

EG PERMIT #												
EG2024-010	Dumitru Sorocean	603 Holly St.	N	EG	\$ 10,000.00	X	\$ 100.00	R	8/13/2024	N	Clear lot for new single family dwelling and pool	
EG2024-011	Coastline Investments	1816 Sea Swept Rd.	R	EG	\$ 7,000.00	X	\$ 100.00	R	8/19/2024	Y	Clear lot for new single family dwelling	
					\$ 17,000.00		\$ 200.00					
DM PERMIT #												
DM2024-006	Paul Gurzo	1829 N. Va. Dare Trl.	R	DM	\$ 15,000.00	VE	\$ 100.00	R	8/19/2024	Y	Demo house	
DW PERMIT #												
DW2024-010	Harris Styons, LLC	2700 N. Croatan Hwy.	A	DW	\$ 2,100.00	X	\$ 50.00	C	8/28/2024	N	Add concrete parking area	
TOTAL					\$ 3,142,942.03		\$ 23,698.00					



Town of Kill Devil Hills

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

PAID
PAID WITH CASH
AUG - 9 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

ZP2024-061	ZONING PERMIT
PROJECT NAME: Pendleton Fence	ISSUED: 08/09/2024
SITE ADDRESS: 805 EIGHTH AVE KILL DEVIL HILLS	EXPIRES: 02/05/2025

APPLICANT: Pendleton, Shawn 805 Eighth Ave Kill Devil Hills, NC 27948 252-256-1775	OWNER: Pendleton, Shawn 805 Eighth Ave Kill Devil Hills, NC 27948 252-256-1775
--	--

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

PARCEL:

PIN: 988311667759	Parcel Number: 030497000
Address: 805 EIGHTH AVE KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS RLTY CORP ADD	Block: 44 Lot(s): 8
Legal Description:	

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

PROJECT DESCRIPTION: Construct 6' fence in rear yard

ZP2024-061

PROJECT NAME: Pendleton Fence
SITE ADDRESS: 805 EIGHTH AVE KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

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
BASE FLOOD ELEVATION	8
PURPOSE	Residential Accessory
CONSTRUCTION COST	4000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: Shan Beatty **Date:** 8-9-24



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-245

PROJECT NAME: Kenny HVAC
SITE ADDRESS: 114 WRIGHT AVE E KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/08/2024

EXPIRES: 02/04/2025

APPLICANT: Kenny, Zach
108 Corona Ln Apt A
SAN CLEMENTE, CA 92672

OWNER: Kenny, Zach
108 Corona Ln Apt A
SAN CLEMENTE, CA 92672

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: 988420706932

Parcel Number: 003886000

Address: 114 WRIGHT AVE E KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 38 **Lot(s):** 5

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

 **PAID**
McE/g/21
Online

MC2024-245

PROJECT NAME: Kenny HVAC

SITE ADDRESS: 114 WRIGHT AVE E KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/08/2024

EXPIRES: 02/04/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	14382.00
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: 08 / 09 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

PL2024-005

PROJECT NAME: Powell Plumbing
SITE ADDRESS: 112 COVE CT KILL DEVIL HILLS

PLUMBING

ISSUED: 08/08/2024

EXPIRES: 02/04/2025

APPLICANT: Powell, Tracey
1046 Bellevue Rd
Halifax, VA 24592

OWNER: Powell, Tracey
1046 Bellevue Rd
Halifax, VA 24592

PLUMBING CLASS I: ABSOLUTE PLUMBING
101 Quarter Landing
Harbinger, NC 27941
252-489-1439

License: 30190
Expires: 12/31/2024

PARCEL:

PIN: 988411555077

Parcel Number: 003531000

Address: 112 COVE CT KILL DEVIL HILLS

Addition: LANDING SECTION 1, THE

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

Legal Description:

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

PROJECT DESCRIPTION: Replace water service line



PL2024-005

PROJECT NAME: Powell Plumbing
SITE ADDRESS: 112 COVE CT KILL DEVIL HILLS

PLUMBING

ISSUED: 08/08/2024

EXPIRES: 02/04/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3083.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In

Final

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: *Norman Long* Date: 08 / 09 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

SG2024-016	SIGN
PROJECT NAME: White Cap Car Wash	ISSUED: 08/08/2024
SITE ADDRESS: 2000 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 02/04/2025

APPLICANT: Lang Signs 520C Industrial Way CUMMING, GA 30040 941-812-5544	OWNER: WORSLEY, CARL E JR P O BOX 188 NAGS HEAD, NC 27959
--	--

SIGN CONTRACTOR: Lang Signs 520C Industrial Way CUMMING, GA 30040 941-812-5544	License: 8832 Expires: 08/31/2025
--	--

PARCEL:

PIN: 988406296212	Parcel Number: 001296000
Address: 2000 CROATAN HWY N KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 528-529
Legal Description:	

FEES:	Paid	Due
Sign Permit Fee	\$300.00	\$0.00
Totals :	\$300.00	\$0.00

PROJECT DESCRIPTION: Free-standing sign and signs on the building

 **PAID**
CR - 8/19/24

SG2024-016

PROJECT NAME: White Cap Car Wash

SITE ADDRESS: 2000 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 08/08/2024

EXPIRES: 02/04/2025

DETAILS**Permit**

Name	Value
# OF SIGNS	3
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	40.00
SIGN - WALL PERMITTED (SQFT)	55.20
SIGN- WALL PROPOSED (SQ FT)	55.20
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	20000.00
FLOOD ZONE	X

REQUIRED INSPECTIONS

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.

* 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.

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

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

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

* Zoning Final Inspection is required.

SG2024-016

PROJECT NAME: White Cap Car Wash

SITE ADDRESS: 2000 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 08/08/2024

EXPIRES: 02/04/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: Richie Redish Date: 08 / 09 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-074	ELECTRICAL
PROJECT NAME: VERIZON WIRELESS EQUIPMENT REPLACEMENT	ISSUED: 08/06/2024
SITE ADDRESS: 302 South Croatan Highway Kill Devil Hills	EXPIRES: 02/02/2025

APPLICANT: Jack Avena on behalf of Verizon Wireless
120 Eastshore DR
GLEN ALLEN, VA 23059
571-337-0635

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-5741

Parcel Number:

Address: 302 South Croatan Highway Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: ROW, 302 S CROATAN HWY

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

PROJECT DESCRIPTION: Replace antenna and radio on existing Dominion utility pole.

PAID
08/09/24
online

EL2024-074

PROJECT NAME: VERIZON WIRELESS EQUIPMENT
REPLACEMENT

SITE ADDRESS: 302 South Croatan Highway Kill Devil Hills

ELECTRICAL

ISSUED: 08/06/2024

EXPIRES: 02/02/2025

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	7000.00
CONSTRUCTION TYPE	III
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: Marty Shaw

Contractor or Authorized Agent: Jack Aversa Date: 08 / 08 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2023-074

PROJECT NAME: TOWN HALL BOARD ROOM ELECTRICAL
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

ELECTRICAL

ISSUED: 08/01/2023

EXPIRES: 01/28/2024

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:

LOWIRE TECHNOLOGIES
PO Box 2751
Kill Devil Hills, NC 27948
252-449-4690

License: 19403
Expires: 10/02/2023

PARCEL:

PIN: 9876543210

Parcel Number: 23

Address: 102 Town Hall Dr Kill Devil Hill

Zoning: G&I

Addition:

Block: blk **Lot(s):** lot

Legal Description: This is the legal description test

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

PROJECT DESCRIPTION: NEW LIGHTING FIXTURES



PAID
8/6/24
on-line

EL2023-074

PROJECT NAME: TOWN HALL BOARD ROOM ELECTRICAL
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

ELECTRICAL

ISSUED: 08/01/2023

EXPIRES: 01/28/2024

DETAILS

Permit

Name	Value
ZONING DISTRICT	G&I Public
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	7759.00
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: Marty Shaw

Contractor or Authorized Agent: Daniel Parsons **Date:** 08 / 02 / 2023



Town of Kill Devil Hills

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

PAID

AUG - 8 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-134

PROJECT NAME: SAGA New House
SITE ADDRESS: 501 Zen Lane Kill Devil Hills

BUILDING JOINT

ISSUED: 08/08/2024

EXPIRES: 07/31/2025

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: 988414320835

Parcel Number:

Address: 501 Zen Lane Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 43, Water Oak Residential

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$141.00	\$0.00	Residential Unheated (.40)	460 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1693 sq. Ft.
Res. Building Permit Fee	\$1,453.75	\$0.00	Covered Porches/Decks	188 SQFT
Totals :	\$1,644.75	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: new 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T26133

BJ2024-134PROJECT NAME: SAGA New House
SITE ADDRESS: 501 Zen Lane Kill Devil Hills**BUILDING JOINT**

ISSUED: 08/08/2024

EXPIRES: 07/31/2025

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	38.90
LIVING SPACE (SQFT)	1693
COVERED PORCHES/DECKS (SQFT)	188
GARAGE (SQFT)	460
TOTAL SQUARE FOOTAGE	2341
SURVEYOR NAME AND NUMBER	Mike Robinson
ENGINEER AND LICENSE NUMBER	MIKE OSTEEN 032628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-134

PROJECT NAME: SAGA New House
SITE ADDRESS: 501 Zen Lane Kill Devil Hills

BUILDING JOINT

ISSUED: 08/08/2024

EXPIRES: 07/31/2025


REQUIRED INSPECTIONS

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

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: Graceyn Morick Date: 8.8.24



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2024-159	BUILDING
PROJECT NAME: George Stinnett	ISSUED: 07/31/2024
SITE ADDRESS: 1418 West First Street Kill Devil Hills	EXPIRES: 01/27/2025

APPLICANT:	N E Marine Inc. PO Box 42 kitty hawk, nc 27949 252-261-3682	OWNER:	George and Cindy Stinnett 144 W. Morris Hill Road COVINGTON, VA 24426 540-584-4532
-------------------	--	---------------	---

GENERAL:	N E Marine Inc. PO Box 42 kitty hawk, nc 27949 252-261-3682	License: 123456 Expires: 04/30/2025
-----------------	--	--

PARCEL:

PIN:	988417118292	Parcel Number:	
Address:	1418 West First Street Kill Devil Hills	Zoning:	
Addition:		Block:	Lot(s):
Legal Description:	Lot 3, Pine Grove Subdivision		

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

PROJECT DESCRIPTION: Add to retaining wall

 **PAID**
M. e/s/p/y
ant.v

BP2024-159

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

BUILDING**ISSUED:** 07/31/2024**EXPIRES:** 01/27/2025**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	AE
BASE FLOOD ELEVATION	4
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6400.00
SURVEYOR NAME AND NUMBER	Timmons
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
 Zoning Final

CONDITIONS

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

BP2024-159

PROJECT NAME: George Stinnett

SITE ADDRESS: 1418 West First Street Kill Devil Hills

BUILDING

ISSUED: 07/31/2024

EXPIRES: 01/27/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: Julie Emory Date: 08 / 08 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-244	MECHANICAL
PROJECT NAME: Schneider HVAC	ISSUED: 08/08/2024
SITE ADDRESS: 202 WILKINSON ST E KILL DEVIL HILLS	EXPIRES: 02/04/2025

APPLICANT: SCHNEIDER, DICK O PO Box 2530 Kitty Hawk, NC 27949 703-887-3961	OWNER: SCHNEIDER, DICK O PO Box 2530 Kitty Hawk, NC 27949 703-887-3961
--	--

ELECTRICAL, PLUMBING AND HEATING:	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	License: 35705 Expires: 10/27/2024
MECHANICAL, H-2, H-3:	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	License: 34340 Expires: 12/31/2024

PARCEL:

PIN: 988513130347	Parcel Number: 002984023
Address: 202 WILKINSON ST E KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 10 Lot(s): 23A
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 (mid floor)

 **PAID**
on 8/8/24
online

MC2024-244

PROJECT NAME: Schneider HVAC

SITE ADDRESS: 202 WILKINSON ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/08/2024

EXPIRES: 02/04/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7450.00
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: 08 / 08 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-075	ELECTRICAL
PROJECT NAME: VERIZON WIRELESS EQUIPMENT REPLACEMENT	ISSUED: 08/06/2024
SITE ADDRESS: ROW 303 East Helga Street Kill Devil Hills	EXPIRES: 02/02/2025

APPLICANT: Jack Averna on behalf of Verizon Wireless
120 Eastshore DR
GLEN ALLEN, VA 23059
571-337-0635

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-7350

Parcel Number:

Address: ROW 303 East Helga Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: ROW 303 East Helga Street

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

PROJECT DESCRIPTION: Replace antenna and radio on existing Dominion utility pole.

