



Town of Kill Devil Hills

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

PAID

JAN 31 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-019

PROJECT NAME: Repair water damage from broken pipes.
SITE ADDRESS: 1800 D2 St. David Rd. Kill Devil Hills

BUILDING JOINT

ISSUED: 01/31/2018

EXPIRES: 07/30/2018

APPLICANT: Jeremiah Stewart
1800 D2 Saint David Rd.
Kill Devil Hills, NC 27948
252-305-1922

OWNER: Jeremiah Stewart
1800 D2 Saint David Rd.
Kill Devil Hills, NC 27948
252-305-1922

GENERAL BUILDING-LIMITED: PHOENIX RESTORATION
UNKNOWN
UNKNOWN, XX 00000
480-1044

License: 41630
Expires: 12/30/2018

PARCEL:

PIN: 98830927406108

**Parcel
Number:**

Address: 1800 D2 St. David Rd. Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Unit 104-D2, Hamilton Cay Condominium

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$225.00	\$0.00	Remodel/Renovation 500 SQFT
Totals :	\$225.00	\$0.00	

PROJECT DESCRIPTION:

BJ2018-019

PROJECT NAME: Repair water damage from broken pipes.
SITE ADDRESS: 1800 D2 St. David Rd. Kill Devil Hills

BUILDING JOINT

ISSUED: 01/31/2018

EXPIRES: 07/30/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	G&I Private
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
# OF UNITS	1
LIVING SPACE (SQFT)	500
TOTAL SQUARE FOOTAGE	500
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Piling	Rough In
In-Slab Plumbing	Insulation
Slab/Foundation	Final
Sheathing	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!

BJ2018-019

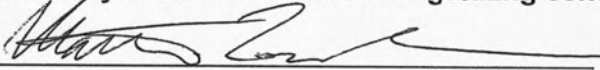
PROJECT NAME: Repair water damage from broken pipes.
SITE ADDRESS: 1800 D2 St. David Rd. Kill Devil Hills

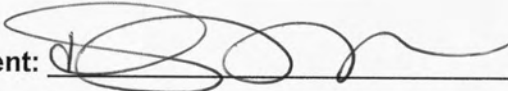
BUILDING JOINT

ISSUED: 01/31/2018

EXPIRES: 07/30/2018

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 1.31.18



Town of Kill Devil Hills

PO BOX 1719
Kill Devil Hills, NC 27948
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PAID

JAN 30 2018

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2017-150

PROJECT NAME: Phillip Harrington
SITE ADDRESS: 425 W. Palmetto St. Kill Devil Hills

BUILDING JOINT

ISSUED: 08/11/2017

EXPIRES: 02/07/2018

APPLICANT: RELIANT CONSTRUCTION LLC
4275 Worthington Lane
kitty hawk, nc 27949
252-202-7007

OWNER: Phillip Harrington Enterprises, LLC
P.O. Box 2232
ELIZABETH CITY, NC 27909
252-312-4500

GENERAL, UNLIMITED: RELIANT CONSTRUCTION LLC
4275 Worthington Lane
kitty hawk, nc 27949
252-202-7007

License: 62339
Expires: 12/30/2017

PARCEL:

PIN: 988517003302

**Parcel
Number:**

Address: 425 W. Palmetto St. Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 4R, Blk. 50, Virginia Dare Shores S/D

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$135.00	\$0.00	# of Temporary Poles	1 EA
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1736 sq. Ft.
Res. Building Permit Fee	\$1,302.00	\$0.00	Covered Porches/Decks	180 SQFT
Totals :	\$1,487.00	\$0.00		

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: 122808

BJ2017-150

PROJECT NAME: Phillip Harrington
SITE ADDRESS: 425 W. Palmetto St. Kill Devil Hills

BUILDING JOINT

ISSUED: 08/11/2017

EXPIRES: 02/07/2018

REQUIRED INSPECTIONS


Piling	Rough In
In-Slab Plumbing	Insulation
Slab/Foundation	Final
Sheathing	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!
- * 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.
- * 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.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * 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: 1/30/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-015

PROJECT NAME: Myron and Tracy Hofler
SITE ADDRESS: 1114 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/26/2018

EXPIRES: 07/25/2018

APPLICANT: FORREST SEAL LLC
 PO Box 2333
 KITTY HAWK, NC 27949
 252-599-2521

OWNER: Hofler, Myron
 539 NC Hwy 32 SOUTH
 Sunbury, NC 27979

GENERAL, UNLIMITED: FORREST SEAL LLC
 PO Box 2333
 KITTY HAWK, NC 27949
 252-599-2521

License: 57289
Expires: 12/30/2018

PARCEL:

PIN: 988415635934 **Parcel Number:** 003713005

Address: 1114 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED **Block:** 14 **Lot(s):** 3

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$282.00	\$0.00	Residential Heated Space	376 sq. Ft.
Pool/Hot Tub	\$200.00	\$0.00	(.75)	
Renovation/Remodel/Relocate	\$221.40	\$0.00	Remodel/Renovation	492 SQFT
Totals :	\$703.40	\$0.00		

PROJECT DESCRIPTION: Add elevator, Enclose 8x14 deck to allow new master bathroom and closet, Enclose portion of carport for new rec room, Install a new pool

JAN 29 2018

BJ2018-015

PROJECT NAME: Myron and Tracy Hofer
SITE ADDRESS: 1114 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/26/2018

EXPIRES: 07/25/2018

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 #	27466
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	9.30
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	150000.00
# OF UNITS	1
LOT COVERAGE	39.40
LIVING SPACE (SQFT)	376
TOTAL SQUARE FOOTAGE	868
SURVEYOR NAME AND NUMBER	Styons Surveying Services
ENGINEER AND LICENSE NUMBER	M. O'Steen 032628
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2018-015

PROJECT NAME: Myron and Tracy Hofer
SITE ADDRESS: 1114 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/26/2018

EXPIRES: 07/25/2018

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * 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.
- * Zoning Final Inspection is required.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

1/29/18



Town of Kill Devil Hills

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PAID

JAN 30 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-005 PROJECT NAME: Michael Kelly SITE ADDRESS: 1004 NINTH AVE KILL DEVIL HILLS	BUILDING JOINT ISSUED: 01/29/2018 EXPIRES: 07/28/2018
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APPLICANT: KELLY, MICHAEL W
P O BOX 1089
NAGS HEAD, NC 27959

OWNER: KELLY, MICHAEL W
P O BOX 1089
NAGS HEAD, NC 27959

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/30/2019

PARCEL:

PIN: 988311658601

Parcel Number: 004612003

Address: 1004 NINTH AVE KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 56 **Lot(s):** 3

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Renovation/Remodel/Relocate	\$1,004.40	\$0.00	Relocation 2232 SQFT
Totals :	\$1,004.40	\$0.00	

PROJECT DESCRIPTION: Add access onto Tenth Ave, Site clearing, and 2 new offices on 2nd floor of warehouse.

BJ2018-005

PROJECT NAME: Michael Kelly
SITE ADDRESS: 1004 NINTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/29/2018

EXPIRES: 07/28/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	LI-2
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	10000.00
# OF UNITS	1
LOT COVERAGE	25.11
SURVEYOR NAME AND NUMBER	William S. Jones Jr. L-2532
ARCHITECT NAME AND LICENSE NUMBER	B. Cahoon 5413
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Piling	Rough In
In-Slab Plumbing	Insulation
Slab/Foundation	Final
Sheathing	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!

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

BJ2018-005

PROJECT NAME: Michael Kelly
SITE ADDRESS: 1004 NINTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/29/2018

EXPIRES: 07/28/2018

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

Michael Kelly

1/30/18



Town of Kill Devil Hills

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

PAID

JAN 29 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-016

PROJECT NAME: Beard water damage repair
SITE ADDRESS: 3116 RAYMOND AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/25/2018

EXPIRES: 07/24/2018

APPLICANT: Marshall, Darrell
201 Sea Village LN
Kill Devil Hills, NC 27948
252-256-3652

OWNER: BEARD, ROMA LEE
2073 CYPRESS DRIVE
CHARLOTTEVILLE, VA 22911

UNLICENSED - REMODELING: Marshall, Darrell
201 Sea Village LN
Kill Devil Hills, NC 27948
252-256-3652

License: 00000
Expires:

PARCEL:

PIN: 988513038507

Parcel Number: 009118000

Address: 3116 RAYMOND AVE KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 24

Legal Description:

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

PROJECT DESCRIPTION: Remove and replace water damaged insulation and HVAC duct work, repair plumbing and electric as needed..

