



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

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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-17785

04/27/2023

Parcel Number: 023041000
 Location: 947 WOODLEY AVENUE – MANTEO
 Subdivision: WOODLEY PARK REVISED
 Legal Description: LOT: 38 BLK: G SEC:

Owner Name: SERGIO BENJAMIN CARRILLO
 Owner Mail Address: P O BOX 2204 MANTEO, NC 27954
 Owner Phone and email:

Contractor Name: SERGIO BENJAMIN CARRILLO (OWNER/BUILDER)
 Contractor Mail Address: P.O. BOX 2204 MANTEO, NC 27954
 Contractor Phone: 252-216-1543 Contractor NC License#: N/A

BUILDING INFORMATION

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD		
Proposed Construction Type:	SFD	Cost of Construction:	\$243,400
Finished Square Footage:	2434	CAMA Permit#:	n/a
Unfinished Square Footage:	352	Septic Permit#:	s8-17328
Stories:	2.0	Septic Permit Date:	04/06/2023
Building Height:	30'1"	Survey/Site Plan:	YES
Total Rooms:	12	Water Tap#:	51199
Footing Type:	PILING	Water Type:	Central Water
Exterior Finish:	VINYL SIDING	Flood Zone:	X
Proposed Finished Floor Elevation:	11	Base Flood Elevation:	8.0
Bedrooms:	4	Lot/Ground Elevation:	7.97
		Baths/half baths:	3.00/1

Comments: Any deviation from the building plan or site plan requires prior approval. As-Built Survey and Finished Construction Elevation Certificate Required prior to final inspection. Under Construction Elevation Certificate required prior to rough-in inspection. Minimum RFPE is 8.0' msl.	PERMIT FEE	\$1,966.30
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00
	TOTAL FEES:	\$2,076.30

Applicant Signature: Sergio B Carrillo SERGIO BENJAMIN CARRILLO

Inspector Signature: Keil Twiford -RSF SF



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-17473

04/13/2023

Parcel Number: 016584001
 Location: 191 BRINKLY DR – WANCHESE
 Subdivision: WHISTLING PINES
 Legal Description: LOT: 5B BLK: SEC:

Owner Name: MATTHEW GARZA
 Owner Mail Address: PO BOX 563 WANCHESE, NC 27981
 Owner Phone and email:

Contractor Name: DARE REPAIRS LLC
 Contractor Mail Address: 448 OLD WHARF RD, WANCHESE, NC 27981
 Contractor Phone: Contractor NC License#: 81517

BUILDING INFORMATION

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD		
Proposed Construction Type:	SFD	Cost of Construction:	\$200,000
Finished Square Footage:	1863	CAMA Permit#:	NA
Unfinished Square Footage:	832	Septic Permit#:	S8-17286
Stories:	2.0	Septic Permit Date:	04/05/2023
Building Height:	29'8"	Survey/Site Plan:	YES
Total Rooms:	11	Water Tap#:	53376
Footing Type:	PILING	Water Type:	Central Water
Exterior Finish:	VINYL SIDING	Flood Zone:	X
Proposed Finished Floor Elevation:	12'4"	Base Flood Elevation:	8.0
Bedrooms:	3	Lot/Ground Elevation:	6.8
		Baths/half baths:	3.00/0

Comments: Any deviation from the building plan or site plan requires prior approval. Under Construction Elevation Certificate required prior to rough-in inspection. As-Built and Finished Construction Elevation Certificate required prior to final inspection. Minimum RFPE is 8.0' above msl, areas below 8' will require flood vents.	PERMIT FEE	\$1,730.05
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00
	TOTAL FEES:	\$1,840.05

Applicant Signature: DARE REPAIRS LLC

Inspector Signature: Keil Twiford SF



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-17427

04/11/2023

Parcel Number: 024423044
 Location: 121 CHICORA CT – MANTEO
 Subdivision: CROATAN WOODS DEVELOPMENT INC
 Legal Description: LOT: 42 BLK: SEC:

Owner Name: JUAN ANDRES ZAFRA QUIROZ
 Owner Mail Address: 138 HOLLY RIDGE RD MANTEO, NC 27954
 Owner Phone and email:

Contractor Name: JUAN ANDRES ZAFRA QUIROZ
 Contractor Mail Address: 138 HOLLY RIDGE RD. MANTEO, NC 27954
 Contractor Phone: Contractor NC License#: OWNER/BUILDER

BUILDING INFORMATION

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , SELF BUILD NEW SFD		
Proposed Construction Type:	SFD	Cost of Construction:	\$400,000
Finished Square Footage:	3471	CAMA Permit#:	NA
Unfinished Square Footage:	1621	Septic Permit#:	S8-16940
Stories:	2.0	Septic Permit Date:	03/21/23
Building Height:	29'4"	Survey/Site Plan:	YES
Total Rooms:	11	Water Tap#:	53657
Footing Type:	CONCRETE	Water Type:	Central Water
Exterior Finish:	LAP SIDING	Flood Zone:	X
Proposed Finished Floor Elevation:	9.5'	Base Flood Elevation:	8.0
Bedrooms:	5	Lot/Ground Elevation:	7-8'
		Baths/half baths:	2.00/1

Comments: Any deviation from the building plan or site plan requires prior approval. Under Construction Elevation Certificate required prior to rough-in inspection. As-Built Survey and Finished Construction Elevation Certificate Required prior to final inspection. Minimum regulatory flood protection elevation for living space is 8.0'msl. 1 Bedroom Accessory Structure shown on site plan as "future" is not approved at this time. Future permit will be required.

PERMIT FEE	\$3,251.65
HOME OWNERS RECOVERY FEE	10.00
RESIDENTIAL ZONING APPROVAL	100.00

TOTAL FEES: \$3,361.65

Applicant Signature:

Juan A Zafra
 SF

Inspector Signature: _____



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-17320

04/06/2023

Parcel Number: 024201001
 Location: 153 HOLLY RIDGE RD – MANTEO
 Subdivision: CAROLEE DOUGHTY SMITH S/D
 Legal Description: LOT: 1 BLK: SEC:

Owner Name: FIELDS LEE SCARBOROUGH
 Owner Mail Address: P O BOX 1691 MANTEO, NC 27954
 Owner Phone and email:

Contractor Name: OCEAN BUILDERS LLC
 Contractor Mail Address: PO BOX 160, MANNS HARBOR, NC 27953
 Contractor Phone: 2524499300 Contractor NC License#: 56420

BUILDING INFORMATION

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD		
Proposed Construction Type:	SFD	Cost of Construction:	\$375,000
Finished Square Footage:	3138	CAMA Permit#:	n/a
Unfinished Square Footage:	1013	Septic Permit#:	S8-17202
Stories:	2.0	Septic Permit Date:	04/03/2023
Building Height:	26	Survey/Site Plan:	YES
Total Rooms:	15	Water Tap#:	50910
Footing Type:	PILING	Water Type:	Central Water
Exterior Finish:	VINYL SIDING	Flood Zone:	X
Proposed Finished Floor Elevation:	12.0	Base Flood Elevation:	8.0
Bedrooms:	4	Lot/Ground Elevation:	10.7
		Baths/half baths:	3.00/1

Comments: Any deviation from the building plan or site plan requires prior approval. As-Built Survey required prior to scheduling final inspection.	PERMIT FEE	\$2,758.70
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00

TOTAL FEES: \$2,868.70

Applicant Signature:  OCEAN BUILDERS LLC

Inspector Signature: Keil Twiford - DSF SF



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-17263

04/05/2023

Parcel Number: 023336000
 Location: 140 OLD WHARF RD – WANCHESE
 Subdivision: SUBDIVISION - NONE
 Legal Description: LOT: PARCEL THREE BLK: SEC:

Owner Name: CHRISTOPHER E TTEE DANIELS
 Owner Mail Address: 309 BENTHALL RD HAMPTON, VA 23664
 Owner Phone and email:

Contractor Name: COLSON CONSTRUCTION COMPANY INC
 Contractor Mail Address: 1305 CAMPGROUND ROAD, ELIZABETH CITY, NC 27909-7533
 Contractor Phone: 252-771-2764 Contractor NC License#: 40746

BUILDING INFORMATION

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD ON PILINGS		
Proposed Construction Type:	SFD	Cost of Construction:	\$225,000
Finished Square Footage:	1296	CAMA Permit#:	N/A
Unfinished Square Footage:	1296	Septic Permit#:	s3-17006
Stories:	2.0	Septic Permit Date:	3/23/2023
Building Height:	28	Survey/Site Plan:	YES
Total Rooms:	6	Water Tap#:	Existing
Footing Type:	PILING	Water Type:	Central Water
Exterior Finish:	LAP SIDING	Flood Zone:	X
Proposed Finished Floor Elevation:	11	Base Flood Elevation:	0.0
Bedrooms:	2	Lot/Ground Elevation:	8.6
		Baths/half baths:	2.00/1

Comments: Any deviation from the building plan or site plan requires prior approval. As-Built Survey required prior to scheduling final inspection. No approval granted of future SFD nor future garage, and as a condition for future permitting of SFD, this 2BD structure shall be converted to an accessory structure by removal of electrical components and all parts of stove.

PERMIT FEE	\$1,490.40
HOME OWNERS RECOVERY FEE	10.00
RESIDENTIAL ZONING APPROVAL	100.00

TOTAL FEES: \$1,600.40

Applicant Signature:  COLSON CONSTRUCTION COMPANY INC

Inspector Signature: Keil Twiford -RSE SF



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-17252

04/04/2023

Parcel Number: 025211002
 Location: 110 ALDER BRANCH LN – MANTEO
 Subdivision: CROATAN ESTATES
 Legal Description: LOT: 2 BLK: SEC:

Owner Name: RODNEY W WILSON
 Owner Mail Address: 191 OLD SCHOOLHOUSE RD WANCHESE, NC 27981
 Owner Phone and email:

Contractor Name: MITCHELL HOMES, INC
 Contractor Mail Address: 14300 SOMMERVILLE CT, MIDLOTHIAN, VA 23113
 Contractor Phone: 804-510-0787 Contractor NC License#: 76127

BUILDING INFORMATION

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , SFD 4 beds 4 baths w/ attached garage		
Proposed Construction Type:	SFD	Cost of Construction:	\$334,886
Finished Square Footage:	3077	CAMA Permit#:	N/A
Unfinished Square Footage:	1264	Septic Permit#:	21791
Stories:	2.0	Septic Permit Date:	5/2/2013
Building Height:	32.0	Survey/Site Plan:	YES
Total Rooms:	12	Water Tap#:	49510
Footing Type:	CONCRETE	Water Type:	CENTRAL
Exterior Finish:	VINYL SIDING	Flood Zone:	AE
Proposed Finished Floor Elevation:	10.6	Base Flood Elevation:	0.0
Bedrooms:	4	Lot/Ground Elevation:	6.6
		Baths/half baths:	4.00/0

Comments: Any deviation from the building plan or site plan requires prior approval. Local area flood elevation of 8' applies, areas below 8' will require flood vents. Under construction elevation certificate required before rough in, final elevation certificate and as built survey required before CO.	PERMIT FEE	\$2,813.35
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00
	FLOOD DEVELOPMENT BLDG PERMIT	75.00
	TOTAL FEES:	\$2,998.35

109

DocuSigned by:
 Applicant Signature: Stephanie Hicks MITCHELL HOMES, INC
 081209042832453... 4/5/2023

DocuSigned by:
 Inspector Signature: Neil Tarford SF
 007B20E30E84FA... 4/4/2023



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ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-17612

04/20/2023

Parcel Number: 030922000
Location: 110 WEIR POINT DR – MANTEO
Subdivision: HERITAGE POINT PHASE 1
Legal Description: LOT: 30 BLK: SEC:

Owner Name: MICHAEL E CLARK
Owner Mail Address: 132 SHERWOOD DR MANTEO, NC 27954
Owner Phone and email: 252-489-9320

Contractor Name: OWNER/BUILDER (MICHAEL E CLARK)
Contractor Mail Address: 132 SHERWOOD DR. MANTEO, NC 27954
Contractor Phone: 252-489-9320 Contractor NC License#: N/A

ACCESSORY INFORMATION

Proposed Construction: RESIDENTIAL - ACCESSORY STRUCT OVER 12 FT, ACC
Description of Work: 12X16 CUSTOM SHED BUILT BY STATELINE BUILDERS. SMART SIDING, SHINGLES.
Septic Permit Date: 10/03/2022 Cost of Construction: \$10,100
Septic Permit #: s8-13641 CAMA Permit#: N/A
Footing Type: WOOD Flood Zone: X
Finished Square Footage: 0 Base Flood Elevation: 8.0
Unfinished Square Footage: 192 Lot/Ground Elevation: 8.5

Comments: As-Built Survey and Final Construction Elevation Certificate required prior to final inspection. Elevation shots at or above 8.0'msl at the four corners of the shed on an as-built survey may waive the requirement for the Final Construction Elevation Certificate. As-Built Survey can be same submitted for new SFD on same property.

PERMIT FEE \$150.00

TOTAL FEES: \$150.00

Applicant Signature: Michael Clark 4/21/2023 MICHAEL E CLARK

Inspector Signature: kei twiford 4/20/2023 SF



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ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-17586

04/19/2023

Parcel Number: 025527000
 Location: 102 S CALIFORNIA LN – MANTEO
 Subdivision: SUBDIVISION - NONE
 Legal Description: LOT: 2 BLK: SEC:

Owner Name: EDDIE L SIMMONS
 Owner Mail Address: 102 CALIFORNIA LN MANTEO, NC 27954
 Owner Phone and email: 252-202-1037 ELSimmons56@charter.net

Contractor Name: STEEL BUILDINGS AND STRUCTURES
 Contractor Mail Address: 800 PIEDMONT TRIAD WEST DR, P.O. BOX 1287 MOUNT AIRY, NC 27030
 Contractor Phone: Contractor NC License#: 77262

ACCESSORY INFORMATION

Proposed Construction: RESIDENTIAL - ACCESSORY STRUCT OVER 12 FT, ACC
 Description of Work: BUILD 24 X 50 METAL ACCESSORY STRUCTURE
 Septic Permit Date: 04/18/2023 Cost of Construction: \$12,000
 Septic Permit #: S22-17520 CAMA Permit#: N/A
 Footing Type: CONCRETE Flood Zone: SHX
 Unfinished Square Footage: 1200 Base Flood Elevation: 8.0

Comments: As-Built Survey and Finished Construction Elevation Certificate required prior to final inspection. Minimum RFPE is 8.0' above MSL. Flood resistant materials and flood vents are required for enclosures below 8.0' msl. Enclosure shall be used for parking or storage only.

	PERMIT FEE	\$480.00
TOTAL FEES:		\$480.00

Applicant Signature: Eddie L. Simmons EDDIE L SIMMONS

Inspector Signature: Kell Twiford -MSF SF



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ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-17488

04/14/2023

Parcel Number: 028181111
 Location: 141 FIRST COLONY CT – MANTEO
 Subdivision: FIRST COLONY ESTATES
 Legal Description: LOT: 11 BLK: SEC:

Owner Name: ASSORTED DEVELOPMENT CORP
 Owner Mail Address: P O BOX 402 KITTY HAWK, NC 27949
 Owner Phone and email:

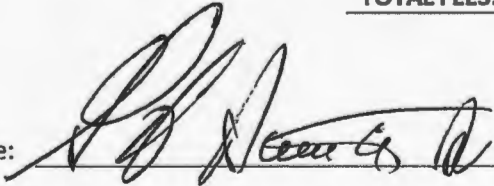
Contractor Name: GARLAND H DUNSTAN
 Contractor Mail Address: PO BOX 402, KITTY HAWK, NC 27954
 Contractor Phone: 252-202-1100 Contractor NC License#: 19436

ACCESSORY INFORMATION

Proposed Construction: RESIDENTIAL - SWIMMING POOLS; HOT TUBS, POOL
 Description of Work: ADD SWIMMING POOL TP EXISTING BUILDING PERMIT
 Septic Permit Date: 04/11/2023 Cost of Construction: \$40,000
 Septic Permit #: S22-17403 CAMA Permit#: N/A
 Flood Zone: X
 Base Flood Elevation: 8.0

Comments: As-Built Survey required prior to final inspection. PERMIT FEE \$300.00

TOTAL FEES: \$300.00

Applicant Signature:  GARLAND H DUNSTAN

Inspector Signature:  SF



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ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-17453

04/12/2023

Parcel Number: 029766000
 Location: 123 DOGWOOD TRL – MANTEO
 Subdivision: NORTH WOODS SEC 2
 Legal Description: LOT: 29 BLK: SEC: 2

Owner Name: HAROLD ANDRESEN
 Owner Mail Address: P O BOX 1383 MANTEO, NC 27954
 Owner Phone and email: 616-427-6624

Contractor Name: HAROLD ANDRESEN
 Contractor Mail Address: P.O. BOX 1383 MANTEO, NC 27954
 Contractor Phone: 616-427-6624 Contractor NC License#: OWNER/BUILDER

ACCESSORY INFORMATION

Proposed Construction: RESIDENTIAL - ACCESSORY STRUCT OVER 12 FT, ACC
 Description of Work: PRE-BUILT STAND ALONE 16X32 GARAGE/WORKSHOP NO WATER/SEWER, ELECTRICAL SERVICES ONLY
 Septic Permit Date: 04/11/2023 Cost of Construction: \$25,000
 Septic Permit #: S22-17387 CAMA Permit#: NA
 Unfinished Square Footage: 512 Flood Zone: X
 Finished Square Footage: 0 Base Flood Elevation: 8.0

Comments: As-Built Survey Required prior to Final Inspection. SURVEYOR SHALL SHOW A SPOT/GROUND ELEVATION ON AS-BUILT SURVEY. PERMIT FEE \$204.80

TOTAL FEES: \$204.80

Applicant Signature: Harold Andresen HAROLD ANDRESEN

Inspector Signature: Keil Twiford -ASF SF



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ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-17325

04/06/2023

Parcel Number: 025289000
Location: 1062 N HWY 64/264 – MANTEO
Subdivision: MARGARET M MIDGETT HOMEPLACE
Legal Description: LOT: BLK: SEC:

Owner Name: NANCY MIDGETT WALKER
Owner Mail Address: PO BOX 1344 MANTEO, NC 27954
Owner Phone and email:

Contractor Name: OWNER/BUILDER
Contractor Mail Address: P.O. BOX 1344 MANTEO
Contractor Phone: Contractor NC License#: N/A

ACCESSORY INFORMATION

Proposed Construction:	RESIDENTIAL - ACCESSORY STRUCT OVER 12 FT, ACC		
Description of Work	PRE-BUILT 12X24 SHED FROM STATELINE BUILDERS.		
Septic Permit Date:	04/03/2023	Cost of Construction:	\$9,500
Septic Permit #:	S22-17206	CAMA Permit#:	N/A
Footing Type:	WOOD	Flood Zone:	X
Finished Square Footage:	0	Base Flood Elevation:	0.0
Unfinished Square Footage:	288	Lot/Ground Elevation:	

Comments: PERMIT FEE \$150.00

TOTAL FEES: \$150.00

Applicant Signature: *Nancy Walker* NANCY MIDGETT WALKER

Inspector Signature: Keil Twiford *TWIF* SF



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MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-17573

04/19/2023

Parcel Number: 024936000
Location: 440 THE LANE – WANCHESE
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner Name: BONNIE JO WAITS
Owner Mail Address: P O BOX 123 - MANTEO, NC 27954
Owner Contact Information:

Contractor Name: AIR HANDLERS OBX
Contractor Mail Address: PO BOX 309 - HARBINGER, NC 27941
Contractor Phone: 252-491-8637
Contractor NC License#: L26599

DETAILS RESIDENTIAL

Cost of Job: \$5,618

Electrical Contractor ID: U34995
Units 1

MECHANICAL PROJECT FEE: \$150.00

Comments: Changing out the HVAC and installing Trane 14 Seer 2- ton He at Pump and Air Handler

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

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

DocuSigned by:
Applicant Signature: *Linda G Burgess* 4/19/2023
AIR HANDLERS OBX
INFO@AIRHANDLERSOBX.COM

DocuSigned by:
Inspector Signature: *Neil Twiford* 4/19/2023
SF



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MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-17550

04/18/2023

Parcel Number: 024077000
Location: 187 BAYVIEW DR -- STUMPY POINT
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner Name: JOSEPH MATTHEW WALTERS
Owner Mail Address: 187 BAYVIEW DR - STUMPY POINT, NC 27978
Owner Contact Information:

Contractor Name: SOUNDSIDE HEATING AND AIR CONDITIONING,
Contractor Mail Address: 106 ROBERT BRUCE DR - MANTEO, NC 27954
Contractor Phone: 2524737769
Contractor NC License#: L.34278

DETAILS RESIDENTIAL

Electrical Contractor ID: 34997
Units: 1
Cost of Job: \$7,800
MECHANICAL PROJECT FEE: \$150.00

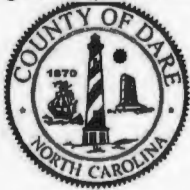
Comments: Replacement for Trane 14 SEER 2.5 ton heat pump split system

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

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

DocuSigned by:
Applicant Signature: Joseph Mabry 4/18/2023 SOUNDSIDE HEATING AND AIR CONDITIONING,
soundsidehvac@gmail.com

DocuSigned by:
Inspector Signature: keil twiford 4/18/2023 SF



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MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-17514

04/17/2023

Parcel Number: 022975000
Location: 1124 BURNSIDE RD – MANTEO
Subdivision: BURNSIDE FOREST SEC 2
Legal Description: LOT: E4 BLK: SEC: 2

Owner Name: JUDY M WAITS
Owner Mail Address: 1124 BURNSIDE RD - MANTEO, NC 27954
Owner Contact Information:

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

DETAILS RESIDENTIAL

Cost of Job: \$8,825

Electrical Contractor ID: 22222-I
Units 1

MECHANICAL PROJECT FEE: \$150.00

Comments: SINGLE C/O TRANE 14 SEER 2.5 TON WHOLE HOUSE

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

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DocuSigned by:
Applicant Signature: R A Hoy Heating and Air Conditioning R A HOY HEATING AND AIR CONDITIONING INC
02CC048B6E7B484 4/17/2023 Brian@rahoy.com

DocuSigned by:
Inspector Signature: keil twiford SF
607829E30EE94FA 4/17/2023



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MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-17289

04/05/2023

Parcel Number: 025221000
Location: 108 SUNNYSIDE LN – MANTEO
Subdivision: DANIEL MEEKINS EST
Legal Description: LOT: PAR 6 BLK: SEC:

Owner Name: VIRGINIA H TTEE MEEKINS
Owner Mail Address: PO BOX 203 - MANTEO, NC 27954
Owner Contact Information:

Contractor Name: SOUNDSIDE HEATING AND AIR CONDITIONING,
Contractor Mail Address: 106 ROBERT BRUCE DR - MANTEO, NC 27954
Contractor Phone: 2524737769
Contractor NC License#: L.34278

DETAILS RESIDENTIAL

Cost of Job: \$7,600

Electrical Contractor ID: 34997
Units 1

MECHANICAL PROJECT FEE: \$150.00

Comments: Replacement for 14 SEER 2 ton heat pump split system

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

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

DocuSigned by:
Applicant Signature: Joseph W. Mabry
AF88DF35E3F84D1
4/5/2023

SOUNDSIDE HEATING AND AIR CONDITIONING,
soundsidehvac@gmail.com

DocuSigned by:
Inspector Signature: Neil Twiford
007B20E30EE04FA..
4/5/2023

SF



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

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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-17794

04/27/2023

Parcel Number: 025462000
 Location: 1320 BURNSIDE RD – MANTEO
 Subdivision: SUBDIVISION - NONE
 Legal Description: LOT: 2 BLK: SEC:

Owner Name: DELLA M OWENS
 Owner Mail Address: 7602 RED FOX CT CLINTON, MD 20735
 Owner Phone and email: 202-828-3428 drowens@verizon.net

Contractor Name: HERNAN R NAVARRO
 Contractor Mail Address: PO BOX 2527, MANTEO, NC 27954
 Contractor Phone: 252-216-8824 Contractor NC License#: UNLICENSED

BUILDING INFORMATION

Proposed Construction Use:	RESIDENTIAL ADDITION , ADD 40 X 12 DECK		
Proposed Construction Type:	SFD	Cost of Construction:	\$28,500
Finished Square Footage:	0	CAMA Permit#:	
Unfinished Square Footage:	480	Septic Permit#:	S22-11868
Base Flood Elevation:	8.0	Septic Permit Date:	07/12/2022
		Flood Zone:	AE

Comments: Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$192.00

TOTAL FEES: \$192.00

Applicant Signature: *Debra M Owens* DELLA M OWENS

Inspector Signature: Keil Twiford -RSF SF



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: ACC-17775

04/27/2023

Parcel Number: 031116002
 Location: 108 PAYNE RD – MANTEO
 Subdivision: ISLAND WOODS
 Legal Description: LOT: 4 BLK: SEC:

Owner Name: LINDA PORTER
 Owner Mail Address: 108 PAYNE RD MANTEO, NC 27954
 Owner Phone and email: 252-256-1693 obxlindap@gmail.com

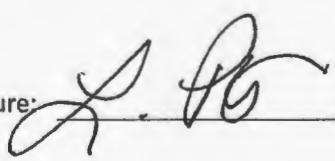
Contractor Name: LINDA PORTER (OWNER/BUILDER)
 Contractor Mail Address: 108 PAYNE RD. MANTEO, NC 27954
 Contractor Phone: 252-256-1693 Contractor NC License#: N/A

BUILDING INFORMATION

Proposed Construction Use: MISC ACCESSORY , CONSTRUCT 12X8 DECK & 8X4 OUTDOOR SHOWER
 Proposed Construction Type: ACC Cost of Construction: \$4,000
 Septic Permit#: N/A CAMA Permit#: N/A
 Septic Permit Date: N/A Flood Zone: SHX

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

TOTAL FEES: \$150.00

Applicant Signature:  LINDA PORTER

Inspector Signature: Keil Twiford -DSF SF



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-17769

04/26/2023

Parcel Number: 031116015
 Location: 101 LIBBS WAY – MANTEO
 Subdivision: ISLAND WOODS
 Legal Description: LOT: 17 BLK: SEC:

Owner Name: ROSBELIA TOVAR TOVAR
 Owner Mail Address: 101 LIBBS WAY MANTEO, NC 27948
 Owner Phone and email: 252-267-5997

Contractor Name: OWNER/BUILDER
 Contractor Mail Address: 101 LIBBS WAY MANTEO, NC 27948
 Contractor Phone: 252-267-5997 Contractor NC License#: N/A

BUILDING INFORMATION

Proposed Construction Use:	RESIDENTIAL ENCLOSURE , ENCLOSURE OF THE UNDERNEATH OF THE HOME		
Proposed Construction Type:	STR	Cost of Construction:	\$7,000
Finished Square Footage:	0	CAMA Permit#:	N/A
Unfinished Square Footage:	896	Septic Permit#:	S22-17352
Flood Zone:	X	Septic Permit Date:	04/10/23
Footing Type:	CONCRETE	Water Type:	EXISTING
Base Flood Elevation:	8.0	Water Tap#:	EXISTING

Comments: Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$358.40
	HOME OWNERS RECOVERY FEE	10.00

TOTAL FEES: \$368.40

Applicant Signature: Rosbelia Tovar ROSBELIA TOVAR TOVAR

Inspector Signature: [Signature] SF



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-17496

04/14/2023

Parcel Number: 024383000
Location: 277 MOTHER VINEYARD RD – MANTEO
Subdivision: MOTHER VINEYARD SECTION 1
Legal Description: LOT: 10 BLK: SEC: 1

Owner Name: ROLAND DOCK III SAWYER
Owner Mail Address: P O BOX 1292 MANTEO, NC 27954
Owner Phone and email:

Contractor Name: ADP SWIMMING POOLS & CONSTRUCTION LLC
Contractor Mail Address: 801 INDIAN DR, KILL DEVIL HILLS, NC 27948
Contractor Phone: 252-305-8088 Contractor NC License#: 53785

BUILDING INFORMATION

Proposed Construction Use: REMODEL RES OR COM , BATHROOM REMODEL, EXISTING WALLS/FOOTPRINT ARE TO REMAIN AS IS
Proposed Construction Type: RESIDENTIAL Cost of Construction: \$25,000
Flood Zone: X

Comments: Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$250.00

TOTAL FEES: \$250.00

Applicant Signature:  ADP SWIMMING POOLS & CONSTRUCTION LLC

Inspector Signature: Keil Twiford  SF



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-17382

04/10/2023

Parcel Number: 016336000
 Location: 149 OLD COUNTY RD – MANTEO
 Subdivision: ROANOKE COLONY
 Legal Description: LOT: 27 BLK: SEC: 2

Owner Name: RICHARD & MICHELLE AMBROSE-SMITH
 Owner Mail Address: 149 COUNTY RD MANTEO, NC 27954
 Owner Phone and email: 252-473-8141 shawntheplumber@ymail.com

Contractor Name: RICHARD SMITH (OWNER/BUILDER)
 Contractor Mail Address: 149 COUNTRY RD. MANTEO, NC 27954
 Contractor Phone: 252-473-8141 Contractor NC License#: N/A

BUILDING INFORMATION

Proposed Construction Use: **REMODEL RES OR COM , FINISH SPACE ABOVE GARAGE**
 Proposed Construction Type: RESIDENTIAL Cost of Construction: \$50,000
 CAMA Permit#: N/A Septic Permit#: S22-17204
 Unfinished Square Footage: 0 Septic Permit Date: 04/03/2023
 Flood Zone: X Base Flood Elevation: 8.0
 Exterior Finish:

Comments: Any deviation from the building plan PERMIT FEE \$500.00
 or site plan requires prior approval.