PAID
8/6/24
C. Shaw

EL2024-075

PROJECT NAME: VERIZON WIRELESS EQUIPMENT
REPLACEMENT
SITE ADDRESS: ROW 303 East Helga Street Kill Devil Hills

ELECTRICAL

ISSUED: 08/06/2024

EXPIRES: 02/02/2025

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	7000.00
CONSTRUCTION TYPE	III
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: Marty Shaw

Contractor or Authorized Agent: Jack Aversa Date: 08 / 08 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

PAID
AUG - 7 2024
TOWN OF
KILL DEVIL HILLS

BP2024-162	BUILDING
PROJECT NAME: SORTO STAIR, JOISTS, DECKING	ISSUED: 08/07/2024
SITE ADDRESS: 309 INDIAN DR KILL DEVIL HILLS	EXPIRES: 02/03/2025

APPLICANT: SORTO, OSCAR
309 Indian Drive
Kill Devil Hills, NC 27948

OWNER: SORTO, OSCAR
309 Indian Drive
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988410361385 **Parcel Number:** 028819000

Address: 309 INDIAN DR KILL DEVIL HILLS

Addition: HIGH VIEW - HEDRICKS ADD **Zoning:**

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

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 EXTERIOR STAIR, REPLACE JOISTS, AND, DECKING, ON FRONT DECK

BP2024-162

PROJECT NAME: SORTO STAIR, JOISTS, DECKING
SITE ADDRESS: 309 INDIAN DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/07/2024

EXPIRES: 02/03/2025

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	5500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 08/07/24



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-242

PROJECT NAME: Evans HVAC
SITE ADDRESS: 601 FOURTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/06/2024

EXPIRES: 02/02/2025

APPLICANT: RUIZ -EVANS, SUSAN
PO BOX 2116
KILL DEVIL HILLS, NC 27948-2116

OWNER: RUIZ -EVANS, SUSAN
PO BOX 2116
KILL DEVIL HILLS, NC 27948-2116

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: 988405178772

Parcel Number: 002217017

Address: 601 FOURTH ST W KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES SEC 2

Block: 0 **Lot(s):** 17

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



PAID
8/7/24
on-line

MC2024-242

PROJECT NAME: Evans HVAC

SITE ADDRESS: 601 FOURTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/06/2024

EXPIRES: 02/02/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	14401.00
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:** 08 / 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

MC2024-243	MECHANICAL
PROJECT NAME: HVAC CHANGEOUT	ISSUED: 08/07/2024
SITE ADDRESS: 519 MCCABE CT KILL DEVIL HILLS	EXPIRES: 02/03/2025

APPLICANT: MILLER, DAWN SHEAHAN 519 MCCABE PL KILL DEVIL HILLS, NC 27948	OWNER: MILLER, DAWN SHEAHAN 519 MCCABE PL KILL DEVIL HILLS, NC 27948
---	---

MECHANICAL H2 AND H3:	R A HOY PO Box 265 Kitty Hawk, NC 27949 252-261-2008	License: 35329 Expires: 12/31/2024
------------------------------	---	---

PARCEL:

PIN: 988414340327	Parcel Number: 010386000
Address: 519 MCCABE CT KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 1	Block: 0 Lot(s): 142
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



MC2024-243

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 519 MCCABE CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/07/2024

EXPIRES: 02/03/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	11441.00
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: 08 / 07 / 2024



Town of Kill Devil Hills

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

PAID

AUG - 6 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2024-072

PROJECT NAME: T&B Homes New 4 Bedroom SFD
SITE ADDRESS: 2057 North Virginia Dare Trail Kill Devil Hills

OCCUPANCY

ISSUED: 08/06/2024

EXPIRES:

PARENT PERMIT #: BJ2023-233

APPLICANT: T and B Homes, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27948
252-207-9837

OWNER: Family Purchase Kill Devil Hills, LLC
775 Suffolk Lane
VIRGINIA BEACH, VA 23452
757-617-5202

BUILDING UNLIMITED: T and B Homes, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27948
252-207-9837

License: 80069
Expires: 12/31/2024

BUILDING UNLIMITED: T and B Homes, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27948
252-207-9837

License: 80069
Expires: 12/31/2024

PARCEL:

PIN: 988518311028

**Parcel
Number:**

Address: 2057 North Virginia Dare Trail Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 1, Miles Clark Subdivision

FEES:	<u>Paid</u>	<u>Due</u>
Certificate of Occupancy Fee- Residential (min)	\$50.00	\$0.00
Residential Trash Can	\$213.50	\$0.00
Totals :	\$263.50	\$0.00

PROJECT DESCRIPTION: new 4 bedroom single family dwelling, with pool and dune deck and walkover

OP2024-072

PROJECT NAME: T&B Homes New 4 Bedroom SFD
SITE ADDRESS: 2057 North Virginia Dare Trail Kill Devil Hills

OCCUPANCY

ISSUED: 08/06/2024

EXPIRES:

DETAILS

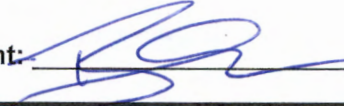
Permit

Name	Value
# OF TRASH CANS	2
PURPOSE	Residential New
ZONING DISTRICT	OIR
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
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: 08/06/2024



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

MC2024-241	MECHANICAL
PROJECT NAME: HVAC CHANGEOUT (2 systems)	ISSUED: 08/05/2024
SITE ADDRESS: 1413 Memorial Blvd. S. Kill Devil Hills	EXPIRES: 02/01/2025

APPLICANT: BACK, DAVID 3756 HEVERLY DR GLEN ALLEN, VA 23059 804-527-7928	OWNER: BACK, DAVID 3756 HEVERLY DR GLEN ALLEN, VA 23059 804-527-7928
--	--


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: 989309056837	Parcel Number: 004714002
Address: 1413 Memorial Blvd. S. Kill Devil Hills	Zoning:
Addition: Kill Devil Beach Subdivision	Block: E Lot(s): 14
Legal Description:	

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

PROJECT DESCRIPTION: HVAC CHANGEOUT (2 systems)

 **PAID**
8/6/24 DW
on-line

MC2024-241

PROJECT NAME: HVAC CHANGEOUT (2 systems)
SITE ADDRESS: 1413 Memorial Blvd. S. Kill Devil Hills

MECHANICAL

ISSUED: 08/05/2024

EXPIRES: 02/01/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	19897.00
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: 08 / 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

MC2024-239	MECHANICAL
PROJECT NAME: Perkins HVAC	ISSUED: 08/02/2024
SITE ADDRESS: 113 OREGON AVE E KILL DEVIL HILLS	EXPIRES: 01/29/2025

APPLICANT: PERKINS, CAROLYN M 24 HICKORY LANE BRIDGTON, NJ 08302 856-453-8266	OWNER: PERKINS, CAROLYN M 24 HICKORY LANE BRIDGTON, NJ 08302 856-453-8266
---	---


ELECTRICAL - LIMITED:	Coastal Mechanical and Electric Services 151 Savannah Ave JARVISBURG, NC 27947 252-453-2765	License: 29815-L Expires: 01/21/2025
MECHANICAL H-3, CLASS 1:	Coastal Mechanical and Electric Services 151 Savannah Ave JARVISBURG, NC 27947 252-453-2765	License: 26968 Expires: 12/31/2024

PARCEL:

PIN: 988420800044	Parcel Number: 015481000
Address: 113 OREGON AVE E KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 34 Lot(s): 19
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**
8/6/24
on-line

MC2024-239

PROJECT NAME: Perkins HVAC

SITE ADDRESS: 113 OREGON AVE E KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/02/2024

EXPIRES: 01/29/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8800.00
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: John pugh Date: 08 / 02 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

PAID

AUG -5 2024

TOWN OF
KILL DEVIL HILLS

BJ2024-140	BUILDING JOINT
PROJECT NAME: YOUNG FENCE, HOT TUB, AND SUB PANEL	ISSUED: 08/05/2024
SITE ADDRESS: 200 GUNAS DR KILL DEVIL HILLS	EXPIRES: 02/01/2025

APPLICANT: YOUNG, REGINA
8120 BLANDSFORD DR
MANASSAS, VA 20111
703-217-4741

OWNER: YOUNG, REGINA
8120 BLANDSFORD DR
MANASSAS, VA 20111
703-217-4741

ELECTRICAL - UNLIMITED: KREISER ELECTRIC INC
3847 IVY LN
kitty hawk, nc 27949
252-564-2367

License: 31684
Expires: 02/23/2025

PARCEL:

PIN: 989313041335	Parcel Number: 008410000
Address: 200 GUNAS DR KILL DEVIL HILLS	
Addition: OCEAN ACRES TRACT 3 SEC 1	Zoning:
Legal Description:	Block: C Lot(s): 2

FEES:	Paid	Due
Pool/Hot Tub	\$200.00	\$0.00
Fence	\$100.00	\$0.00
Totals :	\$300.00	\$0.00

PROJECT DESCRIPTION: INSTALL FENCE, REPLACE SUB PANEL, AND WIRE NEW HOT TUB

BJ2024-140

PROJECT NAME: YOUNG FENCE, HOT TUB, AND SUB PANEL
SITE ADDRESS: 200 GUNAS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/05/2024

EXPIRES: 02/01/2025

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
BASE FLOOD ELEVATION	11.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION TYPE	V
CONSTRUCTION COST	3500.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

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.

BJ2024-140

PROJECT NAME: YOUNG FENCE, HOT TUB, AND SUB PANEL
SITE ADDRESS: 200 GUNAS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/05/2024

EXPIRES: 02/01/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: _____

8-5-24



Town of Kill Devil Hills

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

PAID

AUG - 2 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-160	BUILDING
PROJECT NAME: Janet Reiter	ISSUED: 08/02/2024
SITE ADDRESS: 2806 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 01/29/2025

APPLICANT: Sea Country Homes OBX, LLC 1508 Captains Ln. Kill Devil Hills, NC 27948 252-207-8338	OWNER: REITER, LAWRENCE D 8641 MCHENRY ST VIENNA, VA 22180
---	---

GENERAL BUILDING INTERMEDIATE: Sea Country Homes OBX, LLC 1508 Captains Ln. Kill Devil Hills, NC 27948 252-207-8338	License: 70329 Expires: 12/31/2024
---	---

PARCEL:

PIN: 988513126955	Parcel Number: 000385000
Address: 2806 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 7 Lot(s): 1
Legal Description:	

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

PROJECT DESCRIPTION: Replace posts, landing, stairs, decking, handrails within same footprint

BP2024-160

PROJECT NAME: Janet Reiter
SITE ADDRESS: 2806 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 08/02/2024

EXPIRES: 01/29/2025

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AO
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	12425.00
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.
- * Must be replaced within existing footprint.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 8/2/24



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

BP2024-156

PROJECT NAME: O'Keefe Bulkhead
SITE ADDRESS: 3148 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

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

OWNER: O'KEEFE, THOMAS V
11636 Audubon Trl
MARKHAM, VA 22643

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: 987516821959

Parcel Number: 000310000

Address: 3148 BAY DR KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 231

Legal Description:

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

PROJECT DESCRIPTION: replace existing bulkhead with vinyl bulkhead



PAID
8/2/24
on-line

BP2024-156

PROJECT NAME: O'Keefe Bulkhead
SITE ADDRESS: 3148 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	20425.00
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.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Bulkhead shall not attached to adjacent owner's existing bulkheads.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: April Barrett for Emmanuel and Rod **Date:** 07 / 30 / 2024

BP2024-156

PROJECT NAME: O'Keefe Bulkhead

SITE ADDRESS: 3148 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025



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

BP2024-155	BUILDING
PROJECT NAME: Davis Bulkhead	ISSUED: 07/29/2024
SITE ADDRESS: 3146 BAY DR KILL DEVIL HILLS	EXPIRES: 01/25/2025

APPLICANT: BARRETT & HABER, LLC Emanuelson & Dad PO BOX 448 nags head, nc 27959 252-261-2212	OWNER: Davis, Elizabeth 3146 Bay Drive Kill Devil Hills, NC 27948
--	--


RESIDENTIAL - LIMITED:	BARRETT & HABER, LLC Emanuelson & Dad PO BOX 448 nags head, nc 27959 252-261-2212	License: 87233 Expires: 12/31/2024
-------------------------------	--	---

PARCEL:

PIN: 987516821973	Parcel Number: 001063000
Address: 3146 BAY DR KILL DEVIL HILLS	Zoning:
Addition: MOOR SHORES	Block: 0 Lot(s): 126
Legal Description:	

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

PROJECT DESCRIPTION: replace bulkhead with vinyl bulkhead

 **PAID**
8/2/24
on-line

BP2024-155

PROJECT NAME: Davis Bulkhead
SITE ADDRESS: 3146 BAY DR KILL DEVIL HILLS

BUILDING**ISSUED:** 07/29/2024**EXPIRES:** 01/25/2025**DETAILS****Permit**

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	13350.00
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.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Bulkhead shall not connect to adjacent owner's bulkheads.

BP2024-155

PROJECT NAME: Davis Bulkhead
SITE ADDRESS: 3146 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does 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: *Leslie Barrett for Emanuelson and Rod* _____ Date: 07 / 30 / 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

BP2024-154

PROJECT NAME: Kerr Bulkhead
SITE ADDRESS: 3144 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

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

OWNER: KERR, SALLIE
3144 BAY DR
Kill Devil Hills, NC 27948
757-374-2490

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: 987516821887

Parcel Number: 009125000

Address: 3144 BAY DR KILL DEVIL HILLS

Zoning:

Addition: MOOR SHORES

Block: 0 **Lot(s):** 127

Legal Description:

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

PROJECT DESCRIPTION: replace bulkhead with vinyl bulkhead



PAID
8/2/24
on-line

BP2024-154

PROJECT NAME: Kerr Bulkhead
SITE ADDRESS: 3144 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: *Louie Boardt for Ensamson and Red* Date: 07 / 30 / 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

BP2024-153

PROJECT NAME: Byrum Bulkhead
SITE ADDRESS: 3140 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

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

OWNER: JAMES BYRUM
106 Egret Crt.
Yorktown, Va 23692
757-869-4507

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: 987516822727

Parcel Number: 001065000

Address: 3140 BAY DR KILL DEVIL HILLS


Addition: MOOR SHORES

Zoning:
Block: 0 **Lot(s):** 129

Legal Description:

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

PROJECT DESCRIPTION: vinyl bulkhead replacement

 **PAID**
8/2/24
on-line

BP2024-153

PROJECT NAME: Byrum Bulkhead
SITE ADDRESS: 3140 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	16500.00
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.
- * Bulkhead shall not connect to adjacent property owner's bulkheads.

