



Town of Kill Devil Hills

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

PAID

FEB 28 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-035

PROJECT NAME: Newport HVAC
SITE ADDRESS: 113 AVIATION AVE E KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/23/2023

EXPIRES: 08/22/2023

APPLICANT: NEWPORT, BRUCE
113 E AVIATION AVE.
Kill Devil Hills, NC 27948
808-337-9028

OWNER: NEWPORT, BRUCE
113 E AVIATION AVE.
Kill Devil Hills, NC 27948
808-337-9028

MECHANICAL H2 AND H3: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 35329
Expires: 12/31/2023

PARCEL:

PIN: 988420705949

Parcel Number: 003897001

Address: 113 AVIATION AVE E KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 38 **Lot(s):** 19

Legal Description:

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

PROJECT DESCRIPTION: C/O HVAC split system



PAID

2/28/23
paypal

MC2023-035

PROJECT NAME: Newport HVAC
SITE ADDRESS: 113 AVIATION AVE E KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/23/2023

EXPIRES: 08/22/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6052.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: BREAN LANCASTER **Date:** 02 / 23 / 2023



Town of Kill Devil Hills

PO BOX 1719
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PAID

FEB 22 2023

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2023-032	MECHANICAL
PROJECT NAME: Ulickas HVAC	ISSUED: 02/21/2023
SITE ADDRESS: 1613 Virginia Dare Tr. N. Kill Devil Hills	EXPIRES: 08/20/2023

APPLICANT: Ulickas, Teresa & William 10 Saddlebrook Ct TOMBALL, TX 77375	OWNER: Ulickas, Teresa & William 10 Saddlebrook Ct TOMBALL, TX 77375
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MECHANICAL, H-2, H-3:	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	License: 34340 Expires: 12/31/2023
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PARCEL:

PIN: 988411565648	Parcel Number: 002779000
Address: 1613 Virginia Dare Tr. N. Kill Devil Hills	Zoning:
Addition: Croatan Shores Amended	Block: B Lot(s): 13
Legal Description:	

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

PROJECT DESCRIPTION: C/O 3 HVAC systems



PAID

2-22-23

JB chk# 2915

MC2023-032

PROJECT NAME: Ulickas HVAC

SITE ADDRESS: 1613 Virginia Dare Tr. N. Kill Devil Hills

MECHANICAL

ISSUED: 02/21/2023

EXPIRES: 08/20/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	21300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AO
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: DRub **Date:** 02 / 21 / 2023



Town of Kill Devil Hills

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

Planning and Inspection Department

PAID

MC2023-031 PROJECT NAME: Mattox HVAC SITE ADDRESS: 705 Virginia Dare Tr. S. Kill Devil Hills	FEB 22 2023
	MECHANICAL
	ISSUED: 02/21/2023 TOWN OF KILL DEVIL HILLS
	EXPIRES: 08/20/2023

APPLICANT: JOEL MATTOX 7217 Crescent Ridge Dr. Chapel Hill, NC 27516	OWNER: JOEL MATTOX 7217 Crescent Ridge Dr. Chapel Hill, NC 27516
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MECHANICAL, H-2, H-3:	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	License: 34340 Expires: 12/31/2023
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PARCEL:

PIN: 988308992518	Parcel Number: 027931002
Address: 705 Virginia Dare Tr. S. Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description:	

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

PROJECT DESCRIPTION: C/O 3 HVAC systems

PAID
2-22-23
EB chkl # 2915

MC2023-031

PROJECT NAME: Mattox HVAC

SITE ADDRESS: 705 Virginia Dare Tr. S. Kill Devil Hills

MECHANICAL

ISSUED: 02/21/2023

EXPIRES: 08/20/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	23875.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

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Issued By: Charles Thuman

Contractor or Authorized Agent: dfub **Date:** 02/21/2023



Town of Kill Devil Hills

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

PAID

FEB 22 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-033

PROJECT NAME: Miller HVAC
SITE ADDRESS: 412 BURNS DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/22/2023

EXPIRES: 08/21/2023

APPLICANT: Miller, Chelsa
412 Burns Dr
Kill Devil Hills, NC 27948

OWNER: Miller, Chelsa
412 Burns Dr
Kill Devil Hills, NC 27948

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

License: 23577
Expires: 12/31/2023

PARCEL:

PIN: 988316833686

Parcel Number: 004968000

Address: 412 BURNS DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2

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

Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system

PAID
2/22/23
paid

MC2023-033

PROJECT NAME: Miller HVAC

SITE ADDRESS: 412 BURNS DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/22/2023

EXPIRES: 08/21/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6678.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: Linda Burgess **Date:** 02 / 22 / 2023



Town of Kill Devil Hills

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PAID

FEB 22 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-034

PROJECT NAME: LOWMAN HVAC
SITE ADDRESS: 1518 Bailey's Bay Road Kill Devil Hills

MECHANICAL

ISSUED: 02/22/2023

EXPIRES: 08/21/2023

APPLICANT: LOWMAN, MONIQUE
117 BROOKER CT
WAYNESBORO, VA 22980
757-615-8427

OWNER: LOWMAN, MONIQUE
117 BROOKER CT
WAYNESBORO, VA22980
757-615-8427

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

License: 12643
Expires: 12/31/2023

PARCEL:

PIN: 98830637393510

Parcel
Number:

Address: 1518 Bailey's Bay Road Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Devonshire Place Condo. Unit-10,

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2023-034

PROJECT NAME: LOWMAN HVAC
SITE ADDRESS: 1518 Bailey's Bay Road Kill Devil Hills

MECHANICAL

ISSUED: 02/22/2023

EXPIRES: 08/21/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3950.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling


REQUIRED INSPECTIONS

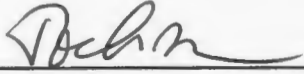
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  **Date:** 2 22 23



Town of Kill Devil Hills

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Planning and Inspection Department

MC2023-030

PROJECT NAME:

SITE ADDRESS: 1936 FIFTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/16/2023

EXPIRES: 08/15/2023

APPLICANT: HIRZ, CAROLYN
2150 Windmill Point Rd
WHITE STONE, VA 22578
893-810-9074

OWNER: HIRZ, CAROLYN
2150 Windmill Point Rd
WHITE STONE, VA 22578
893-810-9074

H3, CLASS 1:

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

License: 12643
Expires: 12/31/2023

PARCEL:

PIN: 987408978545

Parcel Number: 027137000

Address: 1936 FIFTH ST W KILL DEVIL HILLS

Addition: WRIGHT'S SHORES

Zoning:

Block: 0 **Lot(s):** 55

Legal Description:

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

PROJECT DESCRIPTION: Replace air handler

PAID

FEB 16 2023

TOWN OF
KILL DEVIL HILLS

MC2023-030

PROJECT NAME:

SITE ADDRESS: 1936 FIFTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/16/2023

EXPIRES: 08/15/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4361.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	4
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

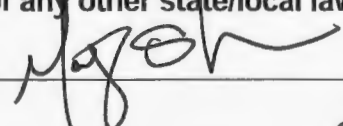
REQUIRED INSPECTIONS

Final

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Issued By: 

Contractor or Authorized Agent: ~~2023~~  Date: 2-16-23



Town of Kill Devil Hills

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

PAID

FEB 15 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-025

PROJECT NAME: Elliott HVAC
SITE ADDRESS: 1512 MONUMENT LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/14/2023

EXPIRES: 08/13/2023

APPLICANT: ELLIOTT, MICHAEL D
P O BOX 2343
KILL DEVIL HILLS, NC 27948

OWNER: ELLIOTT, MICHAEL D
P O BOX 2343
KILL DEVIL HILLS, NC 27948

H-3, CLASS I: COMFORT CONNECTION
1527 MONUMENT LN
Kill Devil Hills, NC 27948
480-3333

License: 29121
Expires: 12/31/2023

MECHANICAL, PLUMBING, ELECTRICAL: COMFORT CONNECTION
1527 MONUMENT LN
Kill Devil Hills, NC 27948
480-3333

License: 30525
Expires: 05/08/2023

PARCEL:

PIN: 988414342654

Parcel Number: 003390002

Address: 1512 MONUMENT LN KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 1

Zoning:
Block: 0 **Lot(s):** 122

Legal Description:

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

PROJECT DESCRIPTION: C/O Heat pump only



PAID

2/15/23

CK#12124

MC2023-025

PROJECT NAME: Elliott HVAC

SITE ADDRESS: 1512 MONUMENT LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/14/2023

EXPIRES: 08/13/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3950.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/15/23



Town of Kill Devil Hills

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

PAID

FEB 14 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-024

PROJECT NAME: Brubaker HVAC
SITE ADDRESS: 2803 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/14/2023

EXPIRES: 08/13/2023

APPLICANT: WESLEY BRUBAKER
704 Swan St
Kill Devil Hills, NC 27948
571-242-9913

OWNER: WESLEY BRUBAKER
704 Swan St
Kill Devil Hills, NC 27948
571-242-9913

MECHANICAL H-3, CLASS 1: DELTA T
PO Box 575
Kitty Hawk, NC 27949
252-261-0404

License: 35327
Expires: 12/31/2023

PARCEL:

PIN: 988513139071

Parcel Number: 000829000

Address: 2803 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

Zoning:
Block: 0 **Lot(s):** 23

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

MC2023-024

PROJECT NAME: Brubaker HVAC

SITE ADDRESS: 2803 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/14/2023

EXPIRES: 08/13/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

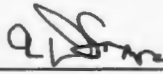
Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 02 / 14 / 2023

Title	2803 NVDT
File name	2803 NVDT permit.pdf
Document ID	c4d97dbdfeb29ed3cbca7dc55414d7f700f69a22
Audit trail date format	MM / DD / YYYY
Status	● Signed

Document History

 SENT	02 / 14 / 2023 09:22:07 UTC-5	Sent for signature to Delta T (office@deltatobx.com) and Permits KDH (permits@kdhnc.com) from permits@kdhnc.com IP: 204.84.167.13
 VIEWED	02 / 14 / 2023 09:24:25 UTC-5	Viewed by Delta T (office@deltatobx.com) IP: 71.11.58.47
 SIGNED	02 / 14 / 2023 09:24:40 UTC-5	Signed by Delta T (office@deltatobx.com) IP: 71.11.58.47
 VIEWED	02 / 14 / 2023 15:15:48 UTC-5	Viewed by Permits KDH (permits@kdhnc.com) IP: 204.84.167.13
 SIGNED	02 / 14 / 2023 15:16:21 UTC-5	Signed by Permits KDH (permits@kdhnc.com) IP: 204.84.167.13
 COMPLETED	02 / 14 / 2023 15:16:21 UTC-5	The document has been completed.



