

EL PERMIT #												
EL2024-049	Hawkeye Realty LLC	1700 N. Va. Dare Trl.	R	EL	\$ 1,100.00	X	\$ 150.00	R	6/3/2024	N	Replace weatherhead and cable to meter base	
EL2024-051	Lewis Williams	1401 S. Va. Dare Trl.	R	EL	\$ 1,100.00	X	\$ 150.00	R	6/4/2024	N	Electrical panel changeout	
EL2024-048	Station One Property	804 S. Memorial Blvd.	R	EL	\$ 7,000.00	X	\$ 150.00	R	6/5/2024	N	Meter base changeout	
EL2024-054	John Yancey	1401 S. Va. Dare Trl.	R	EL	\$ 2,000.00	X	\$ 150.00	R	6/6/2024	N	Electrical panel changeout	
EL2024-052	Charles Miller	410 W. Chowan St.	R	EL	\$ 3,600.00	X	\$ 150.00	R	6/11/2024	N	Replace meter base and panel/Install 200-AMP disconnect	
EL2024-053	James Caruthers	2031 Elizabeth City St.	R	EL	\$ 1,510.00	X	\$ 150.00	R	6/10/2024	N	Replace damaged meter base and cables	
EL2024-055	Jerry Simmons	1405 S. Memorial Blvd.	R	EL	\$ 1,600.00	X	\$ 150.00	R	6/12/2024	N	Change out meter base and disconnect/upgrade bonding/grounding	
EL2024-056	Mark Strickler	2014 Elizabeth City St.	R	EL	\$ 4,000.00	X	\$ 150.00	R	6/14/2024	N	Replace meter base/service cable and panel box	
EL2024-057	Glen Harvey	2025 Franklini St.	R	EL	\$ 1,500.00	X	\$ 150.00	R	6/17/2024	N	Replace meterbase and SE cable	
EL2024-060	Daniel-Gal Dev. LLC	710 S. Croatan Hwy.	R	EL	\$ 3,200.00	X	\$ 150.00	C	6/20/2024	N	New 3 phase feeder for return air motor	
EL2024-061	Nick Placenza	1409 Captain's Circle	R	EL	\$ 4,000.00	X	\$ 150.00	R	6/20/2024	N	Upgrade electric service to sub panel for garage	
EL2024-059	Town of Kill Devil Hills	ROW 207 E. Baum St.	R	EL	\$ 4,000.00	X	\$ 150.00	C	6/26/2024	N	Upgrade small cell equipment on existing pole	
EL2024-067	Betty Parker	902 W. Avalon Dr.	R	EL	\$ 750.00	X	\$ 150.00	R	6/28/2024	N	Electrical service for septic replacement	
					\$ 35,360.00		\$ 1,950.00					
SG PERMIT #												
SG2024-013	Branch Banking and Trust	1920 N. Croatan Hwy.	A	SG	\$ 5,000.00	X	\$ 100.00	C	6/11/2024	N	Replace free-standing sign	
SG2024-014	Mildura Properties, LLC	2005 S. Croatan Hwy.	A	SG	\$ 275.00	X	\$ 100.00	C	6/14/2024	N	Add signage to free-standing sign	
					\$ 5,275.00		\$ 200.00					
BANNER PERMIT #												
BANNER2024-004	Donald Aven	1312 Wrightsville Blvd.	A	B	\$ 400.00	X	\$ 100.00	C	6/17/2024	N	2 banners on the building	
EG PERMIT #												
EG2024-004	Blue Jy St. KDH LLC	207 W. Martin St.	R	EG	\$ 30,000.00	X	\$ 100.00	R	6/13/2024	Y	Land disturbance for cluster home project	
EG2024-005	2021 SVDT LLC	2021 S. Va. Dare Trl.	R	EG	\$ 20,000.00	VE	\$ 200.00	R	6/20/2024	Y	Restore dune to pre existing topography	
					\$ 50,000.00		\$ 300.00					
DW PERMIT #												
DW2024-009	Conch II	230 W. Wilkinson St.	R	DW	\$ 4,500.00	X	\$ 50.00	R	6/14/2024	N	Driveway addition	

OP PERMIT #												
OP2024-061	Kurtis Lee Kight	429 W. Hayman Blvd.	N	OP		X	\$ 50.00	R	6/5/2024	Y	Occupancy	
OP2024-063	George Stinnett	1418 W. First St.	N	OP		X	\$ 50.00	R	6/14/2024	Y	Occupancy	
OP2024-064	David Sawin	2024 Edenton St.	N	OP		X	\$ 50.00	R	6/14/2024	Y	Occupancy	
OP2024-062	Jose Flores	407 Indian Dr.	N	OP		X	\$ 50.00	R	6/17/2024	Y	Occupancy	
OP2024-065	Jimmy Rivera	905 W. Durham St.	N	OP		X	\$ 50.00	R	6/19/2024	Y	Occupancy	
OP2024-066	Lewis Graves	809 W. First St.	N	OP		X	\$ 50.00	R	6/26/2024	Y	Occupancy	
OP2024-067	High View Holdings LLC	304 Indian Dr.	N	OP		X	\$ 50.00	R	6/27/2024	Y	Occupancy	
							\$ 350.00					
Re-Instatement Fees												
BP2023-016	Deep Creek Development	1219 S. Va. Dare Trl.	R	RE		X	\$ 100.00	R	6/7/2024	N	Re-Instatement Fee	
BJ2022-077	Jaon Woodard	1635 Village Ln.	A	RE		X	\$ 100.00	R	6/12/2024	N	Re-Instatement Fee	
BP2024-286	Shawn Pedleton	805 Eighth Ave.	R	RE		X	\$ 100.00	R	6/7/2024	N	Re-Instatement Fee	
							\$ 300.00					
TOTALS							\$ 2,850,535.73				\$ 27,112.20	



Town of Kill Devil Hills

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

PAID

JUN 25 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-108	BUILDING JOINT
PROJECT NAME: Olimbi Cela	ISSUED: 06/24/2024
SITE ADDRESS: 205 CLAM SHELL DR KILL DEVIL HILLS	EXPIRES: 12/21/2024

APPLICANT: Olimbi Cela
202 Clamshell Dr.
Kill Devil Hills, NC 27948
252-267-3434

OWNER: Olimbi Cela
202 Clamshell Dr.
Kill Devil Hills, NC 27948
252-267-3434

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 988406278941

Parcel Number: 003450000

Address: 205 CLAM SHELL DR KILL DEVIL HILLS

Zoning:

Addition: OCEAN EAST

Block: 0 **Lot(s):** 7

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
T-Pole	\$50.00	\$0.00	Open Decks	2 EA
Open Deck Fee	\$300.00	\$0.00	# of Temporary Poles	1 EA
Covered Porch Residential	\$77.25	\$0.00	Residential Unheated (.40)	497 Sq. Ft
Res. Building Permit Fee	\$2,331.05	\$0.00	Residential Heated Space (.75)	2843 sq. Ft.
Totals :	\$2,758.30	\$0.00	Covered Porches/Decks	103 SQFT

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T26073

BJ2024-108

PROJECT NAME: Olimbi Cela

SITE ADDRESS: 205 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/24/2024

EXPIRES: 12/21/2024

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	S8-25227
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	350000.00
LOT COVERAGE	38.90
LIVING SPACE (SQFT)	2843
COVERED PORCHES/DECKS (SQFT)	103
GARAGE (SQFT)	497
OPEN DECK (SQFT)	216
TOTAL SQUARE FOOTAGE	3659
SURVEYOR NAME AND NUMBER	Styons
ENGINEER AND LICENSE NUMBER	Barrett Crook 027540
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

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

PAID

JUN 27 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

OP2024-067

PROJECT NAME: High View Holdings, LLC
SITE ADDRESS: 304 INDIAN DR KILL DEVIL HILLS

OCCUPANCY

ISSUED: 06/27/2024

EXPIRES:

PARENT PERMIT #: BJ2023-275

APPLICANT:	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	OWNER:	HIGH VIEW HOLDINGS, LLC Po Box 2232 ELIZABETH CITY, NC 27909
-------------------	---	---------------	--

GENERAL, UNLIMITED:	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	License: 62339 Expires: 12/31/2024
----------------------------	---	---

GENERAL, UNLIMITED:	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	License: 62339 Expires: 12/31/2024
----------------------------	---	---

PARCEL:

PIN:	988410363601	Parcel Number:	
Address:	304 INDIAN DR KILL DEVIL HILLS		
Addition:		Zoning:	
Legal Description:	LOT 15-R, BLOCK A, HIGH VIEW -- Hedricks Addition	Block:	Lot(s):

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

OP2024-067

PROJECT NAME: High View Holdings, LLC
SITE ADDRESS: 304 INDIAN DR KILL DEVIL HILLS

OCCUPANCY

ISSUED: 06/27/2024

EXPIRES:

DETAILS

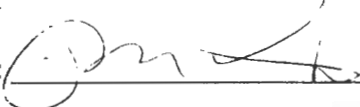
Permit

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: 06-27-24



Town of Kill Devil Hills

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

PAID

JUN 28 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-114

PROJECT NAME: Water Oak New 3 Bedroom Single Family Dwelling
SITE ADDRESS: 504 Anika Way Kill Devil Hills

BUILDING JOINT

ISSUED: 06/26/2024

EXPIRES: 12/23/2024

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

PARCEL:

PIN: 988414330070

Parcel Number:

Address: 504 Anika Way Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 40, Water Oak Residential

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$30.75	\$0.00	Covered Porches/Decks	41 SQFT
Res. Building Permit Fee	\$1,475.70	\$0.00	Residential Heated Space	1734 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Totals :	\$1,556.45	\$0.00	# of Temporary Poles	1 EA
			Residential Unheated (.40)	438 Sq. Ft

PROJECT DESCRIPTION: new 3 bedroom single family dwelling

Town of Kill Devil Hills

Water Charges

P/)

Water Tap #:

T260916

BJ2024-114**PROJECT NAME:** Water Oak New 3 Bedroom Single Family Dwelling
SITE ADDRESS: 504 Anika Way Kill Devil Hills**BUILDING JOINT****ISSUED:** 06/26/2024**EXPIRES:** 12/23/2024

DETAILS**Permit**

Name	Value
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	425000.00
LOT COVERAGE	34.70
LIVING SPACE (SQFT)	1734
COVERED PORCHES/DECKS (SQFT)	41
GARAGE (SQFT)	428
TOTAL SQUARE FOOTAGE	2213
SURVEYOR NAME AND NUMBER	Mike Robinson
ENGINEER AND LICENSE NUMBER	Mikw O'Steen 03628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling



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

JUN 28 2024

TOWN OF
KILL DEVIL HILLS

BJ2024-115

PROJECT NAME: Harvey (1) Bedroom SFD
SITE ADDRESS: 305 SPORTSMAN DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/27/2024

EXPIRES: 12/24/2024

APPLICANT: HARVEY, BRYAN
309 W SOUNSIDE RD
nags head, nc 27959

OWNER: HARVEY, BRYAN
309 W SOUNSIDE RD
nags head, nc 27959

GENERAL: Smith Contracting LLC
PO Box 471
Kitty Hawk, NC 27949
252-202-6602

License: 79892
Expires: 12/31/2024

PARCEL:

PIN: 988517102472

Parcel Number: 001767000

Address: 305 SPORTSMAN DR W KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:
Block: 0 **Lot(s):** 137

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
T-Pole	\$50.00	\$0.00	Residential Heated Space	702 sq. Ft.
Open Deck Fee	\$150.00	\$0.00	(.75)	
Res. Building Permit Fee	\$526.50	\$0.00	# of Temporary Poles	1 EA
			Open Decks	1 EA
Totals :	\$726.50	\$0.00		

PROJECT DESCRIPTION: Proposed (1) Bedroom SFD and associated site improvements

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T 26099

BJ2024-115

PROJECT NAME: Harvey (1) Bedroom SFD
SITE ADDRESS: 305 SPORTSMAN DR W KILL DEVIL HILLS

BUILDING JOINT**ISSUED:** 06/27/2024**EXPIRES:** 12/24/2024**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	S8-24926
# PARKING SPACES/BEDROOM	1
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	9.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	165000.00
LOT COVERAGE	24.60
LIVING SPACE (SQFT)	702
OPEN DECK (SQFT)	150
TOTAL SQUARE FOOTAGE	852
SURVEYOR NAME AND NUMBER	Michael D. Sadler L-5029
ENGINEER AND LICENSE NUMBER	Mikw O'Steen 03628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

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

PAID

JUN 25 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-125

PROJECT NAME: Stutz Deck and Stairs Replacement
SITE ADDRESS: 805 SPORTSMAN DR W KILL DEVIL HILLS

BUILDING

ISSUED: 06/25/2024

EXPIRES: 06/25/2025

APPLICANT: STUTZ, KENNETH W
5632 WORCESTER DRIVE
VIRGINIA BEACH, VA 23455

OWNER: STUTZ, KENNETH W
5632 WORCESTER DRIVE
VIRGINIA BEACH, VA 23455

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

License: xxxxxxxx
Expires: 12/31/2024

PARCEL:

PIN: 988405091891

Parcel Number: 001608000

Address: 805 SPORTSMAN DR W KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:
Block: 0 **Lot(s):** 252

Legal Description:

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

PROJECT DESCRIPTION: Replace stair and landing and stair and deck in same footprint. No change in in size or location of improvements.

BP2024-125

PROJECT NAME: Stutz Deck and Stairs Replacement
SITE ADDRESS: 805 SPORTSMAN DR W KILL DEVIL HILLS

BUILDING

ISSUED: 06/25/2024

EXPIRES: 06/25/2025

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	17500.00
LOT COVERAGE	33.90
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L- 2592
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

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

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



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2024-066	OCCUPANCY
PROJECT NAME: Graves New House	ISSUED: 06/26/2024
SITE ADDRESS: 809 FIRST ST W KILL DEVIL HILLS	EXPIRES:

PARENT PERMIT #: BJ2023-240

APPLICANT: Jennings Construction OBX LLC 4025 Pineway Drive kitty hawk, nc 27949	OWNER: GRAVES, LEWIS S 811 FIRST STREET KILL DEVIL HILLS, NC 27948
---	---

UNLIMITED, GENERAL BUILDING:	Jennings Construction OBX LLC 4025 Pineway Drive kitty hawk, nc 27949	License: 81631 Expires:
UNLIMITED, GENERAL BUILDING:	Jennings Construction OBX LLC 4025 Pineway Drive kitty hawk, nc 27949	License: 81631 Expires:

PARCEL:			
PIN:	988413136691	Parcel Number:	027536000
Address:	809 FIRST ST W KILL DEVIL HILLS		
Addition:		Zoning:	
Legal Description:		Block:	0 Lot(s): 79

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

PROJECT DESCRIPTION: new 2 bedroom 2 bath sfd

PAID

JUN 26 2024

TOWN OF
KILL DEVIL HILLS

OP2024-066

PROJECT NAME: Graves New House
SITE ADDRESS: 809 FIRST ST W KILL DEVIL HILLS

OCCUPANCY
ISSUED: 06/26/2024

EXPIRES:

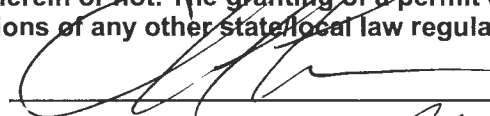
DETAILS

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: 6/26/24



Town of Kill Devil Hills

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

Planning and Inspection Department



CR-6/25/24

BP2024-128	BUILDING
PROJECT NAME: DECK REPAIRS	ISSUED: 06/26/2024
SITE ADDRESS: 100 MEMORIAL BLVD N KILL DEVIL HILLS	EXPIRES: 12/23/2024

APPLICANT: CHRISTENSEN, DELIA M P.O. Box 2295 Kill Devil Hills, NC 27948	OWNER: CHRISTENSEN, DELIA M P.O. Box 2295 Kill Devil Hills, NC 27948
---	---

BUILDING UNLIMITED:	GIBBS DAUGHTERS NC, LLC Po Box 2387 Manteo, NC 27954 252-202-5991	License: 76990 Expires: 12/31/2024
----------------------------	--	---

PARCEL:

PIN: 988420708721	Parcel Number: 003867000
Address: 100 MEMORIAL BLVD N KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 37 Lot(s): 4
Legal Description:	

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

PROJECT DESCRIPTION: DECK REPAIRS - decking and guard rails only. Does not include stairs.