BP2024-153

PROJECT NAME: Byrum Bulkhead

SITE ADDRESS: 3140 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: Leslie Barrett for Emanuelson and Bud Date: 07 / 30 / 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

BP2024-152	BUILDING
PROJECT NAME: Burgee Bulkhead	ISSUED: 07/29/2024
SITE ADDRESS: 3138 BAY DR KILL DEVIL HILLS	EXPIRES: 01/25/2025


APPLICANT: BARRETT & HABER, LLC Emanuelson & Dad PO BOX 448 nags head, nc 27959 252-261-2212	OWNER: Burgee, Sandra 3138 Bay Drive Kill Devil Hills, NC 27948
--	--

RESIDENTIAL - LIMITED:	BARRETT & HABER, LLC Emanuelson & Dad PO BOX 448 nags head, nc 27959 252-261-2212	License: 87233 Expires: 12/31/2024
-------------------------------	--	---

PARCEL:			
PIN:	987516822741	Parcel Number:	001066000
Address:	3138 BAY DR KILL DEVIL HILLS		
Addition:	MOOR SHORES	Block:	0 Lot(s): 130
Legal Description:			

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

PROJECT DESCRIPTION: vinyl bulkhead along sound side

 **PAID**
8/2/24 via
on-line

BP2024-152

PROJECT NAME: Burgee Bulkhead
SITE ADDRESS: 3138 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

DETAILS**Permit**

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	19085.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final	Slab/Foundation/Piling
Final	

CONDITIONS

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

BP2024-152

PROJECT NAME: Burgee Bulkhead

SITE ADDRESS: 3138 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: Leslie Barrett for Emanuelson and Red Date: 07 / 30 / 2024



Town of Kill Devil Hills

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

PAID

Planning and Inspection Department

AUG - 1 2024

BJ2024-136

PROJECT NAME: YACOBI REMODEL
SITE ADDRESS: 907 SWAN ST KILL DEVIL HILLS

TOWN OF
BUILDING JOINT
ISSUED: 07/29/2024
EXPIRES: 01/25/2025

APPLICANT: YACOBI, MARK
907 SWAN STREET
Kill Devil Hills, NC 27948

OWNER: YACOBI, MARK
907 SWAN STREET
Kill Devil Hills, NC 27948

CONTRACTOR: SANDERLING CONSTRUCTION CORP
2701 North Croatan Hwy.
517 Elm Court
Kill Devil Hills, NC 27948
252-449-8366

License: 47372
Expires: 12/31/2024

PARCEL:

PIN: 988312777111

Parcel Number: 004446000

Address: 907 SWAN ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 27 **Lot(s):** 7

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Renovation/Remodel/Relocate	\$396.90	\$0.00	Remodel/Renovation	882 SQFT
Totals :	\$396.90	\$0.00		

PROJECT DESCRIPTION: INTERIOR REMODEL INCLUDING, KITCHEN CABINETS, WALL COVERINGS, WINDOWS, INSULATIONS, PLUMBING/ELECTRICAL AS NEEDED

BJ2024-136

PROJECT NAME: YACOBI REMODEL
SITE ADDRESS: 907 SWAN ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 07/29/2024

EXPIRES: 01/25/2025

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
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	58512.00
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.
- * Smoke detectors compliant with R314 shall be installed.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

BJ2024-136

PROJECT NAME: YACOBI REMODEL

SITE ADDRESS: 907 SWAN ST KILL DEVIL HILLS

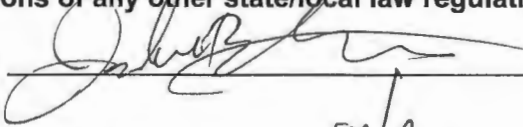
BUILDING JOINT

ISSUED: 07/29/2024

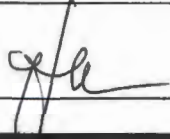
EXPIRES: 01/25/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: _____

8/1/24



Town of Kill Devil Hills

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

PAID

AUG 19 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2024-168

PROJECT NAME: Rear steps
SITE ADDRESS: 214 PALMETTO ST W KILL DEVIL HILLS

BUILDING

ISSUED: 08/16/2024

EXPIRES: 02/12/2025

APPLICANT: Szymanski, Stephen
214 W Palmetto Street
Kill Devil Hills, NC 27948

OWNER: Szymanski, Stephen
214 W Palmetto Street
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988517112098

Parcel Number: 000465000

Address: 214 PALMETTO ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 26 **Lot(s):** 23-28

Legal Description:

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

PROJECT DESCRIPTION: Replace rear steps

BP2024-168

PROJECT NAME: Rear steps
SITE ADDRESS: 214 PALMETTO ST W KILL DEVIL HILLS

BUILDING

ISSUED: 08/16/2024

EXPIRES: 02/12/2025

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

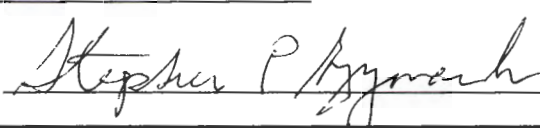
Final

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: 

Contractor or Authorized Agent:  **Date:** 8/19/24



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

MC2024-251

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 1925 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

APPLICANT: CAMPEN, SIDNEY
6605 SCARLET LN
FEDERALSBURG, MD 21632
410-714-2359

OWNER: CAMPEN, SIDNEY
6605 SCARLET LN
FEDERALSBURG, MD 21632
410-714-2359

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: 988406399597

Parcel Number: 002809000

Address: 1925 VA DARE TRL N KILL DEVIL HILLS

Zoning:

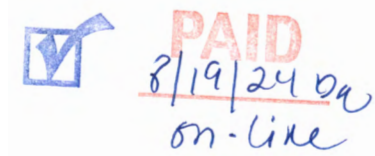
Addition: Croatan Shores Amended

Block: E **Lot(s):** 6 & 7

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT



MC2024-251

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 1925 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9693.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* 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: 08 / 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

PL2024-008

PROJECT NAME: Baugus Plumbing
SITE ADDRESS: 2022 CROATAN HWY N KILL DEVIL HILLS

PLUMBING

ISSUED: 08/16/2024

EXPIRES: 02/12/2025

APPLICANT: Baugus, Andrew
13000 Rivers Bend Rd
CHESTER, VA 23836
804-586-1445

OWNER: Baugus, Andrew
13000 Rivers Bend Rd
CHESTER, VA 23836
804-586-1445

PLUMBING CLASS I: ABSOLUTE PLUMBING
101 Quarter Landing
Harbinger, NC 27941
252-489-1439

License: 30190
Expires: 12/31/2024

PARCEL:

PIN: 988405293731

Parcel Number: 001306000

Address: 2022 CROATAN HWY N KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 540

Legal Description:

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

PROJECT DESCRIPTION: C/O water heater and install new disconnect.



PAID
8/20/24
on-line

PL2024-008

PROJECT NAME: Baugus Plumbing
SITE ADDRESS: 2022 CROATAN HWY N KILL DEVIL HILLS

PLUMBING

ISSUED: 08/16/2024

EXPIRES: 02/12/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1400.00
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: *Howard Long* Date: 08 / 16 / 2024



Town of Kill Devil Hills

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

PAID

AUG 19 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

DM2024-006

PROJECT NAME: Gurzo Demo
SITE ADDRESS: 1829 VA DARE TRL N KILL DEVIL HILLS

DEMOLITION

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

APPLICANT: MANCUSO DEVELOPMENT
P.O. Box 147
610 Currituck Club House Drive
Corolla, NC 27927
252-305-4663

OWNER: Gurzo, Paul
11737 Saddle Crescent Cir
Oakton, VA 22124

GENERAL: MANCUSO DEVELOPMENT
P.O. Box 147
610 Currituck Club House Drive
Corolla, NC 27927
252-305-4663

License: 26166
Expires: 01/01/2025

PARCEL:

PIN: 988406484704

Parcel Number: 002794000

Address: 1829 VA DARE TRL N KILL DEVIL HILLS

Addition: Croatan Shores Amended

Zoning:

Block: D **Lot(s):** 5 & PT 6

Legal Description:

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

PROJECT DESCRIPTION: demo existing house, driveway to remain as construction entrance

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
FLOOD ZONE	VE
CONSTRUCTION COST	15000.00

DM2024-006

PROJECT NAME: Gurzo Demo

SITE ADDRESS: 1829 VA DARE TRL N KILL DEVIL HILLS

DEMOLITION

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

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.

* Driveway can remain to be used as construction entrance.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: _____

8/19/24



Town of Kill Devil Hills

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

PAID

AUG 19 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

EG2024-011

PROJECT NAME: Coastline Investments
SITE ADDRESS: 1816 Sea Swept Rd Kill Devil Hills

EXCAVATION AND GRADING

ISSUED: 08/16/2024

EXPIRES: 02/12/2025

APPLICANT: Coastline Investments
281 Kilmarnic Club
Powels Point, NC 27966
252-305-8077

OWNER: Coastline Investments
281 Kilmarnic Club
Powels Point, NC 27966
252-305-8077

GENERAL, UNLIMITED:

COASTLINE REALTY & CONSTRUCTION LLC
281 Kilmarnic Club
Powels Point, NC 27966
305-8077

License: 62368
Expires: 12/31/2024

PARCEL:

PIN: 988409068817

Parcel Number: 002378000

Address: 1816 Sea Swept Rd Kill Devil Hills

Addition: SEA HOLLY RIDGE

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: Clear lot for new single family dwelling and build septic pad

EG2024-011

PROJECT NAME: Coastline Investments
SITE ADDRESS: 1816 Sea Swept Rd Kill Devil Hills

EXCAVATION AND GRADING

ISSUED: 08/16/2024

EXPIRES: 02/12/2025

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	7000.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	X
SURVEYOR NAME AND NUMBER	Eastern Geomatics

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: 8-19-24



Town of Kill Devil Hills

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

PAID

AUG 19 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

OP2024-074

PROJECT NAME: Melvin Addition
SITE ADDRESS: 512 COPLEY DR KILL DEVIL HILLS

OCCUPANCY
ISSUED: 08/16/2024

EXPIRES:

APPLICANT: COASTAL NC HOLDINGS, LLC
PO BOX 1446
kitty hawk, nc 27949
252-573-9547

OWNER: Melvin, Matthew
PO BOX 1083
Kill Devil Hills, NC 27948

BUILDING LIMITED: COASTAL NC HOLDINGS, LLC
PO BOX 1446
kitty hawk, nc 27949
252-573-9547

License: 79309
Expires: 12/31/2024

PARCEL:

PIN: 988316823868

Parcel Number: 005033000

Address: 512 COPLEY DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2

Zoning:

Block: 1 **Lot(s):** 12

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Certificate of Occupancy Fee- Residential (min)	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: 1 Bedroom addition to rear of house, connected by deck, adding gravel driveway, 3 total bedrooms

OP2024-074

PROJECT NAME: Melvin Addition
SITE ADDRESS: 512 COPLEY DR KILL DEVIL HILLS

OCCUPANCY
ISSUED: 08/16/2024

EXPIRES:

DETAILS

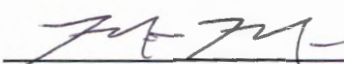
Permit

Name	Value
PURPOSE	Residential Addition
ZONING DISTRICT	RL
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
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: 8/19/24



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

MC2024-249

PROJECT NAME: Powell HVAC
SITE ADDRESS: 1710 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

APPLICANT: POWELL, RACHEL N
BOX 2287
KILL DEVIL HILLS, NC 27948

OWNER: POWELL, RACHEL N
BOX 2287
KILL DEVIL HILLS, NC 27948

MECHANICAL, H-3, I:

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

License: 18066
Expires: 12/31/2024

PARCEL:

PIN: 988409055210

Parcel Number: 002553000

Address: 1710 BAY DR KILL DEVIL HILLS

Addition: CROATAN SHORES INC SEC 1

Zoning:
Block: 22 **Lot(s):** 1-2

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
8/16/2024
on-line

MC2024-249

PROJECT NAME: Powell HVAC
SITE ADDRESS: 1710 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9100.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* 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:** 08 / 16 / 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

MC2024-185

PROJECT NAME: Fevrier HVAC
SITE ADDRESS: 2015 NORFOLK ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

APPLICANT: Fevrier, Thiery
1921 Frizzell Dr
Virginia Beach, Va 23455
757-469-7990

OWNER: Fevrier, Thiery
1921 Frizzell Dr
Virginia Beach, Va 23455
757-469-7990

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: 988405290476

Parcel Number: 001214000

Address: 2015 NORFOLK ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 760

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton & 2.5 ton HVAC systems



PAID
8/16/2024
on-line

MC2024-185

PROJECT NAME: Fevrier HVAC

SITE ADDRESS: 2015 NORFOLK ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 06/17/2024

EXPIRES: 12/14/2024

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	16375.00
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:** 08 / 13 / 2024



Town of Kill Devil Hills

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

PAID

AUG 15 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2024-073	OCCUPANCY
PROJECT NAME: Water Oak New 3 Bedroom SFD	ISSUED: 08/14/2024
SITE ADDRESS: 526 ANIKA WAY KILL DEVIL HILLS	EXPIRES:

PARENT PERMIT #: BJ2024-032

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

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

PARCEL:			
PIN:	988414226961	Parcel Number:	
Address:	526 ANIKA WAY KILL DEVIL HILLS		
Addition:		Zoning:	
Legal Description:	Lot 29, Water Oak	Block:	Lot(s):

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

PROJECT DESCRIPTION: new 3 bedroom single family dwelling with concrete pad in rear yard

PAID

AUG 15 2024

TOWN OF
KILL DEVIL HILLS

OP2024-073

PROJECT NAME: Water Oak New 3 Bedroom SFD
SITE ADDRESS: 526 ANIKA WAY KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/14/2024

EXPIRES:

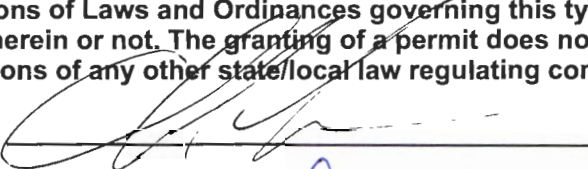
DETAILS

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: Grace Mueck Date: 8.15.24



Town of Kill Devil Hills

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

PAID

AUG 15 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2024-161

PROJECT NAME: Jeff Fisher
SITE ADDRESS: 619 LANDING DR W KILL DEVIL HILLS

BUILDING

ISSUED: 08/06/2024
EXPIRES: 02/02/2025

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

OWNER: Fisher, Jeff
619 W. Landing Drive
Kill Devil Hills, NC 27948
757-477-2578

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

License: Unlicensed
Expires: 01/26/2029

PARCEL:

PIN: 988413129923

Parcel Number: 003617000

Address: 619 LANDING DR W KILL DEVIL HILLS

Addition: LANDING SECTION 3, THE

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

Legal Description:

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

PROJECT DESCRIPTION: Replace front stairs within footprint

BP2024-161

PROJECT NAME: Jeff Fisher

SITE ADDRESS: 619 LANDING DR W KILL DEVIL HILLS

BUILDING

ISSUED: 08/06/2024

EXPIRES: 02/02/2025

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	3400.00
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: 8.15.2024



Town of Kill Devil Hills

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

PAID

AUG 15 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2024-064	ZONING PERMIT
PROJECT NAME: Brendon Broder	ISSUED: 08/13/2024
SITE ADDRESS: 104 GODDARD AVE E KILL DEVIL HILLS	EXPIRES: 02/09/2025

APPLICANT: Broder, Brendon 104 East Goddard Avenue Kill Devil Hills, NC 27948 520-204-6664	OWNER: Broder, Brendon 104 East Goddard Avenue Kill Devil Hills, NC 27948 520-204-6664
--	--

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

PARCEL:

PIN: 988308891359	Parcel Number: 003793000
Address: 104 GODDARD AVE E KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 32 Lot(s): 9
Legal Description:	

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

PROJECT DESCRIPTION: Fence

ZP2024-064

PROJECT NAME: Brendon Broder
SITE ADDRESS: 104 GODDARD AVE E KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

DETAILS

Permit

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

REQUIRED INSPECTIONS

Stringline

Zoning Final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 8/15/24



Town of Kill Devil Hills

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

Planning and Inspection Department

PL2024-007	PLUMBING
PROJECT NAME: Baugus Plumbing	ISSUED: 08/13/2024
SITE ADDRESS: 2022 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 02/09/2025

APPLICANT: Baugus, Andrew 13000 Rivers Bend Rd CHESTER, VA 23836 804-586-1445	OWNER: Baugus, Andrew 13000 Rivers Bend Rd CHESTER, VA 23836 804-586-1445
---	---

