















**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>MC2024-066</b>                                       | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> XENAKIS HVAC                       | <b>ISSUED:</b> 03/20/2024  |
| <b>SITE ADDRESS:</b> 900 AIRSTRIP RD W KILL DEVIL HILLS | <b>EXPIRES:</b> 09/16/2024 |

**APPLICANT:** XENAKIS, JOHN J  
P O BOX 1944  
KILL DEVIL HILLS, NC 27948

**OWNER:** XENAKIS, JOHN J  
P O BOX 1944  
KILL DEVIL HILLS, NC 27948

**MECHANICAL, H-3, I:** AIRMAKERS INC.  
128 Beasley Ln  
Kill Devil Hills, NC 27948  
252-449-2980

**License:** 20564  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988311658479

**Parcel Number:** 004613000

**Address:** 900 AIRSTRIP RD W KILL DEVIL HILLS

**Zoning:**

**Addition:** KILL DEVIL HILLS REALTY CORP

**Block:** 56 **Lot(s):** 4A

**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

MAR 20 2024

**MC2024-066**

**PROJECT NAME:** XENAKIS HVAC

**SITE ADDRESS:** 900 AIRSTRIP RD W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                 |
|---------------------|------------------------------|
| PURPOSE             | Commercial<br>Repair/Remodel |
| CONSTRUCTION COST   | 7980.00                      |
| CONSTRUCTION TYPE   | IV                           |
| FLOOD ZONE          | X                            |
| NATURAL GAS SIGNOFF | N                            |
| OCCUPANCY TYPE      | Storage                      |

**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: \_\_\_\_\_

3/20/24



# 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>MC2024-067</b>                                     | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> HVAC CHANGEOUT                   | <b>ISSUED:</b> 03/20/2024  |
| <b>SITE ADDRESS:</b> 707 DURHAM ST W KILL DEVIL HILLS | <b>EXPIRES:</b> 09/16/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> CURRIN, JAMES BARON<br>707 DURHAM ST ST WEST<br>KILL DEVIL HILLS, NC 27948 | <b>OWNER:</b> CURRIN, JAMES BARON<br>707 DURHAM ST ST WEST<br>KILL DEVIL HILLS, NC 27948 |
|--|--|


|                  |  |   |
|------------------|--|---|
| <b>H-2, H-3:</b> | Soundside Heating & Air Conditioning, LLC<br>106 Robert Bruce DR<br>Manteo, NC 27954<br>252-216-6866 | <b>License:</b> 34278<br><b>Expires:</b> 12/31/2024 |
|------------------|--|---|

**PARCEL:**

|  |                                    |
|--|------------------------------------|
| <b>PIN:</b> 988405181492                         | <b>Parcel Number:</b> 001374000    |
| <b>Address:</b> 707 DURHAM ST W KILL DEVIL HILLS | <b>Zoning:</b>                     |
| <b>Addition:</b> AVALON BEACH ANNEX 2 & 3        | <b>Block:</b> 0 <b>Lot(s):</b> 664 |
| <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**  
3/20/24  
on-line

**MC2024-067**

**PROJECT NAME: HVAC CHANGEOUT**

**SITE ADDRESS: 707 DURHAM ST W KILL DEVIL HILLS**

**MECHANICAL**

**ISSUED: 03/20/2024**

**EXPIRES: 09/16/2024**

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 8300.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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**Issued By:** Marty Shaw

**Contractor or Authorized Agent:** Joseph W. Mabry **Date:** 03 / 20 / 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

**MC2024-068**

**PROJECT NAME:** Mechanical repairs  
**SITE ADDRESS:** 300 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

**APPLICANT:** Godfrey, Stuart  
700 Skipjack Ln Apt F12  
Kill Devil Hills, NC 27948  
303-810-8147

**OWNER:** Godfrey, Stuart  
700 Skipjack Ln Apt F12  
Kill Devil Hills, NC 27948  
303-810-8147

**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

**Zoning:**

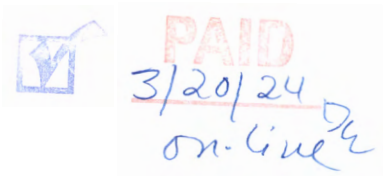
**Addition:** KITTY HAWK SHORES - REVISED

**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:** Replace ductwork



**MC2024-068**

**PROJECT NAME:** Mechanical repairs

**SITE ADDRESS:** 300 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 7233.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: Gil Anderson Date: 03 / 20 / 2024





# Town of Kill Devil Hills

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

PAID

MAR 20 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**DW2024-005**

**PROJECT NAME:** James Driveway  
**SITE ADDRESS:** 801 Sixth Avenue Kill Devil Hills

**DRIVEWAY**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

**APPLICANT:** ALM Concrete, LLC  
PO Box 205  
kitty hawk, nc 27949

**OWNER:** SCOTT, JAMES  
801 6th Avenue  
Kill Devil Hills, NC 27948  
252-312-7419

**UNLICENSED BUILDER:** ALM Concrete, LLC  
PO Box 205  
kitty hawk, nc 27949

**License:** 1234  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 9883119162

**Parcel  
Number:**

**Address:** 801 Sixth Avenue Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** LOT 10, BLOCK 32, KILL DEVIL HILL REALITY CORP ADDITION

| <b>FEES:</b>        | <b>Paid</b>    | <b>Due</b>    |
|---------------------|----------------|---------------|
| Driveway Permit Fee | \$50.00        | \$0.00        |
| <b>Totals :</b>     | <b>\$50.00</b> | <b>\$0.00</b> |

**PROJECT DESCRIPTION:** driveway addition off of Baum Street



**DW2024-005**

**PROJECT NAME:** James Driveway  
**SITE ADDRESS:** 801 Sixth Avenue Kill Devil Hills

**DRIVEWAY**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

**DETAILS**

**Permit**

| <b>Name</b>              | <b>Value</b> |
|--------------------------|--------------|
| DRIVEWAY INVERT 2        | N            |
| CULVERT                  | N            |
| SURVEYOR NAME AND NUMBER | Carlos Gomez |
| ZONING DISTRICT          | RL           |
| CONSTRUCTION COST        | 7000.00      |
| FLOOD ZONE               | X            |
| LOT COVERAGE             | 30.00        |

**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.
- \* 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.
- \* No fill in the right of way, first 3 feet back from edge needs to be 6" thick.

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

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

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

Date: 3/20/24



# 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>BP2024-049</b>                                     | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> HERMAN DECKS, SIDING, AND STAIRS | <b>ISSUED:</b> 03/19/2024  |
| <b>SITE ADDRESS:</b> 314 CAMERON ST KILL DEVIL HILLS  | <b>EXPIRES:</b> 09/15/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> HERMAN, JORDAN<br>507 ICARIA RD<br>TYNER, NC 27980<br>252-489-1423 | <b>OWNER:</b> HERMAN, JORDAN<br>507 ICARIA RD<br>TYNER, NC 27980<br>252-489-1423 |
|--|--|

|                  |  |   |
|------------------|--|---|
| <b>BUILDING:</b> | SUNSHINE CONTRACTING & CONSTRUCTION LLC<br>1041 HAM OVERMAN ROAD<br>ELIZABETH CITY, NC 27909<br>252-337-5320 | <b>License:</b> 83434<br><b>Expires:</b> 12/31/2024 |
|------------------|--|---|

**PARCEL:**

|   |                                   |
|---|-----------------------------------|
| <b>PIN:</b> 987516847750                        | <b>Parcel Number:</b> 000135000   |
| <b>Address:</b> 314 CAMERON ST KILL DEVIL HILLS | <b>Zoning:</b>                    |
| <b>Addition:</b> ORVILLE BEACH WEST             | <b>Block:</b> 0 <b>Lot(s):</b> 19 |
| <b>Legal Description:</b>                       |                                   |

| <b>FEES:</b>    | <b>Paid</b>     | <b>Due</b>    | <b>BUILDING AREA:</b> |
|-----------------|-----------------|---------------|-----------------------|
| Open Deck Fee   | \$600.00        | \$0.00        | Open Decks 4 EA       |
| <b>Totals :</b> | <b>\$600.00</b> | <b>\$0.00</b> |                       |

**PROJECT DESCRIPTION:** REBUILD 2 SETS OF STACKED DECKS, STAIRS, AND WINDOWS, TO EXISITNG FOOTPRINT

 **PAID**  
*Andie Aymer 3/20/24*  
*[Signature]*

**BP2024-049**

**PROJECT NAME:** HERMAN DECKS, SIDING, AND STAIRS  
**SITE ADDRESS:** 314 CAMERON ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/19/2024

**EXPIRES:** 09/15/2024

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**DETAILS**

**Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 10                            |
| REAR YARD SETBACK              | 20% Depth >30                 |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 50000.00                      |
| CONSTRUCTION TYPE              | V                             |
| OCCUPANCY TYPE                 | One & Two Family<br>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.

\* Zoning Final Inspection is required.

**BP2024-049**

**PROJECT NAME:** HERMAN DECKS, SIDING, AND STAIRS  
**SITE ADDRESS:** 314 CAMERON ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/19/2024

**EXPIRES:** 09/15/2024

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: Jordan Blythe

Contractor or Authorized Agent: Ary M. Gibson Date: 03 / 20 / 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

**MC2024-065**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 1413 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/19/2024

**EXPIRES:** 09/15/2024

**APPLICANT:** MILLER, MAC EDWARD  
P O BOX 1756  
KILL DEVIL HILLS, NC 27948

**OWNER:** MILLER, MAC EDWARD  
P O BOX 1756  
KILL DEVIL HILLS, NC 27948

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

**License:** 29121  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 989309160182

**Parcel Number:** 004679000

**Address:** 1413 VA DARE TRL S KILL DEVIL HILLS


**Addition:** KILL DEVIL BEACH SEC 1 REVISED

**Zoning:**  
**Block:** B **Lot(s):** 16 & PT 17

**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**  
3/20/24  
on-line

**MC2024-065**

**PROJECT NAME:** HVAC CHANGEOUT

**SITE ADDRESS:** 1413 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/19/2024

**EXPIRES:** 09/15/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                   |
|---------------------|--------------------------------|
| PURPOSE             | Modular Home<br>Repair/Remodel |
| CONSTRUCTION COST   | 5250.00                        |
| CONSTRUCTION TYPE   | V                              |
| FLOOD ZONE          | X                              |
| NATURAL GAS SIGNOFF | N                              |
| OCCUPANCY TYPE      | One & Two Family<br>Dwelling   |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: [Signature] Date: 03 / 19 / 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>MC2024-063</b>  | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> HAIRSTON HVAC                             | <b>ISSUED:</b> 03/19/2024  |
| <b>SITE ADDRESS:</b> 1111 Cambridge Rd #308-H Kill Devil Hills | <b>EXPIRES:</b> 09/15/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> HAIRSTON, JESSICA<br>1111 CAMBRIDGE RD 308-H<br>P.O. Box 1719<br>Kill Devil Hills, NC 27948 | <b>OWNER:</b> HAIRSTON, JESSICA<br>1111 CAMBRIDGE RD 308-H<br>P.O. Box 1719<br>Kill Devil Hills, NC 27948 |
|---|---|


|  |  |
|--|--|
| <b>ELECTRICAL, PLUMBING AND HEATING:</b> ALL SEASONS HEATING & COOLING<br>P.O. Box 244<br>Point Harbor, NC 27964<br>491-9232 | <b>License:</b> SP.PH. 34948<br><b>Expires:</b> 12/20/2024 |
|--|--|

**PARCEL:**

|   |                              |
|---|------------------------------|
| <b>PIN:</b> 98830648123864                                | <b>Parcel Number:</b>        |
| <b>Address:</b> 1111 Cambridge Rd #308-H Kill Devil Hills | <b>Zoning:</b>               |
| <b>Addition:</b>  | <b>Block:</b> <b>Lot(s):</b> |
| <b>Legal Description:</b> Residential townhome/condo      |                              |

| <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

 **PAID**  
3/19/24  
on-file



**MC2024-063**

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

**MECHANICAL**

**ISSUED:** 03/19/2024

**EXPIRES:** 09/15/2024

**DETAILS**

**Permit**

| Name                | Value                         |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 5990.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Jordan Blythe

Contractor or Authorized Agent:  Date: 03 / 19 / 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>MC2024-062</b>                                     | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> FRIED HVAC                       | <b>ISSUED:</b> 03/18/2024  |
| <b>SITE ADDRESS:</b> 907 DURHAM ST W KILL DEVIL HILLS | <b>EXPIRES:</b> 09/14/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> FRIED, BARBARA<br>4621 PLAYER LN<br>Virginia Beach, Va 23462<br>757-641-3500 | <b>OWNER:</b> FRIED, BARBARA<br>4621 PLAYER LN<br>Virginia Beach, Va 23462<br>757-641-3500 |
|--|--|


|                      |   |   |
|----------------------|---|---|
| <b>H-3, CLASS 2:</b> | RS Andrews of Tidewater<br>4550 Bainbridge Blvd<br>CHESAPEAKE, VA 23320<br>757-998-4204 | <b>License:</b> 21495<br><b>Expires:</b> 12/31/2024 |
|----------------------|---|---|

**PARCEL:**

|  |                                    |
|--|------------------------------------|
| <b>PIN:</b> 988405087158                         | <b>Parcel Number:</b> 001389000    |
| <b>Address:</b> 907 DURHAM ST W KILL DEVIL HILLS |                                    |
| <b>Addition:</b> AVALON BEACH ANNEX 2 & 3        | <b>Zoning:</b>                     |
| <b>Legal Description:</b>                        | <b>Block:</b> 0 <b>Lot(s):</b> 684 |

| <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

 **PAID**  
3/19/24  
on-line

**MC2024-062**

**PROJECT NAME:** FRIED HVAC

**SITE ADDRESS:** 907 DURHAM ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/18/2024

**EXPIRES:** 09/14/2024

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**DETAILS**

**Permit**

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

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**REQUIRED INSPECTIONS**

Final

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**CONDITIONS**

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Issued By: Jordan Blythe

Contractor or Authorized Agent: Jessica Mitchell Date: 03 / 18 / 2024



# Town of Kill Devil Hills

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

PAID

MAR 19 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**ZP2024-021**

**PROJECT NAME:** Reynolds Fence  
**SITE ADDRESS:** 2034 PHOEBUS ST KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 03/19/2024

**EXPIRES:** 09/15/2024

**APPLICANT:** Reynolds, Samantha  
2034 Phoebus St  
Kill Devil Hills, NC 27948  
703-216-1672

**OWNER:** Reynolds, Samantha  
2034 Phoebus St  
Kill Devil Hills, NC 27948  
703-216-1672

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

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

**PARCEL:**

**PIN:** 988405093088

**Parcel Number:** 000885000

**Address:** 2034 PHOEBUS ST KILL DEVIL HILLS

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

**Zoning:**  
**Block:** 0 **Lot(s):** 1145

**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 along rear property line

**ZP2024-021**

**PROJECT NAME:** Reynolds Fence  
**SITE ADDRESS:** 2034 PHOEBUS ST KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 03/19/2024

**EXPIRES:** 09/15/2024

**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                     |
| PURPOSE                  | Residential Accessory |
| CONSTRUCTION COST        | 12762.00              |
| SURVEYOR NAME AND NUMBER | Bill Jones            |
| 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:** 3/19/24



# Town of Kill Devil Hills

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

RAI  
MAR 19 2024  
TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

|  |                            |
|--|----------------------------|
| <b>BP2024-048</b>                                      | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> John Landskroener                 | <b>ISSUED:</b> 03/19/2024  |
| <b>SITE ADDRESS:</b> 337 EDEN ST ST W KILL DEVIL HILLS | <b>EXPIRES:</b> 09/15/2024 |

**APPLICANT:** Andrew Hines  
2021 Bay Drive  
Kill Devil Hills, NC 27948

**OWNER:** LANDSKROENER, JOHN M  
PO BOX 1093  
KILL DEVIL HILLS, NC 27948

**BUILDER:** Andrew Hines  
2021 Bay Drive  
Kill Devil Hills, NC 27948

**License:** 123456  
**Expires:** 05/25/2029

**PARCEL:**

**PIN:** 988517004783

**Parcel Number:** 000612000

**Address:** 337 EDEN ST ST W KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES

**Zoning:**  
**Block:** 48      **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:** Replace siding/soffit/faccia/stairs and handrails

**BP2024-048**

**PROJECT NAME:** John Landskroener  
**SITE ADDRESS:** 337 EDEN ST ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/19/2024

**EXPIRES:** 09/15/2024

**DETAILS**

**Permit**

| Name                           | Value                         |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 15                            |
| SIDE YARD SETBACK              | 6                             |
| REAR YARD SETBACK              | 20% Depth >30                 |
| STREET SIDE SETBACK            | 7.5                           |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 28750.00                      |
| CONSTRUCTION TYPE              | V                             |
| SURVEYOR NAME AND<br>NUMBER    | Coastal Engineering           |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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



**BP2024-048**

**PROJECT NAME:** John Landskroener  
**SITE ADDRESS:** 337 EDEN ST ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/19/2024

**EXPIRES:** 09/15/2024

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: 3-19-24



# 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

**PL2024-004**

**PROJECT NAME:** TIRE CHOICE DISTRIBUTION  
**SITE ADDRESS:** 3114 CROATAN HWY N KILL DEVIL HILLS

**PLUMBING**

**ISSUED:** 03/15/2024

**EXPIRES:** 09/11/2024

**APPLICANT:** Krahenbill Associates  
133 Nixon Beach Road  
Edenton, NC 27932  
252-220-4374

**OWNER:** Krahenbill Associates  
133 Nixon Beach Road  
Edenton, NC 27932  
252-220-4374

**PLUMBING CLASS I:** THE GENTLEMAN PLUMBER  
UNKNOWN  
UNKNOWN, XX 00000

**License:** P18795  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988513031439

**Parcel Number:** 028719000

**Address:** 3114 CROATAN HWY N KILL DEVIL HILLS

**Addition:** MOOR SHORES TWO

**Zoning:**

**Block:** 0 **Lot(s):** 175,176,177

**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:** INSTALL NEW PLUMBING DISTRIBUTION LINES

### DETAILS

**Permit**

| Name              | Value                     |
|-------------------|---------------------------|
| PURPOSE           | Commercial Repair/Remodel |
| CONSTRUCTION COST | 23850.00                  |
| CONSTRUCTION TYPE | IV                        |
| FLOOD ZONE        | X                         |
| OCCUPANCY TYPE    | Business                  |



**PAID**  
3/18/24  
on-line



**PL2024-004**

**PROJECT NAME:** TIRE CHOICE DISTRIBUTION  
**SITE ADDRESS:** 3114 CROATAN HWY N KILL DEVIL HILLS

**PLUMBING**

**ISSUED:** 03/15/2024

**EXPIRES:** 09/11/2024

**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.

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Issued By: Jordan Blythe

Contractor or Authorized Agent:  Date: 03 / 18 / 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

**MC2024-061**

**PROJECT NAME:** GOULET HVAC  
**SITE ADDRESS:** 102 GODDARD AVE E KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/18/2024  
**EXPIRES:** 09/14/2024

**APPLICANT:** Barbara Goulet  
102 E. Goddard St.  
Kill Devil Hills, NC 27948

**OWNER:** Barbara Goulet  
102 E. Goddard St.  
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:** 12/31/2024

**PARCEL:**

**PIN:** 988308891317

**Parcel Number:** 003794000

**Address:** 102 GODDARD AVE E KILL DEVIL HILLS

**Zoning:**

**Addition:** KITTY HAWK SHORES - REVISED

**Block:** 32 **Lot(s):** 10

**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



**PAID**  
3/18/24  
on-line

**MC2024-061**

**PROJECT NAME:** GOULET HVAC

**SITE ADDRESS:** 102 GODDARD AVE E KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/18/2024

**EXPIRES:** 09/14/2024

**DETAILS**

**Permit**

| Name                | Value                         |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 11837.00                      |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Jordan Blythe

Contractor or Authorized Agent: Gil Anderson Date: 03 / 18 / 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

MAR 18 2024

**BP2024-024**

**PROJECT NAME:** Banks Bldg 1 Bldg 2 Deck Replacement  
**SITE ADDRESS:** 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/08/2024

**EXPIRES:** 09/04/2024

**APPLICANT:** GIBBS DAUGHTERS NC, LLC  
Po Box 2387  
Manteo, NC 27954  
252-202-5991

**OWNER:** BANKS PHASE 1  
N/A  
UNKNOWN, XX 00000

**BUILDING UNLIMITED:** GIBBS DAUGHTERS NC, LLC  
Po Box 2387  
Manteo, NC 27954  
252-202-5991

**License:** 76990  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 98931313384500

**Parcel Number:** 005159999

**Address:** 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

**Addition:**

**Zoning:**

**Block:** 0

**Lot(s):** COMMON PROPERTY

**Legal Description:**

| FEES:                     | Paid              | Due           | BUILDING AREA:        |          |
|---------------------------|-------------------|---------------|-----------------------|----------|
| Covered Porch Residential | \$610.50          | \$0.00        | Open Decks            | 3 EA     |
| Open Deck Fee             | \$450.00          | \$0.00        | Covered Porches/Decks | 814 SQFT |
| <b>Totals :</b>           | <b>\$1,060.50</b> | <b>\$0.00</b> |                       |          |

**PROJECT DESCRIPTION:** replace existing decks on buildings 1 and 2 to same footprint



**BP2024-024**

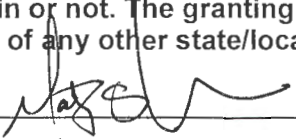
**PROJECT NAME:** Banks Bldg 1 Bldg 2 Deck Replacement  
**SITE ADDRESS:** 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/08/2024

**EXPIRES:** 09/04/2024

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: 3-18-24



# Town of Kill Devil Hills

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

MAR 15 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**DW2024-003**

**PROJECT NAME:** Lonnie Issac  
**SITE ADDRESS:** 507 THIRD ST W KILL DEVIL HILLS

**DRIVEWAY**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**APPLICANT:** ISAAC, LONNIE E  
3824 SIR FRANCIS DRAKE  
DRIVE  
CHESAPEAKE, VA 23321

**OWNER:** ISAAC, LONNIE E  
3824 SIR FRANCIS DRAKE  
DRIVE  
CHESAPEAKE, VA 23321

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

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

**PARCEL:**

**PIN:** 988409262953

**Parcel Number:** 024771000

**Address:** 507 THIRD ST W KILL DEVIL HILLS

**Addition:** CROATAN SHORES INC SEC 1

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

**Legal Description:**

| <b>FEES:</b>        | <b>Paid</b>    | <b>Due</b>    |
|---------------------|----------------|---------------|
| Driveway Permit Fee | \$50.00        | \$0.00        |
| <b>Totals :</b>     | <b>\$50.00</b> | <b>\$0.00</b> |

**PROJECT DESCRIPTION:** Add driveway



**DW2024-003**

**PROJECT NAME:** Lonnie Issac

**SITE ADDRESS:** 507 THIRD ST W KILL DEVIL HILLS

**DRIVEWAY**

**ISSUED:** 02/21/2024

**EXPIRES:** 08/19/2024

**DETAILS**

**Permit**

| Name                       | Value     |
|----------------------------|-----------|
| DRIVEWAY INVERT 2          | N         |
| CULVERT                    | N         |
| SURVEYOR NAME AND NUMBER   | Styons    |
| HEALTH DEPARTMENT PERMIT # | S22-21907 |
| ZONING DISTRICT            | RL        |
| CONSTRUCTION COST          | 1800.00   |
| FLOOD ZONE                 | X         |
| LOT COVERAGE               | 40.00     |

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

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

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

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

Date: 3-15-24





# Town of Kill Devil Hills

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

MAR 15 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**MC2024-060**

**PROJECT NAME:** WINDLEY HVAC  
**SITE ADDRESS:** 1512 Small Pl. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 03/14/2024

**EXPIRES:** 09/10/2024

**APPLICANT:** WINDLEY, JOHN  
1512 SMALL PL  
Kill Devil Hills, NC 27948  
252-902-4345

**OWNER:** WINDLEY, JOHN  
1512 SMALL PL  
Kill Devil Hills, NC 27948  
252-902-4345

**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:** 988413244675 **Parcel Number:** 003349000  
**Address:** 1512 Small Pl. Kill Devil Hills  
**Legal Description:** FIRST FLIGHT VILLAGE SEC 1  
**Zoning:**  
**Block:** **Lot(s):** 67A

| <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

**MC2024-060**

**PROJECT NAME:** WINDLEY HVAC  
**SITE ADDRESS:** 1512 Small Pl. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 03/14/2024

**EXPIRES:** 09/10/2024

**DETAILS**

**Permit**

| Name                | Value                         |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 6524.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>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.

