





<b>SG PERMIT #</b>											
SG2024-003	OPUS LLC	100 E. Helga St.	A	SG	\$ 2,500.00	X	\$ 100.00	C	2/8/2024	N	Free-standing sign
SG2023-017	Mildura Properties LLC	2005 S. Croatan Hwy.	A	SG	\$ 5,000.00	X	\$ 100.00	C	2/13/2024	N	Free-standing sign
SG2024-001	Chello inc.	1836 N. Va. Dare Trl.	A	SG	\$ 1,600.00	X	\$ 100.00	C	2/13/2024	N	Replace sign on building
SG2024-004	Mark Olivola/T-Mobile	1700 N. Croatan Hwy.	A	SG	\$ 2,000.00	X	\$ 100.00	C	2/13/2024	N	Sign on building/add to free-standing
					\$ 11,100.00		\$ 400.00				
<b>PL PERMIT #</b>											
PL2024-001	Roger Pendergrass	506 N. Va. Dare Trl.	R	PL	\$ 2,800.00	X	\$ 150.00	R	2/8/2024	N	Install 2 tankless water heaters
PL2024-002	Woodshed KDH LLC	601 N. Va. Dare Trl.	R	PL	\$ 34,667.00	AO	\$ 150.00	R	2/22/2024	N	Replace water distribution piping
					\$ 37,467.00		\$ 300.00				
<b>DW PERMIT #</b>											
DW2024-004	Jeffrey Edwards	117 Salem Ave.	R	DW	\$ 4,685.00	x	\$ 50.00	R	2/27/2024	N	Driveway addition
<b>DM PERMIT #</b>											
DM2024-001	OBXPREP LLC	1810 Bay Dr.	R	DM	\$ 25,000.00	X	\$ 100.00	R	2/15/2024	Y	Demo existing SFD
<b>EG PERMIT #</b>											
EG2024-002	Sherrie Capps	910 Cedar Dr.	R	EG	\$ 6,000.00	X	\$ 100.00	R	2/28/2024	N	Clear lot for new house construction







# Town of Kill Devil Hills

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

FEB - 8 2024

## Planning and Inspection Department

TO: [unclear]  
LS

<b>OP2024-005</b>	<b>OCCUPANCY</b>
<b>PROJECT NAME:</b> Ladd Addition and Fire Repair	<b>ISSUED:</b> 02/07/2024
<b>SITE ADDRESS:</b> 1706 SIOUX ST KILL DEVIL HILLS	<b>EXPIRES:</b>

PARENT PERMIT #: BJ2023-139

<b>APPLICANT:</b> RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	<b>OWNER:</b> LADD, NATHAN 1706 Sioux St Kill Devil Hills, NC 27948
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<b>GENERAL, UNLIMITED:</b>	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	<b>License:</b> 62339 <b>Expires:</b> 12/31/2024
<b>GENERAL, UNLIMITED:</b>	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	<b>License:</b> 62339 <b>Expires:</b> 12/31/2024

**PARCEL:**

<b>PIN:</b> 988409264321	<b>Parcel Number:</b> 002698000
<b>Address:</b> 1706 SIOUX ST KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> HIGH VIEW - HEDRICKS ADD	<b>Block:</b> D <b>Lot(s):</b> 17
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** repair damage from fire, add bedroom, 4 total, add living space on side of house, add gravel driveway, deck addition

### DETAILS

### CONDITIONS

**OP2024-005**

**PROJECT NAME:** Ladd Addition and Fire Repair  
**SITE ADDRESS:** 1706 SIOUX ST KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 02/07/2024

**EXPIRES:**

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

2-8-24



**Town of Kill Devil Hills**

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

PAID

FEB 21 2024

**Planning and Inspection Department**

TOWN OF  
 KILL DEVIL HILLS

<b>BJ2023-288</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Diorio New House	<b>ISSUED:</b> 02/20/2024
<b>SITE ADDRESS:</b> 302 ARCH ST E KILL DEVIL HILLS	<b>EXPIRES:</b> 08/18/2024

**APPLICANT:** Diorio, Joanne  
 3 Diorio Court  
 WAYNE, NJ 07470

**OWNER:** Diorio, Joanne  
 3 Diorio Court  
 WAYNE, NJ 07470

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988513044836 **Parcel Number:** 000070000

**Address:** 302 ARCH ST E KILL DEVIL HILLS

**Addition:** ORVILLE BEACH BLK 2 **Block:** 2 **Lot(s):** 13

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>	<b>BUILDING AREA:</b>	
Res. Building Permit Fee	\$2,841.65	\$0.00	Covered Porches/Decks	1019 SQFT
Covered Porch Residential	\$764.25	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Heated Space	3271 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Demolition	\$100.00	\$0.00	Residential Unheated (.40)	971 Sq. Ft
<b>Totals :</b>	<b>\$3,905.90</b>	<b>\$0.00</b>	# of Temporary Poles	1 EA

**PROJECT DESCRIPTION:** remove existing house, keep pool and pool fence, add new 4 bedroom single family dwelling





# Town of Kill Devil Hills

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

FEB 16 2024

## Planning and Inspection Department

OF  
LITTLE

**BJ2024-030**

**PROJECT NAME:** Packard Pool  
**SITE ADDRESS:** 309 JEAN CT KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/16/2024

**EXPIRES:** 08/14/2024

**APPLICANT:** CARRIBEAN POOLS & SPAS  
PO BOX 65  
kitty hawk, nc 27949  
252-207-1773

**OWNER:** PACKARD, SCOTT  
1125 Olde Towne Place  
SMITHFIELD, VA 23430

**GENERAL:** CARRIBEAN POOLS & SPAS  
PO BOX 65  
kitty hawk, nc 27949  
252-207-1773

**License:** 73571  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 987516926795

**Parcel Number:** 026689000

**Address:** 309 JEAN CT KILL DEVIL HILLS

**Zoning:**

**Addition:** MOOR SHORES

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

**Legal Description:**

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>
Pool/Hot Tub	\$200.00	\$0.00
<b>Totals :</b>	<b>\$200.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** install inground swimming pool

**BJ2024-030**

PROJECT NAME: Packard Pool

SITE ADDRESS: 309 JEAN CT KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 02/16/2024

EXPIRES: 08/14/2024

**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	S22-23237
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION TYPE	V
CONSTRUCTION COST	57802.00
LOT COVERAGE	36.98
SURVEYOR NAME AND NUMBER	Gloria J Rogers
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

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

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

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



# Town of Kill Devil Hills

PO BOX 1719  
Kill Devil Hills, NC 27948  
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FEB - 9 2024

## Planning and Inspection Department

<b>BJ2024-028</b>	<b>BUILDING JOINT</b>
PROJECT NAME: New swimming pool	ISSUED: 02/09/2024
SITE ADDRESS: 1402 CAPTAINS CIR KILL DEVIL HILLS	EXPIRES: 08/07/2024

<b>APPLICANT:</b> OLD, DALE N 828 MT PLEASANT ROAD CHESAPEAKE, VA 23322	<b>OWNER:</b> OLD, DALE N 828 MT PLEASANT ROAD CHESAPEAKE, VA 23322
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<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2024
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**PARCEL:**

PIN: 988413123690	Parcel Number: 003658000
Address: 1402 CAPTAINS CIR KILL DEVIL HILLS	
Addition: LANDING SECTION 3, THE	Zoning: Block: 0 Lot(s): 153
Legal Description:	

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

**PROJECT DESCRIPTION:** Construct new 8x18 pool into existing raised patio. Engineering required after excavation of site, addressing necessary requirements, or lack there of, for modifications of existing retaining wall prior to pool installation.

**BJ2024-028**

PROJECT NAME: New swimming pool  
 SITE ADDRESS: 1402 CAPTAINS CIR KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 02/09/2024

EXPIRES: 08/07/2024

**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION TYPE	V
CONSTRUCTION COST	36000.00
LOT COVERAGE	38.20
SURVEYOR NAME AND NUMBER	William S Jones
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

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

**BJ2024-028**

PROJECT NAME: New swimming pool  
SITE ADDRESS: 1402 CAPTAINS CIR KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 02/09/2024

EXPIRES: 08/07/2024

- \* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- \* Engineering inspection and approval of excavation of site with design of potential retaining wall modifications, or lack thereof, required prior to installation of pool.

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Wayne Jones

Date: 2/9/2024



# Town of Kill Devil Hills

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

PAID

FEB - 1 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

<b>BJ2024-008</b>	<b>BUILDING JOINT</b>
PROJECT NAME: Gibbs Addition	ISSUED: 01/26/2024
SITE ADDRESS: 600 SPORTSMAN DR W KILL DEVIL HILLS	EXPIRES: 07/24/2024

<b>APPLICANT:</b> GIBBS, LEONARD G 600 SPORTSMAN DR KILL DEVIL HILLS, NC 27948	<b>OWNER:</b> GIBBS, LEONARD G 600 SPORTSMAN DR KILL DEVIL HILLS, NC 27948
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<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2024
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**PARCEL:**

PIN: 988517006232	Parcel Number: 001551000
Address: 600 SPORTSMAN DR W KILL DEVIL HILLS	
Addition: AVALON BEACH	Zoning: Block: 0 Lot(s): 190
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$872.25	\$0.00	Covered Porches/Decks	374 SQFT
Renovation/Remodel/Relocate	\$386.55	\$0.00	Remodel/Renovation	859 SQFT
Covered Porch Residential	\$280.50	\$0.00	Residential Heated Space	1163 sq. Ft.
<b>Totals :</b>	<b>\$1,539.30</b>	<b>\$0.00</b>	(.75)	

**PROJECT DESCRIPTION:** demo first floor, raise house add back porch, enclosed stairway, and new living space, 3 total bedrooms

**BJ2024-008****PROJECT NAME:** Gibbs Addition  
**SITE ADDRESS:** 600 SPORTSMAN DR W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 01/26/2024**EXPIRES:** 07/24/2024

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**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	S9-22940
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	10.58
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	148000.00
LOT COVERAGE	39.96
LIVING SPACE (SQFT)	2022
COVERED PORCHES/DECKS (SQFT)	374
TOTAL SQUARE FOOTAGE	2396
SURVEYOR NAME AND NUMBER	Doug Styons
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

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**BJ2024-008**

**PROJECT NAME:** Gibbs Addition  
**SITE ADDRESS:** 600 SPORTSMAN DR W KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 01/26/2024

**EXPIRES:** 07/24/2024

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* Foundation survey will be required prior to rough-in inspection.
- \* NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- \* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- \* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- \* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- \* Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- \* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.
- \* A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).

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

**Issued By:** \_\_\_\_\_

**Contractor or Authorized Agent:** \_\_\_\_\_

**Date:** 2-1-24





# Town of Kill Devil Hills

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

FEB 21 2024

KT OF LS

## Planning and Inspection Department

**BP2024-006**

**PROJECT NAME:** Mary Ann Melchers  
**SITE ADDRESS:** 307 TRUXTON ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 01/12/2024

**EXPIRES:** 07/10/2024

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

**OWNER:** MELCHERS, ARTHUR C  
4748 EASTWIND ROAD  
VIRGINIA BEACH, VA 23464

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

**License:** 72094  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 987516935271

**Parcel Number:** 028722146

**Address:** 307 TRUXTON ST KILL DEVIL HILLS

**Zoning:**

**Addition:** MOOR SHORES TWO

**Block:** 0 **Lot(s):** 146

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace siding, 14 windows, carpet and interior painting

**BP2024-006**

**PROJECT NAME:** Mary Ann Melchers  
**SITE ADDRESS:** 307 TRUXTON ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 01/12/2024  
**EXPIRES:** 07/10/2024

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	75744.00
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Insulation	Final
Zoning Final	

**CONDITIONS**

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Brittany Pierce-Wallace Date: 01 / 12 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**OP2024-009**

**PROJECT NAME:** Glenn Edwards  
**SITE ADDRESS:** 111 WRIGHT AVE E KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 02/26/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2023-146

**APPLICANT:** Edwards, Glenn  
201 Downing Drive  
chesapeake, va 23322  
757-778-0185

**OWNER:** Edwards, Glenn  
201 Downing Drive  
chesapeake, va 23322  
757-778-0185

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

**License:** Same as Owner  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988420706714

**Parcel Number:** 003881000

**Address:** 111 WRIGHT AVE E KILL DEVIL HILLS

**Addition:** KITTY HAWK SHORES - REVISED

**Zoning:**  
**Block:** 37      **Lot(s):** 18

**Legal Description:**

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

**PROJECT DESCRIPTION:** Proposed 3 bedroom single family dwelling

FEB 26 2024

LS

**OP2024-009**

**PROJECT NAME:** Glenn Edwards  
**SITE ADDRESS:** 111 WRIGHT AVE E KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 02/26/2024

**EXPIRES:**

**DETAILS**

**Permit**

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

**CONDITIONS**

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: Ken Schwab

Date: 2/26/24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**OP2024-008**

PROJECT NAME: Simple Side New House  
SITE ADDRESS: 1005 DEAN ST KILL DEVIL HILLS

**OCCUPANCY**

ISSUED: 02/23/2024

EXPIRES:

PARENT PERMIT #: BJ2023-087

**APPLICANT:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**OWNER:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**BUILDING LIMITED:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**License:** 78583  
**Expires:**

**BUILDING LIMITED:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**License:** 78583  
**Expires:**

**PARCEL:**

**PIN:** 988316745062

**Parcel Number:** 028647000

**Address:** 1005 DEAN ST KILL DEVIL HILLS

**Zoning:**

**Addition:** KILL DEVIL BEACH EXTENDED

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

**Legal Description:**

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
<del>Residential Trash Can</del>	<del>\$106.75</del>	<del>\$0.00</del>
<b>Totals :</b>	<del><b>\$156.75</b></del>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** new 3 bedroom single family dwelling

30.00

FEB 23 2024

**OP2024-008**

PROJECT NAME: Simple Side New House  
SITE ADDRESS: 1005 DEAN ST KILL DEVIL HILLS

**OCCUPANCY**  
ISSUED: 02/23/2024  
EXPIRES:

**DETAILS**

**Permit**

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

**CONDITIONS**

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

Issued By: [Signature]

Contractor or Authorized Agent: [Signature]

Date: 2/23/24



# Town of Kill Devil Hills

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## Planning and Inspection Department

<b>OP2024-006</b>	<b>OCCUPANCY</b>
<b>PROJECT NAME:</b> Finchem Second Dwelling	<b>ISSUED:</b> 02/12/2024
<b>SITE ADDRESS:</b> 521 ELM CT KILL DEVIL HILLS	<b>EXPIRES:</b>

PARENT PERMIT #: BJ2023-176

<b>APPLICANT:</b> Finch & Company, Inc 116 Sandy Ridge Rd kitty hawk, nc 27949 252-261-8710	<b>OWNER:</b> Finchem, Robert 316 Bridge Lane nags head, nc 27959 252-207-5601
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<b>UNLIMITED BUILDING:</b>	Finch & Company, Inc 116 Sandy Ridge Rd kitty hawk, nc 27949 252-261-8710	<b>License:</b> 52567 <b>Expires:</b>
<b>UNLIMITED BUILDING:</b>	Finch & Company, Inc 116 Sandy Ridge Rd kitty hawk, nc 27949 252-261-8710	<b>License:</b> 52567 <b>Expires:</b>

<b>PARCEL:</b>			
<b>PIN:</b>	988418320189B	<b>Parcel Number:</b>	004046023
<b>Address:</b>	521 ELM CT KILL DEVIL HILLS		
<b>Addition:</b>	WRIGHT WOODS	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	0 <b>Lot(s):</b> 23

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

PAID  
FEB 12 2024  
TOWN OF  
KILL DEVIL HILLS

**PROJECT DESCRIPTION:** new 821 square feet separate single family dwelling

**OP2024-006**

PROJECT NAME: Finchem Second Dwelling  
SITE ADDRESS: 521 ELM CT KILL DEVIL HILLS

**OCCUPANCY**

ISSUED: 02/12/2024

EXPIRES:

**DETAILS**

**Permit**

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

**CONDITIONS**

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/12/24





# Town of Kill Devil Hills

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

FEB - 7 2024

## Planning and Inspection Department

DF  
LS

<b>OP2024-004</b>	<b>OCCUPANCY</b>
<b>PROJECT NAME:</b> Manuel Calletano	<b>ISSUED:</b> 02/07/2024
<b>SITE ADDRESS:</b> 700 SIXTH AVE Kill Devil Hills	<b>EXPIRES:</b>

PARENT PERMIT #: BJ2022-210

<b>APPLICANT:</b> CALLETANO, MANUEL 700 SIXTH AVE Kill Devil Hills, NC 27948 919-397-6405	<b>OWNER:</b> CALLETANO, MANUEL 700 SIXTH AVE Kill Devil Hills, NC 27948 919-397-6405
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<b>CONTRACTOR:</b>	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	<b>License:</b> Same as Owner <b>Expires:</b> 12/31/2024
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<b>PARCEL:</b>			
<b>PIN:</b>	988307678596	<b>Parcel Number:</b>	
<b>Address:</b>	700 SIXTH AVE Kill Devil Hills	<b>Zoning:</b>	
<b>Addition:</b>		<b>Block:</b>	<b>Lot(s):</b>
<b>Legal Description:</b>	Lot 4, Block 37, Kill Devil Hills Realty Corp Addition		

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

**PROJECT DESCRIPTION:** Proposed 4 bedroom single family dwelling

**OP2024-004**

**PROJECT NAME:** Manuel Calletano  
**SITE ADDRESS:** 700 SIXTH AVE Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 02/07/2024

**EXPIRES:**

**DETAILS**

**Permit**

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

**CONDITIONS**

\* Window at bottom of stairs required to be tempered, sash on order will see once installed.

