

| | | | | | | | | | | | | | |
|-------------|--------------------------------|--------------------------|---|----|---------------|----|-------------|---|-----------|---|---|--|--|
| MC PERMIT # | | | | | | | | | | | | | |
| MC2024-264 | Close Holding LLC | 211 E. Third St. | R | MC | \$ 4,124.00 | X | \$ 150.00 | R | 9/4/2024 | N | Heat pump change out | | |
| MC2024-262 | Ashly Farrior LLC | 214 Quail Ln. | R | MC | \$ 8,300.00 | X | \$ 150.00 | R | 9/6/2024 | N | HVAC | | |
| MC2024-266 | John Swope | 1601 N. Va. Dare Trl. | R | MC | \$ 13,657.00 | X | \$ 150.00 | R | 9/6/2024 | N | HVAC | | |
| MC2024-265 | Chad Juhl | 1002 Cardinal St. | R | MC | \$ 7,000.00 | X | \$ 150.00 | R | 9/9/2024 | N | HVAC | | |
| MC2024-267 | Kevin Hoffman | 804 Seventh Ave. | R | MC | \$ 7,450.00 | X | \$ 150.00 | R | 9/9/2024 | N | HVAC | | |
| MC2024-270 | Phillip Pulsinao | 1716 Bobby Lee Trl. | R | MC | \$ 9,598.00 | X | \$ 150.00 | R | 9/13/2024 | N | HVAC | | |
| MC2024-271 | John Sprinkle | 1716 Bobby Lee Trl. | R | MC | \$ 23,069.00 | X | \$ 150.00 | R | 9/16/2024 | N | HVAC and mini split | | |
| MC2024-273 | Paul Finco | 1100 Cambridge rd. 301-A | R | MC | \$ 12,045.00 | X | \$ 150.00 | R | 9/17/2024 | N | HVAC | | |
| MC2024-272 | Elizabeth McOwen | 2009 Wrightsville Blvd. | R | MC | \$ 18,900.00 | X | \$ 150.00 | R | 9/18/2024 | N | Install 5 ductless mini-splits | | |
| MC2024-275 | Steven Ruland | 2013 N. Va. Dare Trl. | R | MC | \$ 11,550.00 | X | \$ 150.00 | R | 9/19/2024 | N | HVAC | | |
| MC2024-274 | Joeseoph Hurdle | 2035 S. Va. Dare Trl. | R | MC | \$ 20,000.00 | X | \$ 150.00 | R | 9/20/2024 | N | HVAC (2 systems) | | |
| MC2024-276 | Silver Shoe Ranch LLC | 318 W. Arch St. | R | MC | \$ 19,748.75 | X | \$ 150.00 | R | 9/25/2024 | N | HVAC | | |
| MC2024-277 | Elizabeth McOwen | 301 N. Memorial Blvd. | R | MC | \$ 3,600.00 | VE | \$ 150.00 | R | 9/27/2024 | N | Install 2 ductless mini-splits | | |
| MC2024-278 | Victoria Place Condos | 2013 N. Va. Dare Trl. | R | MC | \$ 9,500.00 | X | \$ 150.00 | R | 9/27/2024 | N | HVAC | | |
| | | | | | \$ 168,541.75 | | \$ 2,100.00 | | | | | | |
| EL PERMIT # | | | | | | | | | | | | | |
| EL2024-080 | Hannah Sullivan | 502 Suffolk St. | R | EL | \$ 2,212.00 | X | \$ 150.00 | R | 9/3/2024 | N | Wiring for new septic system | | |
| EL2024-081 | William Rusin | 1711 Bobby Lee Trl. | R | EL | \$ 2,500.00 | X | \$ 150.00 | R | 9/4/2024 | N | Replace electrical panel | | |
| EL2024-083 | Nancy Dod | 1804 Creek St. | R | EL | \$ 5,000.00 | X | \$ 150.00 | R | 9/13/2024 | N | Meter base changeout | | |
| EL2024-085 | Sibyl Taylor | 1631 Sir Walter Rd. | R | EL | \$ 2,500.00 | X | \$ 150.00 | R | 9/17/2024 | N | Replace overhead service including cable and meter base | | |
| EL2024-082 | Mary Doran | 1631 Sir Walter Rd. | R | EL | \$ 5,000.00 | X | \$ 150.00 | R | 9/13/2024 | N | Meter base changeout | | |
| EL2024-084 | Timothy Relsch | 236 W. Wilkinson St. | R | EL | \$ 1,900.00 | X | \$ 150.00 | R | 9/19/2024 | N | Replace meter base and overhead service cable | | |
| EL2024-109 | Annie OBX Kill Devil Hills LLC | 1102 Suffolk St. | R | EL | \$ 2,800.00 | VE | \$ 150.00 | R | 9/19/2024 | N | Replace service disconnects and sub panel | | |
| EL2024-110 | Office 1314 LLC | 2001 N. Va. Dare Trl. | R | EL | \$ 1,400.00 | X | \$ 150.00 | R | 9/27/2024 | N | Install 50 AMP circuit for EV charger | | |
| | | | | | \$ 23,312.00 | | \$ 1,200.00 | | | | | | |

| | | | | | | | | | | | | |
|---------------------------|----------------------------------|-----------------------|---|----|------------------|----|--------------|---|-----------|---|--|--|
| SG PERMIT # | | | | | | | | | | | | |
| SG2024-015 | Edward Linett | 1700 S. Croatan Hwy. | A | SG | \$ 2,000.00 | X | \$ 100.00 | C | 9/3/2024 | N | Free-standing sign | |
| SG2024-019 | TOJO LLC | 906 S. Croatan Hwy. | A | SG | \$ 1,500.00 | X | \$ 100.00 | C | 9/5/2024 | N | Free-standing sign | |
| SG2024-020 | Mark Olivola | 1700 N. Croatan Hwy. | A | SG | \$ 2,500.00 | X | \$ 100.00 | C | 9/9/2024 | N | Replace sign on the building | |
| | | | | | \$ 6,000.00 | | \$ 300.00 | | | | | |
| OP PERMIT # | | | | | | | | | | | | |
| OP2024-078 | Water Oak Residential LLC | 1305 Tranquil Pl. | N | OP | | X | \$ 50.00 | R | 9/4/2024 | N | Occupancy | |
| OP2024-080 | Ken Berkley | 1712 Creek St. | N | OP | | X | \$ 50.00 | R | 9/4/2024 | N | Occupancy | |
| OP2024-069 | Ross Renfrow | 2019 Yorktown St. | N | OP | | X | \$ 50.00 | R | 9/16/2024 | N | Occupancy | |
| OP2024-081 | Marilyn Grinels | 1211 Swan St. | N | OP | | X | \$ 50.00 | R | 9/20/2024 | N | Occupancy | |
| OP2024-082 | OBX Cottages LLC | 601 W. Eden St. | N | OP | | X | \$ 50.00 | R | 9/23/2024 | N | Occupancy | |
| OP2024-083 | Floyd Properties of Florence LLC | 2000 N. Croatan Hwy. | N | OP | | X | \$ 50.00 | R | 9/26/2024 | N | Occupancy | |
| | | | | | | | \$ 300.00 | | | | | |
| EG PERMIT # | | | | | | | | | | | | |
| EG2024-012 | Patricia Phelan | 1825 N. Va. Dare Trl. | R | EG | \$ 6,000.00 | VE | \$ 100.00 | R | 9/5/2024 | Y | Demo structures above and below grade | |
| PL PERMIT # | | | | | | | | | | | | |
| PL2024-010 | Courtney Wisecarver | 1006 W. Avalon Dr. | R | PL | \$ 2,347.90 | X | \$ 150.00 | R | 9/19/2024 | N | Replace septic waste line to new tank location | |
| Re-Instatement Fee | | | | | | | | | | | | |
| MC2024-054 | Kim Bandy | 1800 N. Croatan Hwy. | R | MC | | X | \$ 100.00 | R | 9/18/2024 | N | Re-Instatement | |
| MC2024-015 | Art of Living Daphne LLC | 700 Fox St. | R | MC | | X | \$ 100.00 | R | 9/18/2024 | N | Re-Instatement | |
| BJ2024-013 | Macko Construction | 200 E. Eighth St. | R | BJ | | X | \$ 228.00 | R | 9/24/2024 | N | Re-Instatement | |
| | | | | | | | \$ 428.00 | | | | | |
| TOTALS | | | | | \$ 11,618,535.25 | | \$ 62,263.30 | | | | | |



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

| | |
|---|----------------------------|
| ZP2024-048 | ZONING PERMIT |
| PROJECT NAME: Scott Vaughn | ISSUED: 05/30/2024 |
| SITE ADDRESS: 1425 PIRATES LOOP KILL DEVIL HILLS | EXPIRES: 11/26/2024 |

| | |
|---|---|
| APPLICANT: Vaughn, Scott & Denise 413 Deep Creek RD Newport News, VA 23606 757-813-7659 | OWNER: Vaughn, Scott & Denise 413 Deep Creek RD Newport News, VA 23606 757-813-7659 |
|---|---|


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

PARCEL:

| | |
|--|-----------------------------------|
| PIN: 988414335969 | Parcel Number: 003566000 |
| Address: 1425 PIRATES LOOP KILL DEVIL HILLS | Zoning: |
| Addition: LANDING SECTION 2, THE | Block: 0 Lot(s): 61 |
| Legal Description: | |

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

PROJECT DESCRIPTION: Fence

 **PAID**
10/2/24 *on-line*

ZP2024-048

PROJECT NAME: Scott Vaughn
SITE ADDRESS: 1425 PIRATES LOOP KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/30/2024

EXPIRES: 11/26/2024

DETAILS

Permit

| Name | Value |
|-------------------|-----------------------|
| ZONING DISTRICT | RL |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| PURPOSE | Residential Accessory |
| CONSTRUCTION COST | 4500.00 |
| 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 string line inspection before installing your 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: Scott D Vaughn Date: 05 / 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

BJ2024-166

PROJECT NAME: Bunch pier, walkway, and boat lift.
SITE ADDRESS: 1414 West First Street Kill Devil Hills

BUILDING JOINT

ISSUED: 09/27/2024

EXPIRES: 03/26/2025

APPLICANT: BUNCH, GUY D
1414 WEST First ST
Kill Devil Hills, NC 27948
252-619-6037

OWNER: BUNCH, GUY D
1414 WEST First ST
Kill Devil Hills, NC 27948
252-619-6037

BUILDING LIMITED: Midgetts Waterfront Construction
334 Harbinger Ridge Road
Harbinger, NC 27941

License: 102060
Expires: 12/31/2024

PARCEL:

PIN: 98841711833901

Parcel Number: 98841711833901

Address: 1414 West First Street Kill Devil Hills

Zoning: RL

Addition:

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

Legal Description: 1R Pine Grove Subdivision

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

PROJECT DESCRIPTION: Construct boardwalk, pier with platforms and roof, install boat lift.



PAID
10/2/24 DW
on-line

BJ2024-166

PROJECT NAME: Bunch pier, walkway, and boat lift.
SITE ADDRESS: 1414 West First Street Kill Devil Hills

BUILDING JOINT

ISSUED: 09/27/2024

EXPIRES: 03/26/2025

DETAILS**Permit**

| Name | Value |
|--------------------------|---------------------------|
| ZONING DISTRICT | RL |
| CAMA PERMIT | Y |
| CAMA EXEMPTION | N |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 5 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Accessory |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 91000.00 |
| SURVEYOR NAME AND NUMBER | Styon |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

| | |
|------------------------|--------------|
| 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.
- * Zoning Final Inspection is required.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Electrical trade affidavit and rough in inspection required.

BJ2024-166

PROJECT NAME: Bunch pier, walkway, and boat lift.
SITE ADDRESS: 1414 West First Street Kill Devil Hills

BUILDING JOINT

ISSUED: 09/27/2024

EXPIRES: 03/26/2025

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: Dustin M Date: 09 / 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

| | |
|--|----------------------------|
| EL2024-110 | ELECTRICAL |
| PROJECT NAME: SAGA EV CIRCUIT | ISSUED: 09/27/2024 |
| SITE ADDRESS: 1314 CROATAN HWY S KILL DEVIL HILLS | EXPIRES: 03/26/2025 |

| | |
|---|---|
| APPLICANT: Office 1314 LLC 1314 S. Croatan Hwy. Kill Devil Hills, NC 27948 252-333-8464 | OWNER: Office 1314 LLC 1314 S. Croatan Hwy. Kill Devil Hills, NC 27948 252-333-8464 |
|---|---|

| | | |
|--------------------|---|---|
| ELECTRICAL: | SHORELINE ELECTRIC 300 Ascension Drive Kitty Hawk, NC 27949 252-599-1967 | License: 09716-U Expires: 10/24/2024 |
|--------------------|---|---|

PARCEL:

| | |
|---|--------------------------------------|
| PIN: 988312955889 | Parcel Number: 004762000 |
| Address: 1314 CROATAN HWY S KILL DEVIL HILLS | Zoning: |
| Addition: KILL DEVIL BEACH SEC 1 REVISED | Block: N Lot(s): 10-14 |
| Legal Description: | |

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

PROJECT DESCRIPTION: INSTALL 50AMP CIRCUIT FOR EV CHARGER

PAID

SEP 27 2024

TOWN OF
KILL DEVIL HILLS

EL2024-110

PROJECT NAME: SAGA EV CIRCUIT

SITE ADDRESS: 1314 CROATAN HWY S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/27/2024

EXPIRES: 03/26/2025

DETAILS

Permit

| Name | Value |
|-------------------|------------------------------|
| ZONING DISTRICT | C |
| PURPOSE | Commercial Repair/Remodel |
| CONSTRUCTION COST | 1400.00 |
| CONSTRUCTION TYPE | IV |
| 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: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

| | |
|--|----------------------------|
| MC2024-278 | MECHANICAL |
| PROJECT NAME: HVAC CHANGEOUT | ISSUED: 09/27/2024 |
| SITE ADDRESS: 1014 S Va Dare Trl 304 Kill Devil Hills | EXPIRES: 03/26/2025 |

| | | | |
|-------------------|--|---------------|--|
| APPLICANT: | NORRIS MECHANICAL P.O. Box 217 HARBINGER, NC 27941 252-491-2673 | OWNER: | VICTORIA PLACE CONDOS PO BOX 28 KILL DEVIL HILLS, NC 27948 252-202-5555 |
|-------------------|--|---------------|--|


| | | |
|------------------------------|--|---|
| PLUMBING, MECHANICAL: | NORRIS MECHANICAL P.O. Box 217 HARBINGER, NC 27941 252-491-2673 | License: 11100 Expires: 12/31/2024 |
|------------------------------|--|---|

PARCEL:

| | | | |
|---------------------------|---|-----------------------|----------------|
| PIN: | 98830898526110 | Parcel Number: | |
| Address: | 1014 S Va Dare Trl 304 Kill Devil Hills | Zoning: | |
| Addition: | | Block: | Lot(s): |
| Legal Description: | Victoria Place Condos #304 | | |

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

 **PAID**
9/27/24 rw
on-line

MC2024-278

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 1014 S Va Dare Trl 304 Kill Devil Hills

MECHANICAL

ISSUED: 09/27/2024

EXPIRES: 03/26/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 9500.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | X |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | Residential |

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Henry B. [Signature] Date: 09 / 27 / 2024



Town of Kill Devil Hills

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

PAID

SEP 27 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2024-277

PROJECT NAME: McOwen HVAC
SITE ADDRESS: 2013 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/26/2024

EXPIRES: 03/25/2025

APPLICANT: McOwen, Elizabeth
1628 Oberlin Road
RALEIGH, NC 27608

OWNER: McOwen, Elizabeth
1628 Oberlin Road
RALEIGH, NC 27608

H-3, CLASS I: AIR-O-SMITH
330 North Dogwood Trail
Southern Shores, NC 27949
252-261-5238

License: 30070
Expires: 12/31/2024

PARCEL:

PIN: 988518306167

Parcel Number: 002350000

Address: 2013 VA DARE TRL N KILL DEVIL HILLS

Addition: MILES CLARK

Zoning:
Block: 0 **Lot(s):** 43 & 45

Legal Description:

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

PROJECT DESCRIPTION: Install 2 mini-split ductless system

MC2024-277

PROJECT NAME: McOwen HVAC

SITE ADDRESS: 2013 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/26/2024

EXPIRES: 03/25/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 3600.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | VE |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

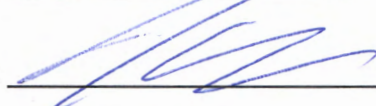
Final

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: 9/7/2024



Town of Kill Devil Hills

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

PAID

SEP 27 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

| | |
|---|----------------------------|
| BP2024-200 | BUILDING |
| PROJECT NAME: SALIASI STAIRS | ISSUED: 09/26/2024 |
| SITE ADDRESS: 305 CLAM SHELL DR KILL DEVIL HILLS | EXPIRES: 03/25/2025 |

APPLICANT: SALIASI, AMERIKAN
305 CLAM SHELL DR
Kill Devil Hills, NC 27948
252-305-5348

OWNER: SALIASI, AMERIKAN
305 CLAM SHELL DR
Kill Devil Hills, NC 27948
252-305-5348

BUILDER: Hands of Gold
207 Clamshell Dr.
Kill Devil Hills, NC 27948
449-0340

License: unlicensed
Expires:

PARCEL:

PIN: 988406275755

Parcel Number: 002471000

Address: 305 CLAM SHELL DR KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

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

Legal Description:

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

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR

BP2024-200

PROJECT NAME: SALIASI STAIRS

SITE ADDRESS: 305 CLAM SHELL DR KILL DEVIL HILLS

BUILDING

ISSUED: 09/26/2024

EXPIRES: 03/25/2025

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 | 1500.00 |
| 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.

* Zoning Final Inspection is required.

BP2024-200

PROJECT NAME: SALIASI STAIRS

SITE ADDRESS: 305 CLAM SHELL DR KILL DEVIL HILLS

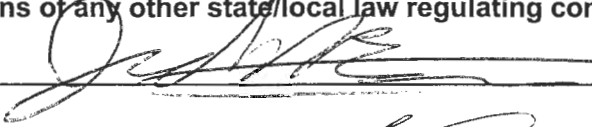
BUILDING

ISSUED: 09/26/2024

EXPIRES: 03/25/2025

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: _____

9-27-24



Town of Kill Devil Hills

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

PAID

SEP 27 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2024-199

PROJECT NAME: Gaidis repairs
SITE ADDRESS: 2023 NEWPORT NEWS ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/26/2024

EXPIRES: 03/25/2025

APPLICANT: GAIDIS, WOLFGANG
10540 SILVER MOUNTAIN DR SOUTH
SANDY, UT 84094

OWNER: GAIDIS, WOLFGANG
10540 SILVER MOUNTAIN DR SOUTH
SANDY, UT 84094

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988405197551 **Parcel Number:** 000933220
Address: 2023 NEWPORT NEWS ST KILL DEVIL HILLS
Addition: AVALON BEACH ANNEX 2 & 3 **Zoning:**
Block: 0 **Lot(s):** 1220
Legal Description:

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

PROJECT DESCRIPTION: Repair/replace floor joist rim band. Replace sheathing and deck band as needed.