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

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

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

3-15-24



**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**

|  |                            |
|--|----------------------------|
| <b>MC2024-059</b>                                      | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> HVAC CHANGEOUT                    | <b>ISSUED:</b> 03/14/2024  |
| <b>SITE ADDRESS:</b> 3000 RAYMOND AVE KILL DEVIL HILLS | <b>EXPIRES:</b> 09/10/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> Perry, David<br>3000 Raymond AVE<br>Kill Devil Hills, NC 27948 | <b>OWNER:</b> Perry, David<br>3000 Raymond AVE<br>Kill Devil Hills, NC 27948 |
|--|--|


|                            |  |   |
|----------------------------|--|---|
| <b>MECHANICAL, H-3, I:</b> | AIR HANDLERS OBX<br>8788 Caratoke Hwy<br>Harbinger, NC 27941<br>252-216-8945 | <b>License:</b> 23577<br><b>Expires:</b> 12/31/2024 |
|----------------------------|--|---|

**PARCEL:**

|   |                                       |
|---|---------------------------------------|
| <b>PIN:</b> 988513039070                          | <b>Parcel Number:</b> 000421000       |
| <b>Address:</b> 3000 RAYMOND AVE KILL DEVIL HILLS | <b>Zoning:</b>                        |
| <b>Addition:</b> VIRGINIA DARE SHORES             | <b>Block:</b> 16 <b>Lot(s):</b> 23-24 |
| <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

 **PAID**  
3/15/24  
on-line



**Town of Kill Devil Hills**

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

PAID

MAR 27 2024

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

**ZP2024-024**

**PROJECT NAME:** WISE FENCE  
**SITE ADDRESS:** 2012 HAMPTON ST KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 03/26/2024  
**EXPIRES:** 09/22/2024

**APPLICANT:** WISE, CHARLES H ESTATE  
6742 HEMLOCK POINT RD  
NEW MARKET, MD 21774

**OWNER:** WISE, CHARLES H ESTATE  
6742 HEMLOCK POINT RD  
NEW MARKET, MD 21774

**UNLICENSED - REMODELING:** Andy's Painting  
2035 Portsmouth St  
Kill Devil Hills, NC 27948  
252-305-5217

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

**PARCEL:**

**PIN:** 988405084438

**Parcel Number:** 002034000

**Address:** 2012 HAMPTON ST KILL DEVIL HILLS

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

**Zoning:**  
**Block:** 0 **Lot(s):** 1109

**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:** CONSTRUCT FENCE ALONG PROPERTY LINE

**ZP2024-024**

**PROJECT NAME:** WISE FENCE  
**SITE ADDRESS:** 2012 HAMPTON ST KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 03/26/2024

**EXPIRES:** 09/22/2024

**DETAILS**

**Permit**

| Name               | Value                 |
|--------------------|-----------------------|
| 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                     |
| PURPOSE            | Residential Accessory |
| CONSTRUCTION COST  | 10500.00              |
| CULVERT            | N                     |
| DRIVEWAY INVERT 2  | N                     |

**REQUIRED INSPECTIONS**

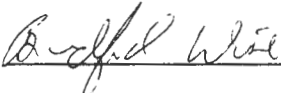
Final Stringline  
Zoning Final

**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.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Stringline inspection to be conducted 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:** 

**Contractor or Authorized Agent:**  **Date:** 3-27-24



# 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

|  |                            |
|--|----------------------------|
| <b>MC2024-072</b>  | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> HEAT PUMP REPLACEMENT               | <b>ISSUED:</b> 03/26/2024  |
| <b>SITE ADDRESS:</b> 1701 VA DARE TRL N KILL DEVIL HILLS | <b>EXPIRES:</b> 09/22/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> PAYNE, RONALD<br>104 MOON DR<br>SMITHFIELD, VA 23430 | <b>OWNER:</b> PAYNE, RONALD<br>104 MOON DR<br>SMITHFIELD, VA 23430 |
|--|--|

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

**PARCEL:**

|   |  |
|---|--|
| <b>PIN:</b> 98841157138101                          | <b>Parcel Number:</b> 028084000                                  |
| <b>Address:</b> 1701 VA DARE TRL N KILL DEVIL HILLS |  |
| <b>Addition:</b>                                    | <b>Zoning:</b> C <b>Block:</b> C <b>Lot(s):</b> UNIT 1A LT 17-19 |
| <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:** HEAT PUMP REPLACEMENT

MAR 27 2024



**MC2024-072**

**PROJECT NAME: HEAT PUMP REPLACEMENT**

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

**MECHANICAL**

**ISSUED: 03/26/2024**

**EXPIRES: 09/22/2024**

**DETAILS**

**Permit**

| <b>Name</b>          | <b>Value</b>                  |
|----------------------|-------------------------------|
| PURPOSE              | Residential<br>Repair/Remodel |
| CONSTRUCTION COST    | 5239.00                       |
| 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: 

Contractor or Authorized Agent:  Date: 3.27.24





# 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

**MC2024-073**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 1411 MAXINE ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/27/2024

**EXPIRES:** 09/23/2024

**APPLICANT:** CHRIS CIERO  
1411 Maxine St.  
KDH, NC 27948  
480-3657

**OWNER:** SILVA, JOHN & KATHLEEN  
1411 MAXINE ST  
KILL DEVIL HILLS, NC 27948

**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:** 988316746269

**Parcel Number:** 004800000

**Address:** 1411 MAXINE ST KILL DEVIL HILLS

**Zoning:**


**Addition:** KILL DEVIL BEACH EXTENDED

**Block:** 6 **Lot(s):** 12 & PT 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:** HVAC CHANGEOUT

 **PAID**  
3/27/24 on  
on-line

**MC2024-073**

**PROJECT NAME:** HVAC CHANGEOUT

**SITE ADDRESS:** 1411 MAXINE ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/27/2024

**EXPIRES:** 09/23/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 8684.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Marty Shaw

Contractor or Authorized Agent: Brian Lancaster Date: 03 / 27 / 2024



# Town of Kill Devil Hills

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

PAID

PAID WITH CASH

MAR 27 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

|   |                     |
|---|---------------------|
| <b>MC2024-074</b>                             | <b>MECHANICAL</b>   |
| PROJECT NAME: WHELAN HVAC                     | ISSUED: 03/27/2024  |
| SITE ADDRESS: 116 LOWELL AVE KILL DEVIL HILLS | EXPIRES: 09/23/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> WHELAN, MATTHEW<br>P. O. BOX 31<br>nags head, nc 27959 | <b>OWNER:</b> WHELAN, MATTHEW<br>P. O. BOX 31<br>nags head, nc 27959 |
|--|--|

|                      |  |   |
|----------------------|--|---|
| <b>H-3, CLASS I:</b> | HERITAGE HTG. & CLG.<br>209 W MORNING DOVE LN<br>nags head, nc 27959<br>252-489-3319 | <b>License:</b> 22994<br><b>Expires:</b> 12/31/2024 |
|----------------------|--|---|

**PARCEL:**

|   |  |
|---|--|
| <b>PIN:</b> 988415633580                        | <b>Parcel Number:</b> 004010000          |
| <b>Address:</b> 116 LOWELL AVE KILL DEVIL HILLS | <b>Zoning:</b>                           |
| <b>Addition:</b> KITTY HAWK SHORES - REVISED    | <b>Block:</b> 49 <b>Lot(s):</b> PT 3 & 4 |
| <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

**MC2024-074**

**PROJECT NAME:** WHELAN HVAC  
**SITE ADDRESS:** 116 LOWELL AVE KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/27/2024

**EXPIRES:** 09/23/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 12000.00                      |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>Dwelling  |

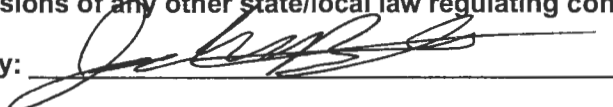
**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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**Issued By:** 

**Contractor or Authorized Agent:**  **Date:** 3-27-24



# 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

**MC2024-071**

**PROJECT NAME:** VERHULST HVAC  
**SITE ADDRESS:** 703 INDIAN DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/25/2024

**EXPIRES:** 09/21/2024

**APPLICANT:** VERHULST, JACOB  
209 N SCHOOL LN  
YORKTOWN, VA 23692  
757-869-1871

**OWNER:** VERHULST, JACOB  
209 N SCHOOL LN  
YORKTOWN, VA 23692  
757-869-1871

**PLUMBING, MECHANICAL:** NORRIS MECHANICAL  
P.O. Box 217  
HARBINGER, NC 27941  
252-491-2673

**License:** 11100  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988409253808

**Parcel Number:** 002728022

**Address:** 703 INDIAN DR KILL DEVIL HILLS

**Zoning:**

**Addition:** HIGH VIEW - HEDRICKS ADD

**Block:** F **Lot(s):** 22

**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

*Cost \$1,650.00*



**PAID**  
3/26/24  
*on-line*

**MC2024-071**

**PROJECT NAME:** VERHULST HVAC  
**SITE ADDRESS:** 703 INDIAN DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/25/2024

**EXPIRES:** 09/21/2024

**DETAILS**

**Permit**

| Name                | Value                         |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | <del>965000.00</del>          |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family Dwelling     |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Jordan Blythe

Contractor or Authorized Agent: Henry B. [Signature] Date: 03 / 26 / 2024





# Town of Kill Devil Hills

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

MAR 26 2024

## Planning and Inspection Department

|   |                            |
|---|----------------------------|
| <b>BP2024-057</b>                                     | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> Bagley Rear Deck and Stairs      | <b>ISSUED:</b> 03/26/2024  |
| <b>SITE ADDRESS:</b> 303 DURHAM ST W KILL DEVIL HILLS | <b>EXPIRES:</b> 09/22/2024 |

|   |  |
|---|--|
| <b>APPLICANT:</b> CLIMAX CONSTRUCTION LLC<br>PO BOX 338<br>Manns Harbor, NC 27953<br>252-216-6005 | <b>OWNER:</b> BAGLEY, JAMES EDWARD<br>1216 NEWMARKET DRIVE<br>VIRGINIA BEACH, VA 00000 |
|---|--|

|   |   |
|---|---|
| <b>UNLICENSED - REMODELING:</b> CLIMAX CONSTRUCTION LLC<br>PO BOX 338<br>Manns Harbor, NC 27953<br>252-216-6005 | <b>License:</b> 12345<br><b>Expires:</b> 01/01/2025 |
|---|---|

|  |                                 |                    |  |
|--|---------------------------------|--------------------|--|
| <b>PARCEL:</b>                                   |                                 |                    |  |
| <b>PIN:</b> 988405281947                         | <b>Parcel Number:</b> 001336000 |                    |  |
| <b>Address:</b> 303 DURHAM ST W KILL DEVIL HILLS | <b>Zoning:</b>                  |                    |  |
| <b>Addition:</b> AVALON BEACH ANNEX 2 & 3        | <b>Block:</b> 0                 | <b>Lot(s):</b> 620 |  |
| <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 existing rear deck and stairs to same footprint



**BP2024-057**

**PROJECT NAME:** Bagley Rear Deck and Stairs  
**SITE ADDRESS:** 303 DURHAM ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/26/2024

**EXPIRES:** 09/22/2024

---

**DETAILS**

**Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 15                            |
| SIDE YARD SETBACK              | 6                             |
| REAR YARD SETBACK              | 20% Depth >30                 |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 9030.00                       |
| LOT COVERAGE                   | 36.06                         |
| CONSTRUCTION TYPE              | V                             |
| SURVEYOR NAME AND<br>NUMBER    | Gloria Rogers                 |
| OCCUPANCY TYPE                 | One & Two Family<br>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.

**BP2024-057**

**PROJECT NAME:** Bagley Rear Deck and Stairs  
**SITE ADDRESS:** 303 DURHAM ST W KILL DEVIL HILLS

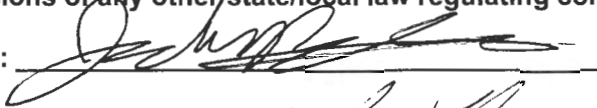
**BUILDING**

**ISSUED:** 03/26/2024

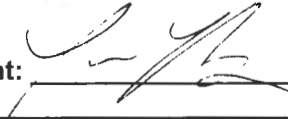
**EXPIRES:** 09/22/2024

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



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



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

3/26/24



# Town of Kill Devil Hills

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

MAR 26 2024

## Planning and Inspection Department

PLANNING AND INSPECTION DEPARTMENT

|   |                            |
|---|----------------------------|
| <b>BP2024-056</b>                                     | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> RICE STAIRS AND FENCE            | <b>ISSUED:</b> 03/26/2024  |
| <b>SITE ADDRESS:</b> 506 WALKER ST W KILL DEVIL HILLS | <b>EXPIRES:</b> 09/22/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> RICE, ERIC<br>506 W WALKER ST<br>Kill Devil Hills, NC 27948<br>757-404-0696 | <b>OWNER:</b> RICE, ERIC<br>506 W WALKER ST<br>Kill Devil Hills, NC 27948<br>757-404-0696 |
|---|---|

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

**PARCEL:**

|  |                                       |
|--|---------------------------------------|
| <b>PIN:</b> 987520905916                         | <b>Parcel Number:</b> 000720000       |
| <b>Address:</b> 506 WALKER ST W KILL DEVIL HILLS | <b>Zoning:</b>                        |
| <b>Addition:</b> VIRGINIA DARE SHORES            | <b>Block:</b> 71 <b>Lot(s):</b> 23-24 |
| <b>Legal Description:</b>                        |                                       |

| <b>FEES:</b>                      | <b>Paid</b>     | <b>Due</b>    |
|-----------------------------------|-----------------|---------------|
| Building Permit Fee - Minimum Fee | \$150.00        | \$0.00        |
| Fence                             | \$100.00        | \$0.00        |
| <b>Totals :</b>                   | <b>\$250.00</b> | <b>\$0.00</b> |

**PROJECT DESCRIPTION:** CONSTRUCT FENCE IN REAR YARD, REPLACE STRINGERS ON EXTERIOR STAIR



**BP2024-056**

**PROJECT NAME:** RICE STAIRS AND FENCE  
**SITE ADDRESS:** 506 WALKER ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/26/2024

**EXPIRES:** 09/22/2024

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: \_\_\_\_\_



# 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

**MC2024-070**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 1541 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/25/2024

**EXPIRES:** 09/21/2024

**APPLICANT:** LIFESTYLE HOMES INC  
 P O BOX 1917  
 KILL DEVIL HILLS, NC 27948

**OWNER:** LIFESTYLE HOMES INC  
 P O BOX 1917  
 KILL DEVIL HILLS, NC 27948

**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:** 98841156728601 **Parcel Number:** 028041000

**Address:** 1541 VA DARE TRL N KILL DEVIL HILLS

**Addition:** GOLDEN STRAND CONDOS

**Zoning:**  
**Block:** A **Lot(s):** 1-5 - 21  
 TSHARE  
 UTS

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:** HVAC CHANGEOUT

**PAID**  
 Per 3/25/24  
 online permit

**MC2024-070**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 1541 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/25/2024

**EXPIRES:** 09/21/2024

**DETAILS**

**Permit**

| Name                | Value                         |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 9990.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| 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:** 03 / 25 / 2024





# Town of Kill Devil Hills

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

PAID  
WITH  
CASH

MAR 25 2024

## Planning and Inspection Department

|   |                            |
|---|----------------------------|
| <b>ZP2024-022</b>                                       | <b>ZONING PERMIT</b>       |
| <b>PROJECT NAME:</b> Lusk Fence                         | <b>ISSUED:</b> 03/25/2024  |
| <b>SITE ADDRESS:</b> 300 VA DARE TRL S KILL DEVIL HILLS | <b>EXPIRES:</b> 09/21/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> Lusk, Dave<br>5241 Barlow Lane<br>kitty hawk, nc 27949 | <b>OWNER:</b> Lusk, Dave<br>5241 Barlow Lane<br>kitty hawk, nc 27949 |
|--|--|

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

**PARCEL:**

|  |                                   |
|--|-----------------------------------|
| <b>PIN:</b> 988420804269                           | <b>Parcel Number:</b> 003775000   |
| <b>Address:</b> 300 VA DARE TRL S KILL DEVIL HILLS | <b>Zoning:</b>                    |
| <b>Addition:</b> KITTY HAWK SHORES - REVISED       | <b>Block:</b> 30 <b>Lot(s):</b> 1 |
| <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 existing fence at rear of main house

**ZP2024-022**

**PROJECT NAME:** Lusk Fence

**SITE ADDRESS:** 300 VA DARE TRL S KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 03/25/2024

**EXPIRES:** 09/21/2024

**DETAILS**

**Permit**

| <b>Name</b>        | <b>Value</b>          |
|--------------------|-----------------------|
| ZONING DISTRICT    | C                     |
| FRONT YARD SETBACK | 30                    |
| REAR YARD SETBACK  | 20% Depth >30         |
| SIDE YARD SETBACK  | 15                    |
| CAMA PERMIT        | N                     |
| CAMA EXEMPTION     | N                     |
| FLOOD ZONE         | X                     |
| PURPOSE            | Residential Accessory |
| CONSTRUCTION COST  | 3000.00               |
| 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:** 3/25/24



# 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

**BP2024-054**

**PROJECT NAME:** EXTERIOR RENOVATIONS  
**SITE ADDRESS:** 2209 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/25/2024

**EXPIRES:** 09/21/2024

**APPLICANT:** HILL, CALVIN S  
27 WENDFIELD CIRCLE  
NEWPORT NEWS, VA 23601

**OWNER:** HILL, CALVIN S  
27 WENDFIELD CIRCLE  
NEWPORT NEWS, VA 23601

**GENERAL BUILDING INTERMEDIATE:** GALLOP ROOFING AND REMODELING, INC.  
673 Old Wharf Road  
Wanchese, NC 27981  
252-473-2888

**License:** 32504  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988518217702

**Parcel Number:** 003036000

**Address:** 2209 VA DARE TRL N KILL DEVIL HILLS

**Zoning:**

**Addition:** VIRGINIA DARE SHORES PLAT B

**Block:** 0 **Lot(s):** 48

**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 AND 13 WINDOWS

**PAID**  
R 3/25/24  
online permit

**BP2024-054**

**PROJECT NAME:** EXTERIOR RENOVATIONS  
**SITE ADDRESS:** 2209 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/25/2024

**EXPIRES:** 09/21/2024

**DETAILS**

**Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | OIR                           |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FLOOD ZONE                     | VE                            |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 52499.00                      |
| CONSTRUCTION TYPE              | V                             |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

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.

\* Obtain an insulation/framing inspection on the interior of windows for draft stop prior to re-installing interior trim.

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

**Issued By:** Marty Shaw

**Contractor or Authorized Agent:** [Signature] **Date:** 03 / 25 / 2024



# Town of Kill Devil Hills

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

PAID

MAR 22 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

|   |                            |
|---|----------------------------|
| <b>BP2024-005</b>                                     | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> Davis Deck Replacement           | <b>ISSUED:</b> 03/22/2024  |
| <b>SITE ADDRESS:</b> 308 AYCOCK ST W KILL DEVIL HILLS | <b>EXPIRES:</b> 09/18/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> Todd Stapleton<br>324 Live Oak Ct<br>Kill Devil Hills, NC 27948<br>252-202-8805 | <b>OWNER:</b> Davis, Bobby<br>304 Aycock St W<br>Kill Devil Hills, NC 27948 |
|---|---|

|   |  |
|---|--|
| <b>UNLICENSED - REMODELING:</b> Todd Stapleton<br>324 Live Oak CT<br>Kill Devil Hills, NC 27948<br>252-202-8805 | <b>License:</b> 00100<br><b>Expires:</b> |
|---|--|

**PARCEL:**

|  |                                       |
|--|---------------------------------------|
| <b>PIN:</b> 988517016218                         | <b>Parcel Number:</b> 000592000       |
| <b>Address:</b> 308 AYCOCK ST W KILL DEVIL HILLS | <b>Zoning:</b>                        |
| <b>Addition:</b> VIRGINIA DARE SHORES            | <b>Block:</b> 46 <b>Lot(s):</b> 23-25 |
| <b>Legal Description:</b>                        |                                       |

| <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 existing side yard deck to same footprint

**BP2024-005**

**PROJECT NAME:** Davis Deck Replacement  
**SITE ADDRESS:** 308 AYCOCK ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/22/2024

**EXPIRES:** 09/18/2024

---

**DETAILS**

**Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 10                            |
| REAR YARD SETBACK              | 20% Depth >30                 |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 15000.00                      |
| SURVEYOR NAME AND<br>NUMBER    | Richard Quible                |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

---

**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.

\* Zoning Final Inspection is required.

**BP2024-005**

**PROJECT NAME:** Davis Deck Replacement  
**SITE ADDRESS:** 308 AYCOCK ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/22/2024

**EXPIRES:** 09/18/2024

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: 3-22-24





**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**

PAID

MAR 22 2024

TOWN OF  
KILL DEVIL HILLS

**BP2024-053**

**PROJECT NAME:** DIXON STAIR  
**SITE ADDRESS:** 1624 PRINCESS ANNE DR KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/22/2024

**EXPIRES:** 09/18/2024

**APPLICANT:** DIXON, CAROLE  
1624 PRINCESS ANNE DR  
Kill Devil Hills, NC 27948  
757-647-3702

**OWNER:** DIXON, CAROLE  
1624 PRINCESS ANNE DR  
Kill Devil Hills, NC 27948  
757-647-3702

**UNLICENSED BUILDER:** ROBBY BUSBY  
P. O. BOX 677  
Kill Devil Hills, NC 27948  
252-202-9416

**License:** XXXXXX  
**Expires:**

**PARCEL:**

**PIN:** 988410463596

**Parcel Number:** 003136005

**Address:** 1624 PRINCESS ANNE DR KILL DEVIL HILLS

**Addition:** DELRAY BEACH RESUBDIV

**Zoning:**  
**Block:** 3 **Lot(s):** 5

**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:** REBUILD EXTERIOR STAIR

**BP2024-053**

PROJECT NAME: DIXON STAIR

SITE ADDRESS: 1624 PRINCESS ANNE DR KILL DEVIL HILLS

**BUILDING**

ISSUED: 03/22/2024

EXPIRES: 09/18/2024

**DETAILS****Permit**

| Name                           | Value                         |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 8                             |
| REAR YARD SETBACK              | 20% Depth >30                 |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 8000.00                       |
| CONSTRUCTION TYPE              | V                             |
| OCCUPANCY TYPE                 | One & Two Family<br>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: \_\_\_\_\_



# Town of Kill Devil Hills

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

MAR 22 2024

## Planning and Inspection Department

**BJ2024-053**

**PROJECT NAME:**

**SITE ADDRESS:** 300 VA DARE TRL N KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/22/2024

**EXPIRES:** 09/18/2024

**APPLICANT:** Godfrey, Stuart  
700 Skipjack Ln Apt F12  
Kill Devil Hills, NC 27948  
303-810-8147

**OWNER:** Godfrey, Stuart  
700 Skipjack Ln Apt F12  
Kill Devil Hills, NC 27948  
303-810-8147

**ELECTRICAL-LIMITED:** BACK LINE ELECTRIC  
UNKNOWN  
UNKNOWN, XX 00000

**License:** 28390-L  
**Expires:** 08/03/2024

**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>    | <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:** NEW HOT TUB

**BJ2024-053**

**PROJECT NAME:**

**SITE ADDRESS:** 300 VA DARE TRL N KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/22/2024

**EXPIRES:** 09/18/2024

**DETAILS**

**Permit**

| <b>Name</b>             | <b>Value</b>                  |
|-------------------------|-------------------------------|
| ZONING DISTRICT         | RH                            |
| CAMA PERMIT             | N                             |
| CAMA EXEMPTION          | N                             |
| FLOOD ZONE              | X                             |
| SUBSTANTIAL IMPROVEMENT | NO                            |
| PURPOSE                 | Residential<br>Repair/Remodel |
| CONSTRUCTION TYPE       | V                             |
| CONSTRUCTION COST       | 1000.00                       |
| CULVERT                 | N                             |
| DRIVEWAY INVERT 2       | N                             |
| OCCUPANCY TYPE          | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Final

Zoning Final

**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.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3/22/2024



# 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>BP2024-052</b>                                       | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> GODFREY STAIRS                     | <b>ISSUED:</b> 03/20/2024  |
| <b>SITE ADDRESS:</b> 300 VA DARE TRL N KILL DEVIL HILLS | <b>EXPIRES:</b> 09/16/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> Godfrey, Stuart<br>700 Skipjack Ln Apt F12<br>Kill Devil Hills, NC 27948<br>303-810-8147 | <b>OWNER:</b> Godfrey, Stuart<br>700 Skipjack Ln Apt F12<br>Kill Devil Hills, NC 27948<br>303-810-8147 |
|--|--|

|   |  |
|---|--|
| <b>UNLICENSED - REMODELING:</b> Ace Handyman Services<br>4112 N Croatan Highway<br>kitty hawk, nc 27949<br>252-297-8900 | <b>License:</b> 12345<br><b>Expires:</b> |
|---|--|

**PARCEL:**

|  |                                   |
|--|-----------------------------------|
| <b>PIN:</b> 988420719314                           | <b>Parcel Number:</b> 003749000   |
| <b>Address:</b> 300 VA DARE TRL N KILL DEVIL HILLS | <b>Zoning:</b>                    |
| <b>Addition:</b> KITTY HAWK SHORES - REVISED       | <b>Block:</b> 25 <b>Lot(s):</b> 1 |
| <b>Legal Description:</b>                          |                                   |

| <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:** REBUILD REAR EXTERIOR STAIR

*Cost \$3,000.<sup>est</sup>*

**PAID**  
3/22/24  
*on-line*







# Town of Kill Devil Hills

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

MAR 20 2024

## Planning and Inspection Department

|  |                            |
|--|----------------------------|
| <b>BJ2024-036</b>                                  | <b>BUILDING JOINT</b>      |
| <b>PROJECT NAME:</b> Jason James                   | <b>ISSUED:</b> 03/12/2024  |
| <b>SITE ADDRESS:</b> 1104 DEAN ST KILL DEVIL HILLS | <b>EXPIRES:</b> 09/08/2024 |

**APPLICANT:** James, Jason  
PO BOX 1771  
nags head, nc 27959  
252-599-2999

**OWNER:** James, Jason  
PO BOX 1771  
nags head, nc 27959  
252-599-2999

**BUILDING LIMITED:** ACS-OBX LLC  
PO Box 1771  
NAGS HEAD, NC 27959  
252-599-2999

**License:** 80229  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988315742005

**Parcel Number:** 004828000

**Address:** 1104 DEAN ST KILL DEVIL HILLS

**Zoning:**

**Addition:** KILL DEVIL BEACH EXTENDED

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

**Legal Description:**

| <b>FEES:</b>              | <b>Paid</b>       | <b>Due</b>    | <b>BUILDING AREA:</b>    |              |
|---------------------------|-------------------|---------------|--------------------------|--------------|
| Res. Building Permit Fee  | \$1,560.00        | \$0.00        | Covered Porches/Decks    | 208 SQFT     |
| T-Pole                    | \$50.00           | \$0.00        | Residential Heated Space | 2080 sq. Ft. |
| Covered Porch Residential | \$156.00          | \$0.00        | (.75)                    |              |
| <b>Totals :</b>           | <b>\$1,766.00</b> | <b>\$0.00</b> | # of Temporary Poles     | 1 EA         |

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

Town of Kill Devil Hills  
Water Charges

# PAID

Water Tap #: T25967



**BJ2024-036**

PROJECT NAME: Jason James

SITE ADDRESS: 1104 DEAN ST KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 03/12/2024

EXPIRES: 09/08/2024

---

**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<br>PERMIT #   | S3-21455                     |
| # PARKING<br>SPACES/BEDROOM     | 4                            |
| CAMA PERMIT                     | N                            |
| CAMA EXEMPTION                  | N                            |
| FLOOD ZONE                      | X                            |
| SUBSTANTIAL<br>IMPROVEMENT      | YES                          |
| PURPOSE                         | Residential New              |
| CONSTRUCTION TYPE               | V                            |
| CONSTRUCTION COST               | 300000.00                    |
| LOT COVERAGE                    | 36.40                        |
| LIVING SPACE (SQFT)             | 2080                         |
| COVERED<br>PORCHES/DECKS (SQFT) | 208                          |
| GARAGE (SQFT)                   | 498                          |
| TOTAL SQUARE FOOTAGE            | 2288                         |
| SURVEYOR NAME AND<br>NUMBER     | Sadler Surveying             |
| ENGINEER AND LICENSE<br>NUMBER  | Mike O'Steen 03628           |
| CULVERT                         | Y                            |
| ROLL OUT ICAN                   | 1                            |
| DRIVEWAY INVERT 2               | N                            |
| OCCUPANCY TYPE                  | One & Two Family<br>Dwelling |

---

**BJ2024-036**

**PROJECT NAME:** Jason James

**SITE ADDRESS:** 1104 DEAN ST KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/12/2024

**EXPIRES:** 09/08/2024

**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.
- \* Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- \* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- \* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- \* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- \* 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).
- \* 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.
- \* Needs Health Department approval. Only one submitted.
- \* Shed must be removed from survey if it is not being built at this time.
- \* Electrical sub panel required on 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:** \_\_\_\_\_

3-20-24



# Town of Kill Devil Hills

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

MAR 20 2024

## Planning and Inspection Department

M T W T F S S

**BP2024-047**

**PROJECT NAME:** Brian Newman Deck Rebuild  
**SITE ADDRESS:** 1241 VA DARE TRL S KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

**APPLICANT:** LYN VAN LURETTE TRUST LLC  
PO BOX 1450  
Kitty Hawk, NC 27949  
252-202-6248

**OWNER:** LYN VAN LURETTE TRUST LLC  
PO BOX 1450  
Kitty Hawk, NC 27949  
252-202-6248

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

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

**PARCEL:**

**PIN:** 989309066896

**Parcel Number:** 004661000

**Address:** 1241 VA DARE TRL S KILL DEVIL HILLS

**Addition:** KILL DEVIL BEACH SEC 1 REVISED

**Zoning:**

**Block:** A **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:** rear deck repair and rebuild replace existing pilings, remove existing stairs, no change to footprint

**BP2024-047**

PROJECT NAME: Brian Newman Deck Rebuild  
 SITE ADDRESS: 1241 VA DARE TRL S KILL DEVIL HILLS

**BUILDING**

ISSUED: 03/20/2024

EXPIRES: 09/16/2024

**DETAILS****Permit**

| Name                           | Value                         |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | OIR                           |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 10                            |
| REAR YARD SETBACK              | CAMA                          |
| FLOOD ZONE                     | VE                            |
| BASE FLOOD ELEVATION           | 10                            |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 18000.00                      |
| LOT COVERAGE                   | 35.87                         |
| CONSTRUCTION TYPE              | V                             |
| SURVEYOR NAME AND<br>NUMBER    | Jason Mizelle                 |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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

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

\* Zoning Final Inspection is required.