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: 2-7-2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-020**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 300 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/02/2024

**EXPIRES:** 07/31/2024

**APPLICANT:** JERNIGAN ENTERPRISES INC  
P O BOX 95  
GRANDY, NC 27939  
252-489-5007

**OWNER:** JERNIGAN ENTERPRISES INC  
P O BOX 95  
GRANDY, NC 27939  
252-489-5007

**BUILDING-UNLIMITED:** JERNIGAN ENTERPRISES INC  
P O BOX 95  
GRANDY, NC 27939  
252-489-5007

**License:** 49781  
**Expires:** 12/31/2024

**MECHANICAL H-3, CLASS 1:** Anderson Heating and Cooling Co., LLC  
PO Box 396  
Kitty Hawk, NC 27949  
252-619-3105

**License:** 31438  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988420719314

**Parcel Number:** 003749000

**Address:** 300 VA DARE TRL N KILL DEVIL HILLS

**Addition:** KITTY HAWK SHORES - REVISED

**Zoning:**  
**Block:** 25 **Lot(s):** 1

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC CHANGEOUT



**PAID**  
Ed 2/2/24

**MC2024-020**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 300 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/02/2024

**EXPIRES:** 07/31/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	30951.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Gil Anderson Date: 02 / 02 / 2024



# Town of Kill Devil Hills

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

JAN 31 2024

## Planning and Inspection Department

**BP2024-014**

**PROJECT NAME:** Cianelli Stair Replacement  
**SITE ADDRESS:** 2015 YORKTOWN KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 01/31/2024

**EXPIRES:** 07/29/2024

**APPLICANT:** CIANELLI, ANTHONY N  
306 TIDES RUN  
YORKTOWN, VA 23692

**OWNER:** CIANELLI, ANTHONY N  
306 TIDES RUN  
YORKTOWN, VA 23692

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988405181997

**Parcel Number:** 001453000

**Address:** 2015 YORKTOWN KILL DEVIL HILLS

**Zoning:**

**Addition:** AVALON BEACH ANNEX 2 & 3

**Block:** 0 **Lot(s):** 1324

**Legal Description:**

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

**PROJECT DESCRIPTION:** replace existing front stairs to same footprint



**BP2024-014**

**PROJECT NAME:** Cianelli Stair Replacement  
**SITE ADDRESS:** 2015 YORKTOWN KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 01/31/2024

**EXPIRES:** 07/29/2024

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

JAN 31 24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2023-299**

**PROJECT NAME:** BURNS MINI SPLIT  
**SITE ADDRESS:** 2013 FRANKLIN ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 12/28/2023

**EXPIRES:** 06/25/2024

**APPLICANT:** Burns, Bradley and Pamela  
310 Giles PL  
STERLING, VA 20164  
571-723-8170

**OWNER:** Burns, Bradley and Pamela  
310 Giles PL  
STERLING, VA 20164  
571-723-8170

**MECHANICAL, H-2, H-3:**

ATLANTIC HEATING AND COOLING  
P.O. Box 132  
Kill Devil Hills, NC 27948  
441-7642

**License:** 34340  
**Expires:** 12/31/2023

**PARCEL:**

**PIN:** 988405194045

**Parcel Number:** 001422001

**Address:** 2013 FRANKLIN ST KILL DEVIL HILLS

**Zoning:**

**Addition:** AVALON BEACH ANNEX 2 & 3

**Block:** 0 **Lot(s):** 1286

**Legal Description:**

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

**PROJECT DESCRIPTION:** INSTALL MINI SPLIT LOWER LEVEL FOR CONDITIONED GARAGE/STORAGE

**PAID**  
*R 2/1/24*  
*online payment*



**MC2023-299**

**PROJECT NAME:** BURNS MINI SPLIT  
**SITE ADDRESS:** 2013 FRANKLIN ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 12/28/2023

**EXPIRES:** 06/25/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* Space approved as conditioned garage/storage only.

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

Issued By: Jordan Blythe

Contractor or Authorized Agent: dRub Date: 02 / 01 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2023-277**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 1007 INDIAN DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 11/03/2023

**EXPIRES:** 05/01/2024

**APPLICANT:** BREIHOLZ, REBECCA R  
1007 INDIAN DRIVE  
KILL DEVIL HILLS, NC 27948

**OWNER:** BREIHOLZ, REBECCA R  
1007 INDIAN DRIVE  
KILL DEVIL HILLS, NC 27948

**MECHANICAL H-3, CLASS 1:** Anderson Heating and Cooling Co., LLC  
PO Box 396  
Kitty Hawk, NC 27949  
252-619-3105

**License:** 31438  
**Expires:** 12/31/2023

**PARCEL:**

**PIN:** 988409154421

**Parcel Number:** 027167000

**Address:** 1007 INDIAN DR KILL DEVIL HILLS

**Zoning:**

**Addition:** CROATAN SHORES SUBDIV

**Block:** 24 **Lot(s):** 13

**Legal Description:**

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

**PROJECT DESCRIPTION:** REPLACE AIR HANDLER



**PAID**  
Rc 2/2/24  
online payment

**MC2023-277**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 1007 INDIAN DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 11/03/2023

**EXPIRES:** 05/01/2024

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**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5464.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

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**REQUIRED INSPECTIONS**

Final

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**CONDITIONS**

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Gil Anderson Date: 02 / 02 / 2024



# Town of Kill Devil Hills

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

FEB - 5 2024

## Planning and Inspection Department

KILL DEVIL HILLS

**BJ2024-022**

**PROJECT NAME:** WEST GROUND FLOOR  
**SITE ADDRESS:** 510 LOBLOLLY CT KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/05/2024

**EXPIRES:** 08/03/2024

**APPLICANT:** WEST, BARBARA  
825 OLDHAM RD  
Virginia Beach, VA 23464  
757-751-3338

**OWNER:** WEST, BARBARA  
825 OLDHAM RD  
Virginia Beach, VA 23464  
757-751-3338

**GENERAL BUILDING:** Albemarle Contractors, Inc.  
P.O. Box 146  
Kitty Hawk, NC 27949  
252-261-1080

**License:** 53847  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988409253890

**Parcel Number:** 002520275

**Address:** 510 LOBLOLLY CT KILL DEVIL HILLS

**Zoning:**

**Addition:** FIRST FLIGHT VILLAGE SEC 2

**Block:** 0 **Lot(s):** 275

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>	<b>BUILDING AREA:</b>
Renovation/Remodel/Relocate	\$257.40	\$0.00	Remodel/Renovation 572 SQFT
<b>Totals :</b>	<b>\$257.40</b>	<b>\$0.00</b>	

**PROJECT DESCRIPTION:** CONVERT GROUND FLOOR STORAGE TO LIVING SPACE, INCLUDING 4TH BEDROOM, 1 BATHROOM, AND KITCHENETTE, NO PERMANENT COOKING, REMOVAL OF 2' CONCRETE DRIVE TO COMPLY WITH ZONING REGULATIONS

**BJ2024-022**

**PROJECT NAME:** WEST GROUND FLOOR  
**SITE ADDRESS:** 510 LOBLOLLY CT KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/05/2024

**EXPIRES:** 08/03/2024

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**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	16000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

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**REQUIRED INSPECTIONS**

Framing	Final
Rough In	Zoning Final
Insulation	

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**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* Zoning Final Inspection is required.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Structure approved as 4bedroom single family dwelling, with ground floor consisting of living space with 1 bedroom, 1 bathroom, and kitchenette. NO PERMANENT COOKING
- \* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.

**BJ2024-022**

**PROJECT NAME:** WEST GROUND FLOOR  
**SITE ADDRESS:** 510 LOBLOLLY CT KILL DEVIL HILLS

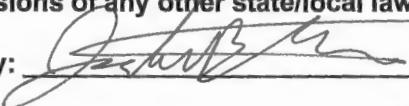
**BUILDING JOINT**

**ISSUED:** 02/05/2024

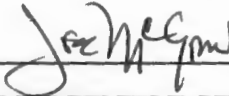
**EXPIRES:** 08/03/2024

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

Issued By: \_\_\_\_\_



Contractor or Authorized Agent: \_\_\_\_\_



Date: \_\_\_\_\_

2-5-24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-019**

**PROJECT NAME:** HEAT PUMP REPLACEMENT  
**SITE ADDRESS:** 815 S VA DARE TRL UNIT 317 KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/01/2024

**EXPIRES:** 07/30/2024

**APPLICANT:** DONAHUE, WESLEY & LISA  
1388 CHESNUT RIDGE RD  
STATE COLLEGE, PA 16803  
814-777-7934

**OWNER:** DONAHUE, WESLEY & LISA  
1388 CHESNUT RIDGE RD  
STATE COLLEGE, PA 16803  
814-777-7934

**MECHANICAL H-3, CLASS 1:** Anderson Heating and Cooling Co., LLC  
PO Box 396  
Kitty Hawk, NC 27949  
252-619-3105

**License:** 31438  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 98830899420344

**Parcel Number:**

**Address:** 815 S VA DARE TRL UNIT 317 KILL DEVIL HILLS

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** 98830899420344

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

**PROJECT DESCRIPTION:** HEAT PUMP REPLACEMENT



**PAID**  
*me 2/2/24*  
*online payment*

**MC2024-019**

**PROJECT NAME:** HEAT PUMP REPLACEMENT

**SITE ADDRESS:** 815 S VA DARE TRL UNIT 317 KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/01/2024

**EXPIRES:** 07/30/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6994.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Gil Anderson Date: 02 / 02 / 2024





# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-021**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 2017 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/02/2024

**EXPIRES:** 07/31/2024

**APPLICANT:** Fennell, James  
2334 Mt Tabor Road  
GAMBRILLS, MD 21054

**OWNER:** Fennell, James  
2334 Mt Tabor Road  
GAMBRILLS, MD 21054

**MECHANICAL H-3, CLASS 1:** Anderson Heating and Cooling Co., LLC  
PO Box 396  
Kitty Hawk, NC 27949  
252-619-3105

**License:** 31438  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988518306215

**Parcel Number:** 002347000

**Address:** 2017 VA DARE TRL N KILL DEVIL HILLS

**Zoning:**

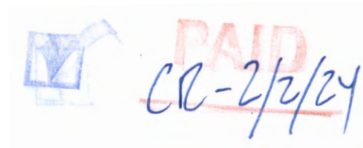
**Addition:** MILES CLARK

**Block:** 0 **Lot(s):** 39 & 41

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC CHANGEOUT



**MC2024-021**

PROJECT NAME: HVAC CHANGEOUT  
SITE ADDRESS: 2017 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 02/02/2024

EXPIRES: 07/31/2024

**DETAILS**

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	13888.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Gil Anderson Date: 02 / 02 / 2024



# Town of Kill Devil Hills

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

PADD

FEB - 5 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

### OP2024-003

PROJECT NAME: Somerset Apartment Building 202  
SITE ADDRESS: 1600 Somerset Circle Kill Devil Hills

### OCCUPANCY

ISSUED: 02/05/2024

EXPIRES:

PARENT PERMIT #: BJ2021-181

APPLICANT: Somerset Villages, LLC  
PO Box 90  
Kill Devil Hills, NC 27948

OWNER: Somerset Villages, LLC  
PO Box 90  
Kill Devil Hills, NC 27948

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

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

License: 62306  
Expires: 12/31/2024

### PARCEL:

PIN: 988310371341

Parcel  
Number:

Address: 1600 Somerset Circle Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Bermuda Bay

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

PROJECT DESCRIPTION: 56 Unit Apartment Building, fully sprinklered, building 202

**OP2024-003**

PROJECT NAME: Somerset Apartment Building 202  
SITE ADDRESS: 1600 Somerset Circle Kill Devil Hills

**OCCUPANCY**

ISSUED: 02/05/2024

EXPIRES:

**DETAILS**

**Permit**

Name	Value
# OF TRASH CANS	0
PURPOSE	Residential New
ZONING DISTRICT	G&I Public
FLOOD ZONE	X
OCCUPANCY TYPE	Residential

**CONDITIONS**

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/5/24



# Town of Kill Devil Hills

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

PAID  
FEB - 5 2024

## Planning and Inspection Department

<b>BJ2024-021</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> McPherson Garage	<b>ISSUED:</b> 01/31/2024
<b>SITE ADDRESS:</b> 710 CANAL DR KILL DEVIL HILLS	<b>EXPIRES:</b> 07/29/2024

<b>APPLICANT:</b> McPherson, Jared 710 Canal Drive Kill Devil Hills, NC 27948 252-489-9528	<b>OWNER:</b> McPherson, Jared 710 Canal Drive Kill Devil Hills, NC 27948 252-489-9528
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<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988409155396	<b>Parcel Number:</b> 003271000
<b>Address:</b> 710 CANAL DR KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> FIRST FLIGHT VILLAGE SEC 2	<b>Block:</b> 0 <b>Lot(s):</b> 304
<b>Legal Description:</b>	

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>	<b>BUILDING AREA:</b>
Res. Building Permit Fee	\$223.60	\$0.00	Residential Unheated (.40)      559 Sq. Ft
<b>Totals :</b>	<b>\$223.60</b>	<b>\$0.00</b>	

**PROJECT DESCRIPTION:** enclose under existing house for garage space, adding 2 garage doors, no change to footprint

**BJ2024-021**

**PROJECT NAME:** McPherson Garage  
**SITE ADDRESS:** 710 CANAL DR KILL DEVIL HILLS

**BUILDING JOINT****ISSUED:** 01/31/2024**EXPIRES:** 07/29/2024**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	S22-22371
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	8.50
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	12000.00
LOT COVERAGE	18.70
STORAGE (SQFT)	559
TOTAL SQUARE FOOTAGE	559
SURVEYOR NAME AND NUMBER	M Douglas Styons
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

**BJ2024-021**

**PROJECT NAME:** McPherson Garage  
**SITE ADDRESS:** 710 CANAL DR KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 01/31/2024

**EXPIRES:** 07/29/2024

**REQUIRED INSPECTIONS**

In-Slab Plumbing

Insulation

Slab/Foundation/Piling

Final

Framing

Zoning Final

Rough In

**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.
- \* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- \* Garage ceiling requires 5/8" Type-X drywall, garage walls in contact with living space requires 1/2".

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

**Issued By:** \_\_\_\_\_

**Contractor or Authorized Agent:** \_\_\_\_\_

**Date:** 2/5/2024



# Town of Kill Devil Hills

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



**PAID**  
*CP-2/5/24*

## Planning and Inspection Department

<b>BP2024-015</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> Siding replacement	<b>ISSUED:</b> 02/02/2024
<b>SITE ADDRESS:</b> 1933 VA DARE TRL N KILL DEVIL HILLS	<b>EXPIRES:</b> 07/31/2024

<b>APPLICANT:</b> VANDERHOOF, CATHERINE 56 RAVINE AVENUE CALDWELL, NJ 07006	<b>OWNER:</b> VANDERHOOF, CATHERINE 56 RAVINE AVENUE CALDWELL, NJ 07006
---	---

<b>GENERAL BUILDING-LIMITED:</b>	SEA THRU CONSTRUCTION PO BOX 2471 Kitty Hawk, NC 27949 252-491-6964	<b>License:</b> 57130 <b>Expres:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988406399713	<b>Parcel Number:</b> 002807000
<b>Address:</b> 1933 VA DARE TRL N KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> Croatan Shores Amended	<b>Block:</b> E <b>Lot(s):</b> 3
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** Replace siding and sheathing on North side of home.



**BP2024-015**

**PROJECT NAME:** Siding replacement  
**SITE ADDRESS:** 1933 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/02/2024

**EXPIRES:** 07/31/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	16119.25
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

Framing

**CONDITIONS**

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

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

**Issued By:** Marty Shaw

**Contractor or Authorized Agent:** Scott L Woodard NV **Date:** 02 / 02 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>BP2024-016</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> Deck repairs	<b>ISSUED:</b> 02/05/2024
<b>SITE ADDRESS:</b> 327 WILKINSON ST W KILL DEVIL HILLS	<b>EXPIRES:</b> 08/03/2024

**APPLICANT:** EURE, DANIEL R III  
3112 WOODLAWN DRIVE  
SUFFOLK, VA 23434

**OWNER:** EURE, DANIEL R III  
3112 WOODLAWN DRIVE  
SUFFOLK, VA 23434

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 987520927403

**Parcel Number:** 000549000

**Address:** 327 WILKINSON ST W KILL DEVIL HILLS

**Zoning:**

**Addition:** VIRGINIA DARE SHORES

**Block:** 41 **Lot(s):** 7-9

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace decking, railings and stairs



**BP2024-016**

**PROJECT NAME:** Deck repairs

**SITE ADDRESS:** 327 WILKINSON ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/05/2024

**EXPIRES:** 08/03/2024

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	16700.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: Dan Ege Date: 02 / 05 / 2024



# Town of Kill Devil Hills

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

FEB - 6 2024

## Planning and Inspection Department

**EL2024-014**

**PROJECT NAME:** ELECTRICAL REPAIRS  
**SITE ADDRESS:** 2404 VA DARE TRL N KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/06/2024

**EXPIRES:** 08/04/2024

**APPLICANT:** Leach, Jim  
757 Grace ST  
HERNDON, VA 20170  
703-673-8100

**OWNER:** Leach, Jim  
757 Grace ST  
HERNDON, VA 20170  
703-673-8100

**ELECTRICAL, LIMITED:** ALLSHORE ELECTRIC  
P O Box 1411  
Kitty Hawk, NC 27949

**License:** 22195  
**Expires:** 03/31/2024

**PARCEL:**

**PIN:** 988517212918

**Parcel Number:** 000353000

**Address:** 2404 VA DARE TRL N KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES

**Zoning:**  
**Block:** 3 **Lot(s):** 2

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Electrical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** REPLACE TWO DISCONNECTS WITH ASSOCIATED REPAIRS.