TOTAL FEES: \$500.00

Applicant Signature: *Michelle Ambrose-Smith* MICHELLE AMBROSE-SMITH

Inspector Signature: *[Signature]* SF



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RESIDENTIAL ADDITION

RESIDENTIAL ADDITION#: R-17584

04/19/2023

Parcel Number: 016250000
 Location: 173 LANGLEY LN – MANTEO
 Subdivision: NORTH WOODS - SEC 1
 Legal Description: LOT: 10 BLK: SEC: 1

Owner Name: PATRICIA ANN MIDGETT
 Owner Mail Address: 173 LANGLEY LN - MANTEO, NC 27954
 Owner Contact Information:

Contractor Name: WEATHERTEK CONSTRUCTION & RESTORATION LL
 Contractor Mail Address: 349 WATER PLANT RD - UNIT -F - MANTEO, NC 27954
 Contractor Phone: NA
 Contractor NC License#: L.87244

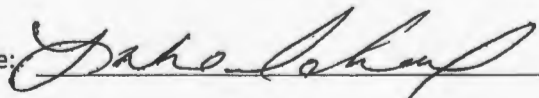
DETAILS RESIDENTIAL

CAMA Permit	N/A	Cost of Job:	\$64,000
Septic Permit	S9-17528	RESIDENTIAL ADDITION FEE:	\$192.00

Comments: BUILDING A 16X16 THREE SEASONS SUNROOM

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Applicant Signature: 

WEATHERTEK CONSTRUCTION & RESTORATION LL

Inspector Signature: Keil Twiford 

SF



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MOBILE HOME PERMIT

PERMIT#: R-17566

04/18/2023

Parcel Number: 024601000
 Location: 1045 GEORGE DANIELS RD -- MANTEO
 Subdivision: SUBDIVISION - NONE LOT: PAR B BLK: SEC:
 Mobile Home Park: No

OWNER INFORMATION DEBRA BRYANT
 1045 GEORGE DANIELS RD MANTEO, NC 27954
 678-316-3117

CONTRACTOR CROSSLAND HOMES
 1600 S/W Greenville Boulevard GREENVILLE, NC 27834
 252-756-6007

MOBILE HOME INSTALLER CROSSLAND HOMES
 1600 S/W Greenville Boulevard GREENVILLE, NC 27834
 252-756-6007

DETAILS	MOBILE HOME		
Living Space	1484	Estimated Cost:	\$145,000
Non-living Space	48	CAMA Permit#:	N/A
Make:	CMH	Septic Permit#:	S22-14791
Model:	ULTRA PRO	Septic Permit Date:	12/05/2022
Year:	2023	Survey/Site Plan:	Y
Serial #:	TBD	Water Tap#:	373800
HUD #:	TBD	Water Type:	CENTRAL
Width in feet:	28	Flood Zone:	X
Length in feet:	56	Base Flood Elevation:	8.0
Hurricane Built:	3	Lot/Ground Elevation:	8.5
Footing/foundation Type:	CONCRETE	Application Number:	10920

Comments: Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$742.00

TOTAL FEES: \$742.00

Applicant Signature: Curtis W. Bryant CROSSLAND HOMES

Inspector Signature: [Signature] SF



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-17493

04/14/2023

Parcel Number: 029680000
 Location: 907 BERNICE AVENUE – MANTEO
 Subdivision: ROANOKE PARK
 Legal Description: LOT: PT 8 BLK: SEC:

Owner Name: ROBERT L SAWYER
 Owner Mail Address: P O BOX 2162 MANTEO, NC 27954
 Owner Phone and email: 252-619-0829

Contractor Name: CLAYTON HOMES INC
 Contractor Mail Address: 1560 NORTH ROAD ST, ELIZABETH CITY, NC 27909
 Contractor Phone: 252-335-1070 Contractor NC License#: 59143

BUILDING INFORMATION

Proposed Construction Use:	MOBILE HOME PROJECT , MOBILE HOME		
Proposed Construction Type:	MOBL	Cost of Construction:	\$174,000
Finished Square Footage:	1568	CAMA Permit#:	N/A
Unfinished Square Footage:	60	Septic Permit#:	S10-16874
Stories:	1.0	Septic Permit Date:	3/17/2023
Building Height:	CLAYTON EPIC	Survey/Site Plan:	
Footing Type:	MASONARY	Water Tap#:	EXISTING
Exterior Finish:	VINYL SIDING	Water Type:	
Proposed Finished Floor Elevation:		Flood Zone:	X
		Base Flood Elevation:	8.0

Comments: Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$784.00

TOTAL FEES: \$784.00

Applicant Signature: *Joy J. Smith* CLAYTON HOMES INC
 Inspector Signature: Kell Twiford -MSF SF



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ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-17449

04/12/2023

Parcel Number: 013331000
 Location: 390 HARBOR RD – WANCHESE
 Subdivision: SUBDIVISION - NONE
 Legal Description: LOT: 1 BLK: SEC:

Owner Name: BBY HOLDINGS LLC
 Owner Mail Address: P O BOX 300 WANCHESE, NC 27981
 Owner Phone and email:

Contractor Name: PARKS LAND DEVELOPMENT INC
 Contractor Mail Address: 1252 FLORIDA RD, ELIZABETH CITY, NC 27909
 Contractor Phone: 2523302425 Contractor NC License#: 64801

ACCESSORY INFORMATION

Proposed Construction: COMMERCIAL - DOCKS;PIERS;BULKHDS, BOATLFTS, BULK
 Description of Work: MARINA EXPANSION

Cost of Construction: \$2,000,000
 Flood Zone: SHX
 Base Flood Elevation: 8.0

Comments: PERMIT FEE \$250.00

TOTAL FEES: \$250.00

Applicant Signature: PARKS LAND DEVELOPMENT INC

Inspector Signature: Keil Twiford - RSF SF



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Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-17348

04/10/2023

Parcel Number: 013883000
Location: 39197 WEAKFISH DR - AVON
Subdivision: HATTERAS COLONY SEC 4
Legal Description: LOT: 259 BLK: SEC: 4

Owner Name: ZAKI PROPERTIES LLC
Owner Mail Address: 28187 HWY 64 - JAMESVILLE, NC 27846
Owner Contact Information:

Contractor Name: John Pierce Electrical Services
Contractor Mail Address: N/A
Contractor Phone: 252-661-2147
Contractor NC License#: 15137

DETAILS COMMERCIAL

Amp Increase:	0	Cost of Job:	\$500
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00

Comments: REMODEL BATHROOM

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

Applicant Signature: _____

JOHN PIERCE ELECTRICAL SERVICES
JOHNPIERCE66@YAHOO.COM

Inspector Signature: _____

Crew Hayes -ASP

SF



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

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

GENERATOR INSTALL

GENERATOR INSTALL#: GENR-17365

04/10/2023

Parcel Number: 030485000
Location: 6049 HWY 64/264 – MANN'S HARBOR
Subdivision: F & M SUBDIVISION
Legal Description: LOT: 2R BLK: SEC:

Owner Name: PAUL H SR MANN
Owner Mail Address: 6049 HWY 64/264 - MANN'S HARBOR, NC 27953
Owner Contact Information:

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Mail Address: 1078 N HWY 64/264 - MANTEO, NC 27954
Contractor Phone: 252-475-1372
Contractor NC License#: U-30633

DETAILS RESIDENTIAL

Cost of Job: \$10,000

GENERATOR INSTALL FEE: \$150.00

Comments: Install 26KW Briggs & Stratton Generator 200A transfer swit ch .

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

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Applicant Signature: Suzan Koster 4/10/2023 SUBURBAN ELECTRIC SERVICES INC
info@suburbanelectricobx.com

Inspector Signature: Bill Twiford 4/10/2023 SF



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Planning Office
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Manteo NC 27954

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

GENERATOR INSTALL

GENERATOR INSTALL#: GENR-17796

04/27/2023

Parcel Number: 030907000
Location: 101 WEIR POINT DR – MANTEO
Subdivision: HERITAGE POINT PHASE 1
Legal Description: LOT: 15 BLK: SEC:

Owner Name: JOHN R MANNIX
Owner Mail Address: 101 WEIR POINT DR - MANTEO, NC 27954
Owner Contact Information:

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Mail Address: 1078 N HWY 64/264 - MANTEO, NC 27954
Contractor Phone: 252-475-1372
Contractor NC License#: U-30633

DETAILS RESIDENTIAL

Cost of Job: \$15,000

GENERATOR INSTALL FEE: \$150.00

Comments: Install 26kW Briggs Generator and (2) 200A transfer switches

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Applicant Signature: *Susan Hoon* 4/28/2023 SUBURBAN ELECTRIC SERVICES INC
info@suburbanelectricobx.com

Inspector Signature: *Neil Telford* 4/28/2023 SF



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Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-17747

04/26/2023

Parcel Number: 024095000
Location: 270 BAYVIEW DR – STUMPY POINT
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner Name: PHIL M YORK
Owner Mail Address: 286 BAYVIEW DR - STUMPY POINT, NC 27978
Owner Contact Information:

Contractor Name: GIBBS HEATING AND AC
Contractor Mail Address: 17649 US HWY 264 - SWAN QUARTER, NC 27885
Contractor Phone: 252-943-7582
Contractor NC License#: L30488

DETAILS RESIDENTIAL

Electrical Contractor ID: OWNER
Units 3
Cost of Job: \$12,500
MECHANICAL PROJECT FEE: \$150.00

Comments: COILS ARE CORRIDED ON OLD OUTDOOR UNITS

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

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

Applicant Signature: Marcus [Signature] GIBBS HEATING AND AC

Inspector Signature: Keil Twiford - [Signature] SF



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MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-17618

04/20/2023

Parcel Number: 025092028
Location: 201B ETHERIDGE RD 7100 – MANTEO
Subdivision: MARITIME WOODS BUSINESS PARK
Legal Description: LOT: UNIT #7100 BLK: SEC:

Owner Name: GIPNC 201 ETHERIDGE ROAD LLC
Owner Mail Address: 401 E JACKSON ST STE 330 - TAMPA, FL 33602
Owner Contact Information:

Contractor Name: ANDERSON HEATING & COOLING LLC
Contractor Mail Address: PO BOX 396 - KITTY HAWK, NC 27949
Contractor Phone: 252-619-3105
Contractor NC License#: L31438

DETAILS COMMERCIAL

Cost of Job: \$7,698

Electrical Contractor ID: N/A
Units 1

MECHANICAL PROJECT FEE: \$150.00

Comments: DUCTLESS 9000 BTUH UP TO 28 SEER HIGH HEAT CAPABLE HEAT PUMP & CONDENSING UNIT (208/230v)
INTERMATIC-AG3000 HVAC SURGE PR

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

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DocuSigned by:
Applicant Signature: Anderson Heating & Cooling LLC
AD7B3D064CEE428 4/24/2023

ANDERSON HEATING & COOLING LLC
contact@andersonheatingandcooling.com

DocuSigned by:
Inspector Signature: bed twiford
607B29E30EE94FA.. 4/24/2023

SF

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PO Box Drawer 1000
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Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-17580

04/19/2023

Parcel Number: 017477000
Location: 5227 HWY 64/264 – MANN'S HARBOR
Subdivision: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner Name: STATE OF NORTH CAROLINA
Owner Mail Address: PO BOX 629 - RALEIGH, NC 27602
Owner Contact Information:

Contractor Name: SPEAR UNLIMITED ELECTRICAL
Contractor Mail Address: 336 LEVELS RD. - COLUMBIA, NC 27925
Contractor Phone: NA
Contractor NC License#: 34061

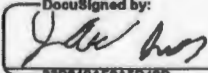
DETAILS COMMERCIAL

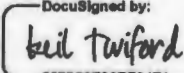
Amp Increase: 0
Service Amps: 100
Cost of Job: \$2,000
ELECTRICAL PERMIT FEE: \$150.00

Comments: INSTALL OVERHEAD SERVICE POLE FOR 100 AMP SERVICE TO JOBSITE

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

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Applicant Signature:  33B819A50A3E49D... 4/19/2023 SPEAR UNLIMITED ELECTRICAL
SPEARUNLIMITEDELECTRICAL@GMAIL.COM

Inspector Signature:  807B29E30EE94FA 4/19/2023 SF



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 Manteo NC 27954

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

ELECTRICAL PERMIT#: ELEC-17729

04/25/2023

Parcel Number: 026055000
 Location: 927 E R DANIELS RD – WANCHESE
 Subdivision: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner Name: LAURA'S WEST COAST LLC
 Owner Mail Address: 396 THE LANE - WANCHESE, NC 27981
 Owner Contact Information: 252-202-1666 tillett6@gmail.com

Contractor Name: Owner/Contractor
 Contractor NC License#: NA

DETAILS COMMERCIAL

Amp Increase:	200	Cost of Job:	\$900
Service Amps:	0	ELECTRICAL PERMIT FEE:	\$150.00

Comments: New Power supply to be used for wedding and events only. Power supply shall not be used for connection to recreational vehicles/travel trailers for house keeping purposes. Adding power for event tent, bathroom trailers, & bands

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

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

Applicant Signature: *Laura Tillett* LAURA'S WEST COAST LLC
 tillett6@gmail.com

Inspector Signature: Keil Twiford -*KSF* SF



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

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

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COMMERCIAL BUILDING PERMIT

BUILDING PERMIT#: C-17746

04/26/2023

Parcel Number: 017477000
 Location: 5227 HWY 64/264 – MANN'S HARBOR
 Subdivision: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner Name: STATE OF NORTH CAROLINA
 Owner Mail Address: PO BOX 629 RALEIGH, NC 27602
 Owner Phone and email:

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

BUILDING INFORMATION

Proposed Construction Use: COMMERCIAL BUILDING USE , TEMPORARY OFFICE TRAILER

Occupancy:

Proposed Construction Type:	460	Cost of Construction:	\$1,680
Finished Square Footage:	MASONARY	CAMA Permit#:	NA
Footing Type:		Water Type:	NA
Exterior Finish:		Flood Zone:	AE

Comments: Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$437.00

TOTAL FEES: \$437.00

Applicant Signature: [Signature] COASTAL GUNITE LLC
 Inspector Signature: [Signature] SF



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

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

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-17663

04/24/2023

Parcel Number: 030910000
Location: 107 WEIR POINT DR – MANTEO
Subdivision: HERITAGE POINT PHASE 1
Legal Description: LOT: 18 BLK: SEC:

Owner Name: DONALD P CABANA
Owner Mail Address: 107 WEIR POINT DR - MANTEO, NC 27954
Owner Contact Information:

Contractor Name: MASTER HEATING AND COOLING
Contractor Mail Address: PO BOX 707 - KITTY HAWK, NC 27949
Contractor Phone: 252-255-0095
Contractor NC License#: L18066

DETAILS RESIDENTIAL

Cost of Job: \$6,500

Electrical Contractor ID: 07784
Units 1

MECHANICAL PROJECT FEE: \$150.00

Comments: REPLACEMENT OF TOP LEVEL 1.5 TON LENNOX HVAC SYSTEM

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

Applicant Signature: DocuSigned by: MASTER HEATING AND COOLING MASTER HEATING AND COOLING
8C028893E0974B0... 4/26/2023 masterhvac@masterhvac.net

Inspector Signature: DocuSigned by: keil twiford AYT
007829E30EE94FA... 4/25/2023



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

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

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-17720

04/25/2023

Parcel Number: 028181102
Location: 106 FIRST COLONY CT – MANTEO
Subdivision: FIRST COLONY ESTATES
Legal Description: LOT: 2 BLK: SEC:

Owner Name: HAYDEN MATTHEW ROWE
Owner Mail Address: 106 FIRST COLONY CT - MANTEO, NC 27954
Owner Contact Information:

Contractor Name: OBHC INC DBA ONE HOUR HEATING & AIR COND
Contractor Mail Address: PO BOX 2600 - KILL DEVIL HILLS, NC 27948
Contractor Phone: 252-441-1740
Contractor NC License#: L12643

DETAILS RESIDENTIAL

Electrical Contractor ID: 32935
Units 1

Cost of Job: \$9,517

MECHANICAL PROJECT FEE: \$150.00

Comments: REPLACE HVAC WITH 14 SEER 3 TON DAIKIN AIR HANDLER & HEAT PUMP

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

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

Applicant Signature: _____

OBHC INC DBA ONE HOUR HEATING & AIR
COND

Inspector Signature: _____

KEIL TWIFORD

AYT



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

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

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-17721

04/25/2023

Parcel Number: 023085000
Location: 121 AMELIA DR -- MANTEO
Subdivision: AMELIA HEIGHTS
Legal Description: LOT: 8 BLK: SEC:

Owner Name: JANICE L SCHLACHTE
Owner Mail Address: 121 AMELIA DR - MANTEO, NC 27954
Owner Contact Information:

Contractor Name: OBHC INC DBA ONE HOUR HEATING & AIR COND
Contractor Mail Address: PO BOX 2600 - KILL DEVIL HILLS, NC 27948
Contractor Phone: 252-441-1740
Contractor NC License#: L12643

DETAILS RESIDENTIAL

Cost of Job: \$8,306

Electrical Contractor ID: 32935
Units 1

MECHANICAL PROJECT FEE: \$150.00

Comments: REPLACE PACKAGE UNIT WITH 14 SEER 2 1/2 TON DAIKIN PACKAGE UNIT

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

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

Applicant Signature:  OBHC INC DBA ONE HOUR HEATING & AIR COND

Inspector Signature: KEIL TWIFORD AYT

 Issued Trade and DPA Monthly Permit Log

From Date: 04/01/2023

To Date: 04/30/2023

Town of Southern Shores

Date	Permit#	Project Address	Owner Name	Contractor	Use	Permit Type	Work Description	Permit Cost	Total Project Cost
04/04/2023	TP23-000075	232 WAX MYRTLE TRL	KATRINA LOPOTINSKY	JONES ELECTRICAL SOLUTIONS	R	E	SERVICE CHANGE, REPLACING METERBASE, FEED, PANEL, BREAKER & GROUNDING	150.00	2,500.00
04/06/2023	TP23-000076	205 MIZZEN MAST LN	LAFRANCE, JEFFREY L	North Beach Services	R	M	removal of current hvac sytem an replace with new Goodman14 seer heat pump with matching air handler 5 KW	150.00	7,338.00
04/06/2023	TP23-000077	197 DUCK RD	DURANT, JOHN D TTEE	North Beach Services	R	M	Removal of existing hvac system and replace it with a new Trane 14.6 seer 10 KW heat pump with matching air handler	150.00	9,555.00
04/06/2023	TP23-000078	116 LAST HUNT LN	MCSHEA, JEFFREY EDWARD	R.A. HOY HEATING & AIR CONDITIONING	R	M	SINGLE C/O-- TRANE14 SEER 1.5 TON HEAT PUMP SYSTEM THAT SERVICES THE UPDTAIRS.	150.00	8,623.00
04/06/2023	TP23-000074	28 CIRCLE DR	DYGVE, RICHARD H	North Beach Services	R	M	Removal of existing hvac system and replace it with a new Trane 14 seer 10 KW heat pump with matching air handler	150.00	9,586.00
04/06/2023	TP23-000080	5 FIFTH AVE	TWO SHEAS REAL ESTATE INVESTMENT, LLC	R.A. HOY HEATING & AIR CONDITIONING	R	M	SINGLE C/O-- TRANE15 SEER 3 TON H/P SYSTEM THAT SERVICES THE MID AND DOWN LVLS.	150.00	10,657.00

04/06/2023	DPA23-000066	151 CROOKED BACK LOOP	SEPETA, ARTHUR RAYMOND JR	Dave Hoppe	R	R	REMODEL - INSTALL WINDOWS ON PORCH	160.00	16,000.00
04/10/2023	DPA23-000067	114 DUCK WOODS DR	CLECKLEY, JUDY H TTEE	D & B BULKHEADS INC.	R	R	ACCESSORY - INSTALL BOAT LIFT	100.00	13,500.00
04/10/2023	DPA23-000069	80 OCEAN BLVD	ESTRIDGE, RONALD B TTEE	REGGIE OWENS	R	R	REMODEL- REPLACE POOL FENCE WITH EXACT SAME FOOT PRINT	100.00	9,500.00
04/10/2023	TP23-000082	38 DUCK WOODS DR	KOBOR, EMERY STEVEN	R.A. HOY HEATING & AIR CONDITIONING	R	M	SINGLE C/O-- TRANE 15 SEER 4-TON H/P SYSTEM THAT SERVICES THE WHOLE HOUSE. NEW STAND	150.00	12,447.00
04/10/2023	TP23-000083	78 GRAVEY POND LN	BOOTH, JOHN ROGER	R.A. HOY HEATING & AIR CONDITIONING	R	M	SINGLE C/O-- TRANE 15 SEER 4-TON H/P SYSTEM THAT SERVICES THE WHOLE HOUSE. NEW STAND	150.00	13,616.00
04/11/2023	DPA23-000071	160 OCEAN BLVD	SMITH, MARK E	ADP CONSTRUCTION	R	R	REMODEL - REPLACE OCEANFRONT STAIRS	100.00	5,000.00
04/11/2023	DPA23-000058	158 BAYBERRY TRL	HAMMER, KEIRA ANNE		R	R	ACCESSORY - ADD 12 X 24 PRE-FAB STORAGE SHED	100.00	10,000.00
04/13/2023	TP23-000061	50 S DOGWOOD TRL	DUCK WOODS COUNTRY	LoWire LLC	C	E	RENOVATIONS & UPDATED SERVICE FOR MAINTENANCE SHEDS FOR GOLF COURSE	150.00	18,600.00
04/13/2023	TP23-000079	3 TEAL CT	TYLER, ELIZABETH ANNE MULLEN	Air-O-Smith	R	M	CHANGEOUT HVAC WITH 4 TON , 410A HEAT PUMP & AIR HANDLER 14.6 SEER 4 TON VARIABLE SPEED	150.00	8,689.00
04/13/2023	DPA23-000070	113 PUDDING PAN LN	DELANEY, JOHN T III	Simpleside Construction, Inc	R	R	REMODEL - Remove existing siding. Install	510.00	50,000.00

							Prefinished LP Smartside siding		
04/13/2023	TP23- 000085	6 THIRTEENTH AVE	SANBORN, ROBERT BRUCE	R.A. HOY HEATING & AIR CONDITIONING	R	M	SINGLE C/O TOP FLOOR 15 SEER 3.5 TON	150.00	12,698.00
04/14/2023	DPA23- 000048	267 N DOGWOOD TRL	NEWBERRY, CHARLES F JR	J B Sims Construction Co Inc	R	R	ACCESSORY - BUILD DETACHED GARAGE AND ROUGH IN FOR BATHROOM. INSTALL FOOTING FOR ELEVATOR	216.00	180,000.00
04/14/2023	DPA23- 000061	302 N DOGWOOD TRL	HYMAN, KENNETH J	B&B Contractors	R	R	ADDITION- construct 16x16 deck on rear of home	110.00	5,000.00
04/17/2023	DPA23- 000031	85 S DOGWOOD TRL	MAURICE, TRACEY H	A & B BUILDING INC.	R	R	NEW CONSTRUCTION - NEW CONSTRUCTION OF RESIDENTIAL HOME	2,219.50	500,000.00
04/18/2023	TP23- 000087	10 GINGUITE TRL	TENCZA, DEBORAH L	Anderson Heating & Cooling	R	M	INSTALL CARRIER COMFORT -3.5 TON 14.3 SEER 2 RESIDENTIAL COASTAL HEAT PUMP CONDENSING UNIT 2.5 -4 TON RESIDENTIAL FAN COIL VARIABLE SPEED MULTIPOSE (ALUMINUM COIL)	150.00	13,549.50
04/18/2023	TP23- 000088	104 OCEAN BLVD	PANOFF, TIMOTHY JOHN	R.A. HOY HEATING & AIR CONDITIONING	R	M	HEAT PUMP ONLY 14 SEER 1.5 TON.	150.00	4,899.00
04/18/2023	DPA23- 000075	279 DUCK RD	MIRKAR, TARA B	JMD Homeworx	R	R	REMODEL - REPLACING REAR DECKING & HANDRAILS WITH 5/4 DECKING & RANCH STYLE 4- 2 X 6 RAILS	215.00	21,500.00

04/18/2023	TP23-000089	19 NINTH AVE	BARRECA, JOSEPH P TTEE	Ferrellgas	R	G	RUN GAS LINE FOR EXISTING PROPANE TANK TO WATER HEATER	150.00	1,800.00
04/18/2023	TP23-000084	131 S DOGWOOD TRL	CLOSE, NICOLE	Anderson Heating & Cooling	R	M	INSTALL SOLSTICE INVERTER HEAT PUMP CHILLER 3.00 TON HEAT PUMP	150.00	14,831.00
04/18/2023	DPA23-000073	32 CIRCLE DR	PRIEST, MARY JEAN TRUSTEE	Macko OBX Construction, Inc.	R	R	REMODEL - REPLACE ALL EXTERIOR STAIRS, RAILS AND DECKING.	200.00	19,000.00
04/18/2023	DPA23-000074	226 OCEAN BLVD	MITCHELL, MICHAEL H	Macko OBX Construction, Inc.	R	R	REMODEL - REPLACE ENTRY STAIRS. REPLACE NE DECKING, RAILS AND STAIRS.	260.00	25,000.00
04/18/2023	TP23-000090	54 OCEAN BLVD	OWENS, KATHERINE M TTEE	R.A. HOY HEATING & AIR CONDITIONING	R	M	DOUBLE C/O TRANE TOP NORTH1 17 SEER 4 TON H/P SYSTEM & TOP SOUTH 1 17 SEER 2 TON H/P SYSTEM WITH A SINGLE A/H C/O 2.5 TON FOR MID SOUTH AS WELL!	150.00	40,977.00
04/18/2023	TP23-000092	103 OSPREY LN	BRINDLEY, DOUGLAS	OBHC, Inc. dba One Hour Heating & Air Conditioning	R	M	REPLACE HVAC WITH 15 SEER 1 1/2 TON DAIKIN AIR HANDLER & HEAT PUMP	150.00	7,228.00
04/20/2023	TP23-000091	5 TWELFTH AVE	DONAHUE, DARREN P	North Beach Services	R	M	Removal of existing hvac system and replace it with a new Trane 2.5 ton 10 KW heat pump with matching air handler	150.00	11,390.00
04/21/2023	DPA23-000078	80 OCEAN BLVD	ESTRIDGE, RONALD B TTEE	REGGIE OWENS	R	R	ACCESSORY - REPLACE WALKWAY WITH NEW WALKWAY	100.00	4,500.00

							OVER EXISTING WALKWAY		
04/21/2023	DPA23-000076	84 A OCEAN BLVD	SOUTHERN SHORES CIVIC ASSOC INC	VILLAGE BUILDERS	C	C	ACCESSORY - REPLACE APPROXIMATELY 62' OF THE EASTERN PORTION OF THE DUNE CROSSOVER	100.00	8,580.00
04/24/2023	TP23-000094	116 LAST HUNT LN	MCSHEA, JEFFREY EDWARD	R.A. HOY HEATING & AIR CONDITIONING	R	M	SINGLE C/O-- TRANE 16 SEER 3-TON H/P SYSTEM.	150.00	12,631.00
04/25/2023	TP23-000095	1 GINGUITE TRL	HOBBS, ROBERT B JR	R.A. HOY HEATING & AIR CONDITIONING	R	M	DOUBLE C/O TRANE 1 18 SEER 2 TON H/P SYSTEM & 1 18 SEER 2.5 TON SYSTEM	150.00	34,815.00
04/25/2023	TP23-000096	166 BEECH TREE TRL	BAKER, STEPHANIE	Brian Jefferson McDonald DBA/One Hour Heating & Air Conditioning	R	M	REPLACE HVAC WITH 15 SEER 4 TON DAIKON AIR HANDLER & HEAT PUMP	150.00	10,801.00
04/25/2023	TP23-000097	114 S DOGWOOD TRL		Brian Jefferson McDonald DBA/One Hour Heating & Air Conditioning	R	M	REPLACE HVAC WITH 18 SEER 1 1/2 TON DAIKON AIR HANDLER & HEAT PUMP	150.00	10,941.00
04/25/2023	DPA23-000087	5 TENTH AVE	ELYSIAN, LLC	HOLLAND FENCE COMPANY	R	R	ACCESSORY - INSTALL 4 FT POOL FENCE	200.00	7,500.00
04/26/2023	DPA23-000085	6 FIFTH AVE	DAVIS FAMILY L L C	Frasca Custom Homes, LLC	R	R	REMODEL - REMOVING AND INSTALLING 6 WINDOWS, REMOVING AND INSTALLING 1 SLIDER, REFACING CURRENT DECKING SYSTEM (NO STRUCTURAL CHANGES) , AND REPLACING SIDING	0.00	135,904.00
04/26/2023	DPA23-000081	96 A OCEAN BLVD	SOUTHERN SHORES CIVIC ASSOC INC		R	R	ACCESSORY - REPLACE ACCESSIBLE RAMPS ,	100.00	29,200.00

							LANDING, AND STAIRS		
04/26/2023	DPA23-000034	97 OCEAN BLVD	MCPHAIL, STEVEN C	LDS Building and Design, LLC	R	R	NEW CONSTRUCTION - NEW SINGLE FAMILY DWELLING WITH POOL	4,010.90	1,300,000.00
04/27/2023	DPA23-000077	165 HOLLY TRL	SUPKO, DANIEL	May's Landing Enterprises, Inc. T/A Southern Scapes Pool & Lands	R	R	ACCESSORY - INSTALL POOL & CONCRETE	250.00	65,708.00
04/28/2023	DPA23-000084	24 FIRST AVE	RIPLEY, PAULA W		R	R	ADDITION - 11 X 25 ROOM WITHIN THE EXISTING FOOTPRINT ON THE GROUND LEVEL. INSTALL LIGHTING, MINI SPLIT, 1 LARGE WINDOW, & GLASS DOOR (ENTRY) TOILET & SINK FOR USE WHILE WORKING POSSIBLE SHOWER.	165.00	15,000.00
04/28/2023	DPA23-000068	2 TWELFTH AVE	GIVEN, JEFFRESS F	Mike Moran	R	R	Replace decking and handrail on top floor deck East side	165.00	16,500.00
04/28/2023	DPA23-000089	31 TENTH AVE	ZONA, MICHAEL R	Allen Huddleston Builder	R	R	REMODEL - REPLACE DECK, HANDRAILS & BACK STEPS	200.00	19,000.00
04/28/2023	TP23-000098	40 PINTAIL TRL	DIOCESE OF EAST CAROLINA	North Beach Services	C	M	MECHANICAL: removal of both hvac sytems an replace with new Trane 14 seer heat pump with matching air handler(system 1) and a new Trane 14 Seer heat pump with matching air handler (system 8)	150.00	8,120.00

Total All Permits	45							13,031.40	2,742,683.50
Development Permit Application	22							9,581.40	2,456,392.00
Trade Permit	23							3,450.00	286,291.50
Total Commercial	3							400.00	35,300.00
Total Residential	42							12,631.40	2,707,383.50

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



Residential Trade Contractor Permit

Date April 04, 2023

**TP23-000075
Electrical Trade Permit**

Project Address: 232 WAX MYRTLE TRL
Property Owner: KATRINA LOPOTINSKY

PIN #: 021840000
Mailing Address: 232 WAX MYRTLE TRAIL
SOUTHERN SSHORES, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: JONES ELECTRICAL SOLUTIONS
Phone:
N. C. License Number: SP.SFD.34047

Qualifier: THOMAS B JONES
Address: 1101 INDIAN DRIVE
KILL DEVIL HILLS, NC 27948

Description of Work: SERVICE CHANGE, REPLACING METERBASE, FEED, PANEL, BREAKER & GROUNDING

Project Cost Estimate: \$2,500.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

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


Signature of Licensee or Duly Authorized Representative


Date

 
Signature of Permit Official Date



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



Residential Trade Contractor Permit

Date April 05, 2023

**TP23-000076
Mechanical Trade Permit**

Project Address: 205 MIZZEN MAST LN
Property Owner: LAFRANCE, JEFFREY L

PIN #: 022383004
Mailing Address: P. O. BOX 483
WYALUSING, PA 18853

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: North Beach Services
Phone: (252) 491-2878
N. C. License Number: 22053

Qualifier: Rebecca Sudduth
Address: PO Box 181
Kitty Hawk, NC 27949

Description of Work: removal of current hvac sytem an replace with new Goodman14 seer heat pump with matching air handler 5 KW

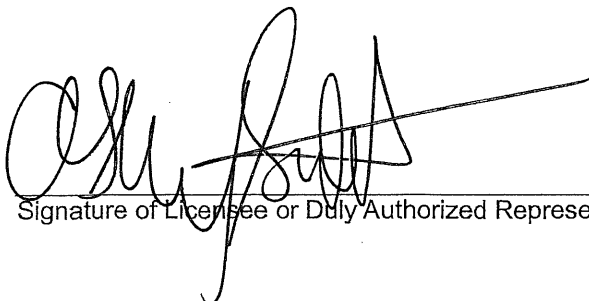
Project Cost Estimate: \$7,338.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

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


Signature of Licensee or Duly Authorized Representative

4/5/23
Date

Kevin Clark
Signature of Permit Official
By 
Date 4-6-23

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



Residential Trade Contractor Permit

Date April 05, 2023

**TP23-000077
Mechanical Trade Permit**

Project Address: 197 DUCK RD
Property Owner: DURANT, JOHN D TTEE

PIN #: 022117000
Mailing Address: 4530 CHERRY LN
JEFFERSON, MD 21755

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: North Beach Services
Phone: (252) 491-2878
N. C. License Number: 22053

Qualifier: Rebecca Sudduth
Address: PO Box 181
Kitty Hawk, NC 27949

Description of Work: Removal of existing hvac system and replace it with a new Trane 14.6 seer 10 KW heat pump with matching air handler

Project Cost Estimate: \$9,555.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

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

Signature of Licensee or Duly Authorized Representative

4/5/23
Date

Kevin Clark 4-6-23
Signature of Permit Official Date

By

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



Residential Trade Contractor Permit

Date April 05, 2023

**TP23-000078
Mechanical Trade Permit**

Project Address: 116 LAST HUNT LN
Property Owner: MCSHEA, JEFFREY EDWARD

PIN #: 022426000
Mailing Address: 116 LAST HUNT LN
SOUTHERN SHORES, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: R.A. HOY HEATING & AIR CONDITIONING
Phone: (252) 261-2008
N. C. License Number: 35329

Qualifier: JAYDEN CHUTSKOFF
Address: P.O. BOX 179
KITTY HAWK, NC 27949

Description of Work: SINGLE C/O--TRANE14 SEER 1.5 TON HEAT PUMP SYSTEM THAT SERVICES THE UPDTAIRS.