BJ2018-016

PROJECT NAME: Beard water damage repair
SITE ADDRESS: 3116 RAYMOND AVE KILL DEVIL HILLS

BUILDING JOINT**ISSUED:** 01/25/2018**EXPIRES:** 07/24/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	28000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Insulation	Electrical
Mechanical	Final
Plumbing	
Electrical	
Final	

CONDITIONS

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

BJ2018-016

PROJECT NAME: Beard water damage repair
SITE ADDRESS: 3116 RAYMOND AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/25/2018

EXPIRES: 07/24/2018

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 1/29/18



Town of Kill Devil Hills

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

PAID

JAN 26 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2018-013

PROJECT NAME: HARMON HVAC
SITE ADDRESS: 321 WALKER ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/26/2018

EXPIRES: 07/25/2018

APPLICANT: North Carolina Air Conditioning
PO Box 2209
kitty hawk, nc 27949
261-3013

OWNER: PHILLIP M HARMON
4533 Ridge Road
Kitty Hawk, NC 27949

MECHANICAL: North Carolina Air Cond.
PO Box 2209
kitty hawk, nc 27949
261-3013

License: 19037
Expires: 12/31/2018

PARCEL:

PIN: 988517014340

Parcel Number: 000591010

Address: 321 WALKER ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 46

Lot(s): 10-12

Legal Description:

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

PROJECT DESCRIPTION: REPLACE 2 TON HVAC SYSTEM

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4690.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

MC2018-013

PROJECT NAME: HARMON HVAC

SITE ADDRESS: 321 WALKER ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/26/2018

EXPIRES: 07/25/2018

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By:  _____

Contractor or Authorized Agent:  _____

Date: 1/26/18



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2018-004

PROJECT NAME: PRY Investments
SITE ADDRESS: 223 OCEAN ACRES DR W KILL DEVIL HILLS

OCCUPANCY
ISSUED: 01/25/2018

EXPIRES:

APPLICANT: C & T CONTRACTING
1700 Bell Ave.
Kill Devil Hills, NC 27948
252-202-9943

OWNER: PRY Investments Inc.
116 Discovery Lane
WILLIAMSBURG, VA 23185
757-784-0936

BUILDING LIMITED: C & T CONTRACTING
1700 Bell Ave.
Kill Devil Hills, NC 27948
252-202-9943

License: 45367
Expires: 12/30/2018

PARCEL:

PIN: 988316945053

Parcel Number: 008429000

Address: 223 OCEAN ACRES DR W KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

Zoning:

Block: C

Lot(s): 23

Legal Description:

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential Repair/Remodel

PAID

JAN 6 2018

CONDITIONS
TOWN OF
KILL DEVIL HILLS

OP2018-004

PROJECT NAME: PRY Investments

SITE ADDRESS: 223 OCEAN ACRES DR W KILL DEVIL HILLS

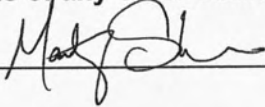
OCCUPANCY

ISSUED: 01/25/2018

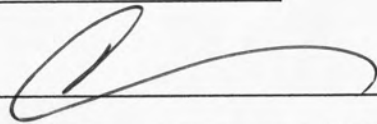
EXPIRES:

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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

1/26/18



Town of Kill Devil Hills

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Kill Devil Hills, NC 27948
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Planning and Inspection Department

BJ2018-014

PROJECT NAME: MOORE PROPERTY UPGRADES
SITE ADDRESS: 1517 SIR WALTER RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/23/2018

EXPIRES: 07/22/2018

APPLICANT: Moore, Mark
1517 Sir Walter Rd
Kill Devil Hills, NC 27948
757-434-7655

OWNER: Moore, Mark
1517 Sir Walter Rd
Kill Devil Hills, NC 27948
757-434-7655

PARCEL:

PIN: 988411554599

Parcel Number: 003187000

Address: 1517 SIR WALTER RD KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:

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

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Fence	\$100.00	\$0.00
Accessory Residential (MIN)	\$100.00	\$0.00
Totals :	\$350.00	\$0.00

PROJECT DESCRIPTION: ADD 12X12 SHED; FENCE ALONG NORTH, EAST AND SOUTH PROPERTY LINES; ADD MINI SPLIT HVAC; UPGRADE ELECTRICAL

PAID

JAN 25 2018

TOWN OF
KILL DEVIL HILLS

BJ2018-014**PROJECT NAME:** MOORE PROPERTY UPGRADES
SITE ADDRESS: 1517 SIR WALTER RD KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 01/23/2018**EXPIRES:** 07/22/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RH
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
ACCESSORY STRUCTURE (SQFT)	144
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

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.

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

* String line inspections required before, and after fence is installed. Expose property pins at all 4 corners of property and pull string line from pin to pin to represent property line.

BJ2018-014

PROJECT NAME: MOORE PROPERTY UPGRADES
SITE ADDRESS: 1517 SIR WALTER RD KILL DEVIL HILLS

BUILDING JOINT

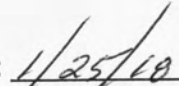
ISSUED: 01/23/2018

EXPIRES: 07/22/2018

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

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Contractor or Authorized Agent:  _____

Date:  _____



Town of Kill Devil Hills

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Planning and Inspection Department

MC2018-012 PROJECT NAME: THOMAS HVAC SITE ADDRESS: 2010 EDENTON ST ST KILL DEVIL HILLS	MECHANICAL ISSUED: 01/25/2018 EXPIRES: 07/24/2018
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APPLICANT: THOMAS, BUDDY
2010 EDENTON ST
Kill Devil Hills, NC 27948

OWNER: THOMAS, BUDDY
2010 EDENTON ST
Kill Devil Hills, NC 27948

MECHANICAL, H-3, I:

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

License: 18066
Expires: 12/31/2018

PARCEL:

PIN: 988405080230

Parcel Number: 001286000

Address: 2010 EDENTON ST ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 841

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

PAID

JAN 25 2018

TOWN OF
KILL DEVIL HILLS

MC2018-012

PROJECT NAME: THOMAS HVAC
SITE ADDRESS: 2010 EDENTON ST ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/25/2018

EXPIRES: 07/24/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

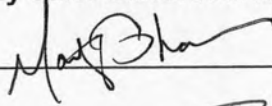
Final

CONDITIONS

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

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

1/25/18



Town of Kill Devil Hills

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

Planning and Inspection Department

SG2018-003

PROJECT NAME: CresCom Bank
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 01/25/2018

EXPIRES: 07/24/2018

APPLICANT: Tyson Sign Company
PO Box 50580
MYRTLE BEACH, SC 29579
843-234-8513

OWNER: JOHN HIGH
203 Forest Hill Ave.
Rocky Mount, NC 27801

SIGN CONTRACTOR: Tyson Sign Company
PO Box 50580
MYRTLE BEACH, SC 29579
843-234-8513

License: 123456
Expires: 01/31/2019

PARCEL:

PIN: 988513035596

Parcel Number: 002991000

Address: 3105 CROATAN HWY N KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

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

Legal Description:

FEES:	Paid	Due
Sign Permit Fee	\$400.00	\$0.00
Totals :	\$400.00	\$0.00

PROJECT DESCRIPTION: New signs on building and new free-standing sign

PAID

JAN 25 2018

TOWN OF
KILL DEVIL HILLS

SG2018-003

PROJECT NAME: CresCom Bank
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

SIGN**ISSUED:** 01/25/2018**EXPIRES:** 07/24/2018**DETAILS****Permit**

Name	Value
# OF SIGNS	4
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	54.60
SIGN - WALL PERMITTED (SQFT)	160.00
SIGN- WALL PROPOSED (SQ FT)	90.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	19500.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Slab/Foundation

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not 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.

* Zoning Final Inspection is required.

* 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.

SG2018-003

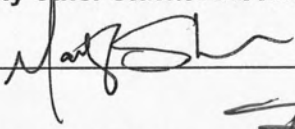
PROJECT NAME: CresCom Bank
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

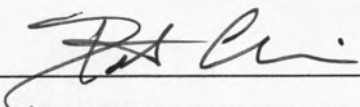
SIGN

ISSUED: 01/25/2018

EXPIRES: 07/24/2018

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 1/25/18



Town of Kill Devil Hills

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

PAID

JAN 24 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2018-003

PROJECT NAME: Florida OBX II, LLC
SITE ADDRESS: 1510 Bailey's Bay Road Kill Devil Hills

OCCUPANCY
ISSUED: 01/24/2018

EXPIRES:

APPLICANT: Outer Banks Renovations
PO Box 1916
Kitty Hawk, NC 27949
252-305-4856

OWNER: Florida OBX, LLC
5300 Gulf Blvd.
St. Pete Beach, FL 33706
727-480-3523

CONTRACTOR: Outer Banks Renovations
PO Box 1916
Kitty Hawk, NC 27949
252-305-4856

License: 71450
Expires: 05/12/2018

PARCEL:

PIN: 98830627976406

**Parcel
Number:**

Address: 1510 Bailey's Bay Road Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 6, Devonshire Place Condo

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	0
PURPOSE	Residential New

CONDITIONS

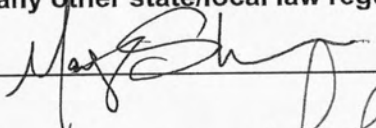
OP2018-003

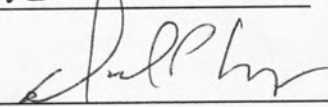
PROJECT NAME: Florida OBX II, LLC
SITE ADDRESS: 1510 Bailey's Bay Road Kill Devil Hills

OCCUPANCY
ISSUED: 01/24/2018

EXPIRES:

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

Issued By: 

Contractor or Authorized Agent: 

Date: 1/24/18



Town of Kill Devil Hills

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

PAID

JAN 24 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2018-010

PROJECT NAME: Raper HVAC
SITE ADDRESS: 1719 CROATAN HWY N. KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/23/2018

EXPIRES: 07/22/2018

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

OWNER: Raper, Linda
2320 Peartree Road
ELIZABETH CITY, NC 27909

MECHANICAL, H-2, H-3:

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

License: 11618
Expires: 12/31/2018

PARCEL:

PIN: 988410470104

Parcel Number: 002941000

Address: 1719 CROATAN HWY N. KILL DEVIL HILLS

Zoning:

Addition: LONG LAKE

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

Legal Description:

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

PROJECT DESCRIPTION: Replace a 2 ton air handler for downstairs zone

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3500.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

MC2018-010

PROJECT NAME: Raper HVAC

SITE ADDRESS: 1719 CROATAN HWY N. KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/23/2018

EXPIRES: 07/22/2018

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

SG2018-002

PROJECT NAME: Richard Quidley
SITE ADDRESS: 1808 CROATAN HWY S. KILL DEVIL HILLS

SIGN

ISSUED: 01/23/2018

EXPIRES: 07/22/2018

APPLICANT: QUIDLEY, RICHARD M
300 W. Lake Drive
KILL DEVIL HILLS, NC 27948-8781
252-256-0717

OWNER: HIGH BANKS LLC
C/O RICHARD M QUIDLEY
1634 VILLAGE LANE
KILL DEVIL HILLS, NC 27948

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/30/2019

PARCEL:

PIN: 989313044067

Parcel Number: 008323039

Address: 1808 CROATAN HWY S. KILL DEVIL HILLS

Addition: LAKE DRIVE DEVELOPMENT

Zoning:

Block: 0

Lot(s): 41 43 45 47
PT 39

Legal Description:

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

PROJECT DESCRIPTION: New signs on the building and new free-standing sign

PAID

JAN 23 2018

TOWN OF
KILL DEVIL HILLS

SG2018-002

PROJECT NAME: Richard Quidley
SITE ADDRESS: 1808 CROATAN HWY S. KILL DEVIL HILLS

SIGN

ISSUED: 01/23/2018

EXPIRES: 07/22/2018

DETAILS**Permit**

Name	Value
# OF SIGNS	5
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	64.00
SIGN- WALL PROPOSED (SQ FT)	84.50
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	2800.00
FLOOD ZONE	AE

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.