**EL2024-014**

**PROJECT NAME:** ELECTRICAL REPAIRS  
**SITE ADDRESS:** 2404 VA DARE TRL N KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/06/2024

**EXPIRES:** 08/04/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

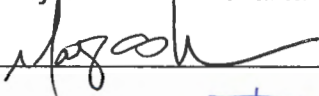
**REQUIRED INSPECTIONS**


Final

**CONDITIONS**

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

Issued By: 

Contractor or Authorized Agent:  Date: 2/6/24



**Town of Kill Devil Hills**

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

PAID

FEB - 7 2024

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

**EL2024-015**

**PROJECT NAME:** PENDERGRASS ELECTRICAL  
**SITE ADDRESS:** 506 VA DARE TRL N KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**APPLICANT:** PENDERGRASS, ROGER  
6805 MARTIN FERRY RD  
TOBACCOVILLE, NC 27050  
336-978-1133

**OWNER:** PENDERGRASS, ROGER  
6805 MARTIN FERRY RD  
TOBACCOVILLE, NC 27050  
336-978-1133

**ELECTRICAL - LIMITED:** WIRE FOR U ELECTRICAL  
114 RUNSWAP RD  
Camden, NC 27921  
252-333-7888

**License:** 24217  
**Expires:** 07/31/2024

**PARCEL:**

**PIN:** 988420715993

**Parcel Number:** 003743000

**Address:** 506 VA DARE TRL N KILL DEVIL HILLS

**Zoning:**

**Addition:** KITTY HAWK SHORES - REVISED

**Block:** 23 **Lot(s):** 4

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Electrical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** EXTEND EXISTING ELECTRICAL CIRCUIT TO CONNECT TO PERGOLA POSTS, INSTALL EV CHARGER, INSTALL 20 AMP CIRCUIT FOR

**EL2024-015**

**PROJECT NAME:** PENDERGRASS ELECTRICAL  
**SITE ADDRESS:** 506 VA DARE TRL N KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

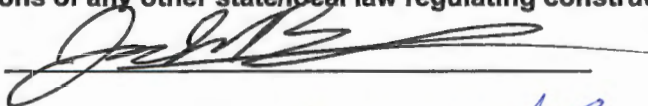
Final

**CONDITIONS**

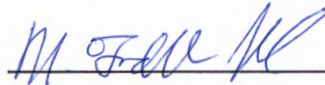
\* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

Issued By: \_\_\_\_\_



Contractor or Authorized Agent: \_\_\_\_\_



Date: 2-7-24



**Town of Kill Devil Hills**

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

**Planning and Inspection Department**

PAID

FEB - 7 2024

TOWN OF  
KILL DEVIL HILLS

**MC2024-022**

**PROJECT NAME:** MARKS HVAC  
**SITE ADDRESS:** 1801 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**  
**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**APPLICANT:** MARKS, GAIL  
15608 MOSAIC CREEK BLVD  
Richmond, Va 23238  
1-804-399-7620

**OWNER:** MARKS, GAIL  
15608 MOSAIC CREEK BLVD  
Richmond, Va 23238  
1-804-399-7620

**H3, CLASS 1:** One Hour Heating and Air Conditioning  
701 Fresh Pond West  
Kill Devil Hills, NC 27948  
441-1740  
**License:** 12643  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 989309155170C3 **Parcel Number:** 028133000  
**Address:** 1801 VA DARE TRL S KILL DEVIL HILLS  
**Addition:** **Zoning:**  
**Block:** 0 **Lot(s):** A, UNIT 3  
**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC C/O



**MC2024-022**

**PROJECT NAME:** MARKS HVAC

**SITE ADDRESS:** 1801 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7799.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**


Final

**CONDITIONS**

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Issued By: 

Contractor or Authorized Agent:  Date: 2-7-24



# Town of Kill Devil Hills

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

FEB - 7 2024

## Planning and Inspection Department

TC 3 OF  
KI 11-11-LS

<b>ZP2024-009</b>	<b>ZONING PERMIT</b>
<b>PROJECT NAME:</b> SISKIND FENCE	<b>ISSUED:</b> 02/07/2024
<b>SITE ADDRESS:</b> 902 INDIAN DR KILL DEVIL HILLS	<b>EXPIRES:</b> 08/05/2024

<b>APPLICANT:</b> RICHARD SISKIND 902 Indian Drive Kill Devil Hills, NC 21234	<b>OWNER:</b> RICHARD SISKIND 902 Indian Drive Kill Devil Hills, NC 21234
---	---

<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988409157706	<b>Parcel Number:</b> 002573000
<b>Address:</b> 902 INDIAN DR KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> CROATAN SHORES SUBDIV	<b>Block:</b> 14 <b>Lot(s):</b> 29
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** REPLACE FENCE ALONG PROPERTY LINE

**ZP2024-009**

**PROJECT NAME:** SISKIND FENCE  
**SITE ADDRESS:** 902 INDIAN DR KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N

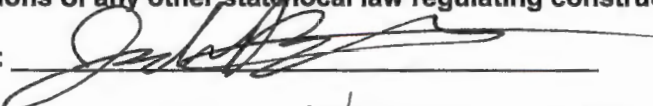
**REQUIRED INSPECTIONS**

Final Stringline  
Zoning Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 02/07/24



**Town of Kill Devil Hills**

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

**Planning and Inspection Department**

PAID

FEB - 7 2024

TOWN OF  
KILL DEVIL HILLS

**BP2024-018**

**PROJECT NAME:** FRIES STAIRS  
**SITE ADDRESS:** 2031 EDENTON ST ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**APPLICANT:** FRIES, DEBRA  
111 WIND FOREST LANE  
YORKTOWN, VA 23692  
757-817-8406

**OWNER:** FRIES, DEBRA  
111 WIND FOREST LANE  
YORKTOWN, VA 23692  
757-817-8406

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 987408988796

**Parcel Number:** 001268000

**Address:** 2031 EDENTON ST ST KILL DEVIL HILLS

**Addition:** AVALON BEACH ANNEX 2 & 3

**Zoning:**

**Block:** 0 **Lot(s):** 820

**Legal Description:**

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

**PROJECT DESCRIPTION:** STAIR REPLACEMENT

**BP2024-018**

**PROJECT NAME:** FRIES STAIRS  
**SITE ADDRESS:** 2031 EDENTON ST ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	800.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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

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

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: 2-7-24



# Town of Kill Devil Hills

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

FEB - 7 2024

TC 3F 15

## Planning and Inspection Department

**BP2024-017**

**PROJECT NAME:** NEWMAN STACKED DECKS  
**SITE ADDRESS:** 209 MARTIN ST E KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**APPLICANT:** Newman, Michelle  
102 Whispering WAY  
YORKTOWN, VA 23692  
757-532-3780

**OWNER:** Newman, Michelle  
102 Whispering WAY  
YORKTOWN, VA 23692  
757-532-3780

**GENERAL, UNLICENSED:** FIVE STAR CONSTRUCTION  
1004 INDIAN DR  
Kill Devil Hills, NC 27948  
252-489-1252

**License:** XXX  
**Expires:**

**PARCEL:**

**PIN:** 988312976414

**Parcel Number:** 004231001

**Address:** 209 MARTIN ST E KILL DEVIL HILLS

**Zoning:**

**Addition:** KILL DEVIL HILLS SEC 1

**Block:** 16 **Lot(s):** 1

**Legal Description:**

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>	<b>BUILDING AREA:</b>
Open Deck Fee	\$300.00	\$0.00	Open Decks 2 EA
<b>Totals :</b>	<b>\$300.00</b>	<b>\$0.00</b>	

**PROJECT DESCRIPTION:** REBUILD STACKED DECKS AND STAIR

**BP2024-017**

**PROJECT NAME:** NEWMAN STACKED DECKS  
**SITE ADDRESS:** 209 MARTIN ST E KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

---

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	23500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

---

**REQUIRED INSPECTIONS**

Zoning Final

Slab/Foundation/Piling

Final

---

**CONDITIONS**

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

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

\* Zoning Final Inspection is required.

**BP2024-017**

**PROJECT NAME:** NEWMAN STACKED DECKS  
**SITE ADDRESS:** 209 MARTIN ST E KILL DEVIL HILLS

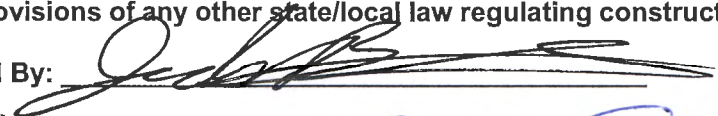
**BUILDING**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

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

Issued By: \_\_\_\_\_



Contractor or Authorized Agent: \_\_\_\_\_



Date: \_\_\_\_\_

2-7-24





# Town of Kill Devil Hills

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

FEB - 6 2024

## Planning and Inspection Department

TC OF  
KIP LS

**ZP2024-008**

**PROJECT NAME:** Manzoni Fence  
**SITE ADDRESS:** 202 VA DARE TRL N KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 02/05/2024

**EXPIRES:** 08/03/2024

**APPLICANT:** Brett Fuller  
207 Roanoke Drive  
Kill Devil Hills, NC 27948

**OWNER:** MANZONI, JOHN  
202 N VA DARE TRL  
Kill Devil Hills, NC 27948

**UNLICENSED - REMODELING:** Brett Fuller  
207 Roanoke Drive  
Kill Devil Hills, NC 27948

**License:** 12345  
**Expires:**

**PARCEL:**

**PIN:** 988420810136

**Parcel Number:** 003764000

**Address:** 202 VA DARE TRL N KILL DEVIL HILLS

**Addition:** KITTY HAWK SHORES - REVISED

**Zoning:**

**Block:** 26

**Lot(s):** N PT 13-16

**Legal Description:**

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

**PROJECT DESCRIPTION:** fence around back yard

*# cost 5,782.00*

**ZP2024-008**

**PROJECT NAME:** Manzoni Fence  
**SITE ADDRESS:** 202 VA DARE TRL N KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 02/05/2024

**EXPIRES:** 08/03/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RH
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
SURVEYOR NAME AND NUMBER	WL NORRIS
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Stringline

Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/6/24



# Town of Kill Devil Hills

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

PAID

FEB - 7 2024

## Planning and Inspection Department

<b>BJ2024-023</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Ocean Breeze Townhomes	<b>ISSUED:</b> 02/07/2024
<b>SITE ADDRESS:</b> 902C Va Dare Trail S Kill Devil Hills	<b>EXPIRES:</b> 08/05/2024

<b>APPLICANT:</b> RM SAUNDERS GENERAL CONTRACTORS PO Box 1922 Kill Devil Hills, NC 27948 480-9477	<b>OWNER:</b> OCEAN BREEZE DEVELOPMENT LLC 2606 Meadowlark Hills Ct SPRING, TX 77389
--	--

<b>GENERAL BUILDING - UNLIMITED:</b> SAUNDERS, R.M. P.O. box 1922 Kill Devil Hills, NC 27948 252-207-8710	<b>License:</b> 32380 <b>Expires:</b> 12/31/2024
--	---

**PARCEL:**

<b>PIN:</b> 988308982774C	<b>Parcel Number:</b>
<b>Address:</b> 902C Va Dare Trail S Kill Devil Hills	<b>Zoning:</b>
<b>Addition:</b>	<b>Block:</b> <b>Lot(s):</b>
<b>Legal Description:</b> Lot 1a, Block 9, Sec 1, Kill Devil Hills Sec 1	

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>	<b>BUILDING AREA:</b>	
Res. Building Permit Fee	\$519.00	\$0.00	Residential Heated Space	692 sq. Ft.
			(.75)	
<b>Totals :</b>	<b>\$519.00</b>	<b>\$0.00</b>		

**PROJECT DESCRIPTION:** Building C converting existing entry to conditioned space

**BJ2024-023**

**PROJECT NAME:** Ocean Breeze Townhomes  
**SITE ADDRESS:** 902C Va Dare Trail S Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	8.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	3000.00
LIVING SPACE (SQFT)	692
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

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

**BJ2024-023**

PROJECT NAME: Ocean Breeze Townhomes  
SITE ADDRESS: 902C Va Dare Trail S Kill Devil Hills

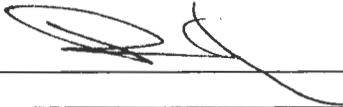
**BUILDING JOINT**

ISSUED: 02/07/2024

EXPIRES: 08/05/2024

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

Issued By:  \_\_\_\_\_

Contractor or Authorized Agent:  \_\_\_\_\_ Date: 2-7-24



# Town of Kill Devil Hills

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

PAID

FEB - 7 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**BJ2024-024**

**PROJECT NAME:** Ocean Breeze Townhomes  
**SITE ADDRESS:** 902A VA DARE TRL S Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**APPLICANT:** RM SAUNDERS GENERAL CONTRACTORS  
PO Box 1922  
Kill Devil Hills, NC 27948  
480-9477

**OWNER:** OCEAN BREEZE DEVELOPMENT LLC  
2606 Meadowlark Hills Ct  
SPRING, TX 77389

**GENERAL BUILDING - UNLIMITED:** SAUNDERS, R.M.  
P.O. box 1922  
Kill Devil Hills, NC 27948  
252-207-8710

**License:** 32380  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988308982774A

**Parcel  
Number:**

**Address:** 902A VA DARE TRL S Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 1A Block 9

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>	<b>BUILDING AREA:</b>	
Res. Building Permit Fee	\$519.00	\$0.00	Residential Heated Space	692 sq. Ft.
<b>Totals :</b>	<b>\$519.00</b>	<b>\$0.00</b>	(.75)	

**PROJECT DESCRIPTION:** Building A converting existing entry to conditioned space

**BJ2024-024**

PROJECT NAME: Ocean Breeze Townhomes  
 SITE ADDRESS: 902A VA DARE TRL S Kill Devil Hills

**BUILDING JOINT**

ISSUED: 02/07/2024

EXPIRES: 08/05/2024

**DETAILS****Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	8.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	3000.00
TOTAL SQUARE FOOTAGE	692
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Rough In	Final
Insulation	

**CONDITIONS**

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

**BJ2024-024**

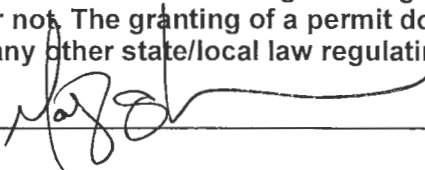
**PROJECT NAME:** Ocean Breeze Townhomes  
**SITE ADDRESS:** 902A VA DARE TRL S Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

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

Issued By:  \_\_\_\_\_

Contractor or Authorized Agent:  \_\_\_\_\_ Date: 2-7-24





# Town of Kill Devil Hills

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

FEB - 7 2024  
OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**BJ2024-025**

**PROJECT NAME:** Ocean Breeze Building B Unit 200 Ground Floor  
Entry  
**SITE ADDRESS:** 902B VA DARE TRL S Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**APPLICANT:** RM SAUNDERS GENERAL CONTRACTORS  
PO Box 1922  
Kill Devil Hills, NC 27948  
480-9477

**OWNER:** OCEAN BREEZE DEVELOPMENT LLC  
2606 Meadowlark Hills Ct  
SPRING, TX 77389

**GENERAL BUILDING - UNLIMITED:** SAUNDERS, R.M.  
P.O. box 1922  
Kill Devil Hills, NC 27948  
252-207-8710

**License:** 32380  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988308982774B

**Parcel Number:**

**Address:** 902B VA DARE TRL S Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 1a, Block 9, Sec 1, Kill Devil Hills Sec 1

**FEES:**

Res. Building Permit Fee

Paid

\$519.00

Due

\$0.00

**BUILDING AREA:**

Residential Heated Space

692 sq. Ft.

(.75)

**Totals :**

**\$519.00**

**\$0.00**

**PROJECT DESCRIPTION:** condition existing ground floor enclosure

**BJ2024-025****PROJECT NAME:** Ocean Breeze Building B Unit 200 Ground Floor

Entry

**SITE ADDRESS:** 902B VA DARE TRL S Kill Devil Hills**BUILDING JOINT****ISSUED:** 02/07/2024**EXPIRES:** 08/05/2024**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	8.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	3000.00
LIVING SPACE (SQFT)	692
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Rough In	Final
Insulation	

**CONDITIONS**

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

\* Foundation survey will be required prior to rough-in inspection.

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

**BJ2024-025**

**PROJECT NAME:** Ocean Breeze Building B Unit 200 Ground Floor

Entry

**SITE ADDRESS:** 902B VA DARE TRL S Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

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

Issued By:  \_\_\_\_\_

Contractor or Authorized Agent:  \_\_\_\_\_ Date: 2-7-24



# Town of Kill Devil Hills

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

FEB - 7 2024

## Planning and Inspection Department

TC OF

<b>BJ2024-026</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> KRAKOVIAK LIVING SPACE ADDITION	<b>ISSUED:</b> 02/07/2024
<b>SITE ADDRESS:</b> 314 Eden St. W. Kill Devil Hills	<b>EXPIRES:</b> 08/05/2024

<b>APPLICANT:</b> KRAKOVIAK, MARK 314 W EDEN ST P.O. Box 1719 Kill Devil Hills, NC 27948 252-564-0961	<b>OWNER:</b> KRAKOVIAK, MARK 314 W EDEN ST P.O. Box 1719 Kill Devil Hills, NC 27948 252-564-0961
---	---

<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988517005983-7351	<b>Parcel Number:</b>
<b>Address:</b> 314 Eden St. W. Kill Devil Hills	
<b>Addition:</b> VIRGINIA DARE SHORES	<b>Zoning:</b>
<b>Legal Description:</b>	<b>Block:</b> 47 <b>Lot(s):</b> 27-28

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

**PROJECT DESCRIPTION:** CONVERT 8'X14' OF COVERED PORCH TO LIVING SPACE, EXPANDING LIVING ROOM, KEEPING EXISTING ROOF FRAMING, DECK TO BE RETROFIT PER ENGINEER

**BJ2024-026**

**PROJECT NAME:** KRAKOVIAK LIVING SPACE ADDITION  
**SITE ADDRESS:** 314 Eden St. W. Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

---

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	10000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

---

**REQUIRED INSPECTIONS**

Framing	Final
Rough In	Zoning Final
Insulation	

---

**CONDITIONS**

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

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

\* Zoning Final Inspection is required.