Project Cost Estimate: \$8,623.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

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

BRIAN LANCASTER 4/5/2023
Signature of Licensee or Duly Authorized Representative Date

Kevin Clark 4-6-23
Signature of Permit Official Date
By me

**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
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www.southernshores-nc.gov



Residential Trade Contractor Permit

Date April 04, 2023

**TP23-000074
Mechanical Trade Permit**

Project Address: 28 CIRCLE DR
Property Owner: DYGVE, RICHARD H

PIN #: 021566000
Mailing Address: 7315 MAIN ST
CLIFTON, VA 22024

Permit Types:

Plumbing Electrical Mechanical Gas
Contractor:

Company Name: North Beach Services
Phone: (252) 491-2878
N. C. License Number: 22053

Qualifier: Rebecca Sudduth
Address: PO Box 181
Kitty Hawk, NC 27949

Description of Work: Removal of existing hvac system and replace it with a new Trane 14 seer 10 KW heat pump with matching air handler

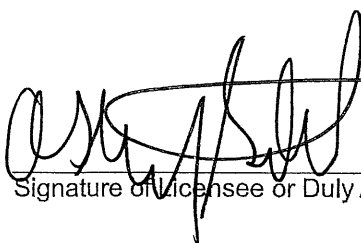
Project Cost Estimate: \$9,586.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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



Signature of Licensee or Duly Authorized Representative

4/4/23

Date



Signature of Permit Official



Date



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000066

Parcel: 022383126
PIN: 986711752808
Location: 151 CROOKED BACK LOOP
District: RS1 - Single Family Residential District
Subdiv: CHICHAUK
Lot-Block-Sect: LOT: 126 BLK: SEC:

Owner: SEPETA, ARTHUR RAYMOND JR
Address: 610 N PITT ST
ALEXANDRIA, VA 22314
Phone #: 703-298-7878

BUSINESS NAME: Dave Hoppe
CONTRACTOR'S NAME: Dave Hoppe
ADDRESS: 242-A Snow's Lane
CITY, STATE, ZIP: Powells Point, NC 27966
OFFICE#: (252) 202-7955
CELL#:
FAX#:
EMAIL: dhoppe@embarqmail.com

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

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

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: 2nd Home
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED:

PERMIT FEES:		TOTAL CONSTRUCTION COST: \$16,000.00
Description		Total Cost
Remodel / Renovation / Repair Fee		160.00
		TOTAL FEE: 160.00

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

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

04/03/2023

Date Approved

[Signature]
Building/Code/Zoning Official

Date Issued

[Signature]

4-7-2023



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**

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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000067

Parcel: 022357004
PIN: 986711550662
Location: 114 DUCK WOODS DR
District: RS1 - Single Family Residential District
Subdiv: SO/SH BLK 227-B
Lot-Block-Sect: LOT: 2 BLK: 227B SEC:

Owner: CLECKLEY, JUDY H TTEE
Address: 114 DUCK WOODS DR
SOUTHERN SHORES, NC 27949
Phone #: 252-564-2627

BUSINESS NAME: D & B BULKHEADS INC.
CONTRACTOR'S NAME: BRANDON MITCHELL
ADDRESS: 158 SIR CHADLER DRIVE
CITY, STATE, ZIP: KILL DEVIL HILLS, NC 27948
OFFICE#:
CELL#:
FAX#:
EMAIL: LWESTERFIELD329@GMAIL.COM

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

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

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: Residence
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: ZP23-000024
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED: 04/04/2023
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #: 89604
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED: 03/28/2023
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: AE - 4 ft	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED:

PERMIT FEES:		TOTAL CONSTRUCTION COST: \$13,500.00
Description		Total Cost
Minimum Permit Fee		100.00
		TOTAL FEE: 100.00

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Brandon Mitchell

Applicant - Owner/Contractor

(Please print and sign name)

04/04/2023

Date Approved

Kevin Clark

4-10-2023

Building/Code/Zoning Official

Date Issued

By nrb



**TOWN OF SOUTHERN SHORES
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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000069

Parcel:	022636000	Owner:	ESTRIDGE, RONALD B TTEE
PIN:	986712952940	Address:	10721 OLD GUN TER MIDLOTHIAN, VA 23113
Location:	80 OCEAN BLVD	Phone #:	--
District:	RS1 - Single Family Residential District		
Subdiv	SO/SH AMENDED SECTION 1		
Lot-Block-Sect:	LOT: 8 PT 7 BLK: 7 SEC: 1		

BUSINESS NAME:	REGGIE OWENS	NC G.C. LICENSED CONTRACTOR:
CONTRACTOR'S NAME:	REGGIE OWENS	NC G.C. LICENSE NUMBER:
ADDRESS:	201 HARBINGER RD	LIMITATION:
CITY, STATE, ZIP:	HARBINGER, NC 27941	CLASSIFICATION:
OFFICE#:	(252) 202-3673	QUALIFIER:
CELL#:		LIEN AGENT NAME:
FAX#:		ENTRY#:
EMAIL:		LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ACCESSORY - REPLACE POOL FENCE WITH EXACT SAME FOOT PRINT
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

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

TOTAL CONSTRUCTION COST: \$9,500.00	
PERMIT FEES:	Total Cost
Description	95.00
Remodel / Renovation / Repair Fee	5.00
Minimum Permit Fee	TOTAL FEE: 100.00

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	04/06/2023
Applicant - Owner/Contractor	Date Approved
(Please print and sign name)	
<i>Reggie Owens</i> REGGIE OWENS	
Building/Code/Zoning Official	Date Issued
<i>Kevin Clark</i> Kevin Clark By <i>MB</i>	4-6-2023



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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA22-000186

Parcel: 020951000
PIN: 986809166526
Location: 325 SEA OATS TRL
District: RS1 - Single Family Residential District
Subdiv: SO/SH BEACH BLKS 62 72 82
Lot-Block-Sect: LOT: 2 BLK: 82 SEC:

Owner: BARTLETT, CHARLES JAMES
Address: 5701 JOSEPH CT
NEW MARKET, MD 21774
Phone #: 301-343-2285

BUSINESS NAME: Aubrey C. Kitchin
CONTRACTOR'S NAME: Aubrey Kitchin
ADDRESS: 114 Seahawk Drive West
CITY, STATE, ZIP: Duck, NC 27949
OFFICE#: (252) 202-8520
CELL#:
FAX#:
EMAIL: jbkitchin61@gmail.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 16865
LIMITATION: INTERMEDIATE
CLASSIFICATION: RESIDENTIAL
QUALIFIER: AUBREY C KITCHIN
LIEN AGENT NAME: NORTH AMERICAN TITLE INSURANCE COMPANY
ENTRY#: 1782002
LIEN AGENT ADDRESS: 223 S. WEST ST SUITE 900
RALEIGH N.C 27603

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

TYPE OF CONSTRUCTION: <input checked="" type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other		
<input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input checked="" type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo		
<input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY: 8	TYPE OF FOUNDATION: Pile	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 2710.0	HEAT: Heat Pump	RESIDENCE TYPE: Residence
NON-HEATED AREAS (SqFt): 1,938	A/C: Heat Pump	BUILDING USE: Single Family
NUMBER OF STORIES: 3	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS: 4	EXTERIOR WALLS: Lap- LP Smart	ZONING PERMIT #: ZP22-000098
SEPTIC CAP. # OF PERSONS: 8	FIREPLACE: Gas	DATE APPROVED: 10/04/2022
BATHS: 3 ½ BATHS: 1	ROOF: Asphalt	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED: 1,261	INSULATION: Batt	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt): 35	DATE ISSUED:
POOL: 1,320 SHED:	DECKS (SqFt): 272	
FLOOD ZONE: Unshaded X	WINDOWS MAKE: Viwinco or Simonton	SEPTIC PERMIT #: S8-13430
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE: Double Hung	DATE ISSUED: 09/27/2022

TOTAL CONSTRUCTION COST: \$619,600.00

PERMIT FEES:	Total Cost
Description	
Plan Review Fee - Single Family New Construction	150.00
Heated/Living Area Fee (Single Family)	1,626.00
Non-Heated Areas Fee (Single Family)	581.40
Swimming Pools	250.00
Homeowners Recovery Fund	10.00
<i>Added 128 Sq Ft. Deck</i>	
TOTAL FEE:	2,617.40
PAID:	2,579.00
BALANCE DUE:	\$38.40

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[Signature]
Applicant / Owner/Contractor (Please print and sign name)
[Signature]
Building/Code/Zoning Official *[Signature]*

10/04/2022
Date Approved
10/04/2022
Date Issued

4-10-2023
1/2



**TOWN OF SOUTHERN SHORES
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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000071

Parcel: 021880000
PIN: 986707792843
Location: 160 OCEAN BLVD
District: RS1 - Single Family Residential District
Subdiv: SO/SH AMENDED PLAT B SEC 3
Lot-Block-Sect: LOT: E & G, & 12' STRIP BLK: 26 SEC: 3

Owner: SMITH, MARK E
Address: 3804 BIRDSVILLE RD
DAVIDSONVILLE, MD 21035
Phone #: --

BUSINESS NAME: ADP CONSTRUCTION
CONTRACTOR'S NAME: ADRIAN PITTS
ADDRESS: 801 INDIAN TRAIL DRIVE
CITY, STATE, ZIP: KILL DEVIL HILLS, NC 27948
OFFICE#: (252) 305-8088
CELL#:
FAX#:
EMAIL: adp8088@gmail.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 53785
LIMITATION: UNLIMITED
CLASSIFICATION: BUILDING
QUALIFIER: ADRIAN PITTS
LIEN AGENT NAME:
ENTRY#:
LIEN AGENT ADDRESS:

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

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other		
<input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo		
<input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: Vacation Cottage < 30 days
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: VE - 11 ft	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: PLUS 3FT	WINDOWS TYPE:	DATE ISSUED:

PERMIT FEES:	TOTAL CONSTRUCTION COST: \$5,000.00	
Description		Total Cost
Remodel / Renovation / Repair Fee		50.00
Minimum Permit Fee		50.00
		TOTAL FEE: 100.00

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Adrian Pitts *Kevin Clark*

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

Kevin Clark

04/10/2023

Date Approved

4-11-2023

Building/Code/Zoning Official *By nrb*

Date Issued



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000058

Parcel:	022217000	Owner:	HAMMER, KEIRA ANNE
PIN:	986818400369	Address:	158 BAYBERRY TRL SOUTHERN SHORES, NC 27949
Location:	158 BAYBERRY TRL	Phone #:	252-489-1811
District:	RS1 - Single Family Residential District		
Subdiv	SO/SH SOUNDSIDE BLK 160		
Lot-Block-Sect:	LOT: 6 BLK: 160 SEC:		

BUSINESS NAME:		NC G.C. LICENSED CONTRACTOR:	
CONTRACTOR'S NAME:	HAMMER, KEIRA ANNE	NC G.C. LICENSE NUMBER:	
ADDRESS:	158 BAYBERRY TRAIL	LIMITATION:	
CITY, STATE, ZIP:	SOUTHERN SHORES, NC 27949	CLASSIFICATION:	
OFFICE#:		QUALIFIER:	
CELL#:	252-489-1811	LIEN AGENT NAME:	
FAX#:		ENTRY#:	
EMAIL:		LIEN AGENT ADDRESS:	

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ACCESSORY - ADD 12 X 24 PRE-FAB STORAGE SHED
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

*** SHED TO BE ANCHORED TO RESIST UP LIFT ***

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input checked="" type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: Residence
NON-HEATED AREAS (SqFt): 288	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: ZP23-000025
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED: 04/04/2023
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED: 288	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE:	SEPTIC PERMIT #: S22-17219
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED: 04/03/2023

TOTAL CONSTRUCTION COST: \$10,000.00	
PERMIT FEES:	Total Cost
Description	86.40
Non-Heated Areas Fee (Single Family)	13.60
Minimum Permit Fee	100.00
	TOTAL FEE: 100.00

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

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

04/04/2023

Date Approved

Kevin Clark _____
 Building/Code/Zoning Official
By nrb

4-11-2023
 Date Issued

**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 - Office (252) 255-0876 - Fax
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Residential Trade Contractor Permit

Date April 05, 2023

**TP23-000079
Mechanical Trade Permit**

Project Address: 3 TEAL CT

PIN #: 022519027

Property Owner: TYLER, ELIZABETH ANNE MULLEN

Mailing Address: 3 TEAL CT
SOUTHERN SHORES, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Air-O-Smith
Phone: (252) 261-5238
N. C. License Number: 30070

Qualifier: Steven Smith
Address: 330 N. Dogwood Trail
Southern Shores, NC 27949

Description of Work: CHANGEOUT HVAC WITH 4 TON , 410A HEAT PUMP & AIR HANDLER 14.6 SEER 4 TON VARIABLE SPEED

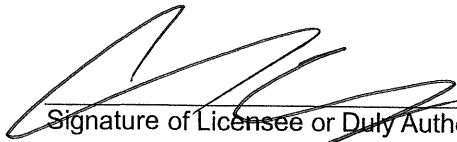
Project Cost Estimate: \$8,689.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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



Signature of Licensee or Duty Authorized Representative 4/10/23 Date



Signature of Permit Official 4-13-2023 Date
By 



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**

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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000070

Parcel: 022383209
PIN: 986712757156
Location: 113 PUDDING PAN LN
District: RS1 - Single Family Residential District
Subdiv: CHICHAUK
Lot-Block-Sect: LOT: 209 BLK: SEC:

Owner: DELANEY, JOHN T III
Address: 1536 DUKE OF WINDSOR RD
VIRGINIA BEACH, VA 23454
Phone #: 757-469-6469

BUSINESS NAME: Simpleside Construction, Inc
CONTRACTOR'S NAME: Grant Smith
ADDRESS: 308 W Helga St
CITY, STATE, ZIP: Kill Devil Hills, NC 27948
OFFICE#: (252) 564-8307
CELL#:
FAX#:
EMAIL: grant@simplesideobx.com

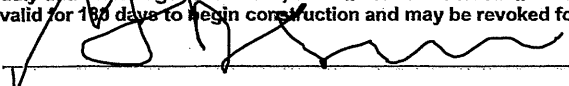
NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 78583
LIMITATION: LIMITED
CLASSIFICATION: RESIDENTIAL
QUALIFIER: GRANT SMITH
LIEN AGENT NAME: Old Republic National Title Insurance Company
ENTRY#: 1892370
LIEN AGENT ADDRESS: 223 S. West Street, Suite 900 / Raleigh, NC 27603

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - Remove existing siding. Install Prefinished LP Smartside siding
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

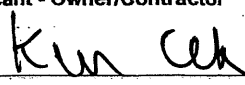
TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/>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

TOTAL CONSTRUCTION COST: \$50,000.00	
PERMIT FEES:	Total Cost
Description	
Remodel / Renovation / Repair Fee	500.00
Homeowners Recovery Fund	10.00
	TOTAL FEE: 510.00

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


Applicant - Owner/Contractor (Please print and sign name) 4.12.23

04/12/2023
Date Approved


Building/Code/Zoning Official
By: WA

4-13-23
Date Issued

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



Residential Trade Contractor Permit

Date April 13, 2023

**TP23-000085
Mechanical Trade Permit**

Project Address: 6 THIRTEENTH AVE

PIN #: 021319000

Property Owner: SANBORN, ROBERT BRUCE

**Mailing Address: 6 THIRTEENTH AVE
SOUTHERN SHORES, NC 27949**

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: R.A. HOY HEATING & AIR CONDITIONING

Qualifier: JAYDEN CHUTSKOFF

Phone: (252) 261-2008

Address: P.O. BOX 179

N. C. License Number: 35329

KITTY HAWK, NC 27949

Description of Work: SINGLE C/O TOP FLOOR 15 SEER 3.5 TON

Project Cost Estimate: \$12,698.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

Brian Lancaster

4/13/2023

Signature of Licensee or Duly Authorized Representative Date

Kevin Clark
Signature of Permit Official

4-13-2023

Date

By mbs



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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000048

Parcel:	021460000	Owner:	NEWBERRY, CHARLES F JR
PIN:	986813132794	Address:	PO BOX 2826
Location:	267 N DOGWOOD TRL		SOUTHERN SHORES, NC 27949
District:	RS1 - Single Family Residential District	Phone #:	252-564-5108
Subdiv	SO/SH SECTIONS A&B		
Lot-Block-Sect:	LOT: LOT 9A BLK: G SEC: A		

BUSINESS NAME:	J B Sims Construction Co Inc	NC G.C. LICENSED CONTRACTOR:	Licensed General Contractor
CONTRACTOR'S NAME:	James Sims	NC G.C. LICENSE NUMBER:	39307
ADDRESS:	262 Wax Myrtle Trl	LIMITATION:	Limited
CITY, STATE, ZIP:	Southern Shores, NC 27949	CLASSIFICATION:	Residential
OFFICE#:	(757) 748-2154	QUALIFIER:	James Boyd Sims
CELL#		LIEN AGENT NAME:	Investors Title Insurance Co
FAX#:		ENTRY#:	1869034
EMAIL:	88ChrisSims@gmail.com	LIEN AGENT ADDRESS:	223 S. West Street, Suite 900, Raleigh, NC27603

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ACCESSORY - BUILD DETACHED GARAGE AND ROUGH IN FOR BATHROOM. INSTALL FOOTING FOR ELEVATOR
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED
 *** BUILDING PERMIT REQUIRED TO FINISH GARAGE AND ELEVATOR *** **FOUNDATION SURVEY OF ELEVATOR FOOTING REQUIRED PRIOR TO ELEVATOR FOOTING INSPECTION***

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input checked="" type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION: Monolithic slab	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: Residence
NON-HEATED AREAS (SqFt): 720	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS: T1LL	ZONING PERMIT #: ZP23-000027
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED: 04/11/2023
BATHS: ½ BATHS:	ROOF: Asphalt	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: 720 ATTACHED:	INSULATION: Batt	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE: Andersen	SEPTIC PERMIT #: S22-10082
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED: 04/08/2022

PERMIT FEES:		TOTAL CONSTRUCTION COST: \$180,000.00
Description		Total Cost
Non-Heated Areas Fee (Single Family)		216.00
		TOTAL FEE: 216.00

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<i>James B Sims</i>	James B Sims	04/11/2023
Applicant - Owner/Contractor	(Please print and sign name)	Date Approved
<i>Kevin Clark</i>		4-14-2023
Building/Code/Zoning Official <i>Bymb</i>		Date Issued



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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000061

Parcel: 021007016
PIN: 986809153703
Location: 302 N DOGWOOD TRL
District: RS1 - Single Family Residential District
Subdiv: SO/SH BLK 93
Lot-Block-Sect: LOT: 16 BLK: 93 SEC:

Owner: HYMAN, KENNETH J
Address: 3708 N CROATAN HWY NO. 1
KITTY HAWK, NC 27949
Phone #: 804-467-7700

BUSINESS NAME: B&B Contractors
CONTRACTOR'S NAME: Jeff Ballard
ADDRESS: P.O. Box 2998
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#: (252) 489-9551
CELL#:
FAX#:
EMAIL: ballardnboyz@aol.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER:
LIMITATION: intermediate
CLASSIFICATION: Building
QUALIFIER: Jeffrey ballard
LIEN AGENT NAME:
ENTRY#:
LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ADDITION- construct 16x16 deck on rear of home
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input checked="" type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: Residence
NON-HEATED AREAS (SqFt): 256	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: ZP23-000023
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED: 03/30/2023
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt): 256	
FLOOD ZONE:	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED:

PERMIT FEES:		TOTAL CONSTRUCTION COST: \$5,000.00
Description		Total Cost
Non-Heated Areas Fee (Single Family)		76.80
Homeowners Recovery Fund		10.00
Minimum Permit Fee		23.20
		TOTAL FEE: 110.00

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Jeff Ballard

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

03/30/2023

Date Approved

Kevin Clark

Building/Code/Zoning Official

Date Issued

By NUB

4-14-2023



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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000031

Parcel:	022566000	Owner:	MAURICE, TRACEY H
PIN:	986710259405	Address:	1800 SAINT DAVID ST UNIT B2
Location:	85 S DOGWOOD TRL		KILL DEVIL HILLS, NC 27948
District:	RS1 - Single Family Residential District	Phone #:	252-202-1878
Subdiv	SO/SH 114-117 126,127 200-202		
Lot-Block-Sect:	LOT: 4 BLK: 116 SEC:		

BUSINESS NAME:	A & B BUILDING INC.	NC G.C. LICENSED CONTRACTOR:	Licensed General Contractor
CONTRACTOR'S NAME:	ADAM B MAURICE	NC G.C. LICENSE NUMBER:	L67721
ADDRESS:	4712 N CROATAN HWY	LIMITATION:	unlimited
CITY, STATE, ZIP:	MOYOCK, NC 27958	CLASSIFICATION:	building
OFFICE#:		QUALIFIER:	Q.24661
CELL#:		LIEN AGENT NAME:	
FAX#:		ENTRY#:	
EMAIL:	traceymaurice@earthlink.net	LIEN AGENT ADDRESS:	

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

TYPE OF CONSTRUCTION:	New Construction -	Addition / Expansion -	Remodel / Renovation / Repair -	Accessory -	Other
	Bulkhead -	Piers/Decks -	Retaining Wall -	Beach Access Walkway/Stairs -	Swimming Pools -
	Detached Garage -	Accessory Storage Building -	Dune Deck -	Generator	Workshop -
	Gazebo				
OCCUPANCY: 8	TYPE OF FOUNDATION: Block	PERMIT TYPE: Residential			
HEATED/LIVING AREAS (SqFt): 2788.0	HEAT: Heat Pump	RESIDENCE TYPE: Residence			
NON-HEATED AREAS (SqFt): 1,289	A/C: Electric	BUILDING USE: Single Family			
NUMBER OF STORIES: 2	INTERIOR WALLS: SHEETROCK	ZONING DISTRICT: RS1 - Single Family Residential District			
BEDROOMS: 3	EXTERIOR WALLS: SMART SIDING	ZONING PERMIT #: ZP23-000026			
SEPTIC CAP. # OF PERSONS: 8	FIREPLACE: Gas	DATE APPROVED: 04/05/2023			
BATHS: 2 1/2 BATHS:	ROOF: Asphalt	PERMITTED/CONDITIONAL USE: Single Family Dwelling			
GARAGE - DETACHED: ATTACHED: 955	INSULATION: Batt	CAMA PERMIT #: 2021-07			
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED: 08/02/2022			
POOL: SHED:	DECKS (SqFt):				
FLOOD ZONE: AE - 4 ft	WINDOWS MAKE: JELDWEN	SEPTIC PERMIT #: S3-13810			
BASE FLOOD ELEVATION: LES 8 ft	WINDOWS TYPE: SINGLE HUNG	DATE ISSUED: 10/12/2022			

TOTAL CONSTRUCTION COST: \$500,000.00	
PERMIT FEES:	
Description	Total Cost
Plan Review Fee - Single Family New Construction	150.00
Heated/Living Area Fee (Single Family)	1,672.80
Non-Heated Areas Fee (Single Family)	386.70
Homeowners Recovery Fund	10.00
	TOTAL FEE: 2,219.50

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

Adam Maurice
Applicant - Owner/Contractor (Please print and sign name) *Adam Maurice / A&B Building Inc. President*

04/05/2023
Date Approved

Kewin Clark
Building/Code/Zoning Official

4-14-2023
Date Issued

By MB

**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 - Office (252) 255-0876 - Fax
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Residential Trade Contractor Permit

Date April 14, 2023

**TP23-000087
Mechanical Trade Permit**

Project Address: 10 GINGUITE TRL
Property Owner: TENGZA, DEBORAH L

PIN #: 022519094
Mailing Address: 10 GINGUITE TRL
SOUTHERN SHORES, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas
Contractor:

Company Name: Anderson Heating & Cooling
Phone: (252) 619-3105
N. C. License Number:

Qualifier: Gil Anderson
Address: P.O. Box 396
Kitty Hawk, NC 27949

Description of Work: **INSTALL CARRIER COMFORT -3.5 TON 14.3 SEER 2 RESIDENTIAL COASTAL HEAT PUMP
CONDENSING UNIT 2.5 -4 TON RESIDENTIAL FAN COIL VARIABLE SPEED MULTIPOSE
(ALUMINUM COIL)**

Project Cost Estimate: \$13,549.50

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

Gil Anderson

4/14/2023

Kevin Clark

4-18-2023

Signature of Licensee or Duly Authorized Representative

Date

Signature of Permit Official

Date

By [Signature]



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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000075

Parcel: 021505000
PIN: 986814345736
Location: 279 DUCK RD
District: RS1 - Single Family Residential District
Subdiv: SO/SH BEACH BLKS 63 73 83 82A
Lot-Block-Sect: LOT: 13 BLK: 63 SEC:

Owner: MIRKAR, TARA B
Address: 709 BRUNSWICK ST
RALEIGH, NC 27609
Phone #: 919-455-7169

BUSINESS NAME: JMD Homeworx
CONTRACTOR'S NAME: Matt Davies
ADDRESS: 911 cedar dr
CITY, STATE, ZIP: Kill Devil Hills, NC 27948
OFFICE#:
CELL#:
FAX#:
EMAIL: jmdhomeworx@gmail.com

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

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - REPLACING REAR DECKING & HANDRAILS WITH 5/4 DECKING & RANCH STYLE 4- 2 X 6 RAILS
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: 2nd Home
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED:

TOTAL CONSTRUCTION COST: \$21,500.00	
PERMIT FEES:	Total Cost
Description	215.00
Remodel / Renovation / Repair Fee	TOTAL FEE: 215.00

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J. M. Davies
Applicant - Owner/Contractor

Matt Davies
(Please print and sign name)

04/18/2023

Date Approved

Keerin Clark
Building/Code/Zoning Official *By mcb*

Date Issued

4-18-2023

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Residential Trade Contractor Permit

Date April 11, 2023

**TP23-000084
Mechanical Trade Permit**

Project Address: 131 S DOGWOOD TRL

PIN #: 022332000

Property Owner: CLOSE, NICOLE

Mailing Address: 41 W HWY 14 NO. 1584
SPEARFISH, SD 57783

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Anderson Heating & Cooling

Qualifier: Gil Anderson

Phone: (252) 619-3105

Address: PO Box 396

N. C. License Number: 31438

Kitty Hawk, NC 27949

Description of Work: INSTALL SOLSTICE INVERTER HEAT PUMP CHILLER 3.00 TON HEAT PUMP