**BP2024-047**

PROJECT NAME: Brian Newman Deck Rebuild  
SITE ADDRESS: 1241 VA DARE TRL S KILL DEVIL HILLS

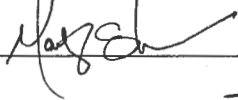
**BUILDING**

ISSUED: 03/20/2024

EXPIRES: 09/16/2024

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: \_\_\_\_\_

3/20



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**EL2024-026**

**PROJECT NAME:** METER BASE CHANGEOUT  
**SITE ADDRESS:** 112 TANYA DR KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

**APPLICANT:** Kaylor, Rob and Ginny  
1512 Wild Duck Crossing  
CHESAPEAKE, VA 23321  
757-641-0561

**OWNER:** Kaylor, Rob and Ginny  
1512 Wild Duck Crossing  
CHESAPEAKE, VA 23321  
757-641-0561

**ELECTRICAL-INTERMEDIATE:** HIS AND HER ELECTRIC, LLC  
3227 CARATOKE HWY  
currituck, nc 27929  
252-455-3027

**License:** 30465  
**Expires:** 03/25/2025

**PARCEL:**

**PIN:** 988415548262

**Parcel Number:** 003469000

**Address:** 112 TANYA DR KILL DEVIL HILLS

**Zoning:**

**Addition:** MEMORIAL OVERLOOK

**Block:** 0 **Lot(s):** 8

**Legal Description:**

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

**PROJECT DESCRIPTION:** METER BASE CHANGEOUT



**EL2024-026**

**PROJECT NAME:** METER BASE CHANGEOUT  
**SITE ADDRESS:** 112 TANYA DR KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

**DETAILS**

**Permit**

| <b>Name</b>       | <b>Value</b>                  |
|-------------------|-------------------------------|
| ZONING DISTRICT   | RL                            |
| PURPOSE           | Residential<br>Repair/Remodel |
| CONSTRUCTION COST | 900.00                        |
| CONSTRUCTION TYPE | V                             |
| FLOOD ZONE        | X                             |
| OCCUPANCY TYPE    | One & Two Family<br>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: [Signature] Date: 03 / 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>BP2024-051</b>                                   | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> BENTON DECK REBUILD            | <b>ISSUED:</b> 03/20/2024  |
| <b>SITE ADDRESS:</b> 1720 CREEK ST KILL DEVIL HILLS | <b>EXPIRES:</b> 09/16/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> BENTON, ELIZABETH ANN TRUSTEES<br>908 LE COVE DRIVE<br>VIRGINIA BEACH, VA 23464 | <b>OWNER:</b> BENTON, ELIZABETH ANN TRUSTEES<br>908 LE COVE DRIVE<br>VIRGINIA BEACH, VA 23464 |
|---|---|

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

**PARCEL:**

|  |                                   |
|--|-----------------------------------|
| <b>PIN:</b> 988409264882                       | <b>Parcel Number:</b> 002687000   |
| <b>Address:</b> 1720 CREEK ST KILL DEVIL HILLS | <b>Zoning:</b>                    |
| <b>Addition:</b> HIGH VIEW - HEDRICKS ADD      | <b>Block:</b> C <b>Lot(s):</b> 24 |
| <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:** REBUILD DECK AND STAIRS TO CURRENT FOOTPRINT

R/

MAR 21 2024

TOWN OF  
KILL DEVIL HILLS

**BP2024-051**

**PROJECT NAME:** BENTON DECK REBUILD  
**SITE ADDRESS:** 1720 CREEK ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

---

**DETAILS**

**Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 8                             |
| REAR YARD SETBACK              | 20% Depth >30                 |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 4500.00                       |
| CONSTRUCTION TYPE              | V                             |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

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**REQUIRED INSPECTIONS**

|              |                        |
|--------------|------------------------|
| Zoning Final | Floor box              |
| Final        | Slab/Foundation/Piling |

---

**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.

**BP2024-051**

**PROJECT NAME:** BENTON DECK REBUILD  
**SITE ADDRESS:** 1720 CREEK ST KILL DEVIL HILLS

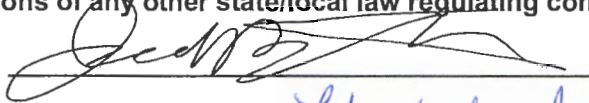
**BUILDING**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

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:

*Elizabeth J Beath*

Date:

*3/24/24*



# Town of Kill Devil Hills

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

MAR 21 2024

## Planning and Inspection Department

K LS

|   |                     |
|---|---------------------|
| <b>BP2024-033</b>                             | <b>BUILDING</b>     |
| PROJECT NAME: Mills Deck Replacement          | ISSUED: 03/20/2024  |
| SITE ADDRESS: 111 FIRST ST E KILL DEVIL HILLS | EXPIRES: 09/16/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> Surfside Construction<br>115 ST CLAIR RD<br>Kill Devil Hills, NC 27948<br>252-548-9253 | <b>OWNER:</b> Mills, John & Robin<br>Psc 2 Box 8794<br>APO, AE 09012 |
|--|--|

|   |  |
|---|--|
| <b>UNLICENSED BUILDER:</b> Surfside Construction<br>115 ST CLAIR RD<br>Kill Devil Hills, NC 27948<br>252-548-9253 | <b>License:</b> Unlicensed<br><b>Expires:</b> 01/26/2029 |
|---|--|

**PARCEL:**

|  |                               |
|--|-------------------------------|
| PIN: 988411550942                        | Parcel Number: 003116000      |
| Address: 111 FIRST ST E KILL DEVIL HILLS |                               |
| Addition: W R DEATON - DELRAY BEACH      | Zoning: Block: 2 Lot(s): PT 2 |
| Legal Description:                       |                               |

| FEES:                             | <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 deck and west side stairs, add cantilever where existing eastern stairs were removed

**BP2024-033**PROJECT NAME: Mills Deck Replacement  
SITE ADDRESS: 111 FIRST ST E KILL DEVIL HILLS**BUILDING**

ISSUED: 03/20/2024

EXPIRES: 09/16/2024

**DETAILS****Permit**

| Name                           | Value                         |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 10                            |
| REAR YARD SETBACK              | 20% Depth >30                 |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 26445.00                      |
| LOT COVERAGE                   | 38.00                         |
| CONSTRUCTION TYPE              | V                             |
| SURVEYOR NAME AND<br>NUMBER    | Bill Jones                    |
| OCCUPANCY TYPE                 | One & Two Family<br>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.

**BP2024-033**

PROJECT NAME: Mills Deck Replacement  
SITE ADDRESS: 111 FIRST ST E KILL DEVIL HILLS

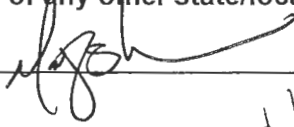
**BUILDING**

ISSUED: 03/20/2024

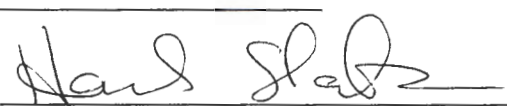
EXPIRES: 09/16/2024

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: \_\_\_\_\_

3/21/24



# Town of Kill Devil Hills

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

MAR 21 2024

## Planning and Inspection Department

KT TOP LS

**BP2024-032**

**PROJECT NAME:** Bazinet Deck  
**SITE ADDRESS:** 320 CAMERON ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/20/2024

**EXPIRES:** 09/16/2024

**APPLICANT:** Surfside Construction  
115 ST CLAIR RD  
Kill Devil Hills, NC 27948  
252-548-9253

**OWNER:** Bazinet, Jeffrey  
55 M Street NE  
WASHINGTON, DC 20002

**UNLICENSED BUILDER:** Surfside Construction  
115 ST CLAIR RD  
Kill Devil Hills, NC 27948  
252-548-9253

**License:** Unlicensed  
**Expires:** 01/26/2029

**PARCEL:**

**PIN:** 987516845684

**Parcel Number:** 000138000

**Address:** 320 CAMERON ST KILL DEVIL HILLS

**Zoning:**

**Addition:** ORVILLE BEACH WEST

**Block:** 0 **Lot(s):** 22

**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 existing deck and screen porch, rebuild decks extending 12'x10' deck stairs and ground level deck



**BP2024-032**

PROJECT NAME: Bazinet Deck

SITE ADDRESS: 320 CAMERON ST KILL DEVIL HILLS

**BUILDING**

ISSUED: 03/20/2024

EXPIRES: 09/16/2024

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**DETAILS**

**Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 8                             |
| REAR YARD SETBACK              | 20% Depth >30                 |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 37800.00                      |
| LOT COVERAGE                   | 29.00                         |
| CONSTRUCTION TYPE              | V                             |
| SURVEYOR NAME AND<br>NUMBER    | WH Miller                     |
| OCCUPANCY TYPE                 | One & Two Family<br>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.

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

**BP2024-032**

PROJECT NAME: Bazinet Deck

SITE ADDRESS: 320 CAMERON ST KILL DEVIL HILLS

**BUILDING**

ISSUED: 03/20/2024

EXPIRES: 09/16/2024

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: \_\_\_\_\_

3/21/24



# Town of Kill Devil Hills

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

MAR 28 2024

## Planning and Inspection Department

KI LS

**DM2024-002**

**PROJECT NAME:** EFIRD Demo  
**SITE ADDRESS:** 217 AYCOCK ST E KILL DEVIL HILLS

**DEMOLITION**

**ISSUED:** 03/25/2024

**EXPIRES:** 09/21/2024

**APPLICANT:** Griggs & Co.  
P. O. Box 125  
Point Harbor, NC 27964  
207-8450

**OWNER:** EFIRD, ERNEST  
11 Old Pond Rd  
Poquoson, VA 23662

**GENERAL UNLIMITED:** Griggs & Co.  
P. O. Box 125  
Point Harbor, NC 27964  
207-8450

**License:** 84914  
**Expires:**

### PARCEL:

**PIN:** 988517210962

**Parcel Number:** 000356000

**Address:** 217 AYCOCK ST E KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES

**Zoning:**

**Block:** 3 **Lot(s):** 7-8

**Legal Description:**

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

**PROJECT DESCRIPTION:** demo existing house and driveway for new construction

### DETAILS

#### Permit

| <b>Name</b>       | <b>Value</b> |
|-------------------|--------------|
| ZONING DISTRICT   | C            |
| FLOOD ZONE        | X            |
| CONSTRUCTION COST | 11750.00     |

**DM2024-002**

**PROJECT NAME:** EFIRD Demo  
**SITE ADDRESS:** 217 AYCOCK ST E KILL DEVIL HILLS

**DEMOLITION**

**ISSUED:** 03/25/2024

**EXPIRES:** 09/21/2024

**REQUIRED INSPECTIONS**

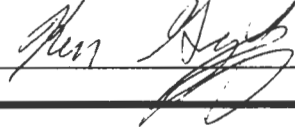
Final

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3-28-24



# Town of Kill Devil Hills

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

MAR 28 2024

## Planning and Inspection Department

**SG2024-007**

**PROJECT NAME:** OBX Landco Holdings LLC  
**SITE ADDRESS:** 1906 Croatan HWY S. KILL DEVIL HILLS

**SIGN**  
**ISSUED:** 03/28/2024  
**EXPIRES:** 09/24/2024

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

**OWNER:** Obx Landco Holdings LLC  
19 Ballast Point Dr  
Manteo, NC 27954

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

**License:** 86646  
**Expires:** 01/01/2025

**PARCEL:**

**PIN:** 989313035787

**Parcel Number:** 004936000

**Address:** 1906 Croatan HWY S. KILL DEVIL HILLS

**Addition:** LAKE DRIVE DEVELOPMENT SEC 2

**Zoning:**  
**Block:** 0 **Lot(s):** 98-101

**Legal Description:**

| <b>FEES:</b>    | <b>Paid</b>     | <b>Due</b>    |
|-----------------|-----------------|---------------|
| Sign Permit Fee | \$100.00        | \$0.00        |
| <b>Totals :</b> | <b>\$100.00</b> | <b>\$0.00</b> |

**PROJECT DESCRIPTION:** Free-standing sign

**SG2024-007**

**PROJECT NAME:** OBX Landco Holdings LLC  
**SITE ADDRESS:** 1906 Croatan HWY S. KILL DEVIL HILLS

**SIGN****ISSUED:** 03/28/2024**EXPIRES:** 09/24/2024**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                     | 3500.00              |
| 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.

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

\* Zoning Final Inspection is required.

**SG2024-007**

**PROJECT NAME:** OBX Landco Holdings LLC  
**SITE ADDRESS:** 1906 Croatan HWY S. KILL DEVIL HILLS

**SIGN**

**ISSUED:** 03/28/2024

**EXPIRES:** 09/24/2024

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: 3/28/24





# Town of Kill Devil Hills

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

PAID

MAR 28 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

|   |                     |
|---|---------------------|
| <b>EL2024-027</b>                             | <b>ELECTRICAL</b>   |
| PROJECT NAME:                                 | ISSUED: 03/28/2024  |
| SITE ADDRESS: 116 LOWELL AVE KILL DEVIL HILLS | EXPIRES: 09/24/2024 |

**APPLICANT:** WHELAN, MATTHEW  
P. O. BOX 31  
nags head, nc 27959

**OWNER:** WHELAN, MATTHEW  
P. O. BOX 31  
nags head, nc 27959

**ELECTRICAL - LIMITED:** KDH Electric  
301 Wallace  
Kill Devil Hills, NC 27948  
256-1759

**License:** 10420-L  
**Expires:** 04/30/2024

**PARCEL:**

**PIN:** 988415633580

**Parcel Number:** 004010000

**Address:** 116 LOWELL AVE KILL DEVIL HILLS

**Zoning:**

**Addition:** KITTY HAWK SHORES - REVISED

**Block:** 49 **Lot(s):** PT 3 & 4

**Legal Description:**

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

**PROJECT DESCRIPTION:** Electrical upgrades and repairs

**EL2024-027**

**PROJECT NAME:**

**SITE ADDRESS:** 116 LOWELL AVE KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 03/28/2024

**EXPIRES:** 09/24/2024

**DETAILS**

**Permit**

| <b>Name</b>       | <b>Value</b>                  |
|-------------------|-------------------------------|
| ZONING DISTRICT   | RL                            |
| PURPOSE           | Residential<br>Repair/Remodel |
| CONSTRUCTION COST | 2000.00                       |
| CONSTRUCTION TYPE | V                             |
| FLOOD ZONE        | X                             |
| OCCUPANCY TYPE    | One & Two Family<br>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: [Signature]

Contractor or Authorized Agent: [Signature]

Date: 3/28/24



# Town of Kill Devil Hills

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

MAR 28 2024

KI TC OF IS

## Planning and Inspection Department

**BP2024-058**

**PROJECT NAME:** Nags Head Hammocks Deck addition  
**SITE ADDRESS:** 1801 CROATAN HWY S KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/28/2024

**EXPIRES:** 09/24/2024

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

**OWNER:** WP & JP Enterprises LLC  
305 Industrial Blvd  
GREENVILLE, NC 27834

**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:** 989313046470

**Parcel Number:** 004910000

**Address:** 1801 CROATAN HWY S KILL DEVIL HILLS

**Addition:**

**Zoning:**

**Block:** 0

**Lot(s):** 9 &  
10/27,29,31,3  
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:** 16x12 deck platform adding to existing front deck

**BP2024-058**

**PROJECT NAME:** Nags Head Hammocks Deck addition  
**SITE ADDRESS:** 1801 CROATAN HWY S KILL DEVIL HILLS

**BUILDING****ISSUED:** 03/28/2024**EXPIRES:** 09/24/2024**DETAILS****Permit**

| <b>Name</b>                    | <b>Value</b>        |
|--------------------------------|---------------------|
| CAMA PERMIT                    | N                   |
| CAMA EXEMPTION                 | N                   |
| ZONING DISTRICT                | C                   |
| PURPOSE                        | Commercial Addition |
| FRONT YARD SETBACK             | 30                  |
| SIDE YARD SETBACK              | 10                  |
| REAR YARD SETBACK              | 20% Depth >30       |
| STREET SIDE SETBACK            | 15                  |
| FLOOD ZONE                     | X                   |
| FINAL ELEVATION<br>CERTIFICATE | N                   |
| CONSTRUCTION COST              | 12000.00            |
| LOT COVERAGE                   | 50.70               |
| CONSTRUCTION TYPE              | V                   |
| SURVEYOR NAME AND<br>NUMBER    | Doug Styons         |

**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.

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

**BP2024-058**

**PROJECT NAME:** Nags Head Hammocks Deck addition  
**SITE ADDRESS:** 1801 CROATAN HWY S KILL DEVIL HILLS

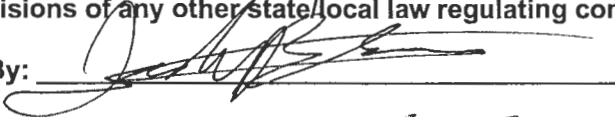
**BUILDING**

**ISSUED:** 03/28/2024

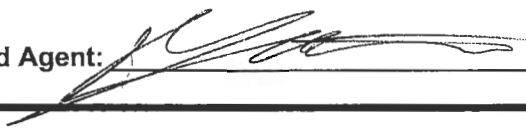
**EXPIRES:** 09/24/2024

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: \_\_\_\_\_

3/28/24



# Town of Kill Devil Hills

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

MAR 28 2024

## Planning and Inspection Department

|  |                            |
|--|----------------------------|
| <b>BJ2024-050</b>                                      | <b>BUILDING JOINT</b>      |
| <b>PROJECT NAME:</b> Bass New Deck Stairs and Storage  | <b>ISSUED:</b> 03/27/2024  |
| <b>SITE ADDRESS:</b> 2019 NEW BERN ST KILL DEVIL HILLS | <b>EXPIRES:</b> 09/23/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> Bass, William & Jennifer<br>308 Robin LN<br>Edenton, NC 27932 | <b>OWNER:</b> Bass, William & Jennifer<br>308 Robin LN<br>Edenton, NC 27932 |
|---|---|

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

|                           |                                   |                       |                      |
|---------------------------|-----------------------------------|-----------------------|----------------------|
| <b>PARCEL:</b>            |                                   |                       |                      |
| <b>PIN:</b>               | 988518301073                      | <b>Parcel Number:</b> | 001799000            |
| <b>Address:</b>           | 2019 NEW BERN ST KILL DEVIL HILLS |                       |                      |
| <b>Addition:</b>          | AVALON BEACH ANNEX 1              | <b>Zoning:</b>        |                      |
| <b>Legal Description:</b> |                                   | <b>Block:</b>         | 0 <b>Lot(s):</b> 350 |

| <b>FEES:</b>                      | <u>Paid</u>     | <u>Due</u>    | <b>BUILDING AREA:</b> |
|-----------------------------------|-----------------|---------------|-----------------------|
| Fence                             | \$100.00        | \$0.00        | Open Decks            |
| Building Permit Fee - Minimum Fee | \$150.00        | \$0.00        | 1 EA                  |
| Open Deck Fee                     | \$150.00        | \$0.00        |                       |
| <b>Totals :</b>                   | <b>\$400.00</b> | <b>\$0.00</b> |                       |

**PROJECT DESCRIPTION:** replace rear stairs, rebuild front stairs and deck increasing deck footprint, increase existing storage room under house, add fence

**BJ2024-050****PROJECT NAME:** Bass New Deck Stairs and Storage  
**SITE ADDRESS:** 2019 NEW BERN ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 03/27/2024**EXPIRES:** 09/23/2024**DETAILS****Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| ZONING DISTRICT                | C                             |
| FRONT YARD SETBACK             | 15                            |
| REAR YARD SETBACK              | 20% Depth >30                 |
| SIDE YARD SETBACK              | 6                             |
| # PARKING SPACES/BEDROOM       | 3                             |
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| FLOOD ZONE                     | X                             |
| BASE FLOOD ELEVATION           | 8                             |
| Proposed First Floor Elevation | 7.20                          |
| SUBSTANTIAL IMPROVEMENT        | NO                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| CONSTRUCTION COST              | 20000.00                      |
| ENGINEER AND LICENSE NUMBER    | Doug Styons                   |
| CULVERT                        | N                             |
| DRIVEWAY INVERT 2              | N                             |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

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



**BJ2024-050**

**PROJECT NAME:** Bass New Deck Stairs and Storage  
**SITE ADDRESS:** 2019 NEW BERN ST KILL DEVIL HILLS

**BUILDING JOINT**

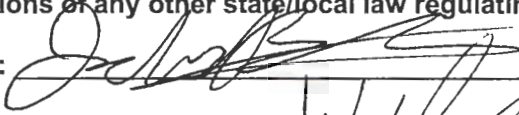
**ISSUED:** 03/27/2024

**EXPIRES:** 09/23/2024

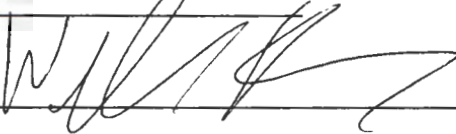
\* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

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:

3-29-24



# Town of Kill Devil Hills

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

MAR 28 2024

## Planning and Inspection Department

KILL DEVIL HILLS

**BJ2024-042**

PROJECT NAME: McVeary New House  
SITE ADDRESS: 1817 VA DARE TRL N KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 03/26/2024

EXPIRES: 09/22/2024

**APPLICANT:** McVeary, Mike  
2508 S Va Dare Trl  
nags head, nc 27959  
252-573-8644

**OWNER:** McVeary, Mike  
2508 S Va Dare Trl  
nags head, nc 27959  
252-573-8644

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

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

**PARCEL:**

**PIN:** 988406485540

**Parcel Number:** 002796011

**Address:** 1817 VA DARE TRL N KILL DEVIL HILLS

**Addition:** Croatan Shores Amended

**Zoning:**  
**Block:** D **Lot(s):** 11

**Legal Description:**

| FEES:                     | Paid              | Due           | BUILDING AREA:           |              |
|---------------------------|-------------------|---------------|--------------------------|--------------|
| Res. Building Permit Fee  | \$3,138.75        | \$0.00        | Residential Heated Space | 4185 sq. Ft. |
| T-Pole                    | \$50.00           | \$0.00        | (.75)                    |              |
| Covered Porch Residential | \$1,566.75        | \$0.00        | Covered Porches/Decks    | 2089 SQFT    |
| Land Disturbing           | \$100.00          | \$0.00        | # of Temporary Poles     | 1 EA         |
| <b>Totals :</b>           | <b>\$4,855.50</b> | <b>\$0.00</b> |                          |              |

**PROJECT DESCRIPTION:** new 5 bedroom single family dwelling with pool and beach walkway

Town of Kill Devil Hills

Water Charges

**PAID**

Water Tap #: T25999

11

11

**BJ2024-042**

PROJECT NAME: McVeary New House

SITE ADDRESS: 1817 VA DARE TRL N KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 03/26/2024

EXPIRES: 09/22/2024

---

**DETAILS****Permit**

| <b>Name</b>                     | <b>Value</b>                 |
|---------------------------------|------------------------------|
| ZONING DISTRICT                 | OIR                          |
| FRONT YARD SETBACK              | 30                           |
| REAR YARD SETBACK               | CAMA                         |
| SIDE YARD SETBACK               | 10                           |
| HEALTH DEPARTMENT<br>PERMIT #   | S8-19714                     |
| # PARKING<br>SPACES/BEDROOM     | 5                            |
| CAMA PERMIT                     | Y                            |
| CAMA EXEMPTION                  | N                            |
| FLOOD ZONE                      | VE                           |
| BASE FLOOD ELEVATION            | 12.0                         |
| Proposed First Floor Elevation  | 18.50                        |
| SUBSTANTIAL<br>IMPROVEMENT      | NO                           |
| PURPOSE                         | Residential New              |
| CONSTRUCTION TYPE               | V                            |
| CONSTRUCTION COST               | 300000.00                    |
| LIVING SPACE (SQFT)             | 4185                         |
| COVERED<br>PORCHES/DECKS (SQFT) | 2089                         |
| TOTAL SQUARE FOOTAGE            | 6274                         |
| SURVEYOR NAME AND<br>NUMBER     | Marty Barnette               |
| ENGINEER AND LICENSE<br>NUMBER  | HAROLD GOODMAN<br>20446      |
| CULVERT                         | N                            |
| ROLL OUT CAN                    | 3                            |
| DRIVEWAY INVERT 2               | Y                            |
| OCCUPANCY TYPE                  | One & Two Family<br>Dwelling |

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**BJ2024-042**

**PROJECT NAME:** McVeary New House  
**SITE ADDRESS:** 1817 VA DARE TRL N KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/26/2024

**EXPIRES:** 09/22/2024

**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.
- \* NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- \* Foundation survey will be required prior to rough-in inspection.
- \* Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- \* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- \* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- \* 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.
- \* Zoning Final Inspection is required.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- \* Pool patio shall be no greater than 6" above grade.
- \* Parking under structure shall have minimum 7' head room from top of slab to underpinning.
- \* Beach walkover and gazebo shall meet all CAMA and Town of Kill Devil Hills Zoning Requirements.
- \* Final V Zone certifications for the pool, walkway, and main single family dwelling shall be 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: 3/28/24

**MC2024-059**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 3000 RAYMOND AVE KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/14/2024

**EXPIRES:** 09/10/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 18618.00                      |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>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:** Linda Burgess **Date:** 03 / 15 / 2024



# Town of Kill Devil Hills

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

MAR 15 2024

TOWN OF KILL DEVIL HILLS

## Planning and Inspection Department

|  |                            |
|--|----------------------------|
| <b>ZP2024-020</b>                                  | <b>ZONING PERMIT</b>       |
| <b>PROJECT NAME:</b> BROWN FENCE                   | <b>ISSUED:</b> 03/15/2024  |
| <b>SITE ADDRESS:</b> 3100 LEE AVE KILL DEVIL HILLS | <b>EXPIRES:</b> 09/11/2024 |