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

**BJ2024-026**

**PROJECT NAME:** KRAKOVIAK LIVING SPACE ADDITION

**SITE ADDRESS:** 314 Eden St. W. Kill Devil Hills

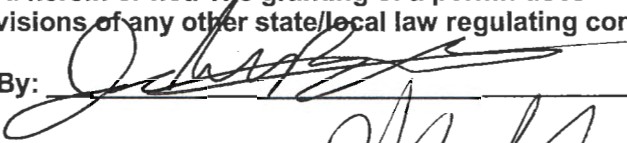
**BUILDING JOINT**

**ISSUED:** 02/07/2024

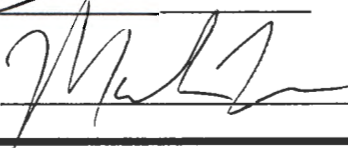
**EXPIRES:** 08/05/2024

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

Issued By:



Contractor or Authorized Agent:



Date:

2/7/2024



**Town of Kill Devil Hills**

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

FEB - 7 2024

**Planning and Inspection Department**

<b>BP2024-019</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> WHITE DECK REMODEL	<b>ISSUED:</b> 02/07/2024
<b>SITE ADDRESS:</b> 3100 VA DARE TRL N KILL DEVIL HILLS	<b>EXPIRES:</b> 08/05/2024

<b>APPLICANT:</b> WHITE, K GLENN 46 BLUE STONE DRIVE CHADDS FORD, PA 19317	<b>OWNER:</b> WHITE, K GLENN 46 BLUE STONE DRIVE CHADDS FORD, PA 19317
--	--

<b>GENERAL, UNLICENSED:</b>	CCPR CONSTRUCTION 801 W AVAL DR Kill Devil Hills, NC 27948 252-305-5758	<b>License:</b> XXXXXX <b>Expires:</b>
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**PARCEL:**

<b>PIN:</b> 988513133541	<b>Parcel Number:</b> 031005000
<b>Address:</b> 3100 VA DARE TRL N KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> VIRGINIA DARE SHORES	<b>Block:</b> 10 <b>Lot(s):</b> 4
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** REPLACE DECKING, RAILING, AND SISTER JOISTS

**BP2024-019**

**PROJECT NAME:** WHITE DECK REMODEL  
**SITE ADDRESS:** 3100 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/07/2024

**EXPIRES:** 08/05/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	AO
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	21000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

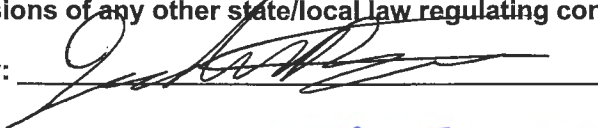
Zoning Final

Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 02-07-24





# Town of Kill Devil Hills

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

FEB - 9 2024

## Planning and Inspection Department

<b>BP2024-020</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> Simpleside Deck Replacement	<b>ISSUED:</b> 02/08/2024
<b>SITE ADDRESS:</b> 414 HELGA ST W KILL DEVIL HILLS	<b>EXPIRES:</b> 08/06/2024

<b>APPLICANT:</b> Simple Side Construction PO BOX 3323 Kitty Hawk, NC 27949 252-564-8307	<b>OWNER:</b> NEWTON, THOMAS MICHAEL 414 W Helga St Kill Devil Hills, NC 27948 757-630-5133
---	--

<b>BUILDING LIMITED:</b> Simple Side Construction PO BOX 3323 Kitty Hawk, NC 27949 252-564-8307	<b>License:</b> 78583 <b>Expires:</b>
--	--

**PARCEL:**

<b>PIN:</b> 987516834333	<b>Parcel Number:</b> 000271000
<b>Address:</b> 414 HELGA ST W KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> ORVILLE BEACH WEST	<b>Block:</b> 0 <b>Lot(s):</b> 186
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** replace existing front deck, stairs and handrails, no change to footprint

**BP2024-020**PROJECT NAME: Simpleside Deck Replacement  
SITE ADDRESS: 414 HELGA ST W KILL DEVIL HILLS**BUILDING**

ISSUED: 02/08/2024

EXPIRES: 08/06/2024

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**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	30000.00
LOT COVERAGE	40.00
SURVEYOR NAME AND NUMBER	Mike Sadler
OCCUPANCY TYPE	One & Two Family Dwelling

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**REQUIRED INSPECTIONS**

Zoning Final

Final

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**CONDITIONS**

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

**BP2024-020**

**PROJECT NAME:** Simpleside Deck Replacement  
**SITE ADDRESS:** 414 HELGA ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/08/2024

**EXPIRES:** 08/06/2024

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

2/9/24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-023**

**PROJECT NAME:** HEAT PUMP REPLACEMENT  
**SITE ADDRESS:** 1319 N VIRGINIA DARE TRL 3K KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/08/2024  
**EXPIRES:** 08/06/2024

**APPLICANT:** DTDW PROPERTIES LLC  
344 MOONDANCE DR  
COLONIAL BEACH, VA 22443  
540-846-4717

**OWNER:** DTDW PROPERTIES LLC  
344 MOONDANCE DR  
COLONIAL BEACH, VA 22443  
540-846-4717

**MECHANICAL, H-3, I:**

AIR HANDLERS OBX  
8788 Caratoke Hwy  
Harbinger, NC 27941  
252-216-8945

**License:** 23577  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 98841564493913

**Parcel Number:**

**Address:** 1319 N VIRGINIA DARE TRL 3K KILL DEVIL HILLS

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** 98841564493913

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

**PROJECT DESCRIPTION:** HEAT PUMP REPLACEMENT



**PAID**

*M. E. Egan*  
*on the payment*

**MC2024-023**

**PROJECT NAME:** HEAT PUMP REPLACEMENT  
**SITE ADDRESS:** 1319 N VIRGINIA DARE TRL 3K KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/08/2024

**EXPIRES:** 08/06/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5192.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Linda Burgess Date: 02 / 08 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>PL2024-001</b>	<b>PLUMBING</b>
<b>PROJECT NAME:</b> PENDERGRASS TANKLESS WATER HEATER	<b>ISSUED:</b> 02/08/2024
<b>SITE ADDRESS:</b> 506 VA DARE TRL N KILL DEVIL HILLS	<b>EXPIRES:</b> 08/06/2024

<b>APPLICANT:</b> PENDERGRASS, ROGER 6805 MARTIN FERRY RD TOBACCOVILLE, NC 27050 336-978-1133	<b>OWNER:</b> PENDERGRASS, ROGER 6805 MARTIN FERRY RD TOBACCOVILLE, NC 27050 336-978-1133
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<b>PLUMBING, CLASS I:</b>	ROGER PENDERGRASS 6805 MARTIN FERRY RD TOBACCOVILLE, NC 27050 336-978-1133	<b>License:</b> 11216 <b>Expires:</b>
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**PARCEL:**

<b>PIN:</b> 988420715993	<b>Parcel Number:</b> 003743000
<b>Address:</b> 506 VA DARE TRL N KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> KITTY HAWK SHORES - REVISED	<b>Block:</b> 23 <b>Lot(s):</b> 4
<b>Legal Description:</b>	

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Plumbing Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** INSTALL 2 TANKLESS WATER HEATERS

 **PAID**  
2/8/24  
online

**PL2024-001**

**PROJECT NAME:** PENDERGRASS TANKLESS WATER HEATER  
**SITE ADDRESS:** 506 VA DARE TRL N KILL DEVIL HILLS

**PLUMBING**

**ISSUED:** 02/08/2024

**EXPIRES:** 08/06/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Jordan Blythe

Contractor or Authorized Agent: *Joey Hendryx* Date: 02 / 08 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**BP2024-021**

**PROJECT NAME:** Long Deck  
**SITE ADDRESS:** 206 THIRD ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/12/2024

**EXPIRES:** 08/10/2024

**APPLICANT:** LONG, ROBERT E  
TRUSTEE  
221 PALEN AVENUE  
NEWPORT NEWS, VA 23601

**OWNER:** LONG, ROBERT E  
TRUSTEE  
221 PALEN AVENUE  
NEWPORT NEWS, VA 23601

**UNLICENSED - REMODELING:** JAMES CURTIN  
PO Box 474  
Kitty Hawk, NC 27949  
252-202-1237

**License:** unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988406370503

**Parcel Number:** 027170000

**Address:** 206 THIRD ST W KILL DEVIL HILLS

**Zoning:**

**Addition:** HEDRICKS ADDITION - CROATAN SH

**Block:** 0 **Lot(s):** 36

**Legal Description:**

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

PAID

FEB 12 2024

**PROJECT DESCRIPTION:** Replace decking, stairs and handrails no change to footprint

KN - TC JOF LS







# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>MC2024-024</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> HVAC CHANGEOUT	<b>ISSUED:</b> 02/12/2024
<b>SITE ADDRESS:</b> 1217A VA DARE TRL S KILL DEVIL HILLS	<b>EXPIRES:</b> 08/10/2024

**APPLICANT:** PORTER, SHERRY  
2101 HANOVER AVE  
Richmond, NC 23220

**OWNER:** PORTER, SHERRY  
2101 HANOVER AVE  
Richmond, NC 23220

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

**License:** 35329  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 989309072339

**Parcel Number:** 004877000

**Address:** 1217A VA DARE TRL S KILL DEVIL HILLS

**Zoning:**

**Addition:**

**Block:** 5 **Lot(s):** 7

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC CHANGEOUT

**PAID**  
*ok 2/12/24*  
*online payment*

**MC2024-024**

**PROJECT NAME:** HVAC CHANGEOUT

**SITE ADDRESS:** 1217A VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/12/2024

**EXPIRES:** 08/10/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	16944.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Brian Lancaster Date: 02 / 12 / 2024



**MC2024-025**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 700 J5 FIRST ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/12/2024

**EXPIRES:** 08/10/2024

**DETAILS**

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10532.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	4
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: Brian Lancaster Date: 02 / 12 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>MC2024-026</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> HVAC CHANGEOUT	<b>ISSUED:</b> 02/12/2024
<b>SITE ADDRESS:</b> 1717 Virginia Dare Tr. N. Kill Devil Hills	<b>EXPIRES:</b> 08/10/2024

<b>APPLICANT:</b> Brook, Steve 133 Swan View Dr. Kill Devil Hills, NC 27948 252-305-3426	<b>OWNER:</b> Brook, Steve 133 Swan View Dr. Kill Devil Hills, NC 27948 252-305-3426
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<b>MECHANICAL, PLUMBING, ELECTRICAL:</b> Chris's Electrical and Mechanical Kill Devil Hills Kill Devil Hills, NC 27948 252-480-0738	<b>License:</b> 20044/22217 <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988407570602	<b>Parcel Number:</b> 002788000
<b>Address:</b> 1717 Virginia Dare Tr. N. Kill Devil Hills	<b>Zoning:</b>
<b>Addition:</b> Croatan Shores Amended	<b>Block:</b> C <b>Lot(s):</b> 11
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** HVAC CHANGEOUT



**PAID**  
*on 2/13/24*  
*on the permit*

**MC2024-026**

**PROJECT NAME:** HVAC CHANGEOUT

**SITE ADDRESS:** 1717 Virginia Dare Tr. N. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 02/12/2024

**EXPIRES:** 08/10/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	14278.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: Christopher J Sterner Date: 02 / 12 / 2024



**Town of Kill Devil Hills**

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

FEB 13 2024

**Planning and Inspection Department**

<b>MC2024-027</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> HVAC CHANGEOUT	<b>ISSUED:</b> 02/13/2024
<b>SITE ADDRESS:</b> 1332 Devonshire Rd. Kill Devil Hills	<b>EXPIRES:</b> 08/11/2024

<b>APPLICANT:</b> COHEN, HARVEY & KATHERINE 1332 DEVONSHIRE RD KILL DEVIL HILLS, NC 27948 410-294-0187	<b>OWNER:</b> COHEN, HARVEY & KATHERINE 1332 DEVONSHIRE RD KILL DEVIL HILLS, NC 27948 410-294-0187
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<b>H3, CLASS 1:</b>	One Hour Heating and Air Conditioning 701 Fresh Pond West Kill Devil Hills, NC 27948 441-1740	<b>License:</b> 12643 <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 98831027941024	<b>Parcel Number:</b>
<b>Address:</b> 1332 Devonshire Rd. Kill Devil Hills	<b>Zoning:</b> G&I
<b>Addition:</b> Bermuda Bay	<b>Block:</b> <b>Lot(s):</b>
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** HVAC CHANGEOUT



**MC2024-027**

PROJECT NAME: HVAC CHANGEOUT  
SITE ADDRESS: 1332 Devonshire Rd. Kill Devil Hills

**MECHANICAL**

ISSUED: 02/13/2024

EXPIRES: 08/11/2024

**DETAILS**

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	15612.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**


Final

**CONDITIONS**

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Issued By: 

Contractor or Authorized Agent:  Date: 2-13-24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**EL2024-016**

**PROJECT NAME:** Shultz Electric  
**SITE ADDRESS:** 203 BURNS DR KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/09/2024

**EXPIRES:** 08/07/2024

**APPLICANT:** SHULTZ, ARGIE P  
315 Quail Ln  
KILL DEVIL HILLS, NC 27948

**OWNER:** SHULTZ, ARGIE P  
315 Quail Ln  
KILL DEVIL HILLS, NC 27948

**ELECTRICAL - UNLIMITED:** OBXtroniX, LLC  
1028 GEORGE DANIELS RD  
MANTEO, NC 27954  
252-305-6628

**License:** 35240  
**Expires:** 05/04/2024

**PARCEL:**

**PIN:** 988316948698

**Parcel Number:** 008389000

**Address:** 203 BURNS DR KILL DEVIL HILLS

**Zoning:**

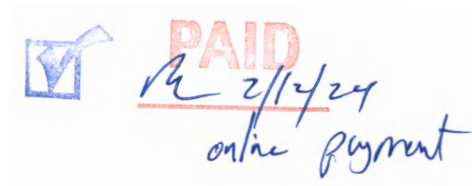
**Addition:** OCEAN ACRES TRACT 3 SEC 1

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

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Electrical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Replace electrical service



**EL2024-016**

**PROJECT NAME:** Shultz Electric  
**SITE ADDRESS:** 203 BURNS DR KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/09/2024

**EXPIRES:** 08/07/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Charles Thuman

Contractor or Authorized Agent: Edward W.L. Munden Date: 02 / 09 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**EL2024-017**

**PROJECT NAME:** ELECTRICAL REPAIRS  
**SITE ADDRESS:** 1905 South Virginia Dare Trail Kill Devil Hills

**ELECTRICAL**

**ISSUED:** 02/12/2024

**EXPIRES:** 08/10/2024

**APPLICANT:** Kies, Ken  
6109 Franklin Park Road  
MCLEAN, VA 22101

**OWNER:** Kies, Ken  
6109 Franklin Park Road  
MCLEAN, VA 22101

**ELECTRICAL-UNLIMITED:** PRECISE ELECTRICAL SERVICES  
PO Box 1227  
Kill Devil Hills, NC 27948  
252-796-7900

**License:** 26395  
**Expires:** 09/29/2024

### PARCEL:

**PIN:** 989313148707

**Parcel  
Number:**

**Address:** 1905 South Virginia Dare Trail Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot E3, Over Run Beach

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Replace disconnects

### DETAILS

#### Permit

Name	Value
ZONING DISTRICT	OIR
CONSTRUCTION COST	4500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling



**PAID**  
2/13/24

*online payment*

**EL2024-017**

**PROJECT NAME:** ELECTRICAL REPAIRS

**SITE ADDRESS:** 1905 South Virginia Dare Trail Kill Devil Hills

**ELECTRICAL**

**ISSUED:** 02/12/2024

**EXPIRES:** 08/10/2024

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: David Bryan Middle Date: 02 / 12 / 2024



# Town of Kill Devil Hills

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

FEB 13 2024  
TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**EL2024-018**

**PROJECT NAME:** Sand Castle Electric  
**SITE ADDRESS:** 503 VA DARE TRL N KILL DEVIL HILLS

**ELECTRICAL**  
**ISSUED:** 02/12/2024  
**EXPIRES:** 08/10/2024

**APPLICANT:** SAND CASTLE PROPERTY  
2600 N Croatan Hwy, 2nd Floor  
Kill Devil Hills, NC 27948

**OWNER:** SAND CASTLE PROPERTY  
2600 N Croatan Hwy, 2nd Floor  
Kill Devil Hills, NC 27948

**ELECTRICAL-I:** SPECIALTY ELECTRICAL CONTRACTORS, INC.  
104 Waterway CT  
Aydlett, NC 27916  
252-599-0163  
**License:** 24891-I  
**Expires:** 08/19/2024

**PARCEL:**

**PIN:** 98842071999900      **Parcel Number:** 003686999  
**Address:** 503 VA DARE TRL N KILL DEVIL HILLS  
**Addition:**      **Zoning:**  
**Legal Description:**      **Block:** 6      **Lot(s):** 1, 2

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Electrical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Replace single 4 gang meter base and disconnects

**EL2024-018**

**PROJECT NAME:** Sand Castle Electric  
**SITE ADDRESS:** 503 VA DARE TRL N KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/12/2024

**EXPIRES:** 08/10/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

2-13-24



# Town of Kill Devil Hills

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

FEB 13 2024

## Planning and Inspection Department

**BP2024-022**

**PROJECT NAME:** VEST RETAINING WALL  
**SITE ADDRESS:** 1810 SIOUX ST KILL DEVIL HILLS

**BUILDING**  
**ISSUED:** 02/13/2024

**EXPIRES:** 08/11/2024

**APPLICANT:** CHRIS VEST  
1810 SIOUX ST  
Kill Devil Hills, NC 27948  
757-504-8546

**OWNER:** CHRIS VEST  
1810 SIOUX ST  
Kill Devil Hills, NC 27948  
757-504-8546

**GENERAL REMODELING-UNLICENSED:** Affordable Bill's  
300 WEST Albermarle DR  
Nags Head, NC 27959  
252-489-9555

**License:** xxx  
**Expires:**

**PARCEL:**

**PIN:** 988409179216

**Parcel Number:** 002437000

**Address:** 1810 SIOUX ST KILL DEVIL HILLS

**Zoning:**

**Addition:** SEA HOLLY RIDGE

**Block:** F **Lot(s):** 11

**Legal Description:**

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

**PROJECT DESCRIPTION:** CONSTRUCT 50' , 40" HIGH RETAINING WALL ALONG SOUTH AND WEST PROPERTY LINES



**BP2024-022**

PROJECT NAME: VEST RETAINING WALL  
SITE ADDRESS: 1810 SIOUX ST KILL DEVIL HILLS

**BUILDING**

ISSUED: 02/13/2024

EXPIRES: 08/11/2024

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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

\* Engineering required if unbalanced fill exceeds 4 foot.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/13/24



# Town of Kill Devil Hills

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

Planning and Inspection Department

PAID

FEB 14 2024

TOWN OF  
KILL DEVIL HILLS

**BP2024-023**

**PROJECT NAME:** Bedichek Siding  
**SITE ADDRESS:** 2704 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/14/2024

**EXPIRES:** 08/12/2024

**APPLICANT:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**OWNER:** ELLEN BEDICHEK  
9287 Greywood Dr.  
Mechanicsville, VA 23116

**BUILDING LIMITED:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**License:** 78583  
**Expires:**

**PARCEL:**

**PIN:** 988513128625

**Parcel Number:** 027470000

**Address:** 2704 VA DARE TRL N KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES AMD BLK 6

**Zoning:**  
**Block:** 6 **Lot(s):** 3

**Legal Description:**

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

**PROJECT DESCRIPTION:** replace existing siding with LP smartside, one fixed window replacement

**BP2024-023**

**PROJECT NAME:** Bedichek Siding  
**SITE ADDRESS:** 2704 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/14/2024  
**EXPIRES:** 08/12/2024

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AO
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	50000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2-14-24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>MC2024-028</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> Keller HVAC	<b>ISSUED:</b> 02/14/2024
<b>SITE ADDRESS:</b> 700 W Boundary St Unit B Kill Devil Hills	<b>EXPIRES:</b> 08/12/2024