Project Cost Estimate: \$14,831.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

Gil Anderson

04/11/2023

Signature of Licensee or Duly Authorized Representative

Date

Kevin Clark 4-18-2023
Signature of Permit Official Date
By [Signature]



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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000073

Parcel:	027292000	Owner:	PRIEST, MARY JEAN TRUSTEE
PIN:	986814438489	Address:	402 MAXINE DR OXFORD, OH 45056
Location:	32 CIRCLE DR	Phone #:	744-200-1112
District:	RS1 - Single Family Residential District		
Subdiv	SO/SH BEACH BLK 38 AMENDED		
Lot-Block-Sect:	LOT: 53 BLK: 38 SEC:		

BUSINESS NAME:	Macko OBX Construction, Inc.	NC G.C. LICENSED CONTRACTOR:	Licensed General Contractor
CONTRACTOR'S NAME:	John Macko	NC G.C. LICENSE NUMBER:	81540
ADDRESS:	PO Box 3689	LIMITATION:	Unlimited
CITY, STATE, ZIP:	Kill Devil Hills, NC 27948	CLASSIFICATION:	Building
OFFICE#:	(252) 480-6411	QUALIFIER:	John Macko
CELL#:		LIEN AGENT NAME:	
FAX#:	(252) 449-0772	ENTRY#:	N/A
EMAIL:	info@mackoconstruction.com	LIEN AGENT ADDRESS:	

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - REPLACE ALL EXTERIOR STAIRS, RAILS AND DECKING.
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other		
<input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo		
<input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: 2nd Home
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED:

TOTAL CONSTRUCTION COST: \$19,000.00	
PERMIT FEES:	
Description	Total Cost
Remodel / Renovation / Repair Fee	190.00
Homeowners Recovery Fund	10.00
	TOTAL FEE: 200.00

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

<i>Ryan Macko</i>	<i>Ryan Macko</i>	04/14/2023
Applicant - Owner/Contractor	(Please print and sign name)	Date Approved
<i>Kerrin Clark</i>		Date Issued
Building/Code/Zoning Official		

By nrb

4-17-23



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000074

Parcel:	022081000	Owrier:	MITCHELL, MICHAEL H
PIN:	986815620751	Address:	3138 P ST NW
Location:	226 OCEAN BLVD		WASHINGTON, DC 20007
District:	RS1 - Single Family Residential District	Phone #:	202-510-7040
Subdiv	SO/SH AMENDED PLAT B SEC 3		
Lot-Block-Sect:	LOT: 28 29 BLK: 28 SEC: 3		

BUSINESS NAME:	Macko OBX Construction, Inc.	NC G.C. LICENSED CONTRACTOR:	Licensed General Contractor
CONTRACTOR'S NAME:	John Macko	NC G.C. LICENSE NUMBER:	81540
ADDRESS:	PO Box 3689	LIMITATION:	Unlimited
CITY, STATE, ZIP:	Kill Devil Hills, NC 27948	CLASSIFICATION:	Building
OFFICE#:	(252) 480-6411	QUALIFIER:	John Macko
CELL#:		LIEN AGENT NAME:	
FAX#:	(252) 449-0772	ENTRY#:	N/A
EMAIL:	info@mackoconstruction.com	LIEN AGENT ADDRESS:	

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REPLACE ENTRY STAIRS. REPLACE NE DECKING, RAILS AND STAIRS.
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: Vacation Cottage < 30 days
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Vacation Cottage
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: VE - 11 ft	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: Plus 3 ft of Freeboard	WINDOWS TYPE:	DATE ISSUED:

TOTAL CONSTRUCTION COST: \$25,000.00	
PERMIT FEES:	Total Cost
Description	250.00
Remodel / Renovation / Repair Fee	10.00
Homeowners Recovery Fund	TOTAL FEE: 260.00

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

[Signature] ANDREW CARLTON 04/14/2023
 Applicant - Owner/Contractor (Please print and sign name) Date Approved

Kevin Clark Date Issued
 Building/Code/Zoning Official *By mrs*

4-17-2023

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



Residential Trade Contractor Permit

Date April 19, 2023

**TP23-000091
Mechanical Trade Permit**

**Project Address: 5 TWELFTH AVE
Property Owner: DONAHUE, DARREN P**

**PIN #: 021266000
Mailing Address: 2616 NOTH POCAMOKE ST
ARLINGTON, VA 22207**

Permit Types:

Plumbing Electrical Mechanical Gas
Contractor:

**Company Name: North Beach Services
Phone: (252) 491-2878
N. C. License Number: 22053**

**Qualifier: Rebecca Sudduth
Address: PO Box 181
Kitty Hawk, NC 27949**

Description of Work: Removal of existing hvac system and replace it with a new Trane 2.5 ton 10 KW heat pump with matching air handler

Project Cost Estimate: \$11,390.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

Signature of Licensee or Duly Authorized Representative

4/19/23
Date

Signature of Permit Official 4-20-2023
Date
By



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000078

Parcel: 022636000
PIN: 986712952940
Location: 80 OCEAN BLVD
District: R1 - Low Density Residential District
Subdiv: SO/SH AMENDED SECTION 1
Lot-Block-Sect: LOT: 8 PT 7 BLK: 7 SEC: 1

Owner: ESTRIDGE, RONALD B TTEE
Address: 10721 OLD GUN TER
MIDLOTHIAN, VA 23113
Phone #: --

BUSINESS NAME: REGGIE OWENS
CONTRACTOR'S NAME: REGGIE OWENS
ADDRESS: 201 HARBINGER RD
CITY, STATE, ZIP: HARBINGER, NC 27941
OFFICE#: (252) 202-3673
CELL#:
FAX#:
EMAIL:

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

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

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: Vacation Cottage < 30 days
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: R1 - Low Density Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: ZP23-000031
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED: 04/21/2023
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED:

TOTAL CONSTRUCTION COST: \$4,500.00	
PERMIT FEES:	Total Cost
Description	100.00
Minimum Permit Fee	TOTAL FEE: 100.00

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

Applicant - Owner/Contractor (Please print and sign name) 04/21/2023
Date Approved

RM Owens REGGIE M. OWENS
Building/Code/Zoning Official

Date Issued

Kevin Clark
Key nrb

4-21-2023



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000076

Parcel: 029702922
PIN: 986712961113
Location: 84 A OCEAN BLVD
District: RS1 - Single Family Residential District
Subdiv: SO/SH AMENDED SECTION 1
Lot-Block-Sect: LOT: COMMON AREA BLK: 7 SEC:

Owner: SOUTHERN SHORES CIVIC ASSOC INC
Address: 5377 VIRGINIA DARE TRL N
KITTY HAWK, NC 27949
Phone #: 252-261-8617

BUSINESS NAME: VILLAGE BUILDERS
CONTRACTOR'S NAME: AARON STONESIFER
ADDRESS: 101 FIELDS COURT
CITY, STATE, ZIP: HARBINGER, NC 27941
OFFICE#:
CELL#: (252) 722-3883
FAX#:
EMAIL: VILLAGEOBXBUILDERS75@ICLOUD.COM

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

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ACCESSORY - REPLACE APPROXIMATELY 62' OF THE EASTERN PORTION OF THE DUNE CROSSOVER
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input checked="" type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Commercial
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE:
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Commercial
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Other
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: VE - 11 ft	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: Plus 3 ft of Freeboard	WINDOWS TYPE:	DATE ISSUED:

TOTAL CONSTRUCTION COST: \$8,580.00	
PERMIT FEES:	Total Cost
Description	100.00
Minimum Permit Fee	TOTAL FEE: 100.00

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

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

04/20/2023

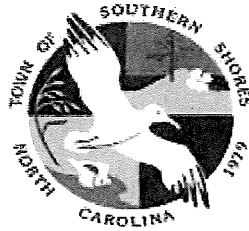
Date Approved

Kevin Clark
 Building/Code/Zoning Official *By NB*

Date Issued

4-20-2023

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



Residential Trade Contractor Permit

Date April 25, 2023

**TP23-000096
Mechanical Trade Permit**

Project Address: 166 BEECH TREE TRL
Property Owner: BAKER, STEPHANIE

PIN #: 022057000

Mailing Address: 166 BEECH TREE TRL
KITTY HAWK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Brian Jefferson McDonald DBA/One Hour Heating & Air Conditioning

Phone: (252) 441-1740

N. C. License Number: 12634

Qualifier: Brian McDonald

Address: P.O. Box 1415
Nags Head, NC
27959

Description of Work: REPLACE HVAC WITH 15 SEER 4 TON DAIKON AIR HANDLER & HEAT PUMP

Project Cost Estimate: \$10,801.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

Signature of Licensee or Duly Authorized Representative

4-25-23

Date

Signature of Permit Official

4-25-23

Date

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



Residential Trade Contractor Permit

Date April 25, 2023

**TP23-000097
Mechanical Trade Permit**

Project Address: 114 S DOGWOOD TRL

PIN #:

Property Owner:

Mailing Address:

Permit Types:

- Plumbing
 Electrical
 Mechanical
 Gas

Contractor:

Company Name: Brian Jefferson McDonald DBA/One Hour Heating & Air Conditioning

Qualifier: Brian McDonald

Phone: (252) 441-1740

Address: P.O. Box 1415

N. C. License Number: 12634

Nags Head, NC
27959

Description of Work: REPLACE HVAC WITH 18 SEER 1 1/2 TON DAIKON AIR HANDLER & HEAT PUMP

Project Cost Estimate: \$10,941.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

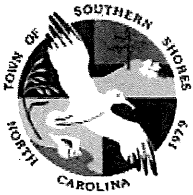
4-25-23

Signature of Licensee or Duly Authorized Representative

Date

Signature of Permit Official

Date



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000087

Parcel: 021216000
PIN: 986806383198
Location: 5 TENTH AVE
District: RS1 - Single Family Residential District
Subdiv: SEA CREST VILLAGE
Lot-Block-Sect: LOT: 5 BLK: 55 SEC:

Owner: ELYSIAN, LLC
Address: P O BOX 1804
MIDDLEBURG, VA 20117
Phone #: 713-898-4383

BUSINESS NAME: HOLLAND FENCE COMPANY
CONTRACTOR'S NAME: CALEB BISHOP
ADDRESS: 244 WOODVILLE RD
CITY, STATE, ZIP: HERTFORD, NC 27944
OFFICE#:
CELL#:
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 99268
LIMITATION: LIMITED
CLASSIFICATION:
QUALIFIER: JUSTIN TROY HOLLAND
LIEN AGENT NAME:
ENTRY#:
LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ACCESSORY - INSTALL 4 FT POOL FENCE
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other		
<input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo		
<input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: Vacation Cottage < 30 days
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: PLUS 3FT or LES 8ft	WINDOWS TYPE:	DATE ISSUED:

PERMIT FEES:		TOTAL CONSTRUCTION COST: \$7,500.00
Description		Total Cost
Minimum Permit Fee		100.00
Misc. Fee FEE FOR NO PERMIT		100.00
		TOTAL FEE: 200.00

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

Caleb Bishop [Signature]
Applicant - Owner/Contractor (Please print and sign name)

04/25/2023

Date Approved

Kevin Clark
Building/Code/Zoning Official

Date Issued

By MB

4/25/2023



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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000085

Parcel:	021139000	Owner:	DAVIS FAMILY L L C
PIN:	986810462160	Address:	137 W HOLLY TRL SOUTHERN SHORES, NC 27949
Location:	6 FIFTH AVE	Phone #:	757-535-4225
District:	RS1 - Single Family Residential District		
Subdiv	SEA CREST VILLAGE		
Lot-Block-Sect:	LOT: 21 BLK: 50 SEC:		

BUSINESS NAME:	Frasca Custom Homes, LLC	NC G.C. LICENSED CONTRACTOR:	Licensed General Contractor
CONTRACTOR'S NAME:	William Frasca	NC G.C. LICENSE NUMBER:	72094
ADDRESS:	2401 Colington Rd	LIMITATION:	Building
CITY, STATE, ZIP:	Kill Devil Hills, NC 27948	CLASSIFICATION:	
OFFICE#:		QUALIFIER:	
CELL#	(252) 480-0515	LIEN AGENT NAME:	CHIC
FAX#:		ENTRY#:	1903050
EMAIL:	frascacustomhomes@gmail.com	LIEN AGENT ADDRESS:	223 S. WEST ST SUITE 900 RALEIGH N.C 27603

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - REMOVING AND INSTALLING 6 WINDOWS, REMOVING AND INSTALLING 1 SLIDER, REFACING CURRENT DECKING SYSTEM (NO STRUCTURAL CHANGES) , AND REPLACING SIDING
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: 2nd Home
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED:

TOTAL CONSTRUCTION COST: \$135,904.00	
PERMIT FEES:	
Description	Total Cost
Remodel / Renovation / Repair Fee	1,360.00
Homeowners Recovery Fund	10.00
Credit CREDIT FEES FOR FIRE DAMAGE	-1,370.00
	TOTAL FEE: 0.00

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

04/25/2023
 Date Approved

Kevin Clark
 Building/Code/Zoning Official *By me*

4-26-2023
 Date Issued



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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000081

Parcel: 029702921
PIN: 986712868721
Location: 96 A OCEAN BLVD
District: RS1 - Single Family Residential District
Subdiv: SO/SH AMENDED SECTION 1
Lot-Block-Sect: LOT: COMMON AREA BLK: 8 SEC:

Owner: SOUTHERN SHORES CIVIC ASSOC INC
Address: 5377 VIRGINIA DARE TRL N
KITTY HAWK, NC 27949
Phone #: 252-261-8617

BUSINESS NAME:
CONTRACTOR'S NAME: SOUTHERN SHORES CIVIC ASSOC INC
ADDRESS: 5377 VIRGINIA DARE TRAIL
CITY, STATE, ZIP: KITTY HAWK, NC 27949
OFFICE#:
CELL# 252-261-8617
FAX#:
EMAIL:

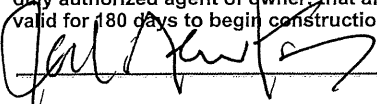
NC G.C. LICENSED CONTRACTOR:
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:
LIEN AGENT NAME:
ENTRY#:
LIEN AGENT ADDRESS:

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ACCESSORY - REPLACE ACCESSIBLE RAMPS, LANDING, AND STAIRS
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

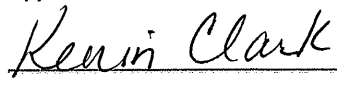
TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input checked="" type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: Residence
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Commercial
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Other
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #: O5-23-SS
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED: 04/17/2023
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: VE - 11 ft	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: Plus 3 ft of Freeboard	WINDOWS TYPE:	DATE ISSUED:

PERMIT FEES:		TOTAL CONSTRUCTION COST: \$29,200.00
Description		Total Cost
Minimum Permit Fee		100.00
		TOTAL FEE: 100.00

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

04/26/2023
Date Approved


Building/Code/Zoning Official
By MO

Date Issued

4/26/2023



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**

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

**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000034

Parcel: 022673000
PIN: 986712865428
Location: 97 OCEAN BLVD
District: RS1 - Single Family Residential District
Subdiv: SO/SH AMENDED SECTION 1
Lot-Block-Sect: LOT: 11 12 BLK: 16 SEC: 1

Owner: MCPHAIL, STEVEN C
Address: 1210 S MEMORIAL BLVD
KILL DEVIL HILLS, NC 27948
Phone #: 919-868-0107

BUSINESS NAME: LDS Building and Design, LLC
CONTRACTOR'S NAME: David Maso
ADDRESS: 1 POINT COMFORT LANE
CITY, STATE, ZIP: KITTY HAWK, NC 27949
OFFICE#:
CELL#:
FAX#:
EMAIL: david.floridaobx@gmail.com

NC G.C. LICENSED CONTRACTOR: Licensed General Contractor
NC G.C. LICENSE NUMBER: 82094
LIMITATION: Unlimited
CLASSIFICATION: Building
QUALIFIER: David Anthony Maso
LIEN AGENT NAME: Fidelity National Title
ENTRY#: 1862530
LIEN AGENT ADDRESS: 223 S West Street suite 900
Raleigh NC 27603

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

TYPE OF CONSTRUCTION: <input checked="" type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input checked="" type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY: 10	TYPE OF FOUNDATION: Pile	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 5040.0	HEAT: Heat Pump	RESIDENCE TYPE: Residence
NON-HEATED AREAS (SqFt): 1,923	A/C: Heat Pump	BUILDING USE: Single Family
NUMBER OF STORIES: 3	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS: 5	EXTERIOR WALLS: Hardie Siding	ZONING PERMIT #: ZP23-000032
SEPTIC CAP. # OF PERSONS: 10	FIREPLACE: Gas	DATE APPROVED: 04/24/2023
BATHS: 4 ½ BATHS: 1	ROOF: Other	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED: 694	INSULATION: Other	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt): 26	DATE ISSUED:
POOL: 1,213 SHED:	DECKS (SqFt): 541	
FLOOD ZONE: Unshaded X	WINDOWS MAKE: Viwinco	SEPTIC PERMIT #: S5-16252
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE: Black, Vinyl, DBL Hung, hurricane	DATE ISSUED: 02/17/2023

PERMIT FEES:	TOTAL CONSTRUCTION COST: \$1,300,000.00	Total Cost
Description		
Plan Review Fee - Single Family New Construction		150.00
Heated/Living Area Fee (Single Family)		3,024.00
Non-Heated Areas Fee (Single Family)		576.90
Swimming Pools		250.00
Homeowners Recovery Fund		10.00
		TOTAL FEE: 4,010.90

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David Maso

David Maso

D9793D26A7B64AF...

Applicant - Owner/Contractor

(Please print and sign name)

04/24/2023

Date Approved

Kevin Clark

Building/Code/Zoning Official

By me

Date Issued



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000077

Parcel:	021748000	Owner:	SUPKO, DANIEL
PIN:	986818209289	Address:	4529 COTSWOLD MANOR LOOP WOODBIDGE, VA 22192
Location:	165 HOLLY TRL	Phone #:	703-216-5031
District:	RS1 - Single Family Residential District		
Subdiv	SO/SH SOUNDSIDE BLK 105		
Lot-Block-Sect:	LOT: 21-1 BLK: 105 SEC:		

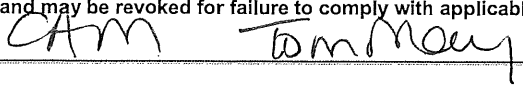
BUSINESS NAME:	May's Landing Enterprises, Inc. T/A Southern Scapes Pool & Lands	NC G.C. LICENSED CONTRACTOR:	Licensed General Contractor
CONTRACTOR'S NAME:	Tom May	NC G.C. LICENSE NUMBER:	77270
ADDRESS:	7441 Caratoke Highway	LIMITATION:	Limited
CITY, STATE, ZIP:	Jarvisburg, NC 27947	CLASSIFICATION:	Residential
OFFICE#:	(252) 491-5303	QUALIFIER:	Thomas Harry May, Jr STEWART TITLE GUARANTY COMPANY
CELL#		LIEN AGENT NAME:	
FAX#:	(252) 491-5052	ENTRY#:	1893489
EMAIL:	admin@southernscapesllc.com	LIEN AGENT ADDRESS:	223 S. WEST ST SUITE 900 RALEIGH N.C 27603

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

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input checked="" type="checkbox"/> Accessory - <input type="checkbox"/> Other		
<input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input checked="" type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo		
<input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: 2nd Home
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: ZP23-000030
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED: 04/20/2023
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: 1,139 SHED:	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE:	SEPTIC PERMIT #: S22-17264
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED: 04/05/2023

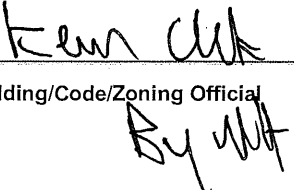
TOTAL CONSTRUCTION COST: \$65,708.00	
PERMIT FEES:	Total Cost
Description	250.00
Swimming Pools	TOTAL FEE: 250.00

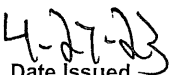
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 Applicant - Owner/Contractor (Please print and sign name)

04/20/2023

Date Approved


 Building/Code/Zoning Official


 Date Issued



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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000084

Parcel:	021051000	Owner:	RIPLEY, PAULA W
PIN:	986814440532	Address:	24 FIRST AVE
Location:	24 FIRST AVE		SOUTHERN SHORES, NC 27949
District:	RS1 - Single Family Residential District	Phone #:	919-491-5625
Subdiv:	SEA CREST VILLAGE		
Lot-Block-Sect:	LOT: 14 BLK: 46 SEC:		

BUSINESS NAME:		NC G.C. LICENSED CONTRACTOR:	
CONTRACTOR'S NAME:	RIPLEY, PAULA W	NC G.C. LICENSE NUMBER:	
ADDRESS:	24 FIRST AVENUE	LIMITATION:	
CITY, STATE, ZIP:	SOUTHERN SHORES, NC 27949	CLASSIFICATION:	
OFFICE#:		QUALIFIER:	
CELL#:		LIEN AGENT NAME:	
FAX#:		ENTRY#:	
EMAIL:		LIEN AGENT ADDRESS:	

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): ADDITION - 11 X 25 ROOM WITHIN THE EXISTING FOOTPRINT ON THE GROUND LEVEL. INSTALL LIGHTING, MINI SPLIT, 1 LARGE WINDOW, & GLASS DOOR (ENTRY) TOILET & SINK FOR USE WHILE WORKING POSSIBLE SHOWER.
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input checked="" type="checkbox"/> Addition / Expansion - <input type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 275.0	HEAT:	RESIDENCE TYPE: Residence
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: Unshaded X	WINDOWS MAKE:	SEPTIC PERMIT #: S22-17627
BASE FLOOD ELEVATION: LES 8ft	WINDOWS TYPE:	DATE ISSUED: 04/20/2023

TOTAL CONSTRUCTION COST: \$15,000.00	
PERMIT FEES:	Total Cost
Description	165.00
Heated/Living Area Fee (Single Family)	TOTAL FEE: 165.00

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Paula W. Ripley

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

04/25/2023

Date Approved

Kem Clark

 Building/Code/Zoning Official
By: WA

4-28-23
 Date Issued



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000068

Parcel:	021290000	Owner:	GIVEN, JEFFRESS F
PIN:	986806391199	Address:	1009 FRANCISCO RD
Location:	2 TWELFTH AVE		HENRICO, VA 23229
District:	RS1 - Single Family Residential District	Phone #:	804-833-4175
Subdiv	SEA CREST VILLAGE		
Lot-Block-Sect:	LOT: 1 BLK: 58 SEC:		

BUSINESS NAME:	Mike Moran	NC G.C. LICENSED CONTRACTOR:	Non-Licensed Contractor
CONTRACTOR'S NAME:	Mike Moran	NC G.C. LICENSE NUMBER:	
ADDRESS:	2802 S. Wrightsville Avenue	LIMITATION:	
CITY, STATE, ZIP:	Nags Head, NC 27959	CLASSIFICATION:	
OFFICE#:	(252) 202-0443	QUALIFIER:	
CELL#:		LIEN AGENT NAME:	
FAX#:		ENTRY#:	
EMAIL:	campmjm@charter.net	LIEN AGENT ADDRESS:	

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - Replace decking and handrail on top floor deck East side
SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: <input type="checkbox"/> New Construction - <input type="checkbox"/> Addition / Expansion - <input checked="" type="checkbox"/> Remodel / Renovation / Repair - <input type="checkbox"/> Accessory - <input type="checkbox"/> Other <input type="checkbox"/> Bulkhead - <input type="checkbox"/> Piers/Docks - <input type="checkbox"/> Retaining Wall - <input type="checkbox"/> Beach Access Walkway/Stairs - <input type="checkbox"/> Swimming Pools - <input type="checkbox"/> Workshop - <input type="checkbox"/> Gazebo <input type="checkbox"/> Detached Garage - <input type="checkbox"/> Accessory Storage Building - <input type="checkbox"/> Dune Deck - <input type="checkbox"/> Generator		
OCCUPANCY:	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SqFt): 0.0	HEAT:	RESIDENCE TYPE: 2nd Home
NON-HEATED AREAS (SqFt): 0	A/C:	BUILDING USE: Single Family
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS1 - Single Family Residential District
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAP. # OF PERSONS:	FIREPLACE:	DATE APPROVED:
BATHS: ½ BATHS:	ROOF:	PERMITTED/CONDITIONAL USE: Vacation Cottage
GARAGE - DETACHED: ATTACHED:	INSULATION:	CAMA PERMIT #:
STORAGE ENCLOSURE:	ELEVATOR (SqFt):	DATE ISSUED:
POOL: SHED:	DECKS (SqFt):	
FLOOD ZONE: VE - 11 ft	WINDOWS MAKE:	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: LES 8 ft	WINDOWS TYPE:	DATE ISSUED:

TOTAL CONSTRUCTION COST: \$16,500.00	
PERMIT FEES:	Total Cost
Description	165.00
Remodel / Renovation / Repair Fee	TOTAL FEE: 165.00

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[Signature] *Michael W. Moran*
 Applicant - Owner/Contractor (Please print and sign name)

04/12/2023

Date Approved

[Signature]

4-28-23
Date Issued

Building/Code/Zoning Official

By: WA



**TOWN OF SOUTHERN SHORES
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**RESIDENTIAL
BUILDING/FLOODPLAIN
DEVELOPMENT PERMIT**

BUILDING PERMIT # DPA23-000089

Parcel: 020995039
PIN: 986805270833
Location: 31 TENTH AVE
District: RS1 - Single Family Residential District
Subdiv: SO/SH BLK 60
Lot-Block-Sect: LOT: 39 BLK: 60 SEC:

Owner: ZONA, MICHAEL R
Address: 31 TENTH AVE W
KITTY HAWK, NC 27949
Phone #: 252-267-8874

BUSINESS NAME: Allen Huddleston Builder
CONTRACTOR'S NAME: Allen Huddleston
ADDRESS: 30 Tenth Street
CITY, STATE, ZIP: Southern Shores, NC 27949
OFFICE#: (252) 261-2134
CELL#:
FAX#:
EMAIL:

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

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - REPLACE DECK, HANDRAILS & BACK STEPS
SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED

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

TOTAL CONSTRUCTION COST: \$19,000.00	
PERMIT FEES:	
Description	Total Cost
Remodel / Renovation / Repair Fee	190.00
Homeowners Recovery Fund	10.00
	TOTAL FEE: 200.00

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

Allen Huddleston *Allen Huddleston*

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

04/28/2023

Ken Clark

Date Approved

Building/Code/Zoning Official
By: WA

4-28-23
Date Issued

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



Commercial Trade Contractor Permit

Date April 28, 2023

TP23-000098
Mechanical Trade Permit

Project Address: 40 PINTAIL TRL
Property Owner: DIOCESE OF EAST CAROLINA

PIN #: 022519117
Mailing Address: 40 PINTAIL TRL
KITTY HAWK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas
Contractor:

Company Name: North Beach Services
Phone: (252) 491-2878
N. C. License Number: 22053

Qualifier: Rebecca Sudduth
Address: PO Box 181
Kitty Hawk, NC 27949

Description of Work: **MECHANICAL:** removal of both hvac sytems an replace with new Trane 14 seer heat pump with matching air handler(system 1) and a new Trane 14 Seer heat pump with matching air handler (system 8)

Project Cost Estimate: \$8,120.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

Signature of Licensee or Duly Authorized Representative

4/28/23
Date

Signature of Permit Official
By: WA
4-28-23
Date

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



Residential Trade Contractor Permit

Date April 24, 2023

**TP23-000095
Mechanical Trade Permit**

**Project Address: 1 GINGUITE TRL
Property Owner: HOBBS, ROBERT B JR**

**PIN #: 022519049
Mailing Address: 1 GINGUITE TRL
KITTY HAWK, NC 27949**

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

**Company Name: R.A. HOY HEATING & AIR CONDITIONING
Phone: (252) 261-2008
N. C. License Number: 35329**

**Qualifier: JAYDEN CHUTSKOFF
Address: P.O. BOX 179
KITTY HAWK, NC 27949**

Description of Work: DOUBLE C/O TRANE 1 18 SEER 2 TON H/P SYSTEM & 1 18 SEER 2.5 TON SYSTEM

Project Cost Estimate: \$34,815.00

Permit Amount: 150.00

Payment:

Date Type Reference Receipt Received From Amount

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

Brian Lancaster

4/25/2023

Signature of Licensee or Duly Authorized Representative

Date

Kevin Clark

4-25-2023

Signature of Permit Official

Date

By MB



MECHANICAL PERMIT

PERMIT NUMBER: 5349

DATE: 3-31-23

OWNER: Paul W Michael Jr.
ADDRESS: 69 Pens Rd
CITY: Poquoson STATE: VA ZIP: 23662
PHONE: 757-870-7253

CONTRACTOR: OBHC Inc Dr. One Hour Hts & AC
ADDRESS: 701 W. Fresh Pond Dr
CITY: KDIX STATE: NC ZIP: 27948
PHONE: 441-1740

LOCATION: (CONDO) 4103 Sailfish Dr PARCEL NUMBER: 025694500
BUILDER: _____

NUMBER OF HEATING UNITS: 1
NUMBER OF REGISTERS: -
LICENSE NUMBER: 12443 HZ-3 Class 1
COST: 7908.00

NUMBER OF AIR HANDLERS: 1
TONNAGE: 2 1/2
WORK ORDER NUMBER: _____
Permit Cost: \$5000

If repairing or altering, please describe work: Replace furnace with 14 seer
2 1/2 ton Daikin air handler & heat pump

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS

DATE OF ISSUANCE: 4/12/23 SEALS: Paul W Michael
(Applicant)

[Signature]
(Inspector)

(UPDATED 7/2017)

573-9465 TOM

Review \$50.00
Permit \$100.00
\$150.00



BUILDING PERMIT

PERMIT NUMBER: 5350

DATE: 04/03/2023

OWNER: PIRATE'S COVE HOMEOWNERS ASSOCIATION, INC.
ADDRESS: 1 SAILFISH DRIVE
CITY: MANTEO STATE: NC ZIP: 27954

BUILDER: GRANPLAN, INC.
CONTRACTOR LICENSE #: 85630
ADDRESS: 349-C WATER PLANT ROAD
CITY: MANTEO STATE: NC ZIP: 27954
PHONE: 252-473-3334

LOCATION OF BUILDING SITE: 1002 PIRATE'S WAY ZONING DISTRICT: MANTEO
PARCEL NUMBER: 025694991 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: ~~2500~~ UNHEATED SPACE: 2583
NUMBER OF STORIES: 1 ROOMS: _____ BATHS: _____ FIREPLACES: _____

FINISHES:
EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: CONSTRUCT A LOGGIA / PERGOLA AT THE PIRATE'S COVE HOMEOWNER'S POOL PER GRANPLAN DRAWINGS
DATED AUGUST 9, 2022

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$17,224

Permit Cost: \$1162.35

Date of Issuance: 4/6/23

RENEW \$100.00
TOTAL \$1262.35

Seals: [Signature]
Applicant

[Signature]
Inspector

Zoning Official

Conditions of Permit: _____



BUILDING PERMIT

PERMIT NUMBER: 5351

DATE: 03-27-2023

OWNER: 814 Elizabethan Llc
ADDRESS: PO Box 90
CITY: Kill Devil Hills STATE: NC ZIP: 27948

BUILDER: SAGA Construction
CONTRACTOR LICENSE #: 62306
ADDRESS: PO Box 90
CITY: Kill Devil Hills STATE: NC ZIP: 27948
PHONE: 1 252-256-9137

LOCATION OF BUILDING SITE: 814 N Hwy 64/264 Manteo NC 27954 ZONING DISTRICT: B-2
PARCEL NUMBER: 023090000 FLOOD ZONE: X BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) N/A
ERECT: _____ ALTER: X REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: 7,168 / 2,358 Alter UNHEATED SPACE: N/A
NUMBER OF STORIES: 2 ROOMS: 6 BATHS: N/A FIREPLACES: N/A

FINISHES: _____
EXTERIOR WALLS: STUCCO ON FRAME INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: BEACON ARCHITECTURE CHRISTOPHER NASON will be main point of contact for Plan questions (252) 441-6767
NEW WORK IS LIMITED TO IMPROVED EGRESS MODIFICATIONS AND REDESIGNING EXISTING SEATING AREA.