* Each business is allowed 36 square feet. The business on the corner is allowed 72 square feet. No signs permitted on or above the roof.



Town 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

JAN 22 2018

TOWN OF
KILL DEVIL HILLS

BJ2018-010

PROJECT NAME: Marek
SITE ADDRESS: 3108 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/22/2018

EXPIRES: 07/21/2018

APPLICANT: MAREK, DWEN
23000 COX RD
PETERSBURG, VA 23803
804-926-1279

OWNER: MAREK, DWEN
23000 COX RD
PETERSBURG, VA 23803
804-926-1279

GENERAL-LIMITED: BLUEWATER RESTORATION
6918 Caratoke Hwy
JARVISBURG, NC 27947
252-489-7291

License: 35962
Expires: 12/30/2019

PARCEL:

PIN: 988513132748

Parcel Number: 000962000

Address: 3108 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition:

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: Remove fire damaged materials and restore existing SFD.

SG2018-002

PROJECT NAME: Richard Quidley
SITE ADDRESS: 1808 CROATAN HWY S. KILL DEVIL HILLS

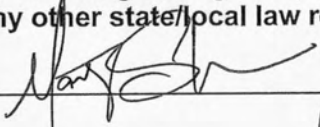
SIGN

ISSUED: 01/23/2018

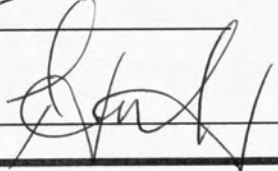
EXPIRES: 07/22/2018

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

1/23/18

BJ2018-010**PROJECT NAME:** Marek**SITE ADDRESS:** 3108 VA DARE TRL N KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 01/22/2018

EXPIRES: 07/21/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.0
Proposed First Floor Elevation	11.00
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	50000.00
LOT COVERAGE	52.70
SURVEYOR NAME AND NUMBER	M. Douglas Styons Jr. L-3227
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Sheathing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

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

BJ2018-010

PROJECT NAME: Marek

SITE ADDRESS: 3108 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/22/2018

EXPIRES: 07/21/2018

* THIS PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD AREA.

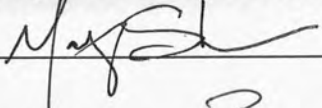
1. All Special Flood Hazard Areas limit the use of enclosures below the lowest floor for parking, building access and limited storage only.
2. In the VE Zone, there shall be no alteration of the sand dunes which would increase potential flood damage.
3. In the VE Zone, there shall be no fill used for structural support.
4. Elevation Certificate will be required at time of application, 21 days from the establishment of the lowest floor and at construction completion.

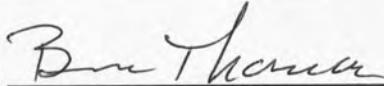
DEVELOPER MUST OBTAIN ALL THE NECESSARY FEDERAL, STATE AND LOCAL PERMITS BEFORE THIS PERMIT CAN BE ISSUED.

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

* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 1-22-18



Town of Kill Devil Hills

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

PAID

JAN 19 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-011
PROJECT NAME:
SITE ADDRESS: 2027 HIGHVIEW ST KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 01/19/2018
EXPIRES: 07/18/2018

APPLICANT: Andrew Osterdahl
2027 Highview St.
Kill Devil Hills, NC 27948
570-605-0215

OWNER: Andrew Osterdahl
2027 Highview St.
Kill Devil Hills, NC 27948
570-605-0215

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/30/2019

PARCEL:

PIN: 988405098131

Parcel Number: 001498000

Address: 2027 HIGHVIEW ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 1372

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$300.00	\$0.00

PROJECT DESCRIPTION: Remodel house, shorten deck, add pilings under west deck, repair existing decks, add electrical circuits, replace insulation in floor system. Needs Eng. certification on deck joist west side spans and pilings replaced at west side deck.

BJ2018-011

PROJECT NAME:

SITE ADDRESS: 2027 HIGHVIEW ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
# OF UNITS	1
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling	Rough In
In-Slab Plumbing	Insulation
Slab/Foundation	Final
Sheathing	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!

BJ2018-011

PROJECT NAME:

SITE ADDRESS: 2027 HIGHVIEW ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

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

JAN 19 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-012
PROJECT NAME:
SITE ADDRESS: 200 EIGHTH ST E KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 01/19/2018
EXPIRES: 07/18/2018

APPLICANT: Chris La Longe
904 W. Goodview Dr.
Virginia Beach, VA 23464
757-575-0481

OWNER: Chris La Longe
904 W. Goodview Dr.
Virginia Beach, VA 23464
757-575-0481

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2020

PARCEL:

PIN: 989313135303

Parcel Number: 004850000

Address: 200 EIGHTH ST E KILL DEVIL HILLS

Zoning:

Addition:

Block: 11 **Lot(s):** 6

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$33.20	\$0.00	Remodel/Renovation	570 SQFT
Renovation/Remodel/Relocate	\$256.50	\$0.00	Residential Unheated (.40)	83 Sq. Ft
Totals :	\$289.70	\$0.00		

PROJECT DESCRIPTION: Replace down stairs living area damaged from piling replacement, add interior stairwell, remodel upstairs for stairwell, add storage room under house.

BJ2018-012

PROJECT NAME:

SITE ADDRESS: 200 EIGHTH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	27461
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10
Proposed First Floor Elevation	8.66
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	20500.00
# OF UNITS	1
LIVING SPACE (SQFT)	543
STORAGE (SQFT)	83
TOTAL SQUARE FOOTAGE	653
SURVEYOR NAME AND NUMBER	L-4554
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2018-012

PROJECT NAME:

SITE ADDRESS: 200 EIGHTH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

REQUIRED INSPECTIONS

Piling

In-Slab Plumbing

Slab/Foundation

Sheathing

Rough In

Insulation

Final

Zoning Final

CONDITIONS

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

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

1/19/18



Town of Kill Devil Hills

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

PAID

JAN 22 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2018-011

PROJECT NAME: Vaughn renovation

SITE ADDRESS: 1425 PIRATES LOOP KILL DEVIL HILLS

BUILDING

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

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

GENERAL BUILDING-LIMITED: MARC JAMES
UNKNOWN
UNKNOWN, XX 00000

License: 49471
Expires: 12/30/2018

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

PROJECT DESCRIPTION: Rebuild decks/stairs and replace siding.

BP2018-011

PROJECT NAME: Vaughn renovation

SITE ADDRESS: 1425 PIRATES LOOP KILL DEVIL HILLS

BUILDING

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	35000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling	Final
Sheathing	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 for sheathing inspection if when replacing siding it is determined that sheathing needs to be replaced.
- * Call for piling inspection before pilings are set, should it be determined that existing pilings need to be replaced.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.

BP2018-011

PROJECT NAME: Vaughn renovation

SITE ADDRESS: 1425 PIRATES LOOP KILL DEVIL HILLS

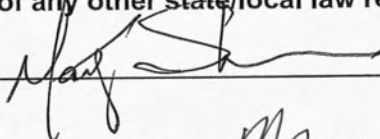
BUILDING

ISSUED: 01/19/2018

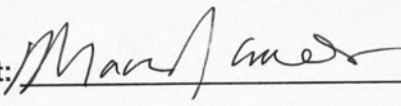
EXPIRES: 07/18/2018

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

1-22-18



Town of Kill Devil Hills

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

PAID

JAN 22 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2018-012

PROJECT NAME: POOLE PERGOLA
SITE ADDRESS: 209 Archdale ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/22/2018

EXPIRES: 07/21/2018

APPLICANT: POOLE, YORK D
209 ARCHDALE STREET
KILL DEVIL HILLS, NC 27948
757-582-4672

OWNER: POOLE, YORK D
209 ARCHDALE STREET
KILL DEVIL HILLS, NC 27948
757-582-4672

GENERAL: HUDDLESTON, ALLEN CLAY
30 Tenth Ave.
Southern Shores, NC 27949
252-256-1976

License: 69034
Expires:

PARCEL:

PIN: 988517127365

Parcel Number: 003029000

Address: 209 Archdale ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES AMD BLK 5

Zoning:

Block: 5

Lot(s): 12

Legal Description:

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

PROJECT DESCRIPTION: ADD PERGOLA OVER EXISTING DECK

BP2018-012

PROJECT NAME: POOLE PERGOLA
SITE ADDRESS: 209 Archdale ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/22/2018

EXPIRES: 07/21/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1500.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

PAID

JAN 17 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-007

PROJECT NAME: John Scordato/Katherine Akers half bath
SITE ADDRESS: 222 WILKINSON ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/17/2018

EXPIRES: 07/16/2018

APPLICANT: Akers, Katherine
10 Allaine St.
BRONXVILLE, NY 10708
917-747-2898

OWNER: Akers, Katherine
10 Allaine St.
BRONXVILLE, NY 10708
917-747-2898

BUILDER: Jeff Radford
517 WEST Archdale St.
Kill Devil Hills, NC 27948
252-207-2910

License: 345
Expires:

PARCEL:

PIN: 988513132448

Parcel Number: 030834000

Address: 222 WILKINSON ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 10 **Lot(s):** 30-32

Legal Description:

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

PROJECT DESCRIPTION: Add 1/2 bath on ground level.