BP2024-199

PROJECT NAME: Gaidis repairs

SITE ADDRESS: 2023 NEWPORT NEWS ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/26/2024

EXPIRES: 03/25/2025

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 | 5000.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

Framing

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 9/27/24



Town of Kill Devil Hills

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

Planning and Inspection Department

| | |
|--|----------------------------|
| BP2024-197 | BUILDING |
| PROJECT NAME: Szobonya Deck and Stair Replacement | ISSUED: 09/25/2024 |
| SITE ADDRESS: 411 CAMERON ST KILL DEVIL HILLS | EXPIRES: 03/24/2025 |

| | |
|--|---|
| APPLICANT: CHAMBERS, TIM PO BOX 415 nags head, nc 27959 252-599-6409 | OWNER: Szobonya, Jon 411 Cameron St Kill Devil Hills, NC 27948 |
|--|---|

| | |
|--|--|
| UNLICENSED - REMODELING: CHAMBERS, TIM PO BOX 415 nags head, nc 27959 252-599-6409 | License: 12345 Expires: |
|--|--|

PARCEL:

| | |
|---|-----------------------------------|
| PIN: 987516842331 | Parcel Number: 000164000 |
| Address: 411 CAMERON ST KILL DEVIL HILLS | |
| Addition: ORVILLE BEACH WEST | Zoning: |
| Legal Description: | Block: 0 Lot(s): 52 |

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

PROJECT DESCRIPTION: replace crows nest joist, stairs to access crows nest, and first floor decking, no change to existing footprint

PAID

SEP 27 2024

TOWN OF
KILL DEVIL HILLS

BP2024-197

PROJECT NAME: Szobonya Deck and Stair Replacement
SITE ADDRESS: 411 CAMERON ST KILL DEVIL HILLS

BUILDING**ISSUED:** 09/25/2024**EXPIRES:** 03/24/2025**DETAILS****Permit**

| Name | Value |
|--------------------------------|-------------------------------|
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 8 |
| REAR YARD SETBACK | 20% Depth >30 |
| FLOOD ZONE | X |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 19000.00 |
| CONSTRUCTION TYPE | V |
| SURVEYOR NAME AND NUMBER | Bill Jones |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Cantilevers on upper deck shall not exceed 1'-6" on any side.

BP2024-197

PROJECT NAME: Szobonya Deck and Stair Replacement
SITE ADDRESS: 411 CAMERON ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/25/2024

EXPIRES: 03/24/2025

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: _____

9-27-24



Town of Kill Devil Hills

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

PAID

SEP 27 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

| | |
|--|----------------------------|
| BP2024-195 | BUILDING |
| PROJECT NAME: Famer Stair and Deck Rebuild | ISSUED: 09/26/2024 |
| SITE ADDRESS: 3113 VA DARE TRL N KILL DEVIL HILLS | EXPIRES: 03/25/2025 |

| | |
|---|--|
| APPLICANT: ALBEMARLE PATROL CLUB C/O JOYCE F SIMPSON 1305 OAK RIDGE DR CHESAPEAKE, VA 23322 | OWNER: Farmer, Charles 1305 Oak Ridge Dr chesapeake, va 23322 |
|---|--|

| | | |
|--------------------------|---|---|
| BUILDING LIMITED: | PS Simpson Construction PO Box 713 Kill Devil Hills, NC 27948 252-202-1280 | License: 57425 Expires: 12/31/2024 |
|--------------------------|---|---|

PARCEL:

| | |
|---|----------------------------------|
| PIN: 988513134920 | Parcel Number: 000817000 |
| Address: 3113 VA DARE TRL N KILL DEVIL HILLS | Zoning: |
| Addition: VIRGINIA DARE SHORES PLAT B | Block: 0 Lot(s): 5 |
| Legal Description: | |

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

PROJECT DESCRIPTION: rebuild existing front stairs and landing and rear deck to same footprint

BP2024-195

PROJECT NAME: Famer Stair and Deck Rebuild
SITE ADDRESS: 3113 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 09/26/2024

EXPIRES: 03/25/2025

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: 9/27/24

BP2024-195

PROJECT NAME: Famer Stair and Deck Rebuild
SITE ADDRESS: 3113 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 09/26/2024

EXPIRES: 03/25/2025

DETAILS**Permit**

| Name | Value |
|--------------------------------|-------------------------------|
| CAMA PERMIT | N |
| CAMA EXEMPTION | Y |
| ZONING DISTRICT | OIR |
| PURPOSE | Residential Repair/Remodel |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 10 |
| REAR YARD SETBACK | CAMA |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 9 |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 35000.00 |
| SURVEYOR NAME AND NUMBER | Michael 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.
- * 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.



Town of Kill Devil Hills

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

PAID

SEP 26 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2024-083

PROJECT NAME: White Cap Car Wash
SITE ADDRESS: 2000 CROATAN HWY N KILL DEVIL HILLS

OCCUPANCY
ISSUED: 09/25/2024

EXPIRES:

PARENT PERMIT #: BJ2023-258

APPLICANT: Arbor Companies
4857 N Main Street, Suite 220
ACWORTH, GA 30101

OWNER: Floyd Properties of Florence LLC
1832 Sally Hill Farms Blvd
FLORENCE, SC 29501

BUILDER UNLIMITED: Arbor Companies
4857 N Main Street, Suite 220
ACWORTH, GA 30101

License: 72209
Expires:

BUILDER UNLIMITED: Arbor Companies
4857 N Main Street, Suite 220
ACWORTH, GA 30101

License: 72209
Expires:

PARCEL:

PIN: 988406295099

Parcel Number: 029831100

Address: 2000 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES

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

Legal Description:

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

PROJECT DESCRIPTION: Construct drive thru car wash and associated site improvements

OP2024-083

PROJECT NAME: White Cap Car Wash
SITE ADDRESS: 2000 CROATAN HWY N KILL DEVIL HILLS

OCCUPANCY

ISSUED: 09/25/2024

EXPIRES:

DETAILS

Permit

| Name | Value |
|-----------------|----------------|
| # OF TRASH CANS | 0 |
| PURPOSE | Commercial New |
| ZONING DISTRICT | C |
| FLOOD ZONE | X |
| OCCUPANCY TYPE | Business |

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: _____

9-26-24



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

| | |
|--|----------------------------|
| BJ2024-164 | BUILDING JOINT |
| PROJECT NAME: Lawson Bedroom Remodel | ISSUED: 09/26/2024 |
| SITE ADDRESS: 904 CLIPPER CT KILL DEVIL HILLS | EXPIRES: 03/25/2025 |

APPLICANT: Lawson, Mattie
904 Clipper Ct
Kill Devil Hills, NC 27948

OWNER: Lawson, Mattie
904 Clipper Ct
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988413136002

Parcel Number: 003646000

Address: 904 CLIPPER CT KILL DEVIL HILLS

Addition: LANDING SECTION 3, THE

Zoning:
Block: 0 **Lot(s):** 140A

Legal Description:

| FEES: | Paid | Due | BUILDING AREA: |
|-----------------------------|-----------------|---------------|-----------------------------|
| Renovation/Remodel/Relocate | \$228.60 | \$0.00 | Remodel/Renovation 508 SQFT |
| Totals : | \$228.60 | \$0.00 | |

PROJECT DESCRIPTION: convert existing rec room to bedroom (4 total) with bathroom, no stove permitted, remove portion of driveway to make compliant

PAID

SEP 26 2024

TOWN OF
KILL DEVIL HILLS

BJ2024-164**PROJECT NAME:** Lawson Bedroom Remodel
SITE ADDRESS: 904 CLIPPER CT KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 09/26/2024**EXPIRES:** 03/25/2025

DETAILS**Permit**

| Name | Value |
|----------------------------|-------------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 10 |
| HEALTH DEPARTMENT PERMIT # | S9-28002 |
| # PARKING SPACES/BEDROOM | 4 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 2500.00 |
| LOT COVERAGE | 26.86 |
| SURVEYOR NAME AND NUMBER | Jay Overton |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

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

BJ2024-164

PROJECT NAME: Lawson Bedroom Remodel
SITE ADDRESS: 904 CLIPPER CT KILL DEVIL HILLS

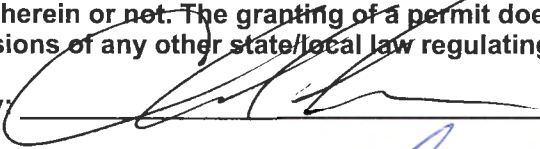
BUILDING JOINT

ISSUED: 09/26/2024

EXPIRES: 03/25/2025

- * 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.
- * No stove or hardwired cooking appliances permitted.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 9/26/24



Town of Kill Devil Hills

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

PAID

SEP 25 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-194

PROJECT NAME: Kirk Nixon
SITE ADDRESS: 1219A VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 09/23/2024
EXPIRES: 03/22/2025

PARENT PERMIT #: BP2023-016

APPLICANT: T&k Developments Llc
182 See View Ln
Hertford, NC 27944
252-207-3739

OWNER: T&k Developments Llc
182 See View Ln
Hertford, NC 27944
252-207-3739

CONTRACTOR: Deep Creek Development, LLC
182 Sea View Lane
hertford, nc 27944
252-207-3739

BUILDING LIMITED: Deep Creek Development, LLC
182 Sea View Lane
hertford, nc 27944
252-207-3739

License: 80375
Expires: 12/31/2024

PARCEL:

PIN: 989309072354

Parcel Number: 004878000

Address: 1219A VA DARE TRL S KILL DEVIL HILLS

Addition:

Zoning:

Block: 5 **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: Rebuild decks

BP2024-194

PROJECT NAME: Kirk Nixon

SITE ADDRESS: 1219A VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 09/23/2024

EXPIRES: 03/22/2025

DETAILS

Permit

| Name | Value |
|--------------------------------|-------------------------------|
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| ZONING DISTRICT | OIR |
| PURPOSE | Residential Repair/Remodel |
| FLOOD ZONE | X |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 55000.00 |
| CONSTRUCTION TYPE | V |
| SURVEYOR NAME AND NUMBER | W.C. Owen L-3216 |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * Grider to piling bolting shall comply with Ch.46 of the 2018 NCRBC
- * Deck and stair railings shall conform to the 2018 NCRBC Appendix "M" and referenced sections.
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

BP2024-194

PROJECT NAME: Kirk Nixon

SITE ADDRESS: 1219A VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 09/23/2024

EXPIRES: 03/22/2025

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: _____

Jana R. Nixon

Date: _____

9-25-2024



Town of Kill Devil Hills

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

PAID

SEP 25 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

| | |
|---|----------------------------|
| BJ2024-162 | BUILDING JOINT |
| PROJECT NAME: Nadjarian Remodel | ISSUED: 09/24/2024 |
| SITE ADDRESS: 807 VA DARE TRL N KILL DEVIL HILLS | EXPIRES: 03/23/2025 |

| | |
|---|--|
| APPLICANT: Hawk, Robert J 5675 Mashoes Rd Manns Harbor, NC 27953 | OWNER: Nadjarian, Paul 2757 N Quebec St Arlington, VA 22207 |
|---|--|

| | |
|---|---|
| BUILDING LIMITED: Robert J Hawk 5675 Mashoes Rd Manns Harbor, NC 27953 | License: L64460 Expires: |
|---|---|

PARCEL:

| | |
|--|-------------------------------------|
| PIN: 988415723676 | Parcel Number: 003697000 |
| Address: 807 VA DARE TRL N KILL DEVIL HILLS | Zoning: |
| Addition: KITTY HAWK SHORES - REVISED | Block: 8 Lot(s): PT 9 |
| Legal Description: | |

| FEES: | <u>Paid</u> | <u>Due</u> | BUILDING AREA: | |
|-----------------------------|-------------------|---------------|-----------------------|-----------|
| Renovation/Remodel/Relocate | \$983.70 | \$0.00 | Remodel/Renovation | 2186 SQFT |
| Covered Porch Residential | \$561.75 | \$0.00 | Open Decks | 2 EA |
| Mechanical Permit Fee | \$150.00 | \$0.00 | Covered Porches/Decks | 749 SQFT |
| Open Deck Fee | \$300.00 | \$0.00 | | |
| Electrical Permit Fee | \$150.00 | \$0.00 | | |
| Totals : | \$2,145.45 | \$0.00 | | |

PROJECT DESCRIPTION: repair interior fire damage, new duct work, electrical panels and outlets, remodel kitchen, remodel bathrooms, new hvac units, repair decks/stairs to same footprint, windows and doors, new roof

BJ2024-162**PROJECT NAME:** Nadjarian Remodel**SITE ADDRESS:** 807 VA DARE TRL N KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 09/24/2024**EXPIRES:** 03/23/2025**DETAILS****Permit**

| Name | Value |
|--------------------------|-------------------------------|
| ZONING DISTRICT | OIR |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | CAMA |
| SIDE YARD SETBACK | 10 |
| # PARKING SPACES/BEDROOM | 10 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 745000.00 |
| LOT COVERAGE | 32.40 |
| SURVEYOR NAME AND NUMBER | WC Owen |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

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

* 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.

BJ2024-162

PROJECT NAME: Nadjarian Remodel
SITE ADDRESS: 807 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/24/2024

EXPIRES: 03/23/2025

- * No dune walkway or dune stairs permitted.
- * No change to deck footprints or stairs permitted.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Smoke detectors compliant with R314 shall be installed.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 9/25/2024



Town of Kill Devil Hills

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

PAID

SEP 25 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-161

PROJECT NAME: FERGUSON REMODEL
SITE ADDRESS: 222 BURNS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/20/2024

EXPIRES: 03/19/2025

APPLICANT: FERGUSON, JAMES
24301 BUSH CREEK CIR
CARROLLTON, VA 23314
757-707-0391

OWNER: FERGUSON, JAMES
24301 BUSH CREEK CIR
CARROLLTON, VA 23314
757-707-0391

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988316943590

Parcel Number: 008379000

Address: 222 BURNS DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

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

Legal Description:

| FEES: | Paid | Due | BUILDING AREA: | |
|-----------------------------|-----------------|---------------|--------------------------|-------------|
| Open Deck Fee | \$150.00 | \$0.00 | Remodel/Renovation | 936 SQFT |
| Res. Building Permit Fee | \$168.75 | \$0.00 | Open Decks | 1 EA |
| Renovation/Remodel/Relocate | \$421.20 | \$0.00 | Residential Heated Space | 225 sq. Ft. |
| Totals : | \$739.95 | \$0.00 | (.75) | |

PROJECT DESCRIPTION: REMODEL INTERIOR, CONVERT GROUND FLOOR STORAGE TO BEDROOM, CONSTRUCT OUTDOOR BATHROOM, REBUILD SOUTH DECK AND STAIR

BJ2024-161

PROJECT NAME: FERGUSON REMODEL
SITE ADDRESS: 222 BURNS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/20/2024

EXPIRES: 03/19/2025

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 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 30000.00 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not 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.
- * Smoke detectors compliant with R314 shall be installed.
- * Structure approved as 4 bedroom only.

BJ2024-161

PROJECT NAME: FERGUSON REMODEL
SITE ADDRESS: 222 BURNS DR KILL DEVIL HILLS

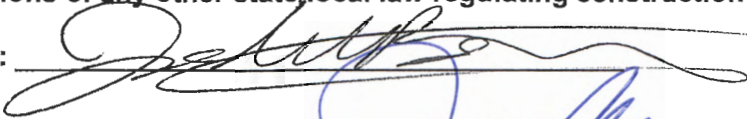
BUILDING JOINT

ISSUED: 09/20/2024

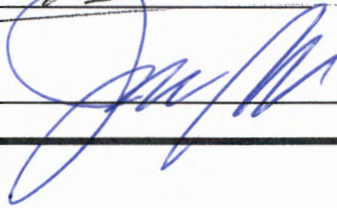
EXPIRES: 03/19/2025

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: _____

9/25/24



Town of Kill Devil Hills

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

SEP 25 2024

Planning and Inspection Department

KT TO LS

| | |
|--|----------------------------|
| BJ2024-153 | BUILDING JOINT |
| PROJECT NAME: Ocean Breeze Townhomes Bldg 600 | ISSUED: 09/16/2024 |
| SITE ADDRESS: 902G S Va Dare Trl Kill Devil Hills | EXPIRES: 03/15/2025 |

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

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

PARCEL:

PIN: 988308982774G **Parcel Number:**

Address: 902G S Va Dare Trl Kill Devil Hills

Addition: **Zoning:** **Block:** **Lot(s):**

Legal Description: Ocean Breeze Townhomes

| FEES: | Paid | Due | BUILDING AREA: | |
|---------------------------|-------------------|---------------|--------------------------|---------------|
| Open Deck Fee | \$150.00 | \$0.00 | Covered Porches/Decks | 1876 SQFT |
| Covered Porch Residential | \$1,407.00 | \$0.00 | Open Decks | 1 EA |
| Res. Building Permit Fee | \$7,766.25 | \$0.00 | Residential Heated Space | 10355 sq. Ft. |
| T-Pole | \$50.00 | \$0.00 | (.75) | |
| | | | # of Temporary Poles | 1 EA |
| Totals : | \$9,373.25 | \$0.00 | | |

PROJECT DESCRIPTION: 5 unit townhome, building 600, 16 total bedrooms

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: 206163

BJ2024-153**PROJECT NAME:** Ocean Breeze Townhomes Bldg 600
SITE ADDRESS: 902G S Va Dare Trl Kill Devil Hills**BUILDING JOINT****ISSUED:** 09/16/2024**EXPIRES:** 03/15/2025

DETAILS**Permit**

| Name | Value |
|-----------------------------------|----------------------|
| ZONING DISTRICT | C |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 10 |
| STREET SIDE SETBACK | 15 |
| # PARKING SPACES/BEDROOM | 15 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| BASE FLOOD ELEVATION | 8 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential New |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 2583000.00 |
| # OF UNITS | 5 |
| LOT COVERAGE | 64.10 |
| LIVING SPACE (SQFT) | 10355 |
| COVERED PORCHES/DECKS (SQFT) | 1876 |
| OPEN DECK (SQFT) | 138 |
| TOTAL SQUARE FOOTAGE | 12369 |
| SURVEYOR NAME AND NUMBER | Mike Robinson |
| ENGINEER AND LICENSE NUMBER | Ray Pate 13018 |
| ARCHITECT NAME AND LICENSE NUMBER | Michael Florez 14163 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | Residential |