PLUMBING CLASS I:	ABSOLUTE PLUMBING 101 Quarter Landing Harbinger, NC 27941 252-489-1439	License: 30190 Expires: 12/31/2024
--------------------------	---	---

PARCEL:

PIN: 988405293731	Parcel Number: 001306000
Address: 2022 CROATAN HWY N KILL DEVIL HILLS	
Addition: AVALON BEACH ANNEX 2 & 3	Zoning:
Legal Description:	Block: 0 Lot(s): 540

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

PROJECT DESCRIPTION: Replace water service line with shut off

PAID
8/14/24 DC
8/14/24
OK-Line

PL2024-007

PROJECT NAME: Baugus Plumbing
SITE ADDRESS: 2022 CROATAN HWY N KILL DEVIL HILLS

PLUMBING

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5300.00
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: *Honora Long* Date: 08 / 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

ZP2024-063

PROJECT NAME: Jarvis Fence
SITE ADDRESS: 805 AIRSTRIP RD W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

APPLICANT: Mindful Maintenance
108 Red Haven St
JARVISBURG, NC 27947

OWNER: Jarvis, Julie
P O Box 7843
Kill Devil Hills, NC 27948
252-722-4032

UNLICENSED - REMODELING: Mindful Maintenance
108 Red Haven St
JARVISBURG, NC 27947

License: 12345
Expires:

PARCEL:

PIN: 988311751428

Parcel Number: 004596000

Address: 805 AIRSTRIP RD W KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 52 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: fence along front of existing trailer, cannot connect to adjacent lots

PAID

AUG 13 2024

TOWN OF
KILL DEVIL HILLS

ZP2024-063

PROJECT NAME: Jarvis Fence
SITE ADDRESS: 805 AIRSTRIP RD W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

DETAILS

Permit

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

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 8-13-24



Town of Kill Devil Hills

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

PAID

AUG 13 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2024-250	MECHANICAL
PROJECT NAME: Radford HVAC	ISSUED: 08/13/2024
SITE ADDRESS: 335 EDEN ST ST W KILL DEVIL HILLS	EXPIRES: 02/09/2025

APPLICANT: Edward Radford 108 Page St FRANKLIN, VA 23851	OWNER: Edward Radford 108 Page St FRANKLIN, VA 23851
---	---

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: 988517005725	Parcel Number: 000613000
Address: 335 EDEN ST ST W KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 48 Lot(s): 3-4
Legal Description:	

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

PROJECT DESCRIPTION: Replace duct work under house.

MC2024-250

PROJECT NAME: Radford HVAC

SITE ADDRESS: 335 EDEN ST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6138.00
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: 8-13-24



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-077	ELECTRICAL
PROJECT NAME:	ISSUED: 08/13/2024
SITE ADDRESS: 1202 SEVENTH AVE KILL DEVIL HILLS	EXPIRES: 02/09/2025

APPLICANT: 5001 VA Beach Boulevard Assoc
1236 Knights Bridge Lane
Virginia Beach, Va 23455
757-343-5915

OWNER: 5001 VA Beach Boulevard Assoc
1236 Knights Bridge Lane
Virginia Beach, Va 23455
757-343-5915

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

License: 30465
Expires: 03/25/2025

PARCEL:

PIN: 988312756369

Parcel Number: 004569000

Address: 1202 SEVENTH AVE KILL DEVIL HILLS

Zoning:


Addition: KILL DEVIL HILLS REALTY CORP

Block: 48 **Lot(s):** 2

Legal Description:

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

PROJECT DESCRIPTION: Replace main electrical panel

 **PAID**
8/13/24
on-line

EL2024-077

PROJECT NAME:

SITE ADDRESS: 1202 SEVENTH AVE KILL DEVIL HILLS

ELECTRICAL

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

DETAILS

Permit

Name	Value
ZONING DISTRICT	LI-2
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2200.00
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:  **Date:** 08 / 13 / 2024



Town of Kill Devil Hills

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

PAID

AMAG 133 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

EG2024-010

PROJECT NAME: Dumitru Sorocean
SITE ADDRESS: 603 Holly Street Kill Devil Hills

EXCAVATION AND GRADING

ISSUED: 08/12/2024

EXPIRES: 02/08/2025

APPLICANT: Fine Finish Construction and Design
1603 Sand Dollar Circle
kitty hawk, nc 27949
252-202-0635

OWNER: Sorocean, Dumitru
612 Granite Creek Road
ROLESVILLE, NC 27571
252-305-3524

CONTRACTOR: Fine Finish Construction and Design
1603 Sand Dollar Circle
kitty hawk, nc 27949
252-202-0635

License: 79316
Expires:

PARCEL:

PIN: 988312854071

**Parcel
Number:**

Address: 603 Holly Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 2, Block BB, Kill Devil Beach Extended Subdivision

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

PROJECT DESCRIPTION: Clear lot for new single family dwelling and pool

EG2024-010

PROJECT NAME: Dumitru Sorocean
SITE ADDRESS: 603 Holly Street Kill Devil Hills

EXCAVATION AND GRADING

ISSUED: 08/12/2024

EXPIRES: 02/08/2025

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	10000.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	X
SURVEYOR NAME AND NUMBER	JH Miller

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 8/13/2024



Town of Kill Devil Hills

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

PAID

AUG 13 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-141	BUILDING JOINT
PROJECT NAME: Hurdle Addition	ISSUED: 08/13/2024
SITE ADDRESS: 318 ARCH ST W KILL DEVIL HILLS	EXPIRES: 02/09/2025

APPLICANT: Awesome Remodeling 409 W. LAKE DR Kill Devil Hills, NC 27948 252-305-0636	OWNER: Hurdle, Joseph PO BOX 203 Kill Devil Hills, NC 27948
--	--

BUILDING UNLIMITED: Awesome Remodeling 409 W. LAKE DR Kill Devil Hills, NC 27948 252-305-0636	License: 100184 Expires: 12/31/2024
---	--

PARCEL:

PIN: 987516847057	Parcel Number: 000212000
Address: 318 ARCH ST W KILL DEVIL HILLS	Zoning:
Addition: ORVILLE BEACH WEST	Block: 0 Lot(s): 111
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$675.00	\$0.00	Residential Heated Space	900 sq. Ft.
Renovation/Remodel/Relocate	\$418.50	\$0.00	(.75)	
Covered Porch Residential	\$149.25	\$0.00	Covered Porches/Decks	199 SQFT
			Remodel/Renovation	930 SQFT
Totals :	\$1,242.75	\$0.00		

PROJECT DESCRIPTION: add 1 bed 2 bath addition to existing house, 4 total bedrooms

BJ2024-141

PROJECT NAME: Hurdle Addition
SITE ADDRESS: 318 ARCH ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/13/2024
EXPIRES: 02/09/2025

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 #	S5-27404
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	383000.00
LOT COVERAGE	39.40
LIVING SPACE (SQFT)	900
COVERED PORCHES/DECKS (SQFT)	199
TOTAL SQUARE FOOTAGE	1099
SURVEYOR NAME AND NUMBER	Doug Styons
ENGINEER AND LICENSE NUMBER	Mikw O'Steen 03628
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-141

PROJECT NAME: Hurdle Addition

SITE ADDRESS: 318 ARCH ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

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.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * 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.
- * Driveway and parking areas cannot exceed 40 feet in total width.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 8-13-24



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2024-062

PROJECT NAME: Jarvis Fence
SITE ADDRESS: 807 AIRSTRIP RD W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

APPLICANT: Mindful Maintenance
108 Red Haven St
JARVISBURG, NC 27947

OWNER: Jarvis, Julie
P O Box 7843
Kill Devil Hills, NC 27948
252-722-4032

UNLICENSED - REMODELING: Mindful Maintenance
108 Red Haven St
JARVISBURG, NC 27947

License: 12345
Expires:

PARCEL:

PIN: 988311750472

Parcel Number: 004597000

Address: 807 AIRSTRIP RD W KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 52 **Lot(s):** 7

Legal Description:

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

PROJECT DESCRIPTION: fence ialong front of house, not connecting to adjacent lot

PAID

AUG 13 2024

TOAN OF
KILL DEVIL HILLS

ZP2024-062

PROJECT NAME: Jarvis Fence

SITE ADDRESS: 807 AIRSTRIP RD W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

DETAILS

Permit

Name	Value
ZONING DISTRICT	LI-2
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	5000.00
SURVEYOR NAME AND NUMBER	Kirk Foreman
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 8-28-24



Town of Kill Devil Hills

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

PAID

AUG 13 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-138

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 2034 NEWPORT NEWS ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

APPLICANT: Sandy Bottom Homes
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

OWNER: Sandy Bottom Homes
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

GENERAL BUILDING-LIMITED: SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

License: 67524
Expires: 12/31/2024

PARCEL:

PIN: 988405194780

Parcel Number: 000944000

Address: 2034 NEWPORT NEWS ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1231

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Land Disturbing	\$100.00	\$0.00	# of Temporary Poles	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Heated Space	1804 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Res. Building Permit Fee	\$1,405.40	\$0.00	Open Decks	1 EA
Covered Porch Residential	\$174.00	\$0.00	Covered Porches/Decks	232 SQFT
Totals :	\$1,879.40	\$0.00	Residential Unheated (.40)	131 Sq. Ft

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: 12637

BJ2024-138

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 2034 NEWPORT NEWS ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	S8-27258
# 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	39.90
LIVING SPACE (SQFT)	1804
COVERED PORCHES/DECKS (SQFT)	232
ACCESSORY STRUCTURE (SQFT)	131
OPEN DECK (SQFT)	64
TOTAL SQUARE FOOTAGE	2231
SURVEYOR NAME AND NUMBER	Seaboard
ENGINEER AND LICENSE NUMBER	Mikw O'Steen 03628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-138

PROJECT NAME: Sandy Bottom Homes

SITE ADDRESS: 2034 NEWPORT NEWS ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/13/2024

EXPIRES: 02/09/2025

REQUIRED INSPECTIONS

In-Slab Plumbing

Insulation

Slab/Foundation/Piling

Final

Framing

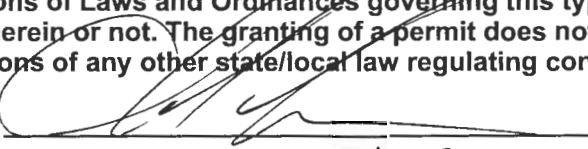
Zoning Final

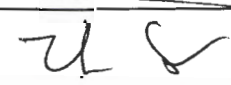
Rough In

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * Foundation survey will be required prior to rough-in inspection.
- * 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:** 8-13-24



Town of Kill Devil Hills

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

PAID
AUG 13 2024
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-139	BUILDING JOINT
PROJECT NAME: Lenz Homes 4 Bedroom House	ISSUED: 08/12/2024
SITE ADDRESS: 107 CAROLYN DR KILL DEVIL HILLS	EXPIRES: 02/08/2025

APPLICANT: Lenz Homes Inc. PO BOX 74 Point Harbor, NC 27964 252-202-2637	OWNER: Lenz Properties Llc 20564 Captains Walk SMITHFIELD, VA 23430
--	--

GENERAL BUILDING - LIMITED: Lenz Homes Inc. PO BOX 74 Point Harbor, NC 27964 252-202-2637	License: 80731 Expires:
---	--

PARCEL:

PIN: 989313048533	Parcel Number: 004908007
Address: 107 CAROLYN DR KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 7
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Land Disturbing	\$100.00	\$0.00	Covered Porches/Decks	234 SQFT
T-Pole	\$50.00	\$0.00	Open Decks	1 EA
Covered Porch Residential	\$175.50	\$0.00	Residential Heated Space	2547 sq. Ft.
Open Deck Fee	\$150.00	\$0.00	(.75)	
Res. Building Permit Fee	\$1,910.25	\$0.00	# of Temporary Poles	1 EA
Pool/Hot Tub	\$200.00	\$0.00		
Totals :	\$2,585.75	\$0.00		

PROJECT DESCRIPTION: new 4 bedroom house with pool

Town of Kill Devil Hills Water Charges

PAID

BJ2024-139

PROJECT NAME: Lenz Homes 4 Bedroom House
SITE ADDRESS: 107 CAROLYN DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/12/2024

EXPIRES: 02/08/2025

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	S8-27194
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	9.53
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	450000.00
LOT COVERAGE	44.08
LIVING SPACE (SQFT)	2547
COVERED PORCHES/DECKS (SQFT)	234
OPEN DECK (SQFT)	135
SURVEYOR NAME AND NUMBER	Mike Robinson
ENGINEER AND LICENSE NUMBER	BARRETT CROOK 027540
CULVERT	N
ROLL OUT CAN	2
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-139

PROJECT NAME: Lenz Homes 4 Bedroom House
SITE ADDRESS: 107 CAROLYN DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/12/2024

EXPIRES: 02/08/2025

REQUIRED INSPECTIONS

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

CONDITIONS

- * Foundation survey will be required prior to rough-in inspection.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * 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:** 8/13/24



Town of Kill Devil Hills

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

PAID

AUG 12 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-142

PROJECT NAME: Neborsky Addition
SITE ADDRESS: 905 EIGHTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

APPLICANT: CORY NEBORSKY
905 EIGHTH AVE
Kill Devil Hills, NC 27948
252-599-2166

OWNER: CORY NEBORSKY
905 EIGHTH AVE
Kill Devil Hills, NC 27948
252-599-2166

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988311669379

Parcel Number: 004547000

Address: 905 EIGHTH AVE KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 45 **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: add 15x12 addition of living space, and deck to existing house, remains 2 bedrooms

BJ2024-142

PROJECT NAME: Neborsky Addition
SITE ADDRESS: 905 EIGHTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	S13-27351
# PARKING SPACES/BEDROOM	2
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	15000.00
LOT COVERAGE	23.00
LIVING SPACE (SQFT)	192
TOTAL SQUARE FOOTAGE	192
SURVEYOR NAME AND NUMBER	Marty Barnette
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

BJ2024-142

PROJECT NAME: Neborsky Addition

SITE ADDRESS: 905 EIGHTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 8-12-2024



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

MC2024-246

PROJECT NAME: OH WELL LLC. HVAC
SITE ADDRESS: 1105 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

APPLICANT: OH WELL LLC
P.O. BOX 1
TOANO, VA 23168

OWNER: OH WELL LLC
P.O. BOX 1
TOANO, VA 23168

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

License: 35327
Expires: 12/31/2024

PARCEL:

PIN: 988415639994

Parcel Number: 009156000

Address: 1105 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 2A **Lot(s):** 3 & PT 4