Town of Kill Devil Hills

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

PAID

FEB 14 2023

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2023-028	MECHANICAL
PROJECT NAME: Trachtman HVAC	ISSUED: 02/14/2023
SITE ADDRESS: 1621 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 08/13/2023

APPLICANT: Trachtman, Andrew 7 Zeigler Ln WILMINGTON, DE 19803	OWNER: Trachtman, Andrew 7 Zeigler Ln WILMINGTON, DE 19803
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MECHANICAL H-3, CLASS 1:	DELTA T PO Box 575 Kitty Hawk, NC 27949 252-261-0404	License: 35327 Expires: 12/31/2023
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PARCEL:

PIN: 98841156485302	Parcel Number: 002775008
Address: 1621 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition:	Block: B Lot(s): UNIT 8 PH II LT9-10
Legal Description:	

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

PROJECT DESCRIPTION: C/O 3Ton Heat pump only

MC2023-028

PROJECT NAME: Trachtman HVAC

SITE ADDRESS: 1621 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/14/2023

EXPIRES: 08/13/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

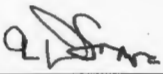
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Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 02 / 14 / 2023



Town of Kill Devil Hills

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PAID

FEB 14 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-029	MECHANICAL
PROJECT NAME: Ayers HAVC	ISSUED: 02/14/2023
SITE ADDRESS: 2916 Bay Dr. Kill Devil Hills	EXPIRES: 08/13/2023

APPLICANT: Ayers, Scott 2916 Bay Dr Kill Devil Hills, NC 27948	OWNER: Ayers, Scott 2916 Bay Dr Kill Devil Hills, NC 27948
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MECHANICAL H2 AND H3:	R A HOY PO Box 265 Kitty Hawk, NC 27949 252-261-2008	License: 35329 Expires: 12/31/2023
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PARCEL:

PIN: 987520813460	Parcel Number: 029612002
Address: 2916 Bay Dr. Kill Devil Hills	Zoning: RL
Addition: VIRGINIA DARE SHORES	Block: 88 Lot(s): 17 - 18
Legal Description:	

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system

PAID
2/14/23
pay pnd

MC2023-029

PROJECT NAME: Ayers HAVC

SITE ADDRESS: 2916 Bay Dr. Kill Devil Hills

MECHANICAL

ISSUED: 02/14/2023

EXPIRES: 08/13/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	11442.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: BREAN LANCASTER **Date:** 02 / 14 / 2023



Town of Kill Devil Hills

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

PAID

FEB 14 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-022

PROJECT NAME: STYONS HVAC
SITE ADDRESS: 2700 Croatan HWY N. KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/13/2023

EXPIRES: 08/12/2023

APPLICANT: HARRIS STYONS LLC.
2700 N CROATAN HWY
Kill Devil Hills, NC 27948
252-305-1415

OWNER: HARRIS STYONS LLC.
2700 N CROATAN HWY
Kill Devil Hills, NC 27948
252-305-1415

H3, CLASS 1:

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

License: 12643
Expires: 12/31/2023

PARCEL:

PIN: 988517028095

Parcel Number: 000498000

Address: 2700 Croatan HWY N. KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 30 **Lot(s):** 5-6

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2023-022

PROJECT NAME: STYONS HVAC

SITE ADDRESS: 2700 Croatan HWY N. KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/13/2023

EXPIRES: 08/12/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8905.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-14-23



Town of Kill Devil Hills

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

PAID

FEB 14 2023

Planning and Inspection Department

MC2023-023 PROJECT NAME: Nuzzo HVAC SITE ADDRESS: 917 CEDAR DR KILL DEVIL HILLS	TOWN OF KILL DEVIL HILLS
	MECHANICAL
	ISSUED: 02/13/2023
	EXPIRES: 08/12/2023

APPLICANT: Nuzzo, Nathan 917 Cedar Dr Kill Devil Hills, NC 27948	OWNER: Nuzzo, Nathan 917 Cedar Dr Kill Devil Hills, NC 27948
---	---

MECHANICAL, H-3, I:	AIR HANDLERS OBX 8788 Caratoke Hwy Harbinger, NC 27941 252-216-8945	License: 23577 Expires: 12/31/2023
----------------------------	--	---

PARCEL:

PIN: 988413133978	Parcel Number: 027546117
Address: 917 CEDAR DR KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 117
Legal Description:	

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

PROJECT DESCRIPTION: C/O HVAC system

PAID
2/14/23 pu
pay pay

MC2023-023

PROJECT NAME: Nuzzo HVAC

SITE ADDRESS: 917 CEDAR DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/13/2023

EXPIRES: 08/12/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5504.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Linda Burgess Date: 02 / 14 / 2023



Town of Kill Devil Hills

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

PAID

FEB 14 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-026

PROJECT NAME: WILLIAMSON HVAC
SITE ADDRESS: 1709 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/14/2023

EXPIRES: 08/13/2023

APPLICANT: WILLIAMSON, JEAN
203 CANTEBERRY RD
WASHINGTON, NC 27889
252-944-7121

OWNER: WILLIAMSON, JEAN
203 CANTEBERRY RD
WASHINGTON, NC 27889
252-944-7121

H3, CLASS 1:

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

License: 12643
Expires: 12/31/2023

PARCEL:

PIN: 989309155261C6

Parcel Number: 027025000

Address: 1709 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

Block: 0

Lot(s): UNIT 6

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2023-026

PROJECT NAME: WILLIAMSON HVAC

SITE ADDRESS: 1709 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/14/2023

EXPIRES: 08/13/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	10.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-14-23



Town of Kill Devil Hills

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

PAID

FEB 13 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-021

PROJECT NAME: Tatum HVAC

SITE ADDRESS: 1720 SEMINOLE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/13/2023

EXPIRES: 08/12/2023

APPLICANT: Tatum, Olivia
13914 Walnut Creek Rd
MIDLOTHIAN, VA 23112

OWNER: Tatum, Olivia
13914 Walnut Creek Rd
MIDLOTHIAN, VA 23112

H-1, H-2, H-3, CLASS I & ELECTRIC: Schwartz and Strawser, LLC
148 Fields Dr
Wanchese, NC 27954
252-423-1015

License: 34529,SP,PH 33318
Expires: 12/31/2023

PARCEL:

PIN: 988410267946

Parcel Number: 002669000

Address: 1720 SEMINOLE ST KILL DEVIL HILLS

Zoning:

Addition: HIGH VIEW - HEDRICKS ADD

Block: B **Lot(s):** 24

Legal Description:

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

PROJECT DESCRIPTION: Install HVAC split system with duct work

MC2023-021

PROJECT NAME: Tatum HVAC

SITE ADDRESS: 1720 SEMINOLE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/13/2023

EXPIRES: 08/12/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	14500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2-13-23



Town of Kill Devil Hills

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

PAID

FEB 6 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2023-018

PROJECT NAME: FOODLION #1532
SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/02/2023

EXPIRES: 08/01/2023

APPLICANT: OLIVOLA, MARK
NANCY O WALTON
P O BOX 364
KILL DEVIL HILLS, NC 27948

OWNER: OLIVOLA, MARK
NANCY O WALTON
P O BOX 364
KILL DEVIL HILLS, NC 27948

H-1, H-2, H-3, CLASS I:

RICHARDS REFRIGERATION
UNKNOWN
UNKNOWN, XX 00000

License: 16864
Expires: 12/31/2023

PARCEL:

PIN: 988410374122

Parcel Number: 002739000

Address: 1700 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition: HEDRICKS ADDITION - CROATAN SH

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

Legal Description:

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

PROJECT DESCRIPTION: CHANGE OUT ROOF TOP HVAC UNITS

DETAILS

Permit

Name	Value
CONSTRUCTION COST	14624.75
CONSTRUCTION TYPE	II
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business



PAID
2/6/23
CK # 28138

MC2023-018

PROJECT NAME: FOODLION #1532

SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/02/2023

EXPIRES: 08/01/2023

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: [Signature] Date: 02 / 03 / 2023



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2023-019

PROJECT NAME:

SITE ADDRESS: 1930 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/02/2023

EXPIRES: 08/01/2023

APPLICANT: STANDAHL, JERRY J
325 MEADOW LANE
FRANKLIN, VA 23851

OWNER: STANDAHL, JERRY J
325 MEADOW LANE
FRANKLIN, VA 23851

MECHANICAL H2 AND H3:

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

License: 35329
Expires: 12/31/2023

PARCEL:

PIN: 988406396510

Parcel Number: 002847004

Address: 1930 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: Croatan Shores Amended

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

Legal Description:

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

PROJECT DESCRIPTION: Add mini split HVAC system

PAID

DETAILS

FEB 3 2023

Permit

Name	Value
CONSTRUCTION COST	5990.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

TOWN OF
KILL DEVIL HILLS



PAID
1/27/23
Ray Bol

MC2023-019

PROJECT NAME:

SITE ADDRESS: 1930 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/02/2023

EXPIRES: 08/01/2023

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: BREAN LANCASTER Date: 02 / 03 / 2023



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2023-016

PROJECT NAME: Bodrock HVAC
SITE ADDRESS: 428 Burns Dr. KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/26/2023

EXPIRES: 07/25/2023

APPLICANT: MICHAEL BODROCK
428 Burns Dr.
KDH, NC 27948

OWNER: MICHAEL BODROCK
428 Burns Dr.
KDH, NC 27948

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

License: 22222-L
Expires: 08/31/2023

MECHANICAL H2 AND H3: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 35329
Expires: 12/31/2023

PARCEL:

PIN: 988316830326

Parcel Number: 004975001

Address: 428 Burns Dr. KILL DEVIL HILLS

Zoning:

Addition: OCEAN ACRES

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

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

PAID

FEB 1 2023

TOWN OF
KILL DEVIL HILLS

Printed by : CTHUMAN on: 01/26/2023 04:50 PM



PAID

1/31/23
pay pap

MC2023-016

PROJECT NAME: Bodrock HVAC

SITE ADDRESS: 428 Burns Dr. KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/26/2023

EXPIRES: 07/25/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8481.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: BREAN LANCASTER **Date:** 01 / 27 / 2023



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2023-017

PROJECT NAME: Brown HVAC
SITE ADDRESS: 1111 Cambridge Rd #308-H Kill Devil Hills

MECHANICAL

ISSUED: 01/31/2023

EXPIRES: 07/30/2023

APPLICANT: Brown, Joanne
102 Miramonte Dr
SANTA CRUZ, CA 95065

OWNER: Brown, Joanne
102 Miramonte Dr
SANTA CRUZ, CA 95065

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

License: 19091
Expires: 12/31/2023

PARCEL:

PIN: 98830648123864

**Parcel
Number:**

Address: 1111 Cambridge Rd #308-H Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Residential townhome/condo

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

PROJECT DESCRIPTION: Replace 3Ton air handler

PAID

FEB 1 2023

TOWN OF
KILL DEVIL HILLS



PAID

11/31/22 10
pay pap

MC2023-017

PROJECT NAME: Brown HVAC

SITE ADDRESS: 1111 Cambridge Rd #308-H Kill Devil Hills

MECHANICAL

ISSUED: 01/31/2023

EXPIRES: 07/30/2023

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4320.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

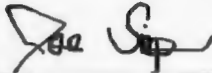
Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 01/31/2023



Town of Kill Devil Hills

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

Planning and Inspection Department

BANNER2023-001	BANNER
PROJECT NAME: LOWES BANNER	ISSUED: 02/22/2023
SITE ADDRESS: 1500 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 05/23/2023

APPLICANT: LOWES CORP.
P.O. Box 1111
1605 Curtis Bridge Rd.
Wilkesboro, NC 28697

OWNER: LOWES CORP.
P.O. Box 1111
1605 Curtis Bridge Rd.
Wilkesboro, NC 28697

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

License: Unlicensed
Expires: 12/31/2023

PARCEL:

PIN: 988410454012

Parcel Number: 002746000

Address: 1500 CROATAN HWY N KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

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

Legal Description:

FEES:	Paid	Due
Banner Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: 4'X11' HIRING BANNER

DETAILS

Permit

Name	Value
# OF BANNERS	1
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	100.00
FLOOD ZONE	X

PAID
FEB 22 2023
TOWN OF
KILL DEVIL HILLS

BANNNER2023-001

PROJECT NAME: LOWES BANNER

SITE ADDRESS: 1500 CROATAN HWY N KILL DEVIL HILLS

BANNER

ISSUED: 02/22/2023

EXPIRES: 05/23/2023

REQUIRED INSPECTIONS

Final

CONDITIONS

* No such banner shall exceed 100 square feet. Banners shall be attached to a building. Banner may be displayed for a period not to exceed 90 days.