BJ2018-007

PROJECT NAME: John Scordato/Katherine Akers half bath
SITE ADDRESS: 222 WILKINSON ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/17/2018

EXPIRES: 07/16/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	27429
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
Proposed First Floor Elevation	11.00
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	2500.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Proposed 1/2 bath remodel in existing ground level must remain in existing footprint and existing condition.
- * Maintain clearances around plumbing fixtures as required by code.

BJ2018-007

PROJECT NAME: John Scordato/Katherine Akers half bath
SITE ADDRESS: 222 WILKINSON ST E KILL DEVIL HILLS

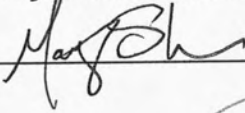
BUILDING JOINT

ISSUED: 01/17/2018

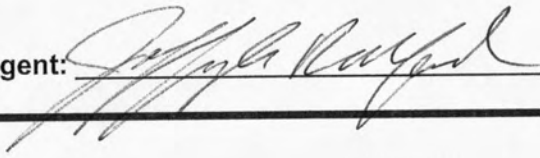
EXPIRES: 07/16/2018

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

1/17/18



Town of Kill Devil Hills

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

PAID

JAN 19 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-009

PROJECT NAME: Jeffrey Rheubottom
SITE ADDRESS: 910 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

APPLICANT: RHEUBOTTOM, JEFFREY E
320 W WALKER STREET
KILL DEVIL HILLS, NC 27948

OWNER: RHEUBOTTOM, JEFFREY E
320 W WALKER STREET
KILL DEVIL HILLS, NC 27948

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/30/2019

PARCEL:

PIN: 988413126884

Parcel Number: 003649000

Address: 910 FIRST ST W KILL DEVIL HILLS

Addition: LANDING SECTION 3, THE

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

Legal Description:

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

PROJECT DESCRIPTION: Enclose existing carport into a garage.

BJ2018-009

PROJECT NAME: Jeffrey Rheubottom
SITE ADDRESS: 910 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	27451
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
Proposed First Floor Elevation	8.00
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	4500.00
SURVEYOR NAME AND NUMBER	William S. Jones Jr. L-2432
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Zoning Final
Final	

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).

BJ2018-009

PROJECT NAME: Jeffrey Rheubottom
SITE ADDRESS: 910 FIRST ST W KILL DEVIL HILLS

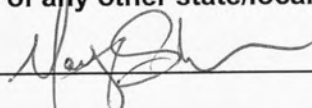
BUILDING JOINT

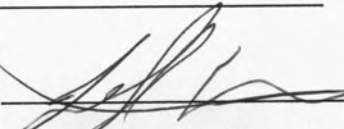
ISSUED: 01/19/2018

EXPIRES: 07/18/2018

* Proposed Garage must be flood vented.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 1-19-18



Town of Kill Devil Hills

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

PAID

JAN 19 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2018-009

PROJECT NAME:

SITE ADDRESS: 2040 FRANKLIN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

APPLICANT: MASCIA, PAUL
35 BALLAST POINT DR
MANTEO, NC 27954
252-208-4648

OWNER: MASCIA, PAUL
35 BALLAST POINT DR
MANTEO, NC 27954
252-208-4648

H-3, CLASS I: ALL AMERICAN HEATING & COOLING
UNKNOWN
UNKNOWN, XX 00000

License: 22354
Expires: 12/31/2018

PARCEL:

PIN: 988405099568

Parcel Number: 001477000

Address: 2040 FRANKLIN ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0

Lot(s): 1349

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC

MC2018-009

PROJECT NAME:

SITE ADDRESS: 2040 FRANKLIN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/19/2018

EXPIRES: 07/18/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

1-19-18



Town of Kill Devil Hills

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

PAID

JAN 19 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2017-051

PROJECT NAME: Salas New 3 Bedroom SFD
SITE ADDRESS: 1106 DEAN ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 07/31/2017

EXPIRES:

APPLICANT: Carolina Housing
1522 North Road Street
ELIZABETH CITY, NC 27909
252-334-7136

OWNER: Daniel Salas
1106 W. Dean St.
Kill Devil Hills, NC 27948

RESIDENTIAL - LIMITED: Five "C's" Inc.
1603 North Road Street
ELIZABETH CITY, NC 27909
252-207-3262

License: 17977
Expires: 01/15/2018

PARCEL:

PIN: 988315741063

Parcel Number: 004829000

Address: 1106 DEAN ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL BEACH EXTENDED

Block: 12 **Lot(s):** 13

Legal Description:

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

PROJECT DESCRIPTION: Build off frame 3 Bedroom SFD modular on brick foundation .

DETAILS

Permit

Name	Value
# OF TRASH CANS	0
PURPOSE	Residential New

CONDITIONS

OP2017-051

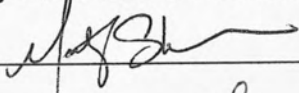
PROJECT NAME: Salas New 3 Bedroom SFD
SITE ADDRESS: 1106 DEAN ST KILL DEVIL HILLS

OCCUPANCY
ISSUED: 07/31/2017

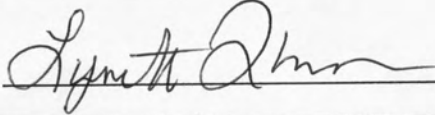
EXPIRES:

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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

1-19-18



Town of Kill Devil Hills

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

PAID

JAN 19 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2018-001

PROJECT NAME: OBX Cottages, LLC
SITE ADDRESS: 431 Palmetto St. Kill Devil Hills

OCCUPANCY
ISSUED: 01/17/2018

EXPIRES:

APPLICANT: OBX Cottages, LLC
200 E. Blackman Street
Kill Devil Hills, NC 27948

OWNER: OBX Cottages, LLC
200 E. Blackman Street
Kill Devil Hills, NC 27948

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

License: 67524
Expires: 12/30/2018

PARCEL:

PIN: 988517002147

Parcel Number:

Address: 431 Palmetto St. Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 10R, Blk 50, Virginia Dare Shores

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

PROJECT DESCRIPTION: Proposed 3 Bedroom SFD

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New

CONDITIONS

OP2018-001

PROJECT NAME: OBX Cottages, LLC
SITE ADDRESS: 431 Palmetto St. Kill Devil Hills

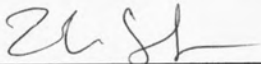
OCCUPANCY

ISSUED: 01/17/2018

EXPIRES:

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Issued By: 

Contractor or Authorized Agent:  Date: 1-19-18



Town of Kill Devil Hills

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

PAID

JAN 19 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2018-002

PROJECT NAME: OBX Cottages
SITE ADDRESS: 435 Palmetto Street Kill Devil Hills

OCCUPANCY
ISSUED: 01/17/2018

EXPIRES:

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

OWNER: OBX Cottages, LLC
200 E. Blackman Street
Kill Devil Hills, NC 27948

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

License: 67524
Expires: 12/30/2018

PARCEL:

PIN: 988517001184

Parcel
Number:

Address: 435 Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 9R, Block 50, Virginia Dare Shores S/D

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New

CONDITIONS

OP2018-002

PROJECT NAME: OBX Cottages

SITE ADDRESS: 435 Palmetto Street Kill Devil Hills

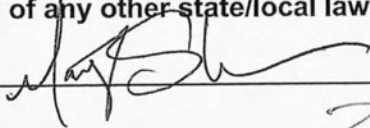
OCCUPANCY

ISSUED: 01/17/2018

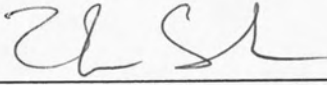
EXPIRES:

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

1-19-18



Town of Kill Devil Hills

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

PAID

JAN 17 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-003

PROJECT NAME: PRY Investments
SITE ADDRESS: 1719 APACHE ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/10/2018

EXPIRES: 07/09/2018

APPLICANT: C & T CONTRACTING
1700 Bell Ave.
Kill Devil Hills, NC 27948
252-202-9943

OWNER: PRY Investments Inc.
116 Discovery Lane
WILLIAMSBURG, VA 23185
757-784-0936

BUILDING LIMITED: C & T CONTRACTING
1700 Bell Ave.
Kill Devil Hills, NC 27948
252-202-9943

License: 45367
Expires: 12/30/2018

PARCEL:

PIN: 988409168494

Parcel Number: 002705000

Address: 1719 APACHE ST KILL DEVIL HILLS

Zoning:

Addition: HIGH VIEW - HEDRICKS ADD

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$168.00	\$0.00	# of Temporary Poles	1 EA
T-Pole	\$50.00	\$0.00	Residential Heated Space	1504 sq. Ft.
Res. Building Permit Fee	\$1,128.00	\$0.00	(.75)	
			Covered Porches/Decks	224 SQFT
Totals :	\$1,346.00	\$0.00		

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: 1022952

BJ2018-003

PROJECT NAME: PRY Investments

SITE ADDRESS: 1719 APACHE ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/10/2018