Legal Description:

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

PROJECT DESCRIPTION: HVAC C/O

PAID
8/12/24 Dec
on-line

MC2024-246

PROJECT NAME: OH WELL LLC. HVAC
SITE ADDRESS: 1105 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8800.00
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:** 08 / 09 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-247

PROJECT NAME: BERMUDA BAY HVAC
SITE ADDRESS: 1101 Cambridge Rd Kill Devil Hills

MECHANICAL

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

APPLICANT: Bermuda Bay Homeowners Association
PO Box 1807
Nags Head, NC 27959
480-4722

OWNER: Bermuda Bay Homeowners Association
PO Box 1807
Nags Head, NC 27959
480-4722

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

License: 35327
Expires: 12/31/2024

PARCEL:

PIN: 988306387222

Parcel Number:

Address: 1101 Cambridge Rd Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 300 Recreation, Sunset Bay

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

PROJECT DESCRIPTION: HVAC C/O



PAID
8/12/24 Du
on-line

MC2024-247

PROJECT NAME: BERMUDA BAY HVAC
SITE ADDRESS: 1101 Cambridge Rd Kill Devil Hills

MECHANICAL

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9000.00
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:  Date: 08 / 09 / 2024



Town of Kill Devil Hills

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

PAID

AUG 12 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

PL2024-006	PLUMBING
PROJECT NAME: Ward Plumbing	ISSUED: 08/09/2024
SITE ADDRESS: 108 AVALON DR W KILL DEVIL HILLS	EXPIRES: 02/05/2025

APPLICANT: Scott, Ann 108 W Avalon Dr Kill Devil Hills, NC 27948 252-339-5996	OWNER: Scott, Ann 108 W Avalon Dr Kill Devil Hills, NC 27948 252-339-5996
---	---

PLUMBING:	ACTION PLUMBING, INC. 4885 The Woods Road Kitty Hawk, NC 27949 252-441-9992	License: 19207 Expires: 12/31/2024
------------------	--	---

PARCEL:

PIN: 988517106563	Parcel Number: 001730000
Address: 108 AVALON DR W KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH	Block: 0 Lot(s): 89
Legal Description:	

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

PROJECT DESCRIPTION: Replace water service line

PL2024-006

PROJECT NAME: Ward Plumbing

SITE ADDRESS: 108 AVALON DR W KILL DEVIL HILLS

PLUMBING

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1673.31
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

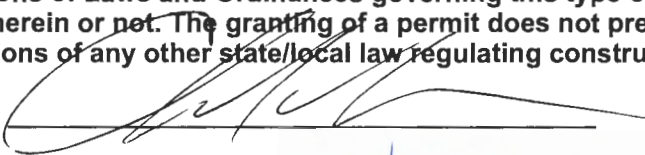
Rough In

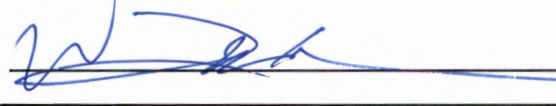
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 0-9-24



Town of Kill Devil Hills

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

PAID
AUG - 9 2024
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-137	BUILDING JOINT
PROJECT NAME: Ryan and Shannon McKinstrie	ISSUED: 08/09/2024
SITE ADDRESS: 401 APACHE ST KILL DEVIL HILLS	EXPIRES: 02/05/2025

APPLICANT: CAROLINA BEACH BUILDERS
UNKNOWN
UNKNOWN, XX 00000

OWNER: Mckinstrie, Shannon
1604 Edgerock Cove Ct
CARY, NC 27519

UNLIMITED BUILDING: CAROLINA BEACH BUILDERS
252 Woodland Dr
kitty hawk, nc 27949
256-1521

License: 27951
Expires: 12/31/2024

PARCEL:

PIN: 988410350362

Parcel Number: 003210000

Address: 401 APACHE ST KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VILLAGE SEC 2

Block: 0 **Lot(s):** 213

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$1,285.50	\$0.00	Residential Heated Space	1714 sq. Ft.
Open Deck Fee	\$150.00	\$0.00	(.75)	
T-Pole	\$50.00	\$0.00	Open Decks	1 EA
			# of Temporary Poles	1 EA
Totals :	\$1,485.50	\$0.00		

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T26135

BJ2024-137**PROJECT NAME:** Ryan and Shannon McKinstrie
SITE ADDRESS: 401 APACHE ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 08/09/2024**EXPIRES:** 02/05/2025

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 #	S8-26535
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	410000.00
LOT COVERAGE	29.00
LIVING SPACE (SQFT)	1714
OPEN DECK (SQFT)	249
TOTAL SQUARE FOOTAGE	1963
SURVEYOR NAME AND NUMBER	Styons
ENGINEER AND LICENSE NUMBER	Ray Pate 13018
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-137

PROJECT NAME: Ryan and Shannon McKinstry
SITE ADDRESS: 401 APACHE ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/09/2024

EXPIRES: 02/05/2025

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.
- * 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.
- * 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: Edward Jensen **Date:** Aug 9, 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

BP2024-164

PROJECT NAME: Water damage repairs
SITE ADDRESS: 3124 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/16/2024

EXPIRES: 02/12/2025

APPLICANT: ROMANIELLO, LEONARD & CHERYL
58 East Jonathan Ct
KENNETT SQUARE, PA 19348

OWNER: ROMANIELLO, LEONARD & CHERYL
58 East Jonathan Ct
KENNETT SQUARE, PA 19348

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 987520822380

Parcel Number: 001071000

Address: 3124 BAY DR KILL DEVIL HILLS

Addition: MOOR SHORES


Zoning:

Block: 0 **Lot(s):** 136

Legal Description:

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

PROJECT DESCRIPTION: Repair/replace damaged siding/sheathing/insulation/studs and associated framing as needed for water damage repairs.

 **PAID**
AK 8/29/24
alive

BP2024-164

PROJECT NAME: Water damage repairs
SITE ADDRESS: 3124 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/16/2024

EXPIRES: 02/12/2025

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	18000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final	Insulation
Framing	

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Les Kil Date: 08 / 20 / 2024



Town of Kill Devil Hills

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

PAID

AUG 30 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-180	BUILDING
PROJECT NAME: NGUYEN STORAGE ROOM	ISSUED: 08/30/2024
SITE ADDRESS: 2031 FRANKLIN ST KILL DEVIL HILLS	EXPIRES: 02/26/2025

APPLICANT: Nguyen, Kim Hoang 718 Sermons Blvd. HAVELOCK, NC 28532 252-725-4788	OWNER: Nguyen, Kim Hoang 718 Sermons Blvd. HAVELOCK, NC 28532 252-725-4788
--	--

BUILDING LIMITED:	Roberts, Charles 310 Eagle Drive Kill Devil Hills, NC 27948 252-480-3209	License: 8383 Expires:
--------------------------	---	---

PARCEL:

PIN: 988405192425	Parcel Number: 001438000
Address: 2031 FRANKLIN ST KILL DEVIL HILLS	
Addition: AVALON BEACH ANNEX 2 & 3	Zoning:
Legal Description:	Block: 0 Lot(s): 1304

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

PROJECT DESCRIPTION: BUILD WALL IN EXISTING GARAGE TO CONVERT TO STORAGE AND ALLOW COMPLIANT PARKING

BP2024-180

PROJECT NAME: NGUYEN STORAGE ROOM
SITE ADDRESS: 2031 FRANKLIN ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/30/2024

EXPIRES: 02/26/2025

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
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1650.00
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: _____

Charles W. Robert

Date: _____

8-30-24



Town of Kill Devil Hills

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

PAID

AUG 30 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

OP2024-079

PROJECT NAME: Kim Hoang Nguyen
SITE ADDRESS: 2031 FRANKLIN ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/30/2024

EXPIRES:

PARENT PERMIT #: BJ2024-094

APPLICANT: Roberts, Charles
310 Eagle Drive
Kill Devil Hills, NC 27948
252-480-3209

OWNER: Nguyen, Kim Hoang
718 Sermons Blvd.
HAVELOCK, NC 28532
252-725-4788

BUILDING LIMITED: Roberts, Charles
310 Eagle Drive
Kill Devil Hills, NC 27948
252-480-3209

License: 8383
Expires:

BUILDING LIMITED: Roberts, Charles
310 Eagle Drive
Kill Devil Hills, NC 27948
252-480-3209

License: 8383
Expires:

PARCEL:

PIN: 988405192425

Parcel Number: 001438000

Address: 2031 FRANKLIN ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1304

Legal Description:

FEES:	Paid	Due
Certificate of Occupancy Fee-Residential (min)	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: Add bathroom and sink area, remove garage door, add wall in rec room, will remain 3 bedrooms

DETAILS

CONDITIONS

OP2024-079

PROJECT NAME: Kim Hoang Nguyen
SITE ADDRESS: 2031 FRANKLIN ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/30/2024

EXPIRES:

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

Issued By: 

Contractor or Authorized Agent: Charles V. Stalvert

Date: 8-30-24



Town of Kill Devil Hills

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

PAID

AUG 28 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2024-175	BUILDING
PROJECT NAME: Rollins Deck	ISSUED: 08/28/2024
SITE ADDRESS: 1504 SMALL PL KILL DEVIL HILLS	EXPIRES: 02/24/2025

APPLICANT: David Rollins
1504 Small Crt.
Kill Devil Hills, NC 27948
252-564-4203

OWNER: David Rollins
1504 Small Crt.
Kill Devil Hills, NC 27948
252-564-4203

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988414246427

Parcel Number: 003351001

Address: 1504 SMALL PL KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 1

Zoning:
Block: 0 **Lot(s):** 71

Legal Description:

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

PROJECT DESCRIPTION: replace existing back deck, replacing stairs and stringers, add roof over existing rear deck to meet setbacks, replacing 2 windows and sliding door

BP2024-175

PROJECT NAME: Rollins Deck

SITE ADDRESS: 1504 SMALL PL KILL DEVIL HILLS

BUILDING

ISSUED: 08/28/2024

EXPIRES: 02/24/2025

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	40000.00
LOT COVERAGE	16.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Jamie Furr
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.

* Deck, stairs, guard rails and hand rails shall be to current code requirements. (Provided at time of permitting.) (Additional notations added in red on approved drawings.)

BP2024-175

PROJECT NAME: Rollins Deck
SITE ADDRESS: 1504 SMALL PL KILL DEVIL HILLS

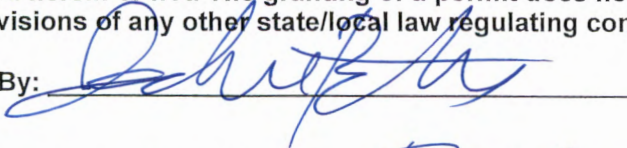
BUILDING

ISSUED: 08/28/2024

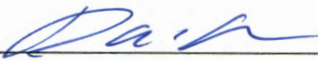
EXPIRES: 02/24/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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:

8-28-24



Town of Kill Devil Hills

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

PAID

AUG 28 2024

Planning and Inspection Department

BP2024-178 PROJECT NAME: Walker Deck and Stairs SITE ADDRESS: 105 GREENVILLE ST KILL DEVIL HILLS	TOWN OF KILL DEVIL HILLS BUILDING
	ISSUED: 08/28/2024
	EXPIRES: 02/24/2025

APPLICANT:	Walker, Arthur 3328 Kindlewood Cresent CHESAPEAKE, VA 23321 757-404-0589	OWNER:	Walker, Arthur 3328 Kindlewood Cresent CHESAPEAKE, VA 23321 757-404-0589
-------------------	---	---------------	---

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

PARCEL:

PIN:	988518205032	Parcel Number:	001865000
Address:	105 GREENVILLE ST KILL DEVIL HILLS		
Addition:	AVALON BEACH ANNEX 1	Zoning:	
Legal Description:		Block:	0
		Lot(s):	419

FEES:	Paid	Due	BUILDING AREA:
Open Deck Fee	\$300.00	\$0.00	Open Decks 2 EA
Totals :	\$300.00	\$0.00	

PROJECT DESCRIPTION: rebuild existing front and back stairs, decks, and front porch

BP2024-178

PROJECT NAME: Walker Deck and Stairs
SITE ADDRESS: 105 GREENVILLE ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/28/2024

EXPIRES: 02/24/2025

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	20000.00
LOT COVERAGE	42.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	WL Norris
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.

BP2024-178

PROJECT NAME: Walker Deck and Stairs

SITE ADDRESS: 105 GREENVILLE ST KILL DEVIL HILLS

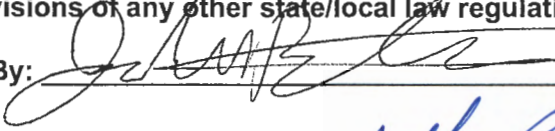
BUILDING

ISSUED: 08/28/2024

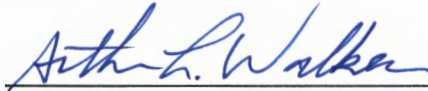
EXPIRES: 02/24/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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:

8-28-2024



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

PAID

AUG 28 2024

TOWN OF
KILL DEVIL HILLS

MC2024-255

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 112 GODDARD AVE E KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/23/2024

EXPIRES: 02/19/2025

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

OWNER: READ, SHEILA
130 BARCLAY RD
Newport News, VA 23606

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

License: 33023
Expires: 12/31/2024

PARCEL:

PIN: 988308893439

Parcel Number: 003792000

Address: 112 GODDARD AVE E KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 32 **Lot(s):** 5

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

MC2024-255

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 112 GODDARD AVE E KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/23/2024

EXPIRES: 02/19/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9492.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

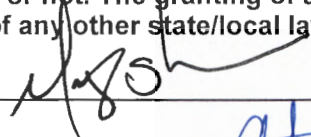
Final

CONDITIONS

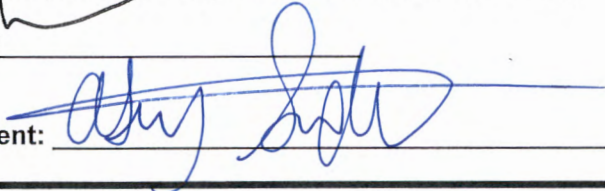
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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: _____

8/28/24



Town of Kill Devil Hills

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

PAID

AUG 28 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2024-260

PROJECT NAME: MCCUE HVAC
SITE ADDRESS: 1522 Bailey's Bay Rd #12 Kill Devil Hills

MECHANICAL

ISSUED: 08/28/2024

EXPIRES: 02/24/2025

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: HVAC C/O

MC2024-260

PROJECT NAME: MCCUE HVAC

SITE ADDRESS: 1522 Bailey's Bay Rd #12 Kill Devil Hills

MECHANICAL

ISSUED: 08/28/2024

EXPIRES: 02/24/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10503.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

