.00

If repairing or altering, please describe work: _____
LOCATION CURRENTLY HAS WINDOW UNIT - WE WILL INSTALL 1.5 TON 14SEER SPLIT SYSTEM-ALL DUCTWORK-GRILLES-REGISTERS
THERMOSTAT--NOTE-AIR HANDLER TO BE LOCATED IN ATTIC ABOVE FIRST FLOOR WITH 5KW ELEC HEAT STRIPS -

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS

DATE OF ISSUANCE: 12/7/22 SEALS: David Armstrong
(Applicant)

[Signature]
(Inspector)

(UPDATED 7/2017)



PERMIT NUMBER: 5298

BUILDING PERMIT

DATE: 12/13/2022

OWNER: Pirates Cove Homeowners Assoc.
ADDRESS: 1 Sailfish Drive
CITY: Manteo STATE: N.C ZIP: 27954

BUILDER: Millstone Marine Construction, Inc.
CONTRACTOR LICENSE #: Unlimited-Building 78077
ADDRESS: 201-A Etheridge Road
CITY: Manteo STATE: N.C ZIP: 27954
PHONE: 252-305-8259 252-202-2678 cell

LOCATION OF BUILDING SITE: Ballast Point Canal Docks ZONING DISTRICT: _____
PARCEL NUMBER: 025694533 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____
NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____
FINISHES: _____
EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: Replace three sections of 6' wide common area docks totalling 570' in length
Docks are located behind Ballast Point 14-17. Ballast Point 6-8. Village Landing 105-107

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: 114,000.00

Date of Issuance: 12/14/22

Review 58.00
Permit Cost: 570.00
\$620.00
mf JB

Seals: [Signature]
Applicant

[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



SIGN PERMIT

PERMIT NUMBER: 5299

DATE: 12/12/2022

APPLICANT: Ad Light Signs & Lighting Services, Inc.

ADDRESS: 600 W. Boundary St.

Kill Devil Hills, NC, 27948

PHONE: 252-480-2800

THIS PERMIT IS TO: ERECT _____ ALTER: _____ REPAIR: x _____ A SIGN. (PLEASE CHECK ONE.)

TYPE OF SIGN: Existing internally illuminated wall sign. Change artwork on existing faces and repair as needed.

LOCATION OF SIGN: Front facade of premises and pylon sign at drive entrance, Lighthouse Automotive, 106 N Hwy 64, Manteo

PARCEL NUMBER: 025663000

ZONING DISTRICT: B-2

SQUARE FOOTAGE OF SIGN: Existing 108.9 on site

THIS PERMIT MUST BE ACCOMPANIED BY:

- DRAWING OF SIGN TO SCALE
- LOCATION OF PROPOSED SIGN AND ANY OTHER SIGNS ON THE SAME LOT
- DRAWING TO SCALE OF FACE OF BUILDING IF THE SIGN IS TO BE MOUNTED ON THE FACE OF A BUILDING

Cost of Contract _____

[Signature]
CONTRACTOR/OWNER SIGNATURE

12-14-2022
DATE

[Signature]
BUILDING INSPECTOR

12/19/22
DATE

COMMENTS:

COST OF PERMIT: \$50.00



SIGN PERMIT

PERMIT NUMBER: 5300

DATE: 12/19/22

APPLICANT: Third Light Productions, LLC

ADDRESS: 114 Marine Drive
Bldg B, Edenton, NC 27932

PHONE: 252-340-4310

THIS PERMIT IS TO: ERECT _____ ALTER: REPAIR: _____ A SIGN. (PLEASE CHECK ONE.)

TYPE OF SIGN: Replacing existing sign (new business)

LOCATION OF SIGN: 101 Sir Walter Raleigh Street
(Essex Square Commercial, Unit 101)

PARCEL NUMBER: 024774 080

ZONING DISTRICT: B-1 SQUARE FOOTAGE OF SIGN: _____

THIS PERMIT MUST BE ACCOMPANIED BY:

- DRAWING OF SIGN TO SCALE
- LOCATION OF PROPOSED SIGN AND ANY OTHER SIGNS ON THE SAME LOT
- DRAWING TO SCALE OF FACE OF BUILDING IF THE SIGN IS TO BE MOUNTED ON THE FACE OF A BUILDING

Cost: \$250.00

Anne Burroughs
CONTRACTOR/OWNER SIGNATURE

12/19/22
DATE

[Signature]
BUILDING INSPECTOR

12/22/22
DATE

COMMENTS:

COST OF PERMIT: \$50.00



BUILDING PERMIT

PERMIT NUMBER: 5301

DATE: 12-29-2022

OWNER: MALCOLM FEARING

BUILDER: SELF (MALCOLM)

ADDRESS: PO BOX 759

CONTRACTOR LICENSE #: _____

CITY: MANTEO STATE: NC ZIP: 27954

ADDRESS: PO BOX 759

CITY: MANTEO STATE: NC ZIP: 27954

PHONE: 252-305-8596

B1

LOCATION OF BUILDING SITE: 300 SIR WALTER RALEIGH ST. ZONING DISTRICT: MANTEO - INSIDE

PARCEL NUMBER: 024793000 FLOOD ZONE: _____ BFE: _____ FFE: _____

NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____

ERECT: _____ ALTER: REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: ± 3,000 UNHEATED SPACE: ± 1,000

NUMBER OF STORIES: 2 ROOMS: 10 BATHS: 3 1/2 FIREPLACES: 0

FINISHES:

EXTERIOR WALLS: BRICK INTERIOR WALLS: DRYWALL ROOF TYPE AND MATERIAL: ASPHALT

HEAT TYPE: HEAT PUMP INSULATION & R VALUE: _____ FLOORING: HARDWOOD

FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: ADDING EXTERIOR STAIRCASE TO EAST WALL
CONNECTING TOP DECK TO BOTTOM DECK

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

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Estimated or Contract Cost: \$4,318

Review \$ 50.00

Permit Cost: 43.18

Date of Issuance: 12/30/22 TOTAL - \$93.18

Seals: [Signature]
Applicant

[Signature]
Inspector

CW-MF
Zoning Official

Conditions of Permit: _____