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS ***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$50,000

Permit Cost: \$500

Date of Issuance: 4/4/23

Seals: [Signature]
Applicant

[Signature]
Inspector

Review 50.00
\$550.00
MP
Zoning Official

Conditions of Permit: Restaurant Only



PERMIT NUMBER: 3552

BUILDING PERMIT

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

* FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED*

CONTRACTOR INFORMATION

NAME: State Line Builders
 PHONE NUMBER: 252-453-6587 LICENSE NUMBER: _____
 ADDRESS: 6592 Caratoke Hwy Grandy, NC 27939
 EMAIL: _____

PROPERTY OWNER INFORMATION

NAME: Traci Sumerlin PHONE: 252-489-0013
 EMAIL: gsumerlin@yahoo.com

DEVELOPMENT INFORMATION

CHECK ALL THAT APPLY: NEW CONSTRUCTION ADDITION ACCESSORY STRUCTURE
 REMODEL SWIMMING POOL OTHER: Shed ATTACHED DETACHED
 PROPERTY ADDRESS: 806 South St.
 PARCEL NUMBER: 027229000 ZONING DISTRICT: R-5
 ESTIMATED COST: \$9,000 HEATED SPACE (SQ. FT.): X UNHEATED SPACE (SQ. FT.): 288
 DESCRIPTION OF WORK: 12x24 shed for storage

FLOODPLAIN INFORMATION

FLOOD ZONE: AE ZONE VE ZONE X ZONE NOT APPLICABLE
 BASE FLOOD ELEVATION (BFE): _____ FIRST FLOOR ELEVATION (FFE): _____
 DESCRIPTION OF WORK BELOW BFE: _____
 PROPOSED NUMBER OF FLOOD VENTS: _____ ENCLOSED AREA BELOW BFE: YES NO
 NET OPENING OF FLOOD VENTS (SQ. IN.): _____ ENGINEERED NON-ENGINEERED

REQUIRED DOCUMENTATION CHECKLIST

- SITE PLAN (*SHOWS ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS & PARKING)
- ONE SET OF WORKING DRAWINGS HEALTH DEPARTMENT APPROVAL S (FOR RESTAURANTS)
- NC LIEN AGENT FORM CAMA PERMIT (IF REQUIRED) ELEVATION CERTIFICATE REQUIRED

REVIEW FEE:	<u>50.00</u>
HOMEOWNERS RECOVER FEE:	
PERMIT COST:	<u>90.00</u>
TOTAL COST:	<u>\$140.00</u>
CONDITIONS OF PERMIT: _____	

**CALL BUILDING INSPECTOR
 24 HOURS IN ADVANCE FOR ALL INSPECTIONS**

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

DATE OF ISSUANCE: _____
 Seals: Traci Sumerlin Applicant [Signature] Inspector [Signature] Zoning Administrator



PERMIT NUMBER: 5353

BUILDING PERMIT

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

FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED

CONTRACTOR INFORMATION

NAME: Virginia Foundation Solutions Inc DATE: 4/5/2023
 PHONE NUMBER: 757-689-0723 LICENSE NUMBER: 2705147971
 ADDRESS: 529 Viking Dr Virginia Beach, VA 23452
 EMAIL: permits@vfsworks.com

PROPERTY OWNER INFORMATION

NAME: Charles McKenney PHONE: _____
 EMAIL: _____

DEVELOPMENT INFORMATION

CHECK ALL THAT APPLY: NEW CONSTRUCTION ADDITION ACCESSORY STRUCTURE
 REMODEL SWIMMING POOL ATTACHED DETACHED OTHER: Crawlspace Encapsulation

PROPERTY ADDRESS: 309 Devon St Manteo, NC 27954
 PARCEL NUMBER: 024693000 ZONING DISTRICT: _____
 ESTIMATED COST: 10060.40 HEATED SPACE (SQ. FT.): _____ UNHEATED SPACE (SQ. FT.): _____
 DESCRIPTION OF WORK: Install closed crawl space design.

FLOODPLAIN INFORMATION

TYPE OF FLOOD ZONE: AE ZONE VE ZONE X ZONE NOT APPLICABLE
 BASE FLOOD ELEVATION (BFE): _____ FIRST FLOOR ELEVATION (FFE): _____
 DESCRIPTION OF WORK BELOW BFE: _____

PROPOSED NUMBER OF FLOOD VENTS: _____ ENCLOSED AREA BELOW BFE: YES NO
 NET OPENING OF FLOOD VENTS (SQ. IN.): _____ ENGINEERED NON-ENGINEERED

REQUIRED DOCUMENTATION CHECKLIST

- SITE PLAN (*SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS, AND PARKING)
- ONE SET OF WORKING DRAWINGS HEALTH DEPARTMENT APPROVALS (*FOR RESTURANTS)
- NC LIEN AGENT FORM CAMA PERMIT (*IF REQUIRED) ELEVATION CERTIFICATE

REVIEW FEE:	<u>50.00</u>
HOMEOWNERS RECOVER FEE:	
PERMIT COST:	<u>100.60</u>
TOTAL COST:	<u>0.00 150.60</u>
CONDITIONS OF PERMIT:	

CALL BUILDING INSPECTOR
24 HOURS IN ADVANCE FOR ALL INSPECTIONS

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

DATE OF ISSUANCE: 4/6/23
 Seals: Crick Shupp APPLICANT [Signature] INSPECTOR [Signature] ZONING ADMINISTRATOR



BUILDING PERMIT

PERMIT NUMBER: 5340

DATE: 3/21/23

OWNER: Michael Jones

BUILDER: GranPlan, Inc.

ADDRESS: 56 Hammock Dr.

CONTRACTOR LICENSE #: 85630

CITY: Manteo STATE: NC ZIP: 27954

ADDRESS: 349 c/water planted.

CITY: Manteo STATE: NC ZIP: 27954

PHONE: 252-473-3334

LOCATION OF BUILDING SITE: 56 Hammock Dr. ZONING DISTRICT: _____

PARCEL NUMBER: 025694256 FLOOD ZONE: _____ BFE: _____ FFE: _____

NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____

ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____

NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____

FINISHES:

EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____

HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____

FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: Water loss due to toilet supply.

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS ***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: 50,735.84

Permit Cost: \$507.36

Date of Issuance: 4/10/23

Homeowners Fee \$10.00
STAL \$50 7.36

Seals: Caitlin Paul
Applicant

[Signature]
Inspector

MS
Zoning Official

Conditions of Permit: _____



PERMIT NUMBER: 5354

BUILDING PERMIT

DATE: 4/5/23

OWNER: 025694996
ADDRESS: #11 Pirates Way
CITY: Manteo STATE: NC ZIP: 27954

BUILDER: GranPlan, Inc.
CONTRACTOR LICENSE #: 85630
ADDRESS: 349 Water Plant Rd.
CITY: Manteo STATE: NC ZIP: 27954
PHONE: 252-473-3334

LOCATION OF BUILDING SITE: _____ ZONING DISTRICT: _____
PARCEL NUMBER: _____ FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____
NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____

FINISHES: _____
EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: Remove + Replace rotted siding and trim as needed on entire Cando building.

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$150,000.00 Receipt 850.00
Date of Issuance: 4/6/23 Permit Cost: 1500.00
TOTAL: \$151500

Seals: Caitie Paul
Applicant

[Signature]
Inspector

MF
Zoning Official

Conditions of Permit: _____



BUILDING PERMIT

PERMIT NUMBER: 5355

DATE: 04/06/2023

OWNER: AHO JOHN AND ROSEMARIE
ADDRESS: 12A PIRATE'S WAY
CITY: MANTEO STATE: NC ZIP: 27954

BUILDER: GRANPLAN, INC
CONTRACTOR LICENSE #: 85630
ADDRESS: 349-C WATER PLANT ROAD
CITY: MANTEO STATE: NC ZIP: 27954
PHONE: 252-473-3334

LOCATION OF BUILDING SITE: 12A PIRATE'S WAY ZONING DISTRICT: MANTEO
PARCEL NUMBER: 025694097 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____

ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: 2184 UNHEATED SPACE: _____
NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____

FINISHES: _____

EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: INSTALL KITCHEN SINK, DRAIN, FAUCET AND DISPOSER WHEN NEW KITCHEN CABIETS AND COUNTERTOPS ARE INSTALLED BY OTHERS INSTALL ISLAND CABINETS RECEPTACLE AND NEW RECEPTACLE FOR UNDERCABINET BEVERAGE COOLER. INSTALL UNDERCABINET LED RIBBON LIGHTING ON A SEPARATE DIMMER SWITCH.

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector

Estimated or Contract Cost: 9492

Permit Cost: 194.92

Date of Issuance: 4/10/23

TOTAL - \$144.92

Seals: [Signature]
Applicant

[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



BUILDING PERMIT

PERMIT NUMBER: 5356

DATE: 4/3/2023

OWNER: Risa Clark / Jeff Vauger
ADDRESS: 3712 Knoll Creek Dr.
CITY: Apex STATE: NC ZIP: 27539

BUILDER: NE Marine
CONTRACTOR LICENSE #: 30026 NC
ADDRESS: PO Box 42
CITY: Kitty Hawk STATE: NC ZIP: 27949
PHONE: 252-261-3682

LOCATION OF BUILDING SITE: 53 Buylast Point Dr. ZONING DISTRICT: Manteo

PARCEL NUMBER: 025694411 FLOOD ZONE: _____ BFE: _____ FFE: _____

NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____

ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____

NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____

FINISHES: _____

EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____

HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____

FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: Installing 100x5 ft wide Pier w/ 10x20 platform

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$23,000.00 Review \$50.00
Permit Cost: \$230.00
Date of Issuance: 4/10/23 TOTAL \$ 280.00

Seals: NE Marine
Julie Emory Applicant [Signature] Inspector MF Zoning Official

Conditions of Permit: _____



PERMIT NUMBER: 5357

MECHANICAL PERMIT

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

FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED

CONTRACTOR INFORMATION

NAME: Atlantic Heating and Cooling DATE: 04/10/2023
PHONE NUMBER: (252)441-7642 LICENSE NUMBER: L.34340
ADDRESS: PO Box 132 Kill Devil Hills, NC 27948
EMAIL: customerservice@ahcobx.com; drew.buchanan@ahcobx.com

PROPERTY OWNER INFORMATION

NAME: Ezzelle, Paulette PHONE: 252-532-1726
EMAIL:

PROPERTY INFORMATION

PARCEL NUMBER: 25561001 ZONING DISTRICT:
PROPERTY ADDRESS: 100 E Dartmoor Ave 1321
LOCATION OF BUILDING SITE:

BUILDER:

NUMBER OF HEATING UNITS: 1 NUMBER OF AIR HANDLERS: 1
NUMBER OF REGISTERS: INCREASED TO:
LICENSE NUMBER: L.34340 WORK ORDER NUMBER:
COST: 7500 PERMIT COST: 150.00

DESCRIPTION OF WORK (If repairing or altering):
replace the home hvac system with a daikin 2ton heat pump and air handler

*****CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
PERMITS EXPIRE ONE YEAR AFTER ISSUE DATE
(A NEW PERMIT WILL BE REQUIRED & COST ASSOCIATED WITH NEW PERMIT)**

DATE OF ISSUANCE:

SEALS: [Signature] APPLICANT [Signature] INSPECTOR [Signature] ZONING ADMINISTRATOR



MECHANICAL PERMIT

PERMIT NUMBER: 5358

DATE: 4-11-22

OWNER: MATT WATSON
ADDRESS: 6103 SALESFORD DR
CITY: MANTEO STATE: NC ZIP: 27954
PHONE: _____

CONTRACTOR: ISLAND HVAC
ADDRESS: PO BOX 2252
CITY: FLK STATE: NC ZIP: 27949
PHONE: 252-305-5048

LOCATION: _____ PARCEL NUMBER: 230643003
BUILDER: _____

NUMBER OF HEATING UNITS: 1
NUMBER OF B.T.U.'S: 36,000
LICENSE NUMBER: 22354
COST: 7000.00

NUMBER OF REGISTERS: 10
TONNAGE: 3
WORK ORDER NUMBER: _____
Permit Cost: 1150.00

If repairing or altering, please describe work: REPLACE EXISTING SYSTEM
WITH A NEW RUD 3 TON HEAT PUMP SYSTEM
POPS REMAINS DOWB ELECTRICAL

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS

DATE OF ISSUANCE: 4/11/23 SEALS: [Signature]
(Applicant)

[Signature]
(Inspector)



PERMIT NUMBER: 5359

BUILDING PERMIT

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

*** FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED***

CONTRACTOR INFORMATION

NAME: Pro Systems Inc.
 PHONE NUMBER: 757-201-9663 LICENSE NUMBER: 2705143678
 ADDRESS: 508 Central Dr. Suite 107 Virginia Beach, VA 23454
 EMAIL: pro@thepro-systems-inc.com

PROPERTY OWNER INFORMATION

NAME: C. Hedy Mitchell Jr. PHONE: 802-473-2924
 EMAIL: foodalabama@foodalabamarkix.com

DEVELOPMENT INFORMATION

CHECK ALL THAT APPLY: NEW CONSTRUCTION ADDITION ACCESSORY STRUCTURE
 REMODEL SWIMMING POOL OTHER: roof replacement ATTACHED DETACHED
 PROPERTY ADDRESS: 226 Us Hwy 64 Manteo, NC 27954
 PARCEL NUMBER: 025548000 ZONING DISTRICT: Manteo Ind
 ESTIMATED COST: 46,000.00 HEATED SPACE (SQ. FT.): _____ UNHEATED SPACE (SQ. FT.): _____
 DESCRIPTION OF WORK: Roof Replacement over Advance Art

FLOODPLAIN INFORMATION

FLOOD ZONE: AE ZONE VE ZONE X ZONE NOT APPLICABLE
 BASE FLOOD ELEVATION (BFE): _____ FIRST FLOOR ELEVATION (FFE): _____
 DESCRIPTION OF WORK BELOW BFE: _____

PROPOSED NUMBER OF FLOOD VENTS: _____ ENCLOSED AREA BELOW BFE: YES NO
 NET OPENING OF FLOOD VENTS (SQ. IN.): _____ ENGINEERED NON-ENGINEERED

REQUIRED DOCUMENTATION CHECKLIST

- SITE PLAN (*SHOWS ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS & PARKING)
- ONE SET OF WORKING DRAWINGS HEALTH DEPARTMENT APPROVALS (FOR RESTAURANTS)
- NC LIEN AGENT FORM CAMA PERMIT (IF REQUIRED) ELEVATION CERTIFICATE REQUIRED

REVIEW FEE:	\$50.00
HOMEOWNERS RECOVER FEE:	—
PERMIT COST:	\$860.00
TOTAL COST:	\$910.00
CONDITIONS OF PERMIT:	

**CALL BUILDING INSPECTOR
 24 HOURS IN ADVANCE FOR ALL INSPECTIONS**

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

DATE OF ISSUANCE: 4/12/23
 Seals: [Signature] Applicant [Signature] Inspector [Signature] Zoning Administrator



MECHANICAL PERMIT

PERMIT NUMBER: 5360

DATE 04-11-23

OWNER David Marshall
ADDRESS 1440 Bolling Ave
CITY Norfolk STATE VA ZIP 23508
PHONE _____

CONTRACTOR Woodside Heating & Air Conditioning
ADDRESS PO Box 91
CITY Manteo STATE NC ZIP 27104
PHONE 252-473-1109

LOCATION 85 Balloot Point
BUILDER _____

PARCEL NUMBER 025094513

NUMBER OF HEATING UNITS 1

NUMBER OF AIR HANDLERS 1

NUMBER OF REGISTERS _____

TONNAGE _____

LICENSE NUMBER 34278

WORK ORDER NUMBER _____

COST 7000

Permit Cost \$150.00

If repairing or altering, please describe work

14 SEER 2 ton heat pump HVAC Replcement for Goodman

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTION

DATE OF ISSUANCE 4/12/23

SEALS [Signature]

[Signature]

(UPDATED 7/2017)

Review \$50.00
Permit \$100.00

\$150.00



PERMIT NUMBER: 5361

BUILDING PERMIT

DATE: 3/15/23

OWNER: MICHAEL LIGAS
ADDRESS: 101 BALLAST POINT DR
CITY: MANTEO STATE: NC ZIP: 27954

BUILDER: Home Owner
CONTRACTOR LICENSE #: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

LOCATION OF BUILDING SITE: 101 BALLAST POINT DR MANTEO ZONING DISTRICT: _____
PARCEL NUMBER: 02569443 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____
NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____
FINISHES: _____
EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: ADD PERGOLA TO EXISTING DECK. MATERIALS - PRESSURE TREATED WOOD, GALVANIZED BOLTS - STRUCTURE WILL BE NON-LOAD BEARING

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS ***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$662.00

Review \$10.00

Date of Issuance: 4/12/23

Permit Cost: 6.62
TOTAL \$56.62

Seals: [Signature]
Applicant

[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



MECHANICAL PERMIT

PERMIT NUMBER: 5362

DATE 04-17-23

OWNER Ben Goldstein
ADDRESS 106 Ballast Point
CITY Manteo STATE NC ZIP 27954
PHONE +1 919-280-4780

CONTRACTOR Seaside Heating & Air Conditioning
ADDRESS EO Box 41
CITY Manteo STATE NC ZIP 27954
PHONE 252-473-7709

LOCATION 106 Ballast Point
BUILDER _____

PARCEL NUMBER 020694430

NUMBER OF HEATING UNITS 1

NUMBER OF AIR HANDLERS 1

NUMBER OF REGISTERS _____

TONNAGE _____

LICENSE NUMBER 34278

WORK ORDER NUMBER _____

COST \$7,000

Permit Cost 150.00

If repairing or altering please describe work

HVAC replacement for Goodman
14 SEER 2.5 ton heat pump split system

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS

DATE OF ISSUANCE 4/17/23

SEALS

Joseph H. [Signature]

[Signature]

(UPDATED 7/2017)

Review \$50
Permit \$100
Total \$150.00



BUILDING PERMIT

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

PERMIT NUMBER: ~~5367~~
5365

*** FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED ***

CONTRACTOR INFORMATION

NAME: ETHERIDGE CONSTRUCTION CO
 PHONE NUMBER: 252-305-1596 LICENSE NUMBER: 5711
 ADDRESS: 1178 DIFTWOOD DR
 EMAIL: ETHERIDGE.CONSTRUCTION.CO@YAHOO.COM

PROPERTY OWNER INFORMATION

NAME: KIM CITECK PHONE: 257-810-2002
 EMAIL: _____

DEVELOPMENT INFORMATION

CHECK ALL THAT APPLY: NEW CONSTRUCTION ADDITION ACCESSORY STRUCTURE
 REMODEL SWIMMING POOL OTHER: _____ ATTACHED DETACHED
 PROPERTY ADDRESS: 112 BAHASI POINT
 PARCEL NUMBER: 025694419 ZONING DISTRICT: _____
 ESTIMATED COST: \$6,000 HEATED SPACE (SQ. FT.): _____ UNHEATED SPACE (SQ. FT.): _____
 DESCRIPTION OF WORK: SQUARE OF BACK DECK 56' DECK REPLACE DECK'S

FLOODPLAIN INFORMATION

FLOOD ZONE: AE ZONE VE ZONE X ZONE NOT APPLICABLE
 BASE FLOOD ELEVATION (BFE): _____ FIRST FLOOR ELEVATION (FFE): _____
 DESCRIPTION OF WORK BELOW BFE: _____
 PROPOSED NUMBER OF FLOOD VENTS: N/A ENCLOSED AREA BELOW BFE: YES NO
 NET OPENING OF FLOOD VENTS (SQ. IN.): N/A ENGINEERED NON-ENGINEERED

REQUIRED DOCUMENTATION CHECKLIST

- SITE PLAN (*SHOWS ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS & PARKING)
- ONE SET OF WORKING DRAWINGS HEALTH DEPARTMENT APPROVALS (FOR RESTAURANTS)
- NC LIEN AGENT FORM CAMA PERMIT (IF REQUIRED) ELEVATION CERTIFICATE REQUIRED

REVIEW FEE:	\$50.00
HOMEOWNERS RECOVER FEE:	—
PERMIT COST:	\$60.00
TOTAL COST:	\$110.00
CONDITIONS OF PERMIT: _____	

**CALL BUILDING INSPECTOR
24 HOURS IN ADVANCE FOR ALL INSPECTIONS**

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

DATE OF ISSUANCE: 4/21/23
 Seals: Robert Etheridge Applicant [Signature] Inspector [Signature] Zoning Administrator



PERMIT NUMBER: 5367

BUILDING PERMIT

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

*** FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED ***

CONTRACTOR INFORMATION

NAME: ETHERIDGE CONSTRUCTION CO.
PHONE NUMBER: 252-305-1596 LICENSE NUMBER: 57111
ADDRESS: 1178 DRIFTWOOD DR MANTEO, NC 27954
EMAIL: ETHERIDGECONSTRUCTIONCO@YAHOO.COM

PROPERTY OWNER INFORMATION

NAME: STEVEN GOWINSKI PHONE: 252 216 6260
EMAIL: FRESH FIT CAFE, 10 BX, SMALL.COM

DEVELOPMENT INFORMATION

CHECK ALL THAT APPLY: NEW CONSTRUCTION ADDITION ACCESSORY STRUCTURE
 REMODEL SWIMMING POOL OTHER: _____ ATTACHED DETACHED

PROPERTY ADDRESS: 207 Queen Elizabeth Ave Manteo NC unit 4
PARCEL NUMBER: 024780004 ZONING DISTRICT: _____
ESTIMATED COST: 41300 HEATED SPACE (SQ. FT.): _____ UNHEATED SPACE (SQ. FT.): _____
DESCRIPTION OF WORK: REPLACE EXISTING WINDOW W/ DOOR.

FLOODPLAIN INFORMATION

FLOOD ZONE: AE ZONE VE ZONE X ZONE NOT APPLICABLE
BASE FLOOD ELEVATION (BFE): _____ FIRST FLOOR ELEVATION (FFE): _____
DESCRIPTION OF WORK BELOW BFE: _____

PROPOSED NUMBER OF FLOOD VENTS: _____ ENCLOSED AREA BELOW BFE: YES NO
NET OPENING OF FLOOD VENTS (SQ. IN.): _____ ENGINEERED NON-ENGINEERED

REQUIRED DOCUMENTATION CHECKLIST

- SITE PLAN (*SHOWS ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS & PARKING)
- ONE SET OF WORKING DRAWINGS HEALTH DEPARTMENT APPROVAL S (FOR RESTAURANTS)
- NC LIEN AGENT FORM CAMA PERMIT (IF REQUIRED) ELEVATION CERTIFICATE REQUIRED

REVIEW FEE:	<u>\$50.00</u>
HOMEOWNERS RECOVER FEE:	
PERMIT COST:	<u>\$18.00</u>
TOTAL COST:	<u>\$68.00</u>

CONDITIONS OF PERMIT: _____

DATE OF ISSUANCE: 4/21/23
Seals: Robert Etheridge, N. Pres.
Applicant

**CALL BUILDING INSPECTOR
24 HOURS IN ADVANCE FOR ALL INSPECTIONS**

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Inspector [Signature] Zoning Administrator [Signature]



MECHANICAL PERMIT

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

*** FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED ***

PERMIT NUMBER: 5368

DATE: 4/21/2023

OWNER: GLORIA & MARK SPENCE

CONTRACTOR: RA HOY HEATING AND AIR CONDITIONING LLC

ADDRESS: 730 GEORGE HOWE

ADDRESS: PO BOX #179

CITY: MANTEO STATE: NC ZIP: 27954

CITY: KITTY HAWK STATE: NC ZIP: 27949

PHONE: _____

PHONE: 252-261-2008

LOCATION: 730 GEORGE HOWE

PARCEL NUMBER: 024526002

BUILDER: _____

NUMBER OF HEATING UNITS: 1

NUMBER OF AIR HANDLERS: 1

NUMBER OF REGISTERS: _____

TONNAGE: 2.5

LICENSE NUMBER: 35329

WORK ORDER NUMBER: _____

COST: 8508

PERMIT COST: \$150.00

IF REPAIRING OR ALTERING, PLEASE DESCRIBE WORK:

SINGLE C/O--TRANE 14 SEER 2.5 TON H/P SYSTEM THAT SERVICES THE WHOLE HOUSE

*****CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS*****

DATE OF ISSUANCE: 4/21/23 SEALS: RA HOY

(APPLICANT)

(INSPECTOR)

Review \$50.00
Permit \$100.00
\$150.00

PERMIT NUMBER: 5369

BUILDING PERMIT

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

FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED

CONTRACTOR INFORMATION

NAME: Premiere Coastal Contracting DATE: 4/21/23
PHONE NUMBER: 2523058067 LICENSE NUMBER: 78086
ADDRESS: 3200 Maritime Woods Drive Manteo NC 27954
EMAIL: heather@pccbuild.com

PROPERTY OWNER INFORMATION

NAME: Karen & John McCormick PHONE: 865-617-4523
EMAIL: karenbionomics@comcast.net

DEVELOPMENT INFORMATION

CHECK ALL THAT APPLY: NEW CONSTRUCTION ADDITION ACCESSORY STRUCTURE
 REMODEL SWIMMING POOL ATTACHED DETACHED OTHER:

PROPERTY ADDRESS: 47 N Hammock Ct Manteo NC 27954
PARCEL NUMBER: 025694247 ZONING DISTRICT: Manteo In
ESTIMATED COST: 28000.00 HEATED SPACE (SQ. FT.): _____ UNHEATED SPACE (SQ. FT.): _____
DESCRIPTION OF WORK: Replace exterior siding, no framing adjustments or changes to existing structure.