BP2024-128

PROJECT NAME: DECK REPAIRS

SITE ADDRESS: 100 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING

ISSUED: 06/26/2024

EXPIRES: 12/23/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5984.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Clarence Gibbs Date: 06 / 26 / 2024



Town of Kill Devil Hills

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

PAID

JUN 26 2024

Planning and Inspection Department

BP2024-127

PROJECT NAME: Tillery Deck/Stair Replacement
SITE ADDRESS: 402 Palmetto St. Kill Devil Hills

TOWN OF
KILL DEVIL HILLS
BUILDING
ISSUED: 06/25/2024
EXPIRES: 12/22/2024

APPLICANT: MR. TERRY N TILLERY
402 Palmetto St.
Kill Devil Hills, NC 27948

OWNER: MR. TERRY N TILLERY
402 Palmetto St.
Kill Devil Hills, NC 27948

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 988517004549

Parcel Number: 026660021

Address: 402 Palmetto St. Kill Devil Hills

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 51 Lot(s): 21 & 22

Legal Description:

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

PROJECT DESCRIPTION: Replace decking, handrails, and stairs in same location

BP2024-127

PROJECT NAME: Tillery Deck/Stair Replacement
SITE ADDRESS: 402 Palmetto St. Kill Devil Hills

BUILDING**ISSUED:** 06/25/2024**EXPIRES:** 12/22/2024**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	7.5
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10000.00
LOT COVERAGE	38.90
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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



Town of Kill Devil Hills

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

PAID

JUN 26 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-126	BUILDING
PROJECT NAME: Horton/Lipscomb Patio	ISSUED: 06/25/2024
SITE ADDRESS: 1718 VIRGINIA AVE KILL DEVIL HILLS	EXPIRES: 12/22/2024

APPLICANT: Horton, Kelly 1718 Virginia Ave Kill Devil Hills, NC 27948 252-455-8805	OWNER: Horton, Kelly 1718 Virginia Ave Kill Devil Hills, NC 27948 252-455-8805
--	--

CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/31/2024
--------------------	---	---

PARCEL:

PIN: 988409059985	Parcel Number: 002596000
Address: 1718 VIRGINIA AVE KILL DEVIL HILLS	Zoning:
Addition: CROATAN SHORES SUBDIV	Block: 18 Lot(s): 11
Legal Description:	

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

PROJECT DESCRIPTION: Patio at grade in rear yard. 14'x24'

BP2024-126

PROJECT NAME: Horton/Lipscomb Patio

SITE ADDRESS: 1718 VIRGINIA AVE KILL DEVIL HILLS

BUILDING

ISSUED: 06/25/2024

EXPIRES: 12/22/2024

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
LOT COVERAGE	28.00
ACCESSORY STRUCTURE (SQFT)	294
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing

Final

Zoning Final

CONDITIONS

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



Town of Kill Devil Hills

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

PAID

JUN 26 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-116

PROJECT NAME: OVERRUN LLC, STORAGE
SITE ADDRESS: 201 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/26/2024

EXPIRES: 12/23/2024

PARENT PERMIT #: BJ2024-087

APPLICANT: Overrun II, LLC
P.O. Box 389
Kill Devil Hills, NC 27948

OWNER: Overrun II, LLC
P.O. Box 389
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988420719004

Parcel Number: 028653000

Address: 201 MEMORIAL BLVD N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 26 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: CONVERT STORAGE PERMITTED UNDER BJ2024-087 TO CONDITIONED STORAGE

BJ2024-116

PROJECT NAME: OVERRUN LLC, STORAGE

SITE ADDRESS: 201 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/26/2024

EXPIRES: 12/23/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
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
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	2000.00
STORAGE (SQFT)	746
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

* Zoning Final Inspection is required.



Town of Kill Devil Hills

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

PAID

JUN 25 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-110

PROJECT NAME: Jordan Pier
SITE ADDRESS: 1832 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

APPLICANT: LSI Marine Construction
1112 W Kitty Hawk Road
kitty hawk, nc 27949
252-473-7695

OWNER: JORDAN, GERALD H
4217 MERCEDES COURT
VIRGINIA BEACH, VA 23455

BUILDING LIMITED: LSI Marine Construction
1112 W Kitty Hawk Road
kitty hawk, nc 27949
252-473-7695

License: 84568
Expires: 12/31/2024

PARCEL:

PIN: 988409060727

Parcel Number: 002275000

Address: 1832 BAY DR KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES SEC 2

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

Legal Description:

FEES:	Paid	Due
Pier/Bulkhead	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: add pier into sound

BJ2024-110**PROJECT NAME:** Jordan Pier**SITE ADDRESS:** 1832 BAY DR KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 06/17/2024**EXPIRES:** 12/14/2024**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	30000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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.



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

BP2024-131	BUILDING
PROJECT NAME: Barker Decking/Stairs Replacement	ISSUED: 06/27/2024
SITE ADDRESS: 401 DURHAM ST W KILL DEVIL HILLS	EXPIRES: 12/24/2024

APPLICANT: Velasquez, Roberto 154 CB Daniels Sr Rd Wanchese, NC 27981 252-305-4235	OWNER: DONALD BARKER 23 13th Ave. Southern Shores, NC 27949 261-0318
--	--

CONTRACTOR:	SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2025
--------------------	--	--

PARCEL:

PIN: 988405189877	Parcel Number: 001343000
Address: 401 DURHAM ST W KILL DEVIL HILLS	
Addition: AVALON BEACH ANNEX 2 & 3	Zoning:
Legal Description:	Block: 0 Lot(s): 628

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

PROJECT DESCRIPTION: Repair/Replace stairs, and decking

PAID
PAID WITH CASH
JUN 27 2024
TOWN OF KILL DEVIL HILLS

BP2024-131**PROJECT NAME:** Barker Decking/Stairs Replacement
SITE ADDRESS: 401 DURHAM ST W KILL DEVIL HILLS**BUILDING****ISSUED:** 06/27/2024**EXPIRES:** 12/24/2024

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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



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

EL2024-067	ELECTRICAL
PROJECT NAME: Septic replacement	ISSUED: 06/28/2024
SITE ADDRESS: 902 AVALON DR W KILL DEVIL HILLS	EXPIRES: 12/25/2024

APPLICANT: Parker, Betty
902 Avalon DR
KILL DEVIL HILLS, NC 27948

OWNER: Parker, Betty
902 Avalon DR
KILL DEVIL HILLS, NC 27948

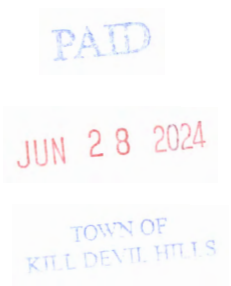
ELECTRICAL-I:	SPECIALTY ELECTRICAL CONTRACTORS, INC. 104 Waterway CT Aydlett, NC 27916 252-599-0163	License: 24891-I Expires: 08/19/2024
----------------------	--	---

PARCEL:

PIN:	988405090662	Parcel Number:	001602000
Address:	902 AVALON DR W KILL DEVIL HILLS		
Addition:	AVALON BEACH	Zoning:	
Legal Description:		Block:	0
		Lot(s):	246

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

PROJECT DESCRIPTION: Provide electrical service for septic replacement



EL2024-067

PROJECT NAME: Septic replacement
SITE ADDRESS: 902 AVALON DR W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/28/2024

EXPIRES: 12/25/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	750.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

6-28-24



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

MC2024-193	MECHANICAL
PROJECT NAME: HVAC CHANGEOUT	ISSUED: 06/27/2024
SITE ADDRESS: 821 CEDAR DR KILL DEVIL HILLS	EXPIRES: 12/24/2024

APPLICANT: MAINES, MARILYN
6 SHILLING CT
SILVER SPRING, MD 20906

OWNER: MAINES, MARILYN
6 SHILLING CT
SILVER SPRING, MD 20906

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: 988413039271

Parcel Number: 028414000

Address: 821 CEDAR DR KILL DEVIL HILLS

Zoning:

Addition:

Block: 0

Lot(s): 101&102

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT



6/28/24 - CR

MC2024-193

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 821 CEDAR DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/27/2024

EXPIRES: 12/24/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	11775.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	4
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 28 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2024-129	BUILDING
PROJECT NAME: S.T. AUGUST STAIRS, DECKING, RAILING	ISSUED: 06/26/2024
SITE ADDRESS: 305 AIRSTRIP RD W KILL DEVIL HILLS	EXPIRES: 12/23/2024

APPLICANT: S.T. AUGUST LLC
172 SCHOONER LANDING DR.
Edenton, NC 27932
252-337-4089

OWNER: S.T. AUGUST LLC
172 SCHOONER LANDING DR.
Edenton, NC 27932
252-337-4089

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988312863708

Parcel Number: 004416006

Address: 305 AIRSTRIP RD W KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 23 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: REPLACE 2 EXTERIOR STAIRS, RAILINGS, DECKING, 2 PORCH ROOF POSTS, NO CHANGE TO FOOTPRINT

PAID
6/26/24
Ds Orville

BP2024-129

PROJECT NAME: S.T. AUGUST STAIRS, DECKING, RAILING
SITE ADDRESS: 305 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING**ISSUED:** 06/26/2024**EXPIRES:** 12/23/2024**DETAILS****Permit**

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

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* Zoning Final Inspection is required.

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



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2024-052

PROJECT NAME: WOOD FENCE
SITE ADDRESS: 2015 BAY DR KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 06/26/2024

EXPIRES: 12/23/2024

APPLICANT: WOOD, SANDRA
2560 LAKEWOOD CIRCLE
CHESAPEAKE, VA 23321
757-289-9224

OWNER: WOOD, SANDRA
2560 LAKEWOOD CIRCLE
CHESAPEAKE, VA 23321
757-289-9224

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 987408989049

Parcel Number: 002011000

Address: 2015 BAY DR KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1041

Legal Description:

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

PROJECT DESCRIPTION: CONSTRUCT FENCE ALONG PROPERTY LINE



PAID

6/27/24

ONLINE

ZP2024-052

PROJECT NAME: WOOD FENCE
SITE ADDRESS: 2015 BAY DR KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 06/26/2024

EXPIRES: 12/23/2024

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 Repair/Remodel
CONSTRUCTION COST	3000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Stringline

CONDITIONS

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

* Stringline inspection to be 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.

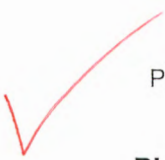
Issued By: Jordan Blythe

Contractor or Authorized Agent: *[Signature]* **Date:** 06 / 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

PAID

JUN 27 2024

TOWN OF
KILL DEVIL HILLS

ZP2024-053	ZONING PERMIT
PROJECT NAME: Fence	ISSUED: 06/27/2024
SITE ADDRESS: 110 RALEIGH AVE KILL DEVIL HILLS	EXPIRES: 12/24/2024

APPLICANT: EDWARDS, JAMES T JR
BOX 363
SEABOARD, NC 27876
252-578-3127

OWNER: EDWARDS, JAMES T JR
BOX 363
SEABOARD, NC 27876
252-578-3127

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988419629054

Parcel Number: 003965000

Address: 110 RALEIGH AVE KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 43 **Lot(s):** 7 & PT 6

Legal Description:

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

PROJECT DESCRIPTION: Add fence to property as indicated on provided survey.

ZP2024-053

PROJECT NAME: Fence

SITE ADDRESS: 110 RALEIGH AVE KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 06/27/2024

EXPIRES: 12/24/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	300.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Stringline

CONDITIONS

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

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 6/27/24



Town of Kill Devil Hills

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

PAID

JUN 25 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2024-051

PROJECT NAME: PAGE FENCE
SITE ADDRESS: 3111 BATH ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 06/25/2024
EXPIRES: 12/22/2024

APPLICANT: PAGE, CLAUDIA
3111 BATH ST
P.O. Box 1719
Kill Devil Hills, NC 27948
614-735-6912

OWNER: PAGE, CLAUDIA
3111 BATH ST
P.O. Box 1719
Kill Devil Hills, NC 27948
614-735-6912

UNLICENSED - REMODELING: JOHN MUUSE
XXXXXX
Kill Devil Hills, NC 27948
252-256-4032

License: XXXXXX
Expires:

PARCEL:

PIN: 987516828633

Parcel Number: 001032000

Address: 3111 BATH ST KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:
Block: 0 **Lot(s):** 88

Legal Description:

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

PROJECT DESCRIPTION: FENCE ALONG PROPERTY LINE

ZP2024-051

PROJECT NAME: PAGE FENCE
SITE ADDRESS: 3111 BATH ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 06/25/2024

EXPIRES: 12/22/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	4600.00
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.
- * Stringline inspection to be conducted prior 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: 6/25/24



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

MC2024-192

PROJECT NAME: Circle K HVAC
SITE ADDRESS: 1400 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/21/2024

EXPIRES: 12/18/2024

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

H-3, CLASS 2 & H-3 CLASS1: William Thomas Edwards
145 Tarheel Drive
WASHINGTON, NC 27889
252-402-7071

License: 15499
Expires: 12/31/2024

PARCEL:

PIN: 988312956568

Parcel Number: 004886000

Address: 1400 CROATAN HWY S KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 5-6

Legal Description:

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

PROJECT DESCRIPTION: C/O 5 Ton & 12.5 Ton RTU's

 **PAID**
CR-6/24/24

MC2024-192

PROJECT NAME: Circle K HVAC

SITE ADDRESS: 1400 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/21/2024

EXPIRES: 12/18/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	53527.00
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: Charles Thuman

Contractor or Authorized Agent: W Zhong (Signature) Date: 06 / 23 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2024-107	BUILDING JOINT
PROJECT NAME: Lokaj New House	ISSUED: 06/20/2024
SITE ADDRESS: 203 CLAM SHELL DR KILL DEVIL HILLS	EXPIRES: 12/17/2024

APPLICANT: LOKAJ, FATMIR 202 CLAMSHELL DR Kill Devil Hills, NC 27948 252-305-6333	OWNER: LOKAJ, FATMIR 202 CLAMSHELL DR Kill Devil Hills, NC 27948 252-305-6333
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2024
-----------------	--	--

PARCEL:

PIN: 988406278994	Parcel Number: 003449000
Address: 203 CLAM SHELL DR KILL DEVIL HILLS	Zoning:
Addition: OCEAN EAST	Block: 0 Lot(s): 6
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$300.00	\$0.00	Covered Porches/Decks	103 SQFT
T-Pole	\$50.00	\$0.00	Open Decks	2 EA
Res. Building Permit Fee	\$2,331.05	\$0.00	Residential Unheated (.40)	497 Sq. Ft
Covered Porch Residential	\$77.25	\$0.00	Residential Heated Space (.75)	2843 sq. Ft.
Totals :	\$2,758.30	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: new 4 bedroom single family dwelling

PAID

JUN 21 2024

TOWN OF
KILL DEVIL HILLS

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T26014

BJ2024-107

PROJECT NAME: Lokaj New House

SITE ADDRESS: 203 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	S8-25531
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	350000.00
LOT COVERAGE	38.96
LIVING SPACE (SQFT)	2843
COVERED PORCHES/DECKS (SQFT)	103
GARAGE (SQFT)	497
OPEN DECK (SQFT)	216
SURVEYOR NAME AND NUMBER	Doug Styons
ENGINEER AND LICENSE NUMBER	Barrett Crook 027540
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-107

PROJECT NAME: Lokaj New House

SITE ADDRESS: 203 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

REQUIRED INSPECTIONS

In-Slab Plumbing

Insulation

Slab/Foundation/Piling

Final

Framing

Zoning Final

Rough In

CONDITIONS

- * 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.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * 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: 06/21/2024 *Fahm Wolog* Date: 06/21/24



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2024-112

PROJECT NAME: Card addition and shed
SITE ADDRESS: 703 CANAL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/19/2024

EXPIRES: 12/16/2024

APPLICANT: Card, Pat
703 Canal Drive
Kill Devil Hills, NC 27948
252-564-2988

OWNER: Card, Pat
703 Canal Drive
Kill Devil Hills, NC 27948
252-564-2988

BUILDING LIMITED: TC Atlantic Group LLC
4611 S Pamlico Way
nags head, nc 27959

License: 82838
Expires: 12/31/2024

PARCEL:

PIN: 988409156281

Parcel Number: 003282318

Address: 703 CANAL DR KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 2

Zoning:
Block: 0 **Lot(s):** 318

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$120.00	\$0.00	Covered Porches/Decks	160 SQFT
Accessory Residential (MIN)	\$100.00	\$0.00	Residential Heated Space	323 sq. Ft.
Res. Building Permit Fee	\$242.25	\$0.00	(.75)	
Totals :	\$462.25	\$0.00		

PROJECT DESCRIPTION: add storage shed in year yard, screened porch off side of house, and living space addition under existing house

PAID

JUN 21 2024

TOWN OF
KILL DEVIL HILLS

BJ2024-112**PROJECT NAME:** Card addition and shed
SITE ADDRESS: 703 CANAL DR KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 06/19/2024**EXPIRES:** 12/16/2024

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	S13-26051
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	11.40
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	89000.00
LOT COVERAGE	28.89
LIVING SPACE (SQFT)	323
COVERED PORCHES/DECKS (SQFT)	160
TOTAL SQUARE FOOTAGE	483
SURVEYOR NAME AND NUMBER	Bill Jones
ENGINEER AND LICENSE NUMBER	Bill Kingston 045682
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-112