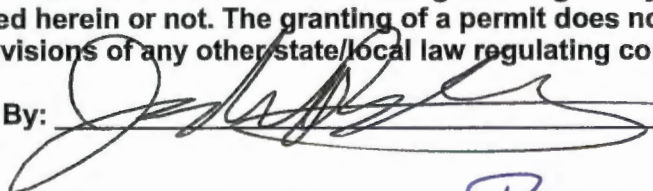
Final

CONDITIONS

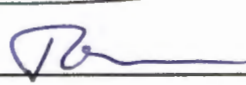
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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:

8-24-24



Town of Kill Devil Hills

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

PAID

AUG 28 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2024-261

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 1505 DOGWOOD LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/28/2024

EXPIRES: 02/24/2025

APPLICANT: Schwartz and Strawser, LLC
148 Fields Dr
Wanchese, NC 27954
252-423-1015

OWNER: HUDGINS, CHARLES & LAURIEL
1505 DOGWOOD LN
KILL DEVIL HILLS, NC 27948

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

License: 34529,SP,PH 33318
Expires: 12/31/2024

PARCEL:

PIN: 988413230770

Parcel Number: 012737000

Address: 1505 DOGWOOD LN KILL DEVIL HILLS

Addition: FIRST FLIGHT VLG PH A SEC 3

Zoning:
Block: 0 **Lot(s):** 53

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

MC2024-261

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 1505 DOGWOOD LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/28/2024

EXPIRES: 02/24/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8475.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

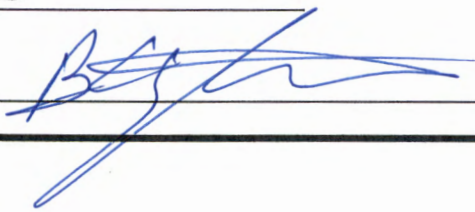
Final

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: 8-28-24



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

EL2024-078	ELECTRICAL
PROJECT NAME: HAWKINS DE-ENERGIZE	ISSUED: 08/28/2024
SITE ADDRESS: 1103 SUFFOLK ST KILL DEVIL HILLS	EXPIRES: 02/24/2025

APPLICANT: HAWKINS, DANIEL
4212 HAWKSLEY DR
CHESAPEAKE, VA 23321
757-438-9500

OWNER: HAWKINS, DANIEL
4212 HAWKSLEY DR
CHESAPEAKE, VA 23321
757-438-9500

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

License: 10420-L
Expires: 04/30/2025

PARCEL:

PIN: 987408998023

Parcel Number: 001976000

Address: 1103 SUFFOLK ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 976

Legal Description:

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

PROJECT DESCRIPTION: DE-ENERGIZE UNPERMITTED GROUND FLOOR ADDITION

PAID

AUG 28 2024

**TOWN OF
KILL DEVIL HILLS**

EL2024-078

PROJECT NAME: HAWKINS DE-ENERGIZE
SITE ADDRESS: 1103 SUFFOLK ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 08/28/2024

EXPIRES: 02/24/2025

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
BASE FLOOD ELEVATION	8.00
OCCUPANCY TYPE	One & Two Family Dwelling

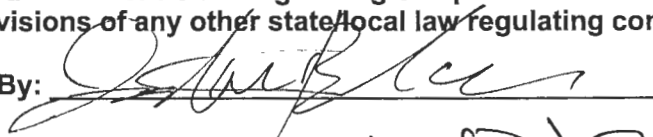
REQUIRED INSPECTIONS

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: 8-28-24



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

DW2024-010	DRIVEWAY
PROJECT NAME: Styons Surveying Concrete Parking Area	ISSUED: 08/27/2024
SITE ADDRESS: 2700 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 02/23/2025

APPLICANT: HARRIS STYONS, LLC Harris Styons, LLC 2700 N Croatan Hwy KILL DEVIL HILLS, NC 27948	OWNER: HARRIS STYONS, LLC Harris Styons, LLC 2700 N Croatan Hwy KILL DEVIL HILLS, NC 27948
--	--

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

PARCEL:

PIN: 988517029079	Parcel Number: 003002000
Address: 2700 CROATAN HWY N KILL DEVIL HILLS	
Addition: VIRGINIA DARE SHORES	Zoning:
	Block: 19 Lot(s): 38-40 PT 37 & 2 LOT

Legal Description:

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

PROJECT DESCRIPTION: add 25'x13' concrete parking area adjacent to office building

PAID

AUG 28 2024

TOWN OF
KILL DEVIL HILLS

DW2024-010

PROJECT NAME: Styons Surveying Concrete Parking Area
SITE ADDRESS: 2700 CROATAN HWY N KILL DEVIL HILLS

DRIVEWAY

ISSUED: 08/27/2024

EXPIRES: 02/23/2025

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2100.00
LOT COVERAGE	45.20
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.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Concrete pavement shall be flush with existing ramp.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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 Mike H. Styons Date: 8-28-24



Town of Kill Devil Hills

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

PAID

Planning and Inspection Department

AUG 28 2024

SG2024-017 PROJECT NAME: 900 KDH LLC SITE ADDRESS: 900 Croatan HWY S. KILL DEVIL HILLS	TOWN OF KILL DEVIL SIGN
	ISSUED: 08/16/2024
	EXPIRES: 02/12/2025

APPLICANT:	CARDINAL SIGNS 2629 Dean Drive VIRGINIA BEACH, VA 23452 757-486-7658	OWNER:	Day, Michael 132 Freedom Ave Powels Point, NC 27966
-------------------	---	---------------	---

CONTRACTOR:	CARDINAL SIGNS 2629 Dean Drive VIRGINIA BEACH, VA 23452 757-486-7658	License: LEGACY UNKNOWN Expires: 12/31/2024
--------------------	---	--

PARCEL:

PIN:	988308883029	Parcel Number:	004349003
Address:	900 Croatan HWY S. KILL DEVIL HILLS		
Addition:	KILL DEVIL HILLS REALTY CORP	Zoning:	
Legal Description:		Block:	10 Lot(s): 9, 10 & PT 1

FEES:	Paid	Due
Sign Permit Fee	\$500.00	\$0.00
Totals :	\$500.00	\$0.00

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

SG2024-017

PROJECT NAME: 900 KDH LLC

SITE ADDRESS: 900 Croatan HWY S. KILL DEVIL HILLS

SIGN

ISSUED: 08/16/2024

EXPIRES: 02/12/2025

DETAILS

Permit

Name	Value
# OF SIGNS	5
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	64.00
SIGN - WALL PERMITTED (SQFT)	210.00
SIGN- WALL PROPOSED (SQ FT)	99.06
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	15000.00
FLOOD ZONE	X

REQUIRED INSPECTIONS

Final

CONDITIONS

- * Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.
No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).
Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Window signs cannot exceed 25% of the gross glazing area of the building and cannot be separately illuminated or backlit by lighting installed for that purpose.
- * Free-standing sign cannot exceed 20 feet in elevation above street grade measured from ground elevation to the top of the sign structure. Sign cannot overhang into the right of way.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Zoning Final Inspection is required.

SG2024-017

PROJECT NAME: 900 KDH LLC

SITE ADDRESS: 900 Croatan HWY S. KILL DEVIL HILLS

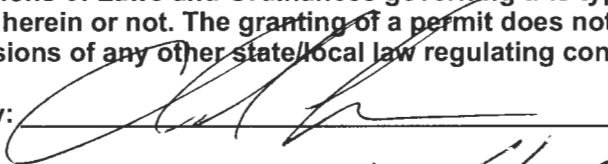
SIGN

ISSUED: 08/16/2024

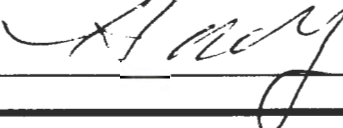
EXPIRES: 02/12/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: _____

08-28-24



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

MC2024-259	MECHANICAL
PROJECT NAME: HVAC CHANGEOUT	ISSUED: 08/27/2024
SITE ADDRESS: 209 BURNS DR KILL DEVIL HILLS	EXPIRES: 02/23/2025

APPLICANT: R A HOY PO Box 265 Kitty Hawk, NC 27949 252-261-2008	OWNER: NEWBERG, NATHAN & MARJORIE 209 BURNS DR KILL DEVIL HILLS, NC 27948
---	--


MECHANICAL H2 AND H3:	R A HOY PO Box 265 Kitty Hawk, NC 27949 252-261-2008	License: 35329 Expires: 12/31/2024
------------------------------	---	---

PARCEL:

PIN: 988316947557	Parcel Number: 008392000
Address: 209 BURNS DR KILL DEVIL HILLS	Zoning:
Addition: OCEAN ACRES TRACT 3 SEC 1	Block: B Lot(s): 9
Legal Description:	

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

 **PAID**
nc 8/27/24
online permit

MC2024-259

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 209 BURNS DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/27/2024

EXPIRES: 02/23/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10690.00
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: 08 / 27 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-258

PROJECT NAME: Kimball HVAC
SITE ADDRESS: 100 AVALON DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

APPLICANT: RICHARD KIMBALL
3902 Deep Run Dr.
Chesapeake, VA 23321

OWNER: RICHARD KIMBALL
3902 Deep Run Dr.
Chesapeake, VA 23321

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

License: 23577
Expires: 12/31/2024

PARCEL:

PIN: 988517108643

Parcel Number: 001727000

Address: 100 AVALON DR W KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:
Block: 0 **Lot(s):** 85

Legal Description:

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

PROJECT DESCRIPTION: Install mini split system

PAID
M 8/27/24
Online

MC2024-258

PROJECT NAME: Kimball HVAC

SITE ADDRESS: 100 AVALON DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

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: Linda Burgess

Contractor or Authorized Agent: Charles Thuman **Date:** 08 / 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

AUG 27 2024

TOWN OF
KILL DEVIL HILLS

MC2024-257

PROJECT NAME: Fadel HVAC
SITE ADDRESS: 310 HELGA ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

APPLICANT: FADEL, SALEM K
310 W Helga St
Kill Devil Hills, NC 27948

OWNER: FADEL, SALEM K
310 W Helga St
Kill Devil Hills, NC 27948

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: 987516932602 **Parcel Number:** 000282000
Address: 310 HELGA ST W KILL DEVIL HILLS
Addition: ORVILLE BEACH WEST **Zoning:**
Block: 0 **Lot(s):** 199
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

MC2024-257

PROJECT NAME: Fadel HVAC
SITE ADDRESS: 310 HELGA ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8928.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

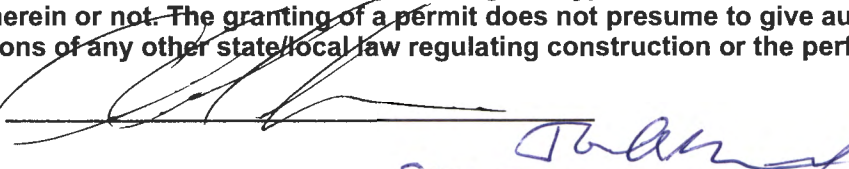
Final

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: _____

8.27.24

Date: _____

8.27.24



Town of Kill Devil Hills

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

PAID

AUG 27 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

ZP2024-067

PROJECT NAME: WEBER FENCE
SITE ADDRESS: 109 GREENVILLE ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/27/2024

EXPIRES: 02/23/2025

APPLICANT: Amy Weber
1419 Chesapeake Ave
MIDDLE RIVER, MD 21220
410-627-8151

OWNER: Amy Weber
1419 Chesapeake Ave
MIDDLE RIVER, MD 21220
410-627-8151

UNLICENSED - REMODELING: ALL WASHED UP
1188 HARBORVIEW DR
kitty hawk, nc 27949
252-267-2172

License: XXXXXX
Expires:

PARCEL:

PIN: 988518206026

Parcel Number: 001863000

Address: 109 GREENVILLE ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 1

Block: 0 **Lot(s):** 417

Legal Description:

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

PROJECT DESCRIPTION: EXTEND FENCE 5 FOOT TO THE REAR PROPERTY LINE

ZP2024-067

PROJECT NAME: WEBER FENCE

SITE ADDRESS: 109 GREENVILLE ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/27/2024

EXPIRES: 02/23/2025

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	1621.77
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

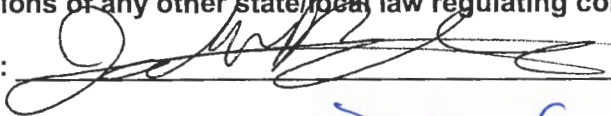
Stringline

CONDITIONS

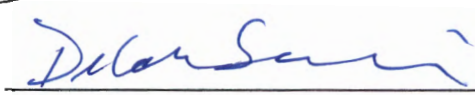
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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:

8/27/2024



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

BP2024-177

PROJECT NAME: Silver Shoe Fence
SITE ADDRESS: 301 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING

ISSUED: 08/27/2024
EXPIRES: 02/23/2025

APPLICANT: Silver Shoe Ranch, LLC
121 Tulip Tree Dr
Camden, NC 27921
252-599-7762

OWNER: Silver Shoe Ranch, LLC
121 Tulip Tree Dr
Camden, NC 27921
252-599-7762

CONTRACTOR: HOLLAND FENCE COMPANY
131 COUNTRY CLUB DR
Edenton, NC 27932
252-862-6399

BUILDING LIMITED: HOLLAND FENCE COMPANY
131 COUNTRY CLUB DR
Edenton, NC 27932
252-862-6399

License: 99268
Expires: 12/31/2024

PARCEL:

PIN: 988420717287

Parcel Number: 003758000

Address: 301 MEMORIAL BLVD N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 25 **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: Replace existing pool fence.



PAID
R2 8/29/24
on the

BP2024-177

PROJECT NAME: Silver Shoe Fence
SITE ADDRESS: 301 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING

ISSUED: 08/27/2024

EXPIRES: 02/23/2025

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	15830.77
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS


Stringline Final
Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Pool barrier shall conform to Appendix V of the 2018 NCRBC.