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

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

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/22/23



Town of Kill Devil Hills

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

PAID

FEB 23 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

DM2023-002
PROJECT NAME:
SITE ADDRESS: 1630 CROATAN HWY N KILL DEVIL HILLS

DEMOLITION
ISSUED: 02/17/2023
EXPIRES: 08/16/2023

APPLICANT: DARE COUNTY
P O BOX 1000
MANTEO, NC 27954

OWNER: Dare County
PO Box 1000
Manteo, NC 27954
252-475-5891

GENERAL-UNLIMITED-UNCLASSIFIED: BARNHILL CONTRACTING COMPANY, INC.
P.O. Box 1529
Tarboro, NC 27886

License: 3194
Expires: 12/31/2023

PARCEL:

PIN: 988410460072

Parcel Number: 002741002

Address: 1630 CROATAN HWY N KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): 1 & 2, PT
DRAINAGE

Legal Description:

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

PROJECT DESCRIPTION: Demolition of existing building and site concrete

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FLOOD ZONE	X
CONSTRUCTION COST	60000.00

DM2023-002

PROJECT NAME:

SITE ADDRESS: 1630 CROATAN HWY N KILL DEVIL HILLS

DEMOLITION

ISSUED: 02/17/2023

EXPIRES: 08/16/2023

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-23-23



Town of Kill Devil Hills

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

PAID

FEB 10 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2023-006	ZONING PERMIT
PROJECT NAME: Curtis Bushell	ISSUED: 02/10/2023
SITE ADDRESS: 403 Holly St. W. Kill Devil hills	EXPIRES: 08/09/2023

APPLICANT: Bushell, Curtis 403 West Holly Street Kill Devil Hills, NC 27948 252-564-2062	OWNER: Bushell, Curtis 403 West Holly Street Kill Devil Hills, NC 27948 252-564-2062
--	--

CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/31/2023
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PARCEL:

PIN: 988312950208	Parcel Number:
Address: 403 Holly St. W. Kill Devil hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Lot 2, Block X, Kill Devil Bch. Ext.	

FEES:	Paid	Due
Accessory Residential (MIN)	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Add 12' X 12' paver patio

ZP2023-006

PROJECT NAME: Curtis Bushell
SITE ADDRESS: 403 Holly St. W. Kill Devil hills

ZONING PERMIT

ISSUED: 02/10/2023

EXPIRES: 08/09/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	1200.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

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

Issued By: _____

Contractor or Authorized Agent: Curtis Bushell **Date:** 2-10-23



Town of Kill Devil Hills

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

PAID

FEB 21 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2023-009	ZONING PERMIT
PROJECT NAME: Rich Johnson	ISSUED: 02/17/2023
SITE ADDRESS: 1527 Monument LN KILL DEVIL HILLS	EXPIRES: 08/16/2023

APPLICANT: Johnson, Melanie 1527 Monument Ln. Kill Devil Hills, NC 27948	OWNER: Johnson, Melanie 1527 Monument Ln. Kill Devil Hills, NC 27948
---	---

CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/31/2023
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PARCEL:

PIN: 988414342769	Parcel Number: 003408000
Address: 1527 Monument LN KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 1	Block: 0 Lot(s): 151
Legal Description:	

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

PROJECT DESCRIPTION: Replace existing fence

ZP2023-009

PROJECT NAME: Rich Johnson
SITE ADDRESS: 1527 Monument LN KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/17/2023

EXPIRES: 08/16/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	9000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline _____ Zoning Final _____
 Final _____

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Call for a stringline inspection before installing the fence.

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** _____



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2023-008

PROJECT NAME: Alex Coalson
SITE ADDRESS: 519 W Aycock Street Kill Devil Hills

ZONING PERMIT

ISSUED: 02/17/2023

EXPIRES: 08/16/2023

APPLICANT: Sam Wright and Sons Fence Co
1103 Boundary Street
Kill Devil Hills, NC 27948

OWNER: Coalson, Alex
519 West Aycock Street
Kill Devil Hills, NC 27948
714-856-4116

UNLICENSED BUILDER: Sam Wright and Sons Fence Co
1103 Boundary Street
Kill Devil Hills, NC 27948

License: 12345
Expires:

PARCEL:

PIN: 987520906503

Parcel Number:

Address: 519 W Aycock Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lots 11 & 12, Block 73

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

PROJECT DESCRIPTION: Fence

PAID

FEB 17 2023

TOWN OF
KILL DEVIL HILLS

ZP2023-008

PROJECT NAME: Alex Coalson

SITE ADDRESS: 519 W Aycock Street Kill Devil Hills

ZONING PERMIT

ISSUED: 02/17/2023

EXPIRES: 08/16/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	6000.00
SURVEYOR NAME AND NUMBER	Seaboard
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

* Call for a string line inspection before installing the fence.

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 2-17-2023



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2023-004

PROJECT NAME: John and Laurice Thomson
SITE ADDRESS: 2012 SMITHFIELD ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/03/2023

EXPIRES: 08/02/2023

APPLICANT: DELFERA, WILLIAM
4148 DOWDY LANE
kitty hawk, nc 27949
610-247-8227

OWNER: JOHN THOMSON
909 Little River Drive
Elisabeth City, NC 27909
252-339-6825

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2023

PARCEL:

PIN: 988405195029

Parcel Number: 001423000

Address: 2012 SMITHFIELD ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 1285

Legal Description:

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

PROJECT DESCRIPTION: Fence

PAID

FEB 3 2023

TOWN OF
KILL DEVIL HILLS

ZP2023-004

PROJECT NAME: John and Laurice Thomson
SITE ADDRESS: 2012 SMITHFIELD ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/03/2023

EXPIRES: 08/02/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	5200.00
SURVEYOR NAME AND NUMBER	Styons
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

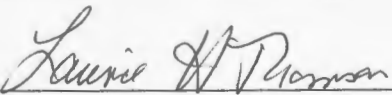
Final Stringline
 Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * Call for a stringline inspection before installing the fence.

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 2/3/23



Town of Kill Devil Hills

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

PAID

FEB 7 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2023-005

PROJECT NAME: Karissa Rogers
SITE ADDRESS: 505 HOLLY ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/07/2023

EXPIRES: 08/06/2023

APPLICANT: CAHOON, KARISSA
505 Holly St W
Kill Devil Hills, NC 27948
252-661-3476

OWNER: CAHOON, KARISSA
505 Holly St W
Kill Devil Hills, NC 27948
252-661-3476

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/31/2023

PARCEL:

PIN: 988312856172

Parcel Number: 008223002

Address: 505 HOLLY ST W KILL DEVIL HILLS

Addition: KILL DEVIL BEACH EXTENDED

Zoning:
Block: Z **Lot(s):** 3

Legal Description:

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

PROJECT DESCRIPTION: Fence

ZP2023-005

PROJECT NAME: Karissa Rogers
SITE ADDRESS: 505 HOLLY ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/07/2023

EXPIRES: 08/06/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	1500.00
SURVEYOR NAME AND NUMBER	William Jones
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

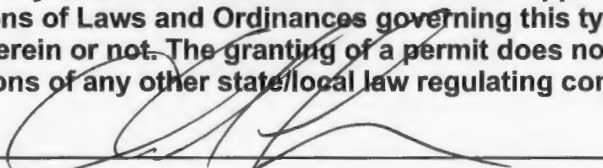
Stringline
Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Please call for a string line inspection before installing the fence.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3/7/23



Town of Kill Devil Hills

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

PAID

Planning and Inspection Department

FEB 27 2023

OP2023-013
PROJECT NAME: Water Oak Residential, LLC
SITE ADDRESS: 704 Harmony Lane Kill Devil Hills

TOWN OF KILL DEVIL HILLS OCCUPANCY
ISSUED 02/27/2023
EXPIRES:

PARENT PERMIT #: BJ2022-186

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

GENERAL - UNLIMITED:	SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003	License: 62306 Expires: 12/31/2023
GENERAL - UNLIMITED:	SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003	License: 62306 Expires: 12/31/2023

PARCEL:

PIN:	988413220786	Parcel Number:	
Address:	704 Harmony Lane Kill Devil Hills	Zoning:	
Addition:		Block:	Lot(s):
Legal Description:	Lot 17, Water Oak		

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

23-013

PROJECT NAME: Water Oak Residential, LLC
ADDRESS: 704 Harmony Lane Kill Devil Hills

OCCUPANCY
ISSUED: 02/27/2023

EXPIRES:

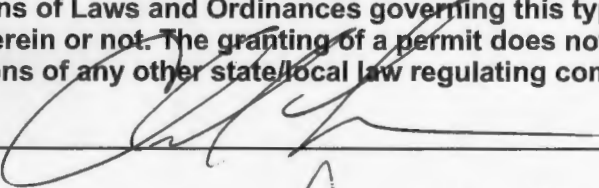
DETAILS

Permit

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

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: Gracelyn Mueck Date: 2.27.23



Town of Kill Devil Hills

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

PAID
WITH
CASH

PAID

FEB 28 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2023-014

PROJECT NAME: Chavez Bedroom Addition
SITE ADDRESS: 705 CARDINAL ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 02/27/2023

EXPIRES:

PARENT PERMIT #: BJ2022-111

APPLICANT: Chavez, Raimundo
705 Cardinal Street
Kill Devil Hills, NC 27948
252-305-7262

OWNER: Chavez, Raimundo
705 Cardinal Street
Kill Devil Hills, NC 27948
252-305-7262