BJ2024-153

PROJECT NAME: Ocean Breeze Townhomes Bldg 600
SITE ADDRESS: 902G S Va Dare Trl Kill Devil Hills

BUILDING JOINT

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

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.
- * Zoning Final Inspection is required.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * 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.
- * 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: 9-25-24



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-276

PROJECT NAME: HVAC CHANGEOUT (2 systems)
SITE ADDRESS: 301 MEMORIAL BLVD N KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/23/2024

EXPIRES: 03/22/2025

APPLICANT: Air Mechanical LLC
911 GREENLEAF ST
ELIZABETH CITY, NC 27909
252-562-2600

OWNER: Silver Shoe Ranch, LLC
1099A COMMISSARY RD
ELIZABETH CITY, NC 27909
252-599-7762

H-1, H-2, H-3, CLASS I: Air Mechanical LLC
911 GREENLEAF ST
ELIZABETH CITY, NC 27909
252-562-2600

License: 21459
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 |
|-----------------------|-----------------|---------------|
| Mechanical Permit Fee | \$150.00 | \$0.00 |
| Totals : | \$150.00 | \$0.00 |

PROJECT DESCRIPTION: HVAC CHANGEOUT

PAID
9/25/24
on-line

MC2024-276

PROJECT NAME: HVAC CHANGEOUT (2 systems)
SITE ADDRESS: 301 MEMORIAL BLVD N KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/23/2024

EXPIRES: 03/22/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 19748.75 |
| 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: JIMMIE RITTER III **Date:** 09 / 24 / 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

EL2024-109

PROJECT NAME: Annie OBX Electrical
SITE ADDRESS: 2001 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL
ISSUED: 09/23/2024

EXPIRES: 03/22/2025

APPLICANT: ANNIE OBX KILL DEVIL HILLS LLC.
118 LAKE MEAD DR.
EAST BERLIN, PA 17316
717-259-9921

OWNER: ANNIE OBX KILL DEVIL HILLS LLC.
118 LAKE MEAD DR.
EAST BERLIN, PA 17316
717-259-9921

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

License: 26395
Expires: 09/29/2024

PARCEL:

PIN: 988406398819

Parcel Number: 002358000

Address: 2001 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: MILES CLARK

Block: 0 **Lot(s):** 57 & PT 55

Legal Description:

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

PROJECT DESCRIPTION: Replace service disconnects and 100AMP sub panel



EL2024-109

PROJECT NAME: Annie OBX Electrical
SITE ADDRESS: 2001 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL
ISSUED: 09/23/2024
EXPIRES: 03/22/2025

DETAILS

Permit

| Name | Value |
|----------------------|-------------------------------|
| ZONING DISTRICT | OIR |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 2800.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 12 |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: David Bryan Muthler Date: 09 / 24 / 2024



Town of Kill Devil Hills

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

PAID

SEP 24 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

| | |
|--|---------------------|
| BP2024-198 | BUILDING |
| PROJECT NAME: Neal stair | ISSUED: 09/24/2024 |
| SITE ADDRESS: 1807 CREEK ST KILL DEVIL HILLS | EXPIRES: 03/23/2025 |

APPLICANT: Neal, Terre
1809 Creek St
Kill Devil Hills, NC 27948
757-286-6325

OWNER: Neal, Terre
1809 Creek St
Kill Devil Hills, NC 27948
757-286-6325

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988409273387

Parcel Number: 002456002

Address: 1807 CREEK ST KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

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

Legal Description:

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

PROJECT DESCRIPTION: Replace stair

BP2024-198

PROJECT NAME: Neal stair
SITE ADDRESS: 1807 CREEK ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/24/2024

EXPIRES: 03/23/2025

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 | 2500.00 |
| 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:** _____



Town of Kill Devil Hills

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

PAID

SEP 24 2024

PAID
WITH
CASH

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-196

PROJECT NAME: THOMPSON PATIO AND STAIR
SITE ADDRESS: 2045 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 09/24/2024

EXPIRES: 03/23/2025

APPLICANT: THOMPSON, JAMES
2045 BAY DR
P.O. Box 1719
Kill Devil Hills, NC 27948
251-214-1302

OWNER: THOMPSON, JAMES
2045 BAY DR
P.O. Box 1719
Kill Devil Hills, NC 27948
251-214-1302

UNLICENSED - REMODELING: WELL DONE SERVICES
1004 CARDINAL ST
Kill Devil Hills, NC 27948
828-707-3187

License: XXXXXX
Expires:

PARCEL:

PIN: 987408985860

Parcel Number: 001987000

Address: 2045 BAY DR KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1011

Legal Description:

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

PROJECT DESCRIPTION: REBUILD FRONT STAIR AND PATIO TO EXISTING FOOTPRINT

BP2024-196

PROJECT NAME: THOMPSON PATIO AND STAIR
SITE ADDRESS: 2045 BAY DR KILL DEVIL HILLS

BUILDING**ISSUED:** 09/24/2024**EXPIRES:** 03/23/2025**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 | 14000.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.

* Wood frame patio not to exceed 6" from grade other wise must meet the provisions of coastal deck construction in NCRC.

BP2024-196

PROJECT NAME: THOMPSON PATIO AND STAIR
SITE ADDRESS: 2045 BAY DR KILL DEVIL HILLS

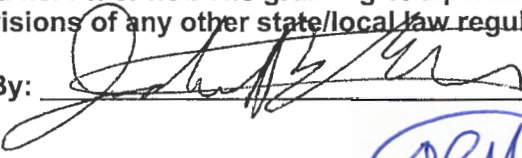
BUILDING

ISSUED: 09/24/2024

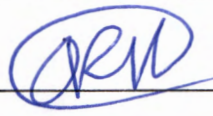
EXPIRES: 03/23/2025

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: _____

9/24/24



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

OP2024-082

PROJECT NAME: OBX Cottages LLC
SITE ADDRESS: 601 EDEN ST ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 09/20/2024

EXPIRES:

PARENT PERMIT #: BJ2023-185

APPLICANT: FRANK SOLES/SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

OWNER: OBX COTTAGES LLC
200 EAST BLACKMAN ST
nags head, nc 27959
252-207-5475

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

License: 67524
Expires: 12/31/2024

PARCEL:

PIN: 987520904102

Parcel Number: 000775009

Address: 601 EDEN ST ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SH BLK 77 RECOMB

Block: 77 **Lot(s):** 9

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

SEP 23 2024

TOWN OF
KILL DEVIL HILLS

OP2024-082

PROJECT NAME: OBX Cottages LLC
SITE ADDRESS: 601 EDEN ST ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 09/20/2024

EXPIRES:

DETAILS

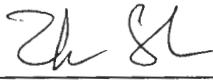
Permit

| 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: 9-23-24



Town of Kill Devil Hills

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

PAID

SEP 23 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-160

PROJECT NAME: Wirsching Remodel
SITE ADDRESS: 304 ST LOUIS ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/18/2024

EXPIRES: 03/17/2025

APPLICANT: WIRSCHING, CLARENCE
P. O. BOX 363
Kill Devil Hills, NC 27948
757-503-2798

OWNER: Wirsching, Clarence
PO BOX 363
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 987516940581

Parcel Number: 000183000

Address: 304 ST LOUIS ST KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 76

Legal Description:

| FEES: | <u>Paid</u> | <u>Due</u> | BUILDING AREA: | |
|-----------------------------|-----------------|---------------|-----------------------|-----------|
| Renovation/Remodel/Relocate | \$696.60 | \$0.00 | Remodel/Renovation | 1548 SQFT |
| Totals : | \$696.60 | \$0.00 | | |

PROJECT DESCRIPTION: replace windows, siding, doors, remodel bathrooms, sunroom to closet, remodel kitchen, replace plumbing lines, install LP gas

BJ2024-160

PROJECT NAME: Wirsching Remodel
SITE ADDRESS: 304 ST LOUIS ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/18/2024

EXPIRES: 03/17/2025

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 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 150000.00 |
| SURVEYOR NAME AND NUMBER | Richard Quible |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Hardwired smoke detectors shall and carbon monoxide detectors shall be installed with accordance of R314 and R315.

BJ2024-160

PROJECT NAME: Wirsching Remodel
SITE ADDRESS: 304 ST LOUIS ST KILL DEVIL HILLS

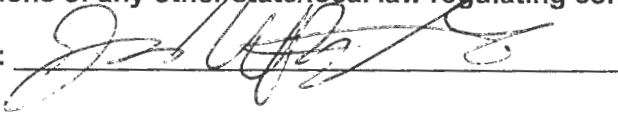
BUILDING JOINT

ISSUED: 09/18/2024

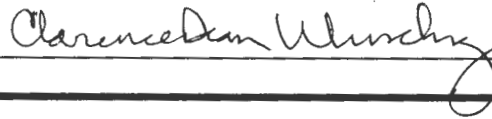
EXPIRES: 03/17/2025

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: _____

9-23-2024



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

BP2024-190

PROJECT NAME: Matyas Deck Rebuild
SITE ADDRESS: 429 EDEN ST W KILL DEVIL HILLS

BUILDING

ISSUED: 09/20/2024

EXPIRES: 03/19/2025

APPLICANT: Full Faith Painting and Remodeling
605 W Fourth St
Kill Devil Hills, NC 27948
252-564-5392

OWNER: MATYAS, DENNIS
43 Carol Ln
MALVERN, PA 19355

UNLICENSED - REMODELING: Full Faith Painting and Remodeling
605 W Fourth St
Kill Devil Hills, NC 27948
252-564-5392

License: 12345
Expires:

PARCEL:

PIN: 988517001522

Parcel Number: 000644000

Address: 429 EDEN ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 51 **Lot(s):** 6-8

Legal Description:

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

PROJECT DESCRIPTION: rebuild existing front east side deck to same footprint

PAID

SEP 23 2024

TOWN OF
KILL DEVIL HILLS

BP2024-190

PROJECT NAME: Matyas Deck Rebuild
SITE ADDRESS: 429 EDEN ST W KILL DEVIL HILLS

BUILDING

ISSUED: 09/20/2024

EXPIRES: 03/19/2025

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 | 12000.00 |
| CONSTRUCTION TYPE | V |
| SURVEYOR NAME AND NUMBER | Doug Styons |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2024-190

PROJECT NAME: Matyas Deck Rebuild
SITE ADDRESS: 429 EDEN ST W KILL DEVIL HILLS

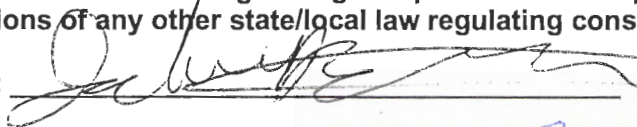
BUILDING

ISSUED: 09/20/2024

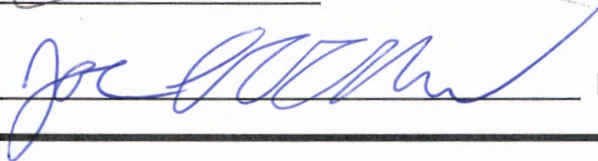
EXPIRES: 03/19/2025

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: _____

23 SEP 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

| | |
|--|----------------------------|
| BP2024-191 | BUILDING |
| PROJECT NAME: LEEDOM DECK REBUILD | ISSUED: 09/20/2024 |
| SITE ADDRESS: 1206 MEMORIAL BLVD S KILL DEVIL HILLS | EXPIRES: 03/19/2025 |

| | |
|--|--|
| APPLICANT: LEEDOM, MARY 611 WILDEY RD SEAFORD, VA 23696 757-877-6948 | OWNER: LEEDOM, MARY 611 WILDEY RD SEAFORD, VA 23696 757-877-6948 |
|--|--|

| | | |
|-----------------------------|--|--|
| GENERAL, UNLICENSED: | FIVE STAR CONSTRUCTION 1004 INDIAN DR Kill Devil Hills, NC 27948 252-489-1252 | License: XXX Expires: |
|-----------------------------|--|--|

PARCEL:

| | |
|---|-----------------------------------|
| PIN: 988312976324 | Parcel Number: 004231006 |
| Address: 1206 MEMORIAL BLVD S KILL DEVIL HILLS | |
| Addition: KILL DEVIL HILLS SEC 1 | Zoning: |
| Legal Description: | Block: 16 Lot(s): 6 |

| FEES: | Paid | Due | BUILDING AREA: | |
|---------------------------|-----------------|---------------|-----------------------|---------|
| Open Deck Fee | \$300.00 | \$0.00 | Covered Porches/Decks | 96 SQFT |
| Covered Porch Residential | \$72.00 | \$0.00 | Open Decks | 2 EA |
| Totals : | \$372.00 | \$0.00 | | |

PROJECT DESCRIPTION: REBUILD FRONT STACKED DECKS, REAR DECK ,AND 2 SETS OF STAIRS

PAID

PAID WITH CASH

SEP 23 2024

TOWN OF KILL DEVIL HILLS

BP2024-191

PROJECT NAME: LEEDOM DECK REBUILD
SITE ADDRESS: 1206 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 09/20/2024

EXPIRES: 03/19/2025

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 | 29000.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

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

BP2024-191

PROJECT NAME: LEEDOM DECK REBUILD

SITE ADDRESS: 1206 MEMORIAL BLVD S KILL DEVIL HILLS

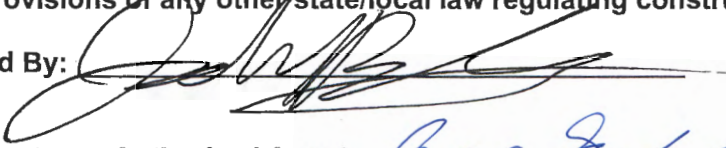
BUILDING

ISSUED: 09/20/2024

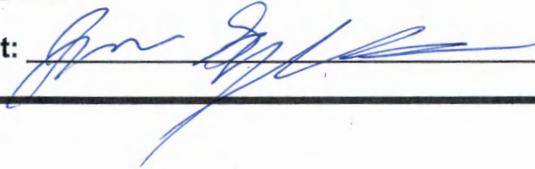
EXPIRES: 03/19/2025

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:

9-23-24



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

| | |
|---|----------------------------|
| BP2024-184 | BUILDING |
| PROJECT NAME: Peele Dune Walkover and Dune Deck | ISSUED: 09/16/2024 |
| SITE ADDRESS: 603 VA DARE TRL N KILL DEVIL HILLS | EXPIRES: 03/15/2025 |

APPLICANT: JOHN PEELE
108 Holly Park Dr.
Holly Springs, NC 27540

OWNER: JOHN PEELE
108 Holly Park Dr.
Holly Springs, NC 27540

UNLICENSED - REMODELING: Stephen Moore Construction
2587 Ballard Rd
WILLIAMSTON, NC 27892

License: 12345
Expires: 12/31/2025

PARCEL:

PIN: 988420728265

Parcel Number: 003690000

Address: 603 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 7 **Lot(s):** 2

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: add 4' wide dune walkover and 12'x12' dune deck

PAID

SEP 20 2024

TOWN OF
KILL DEVIL HILLS

BP2024-184

PROJECT NAME: Peele Dune Walkover and Dune Deck
SITE ADDRESS: 603 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

DETAILS**Permit**

| Name | Value |
|--------------------------------|------------------------------|
| CAMA PERMIT | Y |
| CAMA EXEMPTION | N |
| ZONING DISTRICT | OIR |
| PURPOSE | Residential Accessory |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 10 |
| REAR YARD SETBACK | CAMA |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 12 |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 30000.00 |
| LOT COVERAGE | 25.00 |
| CONSTRUCTION TYPE | V |
| SURVEYOR NAME AND NUMBER | John Hurdle |
| 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.
- * 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.
- * Construction shall be elevated a minimum of 1' of adjacent grade.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.

BP2024-184

PROJECT NAME: Peele Dune Walkover and Dune Deck
SITE ADDRESS: 603 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

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:  Date: 9-20-24



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2024-192

PROJECT NAME: LEWIS WINDOWS AND SIDING
SITE ADDRESS: 2010 HAMPTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/20/2024

EXPIRES: 03/19/2025

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

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

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

License: XXXXXX
Expires:

PARCEL:

PIN: 988405084464

Parcel Number: 002032000

Address: 2010 HAMPTON ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1107

Legal Description:

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

PROJECT DESCRIPTION: REPLACE WINDOWS AND SIDING

PAID

SEP 20 2024

TOWN OF
KILL DEVIL HILLS

BP2024-192

PROJECT NAME: LEWIS WINDOWS AND SIDING
SITE ADDRESS: 2010 HAMPTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/20/2024

EXPIRES: 03/19/2025

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 | 10000.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

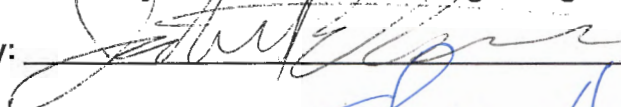
Zoning Final

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: 9-20-24



Town of Kill Devil Hills

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

Planning and Inspection Department

| | |
|--|----------------------------|
| BP2024-189 | BUILDING |
| PROJECT NAME: Robbins Stairs and railings | ISSUED: 09/20/2024 |
| SITE ADDRESS: 425 BURNS DR KILL DEVIL HILLS | EXPIRES: 03/19/2025 |

| | |
|---|---|
| APPLICANT: WELLSRING OBX, LLC PO BOX 1486 kitty hawk, nc 27949 | OWNER: WELLSRING OBX, LLC PO BOX 1486 kitty hawk, nc 27949 |
|---|---|

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

| | | | |
|---------------------------|-------------------------------|-----------------------|----------------------|
| PARCEL: | | | |
| PIN: | 988316831253 | Parcel Number: | 005009000 |
| Address: | 425 BURNS DR KILL DEVIL HILLS | | |
| Addition: | OCEAN ACRES TRACT 3 SEC 2 | Zoning: | |
| Legal Description: | | Block: | H Lot(s): PT 25 & 27 |

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

PROJECT DESCRIPTION: replace stairs and railings on front porch to same footprint

PAID

SEP 20 2024

TOWN OF
KILL DEVIL HILLS

BP2024-189

PROJECT NAME: Robbins Stairs and railings
SITE ADDRESS: 425 BURNS DR KILL DEVIL HILLS

BUILDING

ISSUED: 09/20/2024

EXPIRES: 03/19/2025

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 | 500.00 |
| CONSTRUCTION TYPE | V |
| SURVEYOR NAME AND NUMBER | WL Norris |
| 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.