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

Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 08 / 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

AUG 26 2024

TOWN OF
KILL DEVIL HILLS

OP2024-077	OCCUPANCY
PROJECT NAME: SAGA New 3 Bedroom SFD	ISSUED: 08/23/2024
SITE ADDRESS: 508 ANIKA WAY KILL DEVIL HILLS	EXPIRES:

PARENT PERMIT #: BJ2024-033

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

OWNER: Water Oak Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

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

License: 62306
Expires: 12/31/2024

PARCEL:

PIN: 988414330112

Parcel Number:

Address: 508 ANIKA WAY KILL DEVIL HILLS

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 38, Water Oak

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

PROJECT DESCRIPTION: new 3 bedroom single family dwelling

OP2024-077

PROJECT NAME: SAGA New 3 Bedroom SFD
SITE ADDRESS: 508 ANIKA WAY KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/23/2024

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: Gracelyn Murrek Date: 8.26.24



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

BP2024-176

PROJECT NAME: Davis Stair and Deck Replacement
SITE ADDRESS: 101 PORTHOLE CT KILL DEVIL HILLS

BUILDING

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

APPLICANT: DAVIS, STEPHEN
904 FERRYMAN QUAY
CHESAPEAKE, VA 23323
757-615-4001

OWNER: DAVIS, STEPHEN
904 FERRYMAN QUAY
CHESAPEAKE, VA 23323
757-615-4001

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988415540499

Parcel Number: 003537000

Address: 101 PORTHOLE CT KILL DEVIL HILLS

Zoning:

Addition: LANDING SECTION 1, THE

Block: 0 **Lot(s):** 30

Legal Description:

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

PROJECT DESCRIPTION: REMOVE DECK AND RECONFIGURE STAIR AND LANDING TO FRONT YARD

PAID

AUG 26 2024

**TOWN OF
KILL DEVIL HILLS**

BP2024-176PROJECT NAME: Davis Stair and Deck Replacement
SITE ADDRESS: 101 PORTHOLE CT KILL DEVIL HILLS**BUILDING**

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

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	14850.00
LOT COVERAGE	28.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Bill Jones
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.

BP2024-176

PROJECT NAME: Davis Stair and Deck Replacement
SITE ADDRESS: 101 PORTHOLE CT KILL DEVIL HILLS

BUILDING

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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

PAID

AUG 26 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2024-172

PROJECT NAME: Terry Tatum
SITE ADDRESS: 3151 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/23/2024

EXPIRES: 02/19/2025

APPLICANT: EVANS HOMES LLC.
5121 WINDSOR PL
kitty hawk, nc 27949
252-207-8127

OWNER: TERRY TATUM
3151 Bay Dr.
K D H, NC 27948

BUILDING LIMITED: EVANS HOMES LLC.
5121 WINDSOR PL
kitty hawk, nc 27949
252-207-8127

License: 49040
Expires: 12/31/2024

PARCEL:

PIN: 987516833175

Parcel Number: 000308000

Address: 3151 BAY DR KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 Lot(s): 229

Legal Description:

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

PROJECT DESCRIPTION: Remove existing deck and construct new 12' deck with composite decking and tam rail railings .
Construct new stairs and landing.

BP2024-172

PROJECT NAME: Terry Tatum

SITE ADDRESS: 3151 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/23/2024

EXPIRES: 02/19/2025

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	16400.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Sadler
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.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

BP2024-172

PROJECT NAME: Terry Tatum
SITE ADDRESS: 3151 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/23/2024

EXPIRES: 02/19/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: _____

8.26.2024



Town of Kill Devil Hills

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

PAID

AUG 26 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-148

PROJECT NAME: HALL DECK AND DOOR
SITE ADDRESS: 624 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

APPLICANT: HALL, MATTHEW
624 W OCEAN ACRES DR
Kill Devil Hills, NC 27948
252-489-8676

OWNER: HALL, MATTHEW
624 W OCEAN ACRES DR
Kill Devil Hills, NC 27948
252-489-8676

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988319712961

Parcel Number: 005088000

Address: 624 OCEAN ACRES DR W KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 31

Legal Description:

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

PROJECT DESCRIPTION: CONSTRUCT 24X17' FRONT DECK, 4'X8' LANDING OVER SETBACK WITH STAIR, REPLACE ENTRY DOOR WITH 6' SLIDER

BJ2024-148

PROJECT NAME: HALL DECK AND DOOR
SITE ADDRESS: 624 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

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
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	6300.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Rough In	Zoning Final

CONDITIONS

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

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

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

* Zoning Final Inspection is required.

BJ2024-148

PROJECT NAME: HALL DECK AND DOOR

SITE ADDRESS: 624 OCEAN ACRES DR W KILL DEVIL HILLS

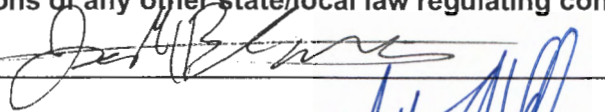
BUILDING JOINT

ISSUED: 08/26/2024

EXPIRES: 02/22/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: _____

Aug 26, 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2024-076	OCCUPANCY
PROJECT NAME: Phillip Harrington Enterprises, LLC	ISSUED: 08/22/2024
SITE ADDRESS: 1006 ALEXANDER LN KILL DEVIL HILLS	EXPIRES:

PARENT PERMIT #: BJ2023-290

APPLICANT: RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	OWNER: Phillip Harrington Enterprises, LLC PO Box 2232 ELIZABETH CITY, NC 27909
---	--

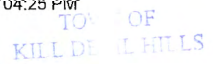
GENERAL, UNLIMITED:	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	License: 62339 Expires: 12/31/2024
GENERAL, UNLIMITED:	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	License: 62339 Expires: 12/31/2024

PARCEL:			
PIN:	988409077408	Parcel Number:	002294076
Address:	1006 ALEXANDER LN KILL DEVIL HILLS		
Addition:	WRIGHT'S SHORES SEC 2	Zoning:	
Legal Description:		Block:	0 Lot(s): 76

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

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

AUG 23 2024



OP2024-076

PROJECT NAME: Phillip Harrington Enterprises, LLC
SITE ADDRESS: 1006 ALEXANDER LN KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/22/2024

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: _____

8/23/24



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

OP2024-075

PROJECT NAME: Lane Investments Properties, LLC
SITE ADDRESS: 203 OCEAN ACRES DR W KILL DEVIL HILLS

OCCUPANCY
ISSUED: 08/22/2024

EXPIRES:

PARENT PERMIT #: BJ2023-285

APPLICANT: EAST COAST CONSTRUCTION GROUP
PO Box 329
KILL DEVIL HILLS, NC 27948
252-202-1600

OWNER: Lane Investment Properties LLC
PO Box 329
Kill Devil Hills, NC 27948
252-441-9442

BUILDING UNLIMITED:

EAST COAST CONSTRUCTION GROUP
PO Box 329
KILL DEVIL HILLS, NC 27948
252-202-1600

License: 34495
Expires: 12/31/2024

BUILDING UNLIMITED:

EAST COAST CONSTRUCTION GROUP
PO Box 329
KILL DEVIL HILLS, NC 27948
252-202-1600

License: 34495
Expires: 12/31/2024

PARCEL:

PIN: 989313040421

Parcel Number: 008411000

Address: 203 OCEAN ACRES DR W KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

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

Legal Description:

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

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

PAID

AUG 23 2024

OP2024-075

PROJECT NAME: Lane Investments Properties, LLC
SITE ADDRESS: 203 OCEAN ACRES DR W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/22/2024

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: _____

8/23/24



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

SG2024-018	SIGN
PROJECT NAME: Ocean Adventurer's Play Cafe	ISSUED: 08/20/2024
SITE ADDRESS: 1900 Croatan Hwy S. KILL DEVIL HILLS	EXPIRES: 02/16/2025

APPLICANT: Hughes, Misty PO Box 3212 kitty hawk, nc 27949 252-207-9108	OWNER: Golasa Holdings, LLC PO Box 120 kitty hawk, nc 27949 252-480-0009 ex.21
--	--

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

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

PARCEL:

PIN: 989313035962	Parcel Number: 008323042
Address: 1900 Croatan Hwy S. KILL DEVIL HILLS	Zoning:
Addition: LAKE DRIVE DEVELOPMENT	Block: 0 Lot(s): 44 46 48 50 PT 42
Legal Description:	

FEES:	Paid	Due
Sign Permit Fee	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Sign on the building and add sign to existing free-standing sign

PAID

AUG 23 2024

TOWN OF
KILL DEVIL HILLS

SG2024-018

SIGN

PROJECT NAME: Ocean Adventurer's Play Cafe
SITE ADDRESS: 1900 Croatan Hwy S. KILL DEVIL HILLS

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

DETAILS

Permit

Name	Value
# OF SIGNS	2
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	21.23
SIGN - WALL PERMITTED (SQFT)	36.00
SIGN- WALL PROPOSED (SQ FT)	7.02
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	2080.05
FLOOD ZONE	X

REQUIRED INSPECTIONS

Final

CONDITIONS

- * Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.
- No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).
- Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
 - * Window signs cannot exceed 25% of the gross glazing area of the building and cannot be separately illuminated or backlit by lighting installed for that purpose.
 - * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
 - * Free-standing sign cannot exceed 20 feet in elevation above street grade measured from ground elevation to the top of the sign structure. Sign cannot overhang into the right of way.
 - * Zoning Final Inspection is required.

SG2024-018

PROJECT NAME: Ocean Adventurer's Play Cafe
SITE ADDRESS: 1900 Croatan Hwy S. KILL DEVIL HILLS

SIGN

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 8-23-2024



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

BP2024-174	BUILDING
PROJECT NAME: Charles E. Cahoon	ISSUED: 08/23/2024
SITE ADDRESS: 1916 GEORGIA LN KILL DEVIL HILLS	EXPIRES: 02/19/2025

APPLICANT: CAHOON, EARL B 1037 INDIAN CREEK ROAD CHESAPEAKE, VA 23322	OWNER: CAHOON, EARL B 1037 INDIAN CREEK ROAD CHESAPEAKE, VA 23322
--	--

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

PARCEL:

PIN: 988405181056	Parcel Number: 002206000
Address: 1916 GEORGIA LN KILL DEVIL HILLS	Zoning:
Addition: WRIGHT'S SHORES	Block: 0 Lot(s): 112
Legal Description:	

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

PROJECT DESCRIPTION: Replace steps within existing footprint

PAID

AUG 23 2024

TOWN OF
KILL DEVIL HILLS

BP2024-174

PROJECT NAME: Charles E. Cahoon
SITE ADDRESS: 1916 GEORGIA LN KILL DEVIL HILLS

BUILDING

ISSUED: 08/23/2024

EXPIRES: 02/19/2025

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	1000.00
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: Charles E. Cahoon **Date:** 8-23-24



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

BP2024-173	BUILDING
PROJECT NAME: SAND LIFE SIDING AND ROOD OVERHANG	ISSUED: 08/23/2024
SITE ADDRESS: 3316 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 02/19/2025

APPLICANT: SAND LIFE LLC
318 CAMERON ST.
Kill Devil Hills, NC 27948
443-623-5982

OWNER: SAND LIFE LLC
318 CAMERON ST.
Kill Devil Hills, NC 27948
443-623-5982

UNLICENSED - REMODELING: OLDS, HOWARD
3617 Windgrass Circle
Kitty Hawk, NC 27949

License: XXXXX
Expires: 01/01/2025

PARCEL:

PIN: 988509053291

Parcel Number: 000061000

Address: 3316 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH BLK 2

Block: 2 **Lot(s):** 3-4

Legal Description:

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

PROJECT DESCRIPTION: REPLACE SIDING ON REAR WALL AND 2' ROOD OVERHANG

PAID

AUG 23 2024

**TOWN OF
KILL DEVIL HILLS**

BP2024-173**PROJECT NAME:** SAND LIFE SIDING AND ROOD OVERHANG
SITE ADDRESS: 3316 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 08/23/2024**EXPIRES:** 02/19/2025

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONSZoning Final
Final

Framing

CONDITIONS

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

* Roof overhang not to extend beyond the existing roof line.

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

BP2024-173

PROJECT NAME: SAND LIFE SIDING AND ROOD OVERHANG
SITE ADDRESS: 3316 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 08/23/2024

EXPIRES: 02/19/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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

BP2024-171

PROJECT NAME: Caren Perkinson Harvey
SITE ADDRESS: 221 EDEN ST ST W KILL DEVIL HILLS

BUILDING

ISSUED: 08/22/2024

EXPIRES: 02/18/2025

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

OWNER: PERKINSON, CHARLES A
1913 COLUMBIA ROAD
VIRGINIA BEACH, VA 23454

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

License: 123456
Expires: 05/25/2029

PARCEL:

PIN: 988517111140

Parcel Number: 000460009

Address: 221 EDEN ST ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 26 **Lot(s):** 9-10

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

AUG 23 2024

TOWN OF
KILL DEVIL HILLS

BP2024-171

PROJECT NAME: Caren Perkinson Harvey
SITE ADDRESS: 221 EDEN ST ST W KILL DEVIL HILLS

BUILDING

ISSUED: 08/22/2024

EXPIRES: 02/18/2025

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	24900.00
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: _____

8-23-24



Town of Kill Devil Hills

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

PAID

AUG 22 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-131	BUILDING JOINT
PROJECT NAME: Gomez 5 Bedroom House	ISSUED: 08/22/2024
SITE ADDRESS: 1514 Ketch Ln Kill Devil Hills	EXPIRES: 02/18/2025

APPLICANT: GOMEZ, ELMER 5122 Mashie Ct nags head, nc 27959	OWNER: GOMEZ, ELMER 5122 Mashie Ct nags head, nc 27959
---	---

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

PARCEL:

PIN: 984413230888	Parcel Number:
Address: 1514 Ketch Ln Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Lot 64R, First Flight Village, Phase A, Sec 3	

FEES:	Paid	Due	BUILDING AREA:	
Land Disturbing	\$100.00	\$0.00	Covered Porches/Decks	145 SQFT
Res. Building Permit Fee	\$1,984.80	\$0.00	Residential Unheated (.40)	357 Sq. Ft
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Covered Porch Residential	\$108.75	\$0.00	Residential Heated Space (.75)	2456 sq. Ft.
Totals :	\$2,393.55	\$0.00		

PROJECT DESCRIPTION: new 5 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T 26128

BJ2024-131

PROJECT NAME: Gomez 5 Bedroom House
SITE ADDRESS: 1514 Ketch Ln Kill Devil Hills

BUILDING JOINT**ISSUED:** 08/22/2024**EXPIRES:** 02/18/2025**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	S8-25885
# PARKING SPACES/BEDROOM	5
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	7.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION COST	350000.00
LOT COVERAGE	32.80
LIVING SPACE (SQFT)	2456
COVERED PORCHES/DECKS (SQFT)	145
GARAGE (SQFT)	357
OPEN DECK (SQFT)	85
TOTAL SQUARE FOOTAGE	3043
SURVEYOR NAME AND NUMBER	Carlos Gomez
ENGINEER AND LICENSE NUMBER	Carlos Gomez 14071
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-131

PROJECT NAME: Gomez 5 Bedroom House
SITE ADDRESS: 1514 Ketch Ln Kill Devil Hills

BUILDING JOINT

ISSUED: 08/22/2024

EXPIRES: 02/18/2025

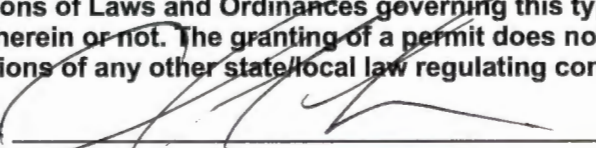
REQUIRED INSPECTIONS

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!
- * 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.
- * 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.
- * Owner required by law to occupy the building for twelve months after completion, during which time it may not be offered for rent, lease, or sale per G.S. 87-14(a)(1).