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

License: Unlicensed
Expires: 12/31/2023

PARCEL:

PIN: 988308785147

Parcel Number: 004389000

Address: 705 CARDINAL ST KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 19 Lot(s): 6-8

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Certificate of Occupancy Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: add bedroom making 5 total under existing house, driveway reconfiguration, septic change

DETAILS

Permit

Name	Value
# OF TRASH CANS	0

CONDITIONS

OP2023-014

PROJECT NAME: Chavez Bedroom Addition
SITE ADDRESS: 705 CARDINAL ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 02/27/2023

EXPIRES:

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

Issued By:  _____

Contractor or Authorized Agent: Quana Chang Date: 2-28-23



Town of Kill Devil Hills

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

PAID

FEB 17 2023

Planning and Inspection Department

TOWN OF

OP2023-011	OCCUPANCY
PROJECT NAME: Hunt 2nd Living Residence	ISSUED: 02/17/2023
SITE ADDRESS: 321 QUAIL LN KILL DEVIL HILLS	EXPIRES:

PARENT PERMIT #: BJ2021-221

APPLICANT: Smith Contracting LLC PO Box 471 Kitty Hawk, NC 27949 252-202-6602	OWNER: Hunt, M. David 6500 Old Moon Terrace MOSELEY, VA23120 804-221-0444
---	---

GENERAL:	Smith Contracting LLC PO Box 471 Kitty Hawk, NC 27949 252-202-6602	License: 79892 Expires: 01/01/2024
GENERAL:	Smith Contracting LLC PO Box 471 Kitty Hawk, NC 27949 252-202-6602	License: 79892 Expires: 01/01/2024

PARCEL:			
PIN: 988316845033	Parcel Number: 027012000		
Address: 321 QUAIL LN KILL DEVIL HILLS		Zoning:	
Addition: WHISPERING PINES SEC 2 & 3	Block: F	Lot(s): 6	
Legal Description:			

FEES:	<u>Paid</u>	<u>Due</u>
Certificate of Occupancy Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: addition of a separate residential dwelling with 1 bedroom

OP2023-011

PROJECT NAME: Hunt 2nd Living Residence
SITE ADDRESS: 321 QUAIL LN KILL DEVIL HILLS

OCCUPANCY

ISSUED: 02/17/2023

EXPIRES:

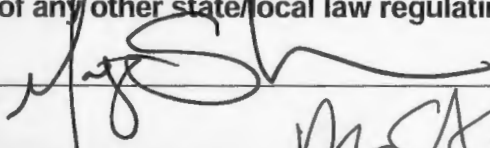
DETAILS

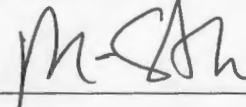
Permit

Name	Value
# OF TRASH CANS	0
PURPOSE	Commercial Addition
ZONING DISTRICT	RL
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/17/23



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2023-010

PROJECT NAME: Lenz Construction New 4 Bedroom House
SITE ADDRESS: 101 Palmetto St E Kill Devil Hills

OCCUPANCY

ISSUED: 02/03/2023

EXPIRES:

PARENT PERMIT #: BJ2022-157

APPLICANT: Lenz Properties Llc
20564 Captains Walk
SMITHFIELD, VA 23430

OWNER: Lenz Properties Llc
20564 Captains Walk
SMITHFIELD, VA 23430

CONTRACTOR: Lenz Homes Inc.
PO BOX 74
Point Harbor, NC 27964
252-202-2637

GENERAL BUILDING - LIMITED: Lenz Homes Inc.
PO BOX 74
Point Harbor, NC 27964
252-202-2637

License: 80731
Expires:

PARCEL:

PIN: 988517117187

**Parcel
Number:**

Address: 101 Palmetto St E Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 8R, Block 24, Virginia Dare Shores

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

PROJECT DESCRIPTION: New 4 Bedroom single family dwelling

PAID

FEB 3 2023

OP2023-010

PROJECT NAME: Lenz Construction New 4 Bedroom House

SITE ADDRESS: 101 Palmetto St E Kill Devil Hills

OCCUPANCY

ISSUED: 02/03/2023

EXPIRES:

DETAILS

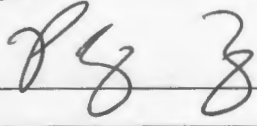
Permit

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

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/3/23



Town of Kill Devil Hills

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

PAID

FEB 23 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EG2023-003	EXCAVATION AND GRADING
PROJECT NAME: Land Disturbance and Erosion Control	ISSUED: 02/21/2023
SITE ADDRESS: 1630 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 08/20/2023

APPLICANT: Dare County PO Box 1000 Manteo, NC 27954 252-475-5891	OWNER: Dare County PO Box 1000 Manteo, NC 27954 252-475-5891
--	--

GENERAL-UNLIMITED-UNCLASSIFIED: BARNHILL CONTRACTING COMPANY, INC. P.O. Box 1529 Tarboro, NC 27886	License: 3194 Expires: 12/31/2023
---	--

PARCEL:

PIN: 988410460072	Parcel Number: 002741002
Address: 1630 CROATAN HWY N KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 1 & 2, PT DRAINAGE
Legal Description:	

FEES:	Paid	Due
Totals :		

PROJECT DESCRIPTION: Land disturbance and erosion control for site improvements

EG2023-003

PROJECT NAME: Land Disturbance and Erosion Control
SITE ADDRESS: 1630 CROATAN HWY N KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 02/21/2023

EXPIRES: 08/20/2023

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	52400.00
ZONING DISTRICT	C
CAMA PERMIT	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
ENGINEER AND LICENSE NUMBER	Kimberly Hamby 042614

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 2-23-23



Town of Kill Devil Hills

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

PAID

FEB 21 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

DW2023-003

PROJECT NAME: Steve Lewis
SITE ADDRESS: 1100 VA DARE TRL N KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/16/2023

EXPIRES: 08/15/2023

APPLICANT: Schuster CLD Inc.
171 Owens Beach Road Ext.
Harbinger, NC 27941
252-202-2006

OWNER: Lewis, Steve
22 Walters Road
NEWPORT NEWS, VA 23602
804-241-9888

REMODEL: Schuster CLD Inc.
171 Owens Beach Road Ext.
Harbinger, NC 27941
252-202-2006

License: 23456
Expires: 02/29/2024

PARCEL:

PIN: 988415637604

Parcel Number: 003714000

Address: 1100 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 15 **Lot(s):** 1

Legal Description:

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

PROJECT DESCRIPTION: Replace driveway within existing footprint

DW2023-003

PROJECT NAME: Steve Lewis

SITE ADDRESS: 1100 VA DARE TRL N KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/16/2023

EXPIRES: 08/15/2023

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	Y
CULVERT	N
SURVEYOR NAME AND NUMBER	BILD
HEALTH DEPARTMENT PERMIT #	S22-16058
ZONING DISTRICT	RL
CONSTRUCTION COST	25000.00
FLOOD ZONE	X

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 2-21-23



Town of Kill Devil Hills

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

PAID

FEB 16 2023

Planning and Inspection Department

EG2023-002	EXCAVATION AND GRADING
PROJECT NAME: Francis Land Disturbance	ISSUED: 02/16/2023
SITE ADDRESS: 410 PINE CONE CT KILL DEVIL HILLS	EXPIRES: 08/15/2023

APPLICANT: BROWN, DOUGLAS C
408 PINE CONE CT
KILL DEVIL HILLS, NC 27948

OWNER: BROWN, DOUGLAS C
408 PINE CONE CT
KILL DEVIL HILLS, NC 27948

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/31/2023

PARCEL:

PIN: 988316737811

Parcel Number: 004890308

Address: 410 PINE CONE CT KILL DEVIL HILLS

Addition: WHISPERING PINES SEC 2 & 3

Zoning:
Block: H **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: Fill, grade, and remove (2) trees from property to prep for construction of a new SFD

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	2500.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8

EG2023-002

PROJECT NAME: Francis Land Disturbance
SITE ADDRESS: 410 PINE CONE CT KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 02/16/2023

EXPIRES: 08/15/2023

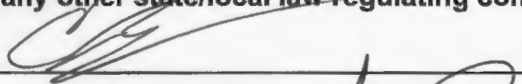
REQUIRED INSPECTIONS

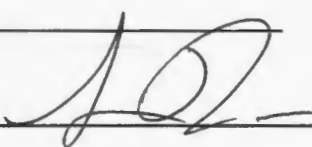
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 2-16-23



Town of Kill Devil Hills

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

PAID

FEB 16 2023

Planning and Inspection Department

DW2023-002 PROJECT NAME: Feakins Driveway SITE ADDRESS: 3212 VA DARE TRL N KILL DEVIL HILLS	TOWN OF KILL DEVIL HILLS
	DRIVEWAY
	ISSUED: 02/16/2023
	EXPIRES: 08/15/2023

APPLICANT: FEAKINS, OLIVER 23 WARWICK RD. LITITZ, PA 17543 717-989-7166	OWNER: FEAKINS, OLIVER 23 WARWICK RD. LITITZ, PA 17543 717-989-7166
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2023
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PARCEL:

PIN: 988513046766	Parcel Number: 000080000
Address: 3212 VA DARE TRL N KILL DEVIL HILLS	
Addition: ORVILLE BEACH BLK 5	Zoning:
Legal Description:	Block: 5 Lot(s): 2

FEES:	<u>Paid</u>	<u>Due</u>
Driveway Permit Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PAID
Paypal - 2/16/23
etl

PROJECT DESCRIPTION: Replace existing driveway to same footprint

DW2023-002

PROJECT NAME: Feakins Driveway

SITE ADDRESS: 3212 VA DARE TRL N KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/16/2023

EXPIRES: 08/15/2023

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	Kirk R Foreman
ZONING DISTRICT	C
CONSTRUCTION COST	18000.00
FLOOD ZONE	X
LOT COVERAGE	35.00

REQUIRED INSPECTIONS

Zoning Final


Final

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * See attached street departments comments dated February 16, 2023 for construction requirements for the driveway portion in the right of way.