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

BP2024-189

BUILDING

PROJECT NAME: Robbins Stairs and railings
SITE ADDRESS: 425 BURNS DR KILL DEVIL HILLS

ISSUED: 09/20/2024

EXPIRES: 03/19/2025

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

| | |
|---|----------------------------|
| BP2024-187 | BUILDING |
| PROJECT NAME: Anderson Stair Replacment | ISSUED: 09/19/2024 |
| SITE ADDRESS: 404 NIXONTON ST KILL DEVIL HILLS | EXPIRES: 03/18/2025 |

APPLICANT: Moore, Niels
805 Holly St
Kill Devil Hills, NC 27948
252-489-0022

OWNER: ANDERSON, BEVERLY S
3824 WHITE CHAPEL ARCH
CHESAPEAKE, VA 23321

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2025

PARCEL:

PIN: 987516921641

Parcel Number: 026691000

Address: 404 NIXONTON ST KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:
Block: 0 **Lot(s):** 111

Legal Description:

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

PROJECT DESCRIPTION: Rebuilding front stairs from deck to grade.

PAID

SEP 20 2024

TOWN OF
KILL DEVIL HILLS

BP2024-187

PROJECT NAME: Anderson Stair Replacment
SITE ADDRESS: 404 NIXONTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/19/2024

EXPIRES: 03/18/2025

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 |
| BASE FLOOD ELEVATION | 8 |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 1800.00 |
| 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.

BP2024-187

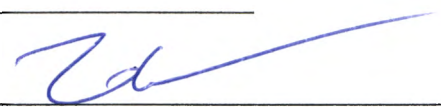
PROJECT NAME: Anderson Stair Replacment
SITE ADDRESS: 404 NIXONTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/19/2024
EXPIRES: 03/18/2025

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: 9/20/24



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-084

PROJECT NAME: Reisch Meter base
SITE ADDRESS: 1102 SUFFOLK ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/13/2024

EXPIRES: 03/12/2025

APPLICANT: Reisch, Timothy
134 W Holly Trl
Kitty Hawk, NC 27949
757-692-0738

OWNER: Reisch, Timothy
134 W Holly Trl
Kitty Hawk, NC 27949
757-692-0738

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

License: 26395
Expires: 09/29/2024

PARCEL:

PIN: 987408997156

Parcel Number: 001975000

Address: 1102 SUFFOLK ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 975

Legal Description:

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

PROJECT DESCRIPTION: Replace meter base and overhead service cable.

 **PAID**
9/19/24
on-line

EL2024-084

PROJECT NAME: Reisch Meter base
SITE ADDRESS: 1102 SUFFOLK ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/13/2024

EXPIRES: 03/12/2025

DETAILS

Permit

| Name | Value |
|-------------------|-------------------------------|
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 1900.00 |
| 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: David Bryan Muth Date: 09 / 19 / 2024



Town of Kill Devil Hills

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

PAID

SEP 20 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-129

PROJECT NAME: Water Oak Residential LLC
SITE ADDRESS: 1318 Water Oak Drive Kill Devil Hills

BUILDING JOINT

ISSUED: 09/17/2024

EXPIRES: 03/16/2025

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: 988417124460

Parcel Number:

Address: 1318 Water Oak Drive Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 5, Water Oak Residential, Phase 3

| FEES: | Paid | Due | BUILDING AREA: | |
|---------------------------|-------------------|---------------|----------------------------|--------------|
| T-Pole | \$50.00 | \$0.00 | Covered Porches/Decks | 1091 SQFT |
| Pool/Hot Tub | \$200.00 | \$0.00 | Residential Unheated (.40) | 587 Sq. Ft |
| Pool/Hot Tub | \$200.00 | \$0.00 | Residential Heated Space | 4357 sq. Ft. |
| Res. Building Permit Fee | \$3,502.55 | \$0.00 | (.75) | |
| Open Deck Fee | \$150.00 | \$0.00 | # of Temporary Poles | 1 EA |
| Covered Porch Residential | \$818.25 | \$0.00 | Open Decks | 1 EA |
| Totals : | \$4,920.80 | \$0.00 | | |

PROJECT DESCRIPTION: Proposed 8 bedroom single family dwelling

Town of Kill Devil Hills Water Charges

PAID

Water Tap #: T26126

BJ2024-129

PROJECT NAME: Water Oak Residential LLC
SITE ADDRESS: 1318 Water Oak Drive Kill Devil Hills

BUILDING JOINT

ISSUED: 09/17/2024

EXPIRES: 03/16/2025

DETAILS**Permit**

| Name | Value |
|---------------------------------|------------------------------|
| # OF DUMPSTERS | 1.00 |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | CAMA |
| SIDE YARD SETBACK | 10 |
| STREET SIDE SETBACK | 15 |
| HEALTH DEPARTMENT PERMIT # | KDHWWT |
| # PARKING SPACES/BEDROOM | 8 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 4 |
| Proposed First Floor Elevation | 5.70 |
| SUBSTANTIAL IMPROVEMENT | YES |
| PURPOSE | Residential New |
| CONSTRUCTION COST | 975000.00 |
| LOT COVERAGE | 37.40 |
| LIVING SPACE (SQFT) | 4357 |
| COVERED PORCHES/DECKS (SQFT) | 1091 |
| GARAGE (SQFT) | 587 |
| OPEN DECK (SQFT) | 107 |
| TOTAL SQUARE FOOTAGE | 6142 |
| SURVEYOR NAME AND NUMBER | Quible |
| ENGINEER AND LICENSE NUMBER | Mikw O'Steen 03628 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

BJ2024-129

PROJECT NAME: Water Oak Residential LLC
SITE ADDRESS: 1318 Water Oak Drive Kill Devil Hills

BUILDING JOINT

ISSUED: 09/17/2024

EXPIRES: 03/16/2025

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!
- * Foundation survey will be required prior to rough-in inspection.
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Needs - Stormwater plan, Landscaping plan, Non-conversion agreement.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: George Murch Date: 9.20.24



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-274

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 318 ARCH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

APPLICANT: ARMSTRONG AND SON
3978 Albermarle Curch rd.
Columbia, NC 27925
252-394-5316

OWNER: Hurdle, Joeseeph
PO BOX 203
Kill Devil Hills, NC 27948

MECHANICAL H-3: ARMSTRONG AND SON
3978 Albermarle Curch rd.
Columbia, NC 27925
252-394-5316

License: 22516
Expires: 12/31/2024

PARCEL:

PIN: 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 |
|-----------------------|-----------------|---------------|
| Mechanical Permit Fee | \$150.00 | \$0.00 |
| Totals : | \$150.00 | \$0.00 |

PROJECT DESCRIPTION: HVAC CHANGEOUT (2 systems)

PAID

SEP 20 2024

TOWN OF
KILL DEVIL HILLS

CHK# 32058

MC2024-274

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 318 ARCH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 20000.00 |
| 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: [Signature] Date: 09 / 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

OP2024-081

PROJECT NAME: Grinels New 4 Bedroom House
SITE ADDRESS: 1211 SWAN ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 09/20/2024

EXPIRES:

PARENT PERMIT #: BJ2023-276

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

OWNER: GRINELS, MARILYN W
250 WINGFIELD AVE
CHESAPEAKE, VA 23325

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

License: 32380
Expires: 12/31/2024

PARCEL:

PIN: 988312854820

Parcel Number: 004462000

Address: 1211 SWAN ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 30 **Lot(s):** PT 7

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: new 4 bedroom single family dwelling

SEP 20 2024

OP2024-081

PROJECT NAME: Grinels New 4 Bedroom House
SITE ADDRESS: 1211 SWAN ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 09/20/2024

EXPIRES:

DETAILS

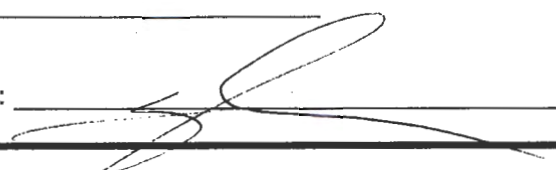
Permit

| 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: 9/20/24



Town of Kill Devil Hills

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

Planning and Inspection Department

| | |
|--|----------------------------|
| PL2024-010 | PLUMBING |
| PROJECT NAME: SEPTIC LINE REPLACEMENT | ISSUED: 09/19/2024 |
| SITE ADDRESS: 1006 AVALON DR W KILL DEVIL HILLS | EXPIRES: 03/18/2025 |

| | |
|---|--|
| APPLICANT: ABSOLUTE PLUMBING 101 Quarter Landing Harbinger, NC 27941 252-489-1439 | OWNER: Wisecarver, Courtney 1006 W Avalon St Kill Devil Hills, NC 27948 |
|---|--|


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

PARCEL:

| | |
|---|------------------------------------|
| PIN: 987408997466 | Parcel Number: 001636000 |
| Address: 1006 AVALON DR W KILL DEVIL HILLS | Zoning: |
| Addition: AVALON BEACH | Block: 0 Lot(s): 283 |
| Legal Description: | |

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

PROJECT DESCRIPTION: REPLACE SEPTIC WASTE LINE TO NEW TANK LOCATION

 **PAID**
9/19/24
on-line

PL2024-010

PROJECT NAME: SEPTIC LINE REPLACEMENT
SITE ADDRESS: 1006 AVALON DR W KILL DEVIL HILLS

PLUMBING

ISSUED: 09/19/2024

EXPIRES: 03/18/2025

DETAILS

Permit

| Name | Value |
|-------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 2347.90 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | X |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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.

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Issued By: Marty Shaw

Contractor or Authorized Agent: Howard Long Date: 09 / 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

EL2024-082

PROJECT NAME: METER BASE CHANGEOUT
SITE ADDRESS: 236 WILKINSON ST W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/12/2024
EXPIRES: 03/11/2025

APPLICANT: Vaughn Electric And Contracting
107 CAROTAUk DR
Currituck, NC 27929
757-630-1665

OWNER: DORAN, MARY ELLEN
159 Timothy Place
PARAMUS, NJ 07652

ELECTRICAL INTERMEDIATE: Vaughn Electric And Contracting
107 CAROTAUk DR
Currituck, NC 27929
757-630-1665


License: 24268
Expires: 12/31/2024

PARCEL:

PIN: 987516929785 **Parcel Number:** 000544000
Address: 236 WILKINSON ST W KILL DEVIL HILLS
Addition: VIRGINIA DARE SHORES **Zoning:**
Legal Description: **Block:** 34 **Lot(s):** 39-40

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

PROJECT DESCRIPTION: METER BASE CHANGEOUT

 **PAID**
9/13/24
on-line

EL2024-082

PROJECT NAME: METER BASE CHANGEOUT
SITE ADDRESS: 236 WILKINSON ST W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

DETAILS

Permit

| Name | Value |
|-------------------|-------------------------------|
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 5000.00 |
| 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: Marty Shaw

Contractor or Authorized Agent: Elizabeth Albee Date: 09 / 12 / 2024



Town of Kill Devil Hills

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

PAID

SEP 19 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

| | |
|--|----------------------------|
| BJ2024-081 | BUILDING JOINT |
| PROJECT NAME: Water Oak Residential LLC | ISSUED: 06/04/2024 |
| SITE ADDRESS: 1320 Water Oak Drive Kill Devil Hills | EXPIRES: 12/01/2024 |

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

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

PARCEL:

PIN: 988417124478 **Parcel Number:**

Address: 1320 Water Oak Drive Kill Devil Hills

Addition: **Zoning:** **Block:** **Lot(s):**

Legal Description: Lot 4, Water Oak Residential Subdivision, Phase 3

| FEES: | Paid | Due | BUILDING AREA: | |
|---------------------------|-------------------|---------------|----------------------------|--------------|
| Res. Building Permit Fee | \$3,918.50 | \$0.00 | Open Decks | 1 EA |
| Covered Porch Residential | \$530.25 | \$0.00 | Residential Heated Space | 4870 sq. Ft. |
| Open Deck Fee | \$150.00 | \$0.00 | (.75) | |
| T-Pole | \$50.00 | \$0.00 | Residential Unheated (.40) | 665 Sq. Ft |
| Pool/Hot Tub | \$200.00 | \$0.00 | Covered Porches/Decks | 707 SQFT |
| Pool/Hot Tub | \$200.00 | \$0.00 | # of Temporary Poles | 1 EA |
| Totals : | \$5,048.75 | \$0.00 | | |

PROJECT DESCRIPTION: Proposed 8 bedroom single family dwelling with pool, pool deck and fence

**Town of Kill Devil Hills
Water Charges**

PAID

Water Tap #: T26038

BJ2024-081**PROJECT NAME:** Water Oak Residential LLC
SITE ADDRESS: 1320 Water Oak Drive Kill Devil Hills**BUILDING JOINT****ISSUED:** 06/04/2024**EXPIRES:** 12/01/2024**DETAILS****Permit**

| Name | Value |
|--------------------------------|---------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | CAMA |
| SIDE YARD SETBACK | 10 |
| HEALTH DEPARTMENT PERMIT # | KDHWWTP |
| # PARKING SPACES/BEDROOM | 8 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 8 |
| Proposed First Floor Elevation | 5.70 |
| SUBSTANTIAL IMPROVEMENT | YES |
| PURPOSE | Residential New |
| CONSTRUCTION COST | 500000.00 |
| LOT COVERAGE | 37.90 |
| LIVING SPACE (SQFT) | 4870 |
| COVERED PORCHES/DECKS (SQFT) | 707 |
| GARAGE (SQFT) | 665 |
| OPEN DECK (SQFT) | 109 |
| TOTAL SQUARE FOOTAGE | 6351 |
| SURVEYOR NAME AND NUMBER | Quible |
| ENGINEER AND LICENSE NUMBER | Mikw O'Steen 03628 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

BJ2024-081

PROJECT NAME: Water Oak Residential LLC
SITE ADDRESS: 1320 Water Oak Drive Kill Devil Hills

BUILDING JOINT

ISSUED: 06/04/2024

EXPIRES: 12/01/2024

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Foundation survey will be required prior to rough-in inspection.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * 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: Gracya Mouch Date: 9.19.24



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

| | |
|---|----------------------------|
| BP2024-188 | BUILDING |
| PROJECT NAME: Storch Deck Replacement | ISSUED: 09/19/2024 |
| SITE ADDRESS: 1902 BAY DR KILL DEVIL HILLS | EXPIRES: 03/18/2025 |

| | |
|---|---|
| APPLICANT: Simple Side Construction PO BOX 3323 Kitty Hawk, NC 27949 252-220-2012 | OWNER: MS. MARY N STORCH 108 Brandon Place Winston Salem, NC 27104 |
|---|---|

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

PARCEL:

| | |
|--|-----------------------------------|
| PIN: 987412969980 | Parcel Number: 002277000 |
| Address: 1902 BAY DR KILL DEVIL HILLS | Zoning: |
| Addition: WRIGHT'S SHORES SEC 2 | Block: 0 Lot(s): 50 |
| Legal Description: | |

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

PROJECT DESCRIPTION: remove and replace existing dec to same footprint



BP2024-188

PROJECT NAME: Storch Deck Replacement
SITE ADDRESS: 1902 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 09/19/2024

EXPIRES: 03/18/2025

DETAILS

Permit

| Name | Value |
|--------------------------------|-------------------------------|
| CAMA PERMIT | N |
| CAMA EXEMPTION | Y |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| 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 | 18000.00 |
| LOT COVERAGE | 29.60 |
| CONSTRUCTION TYPE | V |
| SURVEYOR NAME AND NUMBER | Bill Jones |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2024-188

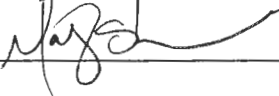
PROJECT NAME: Storch Deck Replacement
SITE ADDRESS: 1902 BAY DR KILL DEVIL HILLS

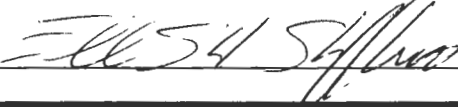
BUILDING

ISSUED: 09/19/2024

EXPIRES: 03/18/2025

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: 09-19-24



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

| | |
|--|----------------------------|
| MC2024-275 | MECHANICAL |
| PROJECT NAME: HVAC CHANGEOUT | ISSUED: 09/18/2024 |
| SITE ADDRESS: 2035 VA DARE TRL S KILL DEVIL HILLS | EXPIRES: 03/17/2025 |

| | |
|---|--|
| APPLICANT: R A HOY PO Box 265 Kitty Hawk, NC 27949 252-261-2008 | OWNER: RULAND, STEVEN & JONI 2249 LAMPLIGHT DR WOODBURY, MN 55125 |
|---|--|


| | | |
|------------------------------|---|---|
| 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: 98931323283903 | Parcel Number: 028908000 |
| Address: 2035 VA DARE TRL S KILL DEVIL HILLS | Zoning: |
| Addition: | Block: 3 Lot(s): 9-11 PT 12 UNIT 3 |
| Legal Description: | |

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

 **PAID**
9/19/24 DW
on-line

MC2024-275

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 2035 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/18/2024

EXPIRES: 03/17/2025

DETAILS

Permit

| Name | Value |
|----------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 11550.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 10 |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | Residential |

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Brian Lancaster Date: 09 / 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

| | |
|---|----------------------------|
| BJ2024-143 | BUILDING JOINT |
| PROJECT NAME: Captain Georges Entrance Enclosure | ISSUED: 08/23/2024 |
| SITE ADDRESS: 705 CROATAN HWY S KILL DEVIL HILLS | EXPIRES: 02/19/2025 |

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

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

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988308892096

Parcel Number: 004309000

Address: 705 CROATAN HWY S KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 1 **Lot(s):** 5 & 6

Legall Description:

| FEES: | Paid | Due | BUILDING AREA: |
|---------------------------|-----------------|---------------|------------------------------|
| Com. Building Permit Fees | \$640.00 | \$0.00 | Commercial Space 800 Sq. Ft. |
| Totals : | \$640.00 | \$0.00 | |

PROJECT DESCRIPTION: enclose both sides of existing front porch entry, re stripe parking lot adding 8 spaces 150 total

PAID

SEP 18 2024

TOWN OF
KILL DEVIL HILLS

BJ2024-143

PROJECT NAME: Captain Georges Entrance Enclosure
SITE ADDRESS: 705 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/23/2024
EXPIRES: 02/19/2025

DETAILS**Permit**

| Name | Value |
|-----------------------------------|---|
| ZONING DISTRICT | C |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 10 |
| STREET SIDE SETBACK | 15 |
| # PARKING SPACES/BEDROOM | 150 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Commercial Addition |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 25000.00 |
| LOT COVERAGE | 64.40 |
| TOTAL SQUARE FOOTAGE | 800 |
| SURVEYOR NAME AND NUMBER | Mike Morway |
| ARCHITECT NAME AND LICENSE NUMBER | Covington, Hendrix, Anderson Architects |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | Assembly |