**APPLICANT:** David Edmonds, Jennifer Brown  
3100 Lee AVE  
Kill Devil Hills, NC 27948  
252-207-2456

**OWNER:** David Edmonds, Jennifer Brown  
3100 Lee AVE  
Kill Devil Hills, NC 27948  
252-207-2456

**GENERAL, UNLICENSED:** BROWN, CAMERON  
3100 LEE AVE  
Kill Devil Hills, NC 27948  
252-305-0646

**License:** XXXXXX  
**Expires:**

**PARCEL:**

|   |                                   |
|---|-----------------------------------|
| <b>PIN:</b> 987520923418                      | <b>Parcel Number:</b> 001002000   |
| <b>Address:</b> 3100 LEE AVE KILL DEVIL HILLS | <b>Zoning:</b>                    |
| <b>Addition:</b> MOOR SHORES                  | <b>Block:</b> 0 <b>Lot(s):</b> 47 |
| <b>Legal Description:</b>                     |                                   |

| <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 ALONG PROPERTY LINE



**ZP2024-020**

**PROJECT NAME:** BROWN FENCE  
**SITE ADDRESS:** 3100 LEE AVE KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 03/15/2024

**EXPIRES:** 09/11/2024

**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  | 1500.00               |
| CULVERT            | N                     |
| DRIVEWAY INVERT 2  | N                     |

**REQUIRED INSPECTIONS**

Final

Stringline

**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: \_\_\_\_\_

3-15-24



# 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

PAID  
MAR 15 2024  
TOWN OF  
KILL DEVIL HILLS

**BJ2024-048**

**PROJECT NAME:** Bray Pool  
**SITE ADDRESS:** 105 FIRST ST E KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/14/2024

**EXPIRES:** 09/10/2024

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

**OWNER:** BRAY, MARILYN  
5511 Windy Ridge Dr  
MIDLOTHIAN, VA 23112

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

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

**PARCEL:**

**PIN:** 988410458729

**Parcel Number:** 003137000

**Address:** 105 FIRST ST E KILL DEVIL HILLS

**Addition:** W R DEATON - DELRAY BEACH

**Zoning:**

**Block:** 4 **Lot(s):** 1

**Legal Description:**

| <b>FEES:</b>    | <u>Paid</u>     | <u>Due</u>    |
|-----------------|-----------------|---------------|
| Pool/Hot Tub    | \$200.00        | \$0.00        |
| Pool/Hot Tub    | \$200.00        | \$0.00        |
| <b>Totals :</b> | <b>\$400.00</b> | <b>\$0.00</b> |

**PROJECT DESCRIPTION:** install inground swimming pool, relocate septic

**BJ2024-048**

PROJECT NAME: Bray Pool

SITE ADDRESS: 105 FIRST ST E KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 03/14/2024

EXPIRES: 09/10/2024

**DETAILS****Permit**

| Name                       | Value                     |
|----------------------------|---------------------------|
| ZONING DISTRICT            | RL                        |
| FRONT YARD SETBACK         | 30                        |
| REAR YARD SETBACK          | 20% Depth >30             |
| SIDE YARD SETBACK          | 10                        |
| HEALTH DEPARTMENT PERMIT # | S5-23297                  |
| CAMA PERMIT                | N                         |
| CAMA EXEMPTION             | N                         |
| FLOOD ZONE                 | X                         |
| SUBSTANTIAL IMPROVEMENT    | NO                        |
| PURPOSE                    | Residential Accessory     |
| CONSTRUCTION TYPE          | V                         |
| CONSTRUCTION COST          | 85000.00                  |
| LOT COVERAGE               | 34.70                     |
| SURVEYOR NAME AND NUMBER   | Mike Sadler               |
| CULVERT                    | N                         |
| DRIVEWAY INVERT 2          | N                         |
| OCCUPANCY TYPE             | One & Two Family Dwelling |

**REQUIRED INSPECTIONS**

Final Pool Bonding  
Zoning Final

**CONDITIONS**

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

**BJ2024-048**

PROJECT NAME: Bray Pool  
SITE ADDRESS: 105 FIRST ST E KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 03/14/2024

EXPIRES: 09/10/2024

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: 3-15-24



# 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

**EL2024-024**

**PROJECT NAME:** Travelodge  
**SITE ADDRESS:** 804 VA DARE TRL N KILL DEVIL HILLS

**ELECTRICAL**  
**ISSUED:** 03/14/2024  
**EXPIRES:** 09/10/2024

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

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

**ELECTRICAL - UNLIMITED:** Angel Advanced Technologies, LLC  
9138 Caratoke Hwy  
Point Harbor, NC 27964  
252-256-2773

**License:** 30701-U  
**Expires:** 12/07/2024

**PARCEL:**

**PIN:** 988415722512

**Parcel Number:** 003725000

**Address:** 804 VA DARE TRL N KILL DEVIL HILLS

**Zoning:**

**Addition:** KITTY HAWK SHORES - REVISED

**Block:** 20      **Lot(s):** 1-8

**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:** New circuit for AC in room 205



**PAID**  
3/15/24 DW  
on-line

**EL2024-024**

**PROJECT NAME:** Travelodge

**SITE ADDRESS:** 804 VA DARE TRL N KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 03/14/2024

**EXPIRES:** 09/10/2024

**DETAILS**

**Permit**

| Name              | Value                        |
|-------------------|------------------------------|
| ZONING DISTRICT   | C                            |
| PURPOSE           | Commercial<br>Repair/Remodel |
| CONSTRUCTION COST | 2953.00                      |
| CONSTRUCTION TYPE | II                           |
| FLOOD ZONE        | X                            |
| OCCUPANCY TYPE    | Residential                  |

**REQUIRED INSPECTIONS**

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: Marty Shaw

Contractor or Authorized Agent: [Signature] Date: 03 / 14 / 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

**MC2024-058**

PROJECT NAME: HVAC CHANGEOUT  
SITE ADDRESS: 2704 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 03/14/2024

EXPIRES: 09/10/2024

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

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

**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:** 988513128625      **Parcel Number:** 027470000  
**Address:** 2704 VA DARE TRL N KILL DEVIL HILLS  
**Addition:** VIRGINIA DARE SHORES AMD BLK 6      **Zoning:**  
**Legal Description:**      **Block:** 6      **Lot(s):** 3

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

**PROJECT DESCRIPTION:** HVAC CHANGEOUT TOP AND BOTTOM FLOORS

**PAID**  
3/15/24  
on-line



**MC2024-058**

**PROJECT NAME:** HVAC CHANGEOUT

**SITE ADDRESS:** 2704 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/14/2024

**EXPIRES:** 09/10/2024

**DETAILS**

**Permit**

| Name                | Value                         |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 14683.00                      |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | AO                            |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>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: Brian Lancaster Date: 03 / 14 / 2024



# Town of Kill Devil Hills

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

MAR 14 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

|  |                            |
|--|----------------------------|
| <b>MC2024-057</b>  | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> 2NC KDH HVAC                              | <b>ISSUED:</b> 03/13/2024  |
| <b>SITE ADDRESS:</b> 801 Virginia Dare Tr. S. Kill Devil Hills | <b>EXPIRES:</b> 09/09/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> 2NC KDH LLC<br>1350St. Mortiz Dr.<br>Wilmington, DE 19807 | <b>OWNER:</b> 2NC KDH LLC<br>1350St. Mortiz Dr.<br>Wilmington, DE 19807 |
|---|---|

|  |  |   |
|--|--|---|
| <b>ELECTRICAL, PLUMBING AND HEATING:</b> | NORTH BEACH SERVICES<br>P.O. Box 181<br>Kitty Hawk, NC 27949<br>252-491-2878 | <b>License:</b> 24744-SP-PH<br><b>Expires:</b> 04/23/2024 |
| <b>MECHANICAL:</b>                       | NORTH BEACH SERVICES<br>P.O. Box 181<br>Kitty Hawk, NC 27949<br>252-491-2878 | <b>License:</b> 33023<br><b>Expires:</b> 12/31/2024       |

**PARCEL:**

|   |                                 |
|---|---------------------------------|
| <b>PIN:</b> 988308993415                                  | <b>Parcel Number:</b> 008145001 |
| <b>Address:</b> 801 Virginia Dare Tr. S. Kill Devil Hills | <b>Zoning:</b>                  |
| <b>Addition:</b> Baum Beach                               | <b>Block:</b> <b>Lot(s):</b> 2  |
| <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:** C/O 2.5Ton HVAC system

**MC2024-057**

**PROJECT NAME:** 2NC KDH HVAC

**SITE ADDRESS:** 801 Virginia Dare Tr. S. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 03/13/2024

**EXPIRES:** 09/09/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 9564.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>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: \_\_\_\_\_

3/14/24



# Town of Kill Devil Hills

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

MAR 14 2024

## Planning and Inspection Department

### BP2024-046

**PROJECT NAME:** Hopkins Deck Replacement  
**SITE ADDRESS:** 408 CAMERON ST KILL DEVIL HILLS

### BUILDING

**ISSUED:** 03/14/2024  
**EXPIRES:** 09/10/2024

**APPLICANT:** STAN BELVIN  
116 A Ballast Rock Dr.  
Powels Point, NC 27966  
252-305-0595

**OWNER:** Hopkins, James  
612 Beechwood Dr  
WILLIAMSBURG, VA 23185

**CONTRACTOR:** Belvin, Stan  
116A Ballast Rock Dr.  
Powels Point, NC 27966  
252-305-0595

**License:** 81636  
**Expires:** 12/31/2024

### PARCEL:

**PIN:** 987516842542

**Parcel Number:** 000144000

**Address:** 408 CAMERON ST KILL DEVIL HILLS

**Addition:** ORVILLE BEACH WEST

**Zoning:**  
**Block:** 0 **Lot(s):** 28

**Legal Description:**

| FEES:                     | Paid            | Due           | BUILDING AREA:        |          |
|---------------------------|-----------------|---------------|-----------------------|----------|
| Covered Porch Residential | \$201.00        | \$0.00        | Covered Porches/Decks | 268 SQFT |
| Open Deck Fee             | \$300.00        | \$0.00        | Open Decks            | 2 EA     |
| <b>Totals :</b>           | <b>\$501.00</b> | <b>\$0.00</b> |                       |          |

**PROJECT DESCRIPTION:** replace existing decks and stairs to same footprint

**BP2024-046**PROJECT NAME: Hopkins Deck Replacement  
SITE ADDRESS: 408 CAMERON ST KILL DEVIL HILLS**BUILDING**

ISSUED: 03/14/2024

EXPIRES: 09/10/2024

---

**DETAILS****Permit**

| Name                            | Value                         |
|---------------------------------|-------------------------------|
| CAMA PERMIT                     | N                             |
| CAMA EXEMPTION                  | N                             |
| ZONING DISTRICT                 | RL                            |
| PURPOSE                         | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK              | 30                            |
| SIDE YARD SETBACK               | 8                             |
| REAR YARD SETBACK               | 20% Depth >30                 |
| FLOOD ZONE                      | X                             |
| FINAL ELEVATION<br>CERTIFICATE  | N                             |
| CONSTRUCTION COST               | 45000.00                      |
| LOT COVERAGE                    | 30.90                         |
| OPEN DECK (SQFT)                | 2                             |
| COVERED<br>PORCHES/DECKS (SQFT) | 268                           |
| CONSTRUCTION TYPE               | V                             |
| SURVEYOR NAME AND<br>NUMBER     | John R Mayne                  |
| OCCUPANCY TYPE                  | One & Two Family<br>Dwelling  |

---

**REQUIRED INSPECTIONS**Zoning Final  
Final

Slab/Foundation/Piling

---

**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.

**BP2024-046**

PROJECT NAME: Hopkins Deck Replacement  
SITE ADDRESS: 408 CAMERON ST KILL DEVIL HILLS

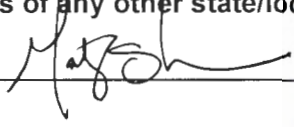
**BUILDING**

ISSUED: 03/14/2024

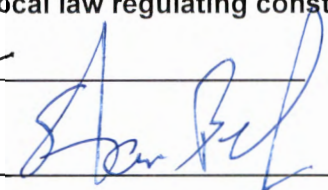
EXPIRES: 09/10/2024

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: \_\_\_\_\_

03/14/2024





# Town of Kill Devil Hills

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

MAR 14 2024

## Planning and Inspection Department

KIT LLS

### BJ2024-045

PROJECT NAME: Stemenkovich Storage Room  
SITE ADDRESS: 208 CALVIN ST KILL DEVIL HILLS

### BUILDING JOINT

ISSUED: 03/11/2024  
EXPIRES: 09/07/2024

APPLICANT: C&D Remodeling OBX, LLC  
150 Holly Trail  
kitty hawk, nc 27949

OWNER: STAMENKOVICH, MIROSLAV & Lisa  
4636 Revere DR  
VA Beach, VA 23456  
757-3861224

UNLICENSED - REMODELING: C&D Remodeling OBX, LLC  
150 Holly Trail  
kitty hawk, nc 27949

License: 12345  
Expires:

#### PARCEL:

PIN: 988308983002

Parcel Number: 004302008

Address: 208 CALVIN ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS SEC 1

Block: 14 Lot(s): 8

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: add 80 square foot unconditioned storage room under existing deck



**BJ2024-045**PROJECT NAME: Stemenkovich Storage Room  
SITE ADDRESS: 208 CALVIN ST KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 03/11/2024

EXPIRES: 09/07/2024

**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                        |
| CAMA PERMIT              | N                         |
| CAMA EXEMPTION           | N                         |
| FLOOD ZONE               | X                         |
| BASE FLOOD ELEVATION     | 8.4                       |
| SUBSTANTIAL IMPROVEMENT  | NO                        |
| PURPOSE                  | Residential Addition      |
| CONSTRUCTION TYPE        | V                         |
| CONSTRUCTION COST        | 4197.23                   |
| SURVEYOR NAME AND NUMBER | Kirk Foreman              |
| CULVERT                  | N                         |
| DRIVEWAY INVERT 2        | N                         |
| OCCUPANCY TYPE           | One & Two Family Dwelling |

**REQUIRED INSPECTIONS**

|          |              |
|----------|--------------|
| Framing  | Final        |
| Rough In | Zoning Final |

**CONDITIONS**

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

**BJ2024-045**

**PROJECT NAME:** Sternenkovich Storage Room  
**SITE ADDRESS:** 208 CALVIN ST KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/11/2024

**EXPIRES:** 09/07/2024

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: 3/14/24 \_\_\_\_\_



# 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>MC2024-054</b>  | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> Circle K HVAC                       | <b>ISSUED:</b> 03/12/2024  |
| <b>SITE ADDRESS:</b> 1800 CROATAN HWY N KILL DEVIL HILLS | <b>EXPIRES:</b> 09/08/2024 |

**APPLICANT:** Circle K Stores, Inc.  
1100 Situs Ct  
Suite 100  
Raleigh, NC 27606  
984-389-1287

**OWNER:** Circle K Stores, Inc.  
1100 Situs Ct  
Suite 100  
Raleigh, NC 27606  
984-389-1287

**CONTRACTOR:** Bandy Heating & Air Cond. INC  
P.O. Box 182  
RED OAK, NC 27868  
252-567-0200

**H3, CLASS 1:** Bandy Heating & Air Cond. INC  
P.O. Box 182  
RED OAK, NC 27868  
252-567-0200

**License:** 20764  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988406371891

**Parcel Number:** 002737000

**Address:** 1800 CROATAN HWY N KILL DEVIL HILLS

**Zoning:**


**Addition:** SUBDIVISION - NONE

**Block:** 0 **Lot(s):** PAR 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:** C/O 3Ton HVAC systems add supply and return duct work work.

 **PAID**  
3/13/24 de  
on-line

**MC2024-054**

**PROJECT NAME:** Circle K HVAC

**SITE ADDRESS:** 1800 CROATAN HWY N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/12/2024

**EXPIRES:** 09/08/2024

**DETAILS**

**Permit**

| Name                | Value                        |
|---------------------|------------------------------|
| PURPOSE             | Commercial<br>Repair/Remodel |
| CONSTRUCTION COST   | 49185.00                     |
| CONSTRUCTION TYPE   | V                            |
| FLOOD ZONE          | X                            |
| NATURAL GAS SIGNOFF | N                            |
| OCCUPANCY TYPE      | Merchandise                  |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 03 / 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>BP2024-045</b>  | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> John Clark                              | <b>ISSUED:</b> 03/12/2024  |
| <b>SITE ADDRESS:</b> 1227 WRIGHTSVILLE BLVD KILL DEVIL HILLS | <b>EXPIRES:</b> 09/08/2024 |

|  |   |
|--|---|
| <b>APPLICANT:</b> MACKO OBX CONSTRUCTION, INC<br>P.O. BOX 3689<br>Kill Devil Hills, NC 27948<br>252-480-6411 | <b>OWNER:</b> CLARK, JOHN E<br>984 Sutton Ct<br>Charlottesville, VA 22901 |
|--|---|


|                            |  |   |
|----------------------------|--|---|
| <b>BUILDING UNLIMITED:</b> | MACKO OBX CONSTRUCTION, INC<br>P.O. BOX 3689<br>Kill Devil Hills, NC 27948<br>252-480-6411 | <b>License:</b> 81540<br><b>Expires:</b> 12/31/2024 |
|----------------------------|--|---|

**PARCEL:**

|   |  |
|---|--|
| <b>PIN:</b> 988312967855                                | <b>Parcel Number:</b> 004231016          |
| <b>Address:</b> 1227 WRIGHTSVILLE BLVD KILL DEVIL HILLS | <b>Zoning:</b>                           |
| <b>Addition:</b> KILL DEVIL HILLS SEC 1                 | <b>Block:</b> 16 <b>Lot(s):</b> PT OF 17 |
| <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, handrails, stairs and replace 2 pilings

 **PAID**  
3/12/24  
on-line

**BP2024-045**PROJECT NAME: John Clark  
SITE ADDRESS: 1227 WRIGHTSVILLE BLVD KILL DEVIL HILLS**BUILDING**

ISSUED: 03/12/2024

EXPIRES: 09/08/2024

**DETAILS****Permit**

| Name                           | Value                         |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 15000.00                      |
| CONSTRUCTION TYPE              | V                             |
| SURVEYOR NAME AND<br>NUMBER    | William S. Jones              |
| OCCUPANCY TYPE                 | One & Two Family<br>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.

\* Deck and stair construction shall comply with Appendix M of the 2018 NCRBC and 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: Charles Thuman

Contractor or Authorized Agent: John MacKo Date: 03 / 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

**BP2024-043**

**PROJECT NAME:** David Deel  
**SITE ADDRESS:** 2009 HIGHVIEW ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/12/2024  
**EXPIRES:** 09/08/2024

**APPLICANT:** Deel, Laura  
318 Griggs Acres Dr.  
Point Harbor, NC 27964  
252-202-5454

**OWNER:** DAVID A DEEL  
po box 3901  
kill devil hills, nc 27948

**CONTRACTOR:** SAME AS APPLICANT  
0000000  
00000000, nc 00000

**License:** 123456  
**Expires:** 04/30/2024

**PARCEL:**

**PIN:** 988405180751

**Parcel Number:** 001481000

**Address:** 2009 HIGHVIEW ST KILL DEVIL HILLS

**Zoning:**

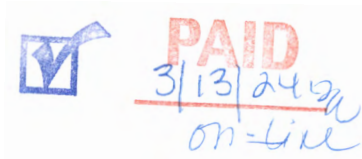
**Addition:** AVALON BEACH ANNEX 2 & 3

**Block:** 0 **Lot(s):** 1354

**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 exterior staircase, decking an handrails on front deck within existing footprint





**BP2024-043**

**PROJECT NAME:** David Deel

**SITE ADDRESS:** 2009 HIGHVIEW ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/12/2024

**EXPIRES:** 09/08/2024

**DETAILS**

**Permit**

| Name                           | Value                         |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 5000.00                       |
| CONSTRUCTION TYPE              | V                             |
| OCCUPANCY TYPE                 | One & Two Family<br>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.
- \* Replacement within existing footprint.
- \* Deck and stair construction shall comply with Appendix M of the 2018 NCRBC and 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:** Charles Thuman

**Contractor or Authorized Agent:**  **Date:** 03 / 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>BP2024-039</b>  | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> Kitts Deck Repair                   | <b>ISSUED:</b> 03/05/2024  |
| <b>SITE ADDRESS:</b> 1721 BOBBY LEE TRL KILL DEVIL HILLS | <b>EXPIRES:</b> 09/01/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> Kitts, Kevin<br>11119 Luttrell Ln<br>SILVER SPRING, MD 20902 | <b>OWNER:</b> Kitts, Kevin<br>11119 Luttrell Ln<br>SILVER SPRING, MD 20902 |
|--|--|

|                                    |  |   |
|------------------------------------|--|---|
| <b>GENERAL BUILDING - LIMITED:</b> | Set Wave Construction<br>po box 1652<br>Kill Devil Hills, NC 27948<br>440-725-1203 | <b>License:</b> 99713<br><b>Expires:</b> 12/31/2024 |
|------------------------------------|--|---|

**PARCEL:**

|   |                                  |
|---|----------------------------------|
| <b>PIN:</b> 988410474438                            | <b>Parcel Number:</b> 002894015  |
| <b>Address:</b> 1721 BOBBY LEE TRL KILL DEVIL HILLS | <b>Zoning:</b>                   |
| <b>Addition:</b> NINE ESTATES                       | <b>Block:</b> 0 <b>Lot(s):</b> 5 |
| <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, handrails and stairs

MAR 13 2024

**BP2024-039**

**PROJECT NAME:** Kitts Deck Repair

**SITE ADDRESS:** 1721 BOBBY LEE TRL KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

**DETAILS**

**Permit**

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

**REQUIRED INSPECTIONS**

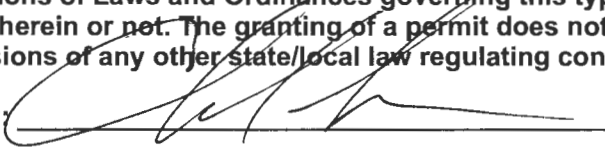
Zoning Final

Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 3-13-24



# 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

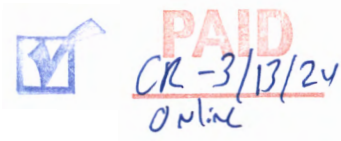
|  |                       |
|--|-----------------------|
| <b>BJ2024-046</b>                          | <b>BUILDING JOINT</b> |
| PROJECT NAME: NC SOLAR NOW, INC            | ISSUED: 03/12/2024    |
| SITE ADDRESS: 324 TERN CT KILL DEVIL HILLS | EXPIRES: 09/08/2024   |

|  |   |
|--|---|
| <b>APPLICANT:</b> DOUG MORRIS<br>324 Tern Ct.<br>KDH, NC 27948<br>252-216-7669 | <b>OWNER:</b> DOUG MORRIS<br>324 Tern Ct.<br>KDH, NC 27948<br>252-216-7669      |
| <b>GENERAL - LIMITED:</b>  | NC Solar Now, Inc<br>3401-101 Atlantic Ave<br>Raleigh, NC 27604<br>919-833-9096 |
|  | <b>License:</b> 69583<br><b>Expires:</b> 12/31/2024                             |
| <b>UNLICENSED - REMODELING:</b>  | DOUG MORRIS<br>324 Tern Ct.<br>KDH, NC 27948<br>252-216-7669                    |
|  | <b>License:</b> 0000000<br><b>Expires:</b>                                      |

|                           |                              |                       |                      |
|---------------------------|------------------------------|-----------------------|----------------------|
| <b>PARCEL:</b>            |                              |                       |                      |
| <b>PIN:</b>               | 988410352902                 | <b>Parcel Number:</b> | 003232000            |
| <b>Address:</b>           | 324 TERN CT KILL DEVIL HILLS |                       |                      |
| <b>Addition:</b>          | FIRST FLIGHT VILLAGE SEC 2   | <b>Zoning:</b>        |                      |
| <b>Legal Description:</b> |                              | <b>Block:</b>         | 0 <b>Lot(s):</b> 244 |

| <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:** Install solar panels on existing roof per design drawings



**BJ2024-046**

PROJECT NAME: NC SOLAR NOW, INC  
SITE ADDRESS: 324 TERN CT KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 03/12/2024

EXPIRES: 09/08/2024

---

**DETAILS**

**Permit**

| <b>Name</b>             | <b>Value</b>                  |
|-------------------------|-------------------------------|
| CAMA PERMIT             | N                             |
| CAMA EXEMPTION          | N                             |
| FLOOD ZONE              | X                             |
| SUBSTANTIAL IMPROVEMENT | NO                            |
| PURPOSE                 | Residential<br>Repair/Remodel |
| CONSTRUCTION TYPE       | V                             |
| CONSTRUCTION COST       | 11191.00                      |
| CULVERT                 | N                             |
| DRIVEWAY INVERT 2       | N                             |
| OCCUPANCY TYPE          | One & Two Family<br>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.