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

Issued By: Cameron Ray

Contractor or Authorized Agent:  **Date:** 02 / 16 / 2023



Town of Kill Devil Hills

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

PAID

FEB 13 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

PL2023-004

PROJECT NAME: Sea Ranch Resort
SITE ADDRESS: 1731 VA DARE TRL N KILL DEVIL HILLS

PLUMBING

ISSUED: 02/10/2023

EXPIRES: 08/09/2023

APPLICANT: Sea Ranch Resort, LLC
1731 NORTH Virginia Dare TR
Kill Devil Hills, NC 27948
240-475-9356

OWNER: Sea Ranch Resort, LLC
1731 NORTH Virginia Dare TR
Kill Devil Hills, NC 27948
240-475-9356

H-1, H-2, H-3, CLASS I:

JOHN WRIGHT CO.
UNKNOWN
UNKNOWN, XX 00000

License: 17354
Expires: 12/30/2023

PARCEL:

PIN: 888406479813

Parcel Number: 002783000

Address: 1731 VA DARE TRL N KILL DEVIL HILLS

Addition: Croatan Shores Amended

Zoning:

Block: C

Lot(s): 1-3 & PT 4-8

Legal Description:

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

PROJECT DESCRIPTION: Replace existing water heater



PAID
2/13/23
pay pdf

PL2023-004

PROJECT NAME: Sea Ranch Resort
SITE ADDRESS: 1731 VA DARE TRL N KILL DEVIL HILLS

PLUMBING

ISSUED: 02/10/2023

EXPIRES: 08/09/2023

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	19500.00
CONSTRUCTION TYPE	III
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Vincent J Obrien Date: 02 / 10 / 2023



Town of Kill Devil Hills

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

PAID
PAID WITH CASH

FEB 8 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

DW2023-001

PROJECT NAME: Cliff Leonard
SITE ADDRESS: 2407 BAY DR KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/08/2023

EXPIRES: 08/07/2023

APPLICANT: Cliff Leonard
2407 Bay Dr.
Kill Devil Hills, NC 27948
252-202-1981

OWNER: Cliff Leonard
2407 Bay Dr.
Kill Devil Hills, NC 27948
252-202-1981

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/31/2023

PARCEL:

PIN: 987520809292

Parcel Number: 000730000

Address: 2407 BAY DR KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 78 **Lot(s):** 1

Legal Description:

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

PROJECT DESCRIPTION: Add driveway to Bay Drive and Aycock Street - total of both cannot exceed 40' in width.

DW2023-001

PROJECT NAME: Cliff Leonard
SITE ADDRESS: 2407 BAY DR KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/08/2023

EXPIRES: 08/07/2023

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	Y
SURVEYOR NAME AND NUMBER	MESA
HEALTH DEPARTMENT PERMIT #	S22-15862
ZONING DISTRICT	RL
CONSTRUCTION COST	10000.00
FLOOD ZONE	AE
LOT COVERAGE	32.10

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Combined driveway width cannot exceed 40'.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-8-23



Town of Kill Devil Hills

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

Planning and Inspection Department

DM2023-001

PROJECT NAME: Simpleside Demo
SITE ADDRESS: 1005 DEAN ST KILL DEVIL HILLS

DEMOLITION

ISSUED: 02/03/2023

EXPIRES: 08/02/2023

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

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

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

License: 78583
Expires:

PARCEL:

PIN: 988316745062

Parcel Number: 028647000

Address: 1005 DEAN ST KILL DEVIL HILLS

Addition: KILL DEVIL BEACH EXTENDED

Zoning:
Block: 10 **Lot(s):** 3

Legal Description:

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

PROJECT DESCRIPTION: demo of existing trailer, and existing driveway

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
FLOOD ZONE	X
CONSTRUCTION COST	8000.00

PAID

FEB 3 2023

TOWN OF
KILL DEVIL HILLS

DM2023-001

PROJECT NAME: Simpleside Demo
SITE ADDRESS: 1005 DEAN ST KILL DEVIL HILLS

DEMOLITION
ISSUED: 02/03/2023
EXPIRES: 08/02/2023

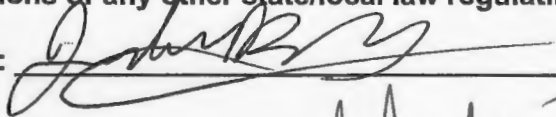
REQUIRED INSPECTIONS

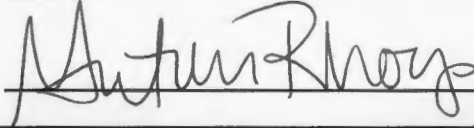
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 2/3/23



Town of Kill Devil Hills

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

Planning and Inspection Department

EG2023-001

PROJECT NAME:

SITE ADDRESS: 1725 SOBLE DR KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 02/07/2023

EXPIRES: 08/06/2023

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

OWNER: THE GRECIAN HOUSES LLC
107 St Clair Rd
Kill Devil Hills, NC 27948
252-207-5896

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

License: Unlicensed
Expires: 12/31/2023

PARCEL:

PIN: 988410472412

Parcel Number: 002921001

Address: 1725 SOBLE DR KILL DEVIL HILLS

Zoning:

Addition: HEDRICKS ADD-PAR B CROATAN SH

Block: 0 **Lot(s):** 5

Legal Description:

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

PROJECT DESCRIPTION: Clear lot

PAID

FEB 7 2023

TOWN OF
KILL DEVIL HILLS

EG2023-001

PROJECT NAME:

SITE ADDRESS: 1725 SOBLE DR KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 02/07/2023

EXPIRES: 08/06/2023

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	6000.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	X
SURVEYOR NAME AND NUMBER	Styons L-3227

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2.7-23



Town of Kill Devil Hills

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

PAID

FEB 1 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

SG2023-001	SIGN
PROJECT NAME: Target	ISSUED: 01/09/2023
SITE ADDRESS: 1901 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 07/08/2023

APPLICANT: CARDINAL SIGNS 2629 Dean Drive VIRGINIA BEACH, VA 23452 757-486-7658	OWNER: WRIGHT COMPANY INC` 3200 Pacific Avenue Suite 100 VIRGINIA BEACH, VA23451
---	--

CONTRACTOR: CARDINAL SIGNS 2629 Dean Drive VIRGINIA BEACH, VA23452 757-486-7658	License: LEGACY UNKNOWN Expires: 12/31/2023
---	--

PARCEL:

PIN: 988406383994	Parcel Number: 029832000
Address: 1901 CROATAN HWY N KILL DEVIL HILLS	
Addition: WRIGHT'S SHORES	Zoning:
Legal Description:	Block: 0 Lot(s): KMART

FEES:	Paid	Due
Sign Permit Fee	\$600.00	\$0.00
Totals :	\$600.00	\$0.00

PROJECT DESCRIPTION: Signs on the building and free-standing sign

SG2023-001

PROJECT NAME: Target

SITE ADDRESS: 1901 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 01/09/2023

EXPIRES: 07/08/2023

DETAILS

Permit

Name	Value
# OF SIGNS	6
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	64.00
SIGN- WALL PROPOSED (SQ FT)	441.20
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	10000.00
FLOOD ZONE	X

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

CONDITIONS

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

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

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

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

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

* Window signs cannot exceed 25% of the gross glazing area of the building and cannot be separately illuminated or backlit by lighting installed for that purpose.

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

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

* Zoning Final Inspection is required.

* All foundations must be inspected prior to concrete being poured.



Town of Kill Devil Hills

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

PAID

Planning and Inspection Department

FEB 27 2023

EL2023-032	TOWN OF KILL DEVIL HILLS
PROJECT NAME: Travelodge Electric	ELECTRICAL
SITE ADDRESS: 804 VA DARE TRL N KILL DEVIL HILLS	ISSUED: 02/24/2023
	EXPIRES: 08/23/2023

APPLICANT: LASGO, INC PO BOX 1349 Kill Devil Hills, NC 27948	OWNER: LASGO, INC PO BOX 1349 Kill Devil Hills, NC 27948
---	---

ELECTRICAL - UNLIMITED:	Angel Advanced Technologies, LLC 9138 Caratoke Hwy Point Harbor, NC 27964 252-256-2773	License: 30701-U Expires: 12/07/2023
--------------------------------	---	---

PARCEL:

PIN: 988415722512	Parcel Number: 003725000
Address: 804 VA DARE TRL N KILL DEVIL HILLS	
Addition: KITTY HAWK SHORES - REVISED	Zoning:
Legal Description:	Block: 20 Lot(s): 1-8

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

PROJECT DESCRIPTION: Install 20AMP circuit in room 107 for heater/AC unit

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RH
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	2155.00
FLOOD ZONE	X
OCCUPANCY TYPE	Residential

PAID
 Payment - 2/27/23
 -CR

EL2023-032

PROJECT NAME: Travelodge Electric

SITE ADDRESS: 804 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/24/2023

EXPIRES: 08/23/2023

REQUIRED INSPECTIONS

Rough In

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 02/27/2023



Town of Kill Devil Hills

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

PAID

FEB 22 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2023-030

PROJECT NAME: Cabaniss Electrical
SITE ADDRESS: 803 Virginia Dare Tr. S. Kill Devil Hills

ELECTRICAL

ISSUED: 02/22/2023

EXPIRES: 08/21/2023

APPLICANT: The Gardenia House LLC, Charles Cabaniss
602 Marbank Drive
Yorktown, VA 23692
757-870-5500

OWNER: The Gardenia House LLC, Charles Cabaniss
602 Marbank Drive
Yorktown, VA 23692
757-870-5500

ELECTRICAL: BEACON ELECTRIC
129 Scuppernong Road
Manteo, NC 27954
489-5680

License: 28692-I
Expires: 03/03/2023

PARCEL:

PIN: 988308993420

Parcel Number: 008145002

Address: 803 Virginia Dare Tr. S. Kill Devil Hills

Zoning: OIR

Addition: SUBDIVISION - NONE

Block: Lot(s): 2-4

Legal Description:

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

PROJECT DESCRIPTION: C/O 4-200AMP disconnects

EL2023-030

PROJECT NAME: Cabaniss Electrical
SITE ADDRESS: 803 Virginia Dare Tr. S. Kill Devil Hills

ELECTRICAL

ISSUED: 02/22/2023

EXPIRES: 08/21/2023

DETAILS

Permit

Name	Value
NCP PROJECT #	10605509
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

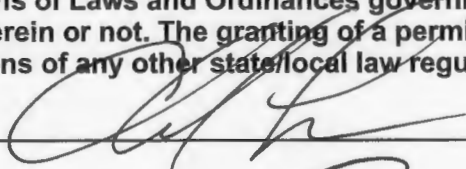
REQUIRED INSPECTIONS


Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/22/23



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2023-027	ELECTRICAL
PROJECT NAME:	ISSUED: 02/16/2023
SITE ADDRESS: 2032 BAY DR KILL DEVIL HILLS	EXPIRES: 08/15/2023

APPLICANT: VANDERMYDE, JOHN & HEATHER
261 NORTH DOGWOOD TR
kitty hawk, nc 27949

OWNER: VANDERMYDE, JOHN & HEATHER
261 NORTH DOGWOOD TR
kitty hawk, nc 27949

ELECTRICAL-I:	SPECIALTY ELECTRICAL CONTRACTORS, INC. 104 Waterway CT Aydlett, NC 27916 252-599-0163	License: 24891-I Expires: 08/19/2023
----------------------	--	---

PARCEL:

PIN: 987408984238	Parcel Number: 001998000
Address: 2032 BAY DR KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 1024 & 1026
Legal Description:	

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

PROJECT DESCRIPTION: Replace meter base/add 2 disconnects/upgrade feeders and panels.