REQUIRED INSPECTIONS

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

CONDITIONS

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

BJ2024-143

PROJECT NAME: Captain Georges Entrance Enclosure
SITE ADDRESS: 705 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/23/2024

EXPIRES: 02/19/2025

- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * The exits cannot be blocked by patrons standing in line once completed.
The vestibules need to be properly illuminated.
The project shall not interfere with the fire sprinklers in that 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: _____



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

| | |
|--|----------------------------|
| MC2024-272 | MECHANICAL |
| PROJECT NAME: McOwen HVAC | ISSUED: 09/16/2024 |
| SITE ADDRESS: 2013 VA DARE TRL N KILL DEVIL HILLS | EXPIRES: 03/15/2025 |

| | |
|---|---|
| APPLICANT: McOwen, Elizabeth 1628 Oberlin Road RALEIGH, NC 27608 | OWNER: McOwen, Elizabeth 1628 Oberlin Road RALEIGH, NC 27608 |
|---|---|

| | | |
|----------------------|---|---|
| H-3, CLASS I: | AIR-O-SMITH 330 North Dogwood Trail Southern Shores, NC 27949 252-261-5238 | License: 30070 Expires: 12/31/2024 |
|----------------------|---|---|

PARCEL:

| | |
|---|--|
| PIN: 988518306167 | Parcel Number: 002350000 |
| Address: 2013 VA DARE TRL N KILL DEVIL HILLS | Zoning: |
| Addition: MILES CLARK | Block: 0 Lot(s): 43 & 45 |
| Legal Description: | |

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

PROJECT DESCRIPTION: Install 5 Mitsubishi ductless mini-splits

PAID

SEP 18 2024

TOWN OF
KILL DEVIL HILLS

MC2024-272

PROJECT NAME: McOwen HVAC

SITE ADDRESS: 2013 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

DETAILS

Permit

| Name | Value |
|----------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 18900.00 |
| 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: _____

Contractor or Authorized Agent: _____

Date: 9/18/2024



Town of Kill Devil Hills

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

PAID

SEP 17 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-157

PROJECT NAME: Hotel Enclosure
SITE ADDRESS: 107 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/16/2024
EXPIRES: 03/15/2025

APPLICANT: LAP ROYAL 22, LLC.
2434 GUM RD
CHESAPEAKE, VA 23321
757-237-8548

OWNER: LAP ROYAL 22, LLC.
2434 GUM RD
CHESAPEAKE, VA 23321
757-237-8548

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988420805822

Parcel Number: 003669000

Address: 107 VA DARE TRL S KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 2 **Lot(s):** 1-4

Legal Description:

| FEES: | <u>Paid</u> | <u>Due</u> | BUILDING AREA: | |
|-----------------------------|-------------------|---------------|-----------------------|--------------|
| Com. Building Permit Fees | \$4,656.00 | \$0.00 | Commercial Space | 5820 Sq. Ft. |
| Renovation/Remodel/Relocate | \$2,521.80 | \$0.00 | Remodel/Renovation | 5604 SQFT |
| Totals : | \$7,177.80 | \$0.00 | | |

PROJECT DESCRIPTION: enclose existing hotel corridors, installation of new hvac system, adding pergolas to rear of building, new canopy at entrance of building, does not include storage shed, front entrance canopy or proposed dumpster enclosures as proposed on site plan

BJ2024-157

PROJECT NAME: Hotel Enclosure
SITE ADDRESS: 107 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

DETAILS**Permit**

| Name | Value |
|-----------------------------|-------------------------|
| ZONING DISTRICT | OIR |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | CAMA |
| SIDE YARD SETBACK | 12 |
| STREET SIDE SETBACK | 15 |
| # PARKING SPACES/BEDROOM | 90 |
| CAMA PERMIT | Y |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Commercial Addition |
| CONSTRUCTION TYPE | II |
| CONSTRUCTION COST | 1250000.00 |
| LOT COVERAGE | 53.50 |
| TOTAL SQUARE FOOTAGE | 11424 |
| SURVEYOR NAME AND NUMBER | Ray Meekins |
| ENGINEER AND LICENSE NUMBER | THOMAS BEVERLY 15922 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | Residential |

REQUIRED INSPECTIONS

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

CONDITIONS

BJ2024-157

PROJECT NAME: Hotel Enclosure

SITE ADDRESS: 107 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

* 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.

* 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.

* Proposed front entrance canopy, dumpster enclosure and attached storage room not included as part of this permit. Sheets AE 602 AE 603 AE 201 and AE 202 not part of permitting.

* The new fire line shall be pressure tested and flushed.

The fire sprinkler system shall be pressured tested.

The new hydrant shall be tested for available water for boosting the FDC.

All test shall be coordinated with the fire marshal and building inspector and contractors.

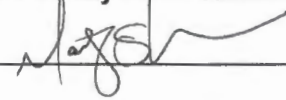
I will be looking for fire alarm plans soon after the remodel starts.


Knox Box shall be installed once the project is completed.

* No work in the Right-of-Way or Town property (Carlton Beach access Right-of-Way) until the fire line is approved by Public Services, any required permits are obtained and a site meeting with the selected utility licensed contractor for tapping the main is conducted.

The work in the Town Right-of-Way will have to be observed by Town Staff and the observation will need to be coordinated with Water Systems Supervisor.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 9/17/24



Town of Kill Devil Hills

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

PAID

SEP 17 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-060

PROJECT NAME: Spark by Hilton Hotel Remodel
SITE ADDRESS: 401 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

APPLICANT: Outerbank Hotel Llc
2434 Gum Rd
CHESAPEAKE, VA 23321

OWNER: Outerbank Hotel Llc
2434 Gum Rd
CHESAPEAKE, VA 23321

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988420810891

Parcel Number: 003683000

Address: 401 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 5 **Lot(s):** 1-4

Legal Description:

| FEES: | Paid | Due | BUILDING AREA: | |
|-----------------------------|-------------------|---------------|-----------------------|--------------|
| Com. Building Permit Fees | \$6,562.40 | \$0.00 | Remodel/Renovation | 550 SQFT |
| Renovation/Remodel/Relocate | \$247.50 | \$0.00 | Commercial Space | 8203 Sq. Ft. |
| Totals : | \$6,809.90 | \$0.00 | | |

PROJECT DESCRIPTION: Remodel existing hotel, enclosing existing open corridors, new exit doors, upgrade mechanical, add new tower with roof over south entrance, new windows and doors

BJ2024-060

PROJECT NAME: Spark by Hilton Hotel Remodel
SITE ADDRESS: 401 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

DETAILS**Permit**

| Name | Value |
|--------------------------|------------------------------|
| ZONING DISTRICT | OIR |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | CAMA |
| SIDE YARD SETBACK | 12 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 12 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Commercial Repair/Remodel |
| CONSTRUCTION TYPE | II |
| CONSTRUCTION COST | 1128000.00 |
| LOT COVERAGE | 65.60 |
| LIVING SPACE (SQFT) | 8753 |
| TOTAL SQUARE FOOTAGE | 8753 |
| SURVEYOR NAME AND NUMBER | John Mayne |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |

REQUIRED INSPECTIONS

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

CONDITIONS

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

* 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.

BJ2024-060

PROJECT NAME: Spark by Hilton Hotel Remodel

SITE ADDRESS: 401 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

- * 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.
- * •Occupancy Loads shall be calculated for each common area and posted
- *Enclosed hallways shall have emergency lights to illuminate the entire length to the exit doors

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

9/17/24



Town of Kill Devil Hills

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

Planning and Inspection Department

| | |
|---|----------------------------|
| ZP2024-069 | ZONING PERMIT |
| PROJECT NAME: Ian Westcott | ISSUED: 09/12/2024 |
| SITE ADDRESS: 304 AYCOCK ST W KILL DEVIL HILLS | EXPIRES: 03/11/2025 |

| | |
|--|--|
| APPLICANT: Westcott, Ian 304 W Aycokk St Kill Devil Hills, NC 27948 | OWNER: Westcott, Ian 304 W Aycokk St Kill Devil Hills, NC 27948 |
|--|--|

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

PARCEL:

| | |
|--|---------------------------------------|
| PIN: 988517016218 | Parcel Number: 000592000 |
| Address: 304 AYCOCK ST W KILL DEVIL HILLS | |
| Addition: VIRGINIA DARE SHORES | Zoning: |
| Legal Description: | Block: 46 Lot(s): 23-25 |

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

PROJECT DESCRIPTION: Add concrete under steps and concrete patio in side yard



ZP2024-069

PROJECT NAME: Ian Wescott
SITE ADDRESS: 304 AYCOCK ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

DETAILS

Permit

| Name | Value |
|--------------------------|-----------------------|
| ZONING DISTRICT | RL |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| PURPOSE | Residential Accessory |
| CONSTRUCTION COST | 2000.00 |
| LOT COVERAGE | 30.40 |
| SURVEYOR NAME AND NUMBER | Sadler Surveying |
| 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.
- * 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: Jordan Blythe

Contractor or Authorized Agent:  **Date:** 09 / 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

MC2024-273

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

APPLICANT: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

OWNER: FINCO, PAUL & KAREN
6611 MAIN SAIL CT
Burke, VA 22015

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: 98931313384503

Parcel Number: 005161000

Address: 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** UNIT 1-C

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT



PAID
9/17/24 Da
on-line

MC2024-273

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 12045.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | X |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Brian Lancaster Date: 09 / 17 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

| | |
|--|----------------------------|
| EL2024-085 | ELECTRICAL |
| PROJECT NAME: ELECTRICAL REPAIRS | ISSUED: 09/16/2024 |
| SITE ADDRESS: 1631 SIR WALTER RD KILL DEVIL HILLS | EXPIRES: 03/15/2025 |

| | |
|--|--|
| APPLICANT: DAVCO ELECTRIC INC HWY 64 CRESWELL, NC 27928 | OWNER: TAYLOR, SIBYL S 127 DOGWOOD DR NEWPORT NEWS, VA 23606-3645 |
|--|--|


| | | |
|--------------------------------|---|---|
| ELECTRICAL - UNLIMITED: | DAVCO ELECTRIC INC. 406 W Lake Drive Kill Devil Hills, NC 27948 441-4106 | License: 13421 Expires: 12/28/2024 |
|--------------------------------|---|---|

PARCEL:

| | |
|---|-----------------------------------|
| PIN: 988410468841 | Parcel Number: 003161000 |
| Address: 1631 SIR WALTER RD KILL DEVIL HILLS | Zoning: |
| Addition: W R DEATON - DELRAY BEACH | Block: C Lot(s): 23 |
| Legal Description: | |

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

PROJECT DESCRIPTION: REPLACE OVERHEAD SERVICE INCLUDING CABLE AND METER BASE

 **PAID**
9/17/24
on-line

EL2024-085

PROJECT NAME: ELECTRICAL REPAIRS
SITE ADDRESS: 1631 SIR WALTER RD KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

DETAILS

Permit

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

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Shaw O. A. Date: 09 / 17 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

| | |
|--|----------------------------|
| ZP2024-073 | ZONING PERMIT |
| PROJECT NAME: Lambodera Holdings LLC | ISSUED: 09/17/2024 |
| SITE ADDRESS: 1111 VA DARE TRL N KILL DEVIL HILLS | EXPIRES: 03/16/2025 |

APPLICANT: OCEAN ATLANTIC RENTALS
2001 South Croatan Highway
Kill Devil Hills, NC 27948
252-441-7272

OWNER: Lambodera Holdings LLC
4005 River Park Drive
Suffolk, VA 23435
252-333-4102

CONTRACTOR: OCEAN ATLANTIC RENTALS
2001 South Croatan Highway
Kill Devil Hills, NC 27948
252-441-7272

License: LEGACY UNKNOWN
Expires: 12/31/2025

PARCEL:

PIN: 988415649035

Parcel Number: 003711000

Address: 1111 VA DARE TRL N KILL DEVIL HILLS

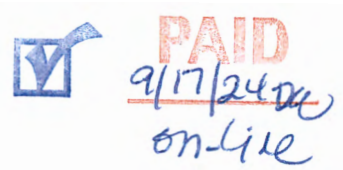
Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 2A **Lot(s):** 6 & N PT 5

Legal Description:

| FEES: | Paid | Due |
|-----------------|---------------|---------------|
| Tent Permit Fee | \$0.00 | \$0.00 |
| Totals : | \$0.00 | \$0.00 |

PROJECT DESCRIPTION: Tent for family event 10/10 - 10/12



ZP2024-073

PROJECT NAME: Lambodera Holdings LLC
SITE ADDRESS: 1111 VA DARE TRL N KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 09/17/2024

EXPIRES: 03/16/2025

DETAILS

Permit

| Name | Value |
|-------------------|-----------------------|
| ZONING DISTRICT | OIR |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | VE |
| PURPOSE | Residential Accessory |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

* Call the Fire Department for an inspection once the tent is put up.

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

Issued By: Donna Elliot

Contractor or Authorized Agent: Samantha Blackwell **Date:** 09 / 17 / 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

SEP 16 2024

OP2024-069

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

TOWN OF
KILL DEVIL HILLS
OCCUPANCY
ISSUED: 07/02/2024
EXPIRES:

PARENT PERMIT #: BJ2024-031

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

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

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

License: Unlicensed
Expires: 12/31/2024

PARCEL:

PIN: 988405191056

Parcel Number: 001457000

Address: 2019 YORKTOWN KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

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

Legal Description:

| FEES: | Paid | Due |
|------------------------------|----------------|---------------|
| Certificate of Occupancy Fee | \$50.00 | \$0.00 |
| Totals : | \$50.00 | \$0.00 |

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

OP2024-069

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

OCCUPANCY

ISSUED: 07/02/2024

EXPIRES:

DETAILS

Permit

| Name | Value |
|-----------------|---------------------------|
| PURPOSE | Residential Addition |
| 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: _____

9/16/24



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2024-158

PROJECT NAME: Robert Woodburn
SITE ADDRESS: 213 ARCHDALE ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/13/2024

EXPIRES: 03/12/2025

APPLICANT: Presson, James
512 Laura LN
Kill Devil Hills, NC 27948

OWNER: WOODBURN, ROBERT C
4128 OLD SPRINGFIELD ROAD
GLEN ALLEN, VA 23060
804-543-9456

UNLICENSED BUILDER: Jimmy Presson
512 Laura Lane
Kill Devil Hills, NC 27948
252-489-8220

License: 00000
Expires:

PARCEL:

PIN: 988517128451

Parcel Number: 000808000

Address: 213 ARCHDALE ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES AMD BLK 5

Zoning:
Block: 5 **Lot(s):** 14

Legal Description:

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

PROJECT DESCRIPTION: Add storage under house

PAID

SEP 16 2024

TOWN OF
KILL DEVIL HILLS

BJ2024-158**PROJECT NAME:** Robert Woodburn**SITE ADDRESS:** 213 ARCHDALE ST E KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 09/13/2024**EXPIRES:** 03/12/2025

DETAILS**Permit**

| Name | Value |
|----------------------------|---------------------------|
| ZONING DISTRICT | C |
| HEALTH DEPARTMENT PERMIT # | S13-27938 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Addition |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 17500.00 |
| STORAGE (SQFT) | 290 |
| TOTAL SQUARE FOOTAGE | 290 |
| SURVEYOR NAME AND NUMBER | Seaboard |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Requires 3 off-street parking spaces - as shown.

BJ2024-158

PROJECT NAME: Robert Woodburn

SITE ADDRESS: 213 ARCHDALE ST E KILL DEVIL HILLS

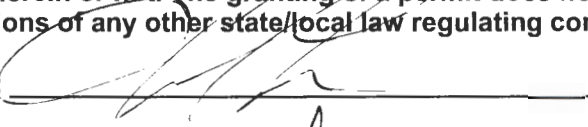
BUILDING JOINT

ISSUED: 09/13/2024

EXPIRES: 03/12/2025

- * Zoning Final Inspection is required.
- * Storage room requires light and switch.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 9/16/24



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

MC2024-271

PROJECT NAME: Sprinkle HVAC
SITE ADDRESS: 1100 Cambridge Road 301-A Kill Devil Hills

MECHANICAL

ISSUED: 09/13/2024

EXPIRES: 03/12/2025

APPLICANT: Sprinkle, John
6075 Plantation Pointe Dr
GRANITE FALLS, NC 28630

OWNER: Sprinkle, John
6075 Plantation Pointe Dr
GRANITE FALLS, NC 28630

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: 98830648123801

Parcel Number:

Address: 1100 Cambridge Road 301-A Kill Devil Hills

Zoning:

Addition:

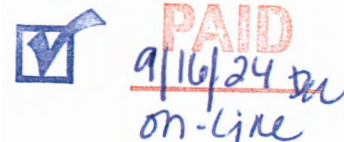
Block:

Lot(s):

Legal Description: Residential townhome

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

PROJECT DESCRIPTION: C/O 3 Ton HVAC system along with .75 Ton mini split



MC2024-271

PROJECT NAME: Sprinkle HVAC

SITE ADDRESS: 1100 Cambridge Road 301-A Kill Devil Hills

MECHANICAL

ISSUED: 09/13/2024

EXPIRES: 03/12/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 23069.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | X |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | Residential |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster Date: 09 / 16 / 2024



Town of Kill Devil Hills

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

PAID

SEP 16 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

| | |
|--|----------------------------|
| BJ2024-159 | BUILDING JOINT |
| PROJECT NAME: Jantzen Pool | ISSUED: 09/16/2024 |
| SITE ADDRESS: 803 EIGHTH AVE KILL DEVIL HILLS | EXPIRES: 03/15/2025 |

| | |
|--|--|
| APPLICANT: SOUNDSIDE POOLS PO Box 2996 Kill Devil Hills, NC 27948 252-256-2684 | OWNER: Jantzen, Neil 126 Deerfield Ln Aydlett, NC 27916 |
|--|--|

| | |
|---|---|
| BUILDING LIMITED: SOUNDSIDE POOLS PO Box 2996 Kill Devil Hills, NC 27948 252-256-2684 | License: 62035 Expires: 12/31/2024 |
|---|---|

PARCEL:

| | |
|---|-----------------------------------|
| PIN: 988311667835 | Parcel Number: 030497002 |
| Address: 803 EIGHTH AVE KILL DEVIL HILLS | Zoning: |
| Addition: KILL DEVIL HILLS RLTY CORP ADD | Block: 44 Lot(s): 9 |
| Legal Description: | |

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

PROJECT DESCRIPTION: in ground pool

BJ2024-159

PROJECT NAME: Jantzen Pool
SITE ADDRESS: 803 EIGHTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

DETAILS

Permit

| Name | Value |
|----------------------------|---------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 10 |
| HEALTH DEPARTMENT PERMIT # | S9-26887 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Accessory |
| CONSTRUCTION COST | 45983.60 |
| LOT COVERAGE | 27.00 |
| SURVEYOR NAME AND NUMBER | Gloria J Rogers |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * 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.