EXPIRES: 07/09/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	27409
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	145000.00
# OF UNITS	1
LOT COVERAGE	34.40
LIVING SPACE (SQFT)	1504
COVERED PORCHES/DECKS (SQFT)	224
TOTAL SQUARE FOOTAGE	1728
SURVEYOR NAME AND NUMBER	William S. Jones., Jr.
ENGINEER AND LICENSE NUMBER	R. Pate 13018
CULVERT	Y
ROLL OUT CAN	1
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

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PAID

JAN 17 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2018-009

PROJECT NAME: Barnes pilings
SITE ADDRESS: 2504 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 01/16/2018

EXPIRES: 07/15/2018

APPLICANT: Howard, Rob
99 Dough Court
Kill Devil Hills, NC 27948

OWNER: BARNES, JOHN CARLTON JR TRUSTEES
516 Greatbridge Blvd
Apt 125
Chesapeake, VA 23320

UNLICENSED - REMODELING: Howard, Rob
99 Dough Court
Kill Devil Hills, NC 27948
252-599-0530

License: 000000
Expires:

PARCEL:

PIN: 988517221202

Parcel Number: 000369000

Address: 2504 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 4 **Lot(s):** PT 2

Legal Description:

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

PROJECT DESCRIPTION: Replace 3 6x6 pilings with 8x8 pilings



Town of Kill Devil Hills

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

PAID

JAN 16 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-006

PROJECT NAME:

SITE ADDRESS: 2042 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/11/2018

EXPIRES: 07/10/2018

APPLICANT: Herb & Mary Stassie
777 Stinchcomb Rd.
SEVERNA PARK, MD 21146
410-703-5366

OWNER: Herb & Mary Stassie
777 Stinchcomb Rd.
SEVERNA PARK, MD 21146
410-703-5366

GENERAL: DAVID P. MEGGS, INC.
P. O. Box 1916
kitty hawk, NC 27949
305-4856

License: 78540
Expires: 12/30/2018

PARCEL:

PIN: 987408984620

Parcel Number: 001989000

Address: 2042 BAY DR KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1014

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$210.00	\$0.00	Residential Heated Space	280 sq. Ft.
Renovation/Remodel/Relocate	\$159.30	\$0.00	(.75)	
			Remodel/Renovation	354 SQFT
Totals :	\$369.30	\$0.00		

PROJECT DESCRIPTION: Addition bedroom/gameroom 2nd fl., Eng. B. Crook. Must comply with CAMA requirements.

BJ2018-006

PROJECT NAME:

SITE ADDRESS: 2042 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/11/2018

EXPIRES: 07/10/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	27433
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	Y
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
Proposed First Floor Elevation	11.90
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	45000.00
# OF UNITS	1
LOT COVERAGE	28.00
LIVING SPACE (SQFT)	280
TOTAL SQUARE FOOTAGE	280
SURVEYOR NAME AND NUMBER	M. Barnette L-3740
ENGINEER AND LICENSE NUMBER	B. Crook 027540
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2018-006

PROJECT NAME:

SITE ADDRESS: 2042 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/11/2018

EXPIRES: 07/10/2018

REQUIRED INSPECTIONS

Piling	Rough In
In-Slab Plumbing	Insulation
Slab/Foundation	Final
Sheathing	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!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * THIS PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD AREA.
 1. All Special Flood Hazard Areas limit the use of enclosures below the lowest floor for parking, building access and limited storage only.
 2. In the VE Zone, there shall be no alteration of the sand dunes which would increase potential flood damage.
 3. In the VE Zone, there shall be no fill used for structural support.
 4. Elevation Certificate will be required at time of application, 21 days from the establishment of the lowest floor and at construction completion.

DEVELOPER MUST OBTAIN ALL THE NECESSARY FEDERAL, STATE AND LOCAL PERMITS BEFORE THIS PERMIT CAN BE ISSUED.

- * 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.

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

JAN 16 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2018-007
PROJECT NAME:
SITE ADDRESS: 107 Town Hall Dr. KILL DEVIL HILLS

BUILDING
ISSUED: 01/15/2018
EXPIRES: 07/14/2018

APPLICANT: TOWN OF KILL DEVIL HILLS
P O BOX 1719
102 Town Hall Drive
KILL DEVIL HILLS, NC 27948

OWNER: TOWN OF KILL DEVIL HILLS
P O BOX 1719
102 Town Hall Drive
KILL DEVIL HILLS, NC 27948

GENERAL BUILDING - LIMITED: 2 GUYS SERVICES
605 W. Archdale St.
Kill Devil Hills, NC 27948
252-489-8753

License: 75144
Expires: 12/30/2018

PARCEL:

PIN: PARC2010-2

**Parcel
Number:**

Address: 107 Town Hall Dr. KILL DEVIL HILLS

Zoning:

Addition:

Block:

Lot(s):

Legal Description:

FEES: Paid Due

Totals :

PROJECT DESCRIPTION: Add dock at frog pond. B. Crook Eng. 027540

BP2018-007

PROJECT NAME:

SITE ADDRESS: 107 Town Hall Dr. KILL DEVIL HILLS

BUILDING

ISSUED: 01/15/2018

EXPIRES: 07/14/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	G&I Public
PURPOSE	Commercial New
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	13500.00
CONSTRUCTION TYPE	V

REQUIRED INSPECTIONS

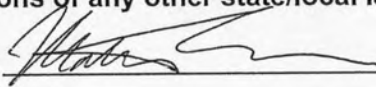
Zoning Final

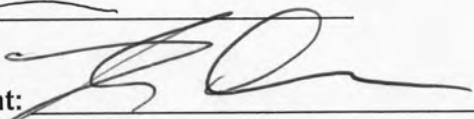
Final

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: 1/16/18



Town of Kill Devil Hills

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

PAID

JAN 16 2018

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

ZP2018-004

PROJECT NAME: Palmer Fence
SITE ADDRESS: 703 DURHAM ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 01/16/2018

EXPIRES: 07/15/2018

APPLICANT: Brad Banks
267 Highway 158
Elizabeth City, NC 27909
252-202-6215

OWNER: Palmer, Dennis
703 W Durham St
Kill Devil Hills, NC 27948
757-435-7872

UNLICENSED BUILDER: Brad Banks
267 Highway 158
Elizabeth City, NC 27909
252-202-6215

License: 00000
Expires:

PARCEL:

PIN: 988405182477

Parcel Number: 001371000

Address: 703 DURHAM ST W KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 660

Legal Description:

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

PROJECT DESCRIPTION: Construct wood fence around back yard.

ZP2018-004

PROJECT NAME: Palmer Fence
SITE ADDRESS: 703 DURHAM ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 01/16/2018

EXPIRES: 07/15/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-002

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 2039 YORKTOWN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/10/2018

EXPIRES: 07/09/2018

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

OWNER: SOLES, FRANK
527 Chowan St
Kill Devil Hills, NC 27948
757-448-8162

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

License: 67524
Expires: 12/30/2018

PARCEL:

PIN: 988405099500

Parcel Number: 001476000

Address: 2039 YORKTOWN KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1348

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$56.25	\$0.00	Covered Porches/Decks	75 SQFT
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$1,110.50	\$0.00	Residential Unheated (.40)	170 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1390 sq. Ft.
Totals :	\$1,366.75	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Proposed 3 Bedroom SFD

PAID

JAN 12 2018

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: 72298

BJ2018-002**PROJECT NAME:** Sandy Bottom Homes
SITE ADDRESS: 2039 YORKTOWN KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 01/10/2018**EXPIRES:** 07/09/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	27421
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	9.50
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	150000.00
LOT COVERAGE	39.84
LIVING SPACE (SQFT)	1390
COVERED PORCHES/DECKS (SQFT)	75
STORAGE (SQFT)	170
OPEN DECK (SQFT)	162
TOTAL SQUARE FOOTAGE	1797
SURVEYOR NAME AND NUMBER	William S. Jones Jr. L-2532
ENGINEER AND LICENSE NUMBER	MIKE OSTEEN 032628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2018-002

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 2039 YORKTOWN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/10/2018

EXPIRES: 07/09/2018

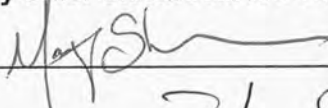
REQUIRED INSPECTIONS

Piling	Rough In
In-Slab Plumbing	Insulation
Slab/Foundation	Final
Sheathing	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!
- * 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.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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:** 1-12-18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-006

PROJECT NAME: CHALMERS FAMILY SCREENED PORCH
ADDITION
SITE ADDRESS: 203 SPORTSMAN DR W KILL DEVIL HILLS

BUILDING

ISSUED: 01/12/2018

EXPIRES: 07/11/2018

APPLICANT: CHALMERS, CHARLES I
117 WATKINS DRIVE
HAMPTON, VA 23669

OWNER: CHALMERS, CHARLES I
117 WATKINS DRIVE
HAMPTON, VA 23669

PARCEL:

PIN: 988517105537

Parcel Number: 001737000

Address: 203 SPORTSMAN DR W KILL DEVIL HILLS

Addition: AVALON BEACH

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

Legal Description:

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

PROJECT DESCRIPTION: ADD ROOF OVER EXISTING DECK TO CREATE SCREENED PORCH.