PAID

FEB 21 2023

TOWN OF
KILL DEVIL HILLS

EL2023-027

PROJECT NAME:

SITE ADDRESS: 2032 BAY DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/16/2023

EXPIRES: 08/15/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

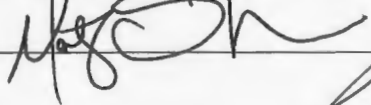
Final

CONDITIONS

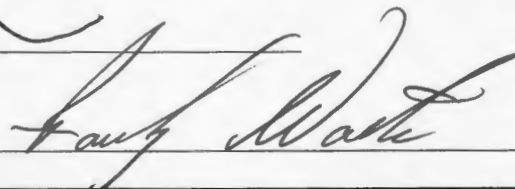
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: 2-21-23



Town of Kill Devil Hills

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

PAID

FEB 21 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2023-029

PROJECT NAME:

SITE ADDRESS: 2052 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/21/2023

EXPIRES: 08/20/2023

APPLICANT: Willard Moody
4201 Manchester Road
PORTSMOUTH, VA 23703

OWNER: Willard Moody
4201 Manchester Road
PORTSMOUTH, VA 23703

ELECTRICAL - LIMITED: WINSTON P. KING
PO BOX 55
Powels Point, NC 27966
252-473-7745

License: 7274-L
Expires: 01/31/2024

PARCEL:

PIN: 988518208884

Parcel Number: 002318000

Address: 2052 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: MILES CLARK

Block: 0 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: Reconnect hot tub circuit

EL2023-029

PROJECT NAME:

SITE ADDRESS: 2052 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/21/2023

EXPIRES: 08/20/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AO
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/21/2023



Town of Kill Devil Hills

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

PAID

FEB 14 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2023-026

PROJECT NAME: Bridges Electric
SITE ADDRESS: 2801 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/14/2023

EXPIRES: 08/13/2023

APPLICANT: RON BRIDGES
115 Breezy Hollow Dr.
Chalfont, PA 18914

OWNER: RON BRIDGES
115 Breezy Hollow Dr.
Chalfont, PA 18914

ELECTRICAL - LIMITED: Eggleston, Jeff
PO Box 3493
Kill Devil Hills, NC 27948
252-207-8564

License: 24647
Expires: 01/31/2024

PARCEL:

PIN: 988513129998

Parcel Number: 000830000

Address: 2801 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

Zoning:
Block: 0 **Lot(s):** 24

Legal Description:

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

PROJECT DESCRIPTION: Replace SE cable from weatherhead to meter base, update ground

EL2023-026

PROJECT NAME: Bridges Electric
SITE ADDRESS: 2801 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL
ISSUED: 02/14/2023
EXPIRES: 08/13/2023

DETAILS

Permit

Name	Value
NCP PROJECT #	33596138
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 2/14/23



Town of Kill Devil Hills

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

PAID

FEB 13 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2023-025
PROJECT NAME:
SITE ADDRESS: 606 MEMORIAL BLVD N KILL DEVIL HILLS

ELECTRICAL
ISSUED: 02/07/2023
EXPIRES: 08/06/2023

APPLICANT: Freeman, Tucker G.
606 N. Memorial Blvd.
Kill Devil Hills, NC 27948
252-255-8023

OWNER: Freeman, Tucker G.
606 N. Memorial Blvd.
Kill Devil Hills, NC 27948
252-255-8023

ELECTRICAL - UNLIMITED: Angel Advanced Technologies, LLC
9138 Caratoke Hwy
Point Harbor, NC 27964
252-207-7519

License: 30701-U
Expires: 12/07/2023

PARCEL:

PIN: 988419711959

Parcel Number: 003945000

Address: 606 MEMORIAL BLVD N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 42 **Lot(s):** 1

Legal Description:

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

PROJECT DESCRIPTION: Install new dedicated circuit at front porch. This permit IS NOT APPROVAL for the installation of a hot tub.



PAID
2/13/23
pay pal

EL2023-025

PROJECT NAME:

SITE ADDRESS: 606 MEMORIAL BLVD N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/07/2023

EXPIRES: 08/06/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1480.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

* This permit is for a new dedicated circuit ONLY. This permit is not approval for the installation of a hot tub.

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

Issued By: Marty Shaw

Contractor or Authorized Agent: [Signature] **Date:** 02/07/2023



Town of Kill Devil Hills

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

PAID

FEB 6 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2023-022

PROJECT NAME:

SITE ADDRESS: 825 CEDAR DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 01/24/2023

EXPIRES: 07/23/2023

APPLICANT: WALKER, WARREN F
825 W CEDAR DR
KILL DEVIL HILLS, NC 27948

OWNER: WALKER, WARREN F
825 W CEDAR DR
KILL DEVIL HILLS, NC 27948

ELECTRICAL - UNLIMITED: Gault Electric LLC
11840 Canon BLVD
Newport News, VA 23606
757-930-0587

License: 29762-U
Expires:

PARCEL:

PIN: 988413038398

Parcel Number: 028557104

Address: 825 CEDAR DR KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 104

Legal Description:

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

PROJECT DESCRIPTION: Replace 200 amp panel. Add circuit for car charger.



PAID
2/6/23
CR #2124

EL2023-022

PROJECT NAME:

SITE ADDRESS: 825 CEDAR DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 01/24/2023

EXPIRES: 07/23/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3100.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	4
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Julie Melvin **Date:** 02 / 06 / 2023



Town of Kill Devil Hills

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

FEB 3 2023

Planning and Inspection Department

EL2023-024

PROJECT NAME:

SITE ADDRESS: 208 SUFFOLK ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/02/2023

EXPIRES: 08/01/2023

APPLICANT: Gibson, James and Marjorie
1828 Sunsprite Loop
CHESAPEAKE, VA 23323
540-514-0949

OWNER: Gibson, James and Marjorie
1828 Sunsprite Loop
CHESAPEAKE, VA 23323
540-514-0949

ELECTRICAL - LIMITED: Viva Electric
2106 B Stokes Rd
Greenville, NC 27858
252-814-3136

License: 32189
Expires: 12/20/2023

PARCEL:

PIN: 988517105179

Parcel Number: 001244000

Address: 208 SUFFOLK ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 791

Legal Description:

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

PROJECT DESCRIPTION: Install EV charger



PAID

M 2/3/23

EL2023-024

PROJECT NAME:

SITE ADDRESS: 208 SUFFOLK ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/02/2023

EXPIRES: 08/01/2023

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: M. Haggard **Date:** 02 / 02 / 2023



Town of Kill Devil Hills

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

PAID

FEB 27 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-044

PROJECT NAME:

SITE ADDRESS: 917 CEDAR DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/24/2023

EXPIRES: 08/23/2023

APPLICANT: Nuzzo, Nathan
917 Cedar Dr
Kill Devil Hills, NC 27948

OWNER: Nuzzo, Nathan
917 Cedar Dr
Kill Devil Hills, NC 27948

CONTRACTOR: JES Construction
2569 Quality Ct.
VIRGINIA BEACH, VA23454
757-337-4221

License: 69678
Expires: 12/31/2023

PARCEL:

PIN: 988413133978

Parcel Number: 027546117

Address: 917 CEDAR DR KILL DEVIL HILLS

Zoning:


Addition:

Block: 0 **Lot(s):** 117

Legal Description:

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

PROJECT DESCRIPTION: Stabilize existing foundation by adding 2 Push Piers per supplied engineered design package.

 **PAID**
Paypal - 2/27/23
- CR

BP2023-044

PROJECT NAME:

SITE ADDRESS: 917 CEDAR DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/24/2023

EXPIRES: 08/23/2023

DETAILS**Permit**

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

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Kayley Campbell Date: 02 / 27 / 2023



Town of Kill Devil Hills

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

PAID

FEB 27 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-045

PROJECT NAME: LESTER DECK
SITE ADDRESS: 204 ARCH ST E KILL DEVIL HILLS

BUILDING

ISSUED: 02/27/2023

EXPIRES: 08/26/2023

APPLICANT: LESTER, WILLIE
1249 RIVER RD
SUFFOLK, VA 23434
757-639-8849

OWNER: LESTER, WILLIE
1249 RIVER RD
SUFFOLK, VA 23434
757-639-8849

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

License: Unlicensed
Expires: 12/31/2023

PARCEL:

PIN: 988513043706

Parcel Number: 000007000

Address: 204 ARCH ST E KILL DEVIL HILLS

Addition: ORVILLE BEACH AMENDED BLK 3

Zoning:

Block: 3 **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: CONSTRUCT DECK ON EAST SIDE OF PROPERTY

BP2023-045

PROJECT NAME: LESTER DECK

SITE ADDRESS: 204 ARCH ST E KILL DEVIL HILLS

BUILDING

ISSUED: 02/27/2023

EXPIRES: 08/26/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

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

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



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2023-040	BUILDING
PROJECT NAME: Sea Oats Villas	ISSUED: 02/23/2023
SITE ADDRESS: 1401 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 08/22/2023

APPLICANT: CLARENCE GIBBS PO BOX 2387 Manteo, NC 27954 252-202-5991	OWNER: Sea Oats Villas Property Owners C/O Signature Touch Property Mgmt. 2600 NORTH Croatan HWY Kill Devil Hills, NC 27948 252-441-8857
---	---

UNLICENSED - REMODELING:	CLARENCE GIBBS PO BOX 2387 MANTEO, NC 27954 252-202-5991	License: 010 Expires:
---------------------------------	---	--

PARCEL:

PIN: 98841165410700	Parcel Number: 028116999
Address: 1401 VA DARE TRL N KILL DEVIL HILLS	
Addition:	Zoning:
	Block: 0
	Lot(s): COMMON PROPERTY
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Building Permit Fee - Minimum Fee	\$150.00	\$0.00	Covered Porches/Decks 764 SQFT
Covered Porch Residential	\$573.00	\$0.00	
Totals :	\$723.00	\$0.00	

PROJECT DESCRIPTION: Rebuild stair tower to the entire building

PAID

FEB 23 2023

TOWN OF
KILL DEVIL HILLS

BP2023-040

PROJECT NAME: Sea Oats Villas

SITE ADDRESS: 1401 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/23/2023

EXPIRES: 08/22/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	224120.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

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

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

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2-23-23



Town of Kill Devil Hills

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

PAID

FEB 23 2023

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2023-041	PAID WITH CASH	BUILDING
PROJECT NAME: GIC COMPANY DUNE WALKWAY		ISSUED: 02/22/2023
SITE ADDRESS: 1311 VA DARE TRL S KILL DEVIL HILLS		EXPIRES: 08/21/2023

APPLICANT: GIC COMPANY LLC 8576 SANDPOINT WAY SEATTLE, WA 98115	OWNER: GIC COMPANY LLC 8576 SANDPOINT WAY SEATTLE, WA 98115
--	--

UNLICENSED BUILDER: HARRIS, JACKIE 902 SWAN ST. Kill Devil Hills, NC 27948	License: XXXXXX Expires:
---	---

PARCEL:

PIN: 989309068546	Parcel Number: 004671000
Address: 1311 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL BEACH SEC 1 REVISED	Block: B Lot(s): 6
Legal Description:	