BJ2024-159

PROJECT NAME: Jantzen Pool

SITE ADDRESS: 803 EIGHTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

- * Zoning Final Inspection is required.
- * Pool edge shall be minimum 5' off side and or rear property lines.

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

9-16-24



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

| | |
|--|----------------------------|
| BP2024-185 | BUILDING |
| PROJECT NAME: JONES STAIR REBUILD | ISSUED: 09/12/2024 |
| SITE ADDRESS: 1700 MEMORIAL BLVD S KILL DEVIL HILLS | EXPIRES: 03/11/2025 |


| | |
|--|--|
| APPLICANT: JONES, R BRIAN 15440 WOODLAND DR WINDSOR, VA 23487 | OWNER: JONES, R BRIAN 15440 WOODLAND DR WINDSOR, VA 23487 |
|--|--|

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

| | | | |
|---------------------------|---------------------------------------|-----------------------|--------------------------|
| PARCEL: | | | |
| PIN: | 989309058035 | Parcel Number: | 008274000 |
| Address: | 1700 MEMORIAL BLVD S KILL DEVIL HILLS | | |
| Addition: | OCEAN ACRES INC | Zoning: | |
| Legal Description: | | Block: | 0 Lot(s): 107-108 |

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

PROJECT DESCRIPTION: REPLACE ROTTEN STRINGERS, RAILINGS TO REMAIN

 **PAID**
9/13/24
on-line

SP2024-185

PROJECT NAME: JONES STAIR REBUILD
SITE ADDRESS: 1700 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

DETAILS

Permit

| Name | Value |
|--------------------------------|-------------------------------|
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| ZONING DISTRICT | C |
| PURPOSE | Residential Repair/Remodel |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 8 |
| REAR YARD SETBACK | 20% Depth >30 |
| FLOOD ZONE | X |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 2000.00 |
| 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: Jordan Blythe

Contractor or Authorized Agent:  Date: 09 / 13 / 2024



Town of Kill Devil Hills

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

PAID

SEP 13 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-186

PROJECT NAME: IMMACOLATO STAIRS
SITE ADDRESS: 2026 FRANKLIN ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

APPLICANT: IMMACOLATO, FRANK
2026 FRANKLIN ST
Kill Devil Hills, NC 27948
252-216-9070

OWNER: IMMACOLATO, FRANK
2026 FRANKLIN ST
Kill Devil Hills, NC 27948
252-216-9070

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

License: 12345
Expires:

PARCEL:

PIN: 988405191248

Parcel Number: 001463000

Address: 2026 FRANKLIN ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 1335

Legal Description:

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

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR

BP2024-186

PROJECT NAME: IMMACOLATO STAIRS
SITE ADDRESS: 2026 FRANKLIN ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

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 | 2500.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Richard (H) Lada

Date: _____

7/13/24



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

| | |
|--|----------------------------|
| ZP2024-068 | ZONING PERMIT |
| PROJECT NAME: Ocean Atlantic Rentals | ISSUED: 09/10/2024 |
| SITE ADDRESS: 1113 VA DARE TRL N KILL DEVIL HILLS | EXPIRES: 03/09/2025 |

| | |
|--|---|
| APPLICANT: OCEAN ATLANTIC RENTALS 2001 South Croatan Highway Kill Devil Hills, NC 27948 252-441-7272 | OWNER: BIANNU OMMG LLC P. O. Box 90 Kill Devil Hills, NC 27948 252-489-4565 |
|--|---|

| | |
|---|--|
| CONTRACTOR: OCEAN ATLANTIC RENTALS 2001 South Croatan Highway Kill Devil Hills, NC 27948 252-441-7272 | License: LEGACY UNKNOWN Expires: 12/31/2025 |
|---|--|

PARCEL:

| | |
|---|-----------------------------------|
| PIN: 988415648098 | Parcel Number: 003711007 |
| Address: 1113 VA DARE TRL N KILL DEVIL HILLS | Zoning: |
| Addition: KITTY HAWK SHORES - REVISED | Block: 2A Lot(s): 7 |
| Legal Description: | |

| FEES: | Paid | Due |
|-----------------|---------------|---------------|
| Tent Permit Fee | \$0.00 | \$0.00 |
| Totals : | \$0.00 | \$0.00 |

PROJECT DESCRIPTION: Tent For family event

PAID
9/13/24
on-line

ZP2024-068

PROJECT NAME: Ocean Atlantic Rentals
SITE ADDRESS: 1113 VA DARE TRL N KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 09/10/2024

EXPIRES: 03/09/2025

DETAILS

Permit

| Name | Value |
|-------------------|-----------------------|
| ZONING DISTRICT | OIR |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| PURPOSE | Residential Accessory |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

* Call Fire Department for Inspection once the tent is put up.

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

Issued By: Donna Elliot

Contractor or Authorized Agent: Samantha Blackwell Date: 09 / 12 / 2024



Town of Kill Devil Hills

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

PAID

SEP 13 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

ZP2024-070

PROJECT NAME: Birdsong Fence
SITE ADDRESS: 3006 VA DARE TRL N KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 09/13/2024

EXPIRES: 03/12/2025

APPLICANT: BIRDSONG, EVERETT
810 RIVERVIEW DRIVE
SUFFOLK, VA 23434
757-636-8379

OWNER: BIRDSONG, EVERETT
810 RIVERVIEW DRIVE
SUFFOLK, VA 23434
757-636-8379

UNLICENSED BUILDER: NASH, ADAM
329 EVAN'S PLACE
Kill Devil Hills, NC 27948
757-376-0170

License: XXXXXX
Expires: 07/01/2031

PARCEL:

PIN: 988513134401

Parcel Number: 002983001

Address: 3006 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 9 **Lot(s):** 1

Legal Description:

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

PROJECT DESCRIPTION: rebuild existing fence in original location

ZP2024-070

PROJECT NAME: Birdsong Fence
SITE ADDRESS: 3006 VA DARE TRL N KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 09/13/2024

EXPIRES: 03/12/2025

DETAILS

Permit

| Name | Value |
|-------------------|-----------------------|
| ZONING DISTRICT | C |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | AO |
| PURPOSE | Residential Accessory |
| CONSTRUCTION COST | 12000.00 |
| 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.

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 9/13/24



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

ZP2024-071

PROJECT NAME: Kenneth Kies
SITE ADDRESS: 503 VA DARE TRL S KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 09/16/2024
EXPIRES: 03/15/2025

APPLICANT: OCEAN ATLANTIC RENTALS
2001 South Croatan Highway
Kill Devil Hills, NC 27948
252-441-7272

OWNER: Kies, Kenneth & Kathleen
6109 RD
MCLEAN, VA 22101

CONTRACTOR: OCEAN ATLANTIC RENTALS
2001 South Croatan Highway
Kill Devil Hills, NC 27948
252-441-7272

License: LEGACY UNKNOWN
Expires: 12/31/2025

PARCEL:

PIN: 988308990919

Parcel Number: 004232000

Address: 503 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:

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

Legal Description:

| FEES: | Paid | Due |
|-----------------|---------------|---------------|
| Tent Permit Fee | \$0.00 | \$0.00 |
| Totals : | \$0.00 | \$0.00 |

PROJECT DESCRIPTION: Tent for family event 9/26 - 9/28



PAID
9/16/24
on-line

ZP2024-071

PROJECT NAME: Kenneth Kies

SITE ADDRESS: 503 VA DARE TRL S KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

DETAILS

Permit

| Name | Value |
|-------------------|-----------------------|
| ZONING DISTRICT | OIR |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | VE |
| PURPOSE | Residential Accessory |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

* Call the Fire Department for an inspection once the tent is put up.

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

Issued By: Donna Elliot

Contractor or Authorized Agent: Samantha Blackwell Date: 09 / 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

ZP2024-072

PROJECT NAME: Carol Ann Angelos
SITE ADDRESS: 1836 VA DARE TRL N KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

APPLICANT: OCEAN ATLANTIC RENTALS
2001 South Croatan Highway
Kill Devil Hills, NC 27948
252-441-7272

OWNER: CHELLO INC
P O BOX 2517
KILL DEVIL HILLS, NC 27948

CONTRACTOR: OCEAN ATLANTIC RENTALS
2001 South Croatan Highway
Kill Devil Hills, NC 27948
252-441-7272

License: LEGACY UNKNOWN
Expires: 12/31/2025

PARCEL:

PIN: 988406389793

Parcel Number: 002863000

Address: 1836 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: Croatan Shores Amended

Block: G **Lot(s):** 1,2,20,21

Legal Description:

| FEES: | Paid | Due |
|-----------------|---------------|---------------|
| Tent Permit Fee | \$0.00 | \$0.00 |
| Totals : | \$0.00 | \$0.00 |

PROJECT DESCRIPTION: Tent for special event 10/3 - 10/6

9/16/24
on-line

ZP2024-072

PROJECT NAME: Carol Ann Angelos
SITE ADDRESS: 1836 VA DARE TRL N KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 09/16/2024

EXPIRES: 03/15/2025

DETAILS

Permit

| Name | Value |
|-------------------|-----------------------|
| ZONING DISTRICT | C |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| PURPOSE | Residential Accessory |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Call the Fire Department for an inspection once the tent is put up.

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

Issued By: Donna Elliot

Contractor or Authorized Agent: Samantha Blackwell Date: 09 / 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

EL2024-083

PROJECT NAME: METER BASE CHANGEOUT
SITE ADDRESS: 1804 CREEK ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

APPLICANT: Vaughn Electric And Contracting
107 CAROTAU DR
Currituck, NC 27929
757-630-1665

OWNER: DOD, NANCY LEE
1804 CREEK STREET
KILL DEVIL HILLS, NC 27948

ELECTRICAL INTERMEDIATE: Vaughn Electric And Contracting
107 CAROTAU DR
Currituck, NC 27929
757-630-1665

License: 24268
Expires: 12/31/2024

PARCEL:

PIN: 988409272263

Parcel Number: 002455000

Address: 1804 CREEK ST KILL DEVIL HILLS

Zoning:

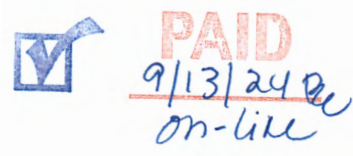
Addition: SEA HOLLY RIDGE

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

Legal Description:

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

PROJECT DESCRIPTION: METER BASE CHANGEOUT



EL2024-083

PROJECT NAME: METER BASE CHANGEOUT
SITE ADDRESS: 1804 CREEK ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

DETAILS

Permit

| Name | Value |
|-------------------|-------------------------------|
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 5000.00 |
| 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: Marty Shaw

Contractor or Authorized Agent: Elizabeth Albee Date: 09 / 12 / 2024



Town of Kill Devil Hills

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

PAID

SEP 12 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-155

PROJECT NAME: Harris Teeter Starbucks Rebuild
SITE ADDRESS: 2012 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/10/2024

EXPIRES: 03/09/2025

APPLICANT: Wilson-Covington Construction Company
2700 Boulder Park CT
WINSTON SALEM, NC 27101
704-844-3100

OWNER: Harris Teeter
701 Crestdale Drive
MATTHEWS, NC 28105

BUILDER UNLIMITED: Wilson-Covington Construction Company
2700 Boulder Park CT
WINSTON SALEM, NC 27101
704-844-3100

License: 01829
Expires: 12/31/2024

PARCEL:

PIN: 989313034150

Parcel Number: 028829000

Address: 2012 CROATAN HWY S KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

Zoning:
Block: 0 **Lot(s):** BLKS 3,5,7 &

Legal Description:

| FEES: | <u>Paid</u> | <u>Due</u> | BUILDING AREA: |
|-----------------------------|-----------------|---------------|-----------------------------|
| Renovation/Remodel/Relocate | \$241.65 | \$0.00 | Remodel/Renovation 537 SQFT |
| Totals : | \$241.65 | \$0.00 | |

PROJECT DESCRIPTION: REMOVE/REPLACE STARBUCKS KIOSK AND ASSOCIATED PME PER DRAWINGS.

BJ2024-155

PROJECT NAME: Harris Teeter Starbucks Rebuild
SITE ADDRESS: 2012 CROATAN HWY S KILL DEVIL HILLS

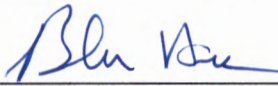
BUILDING JOINT

ISSUED: 09/10/2024

EXPIRES: 03/09/2025

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: 9-12-24



Town of Kill Devil Hills

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

PAID

SEP - 9 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

| | |
|--|----------------------------|
| MC2024-265 | MECHANICAL |
| PROJECT NAME: Juhl HVAC | ISSUED: 09/04/2024 |
| SITE ADDRESS: 1002 CARDINAL ST KILL DEVIL HILLS | EXPIRES: 03/03/2025 |

| | |
|---|---|
| APPLICANT: Chad Juhl 3 Ocean View Loop Southern Shores, NC 27949 434-305-2533 | OWNER: Chad Juhl 3 Ocean View Loop Southern Shores, NC 27949 434-305-2533 |
|---|---|


| | | |
|--------------------|---|---|
| MECHANICAL: | American Refrigeration P.O. Box 835 nags head, nc 27959 252-305-5320 | License: 15578 Expires: 12/31/2024 |
|--------------------|---|---|

PARCEL:

| | |
|---|-----------------------------------|
| PIN: 988312769967 | Parcel Number: 004449002 |
| Address: 1002 CARDINAL ST KILL DEVIL HILLS | Zoning: |
| Addition: KILL DEVIL HILLS REALTY CORP | Block: 28 Lot(s): 2 |
| Legal Description: | |

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system

 **PAID**
mc 9/9/24
check # 1296

MC2024-265

PROJECT NAME: Juhl HVAC

SITE ADDRESS: 1002 CARDINAL ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/04/2024

EXPIRES: 03/03/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 7000.00 |
| 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: Paul Smith Date: 09 / 05 / 2024



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-267

PROJECT NAME: Hoffman HVAC
SITE ADDRESS: 804 SEVENTH AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/05/2024

EXPIRES: 03/04/2025

APPLICANT: Hoffman, Kevin
P O Box 3621
Kill Devil Hills, NC 27948
252-202-0749

OWNER: Hoffman, Kevin
P O Box 3621
Kill Devil Hills, NC 27948
252-202-0749

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

License: 30525
Expires: 05/08/2025

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

License: 29121
Expires: 12/31/2024

PARCEL:

PIN: 988311668961

Parcel Number: 004631003

Address: 804 SEVENTH AVE KILL DEVIL HILLS

Zoning:


Addition: KILL DEVIL HILLS RLTY CORP ADD

Block: 44 **Lot(s):** 3

Legal Description:

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

PROJECT DESCRIPTION: C/O heat pump & air handler

 **PAID**
the 9/7/24
aline

MC2024-267

PROJECT NAME: Hoffman HVAC
SITE ADDRESS: 804 SEVENTH AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/05/2024

EXPIRES: 03/04/2025

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: 09 / 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

SG2024-020

PROJECT NAME: Little Caesar's
SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 09/09/2024

EXPIRES: 03/08/2025

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

OWNER: OLIVOLA, MARK
NANCY O WALTON
P O BOX 364
KILL DEVIL HILLS, NC 27948

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

License: LEGACY UNKNOWN
Expires: 12/31/2030

PARCEL:

PIN: 988410374122

Parcel Number: 002739000

Address: 1700 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition: HEDRICKS ADDITION - CROATAN SH

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

Legal Description:

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

PROJECT DESCRIPTION: Replace existing sign on the building

PAID

SEP - 9 2024

TOWN OF
KILL DEVIL HILLS

SG2024-020

PROJECT NAME: Little Caesar's
SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 09/09/2024

EXPIRES: 03/08/2025

DETAILS

Permit

| Name | Value |
|------------------------------|----------------------|
| # OF SIGNS | 1 |
| SIGN - WALL PERMITTED (SQFT) | 36.00 |
| SIGN- WALL PROPOSED (SQ FT) | 36.00 |
| ZONING DISTRICT | C |
| PURPOSE | Commercial Accessory |
| CONSTRUCTION COST | 2500.00 |
| FLOOD ZONE | X |

REQUIRED INSPECTIONS

Final

CONDITIONS

* Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.

No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).

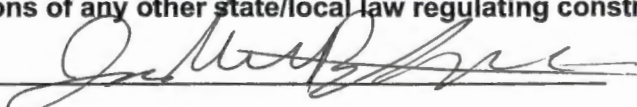
Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.


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

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

* Zoning Final Inspection is required.