**APPLICANT:** Keller, Karen  
700 W Boundary St  
Unit B  
Kill Devil Hills, NC 27948  
252-715-3281

**OWNER:** Keller, Karen  
700 W Boundary St  
Unit B  
Kill Devil Hills, NC 27948  
252-715-3281

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

**License:** 12643  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988312757250

**Parcel Number:**

**Address:** 700 W Boundary St Unit B Kill Devil Hills

**Addition:**

**Zoning:**

**Block:**

**Lot(s):**

**Legal Description:** Residential townhome

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

**PROJECT DESCRIPTION:** C/O 3Ton HVAC system

FEB 14 2024

TC (F)  
KJ

**MC2024-028**

**PROJECT NAME:** Keller HVAC

**SITE ADDRESS:** 700 W Boundary St Unit B Kill Devil Hills

**MECHANICAL**

**ISSUED:** 02/14/2024

**EXPIRES:** 08/12/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8844.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

2-14-24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>MC2024-030</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> Newbern HVAC	<b>ISSUED:</b> 02/14/2024
<b>SITE ADDRESS:</b> 905 SHARON CT KILL DEVIL HILLS	<b>EXPIRES:</b> 08/12/2024

<b>APPLICANT:</b> NEWBERN, KENSTOCK A P.O. Box 192 PARISH, NY 13131	<b>OWNER:</b> NEWBERN, KENSTOCK A P.O. Box 192 PARISH, NY 13131
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<b>MECHANICAL, H-3, I:</b>	AIR HANDLERS OBX 8788 Caratoke Hwy Harbinger, NC 27941 252-216-8945	<b>License:</b> 23577 <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988405078843	<b>Parcel Number:</b> 002193000
<b>Address:</b> 905 SHARON CT KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> WRIGHT'S SHORES	<b>Block:</b> 0 <b>Lot(s):</b> 98
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** C/O 3Ton HVAC system

 **PAID**  
2/16/24  
on-line

**MC2024-030**

**PROJECT NAME:** Newbern HVAC  
**SITE ADDRESS:** 905 SHARON CT KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/14/2024

**EXPIRES:** 08/12/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8473.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Linda Burgess Date: 02 / 14 / 2024



# Town of Kill Devil Hills

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

PAID

FEB 15 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**DM2024-001**

**PROJECT NAME:** OBXPREP DEMO  
**SITE ADDRESS:** 1810 BAY DR KILL DEVIL HILLS

**DEMOLITION**

**ISSUED:** 02/15/2024

**EXPIRES:** 08/13/2024

**APPLICANT:** OBXPREP LLC  
757 BARDFORD TER  
West Chester, PA 19382  
732-822-8860

**OWNER:** OBXPREP LLC  
757 BARDFORD TER  
West Chester, PA 19382  
732-822-8860

**BUILDING LIMITED:** H & W SERVICES GROUP  
1053 MARTINS POINT RD.  
Kitty hawk, nc 27949  
252-423-0744

**License:** 81536  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988409061203

**Parcel Number:** 002543000

**Address:** 1810 BAY DR KILL DEVIL HILLS

**Addition:** CROATAN SHORES INC SEC 1

**Zoning:**  
**Block:** 21      **Lot(s):** 9

**Legal Description:**

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

**PROJECT DESCRIPTION:** DEMO EXISTING SFD

### DETAILS

**Permit**

Name	Value
ZONING DISTRICT	RL
FLOOD ZONE	AE
CONSTRUCTION COST	25000.00



**DM2024-001**

**PROJECT NAME:** OBXPREP DEMO

**SITE ADDRESS:** 1810 BAY DR KILL DEVIL HILLS

**DEMOLITION**

**ISSUED:** 02/15/2024

**EXPIRES:** 08/13/2024

**REQUIRED INSPECTIONS**

Final

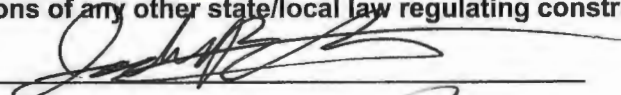
**CONDITIONS**

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

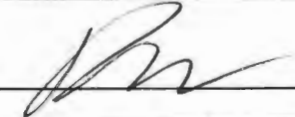
\* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

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

Issued By: \_\_\_\_\_



Contractor or Authorized Agent: \_\_\_\_\_



Date: \_\_\_\_\_

2/15/24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

FEB 16 2024

TOW OF

KILL DEVIL HILLS

<b>EL2024-020</b>	<b>ELECTRICAL</b>
<b>PROJECT NAME:</b> Temple Electric	<b>ISSUED:</b> 02/16/2024
<b>SITE ADDRESS:</b> 520 LANDING DR W KILL DEVIL HILLS	<b>EXPIRES:</b> 08/14/2024

<b>APPLICANT:</b> Temple, Tyler 520 W Landing Dr Kill Devil Hills, NC 27948 252-305-9811	<b>OWNER:</b> Temple, Tyler 520 W Landing Dr Kill Devil Hills, NC 27948 252-305-9811
---	---

<b>ELECTRICAL -LIMITED:</b>	SJMCS, LLC. 6131 CARATOKE HWY POPLAR BRANCH, NC 27965 252-207-1438	<b>License:</b> 35102 <b>Expires:</b> 02/25/2025
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**PARCEL:**

<b>PIN:</b> 988414237329	<b>Parcel Number:</b> 003636000
<b>Address:</b> 520 LANDING DR W KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> LANDING SECTION 3, THE	<b>Block:</b> 0 <b>Lot(s):</b> 120
<b>Legal Description:</b>	

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Electrical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Relocate receptacles in kitchen

**EL2024-020**

**PROJECT NAME:** Temple Electric  
**SITE ADDRESS:** 520 LANDING DR W KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/16/2024

**EXPIRES:** 08/14/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Rough In

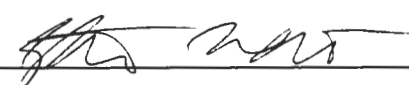
Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 2/16/24



# Town of Kill Devil Hills

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

PAID

FEB 16 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

<b>BJ2024-031</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> RENFROW GROUND FLOOR LIVING ADDITON	<b>ISSUED:</b> 02/16/2024
<b>SITE ADDRESS:</b> 2019 YORKTOWN KILL DEVIL HILLS	<b>EXPIRES:</b> 08/14/2024

**APPLICANT:** RENFROW, ROSS  
10116 S Colony South Dr  
nags head, nc 27959  
1-804-651-9049

**OWNER:** RENFROW, ROSS  
10116 S Colony South Dr  
nags head, nc 27959  
1-804-651-9049

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988405191056

**Parcel Number:** 001457000

**Address:** 2019 YORKTOWN KILL DEVIL HILLS

**Zoning:**

**Addition:** AVALON BEACH ANNEX 2 & 3

**Block:** 0 **Lot(s):** 1328

**Legal Description:**

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>	<b>BUILDING AREA:</b>	
Res. Building Permit Fee	\$300.00	\$0.00	Residential Heated Space	400 sq. Ft.
<b>Totals :</b>	<b>\$300.00</b>	<b>\$0.00</b>	(.75)	

**PROJECT DESCRIPTION:** CONVERT 10'X40' OF GROUND FLOOR STORAGE TO LIVING SPACE, 1 BED, 1 BATH, KITCHENTTE, AND LAUNDRY, SLAB TO BE ELEVATED 6" TO COMPLY WITH FLOOD, NORTH SIDE RETURNED TO PARKING. STRUCTURE TO BE 3BED SFD

**BJ2024-031**

**PROJECT NAME:** RENFROW GROUND FLOOR LIVING ADDITON  
**SITE ADDRESS:** 2019 YORKTOWN KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/16/2024

**EXPIRES:** 08/14/2024

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**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8.0
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	12000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

---

**REQUIRED INSPECTIONS**

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

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**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- \* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.
- \* No permanent cooking permitted on ground floor.

**BJ2024-031**

**PROJECT NAME:** RENFROW GROUND FLOOR LIVING ADDITON  
**SITE ADDRESS:** 2019 YORKTOWN KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/16/2024

**EXPIRES:** 08/14/2024

\* Garage shall have fire separation compliant with R302.6

\* All trade work to be completed by North Carolina licensed tradesmen.

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

2/16/24



**Town of Kill Devil Hills**

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

PAID

Planning and Inspection Department

FEB 16 2024

<b>MC2024-031</b>	<b>TOWN OF KILL DEVIL HILLS MECHANICAL</b>
<b>PROJECT NAME:</b> MEDLIN HVAC	
<b>SITE ADDRESS:</b> 412 OCEAN ACRES DR W KILL DEVIL HILLS	
	<b>ISSUED:</b> 02/16/2024
	<b>EXPIRES:</b> 08/14/2024

<b>APPLICANT:</b> MEDLIN, WILLIAM 412 W OCEAN ACRES Kill Devil Hills, NC 27948 919-606-1579	<b>OWNER:</b> MEDLIN, WILLIAM 412 W OCEAN ACRES Kill Devil Hills, NC 27948 919-606-1579
--	--

<b>H3, CLASS 1:</b>	One Hour Heating and Air Conditioning 701 Fresh Pond West Kill Devil Hills, NC 27948 441-1740	<b>License:</b> 12643 <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988316835318	<b>Parcel Number:</b> 004998000
<b>Address:</b> 412 OCEAN ACRES DR W KILL DEVIL HILLS	
<b>Addition:</b> OCEAN ACRES TRACT 3 SEC 2	<b>Zoning:</b> H <b>Block:</b> H <b>Lot(s):</b> 14
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** HVAC C/O

**MC2024-031**

**PROJECT NAME:** MEDLIN HVAC

**SITE ADDRESS:** 412 OCEAN ACRES DR W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/16/2024

**EXPIRES:** 08/14/2024

**DETAILS**

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8388.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

2-18-24





# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>EL2024-021</b>	<b>ELECTRICAL</b>
<b>PROJECT NAME:</b> Cox Electric	<b>ISSUED:</b> 02/20/2024
<b>SITE ADDRESS:</b> 1722 SIOUX ST KILL DEVIL HILLS	<b>EXPIRES:</b> 08/18/2024

<b>APPLICANT:</b> Colin Cox 105 Sir John White Ct. Colington, NC 27948 252-207-5001	<b>OWNER:</b> Colin Cox 105 Sir John White Ct. Colington, NC 27948 252-207-5001
--	--

<b>ELECTRICAL INTERMEDIATE:</b>	ELECTRIC AL P.O. Box 2114 Kitty Hawk, NC 27949 252-202-5713	<b>License:</b> 12292 <b>Expires:</b> 11/30/2024
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**PARCEL:**

<b>PIN:</b> 988409262704	<b>Parcel Number:</b> 027054000
<b>Address:</b> 1722 SIOUX ST KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> HIGH VIEW - HEDRICKS ADD	<b>Block:</b> D <b>Lot(s):</b> 25
<b>Legal Description:</b>	

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Replace meter base, add disconnect

PAID  
FEB 20 2024  
TOWN OF  
KILL DEVIL HILLS

**EL2024-021**

**PROJECT NAME:** Cox Electric  
**SITE ADDRESS:** 1722 SIOUX ST KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/20/2024

**EXPIRES:** 08/18/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2-20-24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>EL2024-022</b>	<b>ELECTRICAL</b>
<b>PROJECT NAME:</b> ELECTRICAL REPAIRS	<b>ISSUED:</b> 02/21/2024
<b>SITE ADDRESS:</b> 2032 NORFOLK ST KILL DEVIL HILLS	<b>EXPIRES:</b> 08/19/2024

<b>APPLICANT:</b> VALENTINE, ROY K 2032 NORFOLK STREET KILL DEVIL HILLS, NC 27948	<b>OWNER:</b> VALENTINE, ROY K 2032 NORFOLK STREET KILL DEVIL HILLS, NC 27948
---	---

<b>ELECTRICAL - LIMITED:</b>	Coastal Mechanical and Electric Services 151 Savannah Ave JARVISBURG, NC 27947 252-453-2765	<b>License:</b> 29815-L <b>Expires:</b> 01/21/2025
------------------------------	--	---

**PARCEL:**

<b>PIN:</b> 988405197728	<b>Parcel Number:</b> 001231000
<b>Address:</b> 2032 NORFOLK ST KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> AVALON BEACH ANNEX 2 & 3	<b>Block:</b> 0 <b>Lot(s):</b> 777
<b>Legal Description:</b>	

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Electrical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Replace service riser cable

 **PAID**  
*th 2/22/24*  
*online payment*

**EL2024-022**

**PROJECT NAME:** ELECTRICAL REPAIRS  
**SITE ADDRESS:** 2032 NORFOLK ST KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1850.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: John pugh Date: 02 / 21 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-037**

**PROJECT NAME:** GIMBEL HVAC  
**SITE ADDRESS:** 502 FIRST ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**APPLICANT:** GIMBEL, KELLY  
502 W FIRST ST  
Kill Devil Hills, NC 27948  
252-261-2250

**OWNER:** GIMBEL, KELLY  
502 W FIRST ST  
Kill Devil Hills, NC 27948  
252-261-2250

**H3, CLASS 1:** One Hour Heating and Air Conditioning  
701 Fresh Pond West  
Kill Devil Hills, NC 27948  
441-1740  
**License:** 12643  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988409254252      **Parcel Number:** 003259000  
**Address:** 502 FIRST ST W KILL DEVIL HILLS  
**Addition:** FIRST FLIGHT VILLAGE SEC 2      **Zoning:**  
**Legal Description:**      **Block:** 0      **Lot(s):** 292

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

**PROJECT DESCRIPTION:** HVAC C/O

FEB 21 2024

**MC2024-037**

PROJECT NAME: GIMBEL HVAC  
SITE ADDRESS: 502 FIRST ST W KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 02/21/2024

EXPIRES: 08/19/2024

**DETAILS**

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4225.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: 

Contractor or Authorized Agent:  Date: 2.21/24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-036**

**PROJECT NAME:** Mullis HVAC  
**SITE ADDRESS:** 1501 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**APPLICANT:** Mullis, William  
5420 White Hall RD  
Gloucester, VA 23061

**OWNER:** Mullis, William  
5420 White Hall RD  
Gloucester, VA 23061

**MECHANICAL, H-3, I:**

MASTER HEATING AND COOLING  
P.O. Box 707  
Kitty Hawk, NC 27949  
255-0095

**License:** 18066  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988411652522

**Parcel Number:** 002752000

**Address:** 1501 VA DARE TRL N KILL DEVIL HILLS

**Addition:** SUBDIVISION - NONE

**Zoning:**

**Block:** 0

**Lot(s):** PARCEL A

**Legal Description:**

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

**PROJECT DESCRIPTION:** C/O 2 Ton HVAC system on lower level

FEB 22 2024

**MC2024-036**

**PROJECT NAME:** Mullis HVAC

**SITE ADDRESS:** 1501 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

*M. A. W. Lee*  
2/27/24





# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-035**

**PROJECT NAME:** Ramada HVAC  
**SITE ADDRESS:** 1701 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**APPLICANT:** O W L NEAL PARTNERSHIP  
PO BOX 2716  
KILL DEVIL HILLS, NC 27948

**OWNER:** O W L NEAL PARTNERSHIP  
PO BOX 2716  
KILL DEVIL HILLS, NC 27948

**MECHANICAL, H-3, I:**

MASTER HEATING AND COOLING  
P.O. Box 707  
Kitty Hawk, NC 27949  
255-0095

**License:** 18066  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 989309154444

**Parcel Number:** 008235000

**Address:** 1701 VA DARE TRL S KILL DEVIL HILLS

**Zoning:**

**Addition:** OCEAN ACRES INC

**Block:** 0 **Lot(s):** C & D

**Legal Description:**

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

**PROJECT DESCRIPTION:** C/O 7.5 Ton HVAC system for lobby

FEB 22 2024

OF

**MC2024-035**

**PROJECT NAME:** Ramada HVAC

**SITE ADDRESS:** 1701 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	24700.00
CONSTRUCTION TYPE	II
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: 

Contractor or Authorized Agent: 

Date: 2/22/24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>MC2024-034</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> Matthews HVAC	<b>ISSUED:</b> 02/21/2024
<b>SITE ADDRESS:</b> 2023 MEMORIAL BLVD S KILL DEVIL HILLS	<b>EXPIRES:</b> 08/19/2024

**APPLICANT:** Matthews, Roger  
8005 W Mount Bella Rd  
Richmond, VA 23235

**OWNER:** Matthews, Roger  
8005 W Mount Bella Rd  
Richmond, VA 23235

**H3, CLASS 1:** One Hour Heating and Air Conditioning  
701 Fresh Pond West  
Kill Devil Hills, NC 27948  
441-1740  
**License:** 12643  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 989313137687 **Parcel Number:** 008519000  
**Address:** 2023 MEMORIAL BLVD S KILL DEVIL HILLS  
**Addition:** NAGS HEAD SHORES AMENDED SEC 4 **Zoning:**  
**Block:** 4 **Lot(s):** PT 10 & PT 11

**Legal Description:**

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

**PROJECT DESCRIPTION:** C/O 2 2.5Ton HVAC systems

FEB 21 2024

KILL

**MC2024-034**

**PROJECT NAME:** Matthews HVAC

**SITE ADDRESS:** 2023 MEMORIAL BLVD S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**DETAILS**

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10916.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

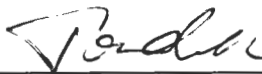
Final

**CONDITIONS**

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Issued By: 

Contractor or Authorized Agent:  Date: 2.21.24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-032**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 104 AVALON DR E KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**APPLICANT:** Harmon, Chad  
467 Hampton Ct.  
Falls Church, Va 22046  
571-999-5004

**OWNER:** Harmon, Chad  
467 Hampton Ct.  
Falls Church, Va 22046  
571-999-5004

**MECHANICAL H-3, CLASS 1:** Anderson Heating and Cooling Co., LLC  
PO Box 396  
Kitty Hawk, NC 27949  
252-619-3105

**License:** 31438  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988517201708

**Parcel Number:** 001703000

**Address:** 104 AVALON DR E KILL DEVIL HILLS

**Addition:** AVALON BEACH

**Zoning:**  
**Block:** 0 **Lot(s):** 49

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC CHANGEOUT



**PAID**  
2/21/24  
on-line

**MC2024-032**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 104 AVALON DR E KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Modular Home Repair/Remodel
CONSTRUCTION COST	11673.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: Gil Anderson Date: 02 / 21 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>BP2024-029</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> RIVERA SHED	<b>ISSUED:</b> 02/22/2024
<b>SITE ADDRESS:</b> 802 FIFTH ST W KILL DEVIL HILLS	<b>EXPIRES:</b> 08/20/2024