FLOODPLAIN INFORMATION

TYPE OF FLOOD ZONE: AE ZONE VE ZONE X ZONE NOT APPLICABLE
BASE FLOOD ELEVATION (BFE): _____ FIRST FLOOR ELEVATION (FFE): _____
DESCRIPTION OF WORK BELOW BFE: _____

PROPOSED NUMBER OF FLOOD VENTS: _____ ENCLOSED AREA BELOW BFE: YES NO
NET OPENING OF FLOOD VENTS (SQ. IN.): _____ ENGINEERED NON-ENGINEERED

REQUIRED DOCUMENTATION CHECKLIST

- SITE PLAN (*SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS, AND PARKING)
- ONE SET OF WORKING DRAWINGS HEALTH DEPARTMENT APPROVALS (*FOR RESTURANTS)
- NC LIEN AGENT FORM CAMA PERMIT (*IF REQUIRED) ELEVATION CERTIFICATE

REVIEW FEE:	<u>50.00</u>
HOMEOWNERS RECOVER FEE:	<u>—</u>
PERMIT COST:	<u>\$280.00</u>
TOTAL COST:	<u>280 \$330.00</u>
CONDITIONS OF PERMIT:	_____

24 HOURS IN ADVANCE FOR ALL INSPECTIONS
This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

DATE OF ISSUANCE: 4/21/23

Seals: [Signature] APPLICANT [Signature] INSPECTOR [Signature] ZONING ADMINISTRATOR



PERMIT NUMBER: 5370

BUILDING PERMIT

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

*** FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED***

CONTRACTOR INFORMATION

NAME: Hatchell Construction
PHONE NUMBER: 252-473-6074 LICENSE NUMBER: _____
ADDRESS: _____
EMAIL: _____

PROPERTY OWNER INFORMATION

NAME: Michael Basnight PHONE: 619-889-1431
EMAIL: mbasnight7@gmail.com

DEVELOPMENT INFORMATION

CHECK ALL THAT APPLY: NEW CONSTRUCTION ADDITION ACCESSORY STRUCTURE
 REMODEL SWIMMING POOL OTHER: _____ ATTACHED DETACHED

PROPERTY ADDRESS: 109 Budleigh St Manteo, NC 27954

PARCEL NUMBER: Pioneer Theater ZONING DISTRICT: _____

ESTIMATED COST: \$1500 HEATED SPACE (SQ. FT.): _____ UNHEATED SPACE (SQ. FT.): _____

DESCRIPTION OF WORK: changing entry doors and modifying frames to accommodate 8ft doors
024584000

FLOODPLAIN INFORMATION

FLOOD ZONE: AE ZONE VE ZONE X ZONE NOT APPLICABLE

BASE FLOOD ELEVATION (BFE): _____ FIRST FLOOR ELEVATION (FFE): _____

DESCRIPTION OF WORK BELOW BFE: _____

PROPOSED NUMBER OF FLOOD VENTS: _____ ENCLOSED AREA BELOW BFE: YES NO

NET OPENING OF FLOOD VENTS (SQ. IN.): _____ ENGINEERED NON-ENGINEERED

REQUIRED DOCUMENTATION CHECKLIST

- SITE PLAN (*SHOWS ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS & PARKING)
- ONE SET OF WORKING DRAWINGS HEALTH DEPARTMENT APPROVALS (FOR RESTAURANTS)
- NC LIEN AGENT FORM CAMA PERMIT (IF REQUIRED) ELEVATION CERTIFICATE REQUIRED

REVIEW FEE:	<u>\$50.00</u>
HOMEOWNERS RECOVER FEE:	<u>—</u>
PERMIT COST:	<u>\$15.00</u>
TOTAL COST:	<u>\$65.00</u>
CONDITIONS OF PERMIT:	_____

**CALL BUILDING INSPECTOR
24 HOURS IN ADVANCE FOR ALL INSPECTIONS**

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

DATE OF ISSUANCE: 5/21/23

Seals: [Signature] Applicant [Signature] Inspector [Signature] Zoning Administrator



PERMIT NUMBER: 5372

MECHANICAL PERMIT

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

FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED

CONTRACTOR INFORMATION

NAME: Atlantic Heating and Cooling DATE: 04/11/2023
PHONE NUMBER: 252-441-7642 LICENSE NUMBER: L.34340
ADDRESS: PO Box 132 Kill Devil Hills, NC 27948
EMAIL: Customerservice@ahcobx.com; drew.buchanan@ahcobx.com

PROPERTY OWNER INFORMATION

NAME: Mariano, William PHONE: 601-304-8503
EMAIL: bill.mariano0323@gmail.com

PROPERTY INFORMATION

PARCEL NUMBER: 024526048 ZONING DISTRICT: _____
PROPERTY ADDRESS: 819 George Howe st. Manteo, NC 27954
LOCATION OF BUILDING SITE: single family home

BUILDER: _____

NUMBER OF HEATING UNITS: 1 NUMBER OF AIR HANDLERS: 1
NUMBER OF REGISTERS: _____ INCREASED TO: _____
LICENSE NUMBER: L.34340 WORK ORDER NUMBER: _____
COST: 7500 PERMIT COST: \$ 150.00

DESCRIPTION OF WORK (If repairing or altering):
replace the home HVAC system using a Daikin 2.5ton 14.2seer heat pump and matching air handler

*****CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS*****
PERMITS EXPIRE ONE YEAR AFTER ISSUE DATE
(A NEW PERMIT WILL BE REQUIRED & COST ASSOCIATED WITH NEW PERMIT)

DATE OF ISSUANCE: 4/25/23
SEALS: [Signature] APPLICANT [Signature] INSPECTOR [Signature] ZONING ADMINISTRATOR



MECHANICAL PERMIT

PERMIT NUMBER: 5373

DATE: 4-21-23

OWNER: Jeffrey Eckert
ADDRESS: 104 Ballast Point Dr.
CITY: Manteo STATE: NC ZIP: 27954
PHONE: _____

CONTRACTOR: All Seasons Heating & Cooling Inc
ADDRESS: PO Box 244
CITY: Point Harbor STATE: NC ZIP: 27964
PHONE: 491-9232

LOCATION: 104 Ballast Point Dr PARCEL NUMBER: 0251694446
BUILDER: _____

NUMBER OF HEATING UNITS: 1 NUMBER OF AIR HANDLERS: 1
NUMBER OF REGISTERS: 0 TONNAGE: 2.5
LICENSE NUMBER: 19091 WORK ORDER NUMBER: _____
COST: 11540.00 Permit Cost: 1150.00

If repairing or altering, please describe work: Replace upstairs w/ a 2.5 ton split system heat pump & air handler

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS

DATE OF ISSUANCE: 4/25/23 SEALS: [Signature] [Signature]
(Applicant) (Inspector)

(UPDATED 7/2017)



PERMIT NUMBER: 5374

MECHANICAL PERMIT

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

FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED

CONTRACTOR INFORMATION

NAME: SCHWARTZ AND STRAWSER LLC DATE: 4-25-23
PHONE NUMBER: 252-423-1015 LICENSE NUMBER: L-34529/SPPH333A
ADDRESS: 129 CAROL RD, Poplar Branch, NC, 27965
EMAIL: JOEL@SASANDFIELDS.COM (C) GMAIL.COM

PROPERTY OWNER INFORMATION

NAME: DAVID WITMER PHONE: _____
EMAIL: WITSEND@AOL.COM (C)

PROPERTY INFORMATION

PARCEL NUMBER: 025694400 ZONING DISTRICT: _____
PROPERTY ADDRESS: 43 BALLAST POINT, MANTEO, NC, 27954
LOCATION OF BUILDING SITE: _____

BUILDER: N/A

NUMBER OF HEATING UNITS: 0 NUMBER OF AIR HANDLERS: 1
NUMBER OF REGISTERS: 8 INCREASED TO: _____
LICENSE NUMBER: _____ WORK ORDER NUMBER: _____
COST: 4750.00 PERMIT COST: 8100.00

DESCRIPTION OF WORK (If repairing or altering): REPLACE SOUTH AIR HANDLER
IN ATTIC, ADAPT TO EXISTING DUCT WORK
AIR HANDLER ONLY

*****CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS*****
PERMITS EXPIRE ONE YEAR AFTER ISSUE DATE
(A NEW PERMIT WILL BE REQUIRED & COST ASSOCIATED WITH NEW PERMIT)

DATE OF ISSUANCE: 4/25/23

SEALS: [Signature] APPLICANT [Signature] INSPECTOR [Signature] ZONING ADMINISTRATOR



PERMIT NUMBER: 5375

MECHANICAL PERMIT

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

FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED

CONTRACTOR INFORMATION

NAME: STUART AND STRAWER LLC DATE: 4-25-23
PHONE NUMBER: 252-423-1015 LICENSE NUMBER: L34529 / SPPH/3
ADDRESS: 129 CARON RD, Poplar Branch, NC, 27965
EMAIL: JOEL AND FELIX @ GMAIL.COM

PROPERTY OWNER INFORMATION

NAME: ACMT LLC PHONE: 252-573-9440
EMAIL: BLUEWATER GAIL NC @ GMAIL.COM

PROPERTY INFORMATION

PARCEL NUMBER: 02994529 ZONING DISTRICT: _____
PROPERTY ADDRESS: 2000 SAILFISH LANE, MANTEO
LOCATION OF BUILDING SITE: PIRATE'S COVE

BUILDER: N/A

NUMBER OF HEATING UNITS: 1 NUMBER OF AIR HANDLERS: 1
NUMBER OF REGISTERS: 10 INCREASED TO: 0
LICENSE NUMBER: _____ WORK ORDER NUMBER: _____
COST: 11,700.00 PERMIT COST: 150.00

DESCRIPTION OF WORK (If repairing or altering): REPLACE DINING ROOM AIR HANDLER AND HEAT PUMP. CUT ACCESS HOLE IN SIDE WALL. INSTALL WOOD PLATFORM FOR AIR HANDLER

*****CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
PERMITS EXPIRE ONE YEAR AFTER ISSUE DATE
(A NEW PERMIT WILL BE REQUIRED & COST ASSOCIATED WITH NEW PERMIT)**

DATE OF ISSUANCE: _____

SEALS: [Signature] APPLICANT [Signature] INSPECTOR [Signature] ZONING ADMINISTRATOR



MECHANICAL PERMIT

PERMIT NUMBER: 5376

DATE: 4-24-23

OWNER: James T. Wood
ADDRESS: 4265 Windmere View Pl
CITY: Woodbridge STATE: VA ZIP: 22192
PHONE: 282-305-8422

CONTRACTOR: OBH - One Blue One Home Htg & A/C
ADDRESS: 70112 Forest Park Dr
CITY: KAN STATE: NC ZIP: 27798
PHONE: 441-1240

LOCATION: 17 Ballast Point Dr
BUILDER: _____

PARCEL NUMBER: 025694374

NUMBER OF HEATING UNITS: 2
NUMBER OF REGISTERS: _____
LICENSE NUMBER: 12943 H23 class 1
COST: 24,300

NUMBER OF AIR HANDLERS: 2
TONNAGE: 3 1/2 + 4
WORK ORDER NUMBER: _____
Permit Cost: \$250.00

If repairing or altering, please describe work: Replace 2 HVACs with
15 tons 3 1/2 & 4 ton. 2 air handlers & heat pumps

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS

DATE OF ISSUANCE: 4/26/23 SEALS: Donal McCall
(Applicant)

[Signature]
(Inspector)

(UPDATED 7/2017)

252-573-9465
TRM

4 units @ 50.00 = 200.00
Review 50.00

250.00



PERMIT NUMBER: 5377

MECHANICAL PERMIT

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

FORM MUST BE FILLED OUT ENTIRELY. INCOMPLETE FORMS WILL NOT BE PROCESSED

CONTRACTOR INFORMATION

NAME: DAVID ARMSTRONG JR SERVICES LLC DATE: 4-26-2023
PHONE NUMBER: 252-777-9177 LICENSE NUMBER: 21460
ADDRESS: 20 Albemarle Street, Columbus NC 27925
EMAIL: David@armstrongservices.com

PROPERTY OWNER INFORMATION

NAME: Hatchell + Hatchell LLC PHONE: 252-202-1502
EMAIL: JAMIE@HATCHELLCONCRETE.COM

PROPERTY INFORMATION

PARCEL NUMBER: 024584000 ZONING DISTRICT: B-1
PROPERTY ADDRESS: 104 Budleigh St
LOCATION OF BUILDING SITE: Manteo, NC 27954
BUILDER: N/A

NUMBER OF HEATING UNITS: 1 NUMBER OF AIR HANDLERS: 1
NUMBER OF REGISTERS: N/A INCREASED TO: N/A
LICENSE NUMBER: 21460 WORK ORDER NUMBER: N/A
COST: 21,000.00 PERMIT COST: 150.00

DESCRIPTION OF WORK (If repairing or altering): Change out
existing 10 ton split system heat
pump which controlling thermostat
Install new 10 ton York split system
heat pump - condenser air handler 2.0kw

"CALL BUILDING INSPECTOR **24 HOURS** IN ADVANCE FOR ALL INSPECTIONS"
PERMITS EXPIRE ONE YEAR AFTER ISSUE DATE
(A NEW PERMIT WILL BE REQUIRED & COST ASSOCIATED WITH NEW PERMIT)

DATE OF ISSUANCE: 4/27/23
SEALS: David Armstrong APPLICANT JR INSPECTOR MF ZONING ADMINISTRATOR



Commercial Project Approval
Application # 202300606

Property Address: 2404 SOUTH VA DARE TRL **PIN #:** 989318310633 **Parcel:** 006692000
Lot/Block/Sec: LOT: 3 BLK: E SEC: **Subdivision:** NAGS HEAD SHORES REVISED BLK E
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** MULTI-USE
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9893 **Map Panel Date:** 08/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: MORGAN, SAMUEL PHILIP - EVANS, SUSAN J
Owner Address: 2404 S VIRGINIA DARE TRL

Contractor Name: SIGORA SOLAR, LLC **Contractor Phone:** 434-481-1500
Contractor Address: 490 WESTFIELD RD SUITE A CHARLOTTESVILLE, VA 22901

Description: Install of flush roof mounted solar PV system system size 11.745 kw DC SEA GREEN GALLERY
Construction Value: \$28000 **Classification of Work:** COMMERCIAL REMODEL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301649	COMM ADD-REM-REP-ACC	\$220.00	SS	04/11/2023

Conditions of Approval:

- Review solar inspection options. Plumbing vents shall remain in tact on roof. Pull electrical permit. Call for final inspection
-
- Install of flush roof mounted solar PV system, System Size: 11.745 kWp DC
-
- Zoning approval for roof mounted in accordance with Town of Nags Head Code of Ordinance section 8.6.
-
- Must call for final inspection to obtain Certificate of Occupancy.

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301648	FLOOD PERMIT	\$0.00	SS	04/11/2023

Conditions of Approval:

Additional Conditions:

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

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
In accordance with GS160A-41B, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

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

DECISION: Approved with Conditions (See above)

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

Commercial Project Approval
Application # 202300626

Property Address: 8111 SOUTH OLD OREGON INLET RD **PIN #:** 08002081467400 **Parcel:** 008959999

Lot/Block/Sec: LOT: COMMON PROP. BLK: 2 SEC: **Subdivision:** DIAMOND SHOALS CONDOS

Zoning: COMMERCIAL/RESIDENTIAL DISTRIC **Land Use:** MULTI-FAMILY DWELLING

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

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

Owner Name: DIAMOND SHOALS UNIT OWNERS - C/O DIAMOND

Owner Address: 2600 N CROATAN HWY

Contractor Name: OBX ROOF MONKEYS DBA OUTER BANKS ROOFING **Contractor Phone:** 252-453-8452

Contractor Address: 7360 Caratoke Hwy Jarvisburg, NC 27947

Description: Tear off existing hand rails; repair sub decks & install deck-tech & new handrails to Bldg A

Construction Value: \$28198 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301653	COMM ADD-REM-REP-ACC	\$220.00	SS	04/11/2023

Conditions of Approval:

- All work shall meet current codes. Call me about proper commercial guardrail construction. Call 262 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301652	FLOOD PERMIT	\$0.00	SS	04/11/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301651	ZONING PERMIT - COMM	\$0	KW	0.0004/11/2023

Conditions of Approval:

Zoning has been reviewed and approved for the replacement of sub-decking and hand rails for Building A. No increase in footprint or lot coverage permitted.

Must comply with all provisions of Building Permit and CAMA Exemption #37-2023.

Final zoning inspection required upon completion.

Additional Conditions:

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

PLEASE NOTE:

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

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



Commercial Sign Approval
Application # 202300666

Property Address: 2412 SOUTH VA DARE TRL **PIN #:** 989318310482 **Parcel:** 005631000

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

Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** RESTAURANT **Flood Zone:** X

Owner Name: P&P DARE TRAIL LLC

Owner Address: PO BOX 1518

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above

Description: Install a 6x6 post, 10' above grade & 4' below fixed in cement to hang steel w/pvc sign
4/24 Install 46' wall sign

Construction Value: \$1600 **Classification of Work:** ACCESSORY STRUCTURE (COMMERCIAL SIGN)

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
SG202301691	BUILDING SIGN PERMIT	\$75.00	SS	04/13/2023

Conditions of Approval:

- Call for footing and piling. Review zoning permit conditions. Call for building and zoning final inspection

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZS202301690	ZONING - COMMERCIAL SIGN	\$75.00	KW	04/13/2023

Conditions of Approval:

- Electrical Permit required; Must comply with all conditions of Electrical Permit
- Install a 6" by 6" post, 10' above grade and 4' below fixed in cement, to hang steel bracket with PVC sign for business. Must have a final inspection to obtain final certificate of occupancy.
- Building Permit required; Must comply with all conditions of Building Permit
- Zoning has been reviewed and approved for the installation of approximately 45 square feet of wall signage on front of Red Drum Restaurant. Signage is proposed to be downlit with gooseneck light fixture, electrical permit will be required.
- Final zoning inspection required upon completion.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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

Approved with Conditions (See Above)

DECISION: Approved with Conditions (See above)

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

Commercial Project Approval
Application # 202300608

Property Address: 3000 SOUTH CROATAN HWY **PIN #:** 989210278061L1 **Parcel:** 005699778

Lot/Block/Sec: LOT: SKATEPARK AREA BLK: SEC: **Subdivision:** SUBDIVISION - NONE

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** PUBLIC RECREATION FACILITY

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

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

Owner Name: TOWN OF NAGS HEAD

Owner Address: P O BOX 99

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above 000, 00 00000

Description: Replacing a portion of the skate park ramps

Construction Value: \$30000

Classification of Work: COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301836	COMM ADD-REM-REP-ACC	\$0.00	SS	04/20/2023

Conditions of Approval:

- Call for final inspection

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301835	FLOOD PERMIT	\$0.00	SS	04/20/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301834	ZONING PERMIT - COMM	\$0	KW	0.0004/20/2023

Conditions of Approval:

Zoning has been reviewed and approved for the replacement of portions of the skate park located at 3000 SCH (YMCA). All work to occur within the existing footprint, no increase in lot coverage proposed or permitted. Final zoning inspection required upon completion.

Additional Conditions:

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

PLEASE NOTE:

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

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

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

(ZONING) RIGHT OF APPEAL

TOWN OF NAGS HEAD

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 4414290

**Commercial Project Approval
Application # 202300729****Property Address:** 4711 SOUTH CROATAN HWY **PIN #:** 08010915030604 **Parcel:** 008712004**Lot/Block/Sec:** LOT: UNIT 4, BLDG B BLK: SEC: **Subdivision:** CROATAN CENTRE**Zoning:** GENERAL COMMERCIAL DISTRICT **Land Use:** OFFICE/RETAIL**Flood Zone:** X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9**Map Panel No:** 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988**Owner Name:** CAHOON, TOMMY A - CAHOON, LEE K**Owner Address:** PO BOX 682**Contractor Name:** Coastal Cottage Contracting, LLC **Contractor Phone:** 919-279-1702**Contractor Address:** PO Box 433 Nags Head, NC 27959**Description:** Remove 2x4 wall runs N-S from floor to ceiling frame 8' wall s w/1/2 drywall install 2 outlets @ ceiling for projectors & outlets in each 8' wall, 3@S facing wall, install LVT flooring & counter for check out**Construction Value:** \$6000 **Classification of Work:** COMMERCIAL REMODEL**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301840	COMM ADD-REM-REP-ACC	\$160.00	SS	04/20/2023

Conditions of Approval:

- Call for a site visit before starting work. Service counter shall meet ADA requirements. Pull all trade permits before starting work. Call for framing inspection. Call for rough in inspection. Review zoning and fire permit conditions if applicable. Call for all final inspections Call Steve 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301839	FLOOD PERMIT	\$0.00	SS	04/20/2023

Conditions of Approval:**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301838	ZONING PERMIT - COMM	\$0	KW	0.0004/20/2023

Conditions of Approval:

Zoning has been reviewed and approved interior renovation of unit for new tenant, golf supply retail. On 3/13/23 discussed with Mr. Kogurt that the principal use of the space must be retail, and not indoor recreation with golf simulators. No increase in footprint or lot coverage is permitted. Final zoning is required upon completion.

Additional Conditions:

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

PLEASE NOTE:

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

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

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

Commercial Project Approval
Application # 202300740

Property Address: 6406 SOUTH VA DARE TRL **PIN #:** 080007571541 **Parcel:** 008801000
Lot/Block/Sec: LOT: 3 & 4 BLK: A SEC: **Subdivision:** WHALEBONE BEACH EXT AT NH
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** MULTI-USE
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0800 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: BOOTY TREATS LLC
Owner Address: 6406 S VIRGINIA DARE TR

Contractor Name: JESUS QUEZADA **Contractor Phone:**252-305-3507
Contractor Address: 303 SUFFOLK ST KDH NC 27948

Description: Replace cedar shake on southeast corner of building from 2nd floor up & replace tar paper , flashing on slider 2nd floor
Construction Value: \$1500 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301863	COMM ADD-REM-REP-ACC	\$100.00	SS	04/20/2023

Conditions of Approval:
- Call for rot repair inspection. Call for final inspections

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301862	FLOOD PERMIT	\$0.00	SS	04/20/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301861	ZONING PERMIT - COMM	\$0	KW	0.0004/20/2023

Conditions of Approval:
Zoning has been reviewed and approved to remove and replace cedar shake siding on second floor and flashing on 2nd floor slider.
No increase in footprint or lot coverage is permitted.
Final zoning required upon completion.

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

PLEASE NOTE:

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

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

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

Commercial Project Approval
Application # 202300748

Property Address: 5805 SOUTH SEACHASE DR **PIN #:** 080118400349 **Parcel:** 031006000
Lot/Block/Sec: LOT: BLK: SEC: **Subdivision:** SUBDIVISION - NONE
Zoning: VILLAGE RECREATION DISTRICT **Land Use:** PRIVATE RECREATION FACILITY
Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12
Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: CLUBCORP GOLF OF NORTH CAROLINA LLC - C/
Owner Address: PO BOX 790830

Contractor Name: SPEIGHT ENGINEERING PLLC **Contractor Phone:** 757-427-1020
Contractor Address: 1228 PERIMETER PARKWAY SUITE 201 VA BEACH, VA 23454

Description: Removal of loose concrete around parking garage
Construction Value: \$15000 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301880	COMM ADD-REM-REP-ACC	\$190.00	SS	04/21/2023

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Caroline Decker to discuss 252-419-1265 carolined@vrobx.com prior to commencing construction.
- Permit is for removal of loose and spalling concrete only. Amend permit to detail restoration process. Provide engineer letter after loose concrete is removed stating structure is safe for use by the public. Call for inspection after loose concrete is removed.

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301879	FLOOD PERMIT	\$0.00	SS	04/21/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301878	ZONING PERMIT - COMM	\$0	KW	0.0004/21/2023

Conditions of Approval:

Zoning has been reviewed and approved for the removal of loose concrete around the parking garage pursuant to correspondence by Speight Engineering dated April 18, 2023 regarding a structural evaluation of the Village Beach Club to ensure it is safe to be occupied.

All requirements of Building Permit must be adhered to. Any work outside the approved scope of work may require additional review and approval.

Additional Conditions:

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

PLEASE NOTE:

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

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months



**Commercial Sign Approval
Application # 202300719**

Property Address: 2424 SOUTH CROATAN HWY **PIN #:** 989317202582 **Parcel:** 005656005

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

Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** COMMERCIAL **Flood Zone:** X

Owner Name: SOUTH BEACH PLAZA ASSOCIATES, LLC

Owner Address: PO BOX 2084

Contractor Name: AD LIGHT SIGNS

Contractor Phone: 252-202-4625

Contractor Address: 600 W Boundary St

Kill Devil Hills, NC 27948

Description: Install re-branding sign components to replace outdated signage DUNKIN DONUTS

Construction Value: \$5000 **Classification of Work:** ACCESSORY STRUCTURE (COMMERCIAL SIGN)

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
SG202301909	BUILDING SIGN PERMIT	\$75.00	SS	04/21/2023

Conditions of Approval:

- Review zoning permit conditions. Pull electrical permit. Call for final inspection

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZS202301908	ZONING - COMMERCIAL SIGN	\$75.00	KW	04/21/2023

Conditions of Approval:

- Electrical Permit required; Must comply with all conditions of Electrical Permit
- Building Permit required; Must comply with all conditions of Building Permit
- Zoning has been reviewed and approved for the installation of two internally illuminated wall signs, one on the front exposure not exceeding 22.31 square feet in area and one of the southern exposure, not to exceed 22.31 square feet in area - Total Wall Sign Area not to exceed 45 square feet.
- All signage must be consistent with the email from AdLight Signs dated 4/21/23.
- Final zoning inspection required once signage is installed and complete.
- Any deviation from the permit approval will require additional review.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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

Approved with Conditions (See Above)

DECISION: Approved with Conditions (See above)

Responsible Party

Date



Commercial Project Approval
Application # 202300604

Property Address: 8119 SOUTH OLD OREGON INLET RD **PIN #:** 08002081547400 **Parcel:**
006968999

Lot/Block/Sec: LOT: 31-32&PT33 COM.PROP. BLK: 2 SEC: **Subdivision:** YACHTSMAN CONDOS

Zoning: COMMERCIAL/RESIDENTIAL DISTRIC **Land Use:** MULTI-FAMILY DWELLING

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

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

Owner Name: YACHTSMAN PROPERTY OWNERS - C/O ADLAM VE

Owner Address: PO BOX 2391

Contractor Name: Gibbs Daughters NC, LLC

Contractor Phone: 252-202-5991

Contractor Address: PO Box 2387 Manteo, NC 27954

Description: Demo & reconstruct 2 ground level walkways - 4' wide, in existing footprint

Construction Value: \$39136 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301927	COMM ADD-REM-REP-ACC	\$250.00	SS	04/24/2023

Conditions of Approval:

- Demo existing ground level walkway; reconstruct a new walkway 4' wide in same footprint, no increase in coverage. Demo existing ocean walkway ONLY to top of sand and REBUILD OVER EXISTING IN SAME FOOTPRINT new 4' walkway no increase in lot coverage. Must call for final inspection before a final certificate of occupancy can be issued.
-
- Call for material check. All work shall meet the 2018 NC Building Code. Review comments on plans. Call for final inspection 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301926	FLOOD PERMIT	\$0.00	SS	04/24/2023

Conditions of Approval:

Additional Conditions:

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

PLEASE NOTE:

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

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

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

DECISION: Approved with Conditions (See above)



Commercial Project Approval
Application # 202300754

Property Address: 8645L SOUTH OLD OREGON INLET RD **PIN #:** 071909162007 **Parcel:**
027969012

Lot/Block/Sec: LOT: 12 BLK: SEC: **Subdivision:** DUNES SOUTH

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** DUPLEX

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

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

Owner Name: DUNES SOUTH HOMEOWNERS - ASSOCIATION INC

Owner Address: P O BOX 366

Contractor Name: JERNIGAN ENTERPRISES CONSTRUCTION & DEVE **Contractor Phone:**
252-489-5007

Contractor Address: PO Box 95 Grandy, NC 27939

Description: Remove steps and replace, not removing landing new handrails & risers NOV DUNES SOUTH UNIT
L

Construction Value: \$4568 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301940	COMM ADD-REM-REP-ACC	\$130.00	SS	04/25/2023

Conditions of Approval:

- Work complete. Call for final inspection
- Remove steps that were falling down from Unit # 312, Replace steps to code, not removing landing also replacing handrails and risers. Not expanding footprint or lot coverage. Any changes to the approved plan shall be resubmitted to Town of Nags Head Planning Department for review. Must complete final inspection to receive final certificate of occupancy.

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301939	FLOOD PERMIT	\$0.00	SS	04/25/2023

Conditions of Approval:

Additional Conditions:

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

PLEASE NOTE:

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

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

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

DECISION: Approved with Conditions (See above)

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

Commercial Project Approval
Application # 202300756

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

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

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

Description: Replace sheeting on awnings on front of Town Hall
Construction Value: \$4000 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301962	COMM ADD-REM-REP-ACC	\$0.00	SS	04/26/2023

Conditions of Approval:
- Call for final

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301961	FLOOD PERMIT	\$0.00	SS	04/26/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301960	ZONING PERMIT - COMM	\$0	KW	0.0004/26/2023

Conditions of Approval:
Zoning has been reviewed and approved to replace the sheeting on the awning at Nags Head Municipal Complex - no increase in footprint or lot coverage permitted.
Final zoning required.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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

Commercial Project Approval
Application # 202300778

Property Address: 7010 SOUTH VA DARE TRL **PIN #:** 080015643998 **Parcel:** 009102000
Lot/Block/Sec: LOT: 2-7 BLK: 6 SEC: **Subdivision:** WHALEBONE BEACHES - COMP. MAP
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** HOTEL
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0800 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: TAR HEEL MOTEL OF OBX LLC
Owner Address: P. O. BOX 370

Contractor Name: JFC CONSTRUCTION LLC **Contractor Phone:** 252-510-6707
Contractor Address: 122 PARKERS LANDING DR POINT HARBOR, NC 27964

Description: Install cripple wall & structural LVL at roof rafter splices in attic on both N & S roof elevations (see struct drawing)

Construction Value: \$16500 **Classification of Work:** COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA202301980	COMM ADD-REM-REP-ACC	\$190.00	SS	04/26/2023

Conditions of Approval:

- Additional engineering could be requested. Call for final inspection. Steve at 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301979	FLOOD PERMIT	\$0.00	SS	04/26/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301978	ZONING PERMIT - COMM	\$0	KW	04/26/2023

Conditions of Approval:

Zoning has been reviewed and approved for roof repairs. All work is to be completed within the existing footprint, no increase in footprint or lot coverage is permitted.

Final zoning inspection required.

Additional Conditions:

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

PLEASE NOTE:

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

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

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



Residential Project Approval
Application # 202300565

Property Address: 2514 SOUTH BRIDGE LN **PIN #:** 989205290650 **Parcel:** 026364098

Lot/Block/Sec: LOT: 98 BLK: SEC: **Subdivision:** NAGS HEAD ACRES SECTION 4

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** VACANT

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

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

Owner Name: BIBEY, DANIEL L - BIBEY, KATHY L

Owner Address: 2510 S BRIDGE LN NAGS HEAD, NC 27959

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

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

Description: Construct new single-family dwelling on pilings, 3 bedrooms, 2.1 baths

Construction Value: \$575000 **Classification of Work:** NEW RESIDENTIAL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
BR202301541	B-RESIDENTIAL NEW CONST SFD	\$2662.03	SS	04/05/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301539	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

PUBLIC WORKS INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
PW202301540	PW APPROVAL RES NEW	\$1334.43	LCN	04/05/2023

Conditions of Approval:

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

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301538	ZONING PERMIT - RES	\$0.00	CMT	04/05/2023



Residential Project Approval
Application # 202300518

Property Address: 8005 SOUTH OLD OREGON INLET RD **PIN #:** 080016820740 **Parcel:** 006952005

Lot/Block/Sec: LOT: 5 BLK: 1 SEC: **Subdivision:** BODIE ISLAND BEACH

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

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

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

Owner Name: STAPLETON, SCOTT - GAIL ANN STAPLETON

Owner Address: 400 5TH AVE HUNTINGTON, WV 25701

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

Contractor Address: 4144 POOR RIDGE RD KITTY HAWK, NC 27949

Description: Construct 2856 HSF addition over existing concrete, 2 bedrooms, 2.1 baths

Construction Value: \$465000 **Classification of Work:** RESIDENTIAL ADDITION

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301547	RES ADD-REM-REP-ACC	\$1092.50	SS	04/05/2023

Conditions of Approval:

- This project is a substantial improvement. Provide receipts prior to scheduling final inspection. All flood nonconformities shall be removed or corrected. Call for a site visit to determine all flood related nonconformities. The additions bottom of the lowest horizontal structural member shall be at or above the 12-foot RFPE and provide 18 inches free of obstruction below. A building under construction flood elevation certificate may be required. A final flood elevation certificate is required. Structure's heated space shall not exceed 5000 square feet. Provide smoke and co2 detectors to code throughout home. Call for all required inspections. All subs shall pull permits prior to starting work. Review zoning, CAMA and Public Works permit conditions. Call for all final inspections.