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: Elmer Gomez

Date: 8/22/24



Town of Kill Devil Hills

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

Planning and Inspection Department

PL2024-009

PROJECT NAME: WDT Plumbing
SITE ADDRESS: 206 SUFFOLK ST KILL DEVIL HILLS

PLUMBING

ISSUED: 08/21/2024

EXPIRES: 02/17/2025

APPLICANT: WDT Properties LLC
116 Kettle Bottom Dr
COLONIAL BEACH, VA 22443
804-761-0663

OWNER: WDT Properties LLC
116 Kettle Bottom Dr
COLONIAL BEACH, VA 22443
804-761-0663

PLUMBING: ACTION PLUMBING, INC.
4885 The Woods Road
Kitty Hawk, NC 27949
252-441-9992

License: 19207
Expires: 12/31/2024

PARCEL:

PIN: 988517106211

Parcel Number: 001242000

Address: 206 SUFFOLK ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 789

Legal Description:

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

PROJECT DESCRIPTION: Replace water service line

PAID

AUG 21 2024

TOWN OF
KILL DEVIL HILLS

PL2024-009

PROJECT NAME: WDT Plumbing
SITE ADDRESS: 206 SUFFOLK ST KILL DEVIL HILLS

PLUMBING

ISSUED: 08/21/2024

EXPIRES: 02/17/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1868.13
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: 8-21-24



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

ZP2024-066	ZONING PERMIT
PROJECT NAME: Joshua Evans	ISSUED: 08/20/2024
SITE ADDRESS: 1811 UPPER DUNE RD KILL DEVIL HILLS	EXPIRES: 02/16/2025

APPLICANT: OUTER BANKS DECK AND FENCE CO PO BOX 1734 KILL DEVIL HILLS, NC 27948 252-261-9888	OWNER: Evans, Joshua 1014 Hanover Ave NORFOLK, VA 23508
--	--

GENERAL, UNLICENSED: OUTER BANKS DECK AND FENCE P.O. Box 1734 Kill Devil Hills, NC 27948 252-261-9888	License: n/a Expires: 12/31/2055
---	---

PARCEL:

PIN: 988409163902	Parcel Number: 002384000
Address: 1811 UPPER DUNE RD KILL DEVIL HILLS	Zoning:
Addition: SEA HOLLY RIDGE	Block: D Lot(s): 4
Legal Description:	

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

PROJECT DESCRIPTION: Fence

PAID
8/21/24 on-line

ZP2024-066

PROJECT NAME: Joshua Evans

SITE ADDRESS: 1811 UPPER DUNE RD KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	9515.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Zoning Final

Final

CONDITIONS

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

* Call for a stringline inspection before installing the fence.

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

Issued By: Charles Thuman

Contractor or Authorized Agent:  Date: 08 / 21 / 2024



Town of Kill Devil Hills

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

PAID

AUG 21 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-165

PROJECT NAME: Sharber Piling Replacement
SITE ADDRESS: 3113 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/15/2024

EXPIRES: 02/11/2025

APPLICANT: SHARBER, CHARLES I
3113 BAY DRIVE
KILL DEVIL HILLS, NC 27948

OWNER: SHARBER, CHARLES I
3113 BAY DRIVE
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 987520825225

Parcel Number: 001014000

Address: 3113 BAY DR KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:
Block: 0 **Lot(s):** 66

Legal Description:

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

PROJECT DESCRIPTION: replace 2 existing 6x6 deck pilings with 8x8, no change to footprint

BP2024-165

PROJECT NAME: Sharber Piling Replacement
SITE ADDRESS: 3113 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/15/2024

EXPIRES: 02/11/2025

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
STREET SIDE SETBACK	15
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4000.00
SURVEYOR NAME AND NUMBER	Wesley M Meekins
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Pilings require a min. of 8' embedment per Ch46.

BP2024-165

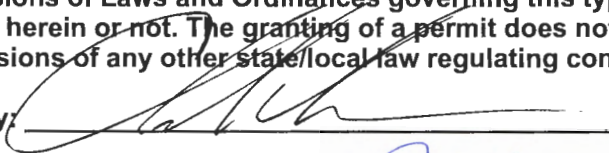
PROJECT NAME: Sharber Piling Replacement
SITE ADDRESS: 3113 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/15/2024

EXPIRES: 02/11/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 8/21/24



Town of Kill Devil Hills

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

PAID

AUG 21 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2024-252	MECHANICAL
PROJECT NAME: STALLS HVAC	ISSUED: 08/19/2024
SITE ADDRESS: 416 Chowan St W Kill Devil Hills	EXPIRES: 02/15/2025

APPLICANT: Stalls, Gerald
416 Chowan St. W
Kill Devil Hills, NC 27948

OWNER: Stalls, Gerald
416 Chowan St. W
Kill Devil Hills, NC 27948

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: 987520923172

Parcel Number: 000678027

Address: 416 Chowan St W Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: 416 Chowan St W

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

PROJECT DESCRIPTION: HVAC C/O

MC2024-252

PROJECT NAME: STALLS HVAC

SITE ADDRESS: 416 Chowan St W Kill Devil Hills

MECHANICAL

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10387.00
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: 8-21-24



Town of Kill Devil Hills

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

PAID

AUG 21 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2024-253

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 2019 EDENTON ST ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

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

OWNER: ROSE, VERNON & BRENDA
PO BOX 163
ARAPAHOE, NC 28510

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: 988405080465

Parcel Number: 001279000

Address: 2019 EDENTON ST ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 834

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

MC2024-253

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 2019 EDENTON ST ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7535.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

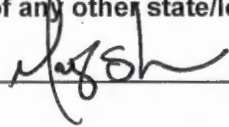
REQUIRED INSPECTIONS

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: 8-21-24



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

PAID

AUG 21 2024

TOWN OF
KILL DEVIL HILLS

MC2024-254

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 1233 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

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

OWNER: Martin, Warren & Monica
5677 Snapps Creek RD
SINGERS GLEN, VA 22850
540-578-4836

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: 988312968629

Parcel Number: 004727000

Address: 1233 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

Zoning:
Block: F **Lot(s):** 13

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

MC2024-254

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 1233 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	16208.00
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: 8.21.24



Town of Kill Devil Hills

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

PAID

AUG 20 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2024-166

PROJECT NAME: Mason Deck
SITE ADDRESS: 1813 APACHE ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

APPLICANT: MASON, JOSEPH R
P O BOX 733
KITTY HAWK, NC 27949
252-256-2915

OWNER: MASON, JOSEPH R
P O BOX 733
KITTY HAWK, NC 27949
252-256-2915

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988409175131

Parcel Number: 002419000

Address: 1813 APACHE ST KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Covered Porches/Decks	244 SQFT
Covered Porch Residential	\$183.00	\$0.00	Open Decks	1 EA
Totals :	\$333.00	\$0.00		

PROJECT DESCRIPTION: rebuild front deck, 8x30.5'

BP2024-166

PROJECT NAME: Mason Deck

SITE ADDRESS: 1813 APACHE ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

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
HEALTH DEPARTMENT PERMIT #	S13-27354
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	30000.00
LOT COVERAGE	33.54
SURVEYOR NAME AND NUMBER	Michael Sadler
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.

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

BP2024-166

PROJECT NAME: Mason Deck

SITE ADDRESS: 1813 APACHE ST KILL DEVIL HILLS

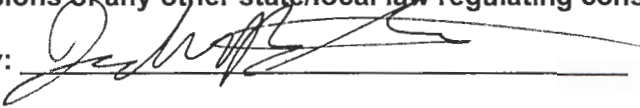
BUILDING

ISSUED: 08/20/2024

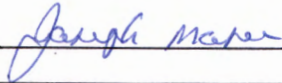
EXPIRES: 02/16/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: _____

08/20/2024



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

BP2024-169

PROJECT NAME: Stair replacement
SITE ADDRESS: 509 MUSTIAN ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/20/2024
EXPIRES: 02/16/2025

APPLICANT: KAM-MAK PROPERTIES LLC
PO BOX 281
Kill Devil Hills, NC 27948

OWNER: KAM-MAK PROPERTIES LLC
PO BOX 281
Kill Devil Hills, NC 27948

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: 988308796131

Parcel Number: 029822071

Address: 509 MUSTIAN ST KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 67 **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: Replace SE rear stair per commercial code requirements.



PAID
8/20/24
on-line

BP2024-169PROJECT NAME: Stair replacement
SITE ADDRESS: 509 MUSTIAN ST KILL DEVIL HILLS**BUILDING**

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: _____

*John Macko*Date: 08 / 20 / 2024



Town of Kill Devil Hills

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

PAID

AUG 20 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2024-065

PROJECT NAME: Merritt Fence
SITE ADDRESS: 515 MCCABE CT KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

APPLICANT: Merritt, Catherine
515 McCabe Court
Kill Devil Hills, NC 27948

OWNER: Merritt, Catherine
515 McCabe Court
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988414341269

Parcel Number: 027175000

Address: 515 MCCABE CT KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 1

Zoning:

Block: 0 **Lot(s):** 144

Legal Description:

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

PROJECT DESCRIPTION: relocate existing fence to go along E property line

ZP2024-065

PROJECT NAME: Merritt Fence
SITE ADDRESS: 515 MCCABE CT KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 08/20/2024

EXPIRES: 02/16/2025

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	849.00
SURVEYOR NAME AND NUMBER	Doug Styons
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ Date: 8-20-24



Town of Kill Devil Hills

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

PAID

AUG 19 2024

Planning and Inspection Department

TOWN OF

KILL DEVIL HILLS

BJ2024-145

PROJECT NAME: Zane Gillespie
SITE ADDRESS: 551 PARKWOOD DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

APPLICANT: Gillespie, Zane
551 Parkwood Dr.
Kill Devil Hills, NC 27948
252-489-3637

OWNER: Gillespie, Zane
551 Parkwood Dr.
Kill Devil Hills, NC 27948
252-489-3637

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

CONTRACTOR: Frasca, William - Frasca Custom Homes
2401 Colington Road
Kill Devil Hills, NC 27948
252-480-0515
License: 72094
Expires: 12/31/2024

PARCEL:

PIN: 988417211996 **Parcel Number:** 004046038
Address: 551 PARKWOOD DR KILL DEVIL HILLS
Addition: WRIGHT WOODS **Zoning:**
Legal Description: **Block:** 0 **Lot(s):** 38

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$386.40	\$0.00	Residential Heated Space (.75)	336 sq. Ft.
Totals :	\$536.40	\$0.00	Residential Unheated (.40)	336 Sq. Ft

PROJECT DESCRIPTION: Add pool and pool house

BJ2024-145

PROJECT NAME: Zane Gillespie

SITE ADDRESS: 551 PARKWOOD DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

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 #	S13-27565
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION TYPE	V
CONSTRUCTION COST	58000.00
LOT COVERAGE	39.33
LIVING SPACE (SQFT)	336
GARAGE (SQFT)	336
OPEN DECK (SQFT)	66
TOTAL SQUARE FOOTAGE	738
SURVEYOR NAME AND NUMBER	Coastal
ENGINEER AND LICENSE NUMBER	Carlos Gomez 14071
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2024-145

PROJECT NAME: Zane Gillespie

SITE ADDRESS: 551 PARKWOOD DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

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.
- * 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.
- * Must remove items on survey as shown. Must meet lot coverage requirements.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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:** 8/19/24



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

BP2024-163

PROJECT NAME: Catherine Radzikowski
SITE ADDRESS: 3302 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/14/2024

EXPIRES: 02/10/2025

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

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

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: 987516739705

Parcel Number: 000321000

Address: 3302 BAY DR KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 243

Legal Description:

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

PROJECT DESCRIPTION: New platform and lower platform with stairs on existing pier



PAID
8/20/24
ON-ILL

BP2024-163**PROJECT NAME:** Catherine Radzikowski
SITE ADDRESS: 3302 BAY DR KILL DEVIL HILLS**BUILDING****ISSUED:** 08/14/2024**EXPIRES:** 02/10/2025**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	AE
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10800.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
Zoning Final

CONDITIONS

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

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: Lorelei Barrett for Emanuelson and Reed Date: 08 / 14 / 2024



Town of Kill Devil Hills

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

PAID

AUG 19 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-167	BUILDING
PROJECT NAME: Fogarty Deck Rebuild	ISSUED: 08/19/2024
SITE ADDRESS: 302 TRUXTON ST KILL DEVIL HILLS	EXPIRES: 02/15/2025

APPLICANT: FOGARTY, ROBERT 302 Truxton St Kill Devil Hills, NC 27948	OWNER: FOGARTY, ROBERT 302 Truxton St Kill Devil Hills, NC 27948
---	---

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

PARCEL:

PIN: 987516936456	Parcel Number: 028720165
Address: 302 TRUXTON ST KILL DEVIL HILLS	Zoning:
Addition: MOOR SHORES TWO	Block: 0 Lot(s): 165
Legal Description:	

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

PROJECT DESCRIPTION: replace existing deck on east side, replace stairs adding landing, replace all railings

BP2024-167

PROJECT NAME: Fogarty Deck Rebuild
SITE ADDRESS: 302 TRUXTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

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
HEALTH DEPARTMENT PERMIT #	S13-27558
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	13000.00
LOT COVERAGE	17.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Ray Meekins
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2024-167

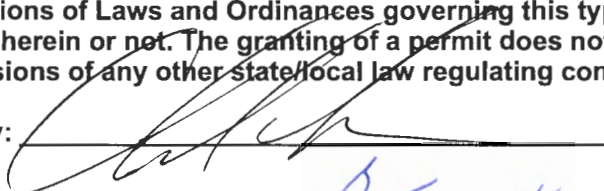
PROJECT NAME: Fogarty Deck Rebuild
SITE ADDRESS: 302 TRUXTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/19/2024

EXPIRES: 02/15/2025

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: R. Fogarty Date: 8-19-24