PROJECT NAME: Card addition and shed
SITE ADDRESS: 703 CANAL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/19/2024

EXPIRES: 12/16/2024

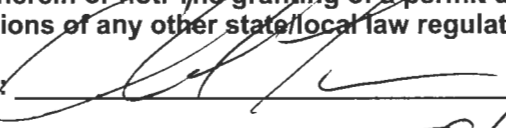
REQUIRED INSPECTIONS

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

CONDITIONS

- * 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.
- * 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.
- * Confirm girder under existing exterior wall is 3-2x12's

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: 6/21/24



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-191

PROJECT NAME: FELTS HVAC
SITE ADDRESS: 2036 HIGHVIEW ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

APPLICANT: FELTS, ANTHONY
9620 BENDING OAK DR
MIDLOTHIAN, VA 23112
336-681-7200

OWNER: FELTS, ANTHONY
9620 BENDING OAK DR
MIDLOTHIAN, VA 23112
336-681-7200

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: 988405095286

Parcel Number: 001515001

Address: 2036 HIGHVIEW ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 1397

Legal Description:

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

PROJECT DESCRIPTION: HVAC C/O

PAID

JUN 21 2024

**TOWN OF
KILL DEVIL HILLS**

MC2024-191

PROJECT NAME: FELTS HVAC

SITE ADDRESS: 2036 HIGHVIEW ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8032.00
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: 6.21.24



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2024-086	BUILDING JOINT
PROJECT NAME: Salazar New House	ISSUED: 06/19/2024
SITE ADDRESS: 1005 NINTH AVE KILL DEVIL HILLS	EXPIRES: 05/23/2025

APPLICANT: Salazar, Nemesio 1004 Sixth Ave Kill Devil Hills, NC 27948 252-489-3437	OWNER: Salazar, Nemesio 1004 Sixth Ave Kill Devil Hills, NC 27948 252-489-3437
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2024
-----------------	--	--

PARCEL:

PIN: 988311659745	Parcel Number: 004590000
Address: 1005 NINTH AVE KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 51 Lot(s): 8
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$185.25	\$0.00	# of Temporary Poles	1 EA
Open Deck Fee	\$150.00	\$0.00	Covered Porches/Decks	247 SQFT
Res. Building Permit Fee	\$1,900.05	\$0.00	Open Decks	1 EA
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	2367 sq. Ft.
Totals :	\$2,285.30	\$0.00	Residential Unheated (.40)	312 Sq. Ft

PROJECT DESCRIPTION: new 3 bedroom single family dwelling with 2 bedroom attached adu, 5 bedroom total

PAID

JUN 20 2024

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T26065

BJ2024-086**PROJECT NAME:** Salazar New House**SITE ADDRESS:** 1005 NINTH AVE KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 06/19/2024**EXPIRES:** 05/23/2025**DETAILS****Permit**

Name	Value
ZONING DISTRICT	LI-2
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	S3-25538
# PARKING SPACES/BEDROOM	5
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	12.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION COST	300000.00
LOT COVERAGE	26.00
LIVING SPACE (SQFT)	2367
COVERED PORCHES/DECKS (SQFT)	247
GARAGE (SQFT)	312
OPEN DECK (SQFT)	84
TOTAL SQUARE FOOTAGE	3010
SURVEYOR NAME AND NUMBER	Marty Barnette L-3740
ENGINEER AND LICENSE NUMBER	Mikw O'Steen 03628
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-086

PROJECT NAME: Salazar New House
SITE ADDRESS: 1005 NINTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/19/2024

EXPIRES: 05/23/2025

REQUIRED INSPECTIONS

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

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.
- * 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: 

Date: 6-20-2024



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

MC2024-188

PROJECT NAME: Edwards HVAC
SITE ADDRESS: 1712 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

APPLICANT: Edwards, Charles
P.O. Box 1747
WASHINGTON, NC 27889
252-338-4529

OWNER: Edwards, Charles
P.O. Box 1747
WASHINGTON, NC 27889
252-338-4529

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

License: 35327
Expires: 12/31/2024

PARCEL:

PIN: 988410477327

Parcel Number: 002890000

Address: 1712 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES

Block: H **Lot(s):** 13 & PT 12

Legal Description:

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

PROJECT DESCRIPTION: C/O 3 Ton air handler



PAID
Mc 6/20/24
online permit

MC2024-188

PROJECT NAME: Edwards HVAC

SITE ADDRESS: 1712 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
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: Charles Thuman

Contractor or Authorized Agent:  Date: 06 / 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

MC2024-189	MECHANICAL
PROJECT NAME: POLAND HVAC	ISSUED: 06/20/2024
SITE ADDRESS: 2904 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 12/17/2024

APPLICANT: ROBERT V POLAND
P O BOX 364
BOYKINS, VA 23827

OWNER: ROBERT V POLAND
P O BOX 364
BOYKINS, VA 23827

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: 988513135154

Parcel Number: 000402000

Address: 2904 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 8 **Lot(s):** 2

Legal Description:

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

PROJECT DESCRIPTION: HVAC C/O

PAID
6/20/24
on the permit

MC2024-189

PROJECT NAME: POLAND HVAC

SITE ADDRESS: 2904 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	17312.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AO
BASE FLOOD ELEVATION	8.0
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: Jordan Blythe

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 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

MC2024-190	MECHANICAL
PROJECT NAME: Karlson HVAC	ISSUED: 06/20/2024
SITE ADDRESS: 1405 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 12/17/2024

APPLICANT: Lucy Karlsson
856 Conestoga Rd
Berwyn, PA 19312

OWNER: Lucy Karlsson
856 Conestoga Rd
Berwyn, PA 19312

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: 988411653206

Parcel Number: 002754000

Address: 1405 VA DARE TRL N KILL DEVIL HILLS

Zoning:


Addition: SUBDIVISION - NONE

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

Legal Description:

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

PROJECT DESCRIPTION: C/O 1.5 Ton HVAC system

 **PAID**
Mc 6/20/24
office permit

MC2024-190

PROJECT NAME: Karlson HVAC

SITE ADDRESS: 1405 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10061.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* 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: Brian Lancaster Date: 06 / 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

EL2024-060	ELECTRICAL
PROJECT NAME: Slice Electric	ISSUED: 06/19/2024
SITE ADDRESS: 710 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 12/16/2024

APPLICANT: DANIEL-GAL DEV. LLC P.O. Box 1532 Kill Devil Hills, NC 27948	OWNER: DANIEL-GAL DEV. LLC P.O. Box 1532 Kill Devil Hills, NC 27948
--	--


ELECTRICAL-LIMITED:	BRS ELECTRICAL SERVICES PO Box 2108 Kill Devil Hills, NC 27948 252-207-5334	License: 23077 Expires: 07/31/2024
----------------------------	--	---

PARCEL:

PIN: 988308880735	Parcel Number: 028741000
Address: 710 CROATAN HWY S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 12 Lot(s): 5-8 & PT 1-4
Legal Description:	

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

PROJECT DESCRIPTION: Run new 3 phase feeder for return air motor

 **PAID**
via e-pay
online permit

EL2024-060

PROJECT NAME: Slice Electric
SITE ADDRESS: 710 CROATAN HWY S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/19/2024

EXPIRES: 12/16/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	3200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	Business

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: Bradley R Smith **Date:** 06 / 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

EL2024-061	ELECTRICAL
PROJECT NAME: Piacenza Electric	ISSUED: 06/20/2024
SITE ADDRESS: 1409 CAPTAINS CIR KILL DEVIL HILLS	EXPIRES: 12/17/2024

APPLICANT: Piacenza, Nick
1409 Captains Circle
Kill Devil Hills, NC 27948
252-256-3624

OWNER: Piacenza, Nick
1409 Captains Circle
Kill Devil Hills, NC 27948
252-256-3624

ELECTRICAL, LIMITED: STEPHEN MICHAEL PERLOT
127 Broadway Dr
Kill Devil Hills, NC 27948

License: 21337-L
Expires: 09/01/2024

PARCEL:

PIN: 988413124990	Parcel Number: 003653000
Address: 1409 CAPTAINS CIR KILL DEVIL HILLS	Zoning:
Addition: LANDING SECTION 3, THE	Block: 0 Lot(s): 148
Legal Description:	

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

PROJECT DESCRIPTION: Upgrade electric service to 400AMP with 100AMP sub panel for garage

PAID

JUN 20 2024

TOWN OF
KILL DEVIL HILLS

EL2024-061

PROJECT NAME: Piacenza Electric

SITE ADDRESS: 1409 CAPTAINS CIR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 6/20/24



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

EG2024-005

EXCAVATION AND GRADING

PROJECT NAME: Land Disturbance - Mitigation for Violation of Dune Disturbance

ISSUED: 06/20/2024

SITE ADDRESS: 2021 VA DARE TRL S KILL DEVIL HILLS

EXPIRES: 12/17/2024

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

OWNER: 2021 Svdt LLC
Po Box 90
Kill Devil Hills, NC 27948

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: 989313240251

Parcel Number: 012375000

Address: 2021 VA DARE TRL S KILL DEVIL HILLS

Addition: NAGS HEAD SHORES AMENDED SEC 4

Zoning:

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

Legal Description:

FEES:	Paid	Due
Land Disturbing	\$100.00	\$0.00
Land Disturbing	\$100.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Land disturbance for mitigation of unauthorized dune disturbance by restoring dune to pre existing topography, restablize restored dune with plantings and matting

PAID

JUN 20 2024

TOWN OF
KILL DEVIL HILLS

EG2024-005

PROJECT NAME: Land Disturbance - Mitigation for Violation of Dune Disturbance

SITE ADDRESS: 2021 VA DARE TRL S KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 06/20/2024

EXPIRES: 12/17/2024

DETAILS**Permit**

Name	Value
ESTIMATED CONSTRUCTION COST	20000.00
ZONING DISTRICT	OIR
CAMA PERMIT	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
SURVEYOR NAME AND NUMBER	Mike Robinson

REQUIRED INSPECTIONS

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * As built survey shall require topography to ensure final grades match pre existing grades as shown on plan by Mike Robinson dated 6-18-24.
- * Plantings and Matting shall be installed to pre existing conditions as identified after dune walkway was removed. Per proposed remediation plan by Mike Robinson dated 6-18-24.

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: Grace Murrel Date: 6.20.24



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

OP2024-065	OCCUPANCY
PROJECT NAME: Jimmy Rivera	ISSUED: 06/18/2024
SITE ADDRESS: 905 DURHAM ST W KILL DEVIL HILLS	EXPIRES:

PARENT PERMIT #: BJ2023-132

APPLICANT: Farrell & Family Construction 113 E Meadowlark St Kill Devil Hills, NC 27948 252-216-8810	OWNER: Rivera, Jimmy 503 Third ST Kill Devil Hills, NC 27948
--	---

UNLIMITED BUILDING:	Farrell & Family Construction 113 E Meadowlark St Kill Devil Hills, NC 27948 252-216-8810	License: 86449 Expires: 12/31/2024
UNLIMITED BUILDING:	Farrell & Family Construction 113 E Meadowlark St Kill Devil Hills, NC 27948 252-216-8810	License: 86449 Expires: 12/31/2024

PARCEL:

PIN: 988405087291	Parcel Number: 001387000
Address: 905 DURHAM ST W KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 682
Legal Description:	

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

Handwritten notes: 213.50, 263.50

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

PAID

JUN 19 2024

TOWN OF
KILL DEVIL HILLS

OP2024-065

PROJECT NAME: Jimmy Rivera

SITE ADDRESS: 905 DURHAM ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 06/18/2024

EXPIRES:

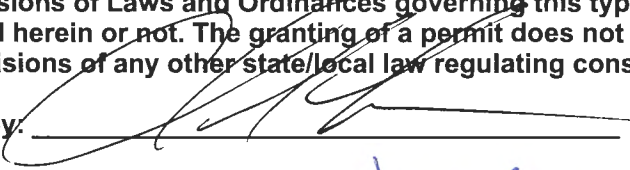
DETAILS

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: Jimmy Rivera Date: 6-19-24



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

MC2024-187

PROJECT NAME: Solide HVAC
SITE ADDRESS: 1626 VILLAGE LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/18/2024

EXPIRES: 12/15/2024

APPLICANT: SOLIDE, LILLIE L
1610 CHASE STREET
ROCKY MOUNT, NC 27801

OWNER: SOLIDE, LILLIE L
1610 CHASE STREET
ROCKY MOUNT, NC 27801

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: 988410257827

Parcel Number: 003245001

Address: 1626 VILLAGE LN KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VILLAGE SEC 2

Block: 0 **Lot(s):** 265

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

*6/19/2024
on-line*

MC2024-187

PROJECT NAME: Solide HVAC

SITE ADDRESS: 1626 VILLAGE LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/18/2024

EXPIRES: 12/15/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10019.00
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 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

BP2024-121	BUILDING
PROJECT NAME: Penn Shed	ISSUED: 06/14/2024
SITE ADDRESS: 1310 PERCY ST KILL DEVIL HILLS	EXPIRES: 12/11/2024

APPLICANT: Penn, William 1310 Percy ST Kill Devil Hills, NC 27948 252-202-0967	OWNER: Penn, William 1310 Percy ST Kill Devil Hills, NC 27948 252-202-0967
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2024
-----------------	--	--

PARCEL:

PIN: 988316748930	Parcel Number: 004778000
Address: 1310 PERCY ST KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL BEACH EXTENDED	Block: 3 Lot(s): 4
Legal Description:	

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

PROJECT DESCRIPTION: 8x12 shed in rear yard

PAID

JUN 19 2024

TOWN OF
KILL DEVIL HILLS

BP2024-121

PROJECT NAME: Penn Shed

SITE ADDRESS: 1310 PERCY ST KILL DEVIL HILLS

BUILDING

ISSUED: 06/14/2024

EXPIRES: 12/11/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
LOT COVERAGE	28.27
SURVEYOR NAME AND NUMBER	Doug Styons

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.
- * Shed shall be anchored at all 4 corners.

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

BP2024-124	BUILDING
PROJECT NAME: MANDELL STAIRS	ISSUED: 06/18/2024
SITE ADDRESS: 907 FOX ST KILL DEVIL HILLS	EXPIRES: 12/15/2024

APPLICANT: Mandel, Mitchell 907 Fox Street Kill Devil Hills, NC 27948 757-705-7653	OWNER: Mandel, Mitchell 907 Fox Street Kill Devil Hills, NC 27948 757-705-7653
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2024
-----------------	--	--

PARCEL:

PIN: 988308871683	Parcel Number: 004368007
Address: 907 FOX ST KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 15 Lot(s): 7
Legal Description:	

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

PROJECT DESCRIPTION: REMOVE AND RELOCATE EXTERIOR STAIR AND LANDING

PAID

PAID WITH CASH

JUN 18 2024

TOWN OF KILL DEVIL HILLS

BP2024-124**PROJECT NAME:** MANDELL STAIRS**SITE ADDRESS:** 907 FOX ST KILL DEVIL HILLS**BUILDING****ISSUED:** 06/18/2024**EXPIRES:** 12/15/2024**DETAILS****Permit**

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

REQUIRED INSPECTIONSZoning 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.
- * 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.