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301545	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

PUBLIC WORKS INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
PW202301546	PW APPROVAL RES ADDITION	\$915.06	LCN	04/05/2023

Conditions of Approval:

- For Public Works related items please call the Public Works Department at 252-441-1122.
- Additional \$50 meter deposit; one additional trash cart required; Must upgrade to 1" Tap
- Per Public Services Director - need concrete in the ROW; apron will need to be widened - please remember that you will be close to the existing water meter
- 36-4(f):max. driveway width is restricted to 26' w/a max. of 15R, min. driveway width is 12'
- 36-4(f):max. driveway apron shall be a min. of 10' in length, 4" thick, 3,000 psi conc. and designed for access purposes only. The driveway apron shall be sloped a min. of 1/4" per foot from the eop to a point 6' offset from the eop, creating a valley section within the driveway, (2" min. drop)
- All driveways constructed within the Town of Nags Head must be sloped away from the street 1/4-inch per foot for the first six (6) feet off the edge of the street. Contractor MUST call Public Works for an inspection AFTER driveway is formed-up and PRIOR to pouring concrete or laying asphalt. Call for FINAL inspection once pouring is complete. Give 24 advance notice for all inspections.



Residential Project Approval
Application # 202300459

Property Address: 8915 SOUTH OLD OREGON INLET RD **PIN #:** 071913241168 **Parcel:** 007167000

Lot/Block/Sec: LOT: 9 BLK: 14 SEC: 4 **Subdivision:** HOLLYWOOD BEACH SEC 4

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

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

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

Owner Name: MACDONALD, WALTER T - MACDONALD, SUSAN A

Owner Address: 42 SOUTH ST PLYMOUTH, CT 06782

Contractor Name: MACKO OBX CONSTRUCTION, INC.

Contractor Phone: 252-480-6411

Contractor Address: PO Box 3689

KILL DEVIL HILLS, NC 27948

Description: Install 14x30 fiberglass pool. Pour 4" concrete pool deck around deck perimeter. Replace decking on existing walkway/stairs

Construction Value: \$114000

Classification of Work: RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301553	RES ADD-REM-REP-ACC	\$0.00	SS	04/05/2023

Conditions of Approval:

- Pool fence shall be designed to breakaway and comply with Appendix V.
- Concrete under home and around pool area shall be frangible (cut in 4 foot by 4 foot sections). Wire mesh is prohibited. Concrete shall not be in contact with deck or house pilings.
- Structural house or deck pilings within 8 feet of swimming pool shall require engineer certification and approval.
- All pool equipment shall be elevated to the Regulatory Flood Elevation / RFE = 12 feet
- All insulated conductors required for pool sub panel feeders (corrosive locations)
- Call for any trench inspection
- Call for bonding inspections. Don't forget water bonding
- Address numbers on property shall meet the Town of Nags Head Ordinance:
- Review zoning and CAMA permit conditions
- Call for all final inspections

POOL INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
SP202301552	SWIMMING POOL	\$250.00	SS	04/05/2023

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301554	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301551	ZONING PERMIT - RES	\$0.00	CMT	04/05/2023

Conditions of Approval:

- Zoning reviewed and approved addition of 14x30 pool and pool fence,
- Zoning reviewed and approved repair and replace deck in same foot print.
- Zoning reviewed and approved removal of portions of driveway and replace with turfstone to meet lot coverage non-conformity of 5303 sq feet or below.
- Current non-conforming lot coverage = 35.3% and must remain below or at 35.3% (5303 sq feet)
- Parking lot and drive isle must comply with current parking lot requirements UDO Sec 10.12



Residential Project Approval
Application # 202300564

Property Address: 9221 SOUTH OLD OREGON INLET RD **PIN #:** 071918312753 **Parcel:** 007249000

Lot/Block/Sec: LOT: A BLK: 9 SEC: 2 **Subdivision:** A L FRUCCI DEED BK 242 PG 739

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

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

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

Owner Name: CLEM, ROSS E - CLEM, MARGARET S

Owner Address: 13664 SHEPARD LN BROADWAY, VA 22815

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

Contractor Address: 4144 POOR RIDGE RD KITTY HAWK, NC 27949

Description: Replace 4' wide x 64' long walkway to beach, replace 1 set of stairs leading to upper dune deck in existing footprint

Construction Value: \$11500

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301556	RES ADD-REM-REP-ACC	\$190.00	SS	04/05/2023

Conditions of Approval:

- Call for material check. Properly contain and dispose of construction debris. Review beach walkway handout we have provided. Review zoning and CAMA permit conditions. Call for all final inspections
- Dune deck construction not part of this permit

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301557	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301555	ZONING PERMIT - RES	\$0.00	CMT	04/05/2023

Conditions of Approval:

Zoning reviewed and approved dune walkover repair and replace 4' wide x 64' long walkway to beach, replace 1 set of stairs ending to upper dune deck in existing footprint.

Must comply with CAMA Letter 34-2023.

Call for final CAMA and Zoning. 252-449-6045

Additional Conditions:

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202300585

Property Address: 448 WEST VILLA DUNES DR **PIN #:** 989214331312 **Parcel:** 010240000

Lot/Block/Sec: LOT: 1 BLK: SEC: **Subdivision:** RALPH BUXTON ET ALS

Zoning: SPECIAL ENVIRONMENTAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE

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

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

Owner Name: BUXTON, RALPH - BUXTON, DONNA S

Owner Address: 448 W VILLA DUNES DR NAGS HEAD, NC 27959

Contractor Name: Millstone Marine Construction, Inc.

Contractor Phone: 252-305-8842

Contractor Address: 201-A Etheridge Road

MANTEO, NC 27954

Description: Construct a new pier, boatlift, osprey nest and groin

Construction Value: \$57600

Classification of Work: RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301560	RES ADD-REM-REP-ACC	\$310.00	SS	04/05/2023

Conditions of Approval:

- Call for material check. Additional engineering may be requested. Call for final inspection

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301559	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301558	ZONING PERMIT - RES	\$0.00	CMT	04/05/2023

Conditions of Approval:

Zoning reviewed and approved construction of new pier, boat lift, osprey nest, and groin per CAMA General permit plans.

Must comply with CAMA General Permit.

No changes in lot coverage approved.

A change in scope of work will require further review.

Call for final Zoning and CAMA 252-449-6045

Additional Conditions:

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202300599

Property Address: 5317 SOUTH VA DARE TRL **PIN #:** 08011832039902 **Parcel:** 000380013

Lot/Block/Sec: LOT: LT 3 UNIT B BLK: SEC: **Subdivision:** SEA POINTE

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

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

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

Owner Name: CHJR, LLC

Owner Address: 6080 DELSHIRE CT RALEIGH, NC 27604

Contractor Name: Frasca Custom Homes, LLC

Contractor Phone: 252-480-0515

Contractor Address: 2401 Colington Rd

Kill Devil Hills, NC 27948

Description: Hall bathroom & master bathroom vanities, showers, flooring, paint & drywall

Construction Value: \$42688

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301562	RES ADD-REM-REP-ACC	\$280.00	SS	04/05/2023

Conditions of Approval:

- Provide smoke and co2 detectors to code throughout the home. Pull trade permits prior to starting work. All work shall meet current codes. Call for all required inspections
- Hall bathroom remodel, complete inside existing footprint of home, upstairs master bathroom remodel, complete inside existing footprint of home, no increase in footprint or lot coverage no zoning inspection required. Must have final inspection to obtain certificate of occupancy.

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301561	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

Additional Conditions:

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

PLEASE NOTE:

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

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

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

DECISION: Approved with Conditions (See above)

Responsible Party

Date



Residential Project Approval
Application # 202300597

Property Address: 3104 WEST DEER RUN RD **PIN #:** 989210361668 **Parcel:** 030801000

Lot/Block/Sec: LOT: 43 BLK: SEC: **Subdivision:** HILLS OF NAGS HEAD

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

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

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

Owner Name: CAHOON, CARLTON JOEDY - CAHOON, BARBARA

Owner Address: 58 PUNGO TRL BELHAVEN, NC 27810

Contractor Name: HINES, ANDREW C. **Contractor Phone:** 252-573-9847

Contractor Address: 2021 BAY DR KILL DEVIL HILLS, NC 27948

Description: 12x28 shed w/covered porch on pilings (20' building 8' covered porch)

Construction Value: \$29200 **Classification of Work:** RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301565	RES ADD-REM-REP-ACC	\$220.00	SS	04/05/2023

Conditions of Approval:

- Bottom of floor joists shall be at or above the 9 foot RFPE. Windows shall meet 140 mph wind zone requirements. Call for piling inspection. Call for foundation inspection. Call for framing/sheathing inspection. TONH flood ordinance requires a final flood elevation certificate. Call for final inspection. Any questions call 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301564	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301563	ZONING PERMIT - RES	\$0.00	CMT	04/05/2023

Conditions of Approval:

- Zoning reviewed and approved construction of shed.
- 336 sq feet proposed added lot coverage
 - Lot coverage max 33%
 - Min side setback is 5 feet in proposed location.
 - Not habitable space
 - Call for final zoning.

Additional Conditions:

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

PLEASE NOTE:

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



**Residential Project Approval
Application # 202300603**

Property Address: 3623 SOUTH VA DARE TRL **PIN #:** 989216735617 **Parcel:** 007584000

Lot/Block/Sec: LOT: 40 & 145 BLK: SEC: **Subdivision:** GEO T STRONACH

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

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

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

Owner Name: JOHNSON, CARL DAVID - JOHNSON, NADEEN LE

Owner Address: 27324 Perkins Rd North Dinwiddie, VA 23805

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

Contractor Address: See Above

Description: Rebuild walkway to the beach: posts, decking, handrails

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

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301568	RES ADD-REM-REP-ACC	\$100.00	SS	04/05/2023

Conditions of Approval:

- Call for material check. Review materials we have provided you. Call for final inspection. Any questions call Steve at 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301567	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301566	ZONING PERMIT - RES	\$0.00	CMT	04/05/2023

Conditions of Approval:

- Zoning reviewed and approved repair and replace existing dune walkover.
- All work in existing footprint.
- Must comply with CAMA Exemption letter.
- Call for final CAMA and Zoning.

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300617

Property Address: 205 EAST ALBATROSS ST **PIN #:** 989313129677 **Parcel:** 005205000

Lot/Block/Sec: LOT: 4 BLK: 8 SEC: **Subdivision:** MOSIER SHORES

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

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

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

Owner Name: TAYLOR, MICHAEL EDWARD - TAYLOR, BARRIE

Owner Address: PO BOX 2184 KITTY HAWK, NC 27949

Contractor Name: HARRUP CONSTRUCTION **Contractor Phone:** 252-489-0523

Contractor Address: 119 John Lloyd Rd Point Harbor, NC 27964

Description: Replace decking on entire deck & replace railings on uncovered deck area on deck w/in exist footprint

Construction Value: \$3500 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301571	RES ADD-REM-REP-ACC	\$130.00	SS	04/05/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301569	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301570	ZONING PERMIT - RES	\$0.00	CMT	04/05/2023

Conditions of Approval:

- Zoning reviewed and approved deck repair and replace in the same footprint.
A change in scope will require further review and approval.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300618

Property Address: 8728 SOUTH OLD OREGON INLET RD **PIN #:** 071909151122 **Parcel:** 007970227

Lot/Block/Sec: LOT: 27 BLK: SEC: **Subdivision:** SOUTH CREEK ACRES PH 2

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

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

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

Owner Name: BROWNING, RON - BROWNING, DAWN

Owner Address: 270 BUDDS LANDING RD WARWICK, MD 21912

Contractor Name: Home Depot USA, Inc.

Contractor Phone: 770-433-8211

Contractor Address: 2455 Paces Ferry Rd

Atlanta, NC 30339

Description: Replace 20 windows, same size as existing

Construction Value: \$21317

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301574	RES ADD-REM-REP-ACC	\$220.00	SS	04/05/2023

Conditions of Approval:

- Review window and door permit condition handout. CALL FOR AIR SEALING INSPECTION. PROVIDE PLYWOOD AND SCREWS FOR WINDOWS AT FINAL INSPECTION. CALL FOR FINAL INSPECTION 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301573	FLOOD PERMIT	\$0.00	SS	04/05/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301572	ZONING PERMIT - RES	\$0.00	CMT	04/05/2023

Conditions of Approval:

Zoning reviewed and approved window replacement.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300588

Property Address: 7600 CEDAR ISLAND DR **PIN #:** 080018309320 **Parcel:** 007104007
Lot/Block/Sec: LOT: 1 BLK: SEC: **Subdivision:** THE LONE CEDAR VILLAGE
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: AE **Base Flood Elevation:** 4.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0800 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: HALL, ROBERT H - HALL, GALE H
Owner Address: 7600 CEDAR ISLAND DR

Contractor Name: D AND B BULKHEADS INC **Contractor Phone:** 252-722-5774
Contractor Address: 541 GRANDY RD

Description: Bulkhead, bench, fish cleaning station table, 12K boatlift, 4/4/23 Amend to include pier 22X6, 24X4 & 5X8
Construction Value: \$80000 **Classification of Work:** RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301601	RES ADD-REM-REP-ACC	\$370.00	SS	04/10/2023

Conditions of Approval:

- Call for material check. Provide address #s at pier. Pull electrical permit and call for all required inspections. Wiring shall comply with all requirements of Article 555 of the 2017 NEC. CALL FOR FINAL INSPECTION...

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301600	FLOOD PERMIT	\$0.00	SS	04/10/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301599	ZONING PERMIT - RES	\$0.00	CMT	04/10/2023

Conditions of Approval:

- Zoning reviewed and approved install of a pier per CAMA approval.
- Zoning reviewed and approved install of a bulkhead.
- No change in lot coverage approved.
- Must follow CAMA permit
- Changes in scope will require further review and approval.
- Call for final Zoning.

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL

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



**Residential Project Approval
Application # 202300615**

Property Address: 4801 SOUTH BLUE MARLIN WAY PIN #: 989112951046 Parcel: 006390000

Lot/Block/Sec: LOT: 80 BLK: SEC: D Subdivision: OLD NAGS HEAD COVE SEC D

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

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

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

Owner Name: MENEFEE, TINA - POWERS, STEPHANIE

Owner Address: 4601 S BLUE MARLIN WAY

Contractor Name: SALTY SOULS INC Contractor Phone: 252-564-5101

Contractor Address: P. O. BOX 89

Description: Build ground contact walkway under house & deck; remove existing built-in bench & replace with handrail
~~seats~~ Build 4x8 Storage Shed LCN

Construction Value: \$12000 Classification of Work: RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301604	RES ADD-REM-REP-ACC	\$190.00	SS	04/10/2023

Conditions of Approval:

- All for material check. All material in contact with ground shall for ground contact use. Guardrail shall meet code. Call for final inspection
- If any part of shed is below the 9 foot RFPE then the material shall be pressure treated. If shed is below the 9 foot RFPE then flood vents are required. A minimum of 2 vents at one square inch per square foot. The flood vents can't be in just one wall. Tie down shed at each corner. Review zoning permit conditions. Call for final inspections.

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301603	FLOOD PERMIT	\$0.00	SS	04/10/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301602	ZONING PERMIT - RES	\$0.00	CMT	04/10/2023

Conditions of Approval:

- Zoning reviewed and approved ground level decking under footprint of house.
- No change in lot coverage.
- Zoning reviewed and approved deck repair and converting bench seats to handrails.
- Zoning reviewed and approved shed under deck.
- Must stay behind CAMA 30 foot setback.
- No new lot coverage approved
- Call for final Zoning.

Additional Conditions:

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

PLEASE NOTE:

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

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



**Residential Project Approval
Application # 202300627**

Property Address: 10342 SOUTH COLONY SOUTH DR **PIN #:** 071819712733 **Parcel:** 004321000

Lot/Block/Sec: LOT: 15 BLK: SEC: **Subdivision:** BODIE ISLAND

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

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

Map Panel No: 0718 **Map Panel Date:** 06/19/2020 **Suffix:** k **Datum Used:** navd 1988

Owner Name: HAIGH, JOHN R - HAIGH, SARA S

Owner Address: 10342 S COLONY SOUTH DR

Contractor Name: JEFFREY H HASKETT HOMES, INC

Contractor Phone: 252-267-1777

Contractor Address: 4711 Lindbergh Ave Kitty Hawk, NC 27949

Description: Replace siding

Construction Value: \$95000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301609	RES ADD-REM-REP-ACC	\$430.00	SS	04/10/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301608	FLOOD PERMIT	\$0.00	SS	04/10/2023

Conditions of Approval:

Additional Conditions:

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

PLEASE NOTE:

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

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

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

DECISION: Approved with Conditions (See above)

Responsible Party _____

Date _____

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



**Residential Project Approval
Application # 202300644**

Property Address: 3515 SOUTH MEMORIAL AVE **PIN #:** 989215644612 **Parcel:** 016551084
Lot/Block/Sec: LOT: 384 BLK: SEC: **Subdivision:** GEO T STRONACH
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: MACKAIL, CHRISTOPHER - MACKAIL, LAURA
Owner Address: 15517 QUAIL RUN DR

Contractor Name: Ken Manoli dba Paradise Services **Contractor Phone:**
Contractor Address: 139 Pinewood Acre Ln Powells Point, NC 27966

Description: Deck renovation: replace deckboards, handrails, stairs, pickets & benches all within existing footprint
Construction Value: \$27600 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301616	RES ADD-REM-REP-ACC	\$220.00	SS	04/10/2023

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301616	FLOOD PERMIT	\$0.00	SS	04/10/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301614	ZONING PERMIT - RES	\$0.00	CMT	04/10/2023

Conditions of Approval:
Zoning reviewed and approved Deck renovation: replace duckboards, handrails, stairs, pickets & benches all within existing footprint.
Call for final Zoning

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

PLEASE NOTE:

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

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

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



Residential Project Approval
Application # 202300643

Property Address: 103 EAST ALTOONA NORTH ST **PIN #:** 071815641677 **Parcel:** 009031000

Lot/Block/Sec: LOT: 100A BLK: SEC: **Subdivision:** OCEAN COLONY SOUTH

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

Flood Zone: AE **Base Flood Elevation:** 4.0 **Regulatory Flood Elevation:** 12

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

Owner Name: BRUNJES, CHRISTA M

Owner Address: 8009 BIRNAM WOOD DR

Contractor Name: SURFSIDE CONSTRUCTION & RENOVATION LLC
252-548-9253

Contractor Phone:

Contractor Address: 115 Saint Clair Rd Kill Devil Hills, NC 27948

Description: Replace 1st floor decks & balconies in same footprint; only: joists, decking, handrails, stairsets

Construction Value: \$19550 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301619	RES ADD-REM-REP-ACC	\$190.00	SS	04/10/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301617	FLOOD PERMIT	\$0.00	SS	04/10/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301618	ZONING PERMIT - RES	\$0.00	CMT	04/10/2023

Conditions of Approval:

- Zoning reviewed and approve repair and replace decking in same footprint.
- No new lot coverage approved.
- Call for final zoning.

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300590

Property Address: 152 WEST OAK KNOLL DR **PIN #:** 989317009329 **Parcel:** 005655015
Lot/Block/Sec: LOT: 8 BLK: SEC: **Subdivision:** NAGS HEAD POND
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9893 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: MCCUBBINS, RYAN D - MCCUBBINS, HILARY AN
Owner Address: 152 W OAK KNOLL DR

Contractor Name: JES CONSTRUCTION, LLC **Contractor Phone:** 757-337-4166
Contractor Address: 1741 CORPORATE LANDING PKWY STE 101 VIRGINIA BEACH, VA 23454

Description: Stabilize existing foundation using intellijacks
Construction Value: \$2500 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301634	RES ADD-REM-REP-ACC	\$100.00	SS	04/10/2023

Conditions of Approval:
- Call for footing inspections. Call for final inspection

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301633	FLOOD PERMIT	\$0.00	SS	04/10/2023

Conditions of Approval:

Additional Conditions:

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

PLEASE NOTE:

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

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

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

DECISION: Approved with Conditions (See above)

Responsible Party _____ Date _____

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



Residential Project Approval
Application # 202300645

Property Address: 201 WEST ALBEMARLE DR **PIN #:** 989208288415 Parcel: 005879000
Lot/Block/Sec: LOT: 1 BLK: E SEC: **Subdivision:** VISTA COLONY WEST
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9892 **Map Panel Date:** 08/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: NUNEMAKER, CHRISTINE M
Owner Address: 201 W ALBEMARLE DR

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

Description: Build shed (8'X12') with deck (8'X12') SWO
Construction Value: \$1000 **Classification of Work:** RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301641	RES ADD-REM-REP-ACC	\$100.00	SS	04/11/2023

Conditions of Approval:

- If any part of shed is below the 9 foot RFPE then the material shall be pressure treated. If shed is below the 9 foot RFPE then flood vents are required. A minimum of 2 vents at one square inch per square foot. The flood vents can't be in just one wall. Tie down shed at each corner. Review zoning permit conditions. Call for final inspections. Call for a site visit to discuss deck and shed construction details. Call Steve a252 449 2006

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301640	FLOOD PERMIT	\$0.00	SS	04/11/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301638	ZONING PERMIT - RES	\$0.00	KW	04/11/2023

Conditions of Approval:

Zoning has reviewed and approved for the construction of an approximate 8 x 24 accessory structure/storage shed in the rear yard. Minimum 6 foot setback is not imposed as structure is to be placed over an existing structurally noncompliant building. See Section 5.3 of the UDO, structure may be replaced with no increase in the degree of nonconformity. Final zoning inspection required prior to issuance of CO.

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300626

Property Address: 4124 WEST DRIFTING SANDS CT **PIN #:** 989108886076 **Parcel:** 030235000

Lot/Block/Sec: LOT: 10 BLK: SEC: 1 **Subdivision:** SOUTHRIDGE SEC 1

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

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

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

Owner Name: PRESTON, BRYAN K - PRESTON, LISA

Owner Address: 100 Gregory Dr

Contractor Name: PATTON CONTRACTING, LLC

Contractor Phone: 252-489-9537

Contractor Address: 113 W WINDJAMMER RD

Description: Enclose under house for unfinished storage

Construction Value: \$18000

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301644	RES ADD-REM-REP-ACC	\$190.00	SS	04/11/2023

Conditions of Approval:

- A final flood elevation cert is required. Storage area is limited to 300 square feet if it is below the 9 foot RFPE. Any material below the 9 foot RFPE shall be pressure treated. Install siding per product evaluation report. Call for all required inspections. Pull electrical permit for storage area wiring. A light, receptacle and GFCI protected outlet are required. Review zoning permit conditions

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301643	FLOOD PERMIT	\$0.00	SS	04/11/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301642	ZONING PERMIT - RES	\$0.00	CMT	04/11/2023

Conditions of Approval:

- Zoning reviewed and approved 300 sq foot addition for storage under footprint of house.
- No increase in lot coverage.
- Approved as non-conditioned storage space.
- Change in scope will require further review and approval.
- Call for final zoning. 252-449-6045

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300657

Property Address: 3517 SOUTH VA DARE TRL **PIN #:** 989215649834 **Parcel:** 007598001

Lot/Block/Sec: LOT: A BLK: SEC: **Subdivision:** GEO T STRONACH

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

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

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

Owner Name: ORECCHIO, DAVID A - BAKER, EVELYN L
Owner Address: 101 BROOKS CHASE LN

Contractor Name: CRAIG PURKISS DBA CRAFTY CRAIG DESIGN **Contractor Phone:** 252-423-9116
Contractor Address: 5218 LINDBERGH AVE

Description: Replace handrails, deck boards & 2 benches & pickets all in the same footprint NOV
Construction Value: \$6000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301647	RES ADD-REM-REP-ACC	\$160.00	SS	04/11/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301646	FLOOD PERMIT	\$0.00	SS	04/11/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301645	ZONING PERMIT - RES	\$0.00	CMT	04/11/2023

Conditions of Approval:

Zoning reviewed and approved deck repair and replace.
Address number on house and street if no present.

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300432

Property Address: 9906 SOUTH OLD OREGON INLET RD **PIN #:** 071811553915 **Parcel:** 007413039

Lot/Block/Sec: LOT: 39 BLK: SEC: **Subdivision:** HIGH DUNES SOUTH (LIMULUS)

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

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

Map Panel No: 0718 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD1988

Owner Name: SFREDDO, ANTHONY M TTTEE

Owner Address: 121 Winchester St

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above

Description: Put up wood framed wall w/double opening under carport to create storage 10x10

Construction Value: \$800

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301672	RES ADD-REM-REP-ACC	\$100.00	SS	04/12/2023

Conditions of Approval:

- Storage areas shall not exceed 300 square feet in total. A final flood elevation certificate is required. If any part of storage area is below the 9 foot RFPE then the material shall be pressure treated. If storage are is below the 9 foot RFPE then flood vents are required. A minimum of 2 vents at one square inch per square foot. The flood vents can be in just one wall. Pull electrical permit for wiring requirements (light, switch and GFCI type receptacle). Review zoning permit conditions. Call for final inspections.

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301671	FLOOD PERMIT	\$0.00		04/12/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301670	ZONING PERMIT - RES	\$0.00		04/12/2023

Conditions of Approval:

- Zoning reviewed and approved 10'x10' enclosure under car port for storage.
- 100 sq feet
- Must not hinder the min of 2 parking spots required for a 4 bedroom home.
- No increase in footprint.
- All parts of storage to be built under home.
- Call for final Zoning.

Additional Conditions:

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

PLEASE NOTE:

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



Residential Project Approval
Application # 202300659

Property Address: 8918 SOUTH OLD OREGON INLET RD **PIN #:** 071913137845 **Parcel:** 007970217

Lot/Block/Sec: LOT: 17 BLK: SEC: **Subdivision:** SOUTH CREEK ACRES PH 2

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

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

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

Owner Name: PFAUTZ, SETH M - PFAUTZ, DANA M

Owner Address: 708 PERSHING AVE

Contractor Name: Ken Manoli dba Paradise Services

Contractor Phone:

Contractor Address: 139 Pinewood Acre Ln Powells Point, NC 27966

Description: Deck repair, resurface back deck, install handrails, posts & pickets, repair siding NOV

Construction Value: \$8000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301677	RES ADD-REM-REP-ACC	\$160.00	SS	04/12/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301676	FLOOD PERMIT	\$0.00	SS	04/12/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301675	ZONING PERMIT - RES	\$0.00	CMT	04/12/2023

Conditions of Approval:

- Zoning reviewed and approved deck and railing repair and replace in same footprint.
Zoning reviewed and approved siding repair.
-Change in scope will require further review.
-Address on house and street if none are present.

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300671

Property Address: 4001 SOUTH VA DARE TRL **PIN #:** 989220901394 **Parcel:** 008583000
Lot/Block/Sec: LOT: 23-23A BLK: SEC: **Subdivision:** R BRUCE ETHERIDGE - DB 13-597
Zoning: LOW DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: MARTHA WOOD BEACH COTTAGE LLC
Owner Address: 1 COLLEY AVE, APT 1001

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

Description: Replaced 3 sets of exterior stairs
Construction Value: \$4000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301696	RES ADD-REM-REP-ACC	\$130.00	SS	04/13/2023

Conditions of Approval:
- NOV... site visit made to discuss code compliance. Call for final inspection 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301695	FLOOD PERMIT	\$0.00	SS	04/13/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301694	ZONING PERMIT - RES	\$0.00	CMT	04/13/2023

Conditions of Approval:
Zoning reviewed and approved repair and replace stairs in same fooint.
-No additional lot coverage approved
-Change in scope will require further review and approval
Call for final Zoning

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL

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



**Residential Project Approval
Application # 202300675**

Property Address: 4821 EAST KATIE CT **PIN #:** 080113146720 **Parcel:** 027839045

Lot/Block/Sec: LOT: 29 BLK: SEC: **Subdivision:** SEVEN SISTERS

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

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

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

Owner Name: SHAVENDER INVESTMENTS, LLC

Owner Address: PO BOX 206

Contractor Name: J.A. Hart General Contractor, LLC **Contractor Phone:**

Contractor Address: PO Box 1782 Kill Devil Hills, NC 27948

Description: Remove damaged siding along with trim & replace w/trim and repair any damaged items

Construction Value: \$12000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301699	RES ADD-REM-REP-ACC	\$190.00	SS	04/13/2023

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Caroline Decker 252-480-4707 carolined@vrobx.com prior to commencing work.
 - Provide address #s on home if none are present. Properly contain and dispose of construction debris. Call for sheathing / framing repair inspection if any repairs occur. Pull electrical permit to contend with wiring issues as they arise. Install siding per product evaluation report. Call for final inspection.
-

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301698	FLOOD PERMIT	\$0.00	SS	04/13/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301697	ZONING PERMIT - RES	\$0.00	CMT	04/13/2023

Conditions of Approval:

Zoning reviewed and approved repair and replace siding and trim.
House Address required if not present.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300667

Property Address: 4202 WEST DARIA DR **PIN #:** 989108971932 **Parcel:** 030526000

Lot/Block/Sec: LOT: 143A BLK: SEC: **Subdivision:** OLD HOTEL LOTS - DB 15-219

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

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

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

Owner Name: WISE, JASON L JR - WISE, SHELLEY L

Owner Address: 13121 STARBOARD CIR

Contractor Name: BAYSIDE SERVICES, LLC

Contractor Phone: 252-256-0800

Contractor Address: 1409 LAKE RIDGE COURT

Description: Replace existing decking, rails and stairs with composite materials, front and rear of house

Construction Value: \$35000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301703	RES ADD-REM-REP-ACC	\$250.00	SS	04/13/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301702	FLOOD PERMIT	\$0.00	SS	04/13/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301701	ZONING PERMIT - RES	\$0.00	CMT	04/13/2023

Conditions of Approval:

Zoning reviewed and approved Replace existing decking, rails and stairs all in same footprint.