PAID

JAN 12 2018

TOWN OF
KILL DEVIL HILLS

BP2018-006

PROJECT NAME: CHALMERS FAMILY SCREENED PORCH
ADDITION
SITE ADDRESS: 203 SPORTSMAN DR W KILL DEVIL HILLS

BUILDING

ISSUED: 01/12/2018

EXPIRES: 07/11/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	16000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In


Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Obtain Rough-in inspection before covering roof and floor framing with finished ceiling or underpinning.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 1/12/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-008

PROJECT NAME:

SITE ADDRESS: 1713 SUNSET AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/12/2018

EXPIRES: 07/11/2018

APPLICANT: Patrik Skultety
196 Swan View Dr.
Kill Devil Hills, NC 27948
252-548-7494

OWNER: Patrik Skultety
196 Swan View Dr.
Kill Devil Hills, NC 27948
252-548-7494

BUILDING, REMODELING: Radegart Painting
408 Holly St.
Kill Devil Hills, NC 27948
252-216-6669

License: 999
Expires:

PARCEL:

PIN: 988409059763

Parcel Number: 002601000

Address: 1713 SUNSET AVE KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES SUBDIV

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$252.00	\$0.00	Residential Unheated (.40)	1260 Sq. Ft
Res. Building Permit Fee	\$504.00	\$0.00	Covered Porches/Decks	336 SQFT
Totals :	\$756.00	\$0.00		

PROJECT DESCRIPTION: Add storage, and rear roof, remodel portion of great room into office. As built survey required

PAID

JAN 12 2018

TOWN OF
KILL DEVIL HILLS

BJ2018-008

PROJECT NAME:

SITE ADDRESS: 1713 SUNSET AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/12/2018

EXPIRES: 07/11/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	27420
CAMA PERMIT	N
CAMA EXEMPTION	N
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	6.80
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	28500.00
# OF UNITS	1
LOT COVERAGE	33.70
STORAGE (SQFT)	1260
TOTAL SQUARE FOOTAGE	1260
SURVEYOR NAME AND NUMBER	D. Styons C 1697
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

BJ2018-008

PROJECT NAME:

SITE ADDRESS: 1713 SUNSET AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/12/2018

EXPIRES: 07/11/2018

- * This permit becomes null and void if work or construction authorized is not 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.
- * 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: _____

01/12/2018



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-005 PROJECT NAME: STANSFIELD HVAC SITE ADDRESS: 1805 WYANDOTTE ST KILL DEVIL HILLS	MECHANICAL ISSUED: 01/12/2018 EXPIRES: 07/11/2018
--	--

APPLICANT: LANE INVESTMENT PROPERTIES NC LLC
P.O. Box 329
KDH, NC 27948

OWNER: STANSFIELD, HAROLD
PO BOX 3095
Kill Devil Hills, NC 27948
252-489-6018

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949

License: 13056
Expires: 12/31/2018

PARCEL:

PIN: 988409178094

Parcel Number: 002428000

Address: 1805 WYANDOTTE ST KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

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

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

PAID
JAN 12 2018

MC2018-005

PROJECT NAME: STANSFIELD HVAC
SITE ADDRESS: 1805 WYANDOTTE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/12/2018

EXPIRES: 07/11/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6537.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

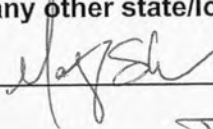
REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 1/12/18



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-006

PROJECT NAME: SMITH HVAC
SITE ADDRESS: 1611 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/12/2018

EXPIRES: 07/11/2018

APPLICANT: SMITH, GEORGE F
5425 BARRISTER PL
ALEXANDRIA, VA 22304

OWNER: SMITH, GEORGE F
5425 BARRISTER PL
ALEXANDRIA, VA 22304

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949

License: 13056
Expires: 12/31/2018

PARCEL:

PIN: 98841156567101

Parcel Number: 002780001

Address: 1611 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: B

Lot(s): UNIT 1 LOT
14,15

Legal Description:

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

PROJECT DESCRIPTION: HEAT PUMP REPLACEMENT

PAID

JAN 12 2018

TOWN OF
KILL DEVIL HILLS

MC2018-006

PROJECT NAME: SMITH HVAC

SITE ADDRESS: 1611 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/12/2018

EXPIRES: 07/11/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2838.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 1/12/18



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-007 PROJECT NAME: COUDRIET HVAC SITE ADDRESS: 1706 CROATAN HWY S KILL DEVIL HILLS	MECHANICAL ISSUED: 01/12/2018 EXPIRES: 07/11/2018
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APPLICANT: COUDRIET, LARRY DOYLE
1706 S CROATAN HWY
KILL DEVIL HILLS, NC 27948

OWNER: COUDRIET, LARRY DOYLE
1706 S CROATAN HWY
KILL DEVIL HILLS, NC 27948

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949

License: 13056
Expires: 12/31/2018

PARCEL:

PIN: 989313043372	Parcel Number: 008448000
Address: 1706 CROATAN HWY S KILL DEVIL HILLS	Zoning:
Addition: OCEAN ACRES TRACT 3 SEC 1	Block: D Lot(s): 28
Legal Description:	

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

PROJECT DESCRIPTION: Replace HVAC system

PAID

JAN 12 2018

TOWN OF
KILL DEVIL HILLS

MC2018-007

PROJECT NAME: COUDRIET HVAC
SITE ADDRESS: 1706 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/12/2018

EXPIRES: 07/11/2018

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5335.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

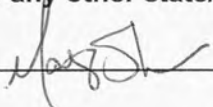
REQUIRED INSPECTIONS

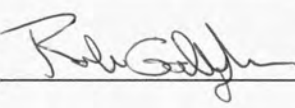
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 1/12/18



Town of Kill Devil Hills

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

PAID

JAN 10 2018

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2017-194 PROJECT NAME: Food Lion Remodel SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS	BUILDING JOINT ISSUED: 01/09/2018 EXPIRES: 07/08/2018
---	--

APPLICANT: FOOD LION
UNKNOWN
UNKNOWN, XX 00000

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

GENERAL UNLIMITED: Retail Contractors of PR Inc.
5191 S. Suncoast Blvd.
HOMOSASSA, FL 34446
352-697-2605

License: 75367
Expires:

PARCEL:

PIN: 988410374122

Parcel Number: 002739000

Address: 1700 CROATAN HWY N KILL DEVIL HILLS

Addition: HEDRICKS ADDITION - CROATAN SH

Zoning:
Block: 0 Lot(s): 0

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$1,795.50	\$0.00	Remodel/Renovation 3990 SQFT
Totals :	\$1,795.50	\$0.00	

PROJECT DESCRIPTION: Remodel existing structure.

BJ2017-194

PROJECT NAME: Food Lion Remodel
SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/09/2018

EXPIRES: 07/08/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	II
CONSTRUCTION COST	427250.00
# OF UNITS	1
ENGINEER AND LICENSE NUMBER	Bengel 25043; Tate 26527
ARCHITECT NAME AND LICENSE NUMBER	Goode 3417
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Merchantile

REQUIRED INSPECTIONS

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

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Coordinate with Planning Department prior to re-striping parking lot.
- * This permit does not cover any new or changed signage. If there is new or change in signage renderings must be submitted and permitted separately.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

BJ2017-194

PROJECT NAME: Food Lion Remodel

SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/09/2018

EXPIRES: 07/08/2018

* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 1-9-2018



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-005

PROJECT NAME:

SITE ADDRESS: 207 SOTHEL ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/10/2018

EXPIRES: 07/09/2018

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

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

BUILDING: Sam Rogers
112 Lighthouse View
Aydlett, NC 27916
252-564-4386

License: 125
Expires:

PARCEL:

PIN: 988513124709

Parcel Number: 000392000

Address: 207 SOTHEL ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 7

Lot(s): 13-14

Legal Description:

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

PROJECT DESCRIPTION: Open deck

PAID

JAN 11 2018

TOWN OF
KILL DEVIL HILLS

BP2018-005

PROJECT NAME:

SITE ADDRESS: 207 SOTHEL ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/10/2018

EXPIRES: 07/09/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Addition
HEALTH DEPARTMENT PERMIT #	27243
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
OPEN DECK (SQFT)	220
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	J. Hurdle L-5209
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.

BP2018-005

PROJECT NAME:

SITE ADDRESS: 207 SOTHEL ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/10/2018

EXPIRES: 07/09/2018

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

ZP2018-002

PROJECT NAME: Emmett Batten
SITE ADDRESS: 225 CHOWAN ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 01/11/2018

EXPIRES: 07/10/2018

APPLICANT: Batten, Emmett
3620 Castlebury Drive
chester, va 23831

OWNER: Batten, Emmett
3620 Castlebury Drive
chester, va 23831

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/30/2019

PARCEL:

PIN: 988517023427

Parcel Number: 026184000

Address: 225 CHOWAN ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 32 **Lot(s):** 7-9

Legal Description:

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

PROJECT DESCRIPTION: Fence

PAID

JAN 11 2018

TOWN OF
KILL DEVIL HILLS

ZP2018-002

PROJECT NAME: Emmett Batten
SITE ADDRESS: 225 CHOWAN ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 01/11/2018

EXPIRES: 07/10/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
CONSTRUCTION COST	1000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Call for an inspection once the string line is pulled. Do not remove the string line until the fence is complete.

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

Issued By: Donna Elliott

Contractor or Authorized Agent: Emmett Batten

Date: 1/11/18



Town of Kill Devil Hills

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

PAID

JAN - 9 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

SG2017-036	SIGN
PROJECT NAME: Chris Crawford - C & M Repairs	ISSUED: 12/22/2017
SITE ADDRESS: 2004 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 06/20/2018

APPLICANT: OCEAN COMMERCE PARK P. O. Box 1868 nags head, nc 27959	OWNER: OCEAN COMMERCE PARK P. O. Box 1868 nags head, nc 27959
--	--

CONTRACTOR:	SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2020
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PARCEL:

PIN: 98931303326503	Parcel Number: 029850000
Address: 2004 CROATAN HWY S KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): UT 3
Legal Description:	

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

PROJECT DESCRIPTION: Sign - Unit #13

SG2017-036

PROJECT NAME: Chris Crawford - C & M Repairs
SITE ADDRESS: 2004 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 12/22/2017

EXPIRES: 06/20/2018

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN - WALL PERMITTED (SQFT)	32.00
SIGN- WALL PROPOSED (SQ FT)	21.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	500.00
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.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 1/9/18



Town of Kill Devil Hills

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

PAID

JAN - 9 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-004
PROJECT NAME:
SITE ADDRESS: 3396 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 01/09/2018
EXPIRES: 07/08/2018

APPLICANT: EZZELL, HENRY EMMONS JR
223 DUCK ROAD
KITTY HAWK, NC 27949

OWNER: EZZELL, HENRY EMMONS JR
223 DUCK ROAD
KITTY HAWK, NC 27949

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/30/2019

PARCEL:

PIN: 987516943985

Parcel Number: 000051000

Address: 3396 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition:

Block: 18 **Lot(s):** 1-2

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Renovation/Remodel/Relocate	\$276.75	\$0.00	Remodel/Renovation	615 SQFT
Totals :	\$276.75	\$0.00		

PROJECT DESCRIPTION: Repair water damage from Hvac duct work, and replace duct work.