-----  
\* Per the requirements of the Statewide Uniform Requirement of Inspection Procedures for Solar Photovoltaic Systems Installed on Residential Rooftops guidelines, a letter from a design professional accompanying the required photographs of the installation, shall be obtained and submitted to this department prior to scheduling for a final inspection.  
-----

**BJ2024-046**

PROJECT NAME: NC SOLAR NOW, INC  
SITE ADDRESS: 324 TERN CT KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 03/12/2024

EXPIRES: 09/08/2024

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:  CR

Contractor or Authorized Agent: Joelis Jaquez Date: 03 / 13 / 2024



# Town of Kill Devil Hills

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

MAR 12 2024

## Planning and Inspection Department



|  |                            |
|--|----------------------------|
| <b>MC2024-053</b>  | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b>                                     | <b>ISSUED: 03/12/2024</b>  |
| <b>SITE ADDRESS: 1633 VA DARE TRL N KILL DEVIL HILLS</b> | <b>EXPIRES: 09/08/2024</b> |

|  |  |
|--|--|
| <b>APPLICANT:</b> ROSS, CHERYL<br>726 ATWATER RD<br>HOPEWELL, VA 23860<br>804-931-1191 | <b>OWNER:</b> ROSS, CHERYL<br>726 ATWATER RD<br>HOPEWELL, VA 23860<br>804-931-1191 |
|--|--|

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

**PARCEL:**

|   |  |
|---|--|
| <b>PIN:</b> 98841157320013                          | <b>Parcel Number:</b> 027600000                    |
| <b>Address:</b> 1633 VA DARE TRL N KILL DEVIL HILLS |  |
| <b>Addition:</b>                                    | <b>Zoning:</b>                                     |
|   | <b>Block:</b> B <b>Lot(s):</b> UNIT E-1 LT 1,2,PT3 |
| <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



**MC2024-053**

**PROJECT NAME:**

**SITE ADDRESS:** 1633 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/12/2024

**EXPIRES:** 09/08/2024

**DETAILS**

**Permit**

| Name                 | Value                         |
|----------------------|-------------------------------|
| PURPOSE              | Residential<br>Repair/Remodel |
| CONSTRUCTION COST    | 2905.00                       |
| 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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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 

Contractor or Authorized Agent: 

Date: 3.12.24



# Town of Kill Devil Hills

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

PAD

MAR - 5 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**MC2024-047**

**PROJECT NAME:** SPRING ARBOR MECHANICAL  
**SITE ADDRESS:** 803 Bermuda Bay Blvd. W. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

**APPLICANT:** SPRING ARBOR  
803 W. Ocean Bay Blvd.  
Kill Devil Hills, NC 27948

**OWNER:** SPRING ARBOR  
803 W. Ocean Bay Blvd.  
Kill Devil Hills, NC 27948

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

**License:** 30525  
**Expires:** 05/08/2024

**PARCEL:**

**PIN:** 988306484499

**Parcel Number:** 008164003

**Address:** 803 Bermuda Bay Blvd. W. Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**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:** REPLACE FURNACE

**MC2024-047**

**PROJECT NAME:** SPRING ARBOR MECHANICAL  
**SITE ADDRESS:** 803 Bermuda Bay Blvd. W. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

**DETAILS**

**Permit**

| Name                | Value                         |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 4850.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | Residential                   |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

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



# Town of Kill Devil Hills

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

AD  
MAR 12 2024  
TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

|  |                            |
|--|----------------------------|
| <b>BP2024-044</b>  | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> Sidney Campen                       | <b>ISSUED:</b> 03/11/2024  |
| <b>SITE ADDRESS:</b> 1925 VA DARE TRL N KILL DEVIL HILLS | <b>EXPIRES:</b> 09/07/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> Liberty Property Services<br>305 Devon St<br>Wanchese, NC 27954<br>252-455-8626 | <b>OWNER:</b> CAMPEN, SIDNEY<br>6605 SCARLET LN<br>FEDERALSBURG, MD 21632<br>410-714-2359 |
|---|---|

|   |  |
|---|--|
| <b>GENERAL, UNLICENSED:</b> Liberty Property Services<br>305 Devon St<br>Wanchese, NC 27954<br>252-455-8626 | <b>License:</b> 000000<br><b>Expires:</b> 12/31/2024 |
|---|--|

**PARCEL:**

|   |                                      |
|---|--------------------------------------|
| <b>PIN:</b> 988406399597                            | <b>Parcel Number:</b> 002809000      |
| <b>Address:</b> 1925 VA DARE TRL N KILL DEVIL HILLS |                                      |
| <b>Addition:</b> Croatan Shores Amended             | <b>Zoning:</b>                       |
| <b>Legal Description:</b>                           | <b>Block:</b> E <b>Lot(s):</b> 6 & 7 |

| <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:** Extend walkway, install new pilings, add new deck, demo existing deck

**BP2024-044**

**PROJECT NAME:** Sidney Campen

**SITE ADDRESS:** 1925 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/11/2024

**EXPIRES:** 09/07/2024

---

**DETAILS**

**Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | Y                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | OIR                           |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FLOOD ZONE                     | VE                            |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 25000.00                      |
| CONSTRUCTION TYPE              | V                             |
| SURVEYOR NAME AND<br>NUMBER    | Coastal Engineering           |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

---

**REQUIRED INSPECTIONS**

|                        |       |
|------------------------|-------|
| Slab/Foundation/Piling | Final |
| Zoning Final           |       |

---

**CONDITIONS**

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

**BP2024-044**

**PROJECT NAME:** Sidney Campen

**SITE ADDRESS:** 1925 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/11/2024

**EXPIRES:** 09/07/2024

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: \_\_\_\_\_





# 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>BJ2024-043</b>                                  | <b>BUILDING JOINT</b>      |
| <b>PROJECT NAME:</b> Lederman Pool                 | <b>ISSUED:</b> 03/05/2024  |
| <b>SITE ADDRESS:</b> 1420 SHAY ST KILL DEVIL HILLS | <b>EXPIRES:</b> 09/01/2024 |

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

**OWNER:** Tim & Karen Lederman  
1422 Shay St  
Kill Devil Hills, NC 27948  
518-253-1102

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

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

**PARCEL:**

**PIN:** 988316747134

**Parcel Number:** 027354004

**Address:** 1420 SHAY ST KILL DEVIL HILLS

**Zoning:**

**Addition:** KILL DEVIL BEACH EXTENDED

**Block:** 7 **Lot(s):** 1-3

**Legal Description:**

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

**PROJECT DESCRIPTION:** install inground swimming pool behind house

MAR 12 2024



**BJ2024-043**

**PROJECT NAME:** Lederman Pool  
**SITE ADDRESS:** 1420 SHAY ST KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

**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 # | S22-23231                 |
| CAMA PERMIT                | N                         |
| CAMA EXEMPTION             | N                         |
| FLOOD ZONE                 | X                         |
| SUBSTANTIAL IMPROVEMENT    | NO                        |
| PURPOSE                    | Residential Accessory     |
| CONSTRUCTION TYPE          | V                         |
| CONSTRUCTION COST          | 86002.00                  |
| LOT COVERAGE               | 27.50                     |
| SURVEYOR NAME AND NUMBER   | Doug Styons               |
| CULVERT                    | N                         |
| DRIVEWAY INVERT 2          | N                         |
| OCCUPANCY TYPE             | One & Two Family Dwelling |

**REQUIRED INSPECTIONS**

|              |              |
|--------------|--------------|
| Pool Bonding | Final        |
| Rough In     | Zoning Final |

**CONDITIONS**

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

**BJ2024-043**

**PROJECT NAME:** Lederman Pool  
**SITE ADDRESS:** 1420 SHAY ST KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

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: 3/12/24



# 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

**EL2024-019**

**PROJECT NAME:** Radzikowski pier electric  
**SITE ADDRESS:** 3302 BAY DR KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/14/2024

**EXPIRES:** 08/12/2024

**APPLICANT:** Radzikowski, Catherine  
74010 Union Ridge Rd  
CLIFTON, VA 20124

**OWNER:** Radzikowski, Catherine  
74010 Union Ridge Rd  
CLIFTON, VA 20124

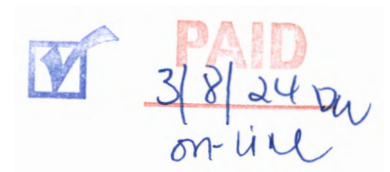
**ELECTRICAL-UNLIMITED:** SUBURBAN ELECTRIC CONTRACTORS OF NC INC. **License:** 30633-U  
PO Box 925 **Expires:** 08/06/2024  
Manteo, NC 27954  
252-475-1372

**PARCEL:**

**PIN:** 987516739705 **Parcel Number:** 000321000  
**Address:** 3302 BAY DR KILL DEVIL HILLS  
**Legal Description:** ORVILLE BEACH WEST  
**Zoning:**  
**Block:** 0 **Lot(s):** 243

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

**PROJECT DESCRIPTION:** Run power to dock with receptacle.



**EL2024-019**

**PROJECT NAME:** Radzikowski pier electric  
**SITE ADDRESS:** 3302 BAY DR KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 02/14/2024

**EXPIRES:** 08/12/2024

**DETAILS**

**Permit**

| Name              | Value                         |
|-------------------|-------------------------------|
| ZONING DISTRICT   | RL                            |
| PURPOSE           | Residential<br>Repair/Remodel |
| CONSTRUCTION COST | 5000.00                       |
| CONSTRUCTION TYPE | V                             |
| FLOOD ZONE        | X                             |
| OCCUPANCY TYPE    | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Rough In

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: Justin Cohen Date: 02 / 14 / 2024



# Town of Kill Devil Hills

MAR 11 2024

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

## Planning and Inspection Department

|   |                            |
|---|----------------------------|
| <b>BJ2024-038</b>   | <b>BUILDING JOINT</b>      |
| <b>PROJECT NAME:</b> Water Oak Residential, LLC           | <b>ISSUED:</b> 03/08/2024  |
| <b>SITE ADDRESS:</b> 1305 Tranquil Place Kill Devil Hills | <b>EXPIRES:</b> 09/04/2024 |

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

|                             |   |   |
|-----------------------------|---|---|
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |
|-----------------------------|---|---|

**PARCEL:**

|   |                       |
|---|-----------------------|
| <b>PIN:</b> 9884132227700   | <b>Parcel Number:</b> |
| <b>Address:</b> 1305 Tranquil Place Kill Devil Hills              |                       |
| <b>Addition:</b>  | <b>Zoning:</b>        |
|   | <b>Block:</b>         |
|   | <b>Lot(s):</b>        |
| <b>Legal Description:</b> Lot 69, Water Oak Residential Community |                       |

| FEES:                     | Paid              | Due           | BUILDING AREA:             |              |
|---------------------------|-------------------|---------------|----------------------------|--------------|
| Covered Porch Residential | \$191.25          | \$0.00        | Residential Heated Space   | 1658 sq. Ft. |
| T-Pole                    | \$50.00           | \$0.00        | (.75)                      |              |
| Res. Building Permit Fee  | \$1,417.90        | \$0.00        | # of Temporary Poles       | 1 EA         |
| Pool/Hot Tub              | \$200.00          | \$0.00        | Covered Porches/Decks      | 255 SQFT     |
|                           |                   |               | Residential Unheated (.40) | 436 Sq. Ft   |
| <b>Totals :</b>           | <b>\$1,859.15</b> | <b>\$0.00</b> |                            |              |

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

Town  
Kill Devil Hills  
Town of Kill Devil Hills  
Water Charges

Water Tap #: **PAID**

Water Tap #: T25968

**BJ2024-038****PROJECT NAME:** Water Oak Residential, LLC  
**SITE ADDRESS:** 1305 Tranquil Place Kill Devil Hills**BUILDING JOINT****ISSUED:** 03/08/2024**EXPIRES:** 09/04/2024

---

**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                           |
| STREET SIDE SETBACK             | 15                           |
| HEALTH DEPARTMENT<br>PERMIT #   | KDHHWTP                      |
| # PARKING<br>SPACES/BEDROOM     | 3                            |
| CAMA PERMIT                     | N                            |
| CAMA EXEMPTION                  | N                            |
| FLOOD ZONE                      | X                            |
| SUBSTANTIAL<br>IMPROVEMENT      | YES                          |
| PURPOSE                         | Residential New              |
| CONSTRUCTION TYPE               | V                            |
| CONSTRUCTION COST               | 350000.00                    |
| LOT COVERAGE                    | 39.30                        |
| LIVING SPACE (SQFT)             | 1658                         |
| COVERED<br>PORCHES/DECKS (SQFT) | 255                          |
| GARAGE (SQFT)                   | 436                          |
| TOTAL SQUARE FOOTAGE            | 2349                         |
| SURVEYOR NAME AND<br>NUMBER     | Michael Robinson             |
| ENGINEER AND LICENSE<br>NUMBER  | Mike O'Steen 03628           |
| CULVERT                         | N                            |
| ROLL OUT CAN                    | 1                            |
| DRIVEWAY INVERT 2               | Y                            |
| OCCUPANCY TYPE                  | One & Two Family<br>Dwelling |

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**BJ2024-038**

**PROJECT NAME:** Water Oak Residential, LLC  
**SITE ADDRESS:** 1305 Tranquil Place Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 03/08/2024

**EXPIRES:** 09/04/2024

**REQUIRED INSPECTIONS**

|                        |              |
|------------------------|--------------|
| T-Pole                 | Insulation   |
| In-Slab Plumbing       | Final        |
| Slab/Foundation/Piling | Zoning Final |
| Framing                | Pool Bonding |
| 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!
- \* Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- \* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- \* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- \* 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.
- \* Engineered truss design and layout drawings shall be submitted prior to installation, drawings must include headers as noted by engineer.

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

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

Contractor or Authorized Agent: Gracelyn Murrell

Date: 3.11.24





# Town of Kill Devil Hills

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

PAID

MAR 11 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**BP2024-042**

**PROJECT NAME:** Harris Front Deck  
**SITE ADDRESS:** 103 MEADOWLARK ST E KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/07/2024

**EXPIRES:** 09/03/2024

**APPLICANT:** NATE HARRIS  
103 E MEADOWLARK ST  
Kill Devil Hills, NC 27948  
435-232-5508

**OWNER:** NATE HARRIS  
103 E MEADOWLARK ST  
Kill Devil Hills, NC 27948  
435-232-5508

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

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

**PARCEL:**

**PIN:** 988308799740

**Parcel Number:** 003812000

**Address:** 103 MEADOWLARK ST E KILL DEVIL HILLS

**Addition:** KITTY HAWK SHORES - REVISED

**Zoning:**

**Block:** 33 **Lot(s):** 14

**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:** and 2nd level deck on front of house

**BP2024-042**

PROJECT NAME: Harris Front Deck  
SITE ADDRESS: 103 MEADOWLARK ST E KILL DEVIL HILLS

**BUILDING**

ISSUED: 03/07/2024

EXPIRES: 09/03/2024

---

**DETAILS**

**Permit**

---

| <b>Name</b>                    | <b>Value</b>                 |
|--------------------------------|------------------------------|
| CAMA PERMIT                    | N                            |
| CAMA EXEMPTION                 | N                            |
| ZONING DISTRICT                | C                            |
| PURPOSE                        | Residential Addition         |
| FRONT YARD SETBACK             | 15                           |
| SIDE YARD SETBACK              | 6                            |
| REAR YARD SETBACK              | 20% Depth >30                |
| FLOOD ZONE                     | X                            |
| FINAL ELEVATION<br>CERTIFICATE | N                            |
| CONSTRUCTION COST              | 15000.00                     |
| LOT COVERAGE                   | 50.10                        |
| CONSTRUCTION TYPE              | V                            |
| SURVEYOR NAME AND<br>NUMBER    | Doug Styons                  |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling |

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**REQUIRED INSPECTIONS**

Zoning Final

Slab/Foundation/Piling

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.

\* Zoning Final Inspection is required.

**BP2024-042**

**PROJECT NAME:** Harris Front Deck

**SITE ADDRESS:** 103 MEADOWLARK ST E KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/07/2024

**EXPIRES:** 09/03/2024

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: 3.4.24



# Town of Kill Devil Hills

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

MAR 11 2024

## Planning and Inspection Department

|   |                            |
|---|----------------------------|
| <b>MC2024-052</b>                                     | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> Britt HVAC                       | <b>ISSUED:</b> 03/07/2024  |
| <b>SITE ADDRESS:</b> 539 SOTHEL ST W KILL DEVIL HILLS | <b>EXPIRES:</b> 09/03/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> Britt, James<br>539 W Palmetto st<br>Kill Devil Hills, NC 27948 | <b>OWNER:</b> Britt, James<br>539 W Palmetto st<br>Kill Devil Hills, NC 27948 |
|---|---|

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

**PARCEL:**

|  |                                      |
|--|--------------------------------------|
| <b>PIN:</b> 987520818355                         | <b>Parcel Number:</b> 026675000      |
| <b>Address:</b> 539 SOTHEL ST W KILL DEVIL HILLS |                                      |
| <b>Addition:</b> VIRGINIA DARE SHORES            | <b>Zoning:</b> Block: 69 Lot(s): 1-3 |
| <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:** C/O 2 Ton HVAC system

**MC2024-052**

**PROJECT NAME:** Britt HVAC

**SITE ADDRESS:** 539 SOTHEL ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/07/2024

**EXPIRES:** 09/03/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 10103.00                      |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

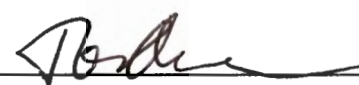
Final

**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: 3-11-24



# Town of Kill Devil Hills

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

PAID

MAR 11 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

|  |                            |
|--|----------------------------|
| <b>MC2024-051</b>  | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> Dunne HVAC                          | <b>ISSUED:</b> 03/07/2024  |
| <b>SITE ADDRESS:</b> 1701 VA DARE TRL N KILL DEVIL HILLS | <b>EXPIRES:</b> 09/03/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> Paul Dunne<br>314 Sycamore Dr.<br>NEW WINDSOR, NY 12553<br>845-496-1570 | <b>OWNER:</b> Paul Dunne<br>314 Sycamore Dr.<br>NEW WINDSOR, NY 12553<br>845-496-1570 |
|---|---|

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

**PARCEL:**

|   |   |
|---|---|
| <b>PIN:</b> 98841157138110                          | <b>Parcel Number:</b> 028093000                 |
| <b>Address:</b> 1701 VA DARE TRL N KILL DEVIL HILLS | <b>Zoning:</b>                                  |
| <b>Addition:</b>                                    | <b>Block:</b> C <b>Lot(s):</b> UNIT 4A LT 17-19 |
| <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:** C/O 2Ton heat pump

**MC2024-051**

**PROJECT NAME:** Dunne HVAC

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

**MECHANICAL**

**ISSUED:** 03/07/2024

**EXPIRES:** 09/03/2024

**DETAILS**

**Permit**

| <b>Name</b>          | <b>Value</b>                  |
|----------------------|-------------------------------|
| PURPOSE              | Residential<br>Repair/Remodel |
| CONSTRUCTION COST    | 5332.00                       |
| 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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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 

Contractor or Authorized Agent:  Date: 3/1/24





# Town of Kill Devil Hills

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

PAID

MAR - 8 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**PL2024-003**

**PROJECT NAME:** CHILI PEPPERS GAS LINE REPAIR  
**SITE ADDRESS:** 3001 CROATAN HWY N KILL DEVIL HILLS

**PLUMBING**

**ISSUED:** 03/08/2024

**EXPIRES:** 09/04/2024

**APPLICANT:** CHILI PEPPERS  
P O BOX 429  
KITTY HAWK, NC 27949

**OWNER:** CHILI PEPPERS  
P O BOX 429  
KITTY HAWK, NC 27949

**FUEL PIPING:** Sandbar Gas Services, LLC  
1604 Sanddollar Cir.  
kitty hawk, nc 27949  
252-209-1875

**License:** FP21750  
**Expires:** 12/31/2024

### PARCEL:

**PIN:** 988513028956

**Parcel Number:** 002996000

**Address:** 3001 CROATAN HWY N KILL DEVIL HILLS

**Zoning:**

**Addition:** VIRGINIA DARE SHORES

**Block:** 16 **Lot(s):** 25-30 PT 31

**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 DAMAGED GAS LINE

### DETAILS

#### Permit

| Name              | Value                        |
|-------------------|------------------------------|
| PURPOSE           | Commercial<br>Repair/Remodel |
| CONSTRUCTION COST | 300.00                       |
| CONSTRUCTION TYPE | V                            |
| FLOOD ZONE        | X                            |
| OCCUPANCY TYPE    | Assembly                     |

**PL2024-003**

**PROJECT NAME:** CHILI PEPPERS GAS LINE REPAIR  
**SITE ADDRESS:** 3001 CROATAN HWY N KILL DEVIL HILLS

**PLUMBING**

**ISSUED:** 03/08/2024

**EXPIRES:** 09/04/2024

**REQUIRED INSPECTIONS**

Final

Rough In

**CONDITIONS**

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

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

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

3-8-24



# 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

**EL2024-023**

**PROJECT NAME:** Owens Electric  
**SITE ADDRESS:** 409 SPORTSMAN DR W KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

**APPLICANT:** Owens, Oscar  
582 Firetower Rd  
SYLVANIA, GA 30467  
912-682-2394

**OWNER:** Owens, Oscar  
582 Firetower Rd  
SYLVANIA, GA 30467  
912-682-2394

**PARCEL:**

**PIN:** 988517009265

**Parcel Number:** 001537000

**Address:** 409 SPORTSMAN DR W KILL DEVIL HILLS

**Addition:** AVALON BEACH

**Zoning:**  
**Block:** 0 **Lot(s):** 174

**Legal Description:**

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

**PROJECT DESCRIPTION:** C/O panel boxes

### DETAILS

**Permit**

| Name              | Value                         |
|-------------------|-------------------------------|
| ZONING DISTRICT   | RL                            |
| PURPOSE           | Residential<br>Repair/Remodel |
| CONSTRUCTION COST | 1000.00                       |
| CONSTRUCTION TYPE | III                           |
| FLOOD ZONE        | X                             |
| OCCUPANCY TYPE    | One & Two Family<br>Dwelling  |



**PAID**  
3/7/24  
on-line

**EL2024-023**

**PROJECT NAME:** Owens Electric

**SITE ADDRESS:** 409 SPORTSMAN DR W KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: Charles Thuman

Contractor or Authorized Agent: Oscar E. Owens Date: 03 / 06 / 2024



# Town of Kill Devil Hills

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

PAID

MAR - 7 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**MC2024-050**

PROJECT NAME: HVAC CHANGEOUT  
SITE ADDRESS: 2057 BAY DR KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 03/05/2024

EXPIRES: 09/01/2024

APPLICANT: WILLIAM DUNN JR.  
4801 Capri Court  
Kitty Hawk, NC 27949

OWNER: WILLIAM DUNN JR.  
4801 Capri Court  
Kitty Hawk, NC 27949

ELECTRICAL - UNLIMITED: Comfort First Heating & Cooling  
148 IRIE LANE  
Powels Point, NC 27966

License: 21474  
Expires: 10/06/2024

MECHANICAL: Comfort First Heating & Cooling  
148 IRIE LANE  
Powels Point, NC 27966

License: 33486  
Expires: 12/31/2024

**PARCEL:**

PIN: 987408994037

Parcel Number: 001672000

Address: 2057 BAY DR KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 Lot(s): 322

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: HVAC CHANGEOUT

**MC2024-050**

PROJECT NAME: HVAC CHANGEOUT  
SITE ADDRESS: 2057 BAY DR KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 03/05/2024

EXPIRES: 09/01/2024

**DETAILS**

**Permit**

| Name                 | Value                         |
|----------------------|-------------------------------|
| PURPOSE              | Residential<br>Repair/Remodel |
| CONSTRUCTION COST    | 12612.00                      |
| CONSTRUCTION TYPE    | V                             |
| FLOOD ZONE           | AE                            |
| BASE FLOOD ELEVATION | 5                             |
| NATURAL GAS SIGNOFF  | N                             |
| OCCUPANCY TYPE       | One & Two Family<br>Dwelling  |

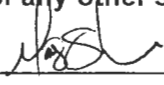
**REQUIRED INSPECTIONS**

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: 3/7/24





# 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

**BP2024-041**

**PROJECT NAME:** Mckay deck  
**SITE ADDRESS:** 2059 BAY DR KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/06/2024

**EXPIRES:** 09/02/2024

**APPLICANT:** MCKAY, SYVLIA  
2059 Bay Dr  
Kill Devil Hills, NC 27948  
252-216-2699

**OWNER:** MCKAY, SYVLIA  
2059 Bay Dr  
Kill Devil Hills, NC 27948  
252-216-2699

**UNLICENSED - REMODELING:** GUNS, KENNETH W., JR.  
529 Parkwood Drive  
Kill Devil Hills, NC 27948  
252-207-9290

**License:** 00000  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 987408994112

**Parcel Number:** 001671000

**Address:** 2059 BAY DR KILL DEVIL HILLS

**Addition:** AVALON BEACH

**Zoning:**  
**Block:** 0 **Lot(s):** 321

**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 handrails and stairs

PAID

MAR - 7 2024

TOWN OF  
KILL DEVIL HILLS



**BP2024-041**

**PROJECT NAME:** Mckay deck  
**SITE ADDRESS:** 2059 BAY DR KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/06/2024

**EXPIRES:** 09/02/2024

**DETAILS**

**Permit**

| Name                           | Value                         |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 13000.00                      |
| CONSTRUCTION TYPE              | V                             |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Zoning Final

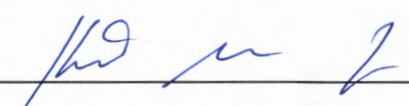
Final

**CONDITIONS**

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Issued By: 

Contractor or Authorized Agent:  Date: 3/7/24



# Town of Kill Devil Hills

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

PAID

MAR - 7 2024

## Planning and Inspection Department

**BP2024-040**

**PROJECT NAME:** Shifting Sands Deck Replacement  
**SITE ADDRESS:** 3319 VA DARE TRL N KILL DEVIL HILLS

TOWN OF  
KILL DEVIL HILLS  
**BUILDING**  
**ISSUED:** 03/07/2024  
**EXPIRES:** 09/03/2024

**APPLICANT:** Secret Services  
PO BOX 225  
Wanchese, NC 27981

**OWNER:** Shifting Sands LLC  
815 Greenwood Dr  
GREENSBORO, NC 27410

**UNLICENSED - REMODELING:** Secret Services  
PO BOX 225  
Wanchese, NC 27981

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

**PARCEL:**

**PIN:** 988509055450

**Parcel Number:** 000052000

**Address:** 3319 VA DARE TRL N KILL DEVIL HILLS

**Zoning:**

**Addition:**

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

**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 front deck to same footprint, no pilings

**BP2024-040**

**PROJECT NAME:** Shifting Sands Deck Replacement  
**SITE ADDRESS:** 3319 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/07/2024

**EXPIRES:** 09/03/2024

**DETAILS**

**Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | Y                             |
| ZONING DISTRICT                | OIR                           |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 10                            |
| REAR YARD SETBACK              | CAMA                          |
| FLOOD ZONE                     | VE                            |
| BASE FLOOD ELEVATION           | 11                            |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 9500.00                       |
| CONSTRUCTION TYPE              | V                             |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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

\* Zoning Final Inspection is required.

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

**BP2024-040**

PROJECT NAME: Shifting Sands Deck Replacement  
SITE ADDRESS: 3319 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

ISSUED: 03/07/2024

EXPIRES: 09/03/2024

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: \_\_\_\_\_

*Richard Halach*

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

*3/7/24*



# Town of Kill Devil Hills

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

PAID

MAR - 7 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**BJ2024-044**

**PROJECT NAME:** Atkins Storage Room  
**SITE ADDRESS:** 504 West Palmetto Street Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 03/07/2024

**EXPIRES:** 09/03/2024

**APPLICANT:** Atkins, Melvin  
285 Riverfront Drive  
hertford, nc 27944

**OWNER:** Atkins, Melvin  
285 Riverfront Drive  
hertford, nc 27944

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

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

**PARCEL:**

**PIN:** 987520909219

**Parcel  
Number:**

**Address:** 504 West Palmetto Street Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 23R, Block 74, Virginia Dare Shores Subdivision

| <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:** 7x10 storage room under existing house

**BJ2024-044****PROJECT NAME:** Atkins Storage Room**SITE ADDRESS:** 504 West Palmetto Street Kill Devil Hills**BUILDING JOINT****ISSUED:** 03/07/2024**EXPIRES:** 09/03/2024**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                    |
| # PARKING SPACES/BEDROOM       | 3                    |
| CAMA PERMIT                    | N                    |
| CAMA EXEMPTION                 | N                    |
| FLOOD ZONE                     | X                    |
| Proposed First Floor Elevation | 7.60                 |
| SUBSTANTIAL IMPROVEMENT        | NO                   |
| PURPOSE                        | Residential Addition |
| CONSTRUCTION TYPE              | V                    |
| CONSTRUCTION COST              | 400.00               |
| STORAGE (SQFT)                 | 70                   |
| TOTAL SQUARE FOOTAGE           | 70                   |
| SURVEYOR NAME AND NUMBER       | Jamie Furr           |
| CULVERT                        | N                    |
| DRIVEWAY INVERT 2              | N                    |
| OCCUPANCY TYPE                 | Storage              |

**REQUIRED INSPECTIONS**

|          |              |
|----------|--------------|
| Framing  | Final        |
| Rough In | Zoning Final |

**CONDITIONS**

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

**BJ2024-044**

**PROJECT NAME:** Atkins Storage Room

**SITE ADDRESS:** 504 West Palmetto Street Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 03/07/2024

**EXPIRES:** 09/03/2024

\* Flood vents are required and shall be installed to FEMA's requirements.