BP2024-124

PROJECT NAME: MANDELL STAIRS
SITE ADDRESS: 907 FOX ST KILL DEVIL HILLS

BUILDING

ISSUED: 06/18/2024

EXPIRES: 12/15/2024

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: _____



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

BP2024-122	BUILDING
PROJECT NAME: Vinson Investments	ISSUED: 06/17/2024
SITE ADDRESS: 1211 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 12/14/2024

APPLICANT: Keystone Custom Builders P. O. Box 3678 Kill Devil Hills, NC 27948 202-4696	OWNER: VINSON INVESTMENTS LP 4100 HENRY GRACE FRWY WICHITA FALLS, TX 76302-2218
--	--

GENERAL BUILDING - LIMITED:	Keystone Custom Builders P. O. Box 3678 Kill Devil Hills, NC 27948 202-4696	License: 58838 Expires:
------------------------------------	--	--

PARCEL:

PIN: 989305072502	Parcel Number: 004304001
Address: 1211 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS SEC 1	Block: 5 Lot(s): PT OF 6 & 7
Legal Description:	

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

PROJECT DESCRIPTION: Replace framing on screen porch with PVC

PAID

JUN 18 2024

TOWN OF
KILL DEVIL HILLS

BP2024-122

PROJECT NAME: Vinson Investments

SITE ADDRESS: 1211 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6000.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

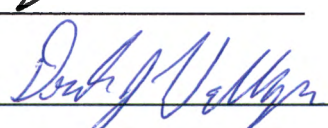
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 6/18/24



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2024-120

PROJECT NAME: Kathryn Galliot
SITE ADDRESS: 1616 SIR WALTER RD KILL DEVIL HILLS

BUILDING

ISSUED: 06/12/2024

EXPIRES: 12/09/2024

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

OWNER: Gailliot, Tom
1807 Stratford Dr
ALEXANDRIA, VA 22308

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

License: 87233
Expires: 12/31/2024

PARCEL:

PIN: 988410467556

Parcel Number: 003092000

Address: 1616 SIR WALTER RD KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:
Block: 1 **Lot(s):** 5

Legal Description:

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

PROJECT DESCRIPTION: Replace 22 pilings



PAID
6/19/24
on-line

BP2024-120

PROJECT NAME: Kathryn Galliot

SITE ADDRESS: 1616 SIR WALTER RD KILL DEVIL HILLS

BUILDING

ISSUED: 06/12/2024

EXPIRES: 12/09/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	21000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	William Jones
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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: Leslie Barrett for Encarnacion and Red **Date:** 06 / 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

BJ2024-106	BUILDING JOINT
PROJECT NAME: Steven Rose	ISSUED: 06/11/2024
SITE ADDRESS: 908 CLIPPER CT KILL DEVIL HILLS	EXPIRES: 12/08/2024

APPLICANT: STEVEN ROSE 908 Clipper Ct. KDH, NC 27948	OWNER: STEVEN ROSE 908 Clipper Ct. KDH, NC 27948
---	---

CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/31/2024
--------------------	---	---

PARCEL:

PIN: 988413127900	Parcel Number: 003648000
Address: 908 CLIPPER CT KILL DEVIL HILLS	
Addition: LANDING SECTION 3, THE	Zoning:
Legal Description:	Block: 0 Lot(s): 143

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

PROJECT DESCRIPTION: Kitchen renovation, add electrical circuits and water line

PAID
JUN 18 2024
TOWN OF
KILL DEVIL HILLS

BJ2024-106

PROJECT NAME: Steven Rose
SITE ADDRESS: 908 CLIPPER CT KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	15000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

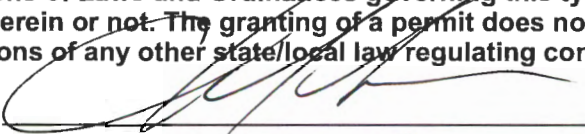
Rough In
Final

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.

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: 6-18-24



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-057

PROJECT NAME: HARVEY METERBASE
SITE ADDRESS: 2025 FRANKLIN ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

APPLICANT: GLEN & WENDY HARVEY
P.O.Box 283
Point Harbor, NC 27964

OWNER: GLEN & WENDY HARVEY
P.O.Box 283
Point Harbor, NC 27964

ELECTRICAL-LIMITED: BRS ELECTRICAL SERVICES
PO Box 2108
Kill Devil Hills, NC 27948
252-207-5334

License: 23077
Expires: 07/31/2024

PARCEL:

PIN: 988405192391

Parcel Number: 001432000

Address: 2025 FRANKLIN ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 1298

Legal Description:

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

PROJECT DESCRIPTION: REPLACE METERBASE AND SE CABLE

PAID
6/17/2024
on-line

EL2024-057

PROJECT NAME: HARVEY METERBASE
SITE ADDRESS: 2025 FRANKLIN ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Jordan Blythe

Contractor or Authorized Agent: Bradley R Smith Date: 06 / 17 / 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

MC2024-186

PROJECT NAME: Swan Creek HVAC
SITE ADDRESS: 3118 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

APPLICANT: SWAN CREEK PROPERTIES, LLC
3029 CREEK ROAD
KITTY HAWK, NC 27949

OWNER: SWAN CREEK PROPERTIES, LLC
3029 CREEK ROAD
KITTY HAWK, NC 27949

MECHANICAL: American Refrigeration
P.O. Box 835
nags head, nc 27959
252-305-5320

License: 15578
Expires: 12/31/2024

PARCEL:

PIN: 98751693976804

Parcel Number: 000332004

Address: 3118 CROATAN HWY N KILL DEVIL HILLS

Addition:

Zoning:

Block: 55 **Lot(s):** UNIT 2
BLDG A

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

PAID
6/17/24
on-line

MC2024-186

PROJECT NAME: Swan Creek HVAC

SITE ADDRESS: 3118 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	7500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

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: Paul Smith Date: 06 / 17 / 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

MC2024-183	MECHANICAL
PROJECT NAME: Scullin HVAC	ISSUED: 06/14/2024
SITE ADDRESS: 2020 NEW BERN ST KILL DEVIL HILLS	EXPIRES: 12/11/2024

APPLICANT: Scullin, Elizabeth
7403 Admiral Dr.
ALEXANDRIA, VA 22307
703-768-3258

OWNER: Scullin, Elizabeth
7403 Admiral Dr.
ALEXANDRIA, VA 22307
703-768-3258

ELECTRICAL, PLUMBING AND HEATING: Anderson Heating and Cooling Co., LLC
PO Box 396
Kitty Hawk, NC 27949
252-619-3105

License: 30003
Expires: 02/06/2025

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: 988518300040

Parcel Number: 001875000

Address: 2020 NEW BERN ST KILL DEVIL HILLS

Zoning:


Addition: AVALON BEACH ANNEX 1

Block: 0 **Lot(s):** 431

Legal Description:

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

PROJECT DESCRIPTION: C/O HVAC system on top level

 **PAID**
6/18/24
on-line

MC2024-183

PROJECT NAME: Scullin HVAC

SITE ADDRESS: 2020 NEW BERN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/14/2024

EXPIRES: 12/11/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	11741.00
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: Charles Thuman

Contractor or Authorized Agent: Gil Anderson Date: 06 / 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

MC2024-181

PROJECT NAME: Wilson HVAC
SITE ADDRESS: 207 SOTHEL ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/14/2024

EXPIRES: 12/11/2024

APPLICANT: Linda Wilson Trust
16 Hopemont Rd
Newport News, VA 23606

OWNER: Linda Wilson Trust
16 Hopemont Rd
Newport News, VA 23606

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: 988513124709

Parcel Number: 000392000

Address: 207 SOTHEL ST E KILL DEVIL HILLS

Zoning:


Addition: VIRGINIA DARE SHORES

Block: 7 **Lot(s):** 13-14

Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system

 **PAID**
6/17/24 DW
on-line

MC2024-181

PROJECT NAME: Wilson HVAC
SITE ADDRESS: 207 SOTHEL ST E KILL DEVIL HILLS

MECHANICAL
ISSUED: 06/14/2024
EXPIRES: 12/11/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	12305.00
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.

Charles Thuman

Issued By: _____

Brian Lancaster

06 / 15 / 2024

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

MC2024-180	MECHANICAL
PROJECT NAME: Cahill HVAC	ISSUED: 06/14/2024
SITE ADDRESS: 413 QUAIL LN KILL DEVIL HILLS	EXPIRES: 12/11/2024

APPLICANT: Cahill, Edward 103 Banks Ct Kill Devil Hills, NC 27948	OWNER: Cahill, Edward 103 Banks Ct Kill Devil Hills, NC 27948
--	--


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: 988316832706	Parcel Number: 004890009
Address: 413 QUAIL LN KILL DEVIL HILLS	Zoning:
Addition: WHISPERING PINES SEC 2 & 3	Block: F Lot(s): 9
Legal Description:	

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

PROJECT DESCRIPTION: C/O 4 Ton HVAC system

 **PAID**
6/17/24 on-line

MC2024-180

PROJECT NAME: Cahill HVAC

SITE ADDRESS: 413 QUAIL LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/14/2024

EXPIRES: 12/11/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	13261.00
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 15 / 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

MC2024-179	MECHANICAL
PROJECT NAME: Golden Strand HVAC K-3	ISSUED: 06/14/2024
SITE ADDRESS: 1541 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 12/11/2024

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
---	---

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: 98841156728601	Parcel Number: 028041000
Address: 1541 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: GOLDEN STRAND CONDOS	Block: A Lot(s): 1-5 - 21 TSHARE UTS

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

 **PAID**
6/17/24 DW
on-line

MC2024-179

PROJECT NAME: Golden Strand HVAC K-3
SITE ADDRESS: 1541 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/14/2024

EXPIRES: 12/11/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	8999.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster Date: 06/15/2024



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

BANNER2024-004	BANNER
PROJECT NAME: Bike Barn	ISSUED: 06/04/2024
SITE ADDRESS: 1312 WRIGHTSVILLE BLVD KILL DEVIL HILLS	EXPIRES: 09/02/2024

APPLICANT: Stainback, James 1312 Wrightsville Blvd. Kill Devil Hills, NC 27948 804-712-7178	OWNER: AVEN, DONALD J 719 MAURY AVE NORFOLK, VA 23517
---	--

CONTRACTOR:	SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2025
--------------------	--	--

PARCEL:

PIN: 988312969090	Parcel Number: 004753000
Address: 1312 WRIGHTSVILLE BLVD KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL BEACH SEC 1 REVISED	Block: J Lot(s): PT 8 & PT 9
Legal Description:	

FEES:	Paid	Due
Banner Fee	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: 2 banners on the building

DETAILS

PAID

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

JUN 17 2024

TOWN OF KILL DEVIL HILLS

BANNER2024-004

PROJECT NAME: Bike Barn

SITE ADDRESS: 1312 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BANNER

ISSUED: 06/04/2024

EXPIRES: 09/02/2024

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.

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

Issued By: Donna Elliott

Contractor or Authorized Agent: [Signature]

Date: 6/17/24



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

BP2024-123

PROJECT NAME: HEIKENS DECKING, RAILING, AND STAIRS
SITE ADDRESS: 1103 CLAM SHELL DR KILL DEVIL HILLS

BUILDING

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

APPLICANT: HEIKENS, DILLON
1103 CLAM SHELL DR
P.O. Box 1719
Kill Devil Hills, NC 27948
252-255-8221

OWNER: HEIKENS, DILLON
1103 CLAM SHELL DR
P.O. Box 1719
Kill Devil Hills, NC 27948
252-255-8221

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: 988409065740

Parcel Number: 004697000

Address: 1103 CLAM SHELL DR KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES INC SEC 1

Block: 17 **Lot(s):** 16

Legal Description:

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

PROJECT DESCRIPTION: REPLACE DECKING, RAILING, AND STAIRS

PAID

PAID WITH CASH

JUN 17 2024

TOWN OF KILL DEVIL HILLS

BP2024-123

PROJECT NAME: HEIKENS DECKING, RAILING, AND STAIRS
SITE ADDRESS: 1103 CLAM SHELL DR KILL DEVIL HILLS

BUILDING

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	7000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By:

Contractor or Authorized Agent:

Date:

17 June 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

BJ2024-103	BUILDING JOINT
PROJECT NAME: Hunter Soles	ISSUED: 06/17/2024
SITE ADDRESS: 602 Aycock Street Kill Devil Hills	EXPIRES: 12/14/2024

APPLICANT: Soles, Hunter
305 Cameron Street
Kill Devil Hills, NC 27948
757-448-8412

OWNER: Soles, Hunter
305 Cameron Street
Kill Devil Hills, NC 27948
757-448-8412

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 987520902409

Parcel Number:

Address: 602 Aycock Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 14R, Block 79, Virginia Dare Shores Recombination

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$1,589.35	\$0.00	Covered Porches/Decks	101 SQFT
Land Disturbing	\$100.00	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Unheated (.40)	124 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space	2053 sq. Ft.
Covered Porch Residential	\$75.75	\$0.00	(.75)	
Totals :	\$1,965.10	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

PAID

JUN 17 2024

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T26072

BJ2024-103

PROJECT NAME: Hunter Soles

SITE ADDRESS: 602 Aycocock Street Kill Devil Hills

BUILDING JOINT

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
HEALTH DEPARTMENT PERMIT #	S3-26015
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	285000.00
LOT COVERAGE	39.96
LIVING SPACE (SQFT)	2053
COVERED PORCHES/DECKS (SQFT)	101
STORAGE (SQFT)	124
OPEN DECK (SQFT)	50
SURVEYOR NAME AND NUMBER	Seaboard
ENGINEER AND LICENSE NUMBER	Mikw O'Steen 03628
CULVERT	Y
ROLL OUT CAN	1
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-103

PROJECT NAME: Hunter Soles

SITE ADDRESS: 602 Aycock Street Kill Devil Hills

BUILDING JOINT

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

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.
- * 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:  **Date:** 6/17/24



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

OP2024-062	OCCUPANCY
PROJECT NAME: Flores New House	ISSUED: 06/07/2024
SITE ADDRESS: 407 Indian Drive Kill Devil Hills	EXPIRES:

PARENT PERMIT #: BJ2023-057

APPLICANT: DUNSTAN, GARLAND 1002 Boundary St Kill Devil Hills, NC 27948	OWNER: Flores, Jose 1103 Swan St. KILL DEVIL HILLS, NC 27948 252-256-0460
--	---

GENERAL BUILDING, UNLIMITED:	GARLAND DUNSTAN P.O. Box 402 Kitty Hawk, NC 27949 252-202-1100	License: 19436 Expires: 12/31/2024
-------------------------------------	---	---

PARCEL:

PIN: 988410269273	Parcel Number:
Address: 407 Indian Drive Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Lot 9, Block F, High View Hendricks Addition	

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

PROJECT DESCRIPTION: new 4 bedroom single family dwelling

PAID

JUN 17 2024

TOWN OF
KILL DEVIL HILLS

OP2024-062

PROJECT NAME: Flores New House
SITE ADDRESS: 407 Indian Drive Kill Devil Hills

OCCUPANCY

ISSUED: 06/07/2024

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: 06-18-2024



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

OP2024-064	OCCUPANCY
PROJECT NAME: Sawin New House	ISSUED: 06/14/2024
SITE ADDRESS: 2024 EDENTON ST KILL DEVIL HILLS	EXPIRES:

PARENT PERMIT #: BJ2024-001

APPLICANT: Sawin, David
3930 Wedonia DR
CARY, NC 27519
919-928-2184

OWNER: Sawin, David
3930 Wedonia DR
CARY, NC 27519
919-928-2184

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 987408988545

Parcel Number: 001272000

Address: 2024 EDENTON ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 825

Legal Description:

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

PROJECT DESCRIPTION: new 3 bedroom single family dwelling

PAID

JUN 14 2024

TOWN OF
KILL DEVIL HILLS

OP2024-064

PROJECT NAME: Sawin New House
SITE ADDRESS: 2024 EDENTON ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 06/14/2024

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: _____

6/14/24



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

OP2024-063	OCCUPANCY
PROJECT NAME: Stinnett New House	ISSUED: 06/13/2024
SITE ADDRESS: 1418 West First Street Kill Devil Hills	EXPIRES:

PARENT PERMIT #: BJ2023-208

APPLICANT: Smith Contracting LLC PO Box 471 Kitty Hawk, NC 27949 252-202-6602	OWNER: George and Cindy Stinnett 144 W. Morris Hill Road COVINGTON, VA 24426 540-584-4532
---	---

GENERAL:	Smith Contracting LLC PO Box 471 Kitty Hawk, NC 27949 252-202-6602	License: 79892 Expires: 12/31/2024
GENERAL:	Smith Contracting LLC PO Box 471 Kitty Hawk, NC 27949 252-202-6602	License: 79892 Expires: 12/31/2024

PARCEL:

PIN: 988417118292	Parcel Number: PAID
Address: 1418 West First Street Kill Devil Hills	Zoning: JUN 14 2024
Addition:	Block: Lot(s):
Legal Description: Lot 3, Pine Grove Subdivision	TOWN OF KILL DEVIL HILLS

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

PROJECT DESCRIPTION: new 3 bedroom single family dwelling

OP2024-063

PROJECT NAME: Stinnett New House
SITE ADDRESS: 1418 West First Street Kill Devil Hills

OCCUPANCY

ISSUED: 06/13/2024

EXPIRES:

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5
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: _____



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

SG2024-014	SIGN
PROJECT NAME: Noosa Scoops LLC	ISSUED: 06/13/2024
SITE ADDRESS: 2005 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 12/10/2024

APPLICANT: Mildura Properties LLC 41 Ballast Point Dr. Kill Devil Hills, NC 27948 440-382-6717	OWNER: Mildura Properties LLC 41 Ballast Point Dr. Kill Devil Hills, NC 27948 440-382-6717
--	--

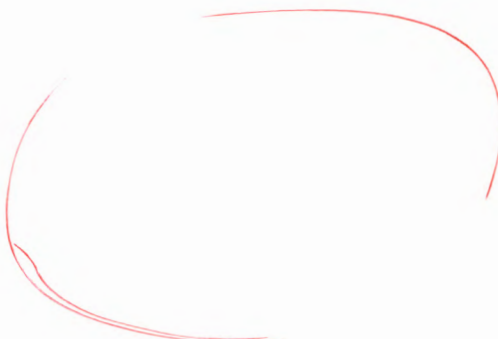
CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/31/2024
--------------------	---	---

PARCEL:

PIN: 989313131625	Parcel Number: 004963000
Address: 2005 CROATAN HWY S KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 5 & 6
Legal Description:	

FEES:	Paid	Due
Sign Permit Fee	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Add additional signage to free-standing sign



SG2024-014

PROJECT NAME: Noosa Scoops LLC

SITE ADDRESS: 2005 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 06/13/2024

EXPIRES: 12/10/2024

DETAILS**Permit**

Name	Value
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	60.60
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	275.00
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.