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 9/9/24



Town of Kill Devil Hills

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

PAID

SEP - 6 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

| | |
|---|----------------------------|
| BJ2024-152 | BUILDING JOINT |
| PROJECT NAME: Kuykendall Addition | ISSUED: 09/03/2024 |
| SITE ADDRESS: 1722 SEA SWEPT RD KILL DEVIL HILLS | EXPIRES: 03/02/2025 |

| | |
|--|--|
| APPLICANT: 2 GUYS SERVICES 605 W. Archdale St. Kill Devil Hills, NC 27948 252-489-8753 | OWNER: KUYKENDALL, CHELSEA 1722 SEA SWEPT RD Kill Devil Hills, NC 27948 |
|--|--|

| | |
|---|---|
| GENERAL BUILDING - LIMITED: 2 GUYS SERVICES 605 W. Archdale St. Kill Devil Hills, NC 27948 252-489-8753 | License: 75144 Expires: 12/31/2024 |
|---|---|

PARCEL:

| | |
|--|-----------------------------------|
| PIN: 988409161179 | Parcel Number: 002579007 |
| Address: 1722 SEA SWEPT RD KILL DEVIL HILLS | |
| Addition: CROATAN SHORES SUBDIV | Zoning: |
| Legal Description: | Block: 16 Lot(s): 7 |

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

PROJECT DESCRIPTION: remove existing rear deck, convert to living space with rear stairs, zoning approved for 4 bedrooms

BJ2024-152

PROJECT NAME: Kuykendall Addition
SITE ADDRESS: 1722 SEA SWEPT RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/03/2024

EXPIRES: 03/02/2025

DETAILS**Permit**

| Name | Value |
|----------------------------|---------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 8 |
| HEALTH DEPARTMENT PERMIT # | S13-27790 |
| # PARKING SPACES/BEDROOM | 4 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Addition |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 20000.00 |
| LOT COVERAGE | 35.00 |
| LIVING SPACE (SQFT) | 192 |
| TOTAL SQUARE FOOTAGE | 192 |
| SURVEYOR NAME AND NUMBER | Gloria Rogers |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

BJ2024-152

PROJECT NAME: Kuykendall Addition

SITE ADDRESS: 1722 SEA SWEPT RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/03/2024

EXPIRES: 03/02/2025

- * 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.
- * 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.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 9/6/24



Town of Kill Devil Hills

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

PAID

SEP - 6 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

| | |
|--|----------------------------|
| BP2024-183 | BUILDING |
| PROJECT NAME: BABB REAR DECK | ISSUED: 09/05/2024 |
| SITE ADDRESS: 2035 NEW BERN ST KILL DEVIL HILLS | EXPIRES: 03/04/2025 |

APPLICANT: BABB, JAMES L
18493 ORBIT RD
WINDSOR, VA 23487

OWNER: BABB, JAMES L
18493 ORBIT RD
WINDSOR, VA 23487

GENERAL: ALLEN PRESGRAVES
UNKNOWN
UNKNOWN, XX 00000
252-256-2614

License: Non- licensed
Expires: 12/31/2024

PARCEL:

PIN: 988518209388

Parcel Number: 001791000

Address: 2035 NEW BERN ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 1

Block: 0 **Lot(s):** 342

Legal Description:

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

PROJECT DESCRIPTION: REPLACE DECKING AND RAILIN ON REAR DECK, REBUILD REAR STAIR

BP2024-183

PROJECT NAME: BABB REAR DECK
SITE ADDRESS: 2035 NEW BERN ST KILL DEVIL HILLS

BUILDING

ISSUED: 09/05/2024

EXPIRES: 03/04/2025

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 | 6000.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

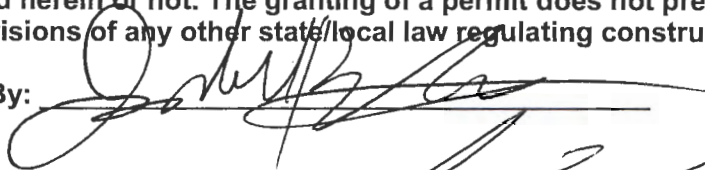
Final

CONDITIONS


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Issued By:



Contractor or Authorized Agent:



Date:

9/6/24



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-266

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

MECHANICAL

ISSUED: 09/05/2024

EXPIRES: 03/04/2025

APPLICANT: Swope, John
1601 N Va Dare Trl Unit 305
Kill Devil Hills, NC 27948

OWNER: Swope, John
1601 N Va Dare Trl Unit 305
Kill Devil Hills, NC 27948

ELECTRICAL - LIMITED: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 22222-L
Expires: 01/06/2025

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

License: 35329
Expires: 12/31/2024

PARCEL:

PIN: 98841156647315

Parcel Number: 002781015

Address: 1601 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: B **Lot(s):** UT 305 16-20

Legal Description:

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

PROJECT DESCRIPTION: C/O 4 Ton HVAC system



PAID
9/6/24 Da
on-line

MC2024-266

PROJECT NAME: Swope HVAC

SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/05/2024

EXPIRES: 03/04/2025

DETAILS

Permit

| Name | Value |
|----------------------|---------------------------|
| PURPOSE | Residential New |
| CONSTRUCTION COST | 13657.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 12 |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Charles Thuman

Contractor or Authorized Agent: Brian Lancaster Date: 09 / 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

| | |
|--|-------------------------------|
| EG2024-012 | EXCAVATION AND GRADING |
| PROJECT NAME: Phelan Land Disturbance | ISSUED: 09/05/2024 |
| SITE ADDRESS: 1825 VA DARE TRL N KILL DEVIL HILLS | EXPIRES: 03/04/2025 |

| | |
|--|--|
| APPLICANT: T&B Homes Inc 1706 Virginia Ave Kill Devil Hills, NC 27948 | OWNER: Phelan, Patricia 1000 Truitt Ct VIRGINIA BEACH, VA 23454 |
|--|--|

| | | |
|----------------------------|---|---|
| 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: 988406484648 | Parcel Number: 002795000 |
| Address: 1825 VA DARE TRL N KILL DEVIL HILLS | |
| Addition: Croatan Shores Amended | Zoning: Block: D Lot(s): 7 & PT 6 |
| Legal Description: | |

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

PROJECT DESCRIPTION: demo existing structures above and below grade, remove old driveway from house gone due to fire

PAID
SEP - 5 2024
TOWN OF
KILL DEVIL HILLS

EG2024-012

PROJECT NAME: Phelan Land Disturbance
SITE ADDRESS: 1825 VA DARE TRL N KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 09/05/2024

EXPIRES: 03/04/2025

DETAILS

Permit

| Name | Value |
|-----------------------------|--------------|
| ESTIMATED CONSTRUCTION COST | 6000.00 |
| ZONING DISTRICT | OIR |
| CAMA PERMIT | N |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 12 |
| SURVEYOR NAME AND NUMBER | Mike Sadler |

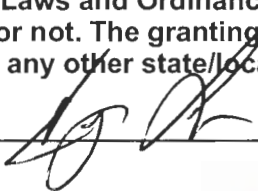
REQUIRED INSPECTIONS

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.
- * Zoning Final Inspection is required.
- * No dune disturbance shall be permitted.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 09/05/2024



Town of Kill Devil Hills

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

Planning and Inspection Department

PAID

SEP - 5 2024

TOWN OF
KILL DEVIL HILLS

SG2024-019

PROJECT NAME: Tojo LLC
SITE ADDRESS: 906 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 08/30/2024

EXPIRES: 02/26/2025

APPLICANT: JB & B PARTNERSHIP
P O BOX 3778
KILL DEVIL HILLS, NC 27948

OWNER: TOJO L L C
589 S BIRDNECK RD
VIRGINIA BEACH, VA 23451

CONTRACTOR: CARDINAL SIGNS
2629 Dean Drive
VIRGINIA BEACH, VA 23452
757-486-7658

License: LEGACY UNKNOWN
Expires: 12/31/2024

PARCEL:

PIN: 988308874729-1382

Parcel Number: 004350001

Address: 906 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 10 Lot(s): 5&6

Legal Description:

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

PROJECT DESCRIPTION: Free-standing sign

SG2024-019

PROJECT NAME: Tojo LLC

SITE ADDRESS: 906 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 08/30/2024

EXPIRES: 02/26/2025

DETAILS

Permit

| Name | Value |
|---------------------------------------|----------------------|
| # OF SIGNS | 1 |
| SIGN - FREE STANDING PERMITTED (SQFT) | 64.00 |
| SIGN - FREE STANDING PROPOSED (SQ FT) | 60.00 |
| ZONING DISTRICT | C |
| PURPOSE | Commercial Accessory |
| CONSTRUCTION COST | 1500.00 |
| 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.

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

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

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

* Zoning Final Inspection is required.

SG2024-019

PROJECT NAME: Tojo LLC

SITE ADDRESS: 906 CROATAN HWY S KILL DEVIL HILLS

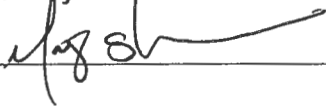
SIGN

ISSUED: 08/30/2024

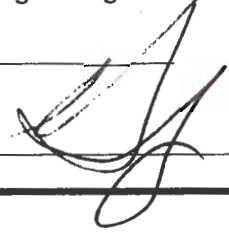
EXPIRES: 02/26/2025

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: _____

09-05-24



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

MC2024-262

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 214 QUAIL LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/29/2024

EXPIRES: 02/25/2025

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

OWNER: ASHBY FARRIOR, LLC
4729 N Croatan Hwy
kitty hawk, nc 27949

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

License: 34278
Expires: 12/31/2024

PARCEL:

PIN: 988316942727

Parcel Number: 005118000

Address: 214 QUAIL LN KILL DEVIL HILLS

Zoning:

Addition: WHISPERING PINES SEC 1

Block: B **Lot(s):** 7&8

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT



PAID
9/6/24 on
on-line

MC2024-262

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 214 QUAIL LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/29/2024

EXPIRES: 02/25/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 8300.00 |
| 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: Joseph W. Mabry Date: 08 / 30 / 2024

PAID



Town of Kill Devil Hills

SEP - 5 2024

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

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

| | |
|---|----------------------------|
| BJ2024-147 | BUILDING JOINT |
| PROJECT NAME: Coastline Investments | ISSUED: 09/05/2024 |
| SITE ADDRESS: 1816 SEA SWEPT RD KILL DEVIL HILLS | EXPIRES: 03/04/2025 |

| | |
|--|--|
| APPLICANT: Coastline Investments 281 Kilmaric Club Powels Point, NC 27966 252-305-8077 | OWNER: Coastline Investments 281 Kilmaric Club Powels Point, NC 27966 252-305-8077 |
|--|--|

| | | |
|----------------------------|--|---|
| GENERAL, UNLIMITED: | COASTLINE REALTY & CONSTRUCTION LLC 281 Kilmaric 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 | Zoning: |
| Addition: SEA HOLLY RIDGE | Block: B Lot(s): 7 |
| Legal Description: | |

| FEES: | Paid | Due | BUILDING AREA: | |
|---------------------------|-------------------|---------------|--------------------------------|--------------|
| Open Deck Fee | \$150.00 | \$0.00 | Residential Unheated (.40) | 278 Sq. Ft |
| Res. Building Permit Fee | \$1,352.45 | \$0.00 | Open Decks | 1 EA |
| Covered Porch Residential | \$72.00 | \$0.00 | # of Temporary Poles | 1 EA |
| T-Pole | \$50.00 | \$0.00 | Residential Heated Space (.75) | 1655 sq. Ft. |
| Totals : | \$1,624.45 | \$0.00 | Covered Porches/Decks | 96 SQFT |

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

BJ2024-147

PROJECT NAME: Coastline Investments

SITE ADDRESS: 1816 SEA SWEPT RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/05/2024

EXPIRES: 03/04/2025

DETAILS**Permit**

| Name | Value |
|---------------------------------|------------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 8 |
| STREET SIDE SETBACK | 15 |
| HEALTH DEPARTMENT PERMIT # | S8-27664 |
| # PARKING SPACES/BEDROOM | 3 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | YES |
| PURPOSE | Residential New |
| CONSTRUCTION COST | 270000.00 |
| LOT COVERAGE | 32.90 |
| LIVING SPACE (SQFT) | 1655 |
| COVERED PORCHES/DECKS (SQFT) | 96 |
| GARAGE (SQFT) | 278 |
| OPEN DECK (SQFT) | 80 |
| TOTAL SQUARE FOOTAGE | 2109 |
| SURVEYOR NAME AND NUMBER | Eastern Geomatics |
| ENGINEER AND LICENSE NUMBER | Barrett Crook 027540 |
| CULVERT | N |
| ROLL OUT CAN | 1 |
| DRIVEWAY INVERT 2 | Y |
| OCCUPANCY TYPE | One & Two Family Dwelling |

BJ2024-147

PROJECT NAME: Coastline Investments
SITE ADDRESS: 1816 SEA SWEPT RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/05/2024

EXPIRES: 03/04/2025

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.
- * Foundation survey will be required prior to rough-in inspection.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * 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: _____

9-5-24



Town of Kill Devil Hills

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

PAID

SEP - 5 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-135

PROJECT NAME: Mancuso New House
SITE ADDRESS: 1829 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/04/2024

EXPIRES: 08/23/2025

APPLICANT: MACPB, LLC
1205 Crozier Ct
Wake Forest, NC 27587

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: | Paid | Due | BUILDING AREA: | |
|---------------------------|-------------------|---------------|--------------------------------|--------------|
| Open Deck Fee | \$300.00 | \$0.00 | Residential Unheated (.40) | 233 Sq. Ft |
| T-Pole | \$50.00 | \$0.00 | Residential Heated Space (.75) | 5889 sq. Ft. |
| Covered Porch Residential | \$1,013.25 | \$0.00 | # of Temporary Poles | 1 EA |
| Res. Building Permit Fee | \$4,509.95 | \$0.00 | Covered Porches/Decks | 1351 SQFT |
| Pool/Hot Tub | \$200.00 | \$0.00 | Open Decks | 2 EA |
| Pool/Hot Tub | \$200.00 | \$0.00 | | |
| Totals : | \$6,273.20 | \$0.00 | | |

PROJECT DESCRIPTION: New 12 bedroom single family dwelling with pool, pool cabana, dune walkway

DETAILS

Permit

| Name | Value |
|----------------|-------|
| # OF DUMPSTERS | 1.00 |

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T26158

BJ2024-135**PROJECT NAME:** Mancuso New House**SITE ADDRESS:** 1829 VA DARE TRL N KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 09/04/2024**EXPIRES:** 08/23/2025

| | |
|-----------------------------------|---------------------------|
| ZONING DISTRICT | OIR |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | CAMA |
| SIDE YARD SETBACK | 12 |
| HEALTH DEPARTMENT PERMIT # | S5-25686 |
| # PARKING SPACES/BEDROOM | 12 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 12 |
| Proposed First Floor Elevation | 15.20 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential New |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 1800000.00 |
| LOT COVERAGE | 35.40 |
| LIVING SPACE (SQFT) | 5889 |
| COVERED PORCHES/DECKS (SQFT) | 1351 |
| ACCESSORY STRUCTURE (SQFT) | 200 |
| STORAGE (SQFT) | 33 |
| OPEN DECK (SQFT) | 242 |
| TOTAL SQUARE FOOTAGE | 7715 |
| SURVEYOR NAME AND NUMBER | Thomas Kwansy |
| ENGINEER AND LICENSE NUMBER | Rick House 24740 |
| ARCHITECT NAME AND LICENSE NUMBER | Christopher Mason 9789 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | Y |
| OCCUPANCY TYPE | One & Two Family Dwelling |

BJ2024-135

PROJECT NAME: Mancuso New House
SITE ADDRESS: 1829 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/04/2024

EXPIRES: 08/23/2025

REQUIRED INSPECTIONS

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

CONDITIONS

- * Foundation survey will be required prior to rough-in inspection.
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * 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).
- * Final V Zone certifications required for pool, cabana and residential structures.
- * Final Stormwater Certification required.
- * Final Height Certification 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: _____



Town of Kill Devil Hills

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

PAID

SEP - 4 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2024-143

PROJECT NAME: MONTAGUE STAIRS, DECKING, RAILING
SITE ADDRESS: 2036 HAMPTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 07/19/2024

EXPIRES: 01/15/2025

APPLICANT: MONTAGUE, ANN
4402 EDWIN RD
PORTSMOUTH, VA 23703
757-484-7558

OWNER: MONTAGUE, ANN
4402 EDWIN RD
PORTSMOUTH, VA 23703
757-484-7558

UNLICENSED BUILDER: Kevin Guns
316 Burns Drive
Kill Devil Hills, NC 27948
252-489-3645

License: 000000
Expires:

PARCEL:

PIN: 988405091041

Parcel Number: 000875000

Address: 2036 HAMPTON ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 1133

Legal Description:

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

PROJECT DESCRIPTION: REPLACE STAIRS, DECKING, AND RAILING

BP2024-143

PROJECT NAME: MONTAGUE STAIRS, DECKING, RAILING
SITE ADDRESS: 2036 HAMPTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 07/19/2024

EXPIRES: 01/15/2025

DETAILS**Permit**

| Name | Value |
|-------------------------|-------------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 15 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 6 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 7500.00 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

BP2024-143

PROJECT NAME: MONTAGUE STAIRS, DECKING, RAILING
SITE ADDRESS: 2036 HAMPTON ST KILL DEVIL HILLS

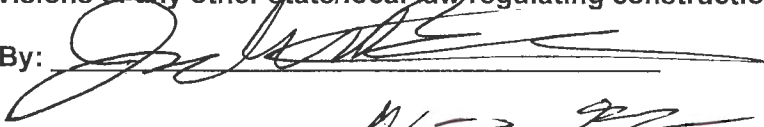
BUILDING

ISSUED: 07/19/2024

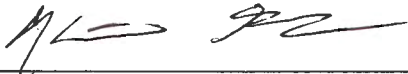
EXPIRES: 01/15/2025

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: _____



Date: _____

7/19/2024



Town of Kill Devil Hills

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

PAID

SEP - 4 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2024-264

PROJECT NAME: CLOSE HOLDINGS HVAC
SITE ADDRESS: 211 THIRD ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/04/2024

EXPIRES: 03/03/2025

APPLICANT: CLOSE HOLDINGS LLC
41 W. HY 14 NO. 1584
SPEARFISH, SD 57783
252-457-5432

OWNER: CLOSE HOLDINGS LLC
41 W. HY 14 NO. 1584
SPEARFISH, SD 57783
252-457-5432

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: 988406473820

Parcel Number: 002897000

Address: 211 THIRD ST E KILL DEVIL HILLS

Addition: HEDRICKS ADDITION - CROATAN SH

Zoning:

Block: 0

Lot(s): PT OF 3

Legal Description:

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

PROJECT DESCRIPTION: HEAT PUMP CHANGE OUT

MC2024-264

PROJECT NAME: CLOSE HOLDINGS HVAC
SITE ADDRESS: 211 THIRD ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/04/2024

EXPIRES: 03/03/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 4124.00 |
| 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: 9.4.24



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2024-081

PROJECT NAME: RUSIN ELECTRICAL PANEL
SITE ADDRESS: 1711 BOBBY LEE Tr. KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/04/2024

EXPIRES: 03/03/2025

APPLICANT: William Rusin
P. O. Box 2347
MANTEO, NC 27954

OWNER: William Rusin
P. O. Box 2347
MANTEO, NC 27954

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

License: 31684
Expires: 02/23/2025

PARCEL:

PIN: 98841047519302

Parcel Number: 002894003

Address: 1711 BOBBY LEE Tr. KILL DEVIL HILLS

Zoning:

Addition: SEA BREEZE CONDOS

Block: 0 **Lot(s):** UT 102

Legal Description:

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

PROJECT DESCRIPTION: REPLACE ELECTRICAL PANEL

PAID

SEP - 4 2024

**TOWN OF
KILL DEVIL HILLS**

EL2024-081

PROJECT NAME: RUSIN ELECTRICAL PANEL
SITE ADDRESS: 1711 BOBBY LEE Tr. KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/04/2024

EXPIRES: 03/03/2025

DETAILS

Permit

| Name | Value |
|-------------------|-------------------------------|
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 2500.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | X |
| OCCUPANCY TYPE | Residential |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