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

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

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

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

3/7/24





# 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

**MC2024-048**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 1328 Devonshire Rd. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 03/05/2024  
**EXPIRES:** 09/01/2024

**APPLICANT:** DUCKETT, MATTHEW & MARI  
18 JOYCE ST  
STAFFORD, VA 22556

**OWNER:** DUCKETT, MATTHEW & MARI  
18 JOYCE ST  
STAFFORD, VA 22556

**MECHANICAL H-3, CLASS 1:** DELTA T  
PO Box 575  
Kitty Hawk, NC 27949  
256-2436

**License:** 35327  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 98831027941026

**Parcel Number:**

**Address:** 1328 Devonshire Rd. Kill Devil Hills

**Zoning:** G&I

**Addition:** Bermuda Bay

**Block:**

**Lot(s):**

**Legal Description:**

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

*# cost 17,300.00*

**PROJECT DESCRIPTION:** HVAC CHANGEOUT

### DETAILS

**Permit**

| Name                | Value |
|---------------------|-------|
| NATURAL GAS SIGNOFF | N     |

**PAID**  
*3/5/24 DW*  
*on-line*

### REQUIRED INSPECTIONS

Final

### CONDITIONS

**MC2024-048**

**PROJECT NAME:** HVAC CHANGEOUT

**SITE ADDRESS:** 1328 Devonshire Rd. Kill Devil Hills

**MECHANICAL**


**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

\* 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:  Date: 03 / 05 / 2024



# Town of Kill Devil Hills

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

PAID

MAR - 6 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

|   |                            |
|---|----------------------------|
| <b>ZP2024-018</b>                                     | <b>ZONING PERMIT</b>       |
| <b>PROJECT NAME:</b> Lewis Burgwald                   | <b>ISSUED:</b> 03/06/2024  |
| <b>SITE ADDRESS:</b> 807 SEVENTH AVE KILL DEVIL HILLS | <b>EXPIRES:</b> 09/02/2024 |

PARENT PERMIT #: ZP2023-007

**APPLICANT:** Burgwald, Lewis  
807 Seventh Ave.  
Kill Devil Hills, NC 27948  
252-267-5777

**OWNER:** Burgwald, Lewis  
807 Seventh Ave.  
Kill Devil Hills, NC 27948  
252-267-5777

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

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

**PARCEL:**

**PIN:** 988311760928

**Parcel Number:** 004504007

**Address:** 807 SEVENTH AVE KILL DEVIL HILLS

**Addition:** KILL DEVIL HILLS REALTY CORP

**Zoning:**

**Block:** 38 **Lot(s):** 7

**Legal Description:**

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

**PROJECT DESCRIPTION:** Fence

**ZP2024-018**

**PROJECT NAME:** Lewis Burgwald

**SITE ADDRESS:** 807 SEVENTH AVE KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 03/06/2024

**EXPIRES:** 09/02/2024

**DETAILS**

**Permit**

| <b>Name</b>              | <b>Value</b>          |
|--------------------------|-----------------------|
| ZONING DISTRICT          | RL                    |
| CAMA PERMIT              | N                     |
| CAMA EXEMPTION           | N                     |
| FLOOD ZONE               | X                     |
| PURPOSE                  | Residential Accessory |
| CONSTRUCTION COST        | 2200.00               |
| SURVEYOR NAME AND NUMBER | Styons                |
| CULVERT                  | N                     |
| DRIVEWAY INVERT 2        | N                     |

**REQUIRED INSPECTIONS**

Final

Stringline

**CONDITIONS**

- \* Call for a stringline inspection before installing the fence.
- \* 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: 3-6-24



# Town of Kill Devil Hills

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

PAID

MAR - 6 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

|   |                       |                            |
|---|-----------------------|----------------------------|
| <b>ZP2024-019</b>                                       | <b>PAID WITH CASH</b> | <b>ZONING PERMIT</b>       |
| <b>PROJECT NAME:</b> Midgett fence                      |                       | <b>ISSUED:</b> 03/06/2024  |
| <b>SITE ADDRESS:</b> 1808 SEA SWEPT RD KILL DEVIL HILLS |                       | <b>EXPIRES:</b> 09/02/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> MIDGETT, CHARLOTTE<br>1808 Sea Swept<br>Kill Devil Hills, NC 27948 | <b>OWNER:</b> MIDGETT, CHARLOTTE<br>1808 Sea Swept<br>Kill Devil Hills, NC 27948 |
|--|--|

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

**PARCEL:**

|  |                                  |
|--|----------------------------------|
| <b>PIN:</b> 988409069626                           | <b>Parcel Number:</b> 002374000  |
| <b>Address:</b> 1808 SEA SWEPT RD KILL DEVIL HILLS |                                  |
| <b>Addition:</b> SEA HOLLY RIDGE                   | <b>Zoning:</b>                   |
| <b>Legal Description:</b>                          | <b>Block:</b> B <b>Lot(s):</b> 3 |

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

**PROJECT DESCRIPTION:** replace existing fence around side yards

**ZP2024-019**

**PROJECT NAME:** Midgett fence

**SITE ADDRESS:** 1808 SEA SWEEP RD KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 03/06/2024

**EXPIRES:** 09/02/2024

**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                     |
| CAMA PERMIT              | N                     |
| CAMA EXEMPTION           | N                     |
| FLOOD ZONE               | X                     |
| PURPOSE                  | Residential Accessory |
| CONSTRUCTION COST        | 3000.00               |
| SURVEYOR NAME AND NUMBER | Doug Styons           |
| 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:** 3/6/24





# Town of Kill Devil Hills

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

PAID

MAR - 6 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**ZP2024-017**

**PROJECT NAME:** Deane Fence  
**SITE ADDRESS:** 502 Burns Dr. Kill Devil Hills

**ZONING PERMIT**

**ISSUED:** 02/29/2024

**EXPIRES:** 08/27/2024

**APPLICANT:** DEANE, SHAWN  
502 Burns Drive  
Kill Devil Hills, NC 27948

**OWNER:** DEANE, SHAWN  
502 Burns Drive  
Kill Devil Hills, NC 27948

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

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

**PARCEL:**

**PIN:** 988316737143

**Parcel Number:** 004980001

**Address:** 502 Burns Dr. Kill Devil Hills

**Addition:** OCEAN ACRES

**Zoning:**  
**Block:** E **Lot(s):** 31

**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:** replace existing fence around rear and side yard



**ZP2024-017**

**PROJECT NAME:** Deane Fence  
**SITE ADDRESS:** 502 Burns Dr. Kill Devil Hills

**ZONING PERMIT**

**ISSUED:** 02/29/2024

**EXPIRES:** 08/27/2024

**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                    |
| CAMA PERMIT              | N                     |
| CAMA EXEMPTION           | N                     |
| FLOOD ZONE               | X                     |
| PURPOSE                  | Residential Accessory |
| CONSTRUCTION COST        | 18000.00              |
| SURVEYOR NAME AND NUMBER | Bill Jones            |
| CULVERT                  | N                     |
| DRIVEWAY INVERT 2        | N                     |

**REQUIRED INSPECTIONS**

Final

Zoning Final

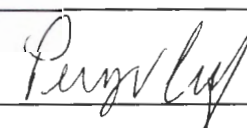
**CONDITIONS**

\* 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.

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 3-6-24



# Town of Kill Devil Hills

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

PAID

MAR - 5 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

### BANNER2024-001

PROJECT NAME: DJ Investments  
SITE ADDRESS: 1222 CROATAN HWY S KILL DEVIL HILLS

### BANNER

ISSUED: 03/05/2024  
EXPIRES: 06/03/2024

**APPLICANT:** ADLIGHT SIGNS  
600 West Boundry Street  
Kill Devil Hills, NC 27948  
252-449-2800

**OWNER:** D J INVESTMENTS INC  
P O BOX 1532  
KILL DEVIL HILLS, NC 27948

**CONTRACTOR:** ADLIGHT SIGNS  
600 West Boundry Street  
Kill Devil Hills, NC 27948  
252-449-2800

**License:** LEGACY UNKNOWN  
**Expires:** 12/31/2030

#### PARCEL:

**PIN:** 988312963344      **Parcel Number:** 028269000  
**Address:** 1222 CROATAN HWY S KILL DEVIL HILLS  
**Addition:** KILL DEVIL BEACH SEC 1 REVISED      **Zoning:**  
**Block:** M      **Lot(s):** 3,4,5,8,9 & PT 2,6&  
**Legal Description:**

| FEES:           | Paid            | Due           |
|-----------------|-----------------|---------------|
| Banner Fee      | \$100.00        | \$0.00        |
| <b>Totals :</b> | <b>\$100.00</b> | <b>\$0.00</b> |

**PROJECT DESCRIPTION:** 2 banners on the building

### DETAILS

#### Permit

| Name              | Value                |
|-------------------|----------------------|
| # OF BANNERS      | 2                    |
| ZONING DISTRICT   | C                    |
| PURPOSE           | Commercial Accessory |
| CONSTRUCTION COST | 400.00               |
| FLOOD ZONE        | X                    |

**BANNER2024-001**

PROJECT NAME: DJ Investments

SITE ADDRESS: 1222 CROATAN HWY S KILL DEVIL HILLS

**BANNER**

ISSUED: 03/05/2024

EXPIRES: 06/03/2024

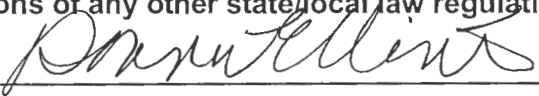
**REQUIRED INSPECTIONS**


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.
- \* No such banner shall exceed 100 square feet. Banners shall be attached to a building. Banner may be displayed for a period not to exceed 90 days.
- \* 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: 3-5-24



# Town of Kill Devil Hills

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

PAID

MAR - 5 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**MC2024-046**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 311 AYCOCK ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

**APPLICANT:** MATIN, FREIDOOON & JENNIFER  
PO BOX 3993  
KILL DEVIL HILLS, NC 27948

**OWNER:** MATIN, FREIDOOON & JENNIFER  
PO BOX 3993  
KILL DEVIL HILLS, NC 27948

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

**License:** 29121  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988517016183

**Parcel Number:** 000603000

**Address:** 311 AYCOCK ST W KILL DEVIL HILLS

**Zoning:**

**Addition:** VIRGINIA DARE SHORES

**Block:** 47 **Lot(s):** 15-18

**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

**MC2024-046**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 311 AYCOCK ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                |
|---------------------|-----------------------------|
| PURPOSE             | Modular Home Repair/Remodel |
| CONSTRUCTION COST   | 6480.00                     |
| 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: 

Contractor or Authorized Agent: 

Date: 3.5.2024



**Town of Kill Devil Hills**

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

PAID

MAR - 5 2024

Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**MC2024-045**

PROJECT NAME:

SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 03/05/2024

EXPIRES: 09/01/2024

APPLICANT: BALDINI, ARTHUR  
8701 WAYNICK DR  
RALEIGH, NC 27617

OWNER: BALDINI, ARTHUR  
8701 WAYNICK DR  
RALEIGH, NC 27617

MECHANICAL: NORTH BEACH SERVICES  
P.O. Box 181  
Kitty Hawk, NC 27949  
252-491-2878

License: 33023  
Expires: 12/31/2024

PARCEL:

PIN: 98830897368921

Parcel Number: 004302030

Address: 200 MARTIN ST E KILL DEVIL HILLS

Addition:

Zoning:

Block: 15

Lot(s): UT 108  
LOTS 6-14

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: HVAC CHANGEOUT



**MC2024-045**

**PROJECT NAME:**

**SITE ADDRESS:** 200 MARTIN ST E KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 7836.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | Residential                   |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/6/24





**Town of Kill Devil Hills**

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

PAID

MAR - 5 2024

TOWN OF  
KILL DEVIL HILLS

**Planning and Inspection Department**

|  |                            |
|--|----------------------------|
| <b>BP2024-038</b>  | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> LEVINE PATIO AND PERGOLA            | <b>ISSUED:</b> 03/05/2024  |
| <b>SITE ADDRESS:</b> 1408 VA DARE TRL S KILL DEVIL HILLS | <b>EXPIRES:</b> 09/01/2024 |

**APPLICANT:** LEVINE, ARICK  
1103 BURNING TREE DR  
Chapel Hill, NC 27517  
408-391-6094

**OWNER:** LEVINE, ARICK  
1103 BURNING TREE DR  
Chapel Hill, NC 27517  
408-391-6094

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

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

**PARCEL:**

**PIN:** 989309067013

**Parcel Number:** 004708000

**Address:** 1408 VA DARE TRL S KILL DEVIL HILLS

**Zoning:**

**Addition:** KILL DEVIL BEACH SEC 1 REVISED

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

**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:** INSTALL PAVER PATIO, 2 PERGOLAS IN REAR YARD, REMOVAL OF SIDEWALK.

**BP2024-038**

**PROJECT NAME:** LEVINE PATIO AND PERGOLA  
**SITE ADDRESS:** 1408 VA DARE TRL S KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 03/05/2024

**EXPIRES:** 09/01/2024

---

**DETAILS**

**Permit**

| <b>Name</b>                    | <b>Value</b>                 |
|--------------------------------|------------------------------|
| CAMA PERMIT                    | N                            |
| CAMA EXEMPTION                 | N                            |
| ZONING DISTRICT                | C                            |
| PURPOSE                        | Residential Accessory        |
| FRONT YARD SETBACK             | 30                           |
| SIDE YARD SETBACK              | 8                            |
| REAR YARD SETBACK              | 20% Depth >30                |
| FLOOD ZONE                     | X                            |
| FINAL ELEVATION<br>CERTIFICATE | N                            |
| CONSTRUCTION COST              | 19437.00                     |
| CONSTRUCTION TYPE              | V                            |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling |

---

**REQUIRED INSPECTIONS**

Zoning Final

Final

---

**CONDITIONS**

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

**BP2024-038**

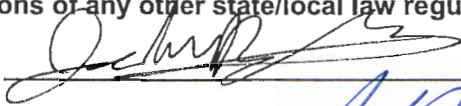
**PROJECT NAME:** LEVINE PATIO AND PERGOLA  
**SITE ADDRESS:** 1408 VA DARE TRL S KILL DEVIL HILLS

**BUILDING**

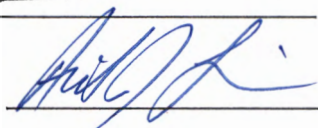
**ISSUED:** 03/05/2024  
**EXPIRES:** 09/01/2024

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: \_\_\_\_\_

3/5/2024



# Town of Kill Devil Hills

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

PAID

MAR - 5 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

|  |                            |
|--|----------------------------|
| <b>BP2024-037</b>  | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> Maggie Cooper Realty joist and stringer replacement | <b>ISSUED:</b> 03/04/2024  |
| <b>SITE ADDRESS:</b> 705 Virginia Dare Tr. S. Kill Devil Hills           | <b>EXPIRES:</b> 08/31/2024 |

|   |  |
|---|--|
| <b>APPLICANT:</b> SCOTT SMITH<br>6 Circle Drive<br>kitty hawk, nc 27949 | <b>OWNER:</b> MAGGIE COOPER REALTY LLC<br>5225 Hillmont Ct<br>ELLCOTT CITY, MD 21043 |
|---|--|

|   |  |
|---|--|
| <b>UNLICENSED - REMODELING:</b> SCOTT SMITH<br>6 Circle Drive<br>kitty hawk, nc 27949 | <b>License:</b> 12345<br><b>Expires:</b> |
|---|--|

**PARCEL:**

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

| <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 stringers, treads, joist and risers for stairs connecting 2nd story deck to 3rd story deck

**BP2024-037**

**PROJECT NAME:** Maggie Cooper Realty joist and stringer replacement  
**SITE ADDRESS:** 705 Virginia Dare Tr. S. Kill Devil Hills

**BUILDING**

**ISSUED:** 03/04/2024

**EXPIRES:** 08/31/2024

**DETAILS****Permit**

| <b>Name</b>                    | <b>Value</b>                  |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | OIR                           |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 10                            |
| REAR YARD SETBACK              | CAMA                          |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 2500.00                       |
| LOT COVERAGE                   | 35.70                         |
| CONSTRUCTION TYPE              | V                             |
| SURVEYOR NAME AND<br>NUMBER    | Bill Jones                    |
| OCCUPANCY TYPE                 | One & Two Family<br>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.

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

**BP2024-037**

PROJECT NAME: Maggie Cooper Realty joist and stringer replacement  
SITE ADDRESS: 705 Virginia Dare Tr. S. Kill Devil Hills


**BUILDING**

ISSUED: 03/04/2024

EXPIRES: 08/31/2024

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: 3/5/24



# Town of Kill Devil Hills

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

PAID

MAR - 5 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 03/01/2024

EXPIRES: 08/28/2024

**BJ2024-040**

**PROJECT NAME:**

**SITE ADDRESS:** 533 W. Palmetto Street Kill Devil Hills

**APPLICANT:** BRININSTOOL, LISA  
533 PALMETTO ST WEST  
KILL DEVIL HILLS, NC 27948  
703-909-7197

**OWNER:** BRININSTOOL, LISA  
533 PALMETTO ST WEST  
KILL DEVIL HILLS, NC 27948  
703-909-7197

**BUILDING LIMITED:** TOP TIER SOLAR SOLUTIONS LLC  
1530 CENTER PARK DR  
Charlotte, NC 28217  
855-997-1213

**License:** 87345  
**Expires:**

**PARCEL:**

**PIN:** 987408997940

**Parcel  
Number:**

**Address:** 533 W. Palmetto Street Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 9R, Block 75, Virginia Dare Shores Subdivision

| <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:** Roof top solar panel installation



**BJ2024-040**

**PROJECT NAME:**

**SITE ADDRESS:** 533 W. Palmetto Street Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 03/01/2024

**EXPIRES:** 08/28/2024

**DETAILS**

**Permit**

| Name                    | Value                     |
|-------------------------|---------------------------|
| ZONING DISTRICT         | RL                        |
| CAMA PERMIT             | N                         |
| CAMA EXEMPTION          | N                         |
| FLOOD ZONE              | X                         |
| SUBSTANTIAL IMPROVEMENT | NO                        |
| PURPOSE                 | Residential Addition      |
| CONSTRUCTION TYPE       | V                         |
| CONSTRUCTION COST       | 24990.00                  |
| CULVERT                 | N                         |
| DRIVEWAY INVERT 2       | N                         |
| OCCUPANCY TYPE          | One & Two Family Dwelling |

**REQUIRED INSPECTIONS**

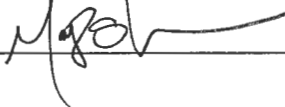
Final

**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.

\* Final inspection report required by the engineer of record per The Statewide Uniform Requirement of Inspection Procedures for roof top installation and all electrical installation above 8' above grade, prior to scheduling for a final inspection with this office.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3/5/24



# Town of Kill Devil Hills

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

PAID

MAR - 4 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**SG2024-005**

**PROJECT NAME:** Gemcap Development LLC  
**SITE ADDRESS:** 1828 CROATAN HWY N KILL DEVIL HILLS

**SIGN**

**ISSUED:** 02/23/2024

**EXPIRES:** 08/21/2024

**APPLICANT:** Signsmith Inc.  
1709 Evans Street  
GREENVILLE, NC 27834  
252-714-6117

**OWNER:** Gemcap Development LLC  
418 N Marshall St Suite 201  
WINSTON SALEM, NC 27101

**SIGN:** Signsmith Inc.  
1709 Evans Street  
GREENVILLE, NC 27834  
252-714-6117

**License:** 123456  
**Expires:** 02/28/2025

**PARCEL:**

**PIN:** 988406289382

**Parcel Number:** 029831200

**Address:** 1828 CROATAN HWY N KILL DEVIL HILLS

**Addition:** WRIGHT'S SHORES

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

**Legal Description:**

| <b>FEES:</b>    | <u>Paid</u>     | <u>Due</u>    |
|-----------------|-----------------|---------------|
| Sign Permit Fee | \$400.00        | \$0.00        |
| Banner Fee      | \$50.00         | \$0.00        |
| <b>Totals :</b> | <b>\$450.00</b> | <b>\$0.00</b> |

**PROJECT DESCRIPTION:** Free-standing sign and signs on the building

**SG2024-005**

PROJECT NAME: Gemcap Development LLC  
 SITE ADDRESS: 1828 CROATAN HWY N KILL DEVIL HILLS

**SIGN**

ISSUED: 02/23/2024

EXPIRES: 08/21/2024

**DETAILS****Permit**

| Name                                  | Value                |
|---------------------------------------|----------------------|
| # OF BANNERS                          | 1                    |
| # OF SIGNS                            | 4                    |
| SIGN - FREE STANDING PERMITTED (SQFT) | 64.00                |
| SIGN - FREE STANDING PROPOSED (SQ FT) | 50.00                |
| SIGN - WALL PERMITTED (SQFT)          | 100.00               |
| SIGN- WALL PROPOSED (SQ FT)           | 88.67                |
| ZONING DISTRICT                       | C                    |
| PURPOSE                               | Commercial Accessory |
| CONSTRUCTION COST                     | 10000.00             |
| 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.

\* 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.

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

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

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

\* Zoning Final Inspection is required.

**SG2024-005**

PROJECT NAME: Gemcap Development LLC  
SITE ADDRESS: 1828 CROATAN HWY N KILL DEVIL HILLS

**SIGN**

ISSUED: 02/23/2024

EXPIRES: 08/21/2024

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: Cory Blaine Brown Date: 3-4-24



**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>SG2023-027</b>   | <b>SIGN</b>                |
| <b>PROJECT NAME:</b> MBM Medical Properties LLCC / Outer Banks Health | <b>ISSUED:</b> 02/16/2024  |
| <b>SITE ADDRESS:</b> 3102 Croatan HWY N KILL DEVIL HILLS              | <b>EXPIRES:</b> 08/14/2024 |

|   |  |
|---|--|
| <b>APPLICANT:</b> Modulex Carolinas<br>873 Perry Road<br>APEX, NC 27502<br>704-450-1082 | <b>OWNER:</b> MBM Medical Properties LLCC<br>423 Westview Drive<br>WINSTON-SALEM, NC 27104 |
| <b>SIGN:</b> Modulex Carolinas<br>873 Perry Road<br>APEX, NC 27502<br>704-450-1082      | <b>License:</b> 23456<br><b>Expires:</b> 12/31/2024  |

**PARCEL:**

|   |                                  |
|---|----------------------------------|
| <b>PIN:</b> 988513034105                            | <b>Parcel Number:</b> 000334000  |
| <b>Address:</b> 3102 Croatan HWY N 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>    | <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:** Proposed free-standing sign



**SG2023-027**

**PROJECT NAME:** MBM Medical Properties LLCC / Outer Banks Health  
**SITE ADDRESS:** 3102 Croatan HWY N KILL DEVIL HILLS

**SIGN**

**ISSUED:** 02/16/2024

**EXPIRES:** 08/14/2024

---

**DETAILS**

**Permit**

| <b>Name</b>                           | <b>Value</b>         |
|---------------------------------------|----------------------|
| # OF SIGNS                            | 1                    |
| SIGN - FREE STANDING PERMITTED (SQFT) | 64.00                |
| SIGN - FREE STANDING PROPOSED (SQ FT) | 28.52                |
| ZONING DISTRICT                       | C                    |
| PURPOSE                               | Commercial Accessory |
| CONSTRUCTION COST                     | 14000.00             |
| 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.

\* 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.

\* Zoning Final Inspection is required.