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

* Zoning Final Inspection is required.

SG2024-014

PROJECT NAME: Noosa Scoops LLC

SITE ADDRESS: 2005 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 06/13/2024

EXPIRES: 12/10/2024

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: _____

6/14/24



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

DW2024-009

PROJECT NAME: DICKENS DRIVEWAY
SITE ADDRESS: 230 WILKINSON ST W KILL DEVIL HILLS

DRIVEWAY

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

APPLICANT: Conch II
2-C Fountain Manor Dr
Greensboro, NC 27405

OWNER: Conch II
2-C Fountain Manor Dr
Greensboro, NC 27405

UNLICENSED BUILDER: WADDELL & SON'S CONSTRUCTION LLC.
1313 SHAY ST
Kill Devil Hills, NC 27948

License: XXXXXX
Expires:

PARCEL:

PIN: 988513020860

Parcel Number: 000542000

Address: 230 WILKINSON ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 34 **Lot(s):** 35-36

Legal Description:

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

PROJECT DESCRIPTION: POUR 10'X30' CEMENT DRIVEWAY ADDITION

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
ZONING DISTRICT	RL
CONSTRUCTION COST	4500.00
FLOOD ZONE	X

PAID

JUN 14 2024

TOWN OF
KILL DEVIL HILLS

DW2024-009

PROJECT NAME: DICKENS DRIVEWAY

SITE ADDRESS: 230 WILKINSON ST W KILL DEVIL HILLS

DRIVEWAY

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

REQUIRED INSPECTIONS

Zoning Final

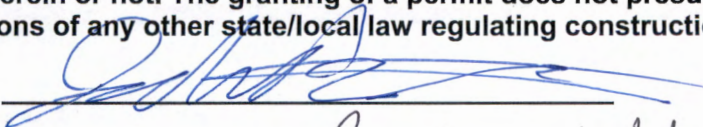
Final

CONDITIONS

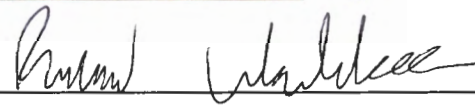
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

6/14/24



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

MC2024-182

PROJECT NAME: Robinson HVAC
SITE ADDRESS: 1001 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/14/2024

EXPIRES: 12/11/2024

APPLICANT: Robinson, Henry
1110 S Military Hwy
CHESAPEAKE, VA 23320
757-472-8043

OWNER: Robinson, Henry
1110 S Military Hwy
CHESAPEAKE, VA 23320
757-472-8043

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

License: 30525
Expires: 05/08/2025

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

License: 29121
Expires: 12/31/2024

PARCEL:

PIN: 988308877997

Parcel Number: 027929000

Address: 1001 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 4

Lot(s): PT 10 & PT 9

Legal Description:

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

PROJECT DESCRIPTION: C/O HVAC system



PAID
Per 6/14/24

on the permit

MC2024-182

PROJECT NAME: Robinson HVAC

SITE ADDRESS: 1001 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/14/2024

EXPIRES: 12/11/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	9800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

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.

Charles Thuman

Issued By: _____

Contractor or Authorized Agent:  _____ **Date:** 06 / 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

MC2024-176	MECHANICAL
PROJECT NAME: Clower HVAC	ISSUED: 06/12/2024
SITE ADDRESS: 123 CAROLYN DR KILL DEVIL HILLS	EXPIRES: 12/09/2024

APPLICANT: Clower, Michael
102 Rial Ct
Wanchese, NC 27954

OWNER: Clower, Michael
102 Rial Ct
Wanchese, NC 27954

ELECTRICAL, PLUMBING AND HEATING: NORTH BEACH SERVICES
P.O. Box 181
Kitty Hawk, NC 27949
252-491-2878

License: 37110-SP-PH
Expires: 04/23/2025

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

License: 33023
Expires: 12/31/2024

PARCEL:

PIN: 989313141872

Parcel Number: 004904000

Address: 123 CAROLYN DR KILL DEVIL HILLS

Zoning:

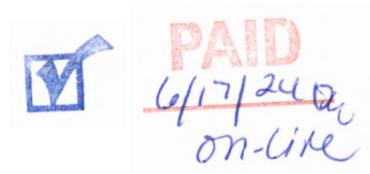
Addition:

Block: 0 **Lot(s):** 2

Legal Description:

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

PROJECT DESCRIPTION: C/O Mini split system



MC2024-176

PROJECT NAME: Clower HVAC

SITE ADDRESS: 123 CAROLYN DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/12/2024

EXPIRES: 12/09/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4077.00
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: Charles Thuman

Contractor or Authorized Agent: Ashley Sudduth Date: 06 / 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

EL2024-056	ELECTRICAL
PROJECT NAME: Strickler Electric	ISSUED: 06/12/2024
SITE ADDRESS: 2014 ELIZABETH CITY ST KILL DEVIL HILLS	EXPIRES: 12/09/2024

APPLICANT: Strickler, Mark 2014 Elizabeth City ST Kill Devil Hills, NC 27948 804-874-8577	OWNER: Strickler, Mark 2014 Elizabeth City ST Kill Devil Hills, NC 27948 804-874-8577
---	---


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

PARCEL:

PIN: 988405291561	Parcel Number: 001194000
Address: 2014 ELIZABETH CITY ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 737
Legal Description:	

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

PROJECT DESCRIPTION: Replace meter base, service cable and panel box

 **PAID**
6/14/24
on-line

EL2024-056

PROJECT NAME: Strickler Electric
SITE ADDRESS: 2014 ELIZABETH CITY ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/12/2024

EXPIRES: 12/09/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: John pugh Date: 06 / 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

MC2024-177

PROJECT NAME: Davis HVAC
SITE ADDRESS: 205 SUFFOLK ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/12/2024

EXPIRES: 12/09/2024

APPLICANT: DAVIS, JAMES
205 SUFFOLK ST
Kill Devil Hills, NC 27948
252-599-7294

OWNER: DAVIS, JAMES
205 SUFFOLK ST
Kill Devil Hills, NC 27948
252-599-7294

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: 988517107131

Parcel Number: 001961000

Address: 205 SUFFOLK ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 788

Legal Description:

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

PROJECT DESCRIPTION: C/O 3 Ton air handler



PAID
6/13/24 DW
on-line

MC2024-177

PROJECT NAME: Davis HVAC

SITE ADDRESS: 205 SUFFOLK ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/12/2024

EXPIRES: 12/09/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5451.00
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 13 / 2024



Town of Kill Devil Hills

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

PAID

JUN 13 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

EG2024-004

EXCAVATION AND GRADING

PROJECT NAME: Martin Street Cluster Home Land Disturbance
SITE ADDRESS: 207 MARTIN ST W KILL DEVIL HILLS

ISSUED: 06/12/2024

EXPIRES: 12/09/2024

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

OWNER: Blue Jay St Kdh LLC
PO Box 3629
Kill Devil Hills, NC 27948

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: 988312868497

Parcel Number: 004388000

Address: 207 MARTIN ST W KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 18 **Lot(s):** 1-15

Legal Description:

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

PROJECT DESCRIPTION: land disturbance for cluster home project

EG2024-004

PROJECT NAME: Martin Street Cluster Home Land Disturbance
SITE ADDRESS: 207 MARTIN ST W KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 06/12/2024

EXPIRES: 12/09/2024

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	30000.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
SURVEYOR NAME AND NUMBER	Mike Robinson

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.
- * Site shall be graded, construction entrance and silt fence installed per approved site plan by House Engineering dated 5/15/23.

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: 6-13-24



Town of Kill Devil Hills

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

PAID

JUN 12 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-101	BUILDING JOINT
PROJECT NAME: EDWARDS PORCH	ISSUED: 06/05/2024
SITE ADDRESS: 108 THIRD ST E KILL DEVIL HILLS	EXPIRES: 12/02/2024

APPLICANT: EDWARDS, MELANIE 108 E THIRD ST Kill Devil Hills, NC 27948 757-641-9313	OWNER: EDWARDS, MELANIE 108 E THIRD ST Kill Devil Hills, NC 27948 757-641-9313
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2024
-----------------	--	--

PARCEL:

PIN: 988406378785	Parcel Number: 002735000
Address: 108 THIRD ST E KILL DEVIL HILLS	Zoning:
Addition: SUBDIVISION - NONE	Block: 0 Lot(s): 0
Legal Description:	

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

PROJECT DESCRIPTION: REMOVE ALL WINDOWS, AND MINI SPLIT TO RETURN SPACE FROM UNPERTMITTED SUNROOM TO UNCONDITIONED SCREENED PORCH

BJ2024-101

PROJECT NAME: EDWARDS PORCH
SITE ADDRESS: 108 THIRD ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	4000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

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.
- * Rear porch is only permitted as unconditioned, open/screened porch. The installation of any material other than screening in not permitted.
- * The walls of the rear porch must remain open area for an area of 25% or greater at all times.

BJ2024-101

PROJECT NAME: EDWARDS PORCH

SITE ADDRESS: 108 THIRD ST E KILL DEVIL HILLS

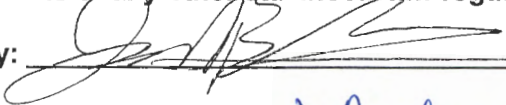
BUILDING JOINT

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

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: _____

Melanie Edwards

Date: _____

6/12/24



Town of Kill Devil Hills

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

PAID

JUN 12 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-119	BUILDING
PROJECT NAME: Ken Barker	ISSUED: 06/12/2024
SITE ADDRESS: 1426 SHAY ST KILL DEVIL HILLS	EXPIRES: 12/09/2024

APPLICANT: Simple Side Construction PO BOX 3323 Kitty Hawk, NC 27949 252-220-2012	OWNER: Barker, Ken 1426 Shay Street Kill Devil Hills, NC 27948
---	---

BUILDING LIMITED:	Simple Side Construction PO BOX 3323 Kitty Hawk, NC 27949 252-220-2012	License: 78583 Expires:
--------------------------	---	--

PARCEL:

PIN: 988316830958	Parcel Number: 004890000
Address: 1426 SHAY ST KILL DEVIL HILLS	Zoning:
Addition: WHISPERING PINES SEC 2 & 3	Block: H Lot(s): 1
Legal Description:	

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

PROJECT DESCRIPTION: Remove and replace landing girders, joists, decking and rails on front deck/Cantilever to expand landing to 9'/Remove and replace steps, decking and railing to front deck/Install LP underpinning and reinstall ceiling fan/Add roof over pool deck

BP2024-119

PROJECT NAME: Ken Barker
SITE ADDRESS: 1426 SHAY ST KILL DEVIL HILLS

BUILDING

ISSUED: 06/12/2024
EXPIRES: 12/09/2024

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	60000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Gloria Rogers
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2024-119

PROJECT NAME: Ken Barker

SITE ADDRESS: 1426 SHAY ST KILL DEVIL HILLS

BUILDING

ISSUED: 06/12/2024

EXPIRES: 12/09/2024

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: 6/12/24



Town of Kill Devil Hills

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

PAID

JUN 12 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2024-045

PROJECT NAME: ALEXANDER FENCE
SITE ADDRESS: 707 THIRD ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/28/2024

EXPIRES: 11/24/2024

APPLICANT: Alexander, Lee
4426 14th ST NE
WASHINGTON, DC 20017
301-928-6182

OWNER: Alexander, Lee
4426 14th ST NE
WASHINGTON, DC 20017
301-928-6182

BUILDING LIMITED: The Renovation Company
519 Wax Myrtle Ct
Kill Devil Hills, NC 27948
252-564-4635

License: 84972
Expires: 12/31/2024

PARCEL:

PIN: 988409167646

Parcel Number: 002499004

Address: 707 THIRD ST W KILL DEVIL HILLS

Addition: CROATAN SHORES INC SEC 1

Zoning:
Block: 10 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: CONSTRUCT FENCE ALONG PROPERTY LINE

ZP2024-045

PROJECT NAME: ALEXANDER FENCE
SITE ADDRESS: 707 THIRD ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/28/2024

EXPIRES: 11/24/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
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
PURPOSE	Residential Accessory
CONSTRUCTION COST	10000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Stringline

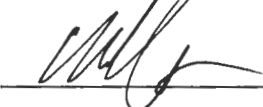
CONDITIONS

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

* Stringline inspection to be completed prior to construction.

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

Issued By: 

Contractor or Authorized Agent:  Date: 6/12/24



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

MC2024-168

PROJECT NAME: Mattingly HVAC
SITE ADDRESS: 1712 S VA Dare Trl Unit101 Kill Devil Hills

MECHANICAL

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

APPLICANT: Mattingly, Todd
P.O. Box 716
MECHANICSVILLE, MD 20659

OWNER: Mattingly, Todd
P.O. Box 716
MECHANICSVILLE, MD 20659

ELECTRICAL, PLUMBING AND HEATING: Soundside Heating & Air Conditioning, LLC
106 Robert Bruce DR
Manteo, NC 27954
252-216-6866

License: 34997 SP PH
Expires: 01/17/2025

H-2, H-3,: Soundside Heating & Air Conditioning, LLC
106 Robert Bruce DR
Manteo, NC 27954
252-216-6866

License: 34278
Expires: 12/31/2024

PARCEL:

PIN: 98930915119604

Parcel Number:

Address: 1712 S VA Dare Trl Unit101 Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Residential condo

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system



PAID
6/12/24
on-line

MC2024-168

PROJECT NAME: Mattingly HVAC

SITE ADDRESS: 1712 S VA Dare Trl Unit101 Kill Devil Hills

MECHANICAL

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	8700.00
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: Charles Thuman

Contractor or Authorized Agent: Joseph W. Mabry Date: 06 / 11 / 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

MC2024-172	MECHANICAL
PROJECT NAME: Carney HVAC	ISSUED: 06/11/2024
SITE ADDRESS: 1709 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 12/08/2024

APPLICANT: CARNEY, ROBERT V P O BOX 28 LANGHORNE, PA 19047	OWNER: CARNEY, ROBERT V P O BOX 28 LANGHORNE, PA 19047
---	---

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

PARCEL:

PIN: 98841157140605	Parcel Number: 002792005
Address: 1709 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition:	Block: C Lot(s): UT 305 LT15,16&PT 14
Legal Description:	

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

PROJECT DESCRIPTION: C/O 3.5 Ton HVAC system

PAID
6/12/24
on-line

MC2024-172

PROJECT NAME: Carney HVAC

SITE ADDRESS: 1709 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	9148.00
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: Charles Thuman

Contractor or Authorized Agent: Linda Burgess Date: 06 / 11 / 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

MC2024-173

PROJECT NAME: Shaffer HVAC
SITE ADDRESS: 108 MEADOWLARK ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

APPLICANT: Randy Shaffer
916 S. Oriole Dr.
VIRGINIA BEACH, VA 23451

OWNER: Randy Shaffer
916 S. Oriole Dr.
VIRGINIA BEACH, VA 23451

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: 988308890901

Parcel Number: 003824000

Address: 108 MEADOWLARK ST E KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 34 **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system



PAID
6/12/24 on
on-line

MC2024-173

PROJECT NAME: Shaffer HVAC

SITE ADDRESS: 108 MEADOWLARK ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10089.00
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster **Date:** 06 / 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

EL2024-055

PROJECT NAME: Simmons Electric
SITE ADDRESS: 1405 MEMORIAL BLVD S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

APPLICANT: Simmons, Jerry
1405 S Memorial Blvd
Kill Devil Hills, NC 27948

OWNER: Simmons, Jerry
1405 S Memorial Blvd
Kill Devil Hills, NC 27948

ELECTRICAL-LIMITED: BRS ELECTRICAL SERVICES
PO Box 2108
Kill Devil Hills, NC 27948
252-207-5334

License: 23077
Expires: 07/31/2024

PARCEL:

PIN: 989309065035

Parcel Number: 004717001

Address: 1405 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

Zoning:
Block: E **Lot(s):** 18A & 19A

Legal Description:

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

PROJECT DESCRIPTION: C/O Meter base and disconnect, upgrade bonding and grounding



PAID

6/12/24
on-line

EL2024-055

PROJECT NAME: Simmons Electric
SITE ADDRESS: 1405 MEMORIAL BLVD S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

DETAILS

Permit

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

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Bradley R Smith **Date:** 06 / 11 / 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

SG2024-013	SIGN
PROJECT NAME: Branch Banking and Trust Comapny	ISSUED: 06/11/2024
SITE ADDRESS: 1920 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 12/08/2024

APPLICANT: ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	OWNER: BRANCH BANKING AND TRUST C/O ARTHUR ANDERSEN 100 N TRYON ST SUITE 3800 CHARLOTTE, NC 28202
--	---

CONTRACTOR: ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	License: LEGACY UNKNOWN Expires: 12/31/2030
---	--

PARCEL:

PIN: 988406286896	Parcel Number: 030222000
Address: 1920 CROATAN HWY N KILL DEVIL HILLS	
Addition: ROBERT A. YOUNG, JR. SUB	Zoning:
	Block: 0 Lot(s): 1-3 & ADJ PARCEL
Legal Description:	

FEES:	Paid	Due
Sign Permit Fee	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Replace free-standing sign

PAID

JUN 11 2024

TOWN OF
KILL DEVIL HILLS

SG2024-013

PROJECT NAME: Branch Banking and Trust Comapny
SITE ADDRESS: 1920 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	50.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	5000.00
FLOOD ZONE	X

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

CONDITIONS

- * Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.
- No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).
- Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Free-standing sign cannot exceed 20 feet in elevation above street grade measured from ground elevation to the top of the sign structure. Sign cannot overhang into the right of way.
- * 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.
- * Electrical trade affidavit required prior to final inspection.