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

PROJECT DESCRIPTION: CONSTRUCT 4' DUNE WALKWAY

BP2023-041

PROJECT NAME: GIC COMPANY DUNE WALKWAY
SITE ADDRESS: 1311 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2023

EXPIRES: 08/21/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4600.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

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



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2023-026	BUILDING
PROJECT NAME: SHELNUTT EAST WALL REPAIR	ISSUED: 01/27/2023
SITE ADDRESS: 1803 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 07/26/2023

APPLICANT: THOMAS SHELNUTT 7584 STONEY LICK RD Mt. Crawford, VA 22841	OWNER: THOMAS SHELNUTT 7584 STONEY LICK RD Mt. Crawford, VA 22841
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2023
-----------------	--	--

PARCEL:

PIN: 988406485482C1	Parcel Number: 027988000
Address: 1803 VA DARE TRL N KILL DEVIL HILLS	
Addition: CASA DEL SOL CONDOS	Zoning:
	Block: D
Legal Description:	Lot(s): UT 1 LTS 12-13 PT 1

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

PROJECT DESCRIPTION: REBUILD EXTERIOR WEST WALL FROM VEHICLE DAMAGE

PAID

FEB 21 2023

TOWN OF
KILL DEVIL HILLS

BP2023-026

PROJECT NAME: SHELNUTT EAST WALL REPAIR
SITE ADDRESS: 1803 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 01/27/2023

EXPIRES: 07/26/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

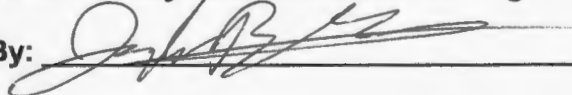
Zoning Final

Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 2/21/23



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2023-035	BUILDING
PROJECT NAME: David McCants	ISSUED: 02/17/2023
SITE ADDRESS: 200 SEA VILLAGE LN KILL DEVIL HILLS	EXPIRES: 08/16/2023

APPLICANT: Marshall, Darrell 201 Sea Village LN Kill Devil Hills, NC 27948 252-256-3652	OWNER: MCCANTS, FLOYD WILLIAM 603 S CENTRAL AVENUE LAUREL, DE 19956
---	--

UNLICENSED - REMODELING: Marshall, Darrell 201 Sea Village LN Kill Devil Hills, NC 27948 252-256-3652	License: 00000 Expires:
---	--

PARCEL:

PIN: 988513039634	Parcel Number: 009115000
Address: 200 SEA VILLAGE LN KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 10
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$249.00	\$0.00	Covered Porches/Decks	332 SQFT
Totals :	\$249.00	\$0.00		

PROJECT DESCRIPTION: Replace front stairs and porch. Replace rear deck with a covered porch

PAID
FEB 17 2023
TOWN OF
KILL DEVIL HILLS

BP2023-035**PROJECT NAME:** David McCants**SITE ADDRESS:** 200 SEA VILLAGE LN KILL DEVIL HILLS**BUILDING****ISSUED:** 02/17/2023**EXPIRES:** 08/16/2023**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	S22-15891
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	23900.00
LOT COVERAGE	29.90
COVERED PORCHES/DECKS (SQFT)	332
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Styons
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

Zoning Final

CONDITIONS

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

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

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

* Zoning Final Inspection is required.



Town of Kill Devil Hills

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

PAID

FEB 21 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-037

PROJECT NAME: Jerry Dickens
SITE ADDRESS: 109 FRESH POND DR E KILL DEVIL HILLS

BUILDING

ISSUED: 02/17/2023

EXPIRES: 08/16/2023

APPLICANT: Harrup Construction
119 John Lloyd Drive
Point Harbor, NC 27964
252-489-0523

OWNER: REGGIE & JOANNE DICKENS
5632 Mallard Grove Rd.
Charlotte, NC 28269

UNLICENSED - REMODELING: Harrup Construction
119 John Lloyd Drive
Point Harbor, NC 27964
252-489-0523

License: 12345
Expires: 06/07/2030

PARCEL:

PIN: 989313140090

Parcel Number: 004945000

Address: 109 FRESH POND DR E KILL DEVIL HILLS

Addition: LAKE DRIVE DEVELOPMENT SEC 2

Zoning:
Block: 0 **Lot(s):** 15

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Accessory Residential (MIN)	\$100.00	\$0.00
Fence	\$100.00	\$0.00
Totals :	\$350.00	\$0.00

PROJECT DESCRIPTION: Replace 5 pilings, build 8X10 storage shed, add fence to rear property line

BP2023-037

PROJECT NAME: Jerry Dickens

SITE ADDRESS: 109 FRESH POND DR E KILL DEVIL HILLS

BUILDING

ISSUED: 02/17/2023

EXPIRES: 08/16/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	S22-15547
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	16200.00
ACCESSORY STRUCTURE (SQFT)	80
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Coastal Engineering
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final	Slab/Foundation/Piling
Final	Stringline

CONDITIONS

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



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2023-038	BUILDING
PROJECT NAME: Luke and Michelle Peden	ISSUED: 02/17/2023
SITE ADDRESS: 1807 SEA SWEPT RD KILL DEVIL HILLS	EXPIRES: 08/16/2023

APPLICANT: Simple Side Construction 308 W. Helga St. Kill Devil Hills, NC 27948 252-564-8307	OWNER: Luke and Michelle Peden 1807 Sea Swept Road Kill Devil Hills, NC 27948
--	--

BUILDING LIMITED: Simple Side Construction 308 W. Helga St. Kill Devil Hills, NC 27948 252-564-8307	License: 78583 Expires:
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PARCEL:

PIN: 988409161608	Parcel Number: 012326000
Address: 1807 SEA SWEPT RD KILL DEVIL HILLS	Zoning:
Addition: SEA HOLLY RIDGE	Block: C Lot(s): 2
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$174.75	\$0.00	Covered Porches/Decks	233 SQFT
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Totals :	\$324.75	\$0.00		

PROJECT DESCRIPTION: Add new hip roof over existing deck, replace deck members except pilings to keep exact foot print of existing deck.

PAID
FEB 17 2023
TOWN OF
KILL DEVIL HILLS

BP2023-038

PROJECT NAME: Luke and Michelle Peden
SITE ADDRESS: 1807 SEA SWEPT RD KILL DEVIL HILLS

BUILDING

ISSUED: 02/17/2023

EXPIRES: 08/16/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	36000.00
OPEN DECK (SQFT)	136
COVERED PORCHES/DECKS (SQFT)	233
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2023-039

PROJECT NAME: Amy Wilson
SITE ADDRESS: 107 WILSON ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/17/2023

EXPIRES: 08/16/2023

APPLICANT: Full Faith Painting and Remodeling
605 W Fourth St
Kill Devil Hills, NC 27948
252-564-5392

OWNER: WILSON STREET PEARL
105 RHODODENDRUM AVE
BLACK MOUNTAIN, NC 28711

UNLICENSED - REMODELING: Full Faith Painting and Remodeling
605 W Fourth St
Kill Devil Hills, NC 27948
252-564-5392

License: 12345
Expires:

PARCEL:

PIN: 988517203446

Parcel Number: 001826000

Address: 107 WILSON ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:
Block: 0 **Lot(s):** 378

Legal Description:

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

PROJECT DESCRIPTION: Replace steps and deck with benches within existing footprint

PAID

FEB 21 2023

TOWN OF
KILL DEVIL HILLS

BP2023-039

PROJECT NAME: Amy Wilson

SITE ADDRESS: 107 WILSON ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/17/2023

EXPIRES: 08/16/2023

DETAILS

Permit

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

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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



Town of Kill Devil Hills

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

PAID

FEB 17 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-029	BUILDING
PROJECT NAME: Wheeler Front Deck	ISSUED: 02/16/2023
SITE ADDRESS: 1006 SPORTSMAN DR W KILL DEVIL HILLS	EXPIRES: 08/15/2023

APPLICANT: DAWN WHEELER 4539 Lauderdale Ave. VIRGINIA BEACH, VA 23455	OWNER: DAWN WHEELER 4539 Lauderdale Ave. VIRGINIA BEACH, VA 23455
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2023
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PARCEL:

PIN: 987408996657	Parcel Number: 001656000
Address: 1006 SPORTSMAN DR W KILL DEVIL HILLS	
Addition: AVALON BEACH	Zoning:
Legal Description:	Block: 0 Lot(s): 303

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

PROJECT DESCRIPTION: add 8'x8' proposed front deck

BP2023-029**PROJECT NAME:** Wheeler Front Deck**SITE ADDRESS:** 1006 SPORTSMAN DR W KILL DEVIL HILLS**BUILDING****ISSUED:** 02/16/2023**EXPIRES:** 08/15/2023**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
LOT COVERAGE	39.90
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Doug Styons L-4692
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.



Town of Kill Devil Hills

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

PAID

FEB 16 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-036	PAID WITH CASH	BUILDING
PROJECT NAME: WILSON SHED		ISSUED: 02/16/2023
SITE ADDRESS: 210 PINE GROVE TRL KILL DEVIL HILLS		EXPIRES: 08/15/2023

APPLICANT: RYAN WILSON 210 Pine Grove Tr. Kill Devil Hills, NC 27948	OWNER: RYAN WILSON 210 Pine Grove Tr. Kill Devil Hills, NC 27948
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2023
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PARCEL:

PIN: 988312950196	Parcel Number: 005142000
Address: 210 PINE GROVE TRL KILL DEVIL HILLS	
Addition: WHISPERING PINES SEC 1	Zoning:
Legal Description:	Block: C Lot(s): 10

FEES:	Paid	Due
Accessory Residential (MIN)	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: 12X12 STORAGE SHED IN REAR YARD

BP2023-036

PROJECT NAME: WILSON SHED

SITE ADDRESS: 210 PINE GROVE TRL KILL DEVIL HILLS

BUILDING

ISSUED: 02/16/2023

EXPIRES: 08/15/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

* Shed must be 5' from property line.



Town of Kill Devil Hills

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

PAID

FEB 14 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-023

PROJECT NAME: TURNER STAIR AND DECK REPAIR
SITE ADDRESS: 404 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING

ISSUED: 02/03/2023

EXPIRES: 08/02/2023

APPLICANT: TURNER, JOSEPH
404 AIRSTRIP RD
Kill Devil Hills, NC 27948
757-636-2773

OWNER: TURNER, JOSEPH
404 AIRSTRIP RD
Kill Devil Hills, NC 27948
757-636-2773

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

License: Unlicensed
Expires: 12/31/2023

PARCEL:

PIN: 988312769770

Parcel Number: 027924000

Address: 404 AIRSTRIP RD W KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 28 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR IN SAME LOCATION, DECK PILINGS, DECKING, RAILING

BP2023-023

PROJECT NAME: TURNER STAIR AND DECK REPAIR
SITE ADDRESS: 404 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING

ISSUED: 02/03/2023

EXPIRES: 08/02/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

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

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

* No change to footprint permitted.