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

**SG2023-027**

PROJECT NAME: MBM Medical Properties LLCC / Outer Banks Health  
SITE ADDRESS: 3102 Croatan HWY N KILL DEVIL HILLS

**SIGN**

ISSUED: 02/16/2024

EXPIRES: 08/14/2024

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: Lauren Anne Sapikowski 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

|  |                            |
|--|----------------------------|
| <b>MC2024-044</b>                                  | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> Byrd HVAC                     | <b>ISSUED:</b> 03/01/2024  |
| <b>SITE ADDRESS:</b> 621 KELLY CT KILL DEVIL HILLS | <b>EXPIRES:</b> 08/28/2024 |

**APPLICANT:** Byrd, Floyd  
103 Queen Annes Ct  
NORFOLK, VA 23434  
757-262-6857

**OWNER:** Byrd, Floyd  
103 Queen Annes Ct  
NORFOLK, VA 23434  
757-262-6857

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

**License:** 22222-L  
**Expires:** 01/06/2025

**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:** 988405183199

**Parcel Number:** 002087000

**Address:** 621 KELLY CT KILL DEVIL HILLS

**Zoning:**

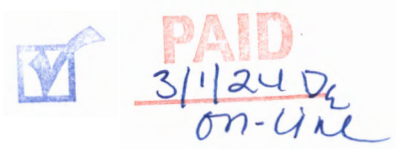
**Addition:** WRIGHT'S SHORES

**Block:** 0 **Lot(s):** 124

**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 2.5Ton HVAC system



**MC2024-044**

PROJECT NAME: Byrd HVAC  
SITE ADDRESS: 621 KELLY CT KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 03/01/2024

EXPIRES: 08/28/2024

**DETAILS**

**Permit**

| Name                | Value                         |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 7702.06                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Willow Nash Date: 03 / 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

**BJ2024-041**

**PROJECT NAME:** Banfield plumbing  
**SITE ADDRESS:** 2039 EDENTON ST KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/01/2024

**EXPIRES:** 08/28/2024

**APPLICANT:** Banfield, Stephanie  
2039 Edenton St.  
Kill Devil Hills, NC 27948  
563-271-7341

**OWNER:** Banfield, Stephanie  
2039 Edenton St.  
Kill Devil Hills, NC 27948  
563-271-7341

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

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

**PARCEL:**

**PIN:** 987408987993

**Parcel Number:** 001262000

**Address:** 2039 EDENTON ST KILL DEVIL HILLS


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

**Zoning:**  
**Block:** 0 **Lot(s):** 812

**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:** Repair broken water pipe and replace remaining polybutylene pipe

 **PAID**  
3/4/24 Du  
on-line





### 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>BP2024-035</b>   | <b>BUILDING</b>            |
| <b>PROJECT NAME:</b> YOUNG SIDING/WINDOWS/REAR ENTRY DOOR | <b>ISSUED:</b> 02/29/2024  |
| <b>SITE ADDRESS:</b> 117 CHARLOTTE ST KILL DEVIL HILLS    | <b>EXPIRES:</b> 08/27/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> YOUNG, GREGG<br>301 Pond Dr<br>NORFOLK, VA 23434 | <b>OWNER:</b> YOUNG, GREGG<br>301 Pond Dr<br>NORFOLK, VA 23434 |
|--|--|

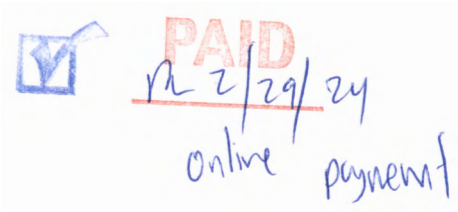
|   |   |
|---|---|
| <b>GENERAL BUILDING INTERMEDIATE:</b> GALLOP ROOFING AND REMODELING, INC.<br>673 Old Wharf Road<br>Wanchese, NC 27981<br>252-473-2888 | <b>License:</b> 32504<br><b>Expires:</b> 12/31/2024 |
|---|---|

**PARCEL:**

|   |                                    |
|---|------------------------------------|
| <b>PIN:</b> 988406390746                          | <b>Parcel Number:</b> 001896000    |
| <b>Address:</b> 117 CHARLOTTE ST KILL DEVIL HILLS |                                    |
| <b>Addition:</b> AVALON BEACH ANNEX 1             | <b>Zoning:</b>                     |
| <b>Legal Description:</b>                         | <b>Block:</b> 0 <b>Lot(s):</b> 453 |

| 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 ALL WINDOWS, REAR ENTRY DOOR, AND SIDING



**BP2024-035**

**PROJECT NAME:** YOUNG SIDING/WINDOWS/REAR ENTRY DOOR  
**SITE ADDRESS:** 117 CHARLOTTE ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/29/2024

**EXPIRES:** 08/27/2024

**DETAILS**

**Permit**

| Name                           | Value                         |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | C                             |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 47260.00                      |
| CONSTRUCTION TYPE              | V                             |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: [Signature] Date: 02 / 29 / 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

**MC2023-204**

**PROJECT NAME:** UNIT A  
**SITE ADDRESS:** 1507 GOLDIE ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 08/03/2023

**EXPIRES:** 01/30/2024

|                   |   |               |   |
|-------------------|---|---------------|---|
| <b>APPLICANT:</b> | Equity Trust Company Custodian/Wendy Harvey<br>P.O. Box 283<br>Hobbsville, NC 27946<br>252-548-5490 | <b>OWNER:</b> | Equity Trust Company Custodian/Wendy Harvey<br>P.O. Box 283<br>Hobbsville, NC 27946<br>252-548-5490 |
|-------------------|---|---------------|---|

|                    |   |   |
|--------------------|---|---|
| <b>MECHANICAL:</b> | North Carolina Air Cond.<br>PO Box 2209<br>kitty hawk, nc 27949<br>261-3013 | <b>License:</b> 19037<br><b>Expires:</b> 12/31/2023 |
|--------------------|---|---|

**PARCEL:**

|                           |                                 |                       |                      |
|---------------------------|---------------------------------|-----------------------|----------------------|
| <b>PIN:</b>               | 988312956142                    | <b>Parcel Number:</b> | 005100000            |
| <b>Address:</b>           | 1507 GOLDIE ST KILL DEVIL HILLS |                       |                      |
| <b>Addition:</b>          | WHISPERING PINES SEC 1          | <b>Zoning:</b>        |                      |
| <b>Legal Description:</b> |                                 | <b>Block:</b>         | A <b>Lot(s):</b> 3,4 |

| <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**  
2/29/24 CR



**MC2023-204**

**PROJECT NAME:** UNIT A

**SITE ADDRESS:** 1507 GOLDIE ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 08/03/2023

**EXPIRES:** 01/30/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 6938.75                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | Residential                   |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: George P. Vial, Pres. 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

MAR - 1 2024

## Planning and Inspection Department

PERMITS

|   |                     |
|---|---------------------|
| <b>BP2024-036</b>                                 | <b>BUILDING</b>     |
| PROJECT NAME: MARKHAM WATER DAMAGE                | ISSUED: 02/29/2024  |
| SITE ADDRESS: 1620 VA DARE TRL N KILL DEVIL HILLS | EXPIRES: 08/27/2024 |

|  |  |
|--|--|
| <b>APPLICANT:</b> LINDA MARKHAM<br>103 CAPTAINS LANE<br>ELIZABETH CITY, NC 27909<br>252-339-0961 | <b>OWNER:</b> LINDA MARKHAM<br>103 CAPTAINS LANE<br>ELIZABETH CITY, NC 27909<br>252-339-0961 |
|--|--|

|                             |   |  |
|-----------------------------|---|--|
| <b>GENERAL, UNLICENSED:</b> | WILLIS ROBINSON CONSTRUCTION<br>4615 S PAMLICO WAY<br>NAGS HEAD, NC 27959<br>252-340-1049 | <b>License:</b> 000000<br><b>Expires:</b> 07/18/2024 |
|-----------------------------|---|--|

**PARCEL:**

|                    |                                     |                |             |
|--------------------|-------------------------------------|----------------|-------------|
| Pin:               | 988411560675                        | Parcel Number: | 002822009   |
| Address:           | 1620 VA DARE TRL N KILL DEVIL HILLS |                |             |
| Addition:          | CROATAN SHORES                      | Zoning:        |             |
| Legal Description: |                                     | Block:         | C Lot(s): 9 |

| 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:** REMOVE AND REPLACE 2 LEVELS OF DECK BAND, SHEATHING, AND ASSOCIATED ROT REPAIR FROM WATER DAMAGE

**BP2024-036**

**PROJECT NAME:** MARKHAM WATER DAMAGE  
**SITE ADDRESS:** 1620 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 02/29/2024

**EXPIRES:** 08/27/2024

**DETAILS**

**Permit**

| Name                           | Value                         |
|--------------------------------|-------------------------------|
| CAMA PERMIT                    | N                             |
| CAMA EXEMPTION                 | N                             |
| ZONING DISTRICT                | RL                            |
| PURPOSE                        | Residential<br>Repair/Remodel |
| FRONT YARD SETBACK             | 30                            |
| SIDE YARD SETBACK              | 8                             |
| REAR YARD SETBACK              | 20% Depth >30                 |
| FLOOD ZONE                     | X                             |
| FINAL ELEVATION<br>CERTIFICATE | N                             |
| CONSTRUCTION COST              | 19000.00                      |
| CONSTRUCTION TYPE              | V                             |
| OCCUPANCY TYPE                 | One & Two Family<br>Dwelling  |

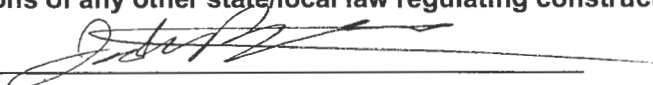
**REQUIRED INSPECTIONS**

|              |            |
|--------------|------------|
| Zoning Final | Framing    |
| 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.

**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:** 2/29/24



# 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

**BJ2024-032**

**PROJECT NAME:** Water Oak New 3 Bedroom SFD  
**SITE ADDRESS:** 526 ANIKA WAY KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/28/2024

**EXPIRES:** 08/26/2024

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

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

**GENERAL - 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:** 988414226961

**Parcel Number:**

**Address:** 526 ANIKA WAY KILL DEVIL HILLS

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 29, Water Oak

| FEES:                     | Paid              | Due           | BUILDING AREA:             |              |
|---------------------------|-------------------|---------------|----------------------------|--------------|
| Covered Porch Residential | \$280.50          | \$0.00        | # of Temporary Poles       | 1 EA         |
| Pool/Hot Tub              | \$200.00          | \$0.00        | Residential Heated Space   | 1705 sq. Ft. |
| T-Pole                    | \$50.00           | \$0.00        | (.75)                      |              |
| Res. Building Permit Fee  | \$1,477.95        | \$0.00        | Residential Unheated (.40) | 498 Sq. Ft   |
| <b>Totals :</b>           | <b>\$2,008.45</b> | <b>\$0.00</b> | Covered Porches/Decks      | 374 SQFT     |

**PROJECT DESCRIPTION:** new 3 bedroom single family dwelling with concrete pad in rear yard

FEB 29 2024

Town of Kill Devil Hills  
Water Charges

**PAID**

Water Tap #: 725962

**BJ2024-032**

**PROJECT NAME:** Water Oak New 3 Bedroom SFD  
**SITE ADDRESS:** 526 ANIKA WAY 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              | 10                        |
| # PARKING SPACES/BEDROOM       | 3                         |
| CAMA PERMIT                    | N                         |
| CAMA EXEMPTION                 | N                         |
| FLOOD ZONE                     | X                         |
| BASE FLOOD ELEVATION           | 8                         |
| Proposed First Floor Elevation | 8.50                      |
| SUBSTANTIAL IMPROVEMENT        | NO                        |
| PURPOSE                        | Residential New           |
| CONSTRUCTION TYPE              | V                         |
| CONSTRUCTION COST              | 300000.00                 |
| LOT COVERAGE                   | 33.30                     |
| LIVING SPACE (SQFT)            | 1705                      |
| COVERED PORCHES/DECKS (SQFT)   | 374                       |
| GARAGE (SQFT)                  | 498                       |
| TOTAL SQUARE FOOTAGE           | 2577                      |
| SURVEYOR NAME AND NUMBER       | Mike Robinson             |
| ENGINEER AND LICENSE NUMBER    | Mikw O'Steen 03628        |
| CULVERT                        | N                         |
| ROLL OUT CAN                   | 1                         |
| DRIVEWAY INVERT 2              | Y                         |
| OCCUPANCY TYPE                 | One & Two Family Dwelling |

**BJ2024-032**

**PROJECT NAME:** Water Oak New 3 Bedroom SFD  
**SITE ADDRESS:** 526 ANIKA WAY KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/28/2024

**EXPIRES:** 08/26/2024

**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.
- \* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- \* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- \* 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.

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: Gracey Marick

Date: 2.29.24





# 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

**BJ2024-033**

**PROJECT NAME:** SAGA New 3 Bedroom SFD  
**SITE ADDRESS:** 508 ANIKA WAY KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/28/2024

**EXPIRES:** 02/25/2025

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

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

**GENERAL - 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:** 988414330112

**Parcel  
Number:**

**Address:** 508 ANIKA WAY KILL DEVIL HILLS

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 38, Water Oak

| FEES:                     | Paid              | Due           | BUILDING AREA:                    |              |
|---------------------------|-------------------|---------------|-----------------------------------|--------------|
| Covered Porch Residential | \$280.50          | \$0.00        | Covered Porches/Decks             | 374 SQFT     |
| T-Pole                    | \$50.00           | \$0.00        | Residential Unheated (.40)        | 498 Sq. Ft   |
| Res. Building Permit Fee  | \$1,477.95        | \$0.00        | # of Temporary Poles              | 1 EA         |
| <b>Totals :</b>           | <b>\$1,808.45</b> | <b>\$0.00</b> | Residential Heated Space<br>(.75) | 1705 sq. Ft. |

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

Town of Kill Devil Hills  
Water Charges

**PAID**

FEB 29 2024

Water Tap #: T25964



**BJ2024-033**

PROJECT NAME: SAGA New 3 Bedroom SFD  
SITE ADDRESS: 508 ANIKA WAY KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 02/28/2024

EXPIRES: 02/25/2025

---

**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                        |
| # PARKING SPACES/BEDROOM       | 3                         |
| CAMA PERMIT                    | N                         |
| CAMA EXEMPTION                 | N                         |
| FLOOD ZONE                     | X                         |
| BASE FLOOD ELEVATION           | 8                         |
| Proposed First Floor Elevation | 8.40                      |
| SUBSTANTIAL IMPROVEMENT        | NO                        |
| PURPOSE                        | Residential New           |
| CONSTRUCTION TYPE              | V                         |
| CONSTRUCTION COST              | 300000.00                 |
| LOT COVERAGE                   | 38.10                     |
| LIVING SPACE (SQFT)            | 1705                      |
| COVERED PORCHES/DECKS (SQFT)   | 374                       |
| GARAGE (SQFT)                  | 498                       |
| TOTAL SQUARE FOOTAGE           | 2577                      |
| SURVEYOR NAME AND NUMBER       | Mike Robinson             |
| ENGINEER AND LICENSE NUMBER    | MIKE OSTEEEN 032628       |
| CULVERT                        | N                         |
| ROLL OUT CAN                   | 1                         |
| DRIVEWAY INVERT 2              | Y                         |
| NC POWER PERMANENT #           | 10691452                  |
| OCCUPANCY TYPE                 | One & Two Family Dwelling |

---

**BJ2024-033**

**PROJECT NAME:** SAGA New 3 Bedroom SFD  
**SITE ADDRESS:** 508 ANIKA WAY KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 02/28/2024

**EXPIRES:** 02/25/2025

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- \* Foundation survey will be required prior to rough-in inspection.
- \* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- \* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- \* 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.

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

Issued By: 

Contractor or Authorized Agent: Gracelyn Muck Date: 2.29.24



# 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

**MC2024-042**

**PROJECT NAME:** Trotman HVAC  
**SITE ADDRESS:** 508 SCHOONER CT KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/27/2024

**EXPIRES:** 08/25/2024

**APPLICANT:** Trotman, Helen  
4010 W Soundside Rd  
Nags Head, NC 27959

**OWNER:** Trotman, Helen  
4010 W Soundside Rd  
Nags Head, NC 27959

**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:** 988414238526

**Parcel Number:** 003642000

**Address:** 508 SCHOONER CT KILL DEVIL HILLS

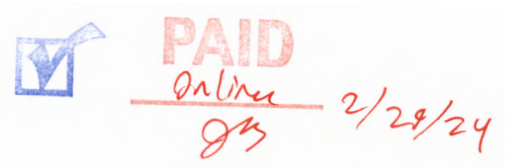
**Addition:** LANDING SECTION 3, THE

**Zoning:**  
**Block:** 0 **Lot(s):** 126

**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:** C/O 2 2.5Ton HVAC system



**MC2024-042**

**PROJECT NAME:** Trotman HVAC  
**SITE ADDRESS:** 508 SCHOONER CT KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 02/27/2024

**EXPIRES:** 08/25/2024

**DETAILS**

**Permit**

| Name                | Value                         |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 8100.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>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.

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Issued By: Charles Thuman

Contractor or Authorized Agent: M A MacLean Date: 02 / 29 / 2024



# Town of Kill Devil Hills

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

MAR 14 2024

## Planning and Inspection Department

**MC2024-056**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 901 THIRD ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/13/2024

**EXPIRES:** 09/09/2024

**APPLICANT:** BLANKENSHIP, JAMES L  
12182 HERON DRIVE  
MACHIPONGO, VA 23405

**OWNER:** BLANKENSHIP, JAMES L  
12182 HERON DRIVE  
MACHIPONGO, VA 23405

**MECHANICAL H-3, CLASS 1:** DELTA T  
PO Box 575  
Kitty Hawk, NC 27949  
256-2436

**License:** 35327  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988409163497

**Parcel Number:** 002562000

**Address:** 901 THIRD ST W KILL DEVIL HILLS

**Zoning:**

**Addition:** CROATAN SHORES SUBDIV

**Block:** 14 **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



**MC2024-056**

**PROJECT NAME:** HVAC CHANGEOUT  
**SITE ADDRESS:** 901 THIRD ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/13/2024

**EXPIRES:** 09/09/2024

**DETAILS**

**Permit**

| <b>Name</b>         | <b>Value</b>                  |
|---------------------|-------------------------------|
| PURPOSE             | Residential<br>Repair/Remodel |
| CONSTRUCTION COST   | 8500.00                       |
| CONSTRUCTION TYPE   | V                             |
| FLOOD ZONE          | X                             |
| NATURAL GAS SIGNOFF | N                             |
| OCCUPANCY TYPE      | One & Two Family<br>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:** 03 / 14 / 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>MC2024-036</b>  | <b>MECHANICAL</b>          |
| <b>PROJECT NAME:</b> Mullis HVAC                         | <b>ISSUED:</b> 02/21/2024  |
| <b>SITE ADDRESS:</b> 1501 VA DARE TRL N KILL DEVIL HILLS | <b>EXPIRES:</b> 08/19/2024 |

|   |   |
|---|---|
| <b>APPLICANT:</b> Mullis, William<br>5420 White Hall RD<br>Gloucester, VA 23061 | <b>OWNER:</b> Mullis, William<br>5420 White Hall RD<br>Gloucester, VA 23061 |
|---|---|


|                            |  |   |
|----------------------------|--|---|
| <b>MECHANICAL, H-3, I:</b> | MASTER HEATING AND COOLING<br>P.O. Box 707<br>Kitty Hawk, NC 27949<br>255-0095 | <b>License:</b> 18066<br><b>Expires:</b> 12/31/2024 |
|----------------------------|--|---|

**PARCEL:**

|   |   |
|---|---|
| <b>PIN:</b> 988411652522                            | <b>Parcel Number:</b> 002752000         |
| <b>Address:</b> 1501 VA DARE TRL N KILL DEVIL HILLS |   |
| <b>Addition:</b> SUBDIVISION - NONE                 | <b>Zoning:</b>                          |
| <b>Legal Description:</b>                           | <b>Block:</b> 0 <b>Lot(s):</b> PARCEL A |

| 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 2 Ton HVAC system on lower level

 **PAID**  
m 2/29/24  
online payment



**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<br>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<br>Dwelling  |

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

**Issued By:** Charles Thuman

**Contractor or Authorized Agent:** M A MacLean **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**

**MC2024-035**

**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:**

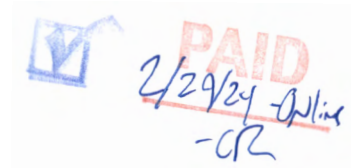
**Addition:** OCEAN ACRES INC

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

**Legal Description:**

| <b>FEES:</b>          | <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 7.5 Ton HVAC system for lobby



**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<br>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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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: M A MacLean Date: 02 / 21 / 2024

## Payment Information for Kill Devil Hills - Misc

billpay@paymentus.com <billpay@paymentus.com>

Thu 2/29/2024 1:36 PM

To:mike@masterhvac.net <mike@masterhvac.net>

**Dear MICHAEL ALLAN MACLEAN,**

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>1313348117</b>               |
| Payment date:         | <b>Feb 29, 2024, 1:36:20 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>Michael</b> |
| Middle name: | <b>Allan</b>   |
| Last name:   | <b>MacLean</b> |

|                       |                            |
|-----------------------|----------------------------|
| ZIP Code:             | <b>27949</b>               |
| Daytime Phone Number: | <b>(252) 255-0095</b>      |
| Email:                | <b>mike@masterhvac.net</b> |

### Account Information

|                              |                                   |
|------------------------------|-----------------------------------|
| Payment type                 | <b>Planning Fees</b>              |
| Enter Fee Type/Permit Number | <b>MC2024-032</b>                 |
| Service Address              | <b>1701 SDVT Kill Devil Hills</b> |
| Payment method:              | <b>Credit Card</b>                |

### Payment Method Information

|                   |                        |
|-------------------|------------------------|
| Card type:        |                        |
| Card number:      | <b>*****0084</b>       |
| Card holder name: | <b>Susan Pritchett</b> |



# Town of Kill Devil Hills

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

MAR 11 2024

## Planning and Inspection Department

**OP2024-010**

**PROJECT NAME:** Sandy Bottom Homes New House  
**SITE ADDRESS:** 603 EDEN ST W KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 03/04/2024

**EXPIRES:**

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

**OWNER:** OBX COTTAGES LLC  
200 EAST BLACKMAN ST  
nags head, nc 27959  
252-207-5475

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

**License:** 67524  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 987520903049

**Parcel Number:** 000775010

**Address:** 603 EDEN ST W KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SH BLK 77 RECOMB

**Zoning:**  
**Block:** 77 **Lot(s):** 10

**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:** 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

MAR 11 2024

## Planning and Inspection Department

|   |                           |
|---|---------------------------|
| <b>OP2024-011</b>                                   | <b>OCCUPANCY</b>          |
| <b>PROJECT NAME:</b> Water Oak Residential, LLC     | <b>ISSUED:</b> 03/11/2024 |
| <b>SITE ADDRESS:</b> 528 Anika Way Kill Devil Hills | <b>EXPIRES:</b>           |

PARENT PERMIT #: BJ2023-207

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

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

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

**License:** 62306  
**Expires:** 12/31/2024

**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:** 988414226894

**Parcel Number:**

**Address:** 528 Anika Way Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 28, Phase 2, Water Oak Residential Community

| <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



**OP2024-011**

**PROJECT NAME:** Water Oak Residential, LLC  
**SITE ADDRESS:** 528 Anika Way Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/11/2024

**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: Gracelyn Moreck

Date: 3-11-24



# 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

**OP2024-012**

**PROJECT NAME:** Ocean Breeze Townhomes Building 1  
**SITE ADDRESS:** 902A S Virginia Dare Trl Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/12/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2023-048

**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:** 902A S Virginia Dare Trl Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

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

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

**PROJECT DESCRIPTION:** new four unit 2 bedroom townhomes, building 1

### DETAILS

**Permit**

| <b>Name</b>     | <b>Value</b>    |
|-----------------|-----------------|
| PURPOSE         | Residential New |
| ZONING DISTRICT | C               |
| FLOOD ZONE      | X               |
| OCCUPANCY TYPE  | Residential     |

MAR 12 2024

**OP2024-012**

**PROJECT NAME:** Ocean Breeze Townhomes Building 1  
**SITE ADDRESS:** 902A S Virginia Dare Trl Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/12/2024  
**EXPIRES:**

**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: 3-12-24



# Town of Kill Devil Hills

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

MAR 13 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**OP2024-014**

**PROJECT NAME:** SAGA New House  
**SITE ADDRESS:** 500 Anika Way Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/12/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2023-159

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

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

**GENERAL - 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:** 98841321837

**Parcel Number:**

**Address:** 500 Anika Way Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 42, Water Oak Residential

| <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:** new 3 bedroom single family dwelling with pool

**OP2024-014**

**PROJECT NAME:** SAGA New House  
**SITE ADDRESS:** 500 Anika Way Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/12/2024

**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: \_\_\_\_\_

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

*Gracelyn Mauck*

*3.13.24*



# Town of Kill Devil Hills

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

PAID

MAR 13 2024

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**OP2024-015**

**PROJECT NAME:** GANDT DEVELOPMENT REMODEL/ADDITION  
**SITE ADDRESS:** 1003 EIGHTH AVE KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 03/13/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2023-201

**APPLICANT:** GANDT DEVELOPMENT LLC  
P. O. BOX 97  
nags head, nc 27959  
252-256-3774

**OWNER:** GANDT DEVELOPMENT LLC  
P. O. BOX 97  
nags head, nc 27959  
252-256-3774

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

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

**PARCEL:**

**PIN:** 988311761047

**Parcel Number:** 004557000

**Address:** 1003 EIGHTH AVE KILL DEVIL HILLS

**Addition:** KILL DEVIL HILLS REALTY CORP

**Zoning:**  
**Block:** 46 **Lot(s):** 9

**Legal Description:**

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

**PROJECT DESCRIPTION:** RENOVATE EXISTING STURCTURE, REBUILD DECK RELOCATING STAIRS, GOUND FLOOR LIVING SPACE ADDITION TO CONVERT ADD THIRD BEDRRM, STRUCTURE APPROVED AS 3BED, REPLACE PLUMBING, HVAC, AND WINDOWS



**OP2024-015**

**PROJECT NAME:** GANDT DEVELOPMENT REMODEL/ADDITION  
**SITE ADDRESS:** 1003 EIGHTH AVE KILL DEVIL HILLS

**OCCUPANCY**  
**ISSUED:** 03/13/2024

**EXPIRES:**

**DETAILS**

**Permit**

| Name            | Value                         |
|-----------------|-------------------------------|
| PURPOSE         | Residential<br>Repair/Remodel |
| ZONING DISTRICT | RL                            |
| FLOOD ZONE      | X                             |
| OCCUPANCY TYPE  | One & Two Family<br>Dwelling  |

**CONDITIONS**

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

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

Date: 3-13-24





# Town of Kill Devil Hills

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

MAR 25 2024

## Planning and Inspection Department

TO OF LS

**OP2024-018**

**PROJECT NAME:** Water Oak Residential, LLC  
**SITE ADDRESS:** 510 Anika Way Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/22/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2023-232

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

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

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

**License:** 62306  
**Expires:** 12/31/2024

**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:** 988414239189

**Parcel Number:**

**Address:** 510 Anika Way Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 37, Water Oak

| <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 with rear patio, pool, pool deck and fence

**OP2024-018**

**PROJECT NAME:** Water Oak Residential, LLC  
**SITE ADDRESS:** 510 Anika Way Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/22/2024

**EXPIRES:**

**DETAILS**

**Permit**

| <b>Name</b>          | <b>Value</b>              |
|----------------------|---------------------------|
| # OF TRASH CANS      | 1                         |
| PURPOSE              | Residential New           |
| ZONING DISTRICT      | RL                        |
| FLOOD ZONE           | X                         |
| BASE FLOOD ELEVATION | 8.0                       |
| 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: 3.25.24



# Town of Kill Devil Hills

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

PAID

MAR 26 2024

## Planning and Inspection Department

KILL DEVIL HILLS

**OP2024-017**

**PROJECT NAME:** Aria Construction New 20 Bedroom House  
**SITE ADDRESS:** 1503 VA DARE TRL S KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 03/22/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2022-277

**APPLICANT:** Aria Construction and Development, Inc  
PO Box 321  
CRESWELL, NC 27928  
252-796-7737

**OWNER:** Crutchfield, Michael  
8443 HWY 1  
SOUTH HILL, VA 23970

**BUILDING-UNLIMITED:** Aria Construction and Development, Inc  
PO Box 321  
CRESWELL, NC 27928  
252-796-7737

**License:** 78928  
**Expires:** 12/31/2024

**BUILDING-UNLIMITED:** Aria Construction and Development, Inc  
PO Box 321  
CRESWELL, NC 27928  
252-796-7737

**License:** 78928  
**Expires:** 12/31/2024

### PARCEL:

**PIN:** 989309151948

**Parcel Number:** 008234000

**Address:** 1503 VA DARE TRL S KILL DEVIL HILLS

**Zoning:**

**Addition:** OCEAN ACRES INC

**Block:** 0 **Lot(s):** PT PAR.A

**Legal Description:**

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

**PROJECT DESCRIPTION:** new 20 bedroom single family dwelling, pool, pool decks, and dune walkway and gazebo

### DETAILS

### CONDITIONS

**OP2024-017**

**PROJECT NAME:** Aria Construction New 20 Bedroom House  
**SITE ADDRESS:** 1503 VA DARE TRL S KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 03/22/2024

**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: \_\_\_\_\_



# 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

MAR 27 2024

**OP2024-032**

**PROJECT NAME:** SAGA New 4 Bedroom House, Tides, A4, Site 7  
**SITE ADDRESS:** 709 N Va Dare Trail A4 Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/27/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2022-161

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

**OWNER:** 709 NVDT LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

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

**License:** 62306  
**Expires:** 12/31/2024

**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:** 988416726651

**Parcel Number:**

**Address:** 709 N Va Dare Trail A4 Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Site 7, The Tides

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

**PROJECT DESCRIPTION:** New 4 Bedroom single family dwelling with pool, and fence, A4, Site 7

**OP2024-032**

**PROJECT NAME:** SAGA New 4 Bedroom House, Tides, A4, Site 7  
**SITE ADDRESS:** 709 N Va Dare Trail A4 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**DETAILS**

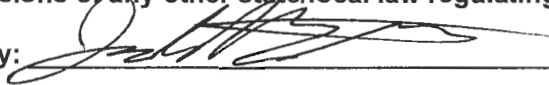
**Permit**

| <b>Name</b>     | <b>Value</b>              |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| 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: \_\_\_\_\_