SG2024-013

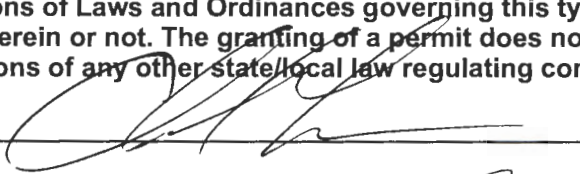
PROJECT NAME: Branch Banking and Trust Comapny
SITE ADDRESS: 1920 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 06/11/2024

EXPIRES: 12/08/2024

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: 

Contractor or Authorized Agent:  Date: 6-11-24



Town of Kill Devil Hills

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

PAID

JUN 11 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2024-171

PROJECT NAME: TjF HVAC
SITE ADDRESS: 534 Walker St. W. Kill Devil Hills

MECHANICAL

ISSUED: 06/10/2024

EXPIRES: 12/07/2024

APPLICANT: Tjf Enterprises Llc
401 Bobby Jones Dr
PORTSMOUTH, VA 23701

OWNER: Tjf Enterprises Llc
401 Bobby Jones Dr
PORTSMOUTH, VA 23701

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: 987520902820 **Parcel Number:** 000716001
Address: 534 Walker St. W. Kill Devil Hills
Addition: VIRGINIA DARE SHORES **Zoning:**
Block: 71 **Lot(s):** 37 & 38
Legal Description:

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

PROJECT DESCRIPTION: C/O 3 Ton HVAC system

MC2024-171

PROJECT NAME: TJF HVAC

SITE ADDRESS: 534 Walker St. W. Kill Devil Hills

MECHANICAL

ISSUED: 06/10/2024

EXPIRES: 12/07/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9696.00
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: 6/11/24



Town of Kill Devil Hills

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

PAID

JUN 11 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2024-170	MECHANICAL
PROJECT NAME: Eagle HVAC	ISSUED: 06/10/2024
SITE ADDRESS: 1605 SIR WALTER RD KILL DEVIL HILLS	EXPIRES: 12/07/2024

APPLICANT: Eagle United Business Trust
14361 George Washington Memorial
SALUDA, VA 23149

OWNER: Eagle United Business Trust
14361 George Washington Memorial
SALUDA, VA 23149

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: 988411561244 **Parcel Number:** 003171000

Address: 1605 SIR WALTER RD KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH **Zoning:** **Block:** C **Lot(s):** 36

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

MC2024-170

PROJECT NAME: Eagle HVAC
SITE ADDRESS: 1605 SIR WALTER RD KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/10/2024

EXPIRES: 12/07/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7479.00
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: 6/11/24



Town of Kill Devil Hills

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

PAID

JUN 11 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2024-169	MECHANICAL
PROJECT NAME: Pitco 1	ISSUED: 06/10/2024
SITE ADDRESS: 215 Gunas St. Kill Devil Hills	EXPIRES: 12/07/2024

APPLICANT: PITCO 1, LLC
1956 Laskin Road
Virginia Beach, Va 23454

OWNER: PITCO 1, LLC
1956 Laskin Road
Virginia Beach, Va 23454

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: 988316939915 **Parcel Number:** 008433003
Address: 215 Gunas St. Kill Devil Hills
Addition: Ocean Acres - Tract 3 **Zoning:**
Block: D **Lot(s):** 8
Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5Ton HVAC system

MC2024-169

PROJECT NAME: Pitco 1

SITE ADDRESS: 215 Gunas St. Kill Devil Hills

MECHANICAL

ISSUED: 06/10/2024

EXPIRES: 12/07/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8057.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

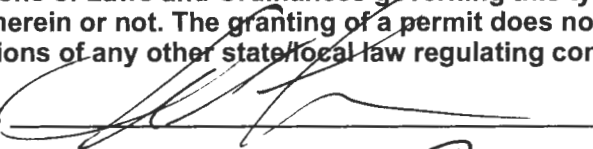
REQUIRED INSPECTIONS

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: 6-11-24



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

BJ2024-099

PROJECT NAME: Cruden Solar Panels
SITE ADDRESS: 2908 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

APPLICANT: TOP TIER SOLAR SOLUTIONS LLC
1530 CENTER PARK DR
Charlotte, NC 28217
855-997-1213

OWNER: Cruden, Jeffrey
2908 Bay Drive
Kill Devil Hills, NC 27948
919-427-9644

BUILDING LIMITED: TOP TIER SOLAR SOLUTIONS LLC
1530 CENTER PARK DR
Charlotte, NC 28217
855-997-1213

License: 87345
Expires:

PARCEL:

PIN: 987520814322

Parcel Number: 029612003

Address: 2908 BAY DR KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES REVISED

Block: 88 **Lot(s):** 13&14

Legal Description:

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

PROJECT DESCRIPTION: 17 roof mounted solar panels

paid online 6/11/24

PAID

JUN 11 2024

**TOWN OF
KILL DEVIL HILLS**

BJ2024-099

PROJECT NAME: Cruden Solar Panels
SITE ADDRESS: 2908 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION TYPE	V
CONSTRUCTION COST	20006.90
SURVEYOR NAME AND NUMBER	Bill Jones
ENGINEER AND LICENSE NUMBER	TREVOR JONES 056324
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

BJ2024-099

PROJECT NAME: Cruden Solar Panels
SITE ADDRESS: 2908 BAY DR KILL DEVIL HILLS

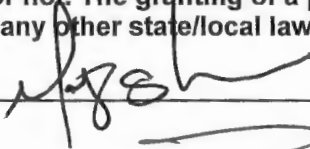
BUILDING JOINT

ISSUED: 06/03/2024

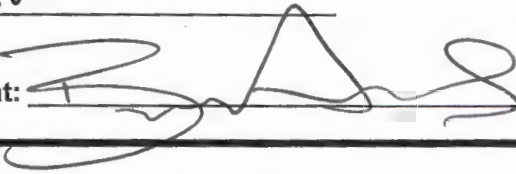
EXPIRES: 11/30/2024

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: _____

6/1/24



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

BJ2024-104	BUILDING JOINT
PROJECT NAME: Ground floor bathroom addition	ISSUED: 06/07/2024
SITE ADDRESS: 1209 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 12/04/2024

APPLICANT: SPROUL, BENJAMIN A P O BOX 2920 KILL DEVIL HILLS, NC 27948	OWNER: THE BSC AWESOME LLC 438 WEST EDEN ST Kill Devil Hills, NC 27948
--	---

UNLICENSED - REMODELING:	VP HANDYMAN SERVICES LLC PO BOX 1757 BUXTON, NC 27920	License: 227635432 Expires:
---------------------------------	---	--

PARCEL:

PIN: 988312964923	Parcel Number: 004328000
Address: 1209 CROATAN HWY S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 6 Lot(s): 6 & 13, S. 1/2 LT 1
Legal Description:	

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

PROJECT DESCRIPTION: Ground floor bathroom addition

PAID
PA 6/10/24
online permit

BJ2024-104

PROJECT NAME: Ground floor bathroom addition
SITE ADDRESS: 1209 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/07/2024

EXPIRES: 12/04/2024

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

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

CONDITIONS

- * 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.
- * Trade affidavits required for: Plumbing, Mechanical and Electrical..

BJ2024-104

PROJECT NAME: Ground floor bathroom addition
SITE ADDRESS: 1209 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/07/2024

EXPIRES: 12/04/2024

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.

Marty Shaw

Issued By: _____

Contractor or Authorized Agent: _____  Date: 06 / 07 / 2024



Town of Kill Devil Hills

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

PAID

JUN 10 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-118	BUILDING
PROJECT NAME: LEWIS DECK AND STAIR	ISSUED: 06/10/2024
SITE ADDRESS: 2010 HAMPTON ST KILL DEVIL HILLS	EXPIRES: 12/07/2024

APPLICANT: LEWIS, RICHARD HENRY 191 DABNEY PL NEWPORT NEWS, VA 23602 757-291-3132	OWNER: LEWIS, RICHARD HENRY 191 DABNEY PL NEWPORT NEWS, VA 23602 757-291-3132
---	---

GENERAL, UNLICENSED:	STEVE HINES 4162 POOR RIDGE RD kitty hawk, nc 27949 252-619-7078	License: XXXXXX Expires:
-----------------------------	---	---

PARCEL:

PIN: 988405084464	Parcel Number: 002032000
Address: 2010 HAMPTON ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 1107
Legal Description:	

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

PROJECT DESCRIPTION: REBUILD 6X28 DECK AND FRONT STAIRRRRR

BP2024-118

PROJECT NAME: LEWIS DECK AND STAIR
SITE ADDRESS: 2010 HAMPTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 06/10/2024

EXPIRES: 12/07/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final
Final

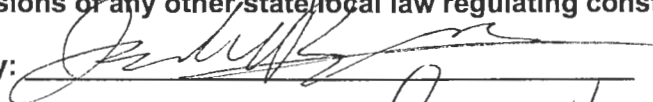
Slab/Foundation/Piling

CONDITIONS

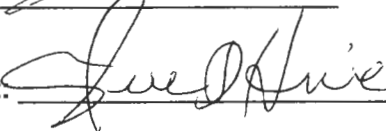
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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:

6-10-2024



Town of Kill Devil Hills

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

PAID

JUN 10 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

ZP2024-050	ZONING PERMIT
PROJECT NAME: OVERTON FENCE	ISSUED: 06/10/2024
SITE ADDRESS: 115 ST CLAIR ST W KILL DEVIL HILLS	EXPIRES: 12/07/2024

APPLICANT: D & O ASSOCIATES
P O BOX 3989
KILL DEVIL HILLS, NC 27948

OWNER: D & O ASSOCIATES
P O BOX 3989
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988308795198

Parcel Number: 029822010

Address: 115 ST CLAIR ST W KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 67 **Lot(s):** 9,10

Legal Description:

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

PROJECT DESCRIPTION: EXTEND 5' VINYL FENCE ALONG PROPERTY LINE

ZP2024-050

PROJECT NAME: OVERTON FENCE
SITE ADDRESS: 115 ST CLAIR ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 06/10/2024

EXPIRES: 12/07/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date 6-10-24



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

MC2024-167

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/07/2024

EXPIRES: 12/04/2024

APPLICANT: Harden, Michael
20352 Hawick Ter.
Potomac, VA 20135
703-688-2055

OWNER: Harden, Michael
20352 Hawick Ter.
Potomac, VA 20135
703-688-2055

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

License: 19091
Expires: 12/31/2024

PARCEL:

PIN: 98841156647309

Parcel Number: 002781009

Address: 1601 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: B

Lot(s): UT 204 16-20

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

PAID
m a / 07 / 24
online permit

MC2024-167

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/07/2024

EXPIRES: 12/04/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	14460.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
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: [Signature] Date: 06 / 07 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-052

PROJECT NAME: Miller Electric
SITE ADDRESS: 410 CHOWAN ST W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

APPLICANT: MILLER, CHARLES H JR
410 Chowan St
Kill Devil Hills, NC 27948
252-646-4245

OWNER: MILLER, CHARLES H JR
410 Chowan St
Kill Devil Hills, NC 27948
252-646-4245

ELECTRICAL - LIMITED: Bland's Electrical Service, LLC
154 Vann Rd
Ahoskie, NC 27910
252-287-1911

License: L.34993
Expires: 06/18/2025

PARCEL:

PIN: 987520924146

Parcel Number: 000677000

Address: 410 CHOWAN ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 58 **Lot(s):** 24-26

Legal Description:

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

PROJECT DESCRIPTION: Replace meter base and panel install 200-AMP disconnect.



PAID

6/11/24
on-line

EL2024-052

PROJECT NAME: Miller Electric

SITE ADDRESS: 410 CHOWAN ST W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: William Keith Stord Date: 06 / 05 / 2024



Town of Kill Devil Hills

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

PAID

JUN 10 2024

Planning and Inspection Department

EL2024-053

PROJECT NAME: REPLACE DAMAGED METER BASE AND CABLES
SITE ADDRESS: 2031 ELIZABETH CITY ST KILL DEVIL HILLS

TOWN OF
KILL DEVIL HILLS
ELECTRICAL
ISSUED: 06/05/2024
EXPIRES: 12/02/2024

APPLICANT: CARUTHERS, JAMES A JR
2823 CUTTY SARK LN
SUFFOLK, VA 23435

OWNER: CARUTHERS, JAMES A JR
2823 CUTTY SARK LN
SUFFOLK, VA 23435

ELECTRICAL INTERMEDIATE: Seacoast Electric
4400 Ridge RD
kitty hawk, nc 27949
252-261-6229

License: 07781
Expires: 01/31/2025

PARCEL:

PIN: 988405290993

Parcel Number: 001181000

Address: 2031 ELIZABETH CITY ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 722

Legal Description:

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

PROJECT DESCRIPTION: REPLACE DAMAGED METER BASE AND CABLES

EL2024-053

PROJECT NAME: REPLACE DAMAGED METER BASE AND CABLES
SITE ADDRESS: 2031 ELIZABETH CITY ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1510.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 6/10/2024



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-054

PROJECT NAME: ELECTRIC PANEL REPLACEMENT
SITE ADDRESS: 1401 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/06/2024

EXPIRES: 12/03/2024

APPLICANT: YANCEY, JOHN P
417 PINOAK ROAD
NEWPORT NEWS, VA 23601

OWNER: YANCEY, JOHN P
417 PINOAK ROAD
NEWPORT NEWS, VA 23601

ELECTRICAL - UNLIMITED: TINKHAM SERVICES LLC
4016 TARKLE RIDGE RD
kitty hawk, nc 27949
252-489-6278

License: 34625
Expires: 07/13/2024

PARCEL:

PIN: 98930906943004

Parcel Number: 028102000

Address: 1401 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

Block: B **Lot(s):** 9-10 UNIT 4

Legal Description:

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

PROJECT DESCRIPTION: ELECTRIC PANEL REPLACEMENT

PAID
on 6/6/24
online permit

EL2024-054

PROJECT NAME: ELECTRIC PANEL REPLACEMENT
SITE ADDRESS: 1401 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/06/2024

EXPIRES: 12/03/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
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: Cody L **Date:** 06 / 06 / 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

MC2024-166

PROJECT NAME: Guns HVAC
SITE ADDRESS: 529 PARKWOOD DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/06/2024

EXPIRES: 12/03/2024

APPLICANT: GUNS, MEREDITH BIRDSONG
529 Parkwood DR
KILL DEVIL HILLS, NC 27948

OWNER: GUNS, MEREDITH BIRDSONG
529 Parkwood DR
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: 988418226282 **Parcel Number:** 004046027
Address: 529 PARKWOOD DR KILL DEVIL HILLS
Addition: WRIGHT WOODS **Zoning:** RL
Legal Description: **Block:** 0 **Lot(s):** 27

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

PROJECT DESCRIPTION: C/O Mini-split heat pump

PAID

JUN - 6 2024

TOWN OF
KILL DEVIL HILLS

MC2024-166

PROJECT NAME: Guns HVAC

SITE ADDRESS: 529 PARKWOOD DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/06/2024

EXPIRES: 12/03/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3853.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

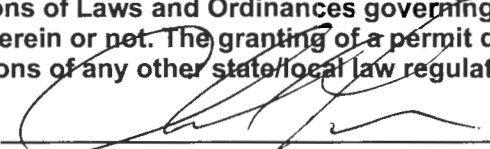
REQUIRED INSPECTIONS

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: 6-6-24



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

MC2024-165

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 700 M1 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/06/2024

EXPIRES: 12/03/2024

APPLICANT: RYCE, STEVEN & KRISTIN
206 EAST BONNETT ST
nags head, nc 27959

OWNER: RYCE, STEVEN & KRISTIN
206 EAST BONNETT ST
nags head, nc 27959

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

License: 33023
Expires: 12/31/2024

PARCEL:

PIN: 988413140426BF

Parcel Number: 008075614

Address: 700 M1 FIRST ST W KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): UT 1 BLDG
M

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT



PAID
m c/4/24
online permit

MC2024-165

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 700 M1 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/06/2024

EXPIRES: 12/03/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8705.00
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.