<b>APPLICANT:</b> RIVERA, GLENN 802 W 5th St Kill Devil Hills, NC 27948	<b>OWNER:</b> RIVERA, GLENN 802 W 5th St Kill Devil Hills, NC 27948
---	---

<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988405089136	<b>Parcel Number:</b> 002140000
<b>Address:</b> 802 FIFTH ST W KILL DEVIL HILLS	
<b>Addition:</b> WRIGHT'S SHORES	<b>Zoning:</b>
<b>Legal Description:</b>	<b>Block:</b> 0 <b>Lot(s):</b> 33

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Accessory Residential (MIN)	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** INSTALL 12X12 SHED IN REAR YARD

FEB 22 2024

**BP2024-029**

**PROJECT NAME:** RIVERA SHED  
**SITE ADDRESS:** 802 FIFTH ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/22/2024

**EXPIRES:** 08/20/2024

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

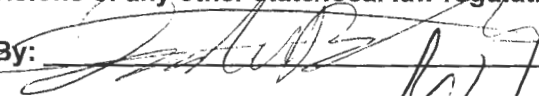
**CONDITIONS**

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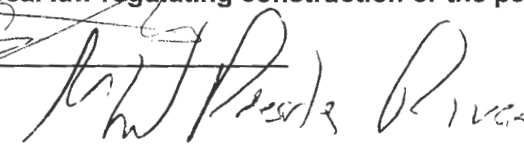
\* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

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

Issued By:



Contractor or Authorized Agent:



Date:

2/22/24





# Town of Kill Devil Hills

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

Planning and Inspection Department

<b>ZP2024-011</b>	<b>ZONING PERMIT</b>
PROJECT NAME: Ronald Cooper	ISSUED: 02/21/2024
SITE ADDRESS: 403 FOURTH ST W KILL DEVIL HILLS	EXPIRES: 08/19/2024

**APPLICANT:** Cooper, Ronald  
11790 Target Ct.  
Woodbridge, VA 22192  
703-919-2223

**OWNER:** Cooper, Ronald  
11790 Target Ct.  
Woodbridge, VA 22192  
703-919-2223

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

**License:** Same as Owner  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988405272994

**Parcel Number:** 002217010

**Address:** 403 FOURTH ST W KILL DEVIL HILLS

**Addition:** WRIGHT'S SHORES SEC 2

**Zoning:**  
**Block:** 0      **Lot(s):** 10

**Legal Description:**

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

**PROJECT DESCRIPTION:** Fence

PAID

FEB 22 2024

TOWN OF  
KILL DEVIL HILLS

**ZP2024-011**

PROJECT NAME: Ronald Cooper  
SITE ADDRESS: 403 FOURTH ST W KILL DEVIL HILLS

**ZONING PERMIT**

ISSUED: 02/21/2024

EXPIRES: 08/19/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Addition
CONSTRUCTION COST	1400.00
SURVEYOR NAME AND NUMBER	Mesa
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Final

Stringline

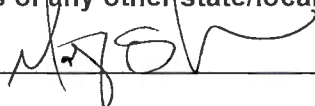
**CONDITIONS**

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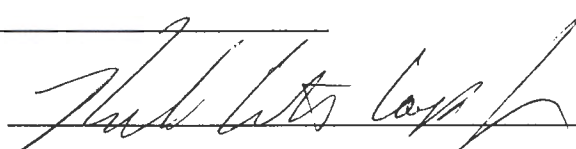
\* Call for a string line inspection before installing the fence.

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

Issued By: \_\_\_\_\_



Contractor or Authorized Agent: \_\_\_\_\_



Date: \_\_\_\_\_

2/22/24



# Town of Kill Devil Hills

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

FEB 21 2024

## Planning and Inspection Department

<b>BP2024-026</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> Amy Persil	<b>ISSUED:</b> 02/20/2024
<b>SITE ADDRESS:</b> 222 HAYMAN BLVD E KILL DEVIL HILLS	<b>EXPIRES:</b> 08/18/2024

<b>APPLICANT:</b> Anderson Construction 300 Wallace St Kill Devil Hills, NC 27948 252-489-9171	<b>OWNER:</b> Once Upon A Tide LLC 2626 New Banner Ln HERNDON, VA 20171
---	---

<b>UNLICENSED - REMODELING:</b> Anderson Construction 300 Wallace St Kill Devil Hills, NC 27948 252-489-9171	<b>License:</b> 0000000 <b>Expires:</b> 03/06/2024
---	---

**PARCEL:**

<b>PIN:</b> 988513126840	<b>Parcel Number:</b> 000400001
<b>Address:</b> 222 HAYMAN BLVD E KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> VIRGINIA DARE SHORES	<b>Block:</b> 7 <b>Lot(s):</b> 31&32
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** Resurface deck, handrails, replace pilings from lower deck upper deck, replace stairs

**BP2024-026**

**PROJECT NAME:** Amy Persil

**SITE ADDRESS:** 222 HAYMAN BLVD E KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/20/2024

**EXPIRES:** 08/18/2024

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	34000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	William S. Jones
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* All work shall conform to the 2018 NCRBC Appendix M and all corresponding sections.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2-21-24



# Town of Kill Devil Hills

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

FEB 21 2024

## Planning and Inspection Department

**ZP2024-012**

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

**ZONING PERMIT**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**APPLICANT:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**OWNER:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**BUILDING LIMITED:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**License:** 78583  
**Expires:**

**PARCEL:**

**PIN:** 988316745062

**Parcel Number:** 028647000

**Address:** 1005 DEAN ST KILL DEVIL HILLS

**Zoning:**

**Addition:** KILL DEVIL BEACH EXTENDED

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** fence around rear and side yard

*\$ 7000.00  
cost*

**ZP2024-012**

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

**ZONING PERMIT**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**DETAILS**

**Permit**

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

**REQUIRED INSPECTIONS**

Stringline

Final

**CONDITIONS**

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

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

**Issued By:** \_\_\_\_\_

**Contractor or Authorized Agent:** \_\_\_\_\_ **Date:** 2/21/24



# Town of Kill Devil Hills

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

PAID

FEB 21 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

<b>ZP2024-010</b>	<b>ZONING PERMIT</b>
<b>PROJECT NAME:</b> Scango Fence	<b>ISSUED:</b> 02/20/2024
<b>SITE ADDRESS:</b> 1412 FIRST ST W KILL DEVIL HILLS	<b>EXPIRES:</b> 08/18/2024

<b>APPLICANT:</b> Perry, Ronald 1411 Pirates Loop Kill Devil Hills, NC 27948 252-202-3635	<b>OWNER:</b> SCANGO, DAVID E 10106 Spring Lake Terrace FAIRFAX, VA 22030
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<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988417117476	<b>Parcel Number:</b> 004046042
<b>Address:</b> 1412 FIRST ST W KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> WRIGHT WOODS	<b>Block:</b> 0 <b>Lot(s):</b> 42
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** replace fence along front property line

*#1000 w  
#cost*

**ZP2024-010**

**PROJECT NAME:** Scango Fence  
**SITE ADDRESS:** 1412 FIRST ST W KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 02/20/2024

**EXPIRES:** 08/18/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
SURVEYOR NAME AND NUMBER	Marty Barnette
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Stringline

Final

**CONDITIONS**

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

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

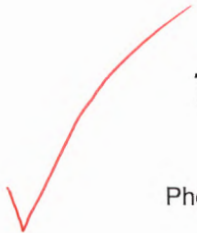
**I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or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

**Issued By:** \_\_\_\_\_

**Contractor or Authorized Agent:** \_\_\_\_\_

**Date:** 02/21/24





# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>BP2024-027</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> Richards Piling Replacement	<b>ISSUED:</b> 02/21/2024
<b>SITE ADDRESS:</b> 3317 VA DARE TRL N KILL DEVIL HILLS	<b>EXPIRES:</b> 08/19/2024

<b>APPLICANT:</b> SHANE CLARK CONSTRUCTION LLC 607 INDIAN DR Kill Devil Hills, NC 27948 (252) 305-2477	<b>OWNER:</b> RICHARDS, KEVIN 229 Petunia Way STAFFORD, VA 22554
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<b>BUILDING LIMITED:</b>	SHANE CLARK CONSTRUCTION LLC 607 INDIAN DR Kill Devil Hills, NC 27948 (252) 305-2477	<b>License:</b> 101184 <b>Expires:</b>
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**PARCEL:**

<b>PIN:</b> 988509055385	<b>Parcel Number:</b> 000053000
<b>Address:</b> 3317 VA DARE TRL N KILL DEVIL HILLS	
<b>Addition:</b>	<b>Zoning:</b>
<b>Legal Description:</b>	<b>Block:</b> 1 <b>Lot(s):</b> 2

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

**PROJECT DESCRIPTION:** replace 27 house pilings

*\$27,000*

**PAID**  
*on 2/24/24*  
*online payment*

**BP2024-027**

**PROJECT NAME:** Richards Piling Replacement  
**SITE ADDRESS:** 3317 VA DARE TRL N KILL DEVIL HILLS

**BUILDING****ISSUED:** 02/21/2024**EXPIRES:** 08/19/2024**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	Y
CAMA EXEMPTION	N <i>\$ 27,000 m</i>
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
FINAL ELEVATION CERTIFICATE	N
LOT COVERAGE	18.30
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Doug Styons
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Slab/Foundation/Piling Final  
 Zoning Final

**CONDITIONS**

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

**BP2024-027**

**PROJECT NAME:** Richards Piling Replacement  
**SITE ADDRESS:** 3317 VA DARE TRL N KILL DEVIL HILLS


**BUILDING**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

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

Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 02 / 22 / 2024



**Town of Kill Devil Hills**

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

**Planning and Inspection Department**

<b>ZP2024-013</b>	<b>ZONING PERMIT</b>
<b>PROJECT NAME:</b> LANTZ FENCE	<b>ISSUED:</b> 02/21/2024
<b>SITE ADDRESS:</b> 1709 APACHE ST KILL DEVIL HILLS	<b>EXPIRES:</b> 08/19/2024

<b>APPLICANT:</b>	LANTZ, BRANDON 31 RAYANN LANE BROADWAY, VA 22815 540-335-9649	<b>OWNER:</b>	LANTZ, BRANDON 31 RAYANN LANE BROADWAY, VA 22815 540-335-9649
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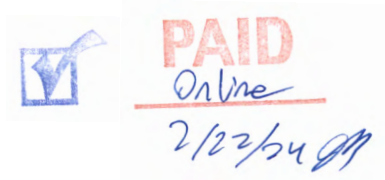
<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b>	988409260147	<b>Parcel Number:</b>	002705009
<b>Address:</b>	1709 APACHE ST KILL DEVIL HILLS		
<b>Addition:</b>	HIGH VIEW - HEDRICKS ADD	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	E <b>Lot(s):</b> 9

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

**PROJECT DESCRIPTION:** CONSTRUCT FENCE ALONG PROPERTY LINE



**ZP2024-013**

PROJECT NAME: LANTZ FENCE  
SITE ADDRESS: 1709 APACHE ST KILL DEVIL HILLS

**ZONING PERMIT**

ISSUED: 02/21/2024

EXPIRES: 08/19/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Final

Stringline

**CONDITIONS**

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

\* Stringline inspection to be completed prior to construction.

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

Issued By: Jordan Blythe

Contractor or Authorized Agent: [Signature] Date: 02 / 22 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**PL2024-002**

**PROJECT NAME:** REPLACE WATER DISTRIBUTION PIPING  
**SITE ADDRESS:** 601 VA DARE TRL N KILL DEVIL HILLS

**PLUMBING**

**ISSUED:** 02/22/2024

**EXPIRES:** 08/20/2024

**APPLICANT:** Woodshed KDH LLC  
802 HERITAGE POINT  
chesapeake, va 23322

**OWNER:** Woodshed KDH LLC  
802 HERITAGE POINT  
chesapeake, va 23322

**PARCEL:**

**PIN:** 988420728291

**Parcel Number:** 003690001

**Address:** 601 VA DARE TRL N KILL DEVIL HILLS

**Zoning:**

**Addition:** KITTY HAWK SHORES - REVISED

**Block:** 7 **Lot(s):** 1

**Legal Description:**

FEES:	Paid	Due
Plumbing Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** REPLACE WATER DISTRIBUTION PIPING

### DETAILS

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	34667.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AO
OCCUPANCY TYPE	One & Two Family Dwelling

**PAID**  
2/22/24  
on-line

**PL2024-002**

**PROJECT NAME:** REPLACE WATER DISTRIBUTION PIPING  
**SITE ADDRESS:** 601 VA DARE TRL N KILL DEVIL HILLS

**PLUMBING**

**ISSUED:** 02/22/2024

**EXPIRES:** 08/20/2024

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Norman Long Date: 02 / 22 / 2024



# Town of Kill Devil Hills

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

Planning and Inspection Department

PAID

FEB 23 2024

TOWN OF  
KILL DEVIL HILLS

<b>BP2024-030</b>	<b>BUILDING</b>
PROJECT NAME: Kerry Kelly	ISSUED: 02/23/2024
SITE ADDRESS: 1911 GEORGIA LN KILL DEVIL HILLS	EXPIRES: 08/21/2024

**APPLICANT:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**OWNER:** Kelly, Kerry  
1911 Georgia Ln.  
KILL DEVIL HILLS, NC 27948  
252-290-2552

**BUILDING LIMITED:** Simple Side Construction  
PO BOX 3323  
Kitty Hawk, NC 27949  
252-220-2012

**License:** 78583  
**Expires:**

**PARCEL:**

**PIN:** 988405183060

**Parcel Number:** 002082000

**Address:** 1911 GEORGIA LN KILL DEVIL HILLS

**Zoning:**

**Addition:** WRIGHT'S SHORES

**Block:** 0 **Lot(s):** 118

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace front deck and steps within existing footprint



**BP2024-030**

PROJECT NAME: Kerry Kelly

SITE ADDRESS: 1911 GEORGIA LN KILL DEVIL HILLS

**BUILDING**

ISSUED: 02/23/2024

EXPIRES: 08/21/2024

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	13000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Seaboard
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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

\* Replace within existing footprint.

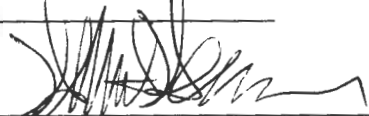
\* Zoning Final Inspection is required.

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

Issued By: \_\_\_\_\_



Contractor or Authorized Agent: \_\_\_\_\_



Date: \_\_\_\_\_

2-23-24



# Town of Kill Devil Hills

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

FEB 23 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**ZP2024-014**

**PROJECT NAME:** Delong Fence  
**SITE ADDRESS:** 908 CEDAR DR KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 02/22/2024

**EXPIRES:** 08/20/2024

**APPLICANT:** DELONG, CHASE  
16811 Innocente Ave  
PANAMA CITY BEACH, FL 32413

**OWNER:** DELONG, CHASE  
16811 Innocente Ave  
PANAMA CITY BEACH, FL 32413

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988413133802

**Parcel Number:** 027546140

**Address:** 908 CEDAR DR KILL DEVIL HILLS

**Zoning:**

**Addition:**

**Block:** 0 **Lot(s):** 140

**Legal Description:**

<b>FEE:</b>	<b>Paid</b>	<b>Due</b>
Fence	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** fence around rear and side yard

**ZP2024-014**

**PROJECT NAME:** Delong Fence  
**SITE ADDRESS:** 908 CEDAR DR KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 02/22/2024

**EXPIRES:** 08/20/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	3000.00
SURVEYOR NAME AND NUMBER	William T Robbins
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Stringline

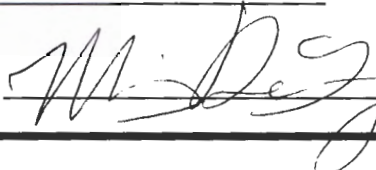
Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 23 Feb 24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-039**

**PROJECT NAME:** HEAT PUMP REPLACEMENT  
**SITE ADDRESS:** 3108 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/22/2024

**EXPIRES:** 08/20/2024

**APPLICANT:** WATSON, DONNA  
2841 RIVER BANK CIRCLE  
CHARLES CITY, VA 23030  
1-804-731-6623

**OWNER:** WATSON, DONNA  
2841 RIVER BANK CIRCLE  
CHARLES CITY, VA 23030  
1-804-731-6623

**PLUMBING, MECHANICAL:** NORRIS MECHANICAL  
P.O. Box 217  
HARBINGER, NC 27941  
252-491-2673

**License:** 11100  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988513132748

**Parcel Number:** 000962000

**Address:** 3108 VA DARE TRL N KILL DEVIL HILLS

**Zoning:**

**Addition:**

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** HEAT PUMP REPLACEMENT



**PAID**  
2/23/24  
on-line

**MC2024-039**

**PROJECT NAME:** HEAT PUMP REPLACEMENT  
**SITE ADDRESS:** 3108 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/22/2024

**EXPIRES:** 08/20/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4100.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

**Issued By:** Marty Shaw

**Contractor or Authorized Agent:** Henry B. [Signature] **Date:** 02 / 23 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>MC2024-040</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> HVAC CHANGEOUT	<b>ISSUED:</b> 02/26/2024
<b>SITE ADDRESS:</b> 106 MEADOWLARK ST E KILL DEVIL HILLS	<b>EXPIRES:</b> 08/24/2024

**APPLICANT:** Corr, Brian  
904 Lake Thrasher Dr  
CHESAPEAKE, VA 23320  
757-409-5899

**OWNER:** Corr, Brian  
904 Lake Thrasher Dr  
CHESAPEAKE, VA 23320  
757-409-5899

**MECHANICAL, H-2, H-3:**

ATLANTIC HEATING AND COOLING  
P.O. Box 132  
Kill Devil Hills, NC 27948  
441-7642

**License:** 34340  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988308799858

**Parcel Number:** 003825000

**Address:** 106 MEADOWLARK ST E KILL DEVIL HILLS

**Zoning:**

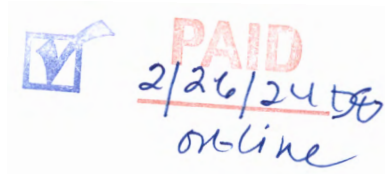
**Addition:** KITTY HAWK SHORES - REVISED

**Block:** 34 **Lot(s):** 9

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC CHANGEOUT



**MC2024-040**

**PROJECT NAME:** HVAC CHANGEOUT

**SITE ADDRESS:** 106 MEADOWLARK ST E KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/26/2024

**EXPIRES:** 08/24/2024

### DETAILS

#### Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7950.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

### REQUIRED INSPECTIONS

Final

### CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: dlGub Date: 02 / 26 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**ZP2024-015**

**PROJECT NAME:** Ocean Atlantic Event Rentals  
**SITE ADDRESS:** 2001 CROATAN HWY S KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 02/23/2024

**EXPIRES:** 08/21/2024

**APPLICANT:** OCEAN ATLANTIC RENTALS  
2001 South Croatan Highway  
Kill Devil Hills, NC 27948  
252-441-7272

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

**CONTRACTOR:** OCEAN ATLANTIC RENTALS  
2001 South Croatan Highway  
Kill Devil Hills, NC 27948  
252-441-7272

**License:** LEGACY UNKNOWN  
**Expires:** 12/31/2025

**PARCEL:**

**PIN:** 989313130902

**Parcel Number:** 004946000

**Address:** 2001 CROATAN HWY S KILL DEVIL HILLS

**Zoning:**

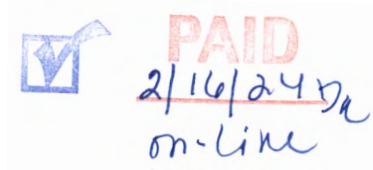
**Addition:** LAKE DRIVE DEVELOPMENT SEC 2

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

**Legal Description:**

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>
Tent Permit Fee	\$0.00	\$0.00
<b>Totals :</b>	<b>\$0.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Tent for Wedding Expo





**ZP2024-015**

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

**ZONING PERMIT**

ISSUED: 02/23/2024

EXPIRES: 08/21/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Commercial Accessory
CONSTRUCTION COST	0.00
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Final

Zoning Final

**CONDITIONS**

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

\* Call Fire Department for inspection once the tent is erected.