By: 

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

03/27/2024



# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

### OP2024-031

**PROJECT NAME:** 709 NVDT LLC A7  
**SITE ADDRESS:** 709 North Virginia Dare Trail A7 Kill Devil Hills

### OCCUPANCY

**ISSUED:** 03/27/2024

**EXPIRES:**

PARENT PERMIT #: BJ2021-278

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

**OWNER:** 709 NVDT LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

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

**License:** 62306  
**Expires:** 12/31/2024

**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:** 988416728730

**Parcel  
Number:**

**Address:** 709 North Virginia Dare Trail A7 Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lots 4 and 5 combined, Block 8, Kitty Hawk Shores Revised  
A7 Tides Way

| 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:** Proposed 5 bedroom single family dwelling with pool, concrete pool deck and fence



**OP2024-031**

**PROJECT NAME:** 709 NVDT LLC A7

**SITE ADDRESS:** 709 North Virginia Dare Trail A7 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**DETAILS**

**Permit**

| <b>Name</b>          | <b>Value</b>              |
|----------------------|---------------------------|
| PURPOSE              | Residential New           |
| ZONING DISTRICT      | OIR                       |
| FLOOD ZONE           | VE                        |
| BASE FLOOD ELEVATION | 13                        |
| 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: *By:* 

Date: 03/27/2024



# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

### OP2024-030

PROJECT NAME: SAGA New 4 Bedroom House A6 Site 11  
SITE ADDRESS: 709 N Va Dare Trl A6 Kill Devil Hills

### OCCUPANCY

ISSUED: 03/27/2024

EXPIRES:

PARENT PERMIT #: BJ2021-259

APPLICANT: 709 NVDT LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

OWNER: 709 NVDT LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

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: 988416727656

Parcel  
Number:

Address: 709 N Va Dare Trl A6 Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 4 & 5, Kitty Hawk Shores Revised

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

PROJECT DESCRIPTION: New 4 Bedroom single family dwelling

**OP2024-030**

PROJECT NAME: SAGA New 4 Bedroom House A6 Site 11  
SITE ADDRESS: 709 N Va Dare Trl A6 Kill Devil Hills

**OCCUPANCY**

ISSUED: 03/27/2024

EXPIRES:

**DETAILS**

**Permit**

| <b>Name</b>     | <b>Value</b>              |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| 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: By:  Date: 03/27/2024



# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

|  |                           |
|--|---------------------------|
| <b>OP2024-029</b>  | <b>OCCUPANCY</b>          |
| <b>PROJECT NAME:</b> 709 NVDT LLC                            | <b>ISSUED:</b> 03/27/2024 |
| <b>SITE ADDRESS:</b> 709 N. Va Dare Trl. A3 Kill Devil Hills | <b>EXPIRES:</b>           |

PARENT PERMIT #: BJ2022-155

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

**OWNER:** 709 NVDT LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

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

**License:** 62306  
**Expires:** 12/31/2024

**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:** 988416726508

**Parcel Number:**

**Address:** 709 N. Va Dare Trl. A3 Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Site 5, The Tides

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

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

**OP2024-029**

**PROJECT NAME:** 709 NVDT LLC  
**SITE ADDRESS:** 709 N. Va Dare Trl. A3 Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/27/2024

**EXPIRES:**


**DETAILS**


**Permit**

| Name            | Value                     |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| 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: 03/27/2024



# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

|   |                           |
|---|---------------------------|
| <b>OP2024-028</b>   | <b>OCCUPANCY</b>          |
| <b>PROJECT NAME:</b> 709 NVDT LLC                             | <b>ISSUED:</b> 03/27/2024 |
| <b>SITE ADDRESS:</b> 709 N. Va. Dare Trl. A2 Kill Devil Hills | <b>EXPIRES:</b>           |

PARENT PERMIT #: BJ2022-154

|                   |   |               |   |
|-------------------|---|---------------|---|
| <b>APPLICANT:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>OWNER:</b> | 709 NVDT LLC<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 |
|-------------------|---|---------------|---|

|                             |   |   |
|-----------------------------|---|---|
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |

**PARCEL:**

|                           |  |                       |                |
|---------------------------|--|-----------------------|----------------|
| <b>PIN:</b>               | 988416725556                             | <b>Parcel Number:</b> |                |
| <b>Address:</b>           | 709 N. Va. Dare Trl. A2 Kill Devil Hills | <b>Zoning:</b>        |                |
| <b>Addition:</b>          |  | <b>Block:</b>         | <b>Lot(s):</b> |
| <b>Legal Description:</b> | Site 3, The Tides                        |                       |                |

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

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



**OP2024-028**

**PROJECT NAME:** 709 NVDT LLC  
**SITE ADDRESS:** 709 N. Va. Dare Trl. A2 Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/27/2024

**EXPIRES:**

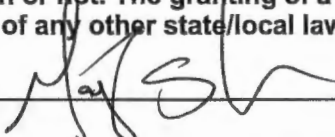
**DETAILS**

**Permit**

| Name            | Value                     |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| 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: 03/27/2024





# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

### OP2024-027

PROJECT NAME: A5, Site 9Tides Obx Cottage Court 4 Bedroom  
SITE ADDRESS: 709 N Va Dare Trl A5 Kill Devil Hills

### OCCUPANCY

ISSUED: 03/27/2024

EXPIRES:

PARENT PERMIT #: BJ2021-225

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

OWNER: 709 NVDT LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

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

License: 62306  
Expires: 12/31/2024

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: 988416727603

Parcel  
Number:

Address: 709 N Va Dare Trl A5 Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: A5

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

PROJECT DESCRIPTION: new 4 bedroom single family dwelling with pool

**OP2024-027**

**PROJECT NAME:** A5, Site 9Tides Obx Cottage Court 4 Bedroom  
**SITE ADDRESS:** 709 N Va Dare Trl A5 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**DETAILS**

**Permit**

| Name            | Value                     |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| 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:  By: 

Date: 03/29/2024



# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

**OP2024-026**

**PROJECT NAME:** SAGA New 4 Bedroom House A1 Site 1  
**SITE ADDRESS:** 709 N Va Dare Trail A1 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2022-153

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

**OWNER:** 709 NVDT LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

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

**License:** 62306  
**Expires:** 12/31/2024

**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:** 988416725503

**Parcel Number:**

**Address:** 709 N Va Dare Trail A1 Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Site 1, The Tides

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

**PROJECT DESCRIPTION:** New 4 Bedroom single family dwelling in tides cottage court

**OP2024-026**

**PROJECT NAME:** SAGA New 4 Bedroom House A1 Site 1  
**SITE ADDRESS:** 709 N Va Dare Trail A1 Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/27/2024

**EXPIRES:**

**DETAILS**

**Permit**

| <b>Name</b>     | <b>Value</b>              |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| 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: 03/27/2024



# Town of Kill Devil Hills

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

MAR 27 2024  
OF HILLS

## Planning and Inspection Department

**OP2024-025**

**PROJECT NAME:** SAGA New 4 Bedroom House, B4, Site 8, Tides  
**SITE ADDRESS:** 709 N Va Dare Trail B4 Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 03/27/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2022-164

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

**OWNER:** 709 NVDT LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

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

**License:** 62306  
**Expires:** 12/31/2024

**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:** 988416726585

**Parcel Number:**

**Address:** 709 N Va Dare Trail B4 Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Site 8 The Tides

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

**PROJECT DESCRIPTION:** New 4 Bedroom single family dwelling, with pool and pool fence, site 8, B4

**OP2024-025**

**PROJECT NAME:** SAGA New 4 Bedroom House, B4, Site 8, Tides  
**SITE ADDRESS:** 709 N Va Dare Trail B4 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**DETAILS**

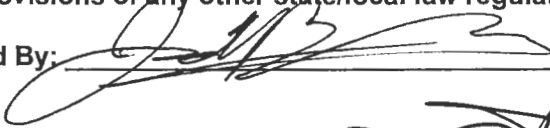
**Permit**

| Name            | Value                     |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| 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: By: \_\_\_\_\_



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

03/27/2024



# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

|  |                           |
|--|---------------------------|
| <b>OP2024-024</b>  | <b>OCCUPANCY</b>          |
| <b>PROJECT NAME:</b> 709 NVDT LLC                              | <b>ISSUED:</b> 03/27/2024 |
| <b>SITE ADDRESS:</b> 709 N. Va. Dare Trail B3 Kill Devil Hills | <b>EXPIRES:</b>           |

PARENT PERMIT #: BJ2022-165

|                   |   |               |   |
|-------------------|---|---------------|---|
| <b>APPLICANT:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>OWNER:</b> | 709 NVDT LLC<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 |
|-------------------|---|---------------|---|

|                             |   |   |
|-----------------------------|---|---|
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |

|                           |   |                       |                |
|---------------------------|---|-----------------------|----------------|
| <b>PARCEL:</b>            |   |                       |                |
| <b>PIN:</b>               | 988416726533                              | <b>Parcel Number:</b> |                |
| <b>Address:</b>           | 709 N. Va. Dare Trail B3 Kill Devil Hills |                       |                |
| <b>Addition:</b>          |   | <b>Zoning:</b>        |                |
| <b>Legal Description:</b> | Site 6, The Tides                         | <b>Block:</b>         | <b>Lot(s):</b> |

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

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



**OP2024-024**

**PROJECT NAME:** 709 NVDT LLC

**SITE ADDRESS:** 709 N. Va. Dare Trail B3 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**DETAILS**

**Permit**

| <b>Name</b>     | <b>Value</b>              |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| 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: *By:* 

Date: 03/27/2024



**Town of Kill Devil Hills**

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

MAR 7

**Planning and Inspection Department**

|  |                           |
|--|---------------------------|
| <b>OP2024-023</b>  | <b>OCCUPANCY</b>          |
| <b>PROJECT NAME:</b> Saga Tides New 4 Bedroom B2, Site 4     | <b>ISSUED:</b> 03/27/2024 |
| <b>SITE ADDRESS:</b> 709 N Va Dare Trail B2 Kill Devil Hills | <b>EXPIRES:</b>           |

**PARENT PERMIT #:** BJ2022-160

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

**OWNER:** 709 NVD T LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

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

**License:** 62306  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988416725580

**Parcel Number:**

**Address:** 709 N Va Dare Trail B2 Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Site 4, The Tides

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

**PROJECT DESCRIPTION:** New 4 Bedroom single family dwelling, site 4, B2, with pool and fence

**OP2024-023**

**PROJECT NAME:** Saga Tides New 4 Bedroom B2, Site 4  
**SITE ADDRESS:** 709 N Va Dare Trail B2 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**DETAILS**

**Permit**

| <b>Name</b>     | <b>Value</b>              |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| 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: 03/25/2024



# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

|  |                           |
|--|---------------------------|
| <b>OP2024-022</b>  | <b>OCCUPANCY</b>          |
| <b>PROJECT NAME:</b> 709 NVDT LLC                            | <b>ISSUED:</b> 03/27/2024 |
| <b>SITE ADDRESS:</b> 709 N Va Dare Trail B1 Kill Devil Hills | <b>EXPIRES:</b>           |

PARENT PERMIT #: BJ2022-163

|   |   |
|---|---|
| <b>APPLICANT:</b> 709 NVDT LLC<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>OWNER:</b> 709 NVDT LLC<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 |
|---|---|

|                             |   |   |
|-----------------------------|---|---|
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |
|-----------------------------|---|---|

|                           |   |                       |                |
|---------------------------|---|-----------------------|----------------|
| <b>PARCEL:</b>            |   |                       |                |
| <b>PIN:</b>               | 988416725438                            | <b>Parcel Number:</b> |                |
| <b>Address:</b>           | 709 N Va Dare Trail B1 Kill Devil Hills |                       |                |
| <b>Addition:</b>          |   | <b>Zoning:</b>        |                |
| <b>Legal Description:</b> | Site 2, The Tides                       | <b>Block:</b>         | <b>Lot(s):</b> |

| <b>FEES:</b>                 | <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:** Proposed 4 bedroom single family dwelling

**OP2024-022**

**PROJECT NAME:** 709 NVDT LLC  
**SITE ADDRESS:** 709 N Va Dare Trail B1 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**DETAILS**

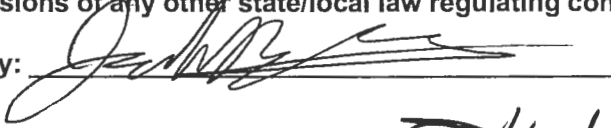
**Permit**

| <b>Name</b>          | <b>Value</b>              |
|----------------------|---------------------------|
| PURPOSE              | Residential New           |
| ZONING DISTRICT      | OIR                       |
| FLOOD ZONE           | VE                        |
| BASE FLOOD ELEVATION | 13.00                     |
| 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: By: \_\_\_\_\_



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

03/27/2024



# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

|  |                           |
|--|---------------------------|
| <b>OP2024-021</b>  | <b>OCCUPANCY</b>          |
| <b>PROJECT NAME:</b> B7, Site 14 Tides Obx Cottage Court 5 Bedroom | <b>ISSUED:</b> 03/27/2024 |
| <b>SITE ADDRESS:</b> 709 VA DARE TRL N B7 KILL DEVIL HILLS         | <b>EXPIRES:</b>           |

PARENT PERMIT #: BJ2021-224

|   |   |
|---|---|
| <b>APPLICANT:</b> SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>OWNER:</b> 709 NVDT LLC<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 |
|---|---|

|                             |   |   |
|-----------------------------|---|---|
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |

**PARCEL:**

|   |                                      |
|---|--------------------------------------|
| <b>PIN:</b> 988416728654                              | <b>Parcel Number:</b> 003692004      |
| <b>Address:</b> 709 VA DARE TRL N B7 KILL DEVIL HILLS | <b>Zoning:</b>                       |
| <b>Addition:</b> KITTY HAWK SHORES - REVISED          | <b>Block:</b> 8 <b>Lot(s):</b> 4 & 5 |
| <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:** new 5 bedroom single family dwelling with pool

### DETAILS

### CONDITIONS

VE / Flood

**OP2024-021**

**PROJECT NAME:** B7, Site 14 Tides Obx Cottage Court 5 Bedroom  
**SITE ADDRESS:** 709 VA DARE TRL N B7 KILL DEVIL HILLS

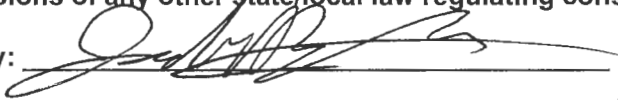
**OCCUPANCY**

**ISSUED:** 03/27/2024

**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: \_\_\_\_\_

03/27/2024





# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

|  |                           |
|--|---------------------------|
| <b>OP2024-020</b>  | <b>OCCUPANCY</b>          |
| <b>PROJECT NAME:</b> 709 NVDT LLC B6                                   | <b>ISSUED:</b> 03/27/2024 |
| <b>SITE ADDRESS:</b> 709 North Virginia Dare Trail B6 Kill Devil Hills | <b>EXPIRES:</b>           |

PARENT PERMIT #: BJ2021-277

|                   |   |               |   |
|-------------------|---|---------------|---|
| <b>APPLICANT:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>OWNER:</b> | 709 NVDT LLC<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 |
|-------------------|---|---------------|---|

|                             |   |   |
|-----------------------------|---|---|
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |
| <b>GENERAL - UNLIMITED:</b> | SAGA CONSTRUCTION<br>1314 S Croatan Hwy, Suite 301<br>PO Box 90<br>Kill Devil Hills, NC 27948<br>252-441-9003 | <b>License:</b> 62306<br><b>Expires:</b> 12/31/2024 |

### PARCEL:

|                           |   |                       |                |
|---------------------------|---|-----------------------|----------------|
| <b>PIN:</b>               | 988416727670  | <b>Parcel Number:</b> |                |
| <b>Address:</b>           | 709 North Virginia Dare Trail B6 Kill Devil Hills                         |                       |                |
| <b>Addition:</b>          |   | <b>Zoning:</b>        |                |
|                           |   | <b>Block:</b>         | <b>Lot(s):</b> |
| <b>Legal Description:</b> | Lots 4 and 5 combined, Block 8, Kitty Hawk Shores-revised<br>B6 Tides Way |                       |                |

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

**PROJECT DESCRIPTION:** Proposed 4 bedroom single family dwelling with pool, pool deck and fence

**OP2024-020**

PROJECT NAME: 709 NVDT LLC B6  
 SITE ADDRESS: 709 North Virginia Dare Trail B6 Kill Devil Hills

**OCCUPANCY**

ISSUED: 03/27/2024

EXPIRES:

**DETAILS****Permit**

| Name                 | Value                     |
|----------------------|---------------------------|
| PURPOSE              | Residential New           |
| ZONING DISTRICT      | OIR                       |
| FLOOD ZONE           | VE                        |
| BASE FLOOD ELEVATION | 13.00                     |
| 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: \_\_\_\_\_

By: 

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

03/27/2024



# Town of Kill Devil Hills

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

MAR 27 2024

## Planning and Inspection Department

**OP2024-019**

**PROJECT NAME:** 709 NVDT LLC  
**SITE ADDRESS:** 709 N. Va Dare Trail B5 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**PARENT PERMIT #:** BJ2022-159

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

**OWNER:** 709 NVDT LLC  
PO Box 90  
Kill Devil Hills, NC 27948  
252-441-9003

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

**License:** 62306  
**Expires:** 12/31/2024

**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:** 988416727538

**Parcel Number:**

**Address:** 709 N. Va Dare Trail B5 Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Site 10, The Tides

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

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

**OP2024-019**

**PROJECT NAME:** 709 NVDT LLC  
**SITE ADDRESS:** 709 N. Va Dare Trail B5 Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 03/27/2024

**EXPIRES:**

**DETAILS**

**Permit**

| <b>Name</b>     | <b>Value</b>              |
|-----------------|---------------------------|
| PURPOSE         | Residential New           |
| ZONING DISTRICT | OIR                       |
| FLOOD ZONE      | X                         |
| OCCUPANCY TYPE  | One & Two Family Dwelling |

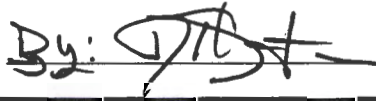
**CONDITIONS**

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: \_\_\_\_\_

By: 

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

03/27/2024



# 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

**OP2024-033**

**PROJECT NAME:** CONDITIONAL 30 DAY OCCUPANCY PERMIT:  
Sherwin Williams Retail Store  
**SITE ADDRESS:** 1828 CROATAN HWY N KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 03/28/2024

**EXPIRES:** 04/29/2024

**APPLICANT:** Gemcap Development LLC  
418 N Marshall St Suite 201  
WINSTON SALEM, NC 27101

**OWNER:** Gemcap Development LLC  
418 N Marshall St Suite 201  
WINSTON SALEM, NC 27101

**CONTRACTOR:** Trisect Commercial, LLC  
416 Battleground Ave  
GREENSBORO, NC 27401

**BUILDING-UNLIMITED:** Trisect Commercial, LLC  
416 Battleground Ave  
GREENSBORO, NC 27401

**License:** 78299  
**Expires:**

**PARCEL:**

**PIN:** 988406289382

**Parcel Number:** 029831200

**Address:** 1828 CROATAN HWY N KILL DEVIL HILLS

**Zoning:**

**Addition:** WRIGHT'S SHORES

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

**Legal Description:**

| <b>FEES:</b>                 | <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:** Conditional Occupancy Permit for new Sherwin Williams Retail Store: The Conditional Occupancy permit is only for the tenant to stock and prepare the store. It does not allow the store to open to the public or operate as a retail store. See conditions, Construct 4,125 square foot sherwin williams retail store and parking lot

MAR 28 2024



**OP2024-033**

**PROJECT NAME:** CONDITIONAL 30 DAY OCCUPANCY PERMIT:  
Sherwin Williams Retail Store  
**SITE ADDRESS:** 1828 CROATAN HWY N KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 03/28/2024

**EXPIRES:** 04/29/2024

**DETAILS**

**Permit**

| Name                 | Value          |
|----------------------|----------------|
| PURPOSE              | Commercial New |
| ZONING DISTRICT      | C              |
| FLOOD ZONE           | X              |
| BASE FLOOD ELEVATION | 8              |
| OCCUPANCY TYPE       | Merchantile    |

**REQUIRED INSPECTIONS**

Zoning Final

**CONDITIONS**

\* Conditional Occupancy Permit Conditions:

1. This Conditional Occupancy Permit is only valid for 30 days. A final Occupancy permit shall be obtained by 4/29/28
2. The Conditional Occupancy permit is only for the tenant to stock and prepare the store. It does not allow the store to open to the public or operate as a retail store.
3. As-Built Survey Revised (Per Town comments)
4. Finished Construction Elevation Certificate
5. Stormwater Certification from designer of record.
6. Public Services Conditions: All trash and construction debris within the Town right-of-way shall be cleaned immediately. Pile of dirt within driveway at eastern entrance shall be removed. Curbs on fourth street shall be cleaned from construction debris. Disturbance within US158 right-of-way shall be raked out and stabilized with seed.
7. Any violation of the above conditions will result in revocation of the conditional occupancy permit.

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

\* Zoning Final Inspection is required.

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

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

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

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

3/28/24



# Town of Kill Devil Hills

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

MAR 28 2024

## Planning and Inspection Department

**OP2024-034**

**PROJECT NAME:** Chad Tester  
**SITE ADDRESS:** 201 AVALON DR W KILL DEVIL HILLS

**OCCUPANCY**  
**ISSUED:** 03/28/2024

**EXPIRES:**

PARENT PERMIT #: BJ2023-236

**APPLICANT:** FRANK SOLES/SANDY BOTTOM HOMES  
400 DaVinci Lane  
kitty hawk, nc 27949  
757-448-8162

**OWNER:** Tester, Chad  
2130 French Hill Court  
Powhatan, VA 23139  
804-543-8211

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

**License:** 67524  
**Expires:** 12/31/2024

**PARCEL:**

**PIN:** 988517107307

**Parcel Number:** 001725000

**Address:** 201 AVALON DR W KILL DEVIL HILLS

**Zoning:**

**Addition:** AVALON BEACH

**Block:** 0 **Lot(s):** 80

**Legal Description:**

| 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> |

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



**OP2024-034**

**PROJECT NAME:** Chad Tester  
**SITE ADDRESS:** 201 AVALON DR W KILL DEVIL HILLS

**OCCUPANCY**  
**ISSUED:** 03/28/2024

**EXPIRES:**

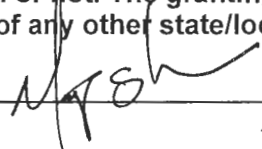
**DETAILS**

**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: 3-28-24



# Town of Kill Devil Hills

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

MAR 28 2024

## Planning and Inspection Department

KT OF

### OP2024-035

PROJECT NAME: Water Oak Residential, LLC  
SITE ADDRESS: 515 Zen Lane Kill Devil Hills

**OCCUPANCY**  
ISSUED: 03/28/2024

EXPIRES:

PARENT PERMIT #: BJ2023-195

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

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

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

License: 62306  
Expires: 12/31/2024

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: 988414226666

Parcel  
Number:

Address: 515 Zen Lane Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 50, Water Oak

| 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> |

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

**OP2024-035**

PROJECT NAME: Water Oak Residential, LLC  
SITE ADDRESS: 515 Zen Lane Kill Devil Hills

**OCCUPANCY**  
ISSUED: 03/28/2024

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: Gracelyn Murrell Date: 3.28.24



# Town of Kill Devil Hills

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

MAR 28 2024

## Planning and Inspection Department

|  |                           |
|--|---------------------------|
| <b>OP2024-036</b>  | <b>OCCUPANCY</b>          |
| <b>PROJECT NAME:</b> OBX Land Holdings Boat Building - Temporary | <b>ISSUED:</b> 03/28/2024 |
| Certificate of Occupancy   |                           |
| <b>SITE ADDRESS:</b> 1906 Croatan HWY S. KILL DEVIL HILLS        | <b>EXPIRES:</b>           |

PARENT PERMIT #: BJ2023-269

|  |  |
|--|--|
| <b>APPLICANT:</b> OVERTON CONTRACTING LLC<br>PO BOX 7804<br>Kill Devil Hills, NC 27948<br>252-441-9239 | <b>OWNER:</b> Obx Landco Holdings LLC<br>19 Ballast Point Dr<br>Manteo, NC 27954 |
|--|--|

|                            |  |   |
|----------------------------|--|---|
| <b>BUILDING UNLIMITED:</b> | OVERTON CONTRACTING LLC<br>PO BOX 7804<br>Kill Devil Hills, NC 27948<br>252-441-9239 | <b>License:</b> 86646<br><b>Expires:</b> 01/01/2025 |
| <b>BUILDING UNLIMITED:</b> | OVERTON CONTRACTING LLC<br>PO BOX 7804<br>Kill Devil Hills, NC 27948<br>252-441-9239 | <b>License:</b> 86646<br><b>Expires:</b> 01/01/2025 |

|                           |                                      |                       |                         |
|---------------------------|--------------------------------------|-----------------------|-------------------------|
| <b>PARCEL:</b>            |                                      |                       |                         |
| <b>PIN:</b>               | 989313035787                         | <b>Parcel Number:</b> | 004936000               |
| <b>Address:</b>           | 1906 Croatan HWY S. KILL DEVIL HILLS |                       |                         |
| <b>Addition:</b>          | LAKE DRIVE DEVELOPMENT SEC 2         | <b>Zoning:</b>        |                         |
| <b>Legal Description:</b> |                                      | <b>Block:</b>         | 0 <b>Lot(s):</b> 98-101 |

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

**PROJECT DESCRIPTION:** TEMPORARY CERTIFICATE OF OCCUPANCY PENDING COMPLETION OF ZONING REQUIREMENTS. Construct 2400 square foot building and associated site improvements

**OP2024-036**

**PROJECT NAME:** OBX Land Holdings Boat Building - Temporary

Certificate of Occupancy

**SITE ADDRESS:** 1906 Croatan HWY S. KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 03/28/2024

**EXPIRES:**

**DETAILS**

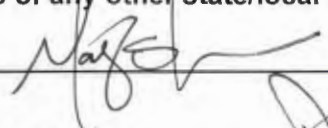
**Permit**

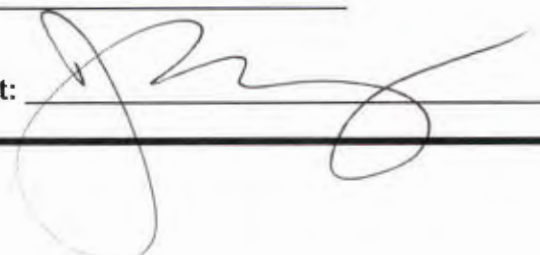
| <b>Name</b>     | <b>Value</b>        |
|-----------------|---------------------|
| PURPOSE         | Commercial Addition |
| ZONING DISTRICT | C                   |
| FLOOD ZONE      | X                   |
| OCCUPANCY TYPE  | Business            |

**CONDITIONS**

\* TEMPORARY CERTIFICATE OF OCCUPANCY PENDING COMPLETION OF ZONING REQUIREMENTS.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3/29/24