Marty Shaw

Issued By: _____

Ashley Sudduth

Contractor or Authorized Agent: _____ Date: 06 / 06 / 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

MC2024-164	MECHANICAL
PROJECT NAME: HVAC CHANGEOUT	ISSUED: 06/06/2024
SITE ADDRESS: 108 ATLANTIC ST E KILL DEVIL HILLS	EXPIRES: 12/03/2024

APPLICANT: Rich, Roy PO BOX 298 CASANOVA, VA 20139	OWNER: Rich, Roy PO BOX 298 CASANOVA, VA 20139
---	---

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: 988312967493	Parcel Number: 004743001
Address: 108 ATLANTIC ST E KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL BEACH SEC 1 REVISED	Block: I Lot(s): 1
Legal Description:	

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

PAID
Mc 6/6/24
on the permit

MC2024-164

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 108 ATLANTIC ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/06/2024

EXPIRES: 12/03/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8430.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 06 / 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

BP2024-117	BUILDING
PROJECT NAME: Mary Elam	ISSUED: 06/05/2024
SITE ADDRESS: 211 OCEAN ACRES DR W KILL DEVIL HILLS	EXPIRES: 12/02/2024

APPLICANT: OBX Touch Ups, LLC 548 Parkwood Dr Kill Devil Hills, NC 27948 252-455-3212	OWNER: Elam, Mary 10310 Duvawn Pl. SILVER SPRING, MD 20902 301-775-1234
---	---

UNLICENSED - REMODELING: OBX Touch Ups, LLC 548 Parkwood Dr Kill Devil Hills, NC 27948 252-455-3212	License: 12345 Expires:
---	--

PARCEL:

PIN: 988316948236	Parcel Number: 008418000
Address: 211 OCEAN ACRES DR W KILL DEVIL HILLS	
Addition: OCEAN ACRES TRACT 3 SEC 1	Zoning: Block: C Lot(s): 11
Legal Description:	

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

PROJECT DESCRIPTION: Replace deck, stairs, railings, pilings within existing footprint

PAID

JUN - 6 2024

TOWN OF
KILL DEVIL HILLS

BP2024-117

PROJECT NAME: Mary Elam
SITE ADDRESS: 211 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8837.83
OPEN DECK (SQFT)	126
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	BILD
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

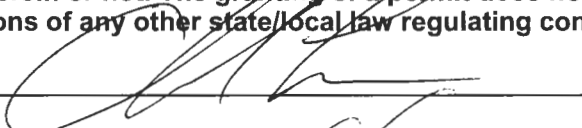
Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * All work shall conform to Appendix M of the 2018 NCRBC and corresponding sections. Any deviations will require engineer approval prior to final inspection.

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

BJ2024-102

PROJECT NAME: White bathroom remodel
SITE ADDRESS: 209 E Chowan St Kill Devil Hills

BUILDING JOINT

ISSUED: 06/05/2024
EXPIRES: 12/02/2024

APPLICANT: WHITE, LORRAINE
P O BOX 2610
KITTY HAWK, NC 27949

OWNER: WHITE, LORRAINE
P O BOX 2610
KITTY HAWK, NC 27949

UNLIMITED BUILDING: KJ CONSTRUCTION & REMODELING
PO BOX 242
kitty hawk, nc 27949
252-207-6589

License: 59936
Expires: 12/31/2024

PARCEL:

PIN: 988513133024

Parcel Number: 000408000

Address: 209 E Chowan St Kill Devil Hills

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 8

Lot(s): 11-12

Legal Description:

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

PROJECT DESCRIPTION: Convert existing full bath into half bath and pantry.

 **PAID**
6/6/24
online permit

BJ2024-102

BUILDING JOINT

PROJECT NAME: White bathroom remodel
SITE ADDRESS: 209 E Chowan St Kill Devil Hills

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
CONSTRUCTION TYPE	V
CONSTRUCTION COST	8500.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Insulation
Rough In	Final

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Foundation survey will be required prior to rough-in inspection.

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: W Keith Johnson Date: 06 / 05 / 2024



Town of Kill Devil Hills

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

PAID

JUN - 5 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2024-061

PROJECT NAME: Kight New Single Family Dwelling
SITE ADDRESS: 429 Hayman Blvd W Kill Devil Hills

OCCUPANCY
ISSUED: 06/04/2024

EXPIRES:

PARENT PERMIT #: BJ2022-316

APPLICANT: KIGHT, KURTIS LEE
1300 WEST ROAD
CHESAPEAKE, VA 23323

OWNER: KIGHT, KURTIS LEE
1300 WEST ROAD
CHESAPEAKE, VA 23323

BUILDING LIMITED: Kurtis Lee Kight
PO BOX 1531
Kill Devil Hills, NC 27948
252-202-2270

License: 84620
Expires:

PARCEL:

PIN: 987520915481

**Parcel
Number:**

Address: 429 Hayman Blvd W Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 5r Blk: 55, Virginia Dare Shores

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

PROJECT DESCRIPTION: Propsoed (4) four bedroom single family dwelling and associated site improvements

OP2024-061

PROJECT NAME: Kight New Single Family Dwelling
SITE ADDRESS: 429 Hayman Blvd W Kill Devil Hills

OCCUPANCY

ISSUED: 06/04/2024

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: _____

6-5-24



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2024-116	BUILDING
PROJECT NAME: OBX Beach Club Stair Rebuild	ISSUED: 06/05/2024
SITE ADDRESS: 1110 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 12/02/2024

APPLICANT: Carolina Coastal OBX 188 Harbinger Ridge Road Harbinger, NC 27941 252-722-2358	OWNER: OUTER BANKS BEACH CLUB 1110 S. Va. Dare Tr. Kill Devil Hills, NC 27948 252-441-6321
---	--

BUILDING: Carolina Coastal OBX 188 Harbinger Ridge Road Harbinger, NC 27941 252-722-2358	License: 78994 Expires: 01/01/2025
--	---

PARCEL:

PIN: 98930508005501	Parcel Number: 027867000
Address: 1110 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS SEC 1	Block: 4 Lot(s): 1-8/CONDO-BLDGS 1-2
Legal Description:	

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

PROJECT DESCRIPTION: rebuild 2 existing stair towers on buildings 13 & 17, no change to footprint

PAID

JUN - 5 2024

TOWN OF
KILL DEVIL HILLS

BP2024-116

PROJECT NAME: OBX Beach Club Stair Rebuild
SITE ADDRESS: 1110 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	40000.00
SURVEYOR NAME AND NUMBER	Bill Robbins
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
Zoning Final

CONDITIONS

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

BP2024-116

PROJECT NAME: OBX Beach Club Stair Rebuild
SITE ADDRESS: 1110 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

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

MC2024-161

PROJECT NAME: Shoemaker HVAC
SITE ADDRESS: 317 WILBUR CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

APPLICANT: LUANN SHOEMAKER
1230 Sound Shore Dr
Edenton, NC 27932

OWNER: LUANN SHOEMAKER
1230 Sound Shore Dr
Edenton, NC 27932

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: 988405281509

Parcel Number: 002118000

Address: 317 WILBUR CT KILL DEVIL HILLS

Zoning:


Addition: WRIGHT'S SHORES

Block: 0 **Lot(s):** 158

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

 **PAID**
on 4/5/24
online permit

MC2024-161

PROJECT NAME: Shoemaker HVAC
SITE ADDRESS: 317 WILBUR CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	12894.00
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 05 / 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

MC2024-162

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 2050 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

APPLICANT: Moody, William
4201 Manchester Rd
PORTSMOUTH, VA 23703

OWNER: Moody, William
4201 Manchester Rd
PORTSMOUTH, VA 23703

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: 988518208799

Parcel Number: 002318001

Address: 2050 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: MILES CLARK

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT



PAID
in 4/9/24

online permit

MC2024-162

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 2050 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 05 / 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

MC2024-163	MECHANICAL
PROJECT NAME: HVAC CHANGEOUT	ISSUED: 06/05/2024
SITE ADDRESS: 1308 Devonshire Road Kill Devil Hills	EXPIRES: 12/02/2024

APPLICANT: Piddington, Mike 2 Ginguite Trail kitty hawk, nc 27949 252-207-1430	OWNER: Piddington, Mike 2 Ginguite Trail kitty hawk, nc 27949 252-207-1430
--	--

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

PARCEL:

PIN: 988306279764057	Parcel Number:
Address: 1308 Devonshire Road Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Unit 57, Devonshire Place Condominium	

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

PAID
12/6/24
on/in point

MC2024-163

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 1308 Devonshire Road Kill Devil Hills

MECHANICAL

ISSUED: 06/05/2024

EXPIRES: 12/02/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7209.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Linda Burgess Date: 06 / 05 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-048

PROJECT NAME: METER BASE CHANGEOUT
SITE ADDRESS: 804 MEMORIAL BLVD S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 05/23/2024

EXPIRES: 11/19/2024

APPLICANT: STATION ONE PROPERTY OWNERS
UNKNOWN, XX 00000

OWNER: STATION ONE PROPERTY OWNERS
UNKNOWN, XX 00000

ELECTRICAL - UNLIMITED: Electrical & Lighting Solutions
2556 Gayton Centre Dr
Richmond, Va 23238
804-254-9400

License: 36662
Expires: 11/05/2024

PARCEL:

PIN: 98830899011000

Parcel Number: 008147999

Address: 804 MEMORIAL BLVD S KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): COMMON PROPERTY

Legal Description:

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

PROJECT DESCRIPTION: METER BASE CHANGEOUT X2

PAID
me 5/23/24
online permit

EL2024-048

PROJECT NAME: METER BASE CHANGEOUT

SITE ADDRESS: 804 MEMORIAL BLVD S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 05/23/2024

EXPIRES: 11/19/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
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: [Signature] Date: 06 / 05 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

PAID

JUN - 4 2024

**TOWN OF
KILL DEVIL HILLS**

EL2024-051

PROJECT NAME:

SITE ADDRESS: 1401 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

APPLICANT: WILLIAMS, LEWIS E
1476 ASHLAND DR
CHARLOTTESVILLE, VA 22911

OWNER: WILLIAMS, LEWIS E
1476 ASHLAND DR
CHARLOTTESVILLE, VA 22911

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

PARCEL:

PIN: 98930906943010

Parcel Number: 028111000

Address: 1401 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

Block: B **Lot(s):** 9-10 UNIT
10

Legal Description:

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

PROJECT DESCRIPTION: ELECTRICAL PANEL CHANGEOUT

EL2024-051

PROJECT NAME:

SITE ADDRESS: 1401 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1100.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
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: _____

6-4-24



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

BJ2024-096

PROJECT NAME: HERMAN INTERIOR REMODEL
SITE ADDRESS: 314 CAMERON ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

APPLICANT: HERMAN, JORDAN
507 ICARIA RD
TYNER, NC 27980
252-489-1423

OWNER: HERMAN, JORDAN
507 ICARIA RD
TYNER, NC 27980
252-489-1423

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

PARCEL:

PIN: 987516847750 **Parcel Number:** 000135000
Address: 314 CAMERON ST KILL DEVIL HILLS
Zoning:
Addition: ORVILLE BEACH WEST **Block:** 0 **Lot(s):** 19
Legal Description:

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Mechanical Permit Fee	\$150.00	\$0.00
Plumbing Permit Fee	\$150.00	\$0.00
Totals :	\$450.00	\$0.00

PROJECT DESCRIPTION: INTERIOR REMODEL, FLOOR PLAN STAYING AS IS, KITCHEN LAYOUT BEING UPDATED, NEW HVAC, NEW PLUMBING, AND ELECTRICAL

 **PAID**
D.M.H.
6/4/24

BJ2024-096

PROJECT NAME: HERMAN INTERIOR REMODEL
SITE ADDRESS: 314 CAMERON ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	90000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

* 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.

* Home to remain 3 bedroom.

* Smoke detectors compliant with R314 shall be installed.

BJ2024-096

PROJECT NAME: HERMAN INTERIOR REMODEL
SITE ADDRESS: 314 CAMERON ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

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: Jordan Blythe

Contractor or Authorized Agent: Ary M. Gibson Date: 06 / 04 / 2024



Town of Kill Devil Hills

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

PAID

JUN - 4 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2024-049

PROJECT NAME: Muca Fence
SITE ADDRESS: 308 FIL LN KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

APPLICANT: MUCA, LEONARD
PO BOX 432
Kill Devil Hills, NC 27948

OWNER: MUCA, LEONARD
PO BOX 432
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988405283440

Parcel Number: 002240137

Address: 308 FIL LN KILL DEVIL HILLS

Addition: WRIGHT'S SHORES SEC 2

Zoning:
Block: 0 **Lot(s):** 137

Legal Description:

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

PROJECT DESCRIPTION: fence around rear and side yard

ZP2024-049

PROJECT NAME: Muca Fence
SITE ADDRESS: 308 FIL LN KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	3800.00
LOT COVERAGE	36.90
SURVEYOR NAME AND NUMBER	Doug Styons
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Zoning Final	Final
Stringline	

CONDITIONS

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

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: 06.04.2024



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

MC2024-145

PROJECT NAME: Hedrick HVAC
SITE ADDRESS: 1221 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/28/2024

EXPIRES: 11/24/2024

APPLICANT: Hedrick B2, Llc
1520 N Kenilworth St
Arlington, VA 22205

OWNER: Hedrick B2, Llc
1520 N Kenilworth St
Arlington, VA 22205

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: 989309073323B2

Parcel Number: 028968000

Address: 1221 VA DARE TRL S KILL DEVIL HILLS

Addition:

Zoning:

Block: 5

Lot(s): UNIT B-2 LT
11-12

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton heat pump only



PAID
6/4/24
online

MC2024-145

PROJECT NAME: Hedrick HVAC

SITE ADDRESS: 1221 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/28/2024

EXPIRES: 11/24/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5770.00
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster **Date:** 06 / 04 / 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

MC2024-149	MECHANICAL
PROJECT NAME: Landes HVAC	ISSUED: 05/29/2024
SITE ADDRESS: 1800 St David Rd Unit 104 D1 Kill Devil Hills	EXPIRES: 11/25/2024

APPLICANT: Landes, William
107 Montreux Ln
NEW BERN, NC 28562

OWNER: Landes, William
107 Montreux Ln
NEW BERN, NC 28562

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: 98830927406104

Parcel Number:

Address: 1800 St David Rd Unit 104 D1 Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Residential Condo

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

PROJECT DESCRIPTION: C/O 3 Ton HVAC system



PAID
6/4/24
on-line

MC2024-149

PROJECT NAME: Landes HVAC

SITE ADDRESS: 1800 St David Rd Unit 104 D1 Kill Devil Hills

MECHANICAL

ISSUED: 05/29/2024

EXPIRES: 11/25/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	13609.00
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 04 / 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

MC2024-150	MECHANICAL
PROJECT NAME: Powers HVAC	ISSUED: 05/30/2024
SITE ADDRESS: 1516 Sir Walter Street Kill Devil Hills	EXPIRES: 11/26/2024

APPLICANT: Powers, Shyla 1225 Admirals Walk VERO BEACH, FL 32963	OWNER: Powers, Shyla 1225 Admirals Walk VERO BEACH, FL 32963
---	---


ELECTRICAL - LIMITED:	RA HOY PO Box 265 Kitty Hawk, NC 27949 252-261-2008	License: 22222-L Expires: 01/06/2025
MECHANICAL H2 AND H3:	RA HOY PO Box 265 Kitty Hawk, NC 27949 252-261-2008	License: 35329 Expires: 12/31/2024

PARCEL:

PIN: 988411552595	Parcel Number: 003121000
Address: 1516 Sir Walter Street Kill Devil Hills	Zoning:
Addition: W R DEATON - DELRAY BEACH	Block: 2 Lot(s): 7
Legal Description:	

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

PROJECT DESCRIPTION: C/O 2.5Ton HVAC system

 **PAID**
6/4/24
on-line

MC2024-150

PROJECT NAME: Powers HVAC

SITE ADDRESS: 1516 Sir Walter Street Kill Devil Hills

MECHANICAL

ISSUED: 05/30/2024

EXPIRES: 11/26/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5717.00
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 04 / 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