BJ2018-004

PROJECT NAME:

SITE ADDRESS: 3396 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/09/2018

EXPIRES: 07/08/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	28600.00
# OF UNITS	1
TOTAL SQUARE FOOTAGE	615
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

BJ2018-004

PROJECT NAME:

SITE ADDRESS: 3396 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/09/2018

EXPIRES: 07/08/2018

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

1/9/18



Town of Kill Devil Hills

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

PAID

JAN - 8 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2018-003

PROJECT NAME: DeBlass HVAC
SITE ADDRESS: 118 ROCKY MOUNT ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/08/2018

EXPIRES: 07/07/2018

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

OWNER: DeBlass, David
5888 Montpelier Drive
Williamsburg, Va 23188

MECHANICAL H2 AND H3: AIR HANDLERS OBX
8788 Caratoke Hwy
Harbinger, NC 27941
252-216-8945

License: 29480
Expires: 12/31/2018

PARCEL:

PIN: 988518206552

Parcel Number: 001830000

Address: 118 ROCKY MOUNT ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 1

Block: 0 **Lot(s):** 382

Legal Description:

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

PROJECT DESCRIPTION: Replace 2.5 ton HVAC system.

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5968.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

MC2018-003

PROJECT NAME: DeBlass HVAC

SITE ADDRESS: 118 ROCKY MOUNT ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/08/2018

EXPIRES: 07/07/2018

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

11/8/18



Town of Kill Devil Hills

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

PAID

JAN - 9 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2018-004

PROJECT NAME: FOWLER HVAC
SITE ADDRESS: 2407 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/09/2018

EXPIRES: 07/08/2018

APPLICANT: FOWLER, KURT & MARY
1440 Old Adeline RD
PRINCE FREDERICK, MD 20678
490-535-4284

OWNER: FOWLER, KURT & MARY
1440 Old Adeline RD
PRINCE FREDERICK, MD 20678
490-535-4284

H3, CLASS 1: OUTER BANKS HEATING AND COOLING
P.O. Box 1415
Nags Head, NC 27959
441-1740

License: 12643
Expires: 12/31/2018

PARCEL:

PIN: 988517224155

Parcel Number: 003035000

Address: 2407 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

Zoning:
Block: 0 **Lot(s):** 39-40

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

MC2018-004

PROJECT NAME: FOWLER HVAC

SITE ADDRESS: 2407 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/09/2018

EXPIRES: 07/08/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8238.55
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

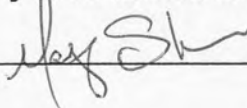
REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 1-9-18



Town of Kill Devil Hills

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

PAID

JAN - 3 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2018-002

PROJECT NAME: COURTNEY DECK REBUILD
SITE ADDRESS: 104 SECOND ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/03/2018

EXPIRES: 07/02/2018

APPLICANT: COURTNEY, THOMAS
1308 NORTH SCHOONOVER LN
VIRGINIA BEACH, VA 23454

OWNER: COURTNEY, THOMAS P
104 E. SECOND STREET
KILL DEVIL HILLS, NC 27948

UNLICENSED - REMODELING: CLARENCE GIBBS
PO BOX 2387
MANTEO, NC 27954
252-202-5991

License: 010
Expires:

PARCEL:

PIN: 988410462703-4139

Parcel Number: 003156000

Address: 104 SECOND ST E KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:
Block: 11 Lot(s): PT 3

Legal Description:

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

PROJECT DESCRIPTION: COMPLETE REBUILD OF 7'x24' SIDE DECK IN SAME LOCATION INCLUDING STAIRS TOWARDS REAR OF STRUCTURE.

BP2018-002

PROJECT NAME: COURTNEY DECK REBUILD
SITE ADDRESS: 104 SECOND ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/03/2018

EXPIRES: 07/02/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	9200.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling
Final

Zoning Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 1-3-18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-003

PROJECT NAME: PATTERSON DECK ADDITIONS & SISTER
PILINGS
SITE ADDRESS: 2016 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 01/08/2018

EXPIRES: 07/07/2018

APPLICANT: PATTERSON, CHASE & LINDSEY
4212 IVY LN
kitty hawk, nc 27949
252-489-3748

OWNER: PATTERSON, CHASE & LINDSEY
4212 IVY LN
kitty hawk, nc 27949
252-489-3748

UNLICENSED BUILDER: ALBEMARLE BULKHEADS
PO BOX 50
KILL DEVIL HILLS, NC 27948
252-256-0857

License: 00000
Expires: 04/30/2019

PARCEL:

PIN: 987408976996 **Parcel Number:** 002010000
Address: 2016 BAY DR KILL DEVIL HILLS
Addition: AVALON BEACH ANNEX 2 & 3 **Zoning:**
Block: 0 **Lot(s):** 1040
Legal Description:

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

PROJECT DESCRIPTION: SISTER NUMEROUS 6X6 PILINGS. EXPAND/REBUILD DECKS & STAIRS AT FRONT AND REAR OF HOUSE.

HAND
JAN - 8 2018
TOWN OF
KILL DEVIL HILLS

BP2018-003**PROJECT NAME:** PATTERSON DECK ADDITIONS & SISTER
PILINGS
SITE ADDRESS: 2016 BAY DR KILL DEVIL HILLS**BUILDING****ISSUED:** 01/08/2018**EXPIRES:** 07/07/2018

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	30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling

Zoning Final

Final

CONDITIONS

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

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

BP2018-003

PROJECT NAME: PATTERSON DECK ADDITIONS & SISTER
PILINGS
SITE ADDRESS: 2016 BAY DR KILL DEVIL HILLS

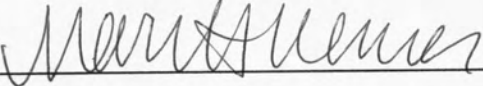
BUILDING

ISSUED: 01/08/2018

EXPIRES: 07/07/2018

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 1/8/18



Town of Kill Devil Hills

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

PAID

JAN - 8 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2018-002

PROJECT NAME: WOLFERT HVAC
SITE ADDRESS: 1717 CREEK ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/08/2018

EXPIRES: 07/07/2018

APPLICANT: WOLFERT, MICHAEL
2519 WOODBINE RD
WINSTON-SALEM, NC 27104
336-306-6454

OWNER: WOLFERT, MICHAEL
2519 WOODBINE RD
WINSTON-SALEM, NC 27104
336-306-6454

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

License: 29031
Expires: 12/31/2018

PARCEL:

PIN: 988410266881

Parcel Number: 002656000

Address: 1717 CREEK ST KILL DEVIL HILLS

Zoning:

Addition: HIGH VIEW - HEDRICKS ADD

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

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

MC2018-002

PROJECT NAME: WOLFERT HVAC
SITE ADDRESS: 1717 CREEK ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/08/2018

EXPIRES: 07/07/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5250.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2018-001

PROJECT NAME: LEHMAN FENCE
SITE ADDRESS: 204 AIRSTRIP RD W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 01/03/2018

EXPIRES: 07/02/2018

APPLICANT: Lehman, Harold
75 Battlefield Bluff Dr.
NEW MARKET, VA 22844
540-335-8675

OWNER: Lehman, Harold
75 Battlefield Bluff Dr.
NEW MARKET, VA 22844
540-335-8675

GENERAL: LARRY BAILEY
UNKNOWN
UNKNOWN, XX 00000

License: 65696
Expires: 12/30/2025

PARCEL:

PIN: 988312874242

Parcel Number: 004376000

Address: 204 AIRSTRIP RD W KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 16 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: NEW FENCE ALONG 3 PROPERTY LINES AND RETURNING TO HOUSE.