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2023-024	BUILDING
PROJECT NAME: Patrick Faulkner	ISSUED: 01/25/2023
SITE ADDRESS: 1919 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 07/24/2023

APPLICANT: Frasca, William - Frasca Custom Homes 2401 Colington Road Kill Devil Hills, NC 27948 252-480-0515	OWNER: FAULKNER, PATRICK 18920 TETTINGTON LN CHARLES CITY, VA23030 757-876-7853
--	---

CONTRACTOR: Frasca, William - Frasca Custom Homes 2401 Colington Road Kill Devil Hills, NC 27948 252-480-0515	License: 72094 Expires: 02/11/2023
---	---

PARCEL:

PIN: 988406490430	Parcel Number: 002811010
Address: 1919 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: Croatan Shores Amended	Block: E Lot(s): 10
Legal Description:	

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

PROJECT DESCRIPTION: Replace siding, 23 windows, 3 sliders and roof

PAID

FEB 13 2023

TOWN OF
KILL DEVIL HILLS

BP2023-024

PROJECT NAME: Patrick Faulkner

SITE ADDRESS: 1919 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 01/25/2023

EXPIRES: 07/24/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	89600.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Insulation Final

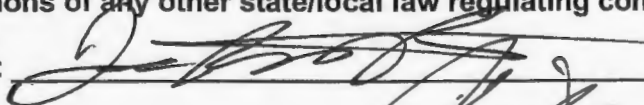
Zoning Final

CONDITIONS

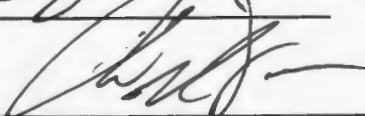
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.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

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

Issued By:



Contractor or Authorized Agent:



Date:

2-13-23



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2023-033	BUILDING
PROJECT NAME: TALBOTT DRIVEWAY AND SIDING	ISSUED: 02/13/2023
SITE ADDRESS: 1729 SOBLE DR KILL DEVIL HILLS	EXPIRES: 08/12/2023

APPLICANT: TALBOTT, ROSE K PO Box 7127 Kill Devil Hills, NC 27948	OWNER: TALBOTT, ROSE K PO Box 7127 Kill Devil Hills, NC 27948
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2023
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PARCEL:

PIN: 988406471561	Parcel Number: 002920000
Address: 1729 SOBLE DR KILL DEVIL HILLS	
Addition: HEDRICKS ADD-PAR B CROATAN SH	Zoning:
Legal Description:	Block: 0 Lot(s): 3

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Driveway Permit Fee	\$50.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: REPLACE DRIVEWAY, APRON TO REMAIN, REPLACE SIDING

PAID

FEB 13 2023

TOWN OF
KILL DEVIL HILLS

BP2023-033

PROJECT NAME: TALBOTT DRIVEWAY AND SIDING
SITE ADDRESS: 1729 SOBLE DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/13/2023

EXPIRES: 08/12/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	25000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

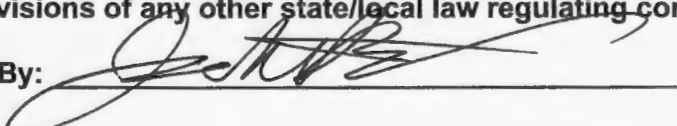
CONDITIONS

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

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

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

Issued By: _____



Contractor or Authorized Agent: Rose K Talbot

Date: 2-13-23



Town of Kill Devil Hills

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

PAID

FEB 13 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-032

PROJECT NAME:

SITE ADDRESS: 304 GUNAS DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/09/2023

EXPIRES: 08/08/2023

APPLICANT: MCARTHUR, SHANNON
304 GUNAS DR
KILL DEVIL HILLS, NC 27948

OWNER: MCARTHUR, SHANNON
304 GUNAS DR
KILL DEVIL HILLS, NC 27948

RESIDENTIAL - LIMITED: BARRETT & HABER, LLC Emanuelson & Dad
PO BOX 448
nags head, nc 27959
252-261-2212

License: 87233
Expires: 02/22/2023

PARCEL:

PIN: 988316934738

Parcel Number: 008484000

Address: 304 GUNAS DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: Piling replacement



PAID

2/13/23 Du
pay pal

BP2023-032**PROJECT NAME:****SITE ADDRESS:** 304 GUNAS DR KILL DEVIL HILLS**BUILDING****ISSUED:** 02/09/2023**EXPIRES:** 08/08/2023**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5800.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

Issued By: _____

Marty Shaw

Contractor or Authorized Agent: _____

*Lorelei Zumbrenner*Date: 02 / 10 / 2023



Town of Kill Devil Hills

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

PAID

FEB 13 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-034

PROJECT NAME:

SITE ADDRESS: 3105 BATH ST KILL DEVIL HILLS

PAID
WITH
CASH

BUILDING

ISSUED: 02/13/2023

EXPIRES: 08/12/2023

APPLICANT: JERRY ANGE
3105 Bath Street
Kill Devil Hills, NC 27948
757-404-3921

OWNER: JERRY ANGE
3105 Bath Street
Kill Devil Hills, NC 27948
757-404-3921

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

License: Unlicensed
Expires: 12/31/2023

PARCEL:

PIN: 987520829417

Parcel Number: 001029000

Address: 3105 BATH ST KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:

Block: 0 Lot(s): 85

Legal Description:

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

PROJECT DESCRIPTION: New sheathing and siding.

BP2023-034

PROJECT NAME:

SITE ADDRESS: 3105 BATH ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/13/2023

EXPIRES: 08/12/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	15000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

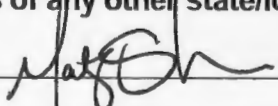
REQUIRED INSPECTIONS

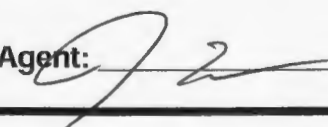
Framing

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 2-13-23



Town of Kill Devil Hills

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

PAID

FEB 8 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-030

PROJECT NAME: DAVIS STAIRS AND POSTS
SITE ADDRESS: 114 WILSON ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/07/2023

EXPIRES: 08/06/2023

APPLICANT: DAVIS, MICHAEL W
320 N CENTERVILLE TRNPIKE
CHESAPEAKE, VA 23322

OWNER: DAVIS, MICHAEL W
320 N CENTERVILLE TRNPIKE
CHESAPEAKE, VA 23322

UNLICENSED - REMODELING: Full Faith Painting and Remodeling
605 W Fourth St
Kill Devil Hills, NC 27948
252-564-5392

License: 12345
Expires:

PARCEL:

PIN: 988517204648

Parcel Number: 001813000

Address: 114 WILSON ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:

Block: 0 **Lot(s):** 364

Legal Description:

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

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR IN SAME LOCATION, REPLACE PORCH COLUMNS PER ENGINEER DETAIL

BP2023-030

PROJECT NAME: DAVIS STAIRS AND POSTS
SITE ADDRESS: 114 WILSON ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/07/2023

EXPIRES: 08/06/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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



Town of Kill Devil Hills

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

PAID

FEB 7 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-031	BUILDING
PROJECT NAME: WHARAM STAIR AND DECKING	ISSUED: 02/07/2023
SITE ADDRESS: 2045 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 08/06/2023

APPLICANT: WHARAM, DANIEL 2300 VALLEY DR. Alexandria, VA 22302 202-413-6015	OWNER: WHARAM, DANIEL 2300 VALLEY DR. Alexandria, VA 22302 202-413-6015
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UNLICENSED BUILDER:	HOOKED UP CONSTRUCTION 507 W ARCHDALE ST Kill Devil Hills, NC 27948 757-633-7842	License: XXXXXX Expires:
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PARCEL:

PIN: 988518302852	Parcel Number: 030883000
Address: 2045 VA DARE TRL N KILL DEVIL HILLS	
Addition: MILES CLARK	Zoning:
Legal Description:	Block: 0 Lot(s): 13

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

PROJECT DESCRIPTION: REBUILD 2 SETS OF EXTERIOR STAIRS, AND REPLACE DECKING AND RAILING ON DUNE WALKOVER

BP2023-031**PROJECT NAME:** WHARAM STAIR AND DECKING**SITE ADDRESS:** 2045 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 02/07/2023**EXPIRES:** 08/06/2023**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	7199.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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



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Planning and Inspection Department

BP2023-027

PROJECT NAME: Dodge Chrysler Dealership Partial Demo
SITE ADDRESS: 3000 CROATAN HWY N KILL DEVIL HILLS

BUILDING

ISSUED: 01/30/2023

EXPIRES: 07/29/2023

APPLICANT: OVERTON CONTRACTING LLC
PO BOX 7804
Kill Devil Hills, NC 27948
252-441-9239

OWNER: JLB Real Estate & Rentals LLC
PO BOX 691
ROANOKE RAPIDS, NC 27870
252-441-1146

BUILDING UNLIMITED: OVERTON CONTRACTING LLC
PO BOX 7804
Kill Devil Hills, NC 27948
252-441-9239

License: 86646
Expires: 01/31/2023

PARCEL:

PIN: 988513025876

Parcel Number: 002993000

Address: 3000 CROATAN HWY N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 16 **Lot(s):** 1-3 38-40 & PT 4 & 3

Legal Description:

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

PROJECT DESCRIPTION: remove existing front stairs and deck, add temporary door and front stairs on south of existing entrance, minor demo on front of office building to assess damage

PAID

PAID WITH CASH

FEB 3 2023

TOWN OF
KILL DEVIL HILLS

BP2023-027

PROJECT NAME: Dodge Chrysler Dealership Partial Demo
SITE ADDRESS: 3000 CROATAN HWY N KILL DEVIL HILLS

BUILDING

ISSUED: 01/30/2023

EXPIRES: 07/29/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	15000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	James L Overton
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* Plans for repair shall be submitted prior to the start of repair work.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-3-2023



Town of Kill Devil Hills

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

PAID

FEB 24 2023

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2023-043	BUILDING
PROJECT NAME: OWENS DECK	ISSUED: 02/24/2023
SITE ADDRESS: 803 FOX ST KILL DEVIL HILLS	EXPIRES: 08/23/2023

APPLICANT: DEAN OWENS 5 Las Cruces Irvine, CA 92614	OWNER: DEAN OWENS 5 Las Cruces Irvine, CA 92614
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BUILDING LIMITED:	KICZ Maintenance PO BOX 875 GRANDY, NC 27939 252-455-0960	License: 84184 Expires: 12/31/2023
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PARCEL:

PIN: 988308789106	Parcel Number: 030876000
Address: 803 FOX ST KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 14 Lot(s): 9
Legal Description:	

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

PROJECT DESCRIPTION: 12'X12' DECK IN REAR YARD

BP2023-043

PROJECT NAME: OWENS DECK

SITE ADDRESS: 803 FOX ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/24/2023

EXPIRES: 08/23/2023

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3500.00
LOT COVERAGE	27.60
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.