MC2024-151

PROJECT NAME: South Strand HVAC
SITE ADDRESS: 1531 N VA DARE TRL N-1 Kill Devil Hills

MECHANICAL

ISSUED: 05/30/2024

EXPIRES: 11/26/2024

APPLICANT: South Strand LTD
P O Box 12967
NEWPORT NEWS, VA 23612

OWNER: South Strand LTD
P O Box 12967
NEWPORT NEWS, VA 23612

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: 98841156806911N1

Parcel Number:

Address: 1531 N VA DARE TRL N-1 Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Residential timeshare condo

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system



PAID
6/4/24
on-line

MC2024-151

PROJECT NAME: South Strand HVAC

SITE ADDRESS: 1531 N VA DARE TRL N-1 Kill Devil Hills

MECHANICAL

ISSUED: 05/30/2024

EXPIRES: 11/26/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	8987.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
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: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster **Date:** 06 / 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

MC2024-153

PROJECT NAME: HETTLING HVAC
SITE ADDRESS: 109 ATLANTIC ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

APPLICANT: Frederick Hettling
3807 Bayville Rd
Baltimore, MD 21220

OWNER: Frederick Hettling
3807 Bayville Rd
Baltimore, MD 21220

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: 988312968287

Parcel Number: 004748001

Address: 109 ATLANTIC ST E KILL DEVIL HILLS


Addition: KILL DEVIL BEACH SEC 1 REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC C/O TO 2 HEAD MINI SPLIT SYSTEM

 **PAID**
6/4/24
on-line

MC2024-153

PROJECT NAME: HETTLING HVAC
SITE ADDRESS: 109 ATLANTIC ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9928.00
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: Jordan Blythe

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 04 / 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

MC2024-154

PROJECT NAME: BONZER SHACK
SITE ADDRESS: 1200 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

APPLICANT: John Kirchmier
1200 S. Va. Dare Tr.
Kill Devil Hills, NC 27948
202-1049

OWNER: John Kirchmier
1200 S. Va. Dare Tr.
Kill Devil Hills, NC 27948
202-1049

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

License: P18795
Expires: 12/31/2024

PARCEL:

PIN: 988308978589

Parcel Number: 004278000

Address: 1200 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 6 **Lot(s):** 1-3

Legal Description:

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

PROJECT DESCRIPTION: CONVERT FROM LP TO NATURAL GAS



PAID
6/4/24
on-line

MC2024-154

PROJECT NAME: BONZER SHACK
SITE ADDRESS: 1200 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	3500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	Y
OCCUPANCY TYPE	Assembly

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:  Date: 06 / 03 / 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

MC2024-155

PROJECT NAME: HVAC CHANGEOUT (2 systems)
SITE ADDRESS: 715 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

APPLICANT: Mooney, William
715 First Street W
Kill Devil Hills, NC 27948

OWNER: Mooney, William
715 First Street W
Kill Devil Hills, NC 27948

MECHANICAL H-3: ARMSTRONG AND SON
3978 Albermarle Curch rd.
Columbia, NC 27925
252-394-5316

License: 22516
Expires: 12/31/2024

PARCEL:

PIN: 988413146001

Parcel Number: 027546084

Address: 715 FIRST ST W KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 84

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT (2 systems)

PAID
Mc c/s/24
online permit

MC2024-155

PROJECT NAME: HVAC CHANGEOUT (2 systems)
SITE ADDRESS: 715 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	12300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Lori B Armstrong Date: 06 / 04 / 2024



Town of Kill Devil Hills

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

PAID

JUN - 4 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2024-156

PROJECT NAME: Holland HVAC
SITE ADDRESS: 308 FIFTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

APPLICANT: Dale Holland
2514 Longstreet Ln
Suffolk, VA 23437

OWNER: Dale Holland
2514 Longstreet Ln
Suffolk, VA 23437

H-3, CLASS I: HERITAGE HTG. & CLG.
209 W MORNING DOVE LN
nags head, nc 27959
252-489-3319

License: 22994
Expires: 12/31/2024

PARCEL:

PIN: 988405280717

Parcel Number: 002064000

Address: 308 FIFTH ST W KILL DEVIL HILLS

Addition: WRIGHT'S SHORES

Zoning:
Block: 0 **Lot(s):** 10

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

MC2024-156

PROJECT NAME: Holland HVAC
SITE ADDRESS: 308 FIFTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7500.00
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: David M. D Date: 6-4-2024



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

MC2024-157

PROJECT NAME: Greens HVAC
SITE ADDRESS: 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

APPLICANT: Greene, Herbert
902 Azalea Lane
Colonial Hts., Va 23834
571-835-0291

OWNER: Greene, Herbert
902 Azalea Lane
Colonial Hts., Va 23834
571-835-0291

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: 98931313384504

Parcel Number: 005162000

Address: 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Addition:

Zoning:

Block: 0 **Lot(s):** UNIT 1-D

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system



PAID
6/6/24
on-line

MC2024-157

PROJECT NAME: Greens HVAC

SITE ADDRESS: 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	8485.00
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: Charles Thuman

Contractor or Authorized Agent: M A MacLean Date: 06 / 04 / 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

MC2024-158

PROJECT NAME: Miller HVAC
SITE ADDRESS: 410 CHOWAN ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

APPLICANT: MILLER, CHARLES H JR
410 Chowan St
Kill Devil Hills, NC 27948
252-646-4245

OWNER: MILLER, CHARLES H JR
410 Chowan St
Kill Devil Hills, NC 27948
252-646-4245

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: 987520924146

Parcel Number: 000677000

Address: 410 CHOWAN ST W KILL DEVIL HILLS

Zoning:


Addition: VIRGINIA DARE SHORES

Block: 58 **Lot(s):** 24-26

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

 **PAID**
6/6/24 Du
on-line

MC2024-158

PROJECT NAME: Miller HVAC

SITE ADDRESS: 410 CHOWAN ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8100.00
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: Charles Thuman

Contractor or Authorized Agent: M A MacLean Date: 06 / 04 / 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

MC2024-159

PROJECT NAME: Bonzer HVAC
SITE ADDRESS: 1200 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

APPLICANT: John Kirchmier
1200 S. Va. Dare Tr.
Kill Devil Hills, NC 27948
202-1049

OWNER: John Kirchmier
1200 S. Va. Dare Tr.
Kill Devil Hills, NC 27948
202-1049

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: 988308978589

Parcel Number: 004278000

Address: 1200 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 6 **Lot(s):** 1-3

Legal Description:

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

PROJECT DESCRIPTION: C/O 3 Ton Mini split



PAID
6/6/24
on-line

MC2024-159

PROJECT NAME: Bonzer HVAC

SITE ADDRESS: 1200 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5950.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Assembly

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:** 06 / 04 / 2024



Town of Kill Devil Hills

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

PAID

JUN - 4 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2024-160

PROJECT NAME: Dot's HVAC
SITE ADDRESS: 2309 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

APPLICANT: Dot's Dream LLC
12006 Lockett Ridge Ave
Midlothian, VA 23114

OWNER: Dot's Dream LLC
12006 Lockett Ridge Ave
Midlothian, VA 23114

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: 988518215974

Parcel Number: 000843000

Address: 2309 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

Zoning:
Block: 0 **Lot(s):** 43

Legal Description:

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

PROJECT DESCRIPTION: C/O 1.5 Ton mini split

MC2024-160

PROJECT NAME: Dot's HVAC

SITE ADDRESS: 2309 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6406.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* 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: 6.4.24



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

EL2024-049

PROJECT NAME: Hawkeye Electric
SITE ADDRESS: 1700 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 05/29/2024

EXPIRES: 11/25/2024

APPLICANT: Hawkeye Realty Llc
1225 Hill St
Wilmington, NC 28403

OWNER: Hawkeye Realty Llc
1225 Hill St
Wilmington, NC 28403

ELECTRICAL-UNLIMITED:

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

License: 26395
Expires: 09/29/2024

PARCEL:

PIN: 988410478172

Parcel Number: 002892000

Address: 1700 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES

Block: H **Lot(s):** PT 18 & 19

Legal Description:

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

PROJECT DESCRIPTION: Replace weatherhead and cable to meter base.

PAID
R 6/3/24
online permit

EL2024-049

PROJECT NAME: Hawkeye Electric

SITE ADDRESS: 1700 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 05/29/2024

EXPIRES: 11/25/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1100.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: David Bryan Muttler Date: 05 / 31 / 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

BP2024-115	BUILDING
PROJECT NAME: MCGRIT SECOND LEVEL DECK AND STAIR	ISSUED: 06/03/2024
SITE ADDRESS: 2306 RAYMOND AVE KILL DEVIL HILLS	EXPIRES: 11/30/2024

APPLICANT: Mcgrit, Eugene
PO Box 502
ARDEN, NC 28704
386-212-2373

OWNER: Mcgrit, Eugene
PO Box 502
ARDEN, NC 28704
386-212-2373

BUILDING LIMITED: Coastal Modern Homes
113 Sunrise View
kitty hawk, nc 27949
252-305-3700

License: 99704
Expires: 12/31/2024

PARCEL:

PIN: 988517118501

Parcel Number: 000789000

Address: 2306 RAYMOND AVE KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORE AMD BLK 23

Block: 23 **Lot(s):** 1

Legal Description:

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

PROJECT DESCRIPTION: REBUILD SECOND LEVEL WEATHER DECK AND STAIR

 **PAID**
online 6/3/24


BP2024-115

PROJECT NAME: MCGRIT SECOND LEVEL DECK AND STAIR
SITE ADDRESS: 2306 RAYMOND AVE KILL DEVIL HILLS

BUILDING

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	7.5
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	14000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Deck to be built to existing footprint, no increase in size permitted.

BP2024-115

PROJECT NAME: MCGRIT SECOND LEVEL DECK AND STAIR
SITE ADDRESS: 2306 RAYMOND AVE KILL DEVIL HILLS


BUILDING

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

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:  Date: 06 / 03 / 2024



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

Planning and Inspection Department

PAID

JUN - 3 2024

TOWN OF
KILL DEVIL HILLS

BP2024-112	BUILDING
PROJECT NAME: Castro Stairs	ISSUED: 05/31/2024
SITE ADDRESS: 513 ARMSTRONG CT KILL DEVIL HILLS	EXPIRES: 11/27/2024

APPLICANT: Castro, Daniel 513 Armstrong Ct Kill Devil Hills, NC 27948	OWNER: Castro, Daniel 513 Armstrong Ct Kill Devil Hills, NC 27948
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2024
-----------------	--	--

PARCEL:

PIN: 988405186281	Parcel Number: 002100000
Address: 513 ARMSTRONG CT KILL DEVIL HILLS	Zoning:
Addition: WRIGHT'S SHORES	Block: 0 Lot(s): 138
Legal Description:	

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

PROJECT DESCRIPTION: replace existing front stairs to same footprint

PAID
WITH
CASH

BP2024-112

PROJECT NAME: Castro Stairs

SITE ADDRESS: 513 ARMSTRONG CT KILL DEVIL HILLS

BUILDING

ISSUED: 05/31/2024

EXPIRES: 11/27/2024

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Doug Styons
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2024-112

PROJECT NAME: Castro Stairs


SITE ADDRESS: 513 ARMSTRONG CT KILL DEVIL HILLS

BUILDING

ISSUED: 05/31/2024

EXPIRES: 11/27/2024

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

Issued By: 

Contractor or Authorized Agent: 

Date: 6/3/24



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



BJ2024-098

PROJECT NAME: Geyer Hot Tub
SITE ADDRESS: 437 Palmetto Street Kill Devil Hills

BUILDING JOINT

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

APPLICANT: Geyer, Richard
5924 Wayne Ave
suffolk, va 23435

OWNER: Geyer, Richard
5924 Wayne Ave
suffolk, va 23435

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988517001233

**Parcel
Number:**

Address: 437 Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 1R, Block 50, Virginia Dare Shores S/D

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

PROJECT DESCRIPTION: add 7x7 hot tub under carport, add driveway



PAID

Patricia
6/14/24 *CP*

BJ2024-098

PROJECT NAME: Geyer Hot Tub
SITE ADDRESS: 437 Palmetto Street Kill Devil Hills

BUILDING JOINT**ISSUED:** 06/03/2024**EXPIRES:** 11/30/2024**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	10000.00
LOT COVERAGE	39.20
SURVEYOR NAME AND NUMBER	Bill Jones
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

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.
- * 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.

BJ2024-098

PROJECT NAME: Geyer Hot Tub
SITE ADDRESS: 437 Palmetto Street Kill Devil Hills

BUILDING JOINT

ISSUED: 06/03/2024

EXPIRES: 11/30/2024

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: Rick Geyer Date: 06 / 03 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-059

PROJECT NAME: Verizon Electric
SITE ADDRESS: ROW 207 E BAUM ST Kill Devil Hills

ELECTRICAL

ISSUED: 06/19/2024

EXPIRES: 12/16/2024

APPLICANT: TOWN OF KILL DEVIL HILLS
P O BOX 1719
102 Town Hall Drive
KILL DEVIL HILLS, NC 27948

OWNER: TOWN OF KILL DEVIL HILLS
P O BOX 1719
102 Town Hall Drive
KILL DEVIL HILLS, NC 27948

ELECTRICAL - UNLIMITED: Carrick Contracting Corp.
1450 Kinetic Rd.
Lake Park, FL 33403
(561) 844-5322

License: U.16199
Expires: 03/31/2025

PARCEL:

PIN: ROW-7022
Address: ROW 207 E BAUM ST Kill Devil Hills
Addition:
Legal Description: ROW 207 E BAUM ST

Parcel Number:
Zoning:
Block: Lot(s):

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

PROJECT DESCRIPTION: Upgrade small cell equipment on existing pole

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FLOOD ZONE	X



PAID

CA-6/26/24

cost 4,000.⁰⁰

EL2024-059

PROJECT NAME: Verizon Electric
SITE ADDRESS: ROW 207 E BAUM ST Kill Devil Hills

ELECTRICAL

ISSUED: 06/19/2024

EXPIRES: 12/16/2024

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 06 / 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

MC2024-184	MECHANICAL
PROJECT NAME: KOLOUP HVAC	ISSUED: 06/17/2024
SITE ADDRESS: 1803 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 12/14/2024

APPLICANT: Koloup, Matthew 3301 Tudor Ct VIRGINIA BEACH, VA 23452 757-355-4730	OWNER: Koloup, Matthew 3301 Tudor Ct VIRGINIA BEACH, VA 23452 757-355-4730
--	--

PLUMBING, MECHANICAL:	NORRIS MECHANICAL P.O. Box 217 HARBINGER, NC 27941 252-491-2673	License: 11100 Expires: 12/31/2024
------------------------------	--	---

PARCEL:

PIN: 988406485482C7	Parcel Number: 028040000
Address: 1803 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: CASA DEL SOL CONDOS	Block: D Lot(s): UT 7 LTS 12-13 PT 1
Legal Description:	

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

PROJECT DESCRIPTION: HVAC C/O

 **PAID**
CT 6/27/24

MC2024-184

PROJECT NAME: KOLOUP HVAC

SITE ADDRESS: 1803 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8250.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12.00
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.

* Ground floor to remain unconditioned.

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:  Date: 06 / 17 / 2024



Town of Kill Devil Hills

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

PAID

JUN 28 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2024-194

PROJECT NAME: Mccue HVAC
SITE ADDRESS: 1522 Bailey's Bay Rd #12 Kill Devil Hills

MECHANICAL

ISSUED: 06/27/2024

EXPIRES: 12/24/2024

APPLICANT: Mccue, Melissa
4331 Keaton Lane
Williamsburg, Va 23188

OWNER: Mccue, Melissa
4331 Keaton Lane
Williamsburg, Va 23188

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: 98830637393512

**Parcel
Number:**

Address: 1522 Bailey's Bay Rd #12 Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Residential condo

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

PROJECT DESCRIPTION: C/O 2 Ton air handler

MC2024-194

PROJECT NAME: Mccue HVAC

SITE ADDRESS: 1522 Bailey's Bay Rd #12 Kill Devil Hills

MECHANICAL

ISSUED: 06/27/2024

EXPIRES: 12/24/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5752.00
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: 6.28.24



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

MC2024-196

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

MECHANICAL

ISSUED: 06/28/2024

EXPIRES: 12/25/2024

APPLICANT: Michael Flagello
4960 Applebutter Rd
Pipersville, PA 18947

OWNER: Michael Flagello
4960 Applebutter Rd
Pipersville, PA 18947

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: 989309155170C6

Parcel Number: 028136000

Address: 1801 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** A, UNIT 6

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

PAID
6/28/24 - CF

MC2024-196

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 1801 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/28/2024

EXPIRES: 12/25/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6538.00
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: Marty Shaw

Contractor or Authorized Agent: Brian Lancaster Date: 06 / 28 / 2024