PAID

JAN - 8 2018

TOWN OF
KILL DEVIL HILLS

ZP2018-001

PROJECT NAME: LEHMAN FENCE
SITE ADDRESS: 204 AIRSTRIP RD W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 01/03/2018

EXPIRES: 07/02/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	RH
CAMA PERMIT	N
CAMA EXEMPTION	N
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Final

CONDITIONS

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

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Issued By: [Signature]

Contractor or Authorized Agent: [Signature]

Date: 1/8/18



Town of Kill Devil Hills

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

PAID
JAN - 8 2018
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

EL2018-001	ELECTRICAL
PROJECT NAME: OUTER BANKS CHRYSLER METER BASE CHANGEOUT	ISSUED: 01/08/2018
SITE ADDRESS: 3000 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 07/07/2018

APPLICANT: HERRSUTT ENTERPRISES INC
P O BOX 3070
KILL DEVIL HILLS, NC 27948

OWNER: HERRSUTT ENTERPRISES INC
P O BOX 3070
KILL DEVIL HILLS, NC 27948

ELECTRICAL-UNLIMITED: SUBURBAN ELECTRIC CONTRACTORS OF NC INC. License: 30633-U
PO Box 925 Expires: 04/05/2018
Manteo, NC 27954
252-475-1372

PARCEL:

PIN: 988513025876 **Parcel Number:** 002993000

Address: 3000 CROATAN HWY N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES **Zoning:**

Block: 16 **Lot(s):** 1-3 38-40 &PT 4 & 3

Legal Description:

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

PROJECT DESCRIPTION: METER BASE CHANGEOUT

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	900.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
OCCUPANCY TYPE	Business

EL2018-001

PROJECT NAME: OUTER BANKS CHRYSLER METER BASE
CHANGEOUT
SITE ADDRESS: 3000 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 01/08/2018

EXPIRES: 07/07/2018

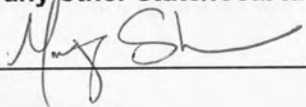
REQUIRED INSPECTIONS

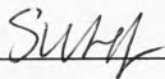
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 1/8/18



Town of Kill Devil Hills

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

PAID

JAN - 3 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2017-236 PROJECT NAME: PRY Investments SITE ADDRESS: 110 SPORTSMAN DR E KILL DEVIL HILLS	BUILDING JOINT ISSUED: 12/22/2017 EXPIRES: 12/15/2018
---	--

APPLICANT: C & T CONTRACTING 1700 Bell Ave. Kill Devil Hills, NC 27948 252-202-9943	OWNER: PRY Investments Inc. 116 Discovery Lane WILLIAMSBURG, VA 23185 757-784-0936
---	--

BUILDING LIMITED: C & T CONTRACTING 1700 Bell Ave. Kill Devil Hills, NC 27948 252-202-9943	License: 45367 Expires: 12/30/2017
--	---

PARCEL:

PIN: 988517211016	Parcel Number: 001718000
Address: 110 SPORTSMAN DR E KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH	Block: 0 Lot(s): 66
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$24.75	\$0.00	Covered Porches/Decks	33 SQFT
Res. Building Permit Fee	\$1,161.75	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	# of Temporary Poles	1 EA
T-Pole	\$50.00	\$0.00	Residential Heated Space	1549 sq. Ft.
			(.75)	
Totals :	\$1,386.50	\$0.00		

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

BJ2017-236

PROJECT NAME: PRY Investments
SITE ADDRESS: 110 SPORTSMAN DR E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/22/2017

EXPIRES: 12/15/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	27401
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
Proposed First Floor Elevation	10.50
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	150000.00
# OF UNITS	1
LOT COVERAGE	31.80
LIVING SPACE (SQFT)	1549
COVERED PORCHES/DECKS (SQFT)	33
OPEN DECK (SQFT)	208
TOTAL SQUARE FOOTAGE	1790
SURVEYOR NAME AND NUMBER	William S. Jones, Jr.
ENGINEER AND LICENSE NUMBER	R. Pate 13018
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2017-236

PROJECT NAME: PRY Investments

SITE ADDRESS: 110 SPORTSMAN DR E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/22/2017

EXPIRES: 12/15/2018

REQUIRED INSPECTIONS

Piling	Rough In
T-Pole	Insulation
In-Slab Plumbing	Pre-final
Slab/Foundation	Final
Sheathing	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!
- * 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.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 1-3-18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-001	BUILDING
PROJECT NAME: MASCIA WINDOW REPLACEMENT	ISSUED: 01/03/2018
SITE ADDRESS: 2040 FRANKLIN ST KILL DEVIL HILLS	EXPIRES: 07/02/2018

APPLICANT: MASCIA, PAUL
35 BALLAST POINT DR
MANTEO, NC 27954
252-208-4648

OWNER: MASCIA, PAUL
35 BALLAST POINT DR
MANTEO, NC 27954
252-208-4648

UNLICENSED - REMODELING: FRAZIER, GARY
505 HARBOR VIEW DR
Kill Devil Hills, NC 27948

License: 01
Expires:

PARCEL:

PIN: 988405099568

Parcel Number: 001477000

Address: 2040 FRANKLIN ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1349

Legal Description:

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

PROJECT DESCRIPTION: REPLACE WINDOWS REMOVING EXISTING WINDOWS TO THE ROUGH OPENINGS.

PAID

JAN - 3 2018

TOWN OF
KILL DEVIL HILLS

BP2018-001PROJECT NAME: MASCIA WINDOW REPLACEMENT
SITE ADDRESS: 2040 FRANKLIN ST KILL DEVIL HILLS**BUILDING**

ISSUED: 01/03/2018

EXPIRES: 07/02/2018

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In

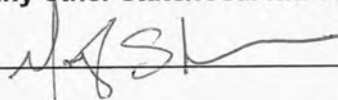
Final

CONDITIONS

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Issued By: _____



Contractor or Authorized Agent: _____



Date: 1 > 18



Town of Kill Devil Hills

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

PAID

JAN - 2 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2017-303

PROJECT NAME: Replace existing ceiling and HVAC system in Pool area. Eng. R. Klein 027968
SITE ADDRESS: 405 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/21/2017

EXPIRES: 06/19/2018

APPLICANT: ON TRADING CORP.
P. O. Box 389
Kill Devil Hills, NC 27959

OWNER: ON TRADING CORP.
P. O. Box 389
Kill Devil Hills, NC 27959

BUILDING: Dun Rite, Inc.
714 Fenway Ave.
CHESAPEAKE, VA 23320
757-435-3513

License: 74845
Expires: 12/24/2017

PARCEL:

PIN: 988420809320L1

Parcel Number: 008118000

Address: 405 VA DARE TRL S KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

Zoning:

Block: 0

Lot(s): PAR. 2 & 3
& UNBRD.

Legal Description:

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

PROJECT DESCRIPTION:

MC2017-303

PROJECT NAME: Replace existing ceiling and HVAC system in Pool area. Eng. R. Klein 027968
SITE ADDRESS: 405 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/21/2017

EXPIRES: 06/19/2018

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	89920.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 1-2-18



Town of Kill Devil Hills

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

PAID

JAN - 3 2018

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

SG2018-001	SIGN
PROJECT NAME: Captain George's Seafood Restaurant	ISSUED: 01/03/2018
SITE ADDRESS: 705 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 07/02/2018

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

CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/30/2019
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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
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>
Banner Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: Banner

SG2018-001

PROJECT NAME: Captain George's Seafood Restaurant
SITE ADDRESS: 705 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 01/03/2018

EXPIRES: 07/02/2018

DETAILS

Permit

Name	Value
# OF BANNERS	1
SIGN - WALL PERMITTED (SQFT)	100.00
SIGN- WALL PROPOSED (SQ FT)	72.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	50.00

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.

* Banner may be displayed for a period not to exceed 90 days.

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

Issued By: Donna Elliott

Contractor or Authorized Agent: K. Charalambous Date: 1.3.18



Town of Kill Devil Hills

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

PAID

JAN - 2 2018

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2018-001

PROJECT NAME: FORTNEY HVAC
SITE ADDRESS: 2011 FRANKLIN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/02/2018

EXPIRES: 07/01/2018

APPLICANT: DENNIS FORTNEY
7043 W. Moreland Dr.
Warrenton, VA 20187

OWNER: DENNIS FORTNEY
7043 W. Moreland Dr.
Warrenton, VA 20187

H3, CLASS 1: OUTER BANKS HEATING AND COOLING
P.O. Box 1415
Nags Head, NC 27959
441-1740

License: 12643
Expires: 12/31/2018

PARCEL:

PIN: 988405194071

Parcel Number: 001422000

Address: 2011 FRANKLIN ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1284

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

MC2018-001

PROJECT NAME: FORTNEY HVAC
SITE ADDRESS: 2011 FRANKLIN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/02/2018

EXPIRES: 07/01/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3261.08
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

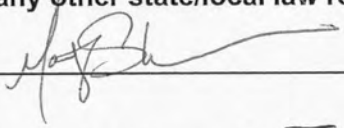
REQUIRED INSPECTIONS

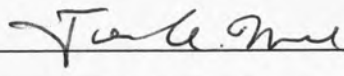
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 1-2-18



Town of Kill Devil Hills

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

PAID

JAN - 2 2018

Planning and Inspection Department

TOWN OF
 KILL DEVIL HILLS

BJ2018-001	BUILDING JOINT
PROJECT NAME: Remodel Kitchen, close off exterior door add new window, new flooring in great room and paint.	ISSUED: 01/02/2018
SITE ADDRESS: 103 WOODMERE AVE KILL DEVIL HILLS	EXPIRES: 07/01/2018

APPLICANT: HOGLEN, GERALD T JR 576 EMMETT AVENUE TRENTON, NJ 08629	OWNER: HOGLEN, GERALD T JR 576 EMMETT AVENUE TRENTON, NJ 08629
---	---

GENERAL BUILDING, LIMITED: Pain Construction Company 407 Raceview CT nags head, nc 27959 256-1055	License: 19675 Expires:
---	--

PARCEL:

PIN: 988419624479	Parcel Number: 004001000
Address: 103 WOODMERE AVE KILL DEVIL HILLS	
Addition: KITTY HAWK SHORES - REVISED	Zoning: Block: 45 Lot(s): 14
Legal Description:	

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

PROJECT DESCRIPTION:

BJ2018-001

PROJECT NAME: Remodel Kitchen, close off exterior door add new window, new flooring in great room and paint.

SITE ADDRESS: 103 WOODMERE AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/02/2018

EXPIRES: 07/01/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	25000.00
# OF UNITS	1
LIVING SPACE (SQFT)	90
TOTAL SQUARE FOOTAGE	90
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

BJ2018-001

PROJECT NAME: Remodel Kitchen, close off exterior door add new window, new flooring in great room and paint.

SITE ADDRESS: 103 WOODMERE AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/02/2018

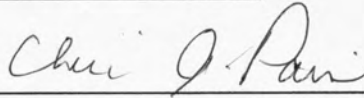
EXPIRES: 07/01/2018

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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

1/2/18