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

Issued By: Donna Elliot

Contractor or Authorized Agent: Samantha Blackwell Date: 02 / 26 / 2024



# Town of Kill Devil Hills

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

PAID

FEB 28 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**ZP2024-016**

**PROJECT NAME:** Clark Fence  
**SITE ADDRESS:** 534 Anchor Ct KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 02/28/2024

**EXPIRES:** 08/26/2024

**APPLICANT:** CLARK, KYLE  
534 Anchor Ct  
Kill Devil Hills, NC 27948

**OWNER:** CLARK, KYLE  
534 Anchor Ct  
Kill Devil Hills, NC 27948

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988413232383

**Parcel Number:** 003629000

**Address:** 534 Anchor Ct KILL DEVIL HILLS

**Zoning:**

**Addition:** LANDING SECTION 3, THE

**Block:** 0 **Lot(s):** 113

**Legal Description:**

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

**PROJECT DESCRIPTION:** fence around rear and side property lines

**ZP2024-016**

**PROJECT NAME:** Clark Fence  
**SITE ADDRESS:** 534 Anchor Ct KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 02/28/2024

**EXPIRES:** 08/26/2024

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	4000.00
SURVEYOR NAME AND NUMBER	Jamie Furr
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Stringline

Final

**CONDITIONS**

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

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

**Issued By:** \_\_\_\_\_

**Contractor or Authorized Agent:** \_\_\_\_\_ **Date:** 2/28/24



# Town of Kill Devil Hills

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

PAID

FEB 28 2024

## Planning and Inspection Department

<b>EG2024-002</b>	<b>EXCAVATION AND GRADING</b>
<b>PROJECT NAME:</b> Capps Land Disturbance	<b>ISSUED:</b> 02/28/2024
<b>SITE ADDRESS:</b> 910 CEDAR DR KILL DEVIL HILLS	<b>EXPIRES:</b> 08/26/2024

<b>APPLICANT:</b> CAROLINA BEACH BUILDERS UNKNOWN UNKNOWN, XX 00000	<b>OWNER:</b> CAPPS, SHERRIE 1522 Village Lane Kill Devil Hills, NC 27948
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<b>UNLIMITED BUILDING:</b>	CAROLINA BEACH BUILDERS 252 Woodland Dr kitty hawk, nc 27949 256-1521	<b>License:</b> 27951 <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988413133883	<b>Parcel Number:</b> 027546141
<b>Address:</b> 910 CEDAR DR KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b>	<b>Block:</b> 0 <b>Lot(s):</b> 141
<b>Legal Description:</b>	

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>
Land Disturbing	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** clear lot and grading for house construction

**EG2024-002**

**PROJECT NAME:** Capps Land Disturbance  
**SITE ADDRESS:** 910 CEDAR DR KILL DEVIL HILLS

**EXCAVATION AND GRADING**

**ISSUED:** 02/28/2024

**EXPIRES:** 08/26/2024

**DETAILS**

**Permit**

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

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: Edward [Signature] Date: 2/25/24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**DW2024-004**

**PROJECT NAME:** EDWARDS DRIVEWAY ADDITION  
**SITE ADDRESS:** 117 SALEM AVE KILL DEVIL HILLS

**DRIVEWAY**

**ISSUED:** 02/23/2024

**EXPIRES:** 08/21/2024

**APPLICANT:** EDWARDS, JEFFREY  
300 VESPASIAN CIR  
CHESAPEAKE, VA 23322  
757-348-3203

**OWNER:** EDWARDS, JEFFREY  
300 VESPASIAN CIR  
CHESAPEAKE, VA 23322  
757-348-3203

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988415633538

**Parcel Number:** 004008000

**Address:** 117 SALEM AVE KILL DEVIL HILLS

**Zoning:**

**Addition:** KITTY HAWK SHORES - REVISED

**Block:** 49 **Lot(s):** PT 1 & 2

**Legal Description:**

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

**PROJECT DESCRIPTION:** 7' X 50' DRIVEWAY ADDITION

### DETAILS

**Permit**

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
ZONING DISTRICT	RL
CONSTRUCTION COST	4685.00
FLOOD ZONE	X
LOT COVERAGE	28.75



**PAID**

*Online Payment 2/27/24*

*99*

**DW2024-004**

PROJECT NAME: EDWARDS DRIVEWAY ADDITION  
SITE ADDRESS: 117 SALEM AVE KILL DEVIL HILLS

**DRIVEWAY**

ISSUED: 02/23/2024

EXPIRES: 08/21/2024

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**REQUIRED INSPECTIONS**

Zoning Final

Final

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**CONDITIONS**

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

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

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

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

Issued By: Jordan Blythe

Contractor or Authorized Agent: Jeffrey S. Edwards Date: 02 / 26 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2023-237**

**PROJECT NAME:** HVAC CHANGEOUT C3  
**SITE ADDRESS:** 1803 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 08/30/2023

**EXPIRES:** 02/26/2024

**APPLICANT:** Vink, William  
1803 UT 3 N Va Dare Trl  
Kill Devil Hills, NC 27948

**OWNER:** Vink, William  
1803 UT 3 N Va Dare Trl  
Kill Devil Hills, NC 27948

**PLUMBING, MECHANICAL:** NORRIS MECHANICAL  
P.O. Box 217  
HARBINGER, NC 27941  
252-491-2673

**License:** 11100  
**Expires:** 12/31/2023

**PARCEL:**

**PIN:** 988406485482C3

**Parcel Number:** 028036000

**Address:** 1803 VA DARE TRL N KILL DEVIL HILLS

**Addition:** CASA DEL SOL CONDOS

**Zoning:**


**Block:** D

**Lot(s):** UT 3 LTS 12-13 PT 1

**Legal Description:**

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

**PROJECT DESCRIPTION:** HEAT PUMP ONLY UNIT C3

 **PAID**  
2/27/24  
on-line



**MC2023-237**

**PROJECT NAME:** HVAC CHANGEOUT C3  
**SITE ADDRESS:** 1803 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 08/30/2023

**EXPIRES:** 02/26/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: Henry B. [Signature] Date: 02 / 27 / 2024



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**MC2024-043**

**PROJECT NAME:** Petkewicz HVAC  
**SITE ADDRESS:** 1709 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/27/2024

**EXPIRES:** 08/25/2024

**APPLICANT:** Petkewicz, Vicki  
113 Commodore Ln  
SMITHVILLE, VA 23430

**OWNER:** Petkewicz, Vicki  
113 Commodore Ln  
SMITHVILLE, VA 23430

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

**License:** 23577  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 98841157140604

**Parcel Number:** 002792004

**Address:** 1709 VA DARE TRL N KILL DEVIL HILLS

**Addition:**

**Zoning:**

**Block:** C

**Lot(s):** UT204  
LT.15,16&PT  
14

**Legal Description:**

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

**PROJECT DESCRIPTION:** C/O 3.5Ton HVAC system



**PAID**  
2/27/24  
on-line

**MC2024-043**

**PROJECT NAME:** Petkewicz HVAC

**SITE ADDRESS:** 1709 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/27/2024

**EXPIRES:** 08/25/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	8492.00
CONSTRUCTION TYPE	III
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Charles Thuman

Contractor or Authorized Agent: Linda Burgess Date: 02 / 28 / 2024



## Town of Kill Devil Hills

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

### Planning and Inspection Department

**MC2024-029**

**PROJECT NAME:** Petkewicz HVAC  
**SITE ADDRESS:** 1709 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/14/2024

**EXPIRES:** 08/12/2024

**APPLICANT:** Petkewicz, Vicki  
113 Commodore Ln  
SMITHVILLE, VA 23430

**OWNER:** Petkewicz, Vicki  
113 Commodore Ln  
SMITHVILLE, VA 23430

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

**License:** 23577  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 98841157140604

**Parcel Number:** 002792004

**Address:** 1709 VA DARE TRL N KILL DEVIL HILLS

**Addition:**

**Zoning:**

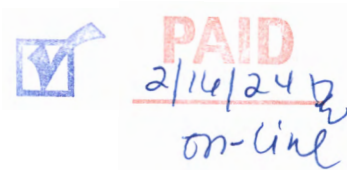
**Block:** C

**Lot(s):** UT204  
LT.15,16&PT  
14

**Legal Description:**

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

**PROJECT DESCRIPTION:** C/O 3Ton HVAC system



**MC2024-029**

**PROJECT NAME:** Petkewicz HVAC

**SITE ADDRESS:** 1709 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/14/2024

**EXPIRES:** 08/12/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8492.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Charles Thuman

Contractor or Authorized Agent: Linda Burgess Date: 02 / 14 / 2024

## Payment Information for Kill Devil Hills - Misc

billpay@paymentus.com <billpay@paymentus.com>

Wed 2/14/2024 3:46 PM

To:Info@airhandlersobx.com <Info@airhandlersobx.com>

**Dear STUART MORRIS,**

We are pleased to confirm your payment with Kill Devil Hills - Misc. Below is the summary of your payment transaction. Your payment has been received and will be posted to your account. Thank you for your continued relationship with Kill Devil Hills - Misc.

Confirmation number:	<b>1298096759</b>
Payment date:	<b>Feb 14, 2024, 3:46:22 PM</b>
Payment amount:	<b>\$150.00</b>
Service fee:	<b>\$4.43</b>
Total amount charged:	<b>\$154.43</b>

Payment status: **ACCEPTED**

### Contact Information

First name:	<b>Stuart</b>
Last name:	<b>Morris</b>
ZIP Code:	<b>27941</b>
Daytime Phone Number:	<b>(252) 491-8637</b>
Email:	<b>Info@airhandlersobx.com</b>

### Account Information

Payment type	<b>Planning Fees</b>
Enter Fee Type/Permit Number	<b>150.00</b>
Service Address	<b>1711 NVDT</b>
Payment method:	<b>Debit Card</b>

### Payment Method Information

Card type:	<b>Visa (Debit)</b>
Card number:	<b>*****2883</b>
Card holder name:	<b>Claude Stuart Morris</b>



# Town of Kill Devil Hills

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

PAID  
WITH  
CASH

PAID

FEB 28 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**BP2024-013**

**PROJECT NAME:** Core Deck  
**SITE ADDRESS:** 106 MEADOWLARK ST E KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 01/23/2024

**EXPIRES:** 07/21/2024

**PARENT PERMIT #:** BP2023-277

**APPLICANT:** Corr, Brian  
904 Lake Thrasher Dr  
CHESAPEAKE, VA 23320  
757-409-5899

**OWNER:** Corr, Brian  
904 Lake Thrasher Dr  
CHESAPEAKE, VA 23320  
757-409-5899

**CONTRACTOR:** Barnes, Jeff  
402 Truxton St  
Kill Devil Hills, NC 27948  
252-455-1000

**UNLICENSED BUILDER:** Barnes, Jeff  
402 Truxton St  
Kill Devil Hills, NC 27948  
252-455-1000

**License:** 0000000  
**Expires:** 12/07/2025

**PARCEL:**

**PIN:** 988308799858

**Parcel Number:** 003825000

**Address:** 106 MEADOWLARK ST E KILL DEVIL HILLS

**Addition:** KITTY HAWK SHORES - REVISED

**Zoning:**

**Block:** 34 **Lot(s):** 9

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace front deck and porch roof supports in the original footprint.

**BP2024-013**

PROJECT NAME: Core Deck

SITE ADDRESS: 106 MEADOWLARK ST E KILL DEVIL HILLS

**BUILDING**

ISSUED: 01/23/2024

EXPIRES: 07/21/2024

**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential New
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	15600.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Slab/Foundation/Piling Final  
Zoning Final

**CONDITIONS**

- \* All deck and handrail construction shall comply with the 2018 NCRBC Appendix M and corresponding chapters.
- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* Zoning Final Inspection is required.
- \* All pilings and supports notched over 50% require metal plates on each side per Ch. R4606.3 (C) of the 2018 NCRBC.

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

Issued By: Contractor or Authorized Agent: 

Date: 2/28/24





# Town of Kill Devil Hills

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

PAID

FEB 27 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**BJ2024-039**

**PROJECT NAME:** Sandbar Baseball LLC, Unit C  
**SITE ADDRESS:** 306 LAKE DR W C KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/27/2024

**EXPIRES:** 08/25/2024

**APPLICANT:** SANDBAR BASEBALL, LLC  
PO BOX 3001  
Kill Devil Hills, NC 27948

**OWNER:** TOTALLY STOKES LLC  
306 WEST LAKE DR I  
Kill Devil Hills, NC 27948

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 98831693641700

**Parcel Number:** 004891000

**Address:** 306 LAKE DR W C KILL DEVIL HILLS

**Addition:**

**Zoning:**

**Block:** 0

**Lot(s):** A & LOTS  
71,73

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Electrical Permit Fee	\$150.00	\$0.00
Mechanical Permit Fee	\$150.00	\$0.00
Plumbing Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$600.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Convert existing warehouse space LI to Business Group B indoor sports facility for training adding storage area, and batting cages

**BJ2024-039**

**PROJECT NAME:** Sandbar Baseball LLC, Unit C  
**SITE ADDRESS:** 306 LAKE DR W C KILL DEVIL HILLS

**BUILDING JOINT****ISSUED:** 02/27/2024**EXPIRES:** 08/25/2024**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	LI-1
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	III
CONSTRUCTION COST	20000.00
SURVEYOR NAME AND NUMBER	Rick House
ARCHITECT NAME AND LICENSE NUMBER	Benjamin Cahoon 5413
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

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



**Town of Kill Devil Hills**

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

Paid

FEB 27 2024

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

**BJ2024-037**

**PROJECT NAME:** BEZEK GROUND FLOOR  
**SITE ADDRESS:** 439 EDEN ST ST W KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/27/2024

**EXPIRES:** 08/25/2024

**APPLICANT:** BEZEK, JOHN  
49 W Skyline Rd  
kitty hawk, nc 27949

**OWNER:** BEZEK, JOHN  
49 W Skyline Rd  
kitty hawk, nc 27949

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 987520909495

**Parcel Number:** 000642000

**Address:** 439 EDEN ST ST W KILL DEVIL HILLS

**Zoning:**

**Addition:** VIRGINIA DARE SHORES

**Block:** 51 **Lot(s):** 1-2

**Legal Description:**

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

**PROJECT DESCRIPTION:** REMOVE UNPERMITTED LIVING SPACE ON THE GROUND FLOOR, RETURNING TO ORIGINAL APPROVED STATE OF UNCONDITIONED STORAGE, GARGAGE, AND LAUNDRY

**BJ2024-037**

**PROJECT NAME:** BEZEK GROUND FLOOR  
**SITE ADDRESS:** 439 EDEN ST ST W KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/27/2024

**EXPIRES:** 08/25/2024

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**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8.0
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	1500.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

---

**REQUIRED INSPECTIONS**

Rough In

Zoning Final

Final

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**CONDITIONS**

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

\* Ground floor is not approved for living space. Shall remain as originally approved state of unconditioned garage, storage, and laundry.