-No additional lot coverage approved.

-Address required on house if not present.

Call for final Zoning.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300676

Property Address: 213 WEST CAROLINIAN CIR **PIN #:** 989317104864 **Parcel:** 005647038

Lot/Block/Sec: LOT: 38 BLK: SEC: **Subdivision:** CAROLINIAN COLONY

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

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

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

Owner Name: LEWARK, TRAVIS M - BARNES, KRISTEN
Owner Address: 213 W CAROLINIAN CIR

Contractor Name: SOUTHERN SCAPES POOL & LANDSCAPE DESIGN **Contractor Phone:**
 252-202-1654

Contractor Address: 7441 CARATOKE HWY, BOX 359

Description: Install inground concrete pool & fence

Construction Value: \$77816 **Classification of Work:** RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301707	RES ADD-REM-REP-ACC	\$0.00	SS	04/13/2023

Conditions of Approval:

- Cabana construction is not part of this permit and requires own permit. Provide health department final inspection prior to calling for pool final inspection (if applicable). Review zoning permit conditions and call for zoning final inspection. Pull electrical permit. Call for any electrical trench inspections. Call for all required bonding inspections. Pool barrier shall comply with 2018 Appendix V. Pool equipment shall be elevated at or above the 9 foot RFPE. Call for final inspection.

POOL INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
SP202301706	SWIMMING POOL	\$250.00	SS	04/13/2023

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301704	FLOOD PERMIT	\$0.00	SS	04/13/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301705	ZONING PERMIT - RES	\$0.00	CMT	04/13/2023

Conditions of Approval:

- Zoning reviewed and approved install of inground pool and fence
- -Max lot coverage must stay below 33% or 4620 SF
- -Proposed Lot coverage = 4155 SF
- -Must maintain 5 foot side and rear setbacks.
- Home owners responsibility to install fenced within property lines.
- -Construction side of fence to face inward.
- -Max rear yard fence height =6 feet
- -Max front yard fence height =4 feet
- Final As-Built Required w/ all Stormwater & Post Fill elevations, Lot coverage etc
- Must comply w/ STORMWATER conditions (3:1 slope & 5ft NO fill setback)
- Call for Final Zoning 252-449-6045



Residential Project Approval
Application # 202300693

Property Address: 4015 SOUTH VA DARE TRL **PIN #:** 989220903046 **Parcel:** 008586000
Lot/Block/Sec: LOT: 26-26A BLK: SEC: **Subdivision:** R BRUCE ETHERIDGE - DB 13-597
Zoning: LOW DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: KITTRELL, KATHERINE W
Owner Address: PO BOX 87

Contractor Name: BILL WILSON **Contractor Phone:** 252-207-9145
Contractor Address: P O Box 995

Description: Replace existing exterior steps E & W
Construction Value: \$3000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301722	RES ADD-REM-REP-ACC	\$130.00	SS	04/14/2023

Conditions of Approval:
- Stairs shall meet codes. Call for final inspection

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301721	FLOOD PERMIT	\$0.00	SS	04/14/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301720	ZONING PERMIT - RES	\$0.00	CMT	04/14/2023

Conditions of Approval:
Zoning reviewed and approved replace existing exterior steps on east and west side.
-No increases in foot print is approved.
-Change in scope will require further review and approval.

Call for final Zoning

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300691

Property Address: 3957 SOUTH VA DARE TRL **PIN #:** 989220901435 **Parcel:** 008582000
Lot/Block/Sec: LOT: 22-22A BLK: SEC: **Subdivision:** R BRUCE ETHERIDGE - DB 13-597
Zoning: LOW DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: HAPPY SHACK LLC
Owner Address: 126 BAY BREEZE LN

Contractor Name: BILL WILSON **Contractor Phone:** 252-207-9145
Contractor Address: P O Box 995

Description: Replace 2 sets of exterior entry steps E & W
Construction Value: \$3000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301725	RES ADD-REM-REP-ACC	\$130.00	SS	04/14/2023

Conditions of Approval:
- Stairs shall meet code. Review stair handout. Call for final inspection

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301724	FLOOD PERMIT	\$0.00	SS	04/14/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301723	ZONING PERMIT - RES	\$0.00	CMT	04/14/2023

Conditions of Approval:
Zoning reviewed and approved repair and replace steps in same footprint.
-No increase in footprint
-Change in scope of work will require further review and approval.
Call for final Zoning

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

PLEASE NOTE:

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

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



Residential Project Approval
Application # 202300690

Property Address: 3523 SOUTH LINDA LN **PIN #:** 989215643259 **Parcel:** 016551063

Lot/Block/Sec: LOT: 60 BLK: SEC: **Subdivision:** OLD NAGS HEAD PLACE

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

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

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

Owner Name: HENDRIX, STEPHANIE W

Owner Address: PO BOX 24

Contractor Name: DOUG JOHNSON DBA SQUARED UP PROPERTY SER
978-895-6140

Contractor Phone:

Contractor Address: 1403 HARBOUR VIEW DR

Description: New deck boards & handrails

Construction Value: \$5000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301728	RES ADD-REM-REP-ACC	\$130.00	SS	04/14/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301727	FLOOD PERMIT	\$0.00	SS	04/14/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301726	ZONING PERMIT - RES	\$0.00	CMT	04/14/2023

Conditions of Approval:

Zoning reviewed and approved repair and replace deck boards and handrails in same footprint.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300694

Property Address: 4125 WEST DRIFTING SANDS CT **PIN #:** 989108888148 **Parcel:** 030229000

Lot/Block/Sec: LOT: 4 BLK: SEC: 1 **Subdivision:** SOUTHRIDGE SEC 1

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:**

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

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

Owner Name: LITTLE, JUSTIN S - LITTLE, ADRIANE N

Owner Address: 4125 W DRIFTING SANDS CT

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above

Description: Replacing decks in existing footprint

Construction Value: \$7000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301733	RES ADD-REM-REP-ACC	\$160.00	SS	04/14/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301732	FLOOD PERMIT	\$0.00	SS	04/14/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301731	ZONING PERMIT - RES	\$0.00	CMT	04/14/2023

Conditions of Approval:

- Zoning reviewed and approved replace decks in same footprint.
- No additional lot coverage approved.
- Change in scope of work will require further review and approval.
- Call for final Zoning.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300701

Property Address: 2436 SOUTH VA DARE TRL **PIN #:** 989318304923 **Parcel:** 005634011
Lot/Block/Sec: LOT: 11 BLK: SEC: 3 **Subdivision:** CONCH SHELL ESTATES SEC 3
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9893 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: HOGG, O WOODLAND JR TRUSTEE - HOGG, PAME
Owner Address: 9137 CHAMBERLAYNE RD

Contractor Name: KEN MILLER DBA TIGHTLINE PROPERTY MAINTEN **Contractor Phone:**
252-562-4879

Contractor Address: P O BOX 157

Description: Replace front 3 levels railing w/vinyl railings replace top frnt deck boards frnt lower level landing & stairs back top railing

Construction Value: \$26030 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301749	RES ADD-REM-REP-ACC	\$220.00	SS	04/17/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301748	FLOOD PERMIT	\$0.00	SS	04/17/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301747	ZONING PERMIT - RES	\$0.00	CMT	04/17/2023

Conditions of Approval:

Zoning reviewed and approved Replace front 3 levels railing w/vinyl railings replace top front deck boards front lower level landing & stairs back top deck.

- All work in same footprint.
- No additional lot cover approved.
- Change in scope of work will require further review and approval.

Additional Conditions:

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

PLEASE NOTE:

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

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

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Residential Project Approval
Application # 202300713

Property Address: 2704 SOUTH VA DARE TRL **PIN #:** 989206490406 **Parcel:** 027446009
Lot/Block/Sec: LOT: 10A BLK: 6 SEC: 2 **Subdivision:** NAGS HEAD SHORES AMENDED SEC 2
Zoning: GENERAL COMMERCIAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: ZIMMERMAN, SCOTT - ZIMMERMAN, LAURA
Owner Address: 168 W MAIN ST NO. 568

Contractor Name: Gallop Roofing & Remodeling, Inc. **Contractor Phone:** 252-473-2888
Contractor Address: PO Box 157 WANCHESE, NC 27981

Description: Removal and replacement of existing siding with new vapor barrier, insulation barrier and vinyl siding
Construction Value: \$62500 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301797	RES ADD-REM-REP-ACC	\$340.00	SS	04/19/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301796	FLOOD PERMIT	\$0.00	SS	04/19/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301793	ZONING PERMIT - RES	\$0.00	CMT	04/19/2023

Conditions of Approval:

Zoning reviewed and approved replacement of siding.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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



**Residential Project Approval
Application # 202300728**

Property Address: 5705 SOUTH SANDBAR DR **PIN #:** 080118305693 **Parcel:** 000380109
Lot/Block/Sec: LOT: 7 BLK: SEC: **Subdivision:** DOLPHIN RUN
Zoning: VILLAGE DET RES SF 2 **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:** 9
Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: DRAKE, REBECCA W
Owner Address: 31251 SANDS RD

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

Description: Replace deckboards front deck, replaced steps & risers on both staircases no increase in existing footprint NOV
Construction Value: \$6000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301816	RES ADD-REM-REP-ACC	\$160.00	SS	04/19/2023

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Caroline Decker 252-480-4707 carolined@vrobx.cm prior to commencing construction.
- NOV. Work is started. Call for a site visit to determine building permit conditions. Call 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301815	FLOOD PERMIT	\$0.00	SS	04/19/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301814	ZONING PERMIT - RES	\$0.00	CMT	04/19/2023

Conditions of Approval:

- Zoning reviewed and approved repair and replace decking, steps, and raisers in existing footprint.
- No change in lot coverage approved.
- Address required if not present.
- Call for final Zoning.

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300732

Property Address: 9528 SOUTH OLD OREGON INLET RD **PIN #:** 071806480850 **Parcel:** 007970010

Lot/Block/Sec: LOT: 10 BLK: SEC: **Subdivision:** HOLLYWD BCH RECOMB/SO CREEK AC

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

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

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

Owner Name: CAINE, BRIAN J - CAINE, NICOLENA

Owner Address: 10 WOLCOTT DR

Contractor Name: FOREVER YOUNG CONSTRUCTION LLC

Contractor Phone: 252-715-4457

Contractor Address: 319 GUNAS DR

Description: Replace decking on top front deck, rear deck replace railings & remove bench, replace 7 windows rear

Construction Value: \$13700

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301833	RES ADD-REM-REP-ACC	\$190.00	SS	04/20/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301832	FLOOD PERMIT	\$0.00	SS	04/20/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301831	ZONING PERMIT - RES	\$0.00	CMT	04/20/2023

Conditions of Approval:

Zoning reviewed and approved front deck decking, railings, and remove bench.

-Address required if not present.

Zoning reviewed and approved replacement of 7 windows.

Call for final Zoning

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300722

Property Address: 417 RIDGEVIEW WAY **PIN #:** 989108776951 **Parcel:** 006749046
Lot/Block/Sec: LOT: 7 BLK: SEC: 5 **Subdivision:** SOUTHRIDGE - SEC 5
Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: AE **Base Flood Elevation:** 4.0 **Regulatory Flood Elevation:** 9
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: EINSELN, MATTI T - EINSELN, ANJA R
Owner Address: 4005 A HUMMER RD

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

Description: Great room addition & deck reconfiguration 264 HSF
Construction Value: \$130000 **Classification of Work:** RESIDENTIAL ADDITION

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301844	RES ADD-REM-REP-ACC	\$520.00	SS	04/20/2023

Conditions of Approval:

- Provide smoke and co2 detectors to code throughout home. Pull all trade permits before starting work. Call for all required inspections. Review zoning and public works permit conditions. Additional engineering may be requested. Call for all final inspections

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301843	FLOOD PERMIT	\$0.00	SS	04/20/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301842	ZONING PERMIT - RES	\$0.00	CMT	04/20/2023

Conditions of Approval:

Zoning reviewed and approved proposed 264 sq foot great room addition.

- Proposed total conditioned space for house = 2709 SF
- Per DARE GIS home is 3 bedroom as of 4/20/2023
- Must maintain 30 foot front setback and 10 foot side setbacks.
- Must maintain under 33% lot coverage.

Zoning reviewed and approve deck reconfiguration per site plan approved on 4/20/2023

- Must comply with all building codes.
- Must maintain 30 foot front setback and 10 foot side setbacks.

No changes to parking approved.
As Built Svey required at final.
Call 449-6045 for final Zoning.

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



Residential Project Approval
Application # 202300734

Property Address: 3013 SOUTH VA DARE TRL **PIN #:** 989207573967 **Parcel:** 005252000
Lot/Block/Sec: LOT: 6 BLK: 2 SEC: 1 **Subdivision:** NAGS HEAD SHORES AMENDED SEC 1
Zoning: COMMERCIAL/RESIDENTIAL DISTRIC **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: VE **Base Flood Elevation:** 10.0 **Regulatory Flood Elevation:** 12
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: TUORINSKY, EDWARD - TUORINSKY, JENNIFER
Owner Address: 1412 N HARTFORD ST

Contractor Name: GUNS SERVICES **Contractor Phone:** 252-489-3645
Contractor Address: 316 BURNS DR

Description: Building & repairing dune walkway & deck over existing structure SWO
Construction Value: \$7500 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301848	RES ADD-REM-REP-ACC	\$160.00	SS	04/20/2023

Conditions of Approval:

- Call for a site visit prior to starting work again to determine permit conditions. Provide address #s on home if none are present. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review beach walkway handout we have provided. Call for final inspection

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301847	FLOOD PERMIT	\$0.00	SS	04/20/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301846	ZONING PERMIT - RES	\$0.00	CMT	04/20/2023

Conditions of Approval:

- Zoning reviewed and approved repair and replace of dune walkover and dune deck in same footprint.
- Not approved as a gazebo
 - All work in same footprint.
 - No new lot coverage approved.
- Must comply with CAMA repair letter 39-2023
Call for final Zoning and CAMA 252-449-6045

Additional Conditions:

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

PLEASE NOTE:

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



Residential Project Approval
Application # 202300730

Property Address: 104 EAST SEA HOLLY CT **PIN #:** 080006492272 **Parcel:** 030981000

Lot/Block/Sec: LOT: 20 BLK: SEC: **Subdivision:** SEASIDE SOUTH

Zoning: VILLAGE DET SF 3 **Land Use:** SINGLE FAMILY DWELLING

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

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

Owner Name: ROBISON, RUSSELL - ROBISON, CONSTANCE D
Owner Address: 105 PRESTON RIDGE CT

Contractor Name: C & S CUMBER LLC DBA LIBERTY PROPERTY SE **Contractor Phone:**
252-455-8626

Contractor Address: 6032 CARATOKE HWY

Description: Install a ground level deck off of pool patio 8x16, install 3 sides of pool fence to include in pool area 15'x8'

Construction Value: \$8200 **Classification of Work:** RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301853	RES ADD-REM-REP-ACC	\$160.00	SS	04/20/2023

Conditions of Approval:

- Provide address #s on home if none are present. Properly contain and dispose of construction debris. All work shall meet current codes. Call for footing and piling inspection. Review comments on plans, deck repair handout and Appendix V we have provided. Call for final inspection

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301852	FLOOD PERMIT	\$0.00	SS	04/20/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301851	ZONING PERMIT - RES	\$0.00	CMT	04/20/2023

Conditions of Approval:

- Zoning reviewed and approved ground deck addition 15'x8'
- Proposed lot coverage 5010 SF
 - Meets village lot coverage
- As-built may be required at final to confirm lot coverage.
- Max front yard fence = 4 foot from midpoint of house forward
- Max rear yard fence = 6 foot from midpoint of house rearward.
- Call for final Zoning 252-449-6045

Additional Conditions:

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

PLEASE NOTE:

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

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months



Residential Project Approval
Application # 202300674

Property Address: 4313 SOUTH HESPERIDES DR **PIN #:** 989112867526 **Parcel:** 007814000

Lot/Block/Sec: LOT: 56 BLK: SEC: E **Subdivision:** OLD NAGS HEAD COVE SEC E

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

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

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

Owner Name: CHERINGTON, LOUIS DAVID - CHERINGTON, KI

Owner Address: 4313 S HESPERIDES

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

Contractor Address: See Above

Description: New two story 8'x22' deck w/pilings on E elevation, removal of 8x8 piling & N elevation Install new structural beam to span and carry load at piling removal.

Construction Value: \$22000 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301919	RES ADD-REM-REP-ACC	\$220.00	SS	04/24/2023

Conditions of Approval:

- Provide address #s on home if none are present. Additional engineering could be requested. Properly contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair handout we have provided. The new deck will require a WR Type GFCI receptacle. Pull electrical permit. Call for final inspection

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301918	FLOOD PERMIT	\$0.00	SS	04/24/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301917	ZONING PERMIT - RES	\$0.00	CMT	04/24/2023

Conditions of Approval:

- Zoning reviewed and approved new two story 8'x22' deck w/pilings on E elevation
- Proposed lot coverage of 32.9%
- Zoning reviewed and approved the removal of 3 sets of stairs.
- Proposed removal of 201 SF
- Zoning reviewed and approved removal of 111 SF of concrete
- Max lot coverage to stay below 33.0%
- Min 2 parking spaces must remain with 12 foot drive isle.

Change or addition of scope of work will require further review and approval.
As-Built survey required before final Zoning and Certificate of Compliance
Call for final Zoning.

Additional Conditions:

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



Residential Project Approval
Application # 202300747

Property Address: 2807 SOUTH VA DARE TRL **PIN #:** 989206497170 **Parcel:** 005272000
Lot/Block/Sec: LOT: PT 5 6 BLK: 4 SEC: 1 **Subdivision:** NAGS HEAD SHORES AMENDED SEC 1
Zoning: COMMERCIAL/RESIDENTIAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: GRUBBS, GERALD R - GRUBBS, PATTIE P
Owner Address: 504 FOREST DR

Contractor Name: AWESOME REMODELING & HOME MAINTENANCE LL **Contractor Phone:**
252-305-0636
Contractor Address: 409 W Lake Dr

Description: Replace railings on front deck & enclosure/laundry room on front deck NOV
Construction Value: \$9285 **Classification of Work:** RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301922	RES ADD-REM-REP-ACC	\$160.00	SS	04/24/2023

Conditions of Approval:

- NOV.... do not start any work until a site visit inspection has taken place to determine building permit conditions. Call Steve at 252 449 2005 to schedule.

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301921	FLOOD PERMIT	\$0.00	SS	04/24/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301920	ZONING PERMIT - RES	\$0.00	CMT	04/24/2023

Conditions of Approval:

- Zoning reviewed and approved utility room addition over deck footprint 48 SF.
- From NOV, addition is built.
- Not conditioned area.
- Zoning reviewed and approved railing replacement.

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300753

Property Address: 406 RIDGEVIEW WAY **PIN #:** 989108786204 **Parcel:** 006749054

Lot/Block/Sec: LOT: 15 BLK: SEC: **Subdivision:** SOUTHRIDGE - SEC 5

Zoning: MEDIUM DENSITY RES DISTRICT **Land Use:**

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

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

Owner Name: GRIFFIN, TALIA - GRIFFIN, SEAN M

Owner Address: 2028 COUNTRY LINE RD

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above

Description: Replace decking, handrails and add 64 sq ft deck addition on upper deck NOV

Construction Value: \$8000

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301925	RES ADD-REM-REP-ACC	\$160.00	SS	04/24/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301924	FLOOD PERMIT	\$0.00	SS	04/24/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301923	ZONING PERMIT - RES	\$0.00	CMT	04/24/2023

Conditions of Approval:

Zoning reviewed and approved replacement of decking and hand rails.

-All work over current footprint

Zoning reviewed and approved 64 SF addition on upper deck.

-Must maintain front setback

-Work over existing coverage only

Call for final Zoning

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300759

Property Address: 9604 SOUTH OLD OREGON INLET RD **PIN #:** 071806481548 **Parcel:** 007970006

Lot/Block/Sec: LOT: 6 BLK: SEC: **Subdivision:** HOLLYWD BCH RECOMB/SO CREEK AC

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

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

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

Owner Name: EQUITY TRUST COMPANY CUSTODIAN FOB CUTHB

Owner Address: 46TH SOUTH UNIVERSITY DR SUE 190

Contractor Name: ACS-OBX LLC **Contractor Phone:** 252-599-2999

Contractor Address: P O BOX 1771

Description: Replace existing decks & stairs, new girder, joists, decking & handrails

Construction Value: \$40000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301947	RES ADD-REM-REP-ACC	\$250.00	SS	04/25/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301946	FLOOD PERMIT	\$0.00	SS	04/25/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301945	ZONING PERMIT - RES	\$0.00	CMT	04/25/2023

Conditions of Approval:

Zoning reviewed and approved replacement of existing decks, joist, decking and handrails.

- All work to be done in the same footprint.
 - No increase in lot coverage approved.
 - A change in scope of work will require further review and approval.
- Call for final Zoning.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300711

Property Address: 8027 SOUTH OLD OREGON INLET RD **PIN #:** 080020822260 **Parcel:** 012217002

Lot/Block/Sec: LOT: 16 BLK: 1 SEC: **Subdivision:** BODIE ISLAND BEACH

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

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

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

Owner Name: VANLESSER, GLENN A - VANLESSER, FAITH R

Owner Address: 11296 TREXLER RD

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above

Description: Installing deck boards & framing over existing concrete & wood decks around pool, gazebo & landing repair NOV

Construction Value: \$22000

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301951	RES ADD-REM-REP-ACC	\$220.00	SS	04/25/2023

Conditions of Approval:

- SWO. Work is partially complete. Electrical permit may need to be attained. Pool bonding will need to be tested by a NC licensed electrician. A site visit is required before work starts again. Call Steve at 252 449 2005 to schedule a site visit to determine permit conditions.

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301950	FLOOD PERMIT	\$0.00	SS	04/25/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301949	ZONING PERMIT - RES	\$0.00	CMT	04/25/2023

Conditions of Approval:

Zoning reviewed and approved construction of a Gazebo under 200 SF

-No new lot coverage

-All work in current footprint of current construction.

Call for final Zoning.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300769

Property Address: 4723 SOUTH VA DARE TRL **PIN #:** 080109157310 **Parcel:** 008699000
Lot/Block/Sec: LOT: PT 5-6 BLK: 3 SEC: A **Subdivision:** NAGS HEAD BEACH PLAT A
Zoning: COMMERCIAL/RESIDENTIAL DISTRIC **Land Use:** SINGLE FAMILY DWELLING
Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12
Map Panel No: 0801 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: B & C LLC
Owner Address: 938 HARPERSVILLE RD

Contractor Name: JETTY CONSTRUCTION, LLC **Contractor Phone:** 252-715-1452
Contractor Address: 1002 W DEAN ST

Description: Repair section of southside deck - 16'x8', no footprint change **NOV**
Construction Value: \$10000 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301966	RES ADD-REM-REP-ACC	\$160.00	SS	04/26/2023

Conditions of Approval:
- Work already done. Call for final inspection 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301965	FLOOD PERMIT	\$0.00	SS	04/26/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301964	ZONING PERMIT - RES	\$0.00	CMT	04/26/2023

Conditions of Approval:
Zoning reviewed and approved repair of south side deck.
-All work to one in same footprint.
-Change in scope will require further review.

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300767

Property Address: 5217 SOUTH VA DARE TRL **PIN #:** 08011422980002 **Parcel:** 000380040

Lot/Block/Sec: LOT: LT 9 UNIT B BLK: SEC: **Subdivision:** SEA POINTE

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

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

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

Owner Name: HOWLETT, ALAN - HOWLETT, ROBYN

Owner Address: 1357 HOLLYWOOD AVE

Contractor Name: WILLIAM BROOKS DBA BROOKS HOME RENNOVATI

Contractor Phone:

Contractor Address: P.O. BOX 395

Description: Replace steps W & E side of hse, replace needed decking framing & handrails on owners portion of dune walkover

Construction Value: \$29100

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301969	RES ADD-REM-REP-ACC	\$220.00	SS	04/26/2023

Conditions of Approval:

- Please note that your project is subject to review/approval by the Village at Nags Head POA/ACC. You are strongly encouraged to contact Caroline Decker 252-419-1265 carolined@vrobx.com prior to commencing work.
-
- Provide address #s on home if none are present. Property contain and dispose of construction debris. Remove unsafe conditions. All work shall meet current codes. Review deck repair and stair handout we have provided. Call for final inspection

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301968	FLOOD PERMIT	\$0.00	SS	04/26/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301967	ZONING PERMIT - RES	\$0.00	CMT	04/26/2023

Conditions of Approval:

Zoning reviewed and approved replacement of decks on east and west sides of house

-All work in the same footprint

Zoning reviewed and approved repair of dune walkover in same footprint.

-All work to be done in the same footprint

-Must comply with CAMA Letter 42-2023

-No more than 200 Linear feet.

Call for Final Zoning and CAMA

Additional Conditions:

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

PLEASE NOTE:

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



Residential Project Approval
Application # 202300779

Property Address: 9225 SOUTH OLD OREGON INLET RD **PIN #:** 071918314627 **Parcel:** 007221001

Lot/Block/Sec: LOT: 4 BLK: 9 SEC: 2 **Subdivision:** HOLLYWOOD BEACH SEC 2

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

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

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

Owner Name: MICHNA, GREGORY JOSEPH

Owner Address: PO BOX 1030

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above

Description: Remove existing windows & 5 sliding doors & replac ing w/Pella 250 series windows & sliding doors

Construction Value: \$33000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301988	RES ADD-REM-REP-ACC	\$250.00	SS	04/27/2023

Conditions of Approval:

- Review window and door handout we have provided. Call for final inspection. Steve at 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301987	FLOOD PERMIT	\$0.00	SS	04/27/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301986	ZONING PERMIT - RES	\$0.00	CMT	04/27/2023

Conditions of Approval:

- Zoning reviewed and approved replacement of windows and doors.
-Change in the scope of work will require further review and approval.

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300771

Property Address: 8001 SOUTH OLD OREGON INLET RD **PIN #:** 080016729866 **Parcel:** 006952001

Lot/Block/Sec: LOT: 1&2 BLK: 1 SEC: **Subdivision:** BODIE ISLAND BEACH

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

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

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

Owner Name: ROSE, RONNIE E - ROSE, LISA P

Owner Address: P O BOX 456

Contractor Name: PROPERTY OWNER

Contractor Phone:

Contractor Address: See Above

Description: Replaced dune walkway handrail & posts in original footprint NOV

Construction Value: \$6000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202301991	RES ADD-REM-REP-ACC	\$160.00	SS	04/27/2023

Conditions of Approval:

- NOV. Review beach walkway permit condition handout. Call for final inspection. Call Steve at 252 449 2005

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202301990	FLOOD PERMIT	\$0.00	SS	04/27/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301989	ZONING PERMIT - RES	\$0.00	CMT	04/27/2023

Conditions of Approval:

Zoning reviewed and approved repair and maintenance of dune walkover.

-Replacement of handrails and post in the same footprint.

-No increase in lot coverage

Call for final CAMA and Zoning.

Must comply with CAMA Letter 41-2023

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL



Residential Project Approval
Application # 202300784

Property Address: 8620 SOUTH OLD OREGON INLET RD **PIN #:** 071909063510 **Parcel:** 007966002

Lot/Block/Sec: LOT: 1 BLK: SEC: **Subdivision:** SUBDIVISION - NONE

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

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

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

Owner Name: GOLDMAN, SETH

Owner Address: 1235 F ST NE #A

Contractor Name: JOE BROWN JR HOME MAINTENANCE

Contractor Phone: 252-202-4884

Contractor Address: PO BOX 3164 KILL DEVIL HILLS, NC 27948

Description: Replace all decking, all pickets & caps in railings, no post New treads on steps, added joists for struct integrity NOV

Construction Value: \$28770

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202302001	RES ADD-REM-REP-ACC	\$220.00	SS	04/28/2023

Conditions of Approval:

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

FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202302000	FLOOD PERMIT	\$0.00	SS	04/28/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202301999	ZONING PERMIT - RES	\$0.00	CMT	04/28/2023

Conditions of Approval:

Zoning reviewed and approve repair and replacement decking, handrails, and pickets in same footprint.

Call for final zoning

Additional Conditions:

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

PLEASE NOTE:

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

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

(ZONING) RIGHT OF APPEAL

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



Residential Project Approval
Application # 202300781

Property Address: 3935 SOUTH VA DARE TRL **PIN #:** 989220809924 **Parcel:** 007737000
Lot/Block/Sec: LOT: BLK: SEC: **Subdivision:** SUBDIVISION - NONE
Zoning: LOW DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE
Flood Zone: VE **Base Flood Elevation:** 12.0 **Regulatory Flood Elevation:** 12
Map Panel No: 9892 **Map Panel Date:** 06/19/2020 **Suffix:** K **Datum Used:** NAVD 1988

Owner Name: MORRIS, ROBERT W - MORRIS, SUZANNE G
Owner Address: 8901 REARDON RD

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

Description: Replacing existing deck boards on walkway over dune including railings NOV
Construction Value: \$3308 **Classification of Work:** RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE202302004	RES ADD-REM-REP-ACC	\$130.00	SS	04/28/2023

Conditions of Approval:

- NOV. Work already started. Call for site visit to determine building permit conditions. Review beach walkway handout we have provided. Call Steve at 252 449 2005
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FLOOD INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL202302003	FLOOD PERMIT	\$0.00	SS	04/28/2023

Conditions of Approval:

ZONING INFORMATION

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN202302002	ZONING PERMIT - RES	\$0.00	CMT	04/28/2023

Conditions of Approval:

- Zoning reviewed and approve dune deck and dune walk over repair and replace in same footprint.
- All work in the current footprint.
- Change in scope of work will require further review.
- Must follow CAMA Exemption 43-2023
- Call for final Zoning and CAMA

Additional Conditions:

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

PLEASE NOTE:

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

(ZONING) RIGHT OF APPEAL