9-4-24



Town of Kill Devil Hills

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

Planning and Inspection Department

| | |
|---|---------------------------|
| OP2024-078 | OCCUPANCY |
| PROJECT NAME: Water Oak Residential, LLC | ISSUED: 08/30/2024 |
| SITE ADDRESS: 1305 Tranquil Place Kill Devil Hills | EXPIRES: |

PARENT PERMIT #: BJ2024-038

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

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

PARCEL:

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

| 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 |

PAID

SEP - 4 2024

TOWN OF KILL DEVIL HILLS

OP2024-078

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

OCCUPANCY
ISSUED: 08/30/2024

EXPIRES:

DETAILS

Permit

| Name | Value |
|----------------------|---------------------------|
| # OF TRASH CANS | 1 |
| PURPOSE | Residential New |
| ZONING DISTRICT | RL |
| FLOOD ZONE | X |
| BASE FLOOD ELEVATION | 8..0 |
| OCCUPANCY TYPE | One & Two Family Dwelling |

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

PAID

SEP - 4 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

OP2024-080

PROJECT NAME: Berkley Remodel
SITE ADDRESS: 1712 CREEK ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 09/03/2024

EXPIRES:

PARENT PERMIT #: BJ2023-221

APPLICANT: Patton, Joe
113 West Windjammer Road
nags head, nc 27959
252-489-9537

OWNER: KEN BERKLEY
1712 Creek St
Kill Devil Hills, NC 27948

BUILDING LIMITED: Patton, Joe
113 West Windjammer Road
nags head, nc 27959
252-489-9537

License: 87035
Expires: 12/31/2024

BUILDING LIMITED: Patton, Joe
113 West Windjammer Road
nags head, nc 27959
252-489-9537

License: 87035
Expires: 12/31/2024

PARCEL:

PIN: 988410266612

Parcel Number: 002683001

Address: 1712 CREEK ST KILL DEVIL HILLS

Zoning:

Addition: HIGH VIEW - HEDRICKS ADD

Block: C **Lot(s):** 20

Legal Description:

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

PROJECT DESCRIPTION: remodel interior, addition to side of house for living space bump out, new siding and windows

OP2024-080

PROJECT NAME: Berkley Remodel
SITE ADDRESS: 1712 CREEK ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 09/03/2024

EXPIRES:

DETAILS

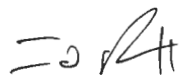
Permit

| Name | Value |
|-----------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| 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: 9/4/24



Town of Kill Devil Hills

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

PAID

SEP - 3 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

| | |
|--|----------------------------|
| BJ2024-149 | BUILDING JOINT |
| PROJECT NAME: Nguyen Remodel | ISSUED: 08/27/2024 |
| SITE ADDRESS: 902 FOX ST KILL DEVIL HILLS | EXPIRES: 02/23/2025 |

APPLICANT: Gardner Construction LLC
105 Elizabeth Ct
Kill Devil Hills, NC 27948

OWNER: La Holding, LLC
104 William Tyron Ct
Kill Devil Hills, NC 27948

UNLICENSED - REMODELING: Gardner Construction LLC
105 Elizabeth Ct
Kill Devil Hills, NC 27948

License: 12345
Expires:

PARCEL:

PIN: 988308779682

Parcel Number: 009167000

Address: 902 FOX ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 21 **Lot(s):** 2

Legal Description:

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

PROJECT DESCRIPTION: installing full bathroom, adding laundry room, house remaining 4th bedroom

BJ2024-149

PROJECT NAME: Nguyen Remodel

SITE ADDRESS: 902 FOX ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/27/2024

EXPIRES: 02/23/2025

DETAILS

Permit

| Name | Value |
|--------------------------|-------------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 8 |
| # PARKING SPACES/BEDROOM | 4 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 13000.00 |
| SURVEYOR NAME AND NUMBER | EC Harris Jr |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

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

BJ2024-149

PROJECT NAME: Nguyen Remodel

SITE ADDRESS: 902 FOX ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/27/2024

EXPIRES: 02/23/2025

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

BP2024-170

PROJECT NAME: Slaughter Deck and Stair Replacement
SITE ADDRESS: 3125 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/21/2024

EXPIRES: 02/17/2025

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

OWNER: Slaughter, Michael
3125 Bay Drive
Kill Devil Hills, NC 27948

RESIDENTIAL - LIMITED: Surfside Construction & Renovation LLC
115 ST CLAIR RD
Kill Devil Hills, NC 27948
252-548-9253

License: 103887
Expires: 01/01/2025

PARCEL:

PIN: 987516825641

Parcel Number: 001020000

Address: 3125 BAY DR KILL DEVIL HILLS

Zoning:

Addition: MOOR SHORES

Block: 0 **Lot(s):** 72

Legal Description:

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

PROJECT DESCRIPTION: replace existing front stairs and decking, railing, joists as needed to same footprint

PAID

SEP - 3 2024

TOWN OF
KILL DEVIL HILLS

BP2024-170

PROJECT NAME: Slaughter Deck and Stair Replacement
SITE ADDRESS: 3125 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/21/2024

EXPIRES: 02/17/2025

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 | 12250.00 |
| CONSTRUCTION TYPE | V |
| SURVEYOR NAME AND NUMBER | William S Jones |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2024-170

PROJECT NAME: Slaughter Deck and Stair Replacement
SITE ADDRESS: 3125 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/21/2024

EXPIRES: 02/17/2025

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

| | |
|--|----------------------------|
| BP2024-181 | BUILDING |
| PROJECT NAME: Moore Stair Replacement | ISSUED: 09/03/2024 |
| SITE ADDRESS: 617 KELLY CT KILL DEVIL HILLS | EXPIRES: 03/02/2025 |

| | |
|---|---|
| APPLICANT: Carolina Coastal OBX 188 Harbinger Ridge Road Harbinger, NC 27941 252-722-2358 | OWNER: Moore, Yvonne 617 Kelly Ct Kill Devil Hills, NC 27948 |
|---|---|

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

PARCEL:

| | |
|---|------------------------------------|
| PIN: 988405184039 | Parcel Number: 002089000 |
| Address: 617 KELLY CT KILL DEVIL HILLS | Zoning: |
| Addition: WRIGHT'S 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 deck boards, railings and stairs to same footprint

PAID

SEP - 3 2024

TOWN OF KILL DEVIL HILLS

BP2024-181

PROJECT NAME: Moore Stair Replacement
SITE ADDRESS: 617 KELLY CT KILL DEVIL HILLS

BUILDING

ISSUED: 09/03/2024

EXPIRES: 03/02/2025

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 | 11300.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Zoning Final Inspection is required.
- * All exterior deck, stair and handrail work shall conform to Appendix M and corresponding sections of the 2018 NCRBC.

BP2024-181

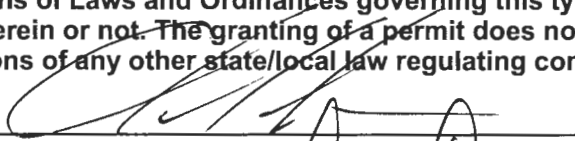
PROJECT NAME: Moore Stair Replacement
SITE ADDRESS: 617 KELLY CT KILL DEVIL HILLS

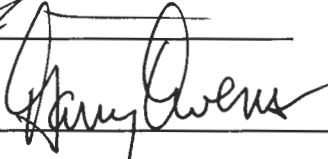
BUILDING

ISSUED: 09/03/2024

EXPIRES: 03/02/2025

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: 7/3/24



Town of Kill Devil Hills

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

PAID

SEP - 3 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

EL2024-080

PROJECT NAME: SULLIVAN SEPTIC SYSTEM
SITE ADDRESS: 502 SUFFOLK ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/03/2024

EXPIRES: 03/02/2025

APPLICANT: SULLIVAN, HANNAH
2501 MAPLEWOOD RD
RICHMOND, VA 23228

OWNER: SULLIVAN, HANNAH
2501 MAPLEWOOD RD
RICHMOND, VA 23228

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

License: 23077
Expires: 07/31/2025

PARCEL:

PIN: 988405190859

Parcel Number: 001123000

Address: 502 SUFFOLK ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 915

Legal Description:

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

PROJECT DESCRIPTION: WIRING FOR NEW SEPTIC SYSTEM

EL2024-080

PROJECT NAME: SULLIVAN SEPTIC SYSTEM
SITE ADDRESS: 502 SUFFOLK ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 09/03/2024

EXPIRES: 03/02/2025

DETAILS

Permit

| Name | Value |
|-------------------|-------------------------------|
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 2212.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | X |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

9/3/24



Town of Kill Devil Hills

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

PAID

SEP - 3 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

| | |
|--|----------------------------|
| SG2024-015 | SIGN |
| PROJECT NAME: Outer Banks Jewelers and Pawn Shop | ISSUED: 07/17/2024 |
| SITE ADDRESS: 1700 CROATAN HWY S KILL DEVIL HILLS | EXPIRES: 01/13/2025 |

| | | | |
|-------------------|--|---------------|---|
| APPLICANT: | ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800 | OWNER: | LINETT, EDWARD PO BOX 1560 Kill Devil Hills, NC 27948 |
|-------------------|--|---------------|---|

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

PARCEL:

| | | | |
|---------------------------|-------------------------------------|-----------------------|---------------------|
| PIN: | 989313042549 | Parcel Number: | 008443000 |
| Address: | 1700 CROATAN HWY S KILL DEVIL HILLS | | |
| Addition: | OCEAN ACRES TRACT 3 SEC 1 | Zoning: | Block: D Lot(s): 25 |
| Legal Description: | | | |

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

PROJECT DESCRIPTION: Free-standing sign

SG2024-015

PROJECT NAME: Outer Banks Jewelers and Pawn Shop
SITE ADDRESS: 1700 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 07/17/2024

EXPIRES: 01/13/2025

DETAILS

Permit

| Name | Value |
|---------------------------------------|----------------------|
| # OF SIGNS | 1 |
| SIGN - FREE STANDING PERMITTED (SQFT) | 64.00 |
| SIGN - FREE STANDING PROPOSED (SQ FT) | 64.00 |
| ZONING DISTRICT | C |
| PURPOSE | Commercial Accessory |
| CONSTRUCTION COST | 2000.00 |
| FLOOD ZONE | X |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

* Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.

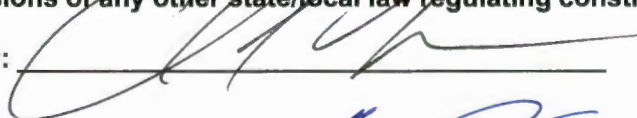
No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).

Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.

* 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.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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:** 9-3-24



Town of Kill Devil Hills

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

Planning and Inspection Department

| | |
|--|----------------------------|
| BJ2024-156 | BUILDING JOINT |
| PROJECT NAME: Card Storage Room | ISSUED: 09/12/2024 |
| SITE ADDRESS: 703 CANAL DR KILL DEVIL HILLS | EXPIRES: 03/11/2025 |

| | |
|--|--|
| APPLICANT: TC Atlantic Group LLC 4611 S Pamlico Way nags head, nc 27959 | OWNER: Card, Pat 703 Canal Drive Kill Devil Hills, NC 27948 252-564-2988 |
|--|--|

| | | |
|--------------------------|--|---|
| BUILDING LIMITED: | TC Atlantic Group LLC 4611 S Pamlico Way nags head, nc 27959 252-489-1125 | License: 82838 Expires: 12/31/2024 |
|--------------------------|--|---|

PARCEL:

| | |
|---|------------------------------------|
| PIN: 988409156281 | Parcel Number: 003282318 |
| Address: 703 CANAL DR KILL DEVIL HILLS | Zoning: |
| Addition: FIRST FLIGHT VILLAGE SEC 2 | Block: 0 Lot(s): 318 |
| Legal Description: | |

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

PROJECT DESCRIPTION: add 8x14 storage room under house

PAID

SEP 12 2024

TOWN OF
KILL DEVIL HILLS

BJ2024-156

PROJECT NAME: Card Storage Room
SITE ADDRESS: 703 CANAL DR KILL DEVIL HILLS

BUILDING JOINT**ISSUED:** 09/12/2024**EXPIRES:** 03/11/2025**DETAILS****Permit**

| Name | Value |
|--------------------------------|---------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 10 |
| HEALTH DEPARTMENT PERMIT # | S13-26051 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| BASE FLOOD ELEVATION | 8 |
| Proposed First Floor Elevation | 8.10 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Addition |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 8000.00 |
| SURVEYOR NAME AND NUMBER | Bill Jones |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

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

CONDITIONS

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

BJ2024-156

PROJECT NAME: Card Storage Room
SITE ADDRESS: 703 CANAL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Slab shall be sealed.
- * No garage door is permitted, without proper fire separation and electrical.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2024-270

PROJECT NAME: HVAC CHANGEOUT
SITE ADDRESS: 1716 BOBBY LEE TRL KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

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

OWNER: Pulsinao, Phillip
494 Bryant Pl
WESTWOOD, NJ 07675
201-447-6527

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

License: 23577
Expires: 12/31/2024

PARCEL:

PIN: 988410475312

Parcel Number: 002894018

Address: 1716 BOBBY LEE TRL KILL DEVIL HILLS

Zoning:

Addition: NINE ESTATES

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT



PAID
9/13/24 Du
on-line

MC2024-270

PROJECT NAME: HVAC CHANGEOUT

SITE ADDRESS: 1716 BOBBY LEE TRL KILL DEVIL HILLS

MECHANICAL

ISSUED: 09/12/2024

EXPIRES: 03/11/2025

DETAILS

Permit

| Name | Value |
|---------------------|-------------------------------|
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 9598.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | X |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Linda Burgess Date: 09 / 12 / 2024



Town of Kill Devil Hills

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

PAID

SEP 10 2024

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2024-146

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

BUILDING JOINT

ISSUED: 09/10/2024

EXPIRES: 03/09/2025

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: | Paid | Due | BUILDING AREA: | |
|---------------------------|-------------------|---------------|----------------------------|--------------|
| Res. Building Permit Fee | \$1,986.15 | \$0.00 | Residential Heated Space | 2557 sq. Ft. |
| Covered Porch Residential | \$457.50 | \$0.00 | (.75) | |
| Open Deck Fee | \$300.00 | \$0.00 | # of Temporary Poles | 1 EA |
| T-Pole | \$50.00 | \$0.00 | Residential Unheated (.40) | 171 Sq. Ft |
| Pool/Hot Tub | \$200.00 | \$0.00 | Open Decks | 2 EA |
| | | | Covered Porches/Decks | 610 SQFT |
| Totals : | \$2,993.65 | \$0.00 | | |

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling with pool

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T20160

BJ2024-146

PROJECT NAME: Dumitru Sorocean

SITE ADDRESS: 603 Holly Street Kill Devil Hills

BUILDING JOINT

ISSUED: 09/10/2024

EXPIRES: 03/09/2025

DETAILS**Permit**

| Name | Value |
|---------------------------------|------------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 8 |
| HEALTH DEPARTMENT PERMIT # | S8-19142 |
| # PARKING SPACES/BEDROOM | 4 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | X |
| SUBSTANTIAL IMPROVEMENT | YES |
| PURPOSE | Residential New |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 688000.00 |
| LOT COVERAGE | 39.60 |
| LIVING SPACE (SQFT) | 2557 |
| COVERED PORCHES/DECKS (SQFT) | 610 |
| STORAGE (SQFT) | 171 |
| OPEN DECK (SQFT) | 244 |
| TOTAL SQUARE FOOTAGE | 3586 |
| SURVEYOR NAME AND NUMBER | JH Miller |
| ENGINEER AND LICENSE NUMBER | Mike O'Steen 03628 |
| CULVERT | N |
| ROLL OUT CAN | 1 |
| DRIVEWAY INVERT 2 | Y |
| OCCUPANCY TYPE | One & Two Family Dwelling |

BJ2024-146

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

BUILDING JOINT

ISSUED: 09/10/2024

EXPIRES: 03/09/2025

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.
- * Foundation survey will be required prior to rough-in inspection.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: 9/10/2024



Town of Kill Devil Hills

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

PAID

SEP - 9 2024

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2024-151

PROJECT NAME: New 4 Bedroom House
SITE ADDRESS: 1810 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/09/2024

EXPIRES: 03/08/2025

APPLICANT: H & W SERVICES GROUP
1053 MARTINS POINT RD.
kitty hawk, nc 27949
252-423-0744

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

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

License: 81536
Expires: 12/31/2024

PARCEL:

PIN: 988409061203

Parcel Number: 002543000

Address: 1810 BAY DR KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES INC SEC 1

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

Legal Description:

| FEES: | Paid | Due | BUILDING AREA: | |
|---------------------------|-------------------|---------------|--------------------------------|--------------|
| T-Pole | \$50.00 | \$0.00 | Residential Unheated (.40) | 665 Sq. Ft |
| Open Deck Fee | \$150.00 | \$0.00 | Covered Porches/Decks | 742 SQFT |
| Covered Porch Residential | \$556.50 | \$0.00 | Open Decks | 1 EA |
| Res. Building Permit Fee | \$3,242.75 | \$0.00 | Residential Heated Space (.75) | 3969 sq. Ft. |
| Totals : | \$3,999.25 | \$0.00 | # of Temporary Poles | 1 EA |

PROJECT DESCRIPTION: new 4 bedroom single family dwelling

BJ2024-151

PROJECT NAME: New 4 Bedroom House
SITE ADDRESS: 1810 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/09/2024

EXPIRES: 03/08/2025

DETAILS**Permit**

| Name | Value |
|---------------------------------|------------------------------|
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | CAMA |
| SIDE YARD SETBACK | 10 |
| HEALTH DEPARTMENT PERMIT # | S8-27209 |
| # PARKING SPACES/BEDROOM | 4 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 8 |
| Proposed First Floor Elevation | 8.43 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential New |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 475000.00 |
| LOT COVERAGE | 26.48 |
| LIVING SPACE (SQFT) | 3969 |
| COVERED PORCHES/DECKS (SQFT) | 742 |
| GARAGE (SQFT) | 665 |
| OPEN DECK (SQFT) | 183 |
| TOTAL SQUARE FOOTAGE | 5559 |
| SURVEYOR NAME AND NUMBER | Thomas Kwansy |
| ENGINEER AND LICENSE NUMBER | RAYMOND PATE 13018 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

BJ2024-151

PROJECT NAME: New 4 Bedroom House
SITE ADDRESS: 1810 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 09/09/2024

EXPIRES: 03/08/2025

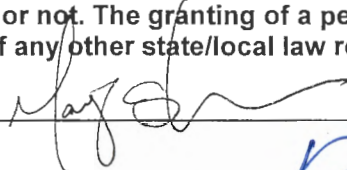
REQUIRED INSPECTIONS

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

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 9/9/24