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



# Town of Kill Devil Hills

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

PAID

FEB 21 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**OP2024-007**

**PROJECT NAME:** Ocean Breeze Townhomes Building C  
**SITE ADDRESS:** 902C S Va Dare Trail Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 02/21/2024

**EXPIRES:**

PARENT PERMIT #: BJ2022-318

**APPLICANT:** RM SAUNDERS GENERAL CONTRACTORS  
PO Box 1922  
Kill Devil Hills, NC 27948  
480-9477

**OWNER:** OCEAN BREEZE DEVELOPMENT LLC  
2606 Meadowlark Hills Ct  
SPRING, TX 77389

**GENERAL BUILDING - UNLIMITED:** SAUNDERS, R.M.  
P.O. box 1922  
Kill Devil Hills, NC 27948  
252-207-8710

**License:** 32380  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988308982774C

**Parcel Number:**

**Address:** 902C S Va Dare Trail Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 1a, Block 9, Sec 1, Kill Devil Hills Sec 1

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

**PROJECT DESCRIPTION:** new construction of building c, 4 2-bedroom units

### DETAILS

**Permit**

Name	Value
PURPOSE	Residential New
ZONING DISTRICT	C
FLOOD ZONE	X
OCCUPANCY TYPE	Residential



# Town of Kill Devil Hills

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

PAID  
WITH  
CASH

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FEB - 5 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**OP2024-002**

**PROJECT NAME:** Fox Street South Building Duplex Remodel  
**SITE ADDRESS:** 700 FOX ST KILL DEVIL HILLS

**OCCUPANCY**  
**ISSUED:** 02/05/2024

**EXPIRES:**

PARENT PERMIT #: BJ2022-271

**APPLICANT:** Art of Living Daphne LLC  
406 John Carlyle St  
Alexandria, VA 22314

**OWNER:** Art of Living Daphne LLC  
406 John Carlyle St  
Alexandria, VA 22314

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988308786311

**Parcel Number:** 006368000

**Address:** 700 FOX ST KILL DEVIL HILLS

**Addition:** KILL DEVIL HILLS REALTY CORP

**Zoning:**

**Block:** 19 **Lot(s):** 1-4

**Legal Description:**

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

**PROJECT DESCRIPTION:** remodel south building 1st floor, 3 bedrooms upstairs, 8 bedrooms downstairs, 26 total bedrooms in both buildings,

**OP2024-002**

**PROJECT NAME:** Fox Street South Building Duplex Remodel  
**SITE ADDRESS:** 700 FOX ST KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 02/05/2024

**EXPIRES:**

**DETAILS**

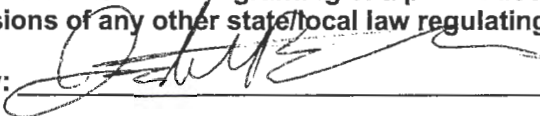
**Permit**

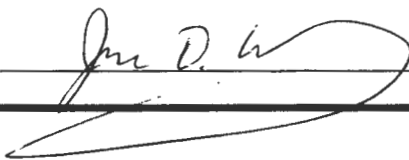
<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
ZONING DISTRICT	RL
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

**CONDITIONS**

\* Occupancy for 1st floor only, 8 bedroom

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

Issued By: 

Contractor or Authorized Agent:  Date: 2-5-24



# Town of Kill Devil Hills

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

PAID

FEB - 8 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

<b>SG2024-003</b>	<b>SIGN</b>
<b>PROJECT NAME:</b> Ashley's Espresso Parlour	<b>ISSUED:</b> 01/29/2024
<b>SITE ADDRESS:</b> 100 HELGA ST E KILL DEVIL HILLS	<b>EXPIRES:</b> 07/27/2024

<b>APPLICANT:</b> Flight House LLC 406 Ascension Dr. kitty hawk, nc 27949 252-489-0648	<b>OWNER:</b> OPUS LLC 3909 TARKLERIDGE RD kitty hawk, nc 27949 252-489-0648
---	---

<b>SIGN:</b>	Flight House LLC 406 Ascension Dr. kitty hawk, nc 27949 252-489-0648	<b>License:</b> 123456 <b>Expires:</b> 01/31/2025
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**PARCEL:**

<b>PIN:</b> 988513041146	<b>Parcel Number:</b> 000042000
<b>Address:</b> 100 HELGA ST E KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> ORVILLE BEACH AMENDED BLK 12	<b>Block:</b> 12 <b>Lot(s):</b> 2
<b>Legal Description:</b>	

FEES:	Paid	Due
Sign Permit Fee	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Free-standing sign



**SG2024-003**

**PROJECT NAME:** Ashley's Espresso Parlour  
**SITE ADDRESS:** 100 HELGA ST E KILL DEVIL HILLS

**SIGN****ISSUED:** 01/29/2024**EXPIRES:** 07/27/2024**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	63.62
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	2500.00
FLOOD ZONE	X

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

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

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

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

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

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

\* Zoning Final Inspection is required.

**SG2024-003**

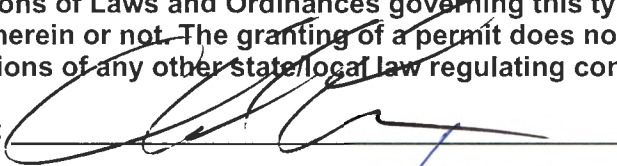
**PROJECT NAME:** Ashley's Espresso Parlour  
**SITE ADDRESS:** 100 HELGA ST E KILL DEVIL HILLS

**SIGN**

**ISSUED:** 01/29/2024

**EXPIRES:** 07/27/2024

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

Issued By: 

Contractor or Authorized Agent:  Date: 2/8/24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>SG2024-001</b>	<b>SIGN</b>
<b>PROJECT NAME:</b> Chello, Inc.	<b>ISSUED:</b> 01/16/2024
<b>SITE ADDRESS:</b> 1836 VA DARE TRL N KILL DEVIL HILLS	<b>EXPIRES:</b> 07/14/2024

<b>APPLICANT:</b> ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	<b>OWNER:</b> CHELLO INC P O BOX 2517 KILL DEVIL HILLS, NC 27948
--	--

<b>CONTRACTOR:</b> ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	<b>License:</b> LEGACY UNKNOWN <b>Expires:</b> 12/31/2030
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**PARCEL:**

<b>PIN:</b> 988406389793	<b>Parcel Number:</b> 002863000
<b>Address:</b> 1836 VA DARE TRL N KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> Croatan Shores Amended	<b>Block:</b> G <b>Lot(s):</b> 1,2,20,21
<b>Legal Description:</b>	

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>
Sign Permit Fee	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Sign on building face replacement - Same size and placement

FEB 13 2024

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**SG2024-001**

PROJECT NAME: Chello, Inc.  
SITE ADDRESS: 1836 VA DARE TRL N KILL DEVIL HILLS

**SIGN**

ISSUED: 01/16/2024

EXPIRES: 07/14/2024

**DETAILS**

**Permit**

Name	Value
# OF SIGNS	1
SIGN- WALL PROPOSED (SQ 30.33 FT)	
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	1600.00
FLOOD ZONE	X

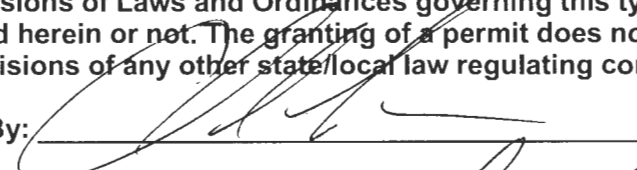
**REQUIRED INSPECTIONS**

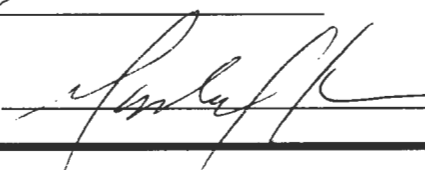
Final

**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
  - \* Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.
- No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).
- Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.
- \* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
  - \* Zoning Final Inspection is required.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/13/24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**SG2023-017**

**PROJECT NAME:** Mildura Properties, LLC  
**SITE ADDRESS:** 2005 CROATAN HWY S KILL DEVIL HILLS

**SIGN**

**ISSUED:** 01/23/2024

**EXPIRES:** 07/21/2024

**APPLICANT:** ADLIGHT SIGNS  
600 West Boundry Street  
Kill Devil Hills, NC 27948  
252-449-2800

**OWNER:** Mildura Properties LLC  
41 Ballast Point Dr.  
Kill Devil Hills, NC 27948  
440-382-6717

**CONTRACTOR:** ADLIGHT SIGNS  
600 West Boundry Street  
Kill Devil Hills, NC 27948  
252-449-2800

**License:** LEGACY UNKNOWN  
**Expires:** 12/31/2030

**PARCEL:**

**PIN:** 989313131625

**Parcel Number:** 004963000

**Address:** 2005 CROATAN HWY S KILL DEVIL HILLS

**Zoning:**

**Addition:**

**Block:** 0 **Lot(s):** 5 & 6

**Legal Description:**

FEES:	<u>Paid</u>	<u>Due</u>
Sign Permit Fee	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Free-standing sign

PAID

FEB 13 2024

TOWN OF  
KILL DEVIL HILLS

**SG2023-017**

**PROJECT NAME:** Mildura Properties, LLC  
**SITE ADDRESS:** 2005 CROATAN HWY S KILL DEVIL HILLS

**SIGN**

**ISSUED:** 01/23/2024

**EXPIRES:** 07/21/2024

---

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	64.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	5000.00
FLOOD ZONE	X

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**REQUIRED INSPECTIONS**

Final

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**CONDITIONS**

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

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

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

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

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

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

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

\* Zoning Final Inspection is required.

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

**SG2023-017**

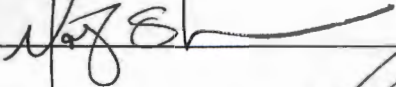
PROJECT NAME: Mildura Properties, LLC  
SITE ADDRESS: 2005 CROATAN HWY S KILL DEVIL HILLS

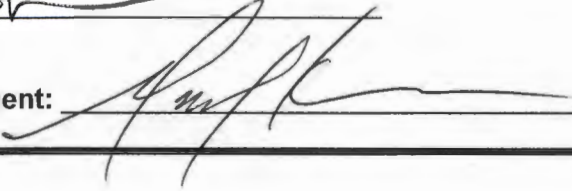
**SIGN**

ISSUED: 01/23/2024

EXPIRES: 07/21/2024

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/13/24



# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>SG2024-004</b>	<b>SIGN</b>
PROJECT NAME: T Mobile Sign	ISSUED: 02/01/2024
SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 07/30/2024

<b>APPLICANT:</b> ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	<b>OWNER:</b> OLIVOLA, MARK NANCY O WALTON P O BOX 364 KILL DEVIL HILLS, NC 27948
--	--

<b>CONTRACTOR:</b> ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	<b>License:</b> LEGACY UNKNOWN <b>Expires:</b> 12/31/2030
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**PARCEL:**

PIN: 988410374122	Parcel Number: 002739000
Address: 1700 CROATAN HWY N KILL DEVIL HILLS	Zoning:
Addition: HEDRICKS ADDITION - CROATAN SH	Block: 0 Lot(s): 0
Legal Description:	

FEE:	Paid	Due
Sign Permit Fee	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** sign permit for freestanding sign and on building front, 29 sq ft on building

FEB 13 2024



**SG2024-004**

**PROJECT NAME:** T Mobile Sign  
**SITE ADDRESS:** 1700 CROATAN HWY N KILL DEVIL HILLS

**SIGN**

**ISSUED:** 02/01/2024

**EXPIRES:** 07/30/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
# OF SIGNS	2
SIGN - WALL PERMITTED (SQFT)	36.00
SIGN- WALL PROPOSED (SQ FT)	29.90
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	2000.00
FLOOD ZONE	X

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

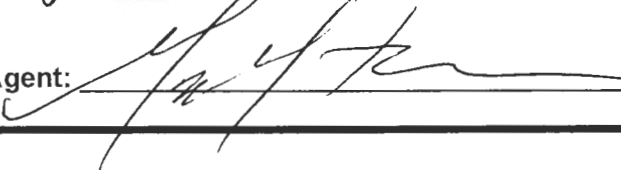
\* Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.

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

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 2/13/24



# Town of Kill Devil Hills

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

FEB 20 2024

## Planning and Inspection Department

<b>BJ2024-029</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Thai Room Fire Wall	<b>ISSUED:</b> 02/16/2024
<b>SITE ADDRESS:</b> 710 VA DARE TRL S KILL DEVIL HILLS	<b>EXPIRES:</b> 08/14/2024

<b>APPLICANT:</b> GIBBS DAUGHTERS NC, LLC Po Box 2387 Manteo, NC 27954	<b>OWNER:</b> RICKARD, STEVEN C P.O. Box 2534 Kill Devil Hills, NC 27948 252-202-3509
--	--

<b>BUILDING UNLIMITED:</b>	GIBBS DAUGHTERS NC, LLC Po Box 2387 Manteo, NC 27954	<b>License:</b> 76990 <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988308898385	<b>Parcel Number:</b> 008127000
<b>Address:</b> 710 VA DARE TRL S KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> SUBDIVISION - NONE	<b>Block:</b> 0 <b>Lot(s):</b> 0
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** reinstalling fire wall between 2 units Thai Room

**BJ2024-029**

**PROJECT NAME:** Thai Room Fire Wall  
**SITE ADDRESS:** 710 VA DARE TRL S KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/16/2024

**EXPIRES:** 08/14/2024

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
CONSTRUCTION COST	14266.00
ENGINEER AND LICENSE NUMBER	Thomas A Franchi
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

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

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

**Issued By:** \_\_\_\_\_

**Contractor or Authorized Agent:** \_\_\_\_\_

**Date:** 2-20-24



## Town of Kill Devil Hills

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

FEB 21 2024

### Planning and Inspection Department

**BJ2023-288**

**PROJECT NAME:** Diorio New House  
**SITE ADDRESS:** 302 ARCH ST E KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/20/2024

**EXPIRES:** 08/18/2024

**APPLICANT:** Diorio, Joanne  
3 Diorio Court  
WAYNE, NJ 07470

**OWNER:** Diorio, Joanne  
3 Diorio Court  
WAYNE, NJ 07470

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

**License:** Unlicensed  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988513044836

**Parcel Number:** 000070000

**Address:** 302 ARCH ST E KILL DEVIL HILLS

**Addition:** ORVILLE BEACH BLK 2

**Zoning:**  
**Block:** 2 **Lot(s):** 13

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>	<b>BUILDING AREA:</b>	
Res. Building Permit Fee	\$2,841.65	\$0.00	Covered Porches/Decks	1019 SQFT
Covered Porch Residential	\$764.25	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Heated Space	3271 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Demolition	\$100.00	\$0.00	Residential Unheated (.40)	971 Sq. Ft
<b>Totals :</b>	<b>\$3,905.90</b>	<b>\$0.00</b>	# of Temporary Poles	1 EA

**PROJECT DESCRIPTION:** remove existing house, keep pool and pool fence, add new 4 bedroom single family dwelling

**BJ2023-288****PROJECT NAME:** Diorio New House**SITE ADDRESS:** 302 ARCH ST E KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/20/2024**EXPIRES:** 08/18/2024**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	S22-22620
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AO
BASE FLOOD ELEVATION	+1
Proposed First Floor Elevation	8.70
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	275000.00
LOT COVERAGE	46.41
LIVING SPACE (SQFT)	3271
COVERED PORCHES/DECKS (SQFT)	1019
GARAGE (SQFT)	357
STORAGE (SQFT)	614
OPEN DECK (SQFT)	190
TOTAL SQUARE FOOTAGE	5451
SURVEYOR NAME AND NUMBER	John R Mayne
ENGINEER AND LICENSE NUMBER	Mike O'Steen 032628
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

**BJ2023-288**

**PROJECT NAME:** Diorio New House  
**SITE ADDRESS:** 302 ARCH ST E KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/20/2024

**EXPIRES:** 08/18/2024


**REQUIRED INSPECTIONS**

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

**CONDITIONS**

- \* NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- \* Foundation survey will be required prior to rough-in inspection.
- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- \* Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- \* A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- \* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- \* Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- \* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.
- \* Existing Pool shall not be located on site without a primary structure. *(pending new construction to be built)*
- \* If existing house is to be relocated off site, all permitting for house moving shall be submitted and approved by the Town of Kill Devil Hills and all respective agencies prior to relocation.
- \* All plumbing and electrical components shall be attached to only pilings on the ground floor.

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

**Issued By:** 

**Contractor or Authorized Agent:**  **Date:** 2/21/24



# Town of Kill Devil Hills

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

PAD

FEB 26 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**BJ2024-013**

**PROJECT NAME:** LaLonge Addition  
**SITE ADDRESS:** 200 EIGHTH ST E KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/23/2024

**EXPIRES:** 08/21/2024

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

**OWNER:** Chris La Longe  
904 W. Goodview Dr.  
Virginia Beach, VA 23464  
757-575-0481

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

**License:** 81540  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 989313135303 **Parcel Number:** 004850000

**Address:** 200 EIGHTH ST E KILL DEVIL HILLS

**Addition:** **Zoning:**  
**Block:** 11 **Lot(s):** 6

**Legal Description:**

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>	<b>BUILDING AREA:</b>	
Res. Building Permit Fee	\$456.00	\$0.00	Residential Heated Space	608 sq. Ft.
<b>Totals :</b>	<b>\$456.00</b>	<b>\$0.00</b>	(.75)	

**PROJECT DESCRIPTION:** addition on top of existing house, 4 total bedrooms, adding 2nd level deck

**BJ2024-013**

PROJECT NAME: LaLonge Addition  
 SITE ADDRESS: 200 EIGHTH ST E KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 02/23/2024

EXPIRES: 08/21/2024

**DETAILS****Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	S22-23002
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	92650.00
LOT COVERAGE	39.00
LIVING SPACE (SQFT)	608
SURVEYOR NAME AND NUMBER	WL Norris
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

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





# Town of Kill Devil Hills

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

## Planning and Inspection Department

<b>BJ2024-035</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Finch and Co New House	<b>ISSUED:</b> 02/28/2024
<b>SITE ADDRESS:</b> 812 FRANCES LN KILL DEVIL HILLS	<b>EXPIRES:</b> 08/26/2024

<b>APPLICANT:</b> Finch & Company, Inc 116 Sandy Ridge Rd kitty hawk, nc 27949 252-261-8710	<b>OWNER:</b> HOLIAN, PIERCE 91 OSPREY LN kitty hawk, nc 27949 252-256-2854
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<b>UNLIMITED BUILDING:</b> Finch & Company, Inc 116 Sandy Ridge Rd kitty hawk, nc 27949 252-261-8710	<b>License:</b> 52567 <b>Expires:</b> 12/31/2024
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**PARCEL:**

<b>PIN:</b> 988405170672	<b>Parcel Number:</b> 002305091
<b>Address:</b> 812 FRANCES LN KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> WRIGHT'S SHORES SEC 2	<b>Block:</b> 0 <b>Lot(s):</b> 91
<b>Legal Description:</b>	

FEES:	Paid	Due	BUILDING AREA:	
T-Pole	\$50.00	\$0.00	Residential Heated Space	2248 sq. Ft.
Covered Porch Residential	\$186.00	\$0.00	(.75)	
Res. Building Permit Fee	\$1,815.20	\$0.00	Covered Porches/Decks	248 SQFT
<b>Totals :</b>	<b>\$2,051.20</b>	<b>\$0.00</b>	Residential Unheated (.40)	323 Sq. Ft
			# of Temporary Poles	1 EA

**PROJECT DESCRIPTION:** new 3 bedroom single family dwelling

FEB 29 2024

Town of Kill Devil Hills  
Water Charges  
**PAID**  
Water T # T25966

**BJ2024-035****PROJECT NAME:** Finch and Co New House**SITE ADDRESS:** 812 FRANCES LN KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/28/2024**EXPIRES:** 08/26/2024**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	S9-23658
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	13.40
SUBSTANTIAL IMPROVEMENT	<del>NO</del> <i>Yes</i>
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	498566.00
LOT COVERAGE	31.88
LIVING SPACE (SQFT)	2248
COVERED PORCHES/DECKS (SQFT)	248
GARAGE (SQFT)	323
TOTAL SQUARE FOOTAGE	2819
SURVEYOR NAME AND NUMBER	Doug Styons
ENGINEER AND LICENSE NUMBER	Barrett Crook 027540
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling