



County of Dare
Planning Department
PO Box Drawer 1000
Manteo NC 27954

Manteo
(252)475-5870
Kill Devil Hills
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Frisco
(252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005856

2/8/2018

Parcel Number: **013524000**
PIN Number: 064014342571
Location: 40053 MARLIN DR AVON, NC
Subdivision Name: HATTERAS COLONY SEC 1
Legal Description: LOT: 137 BLK: SEC: 1

Owner: NORFLEET, STEPHEN
Owner Address: 11 W GOVERNORS DR NEWPORT NEWS, VA23602
Owner Phone: 757-817-8676

CONTRACTOR

Builder Name: EMANUELSON & DAD
Builder Address: PO BOX 448 NAGS HEAD, NC 27959
Builder Phone: (252)261-2212
NC License #:

BUILDING INFORMATION

Proposed Construction Type: REMODEL
Proposed Construction Use: SFD
Survey/Site Plan on File: No

Heated Living Space:	0	Cost of Construction:	\$19,950
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	Piling	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	27516	Septic Date:	2/6/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO REPLACE PILINGS ON EXISTING HOUSE. NO ADDITIONS.

Permit Fee	\$200
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$200

Applicant Signature:  EMANUELSON & DAD

Inspector Signature:  2-8-18 JOHN CONTESTABLE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005885

2/26/2018

Parcel Number: **015329000**
 PIN Number: 050507772674
 Location: 53176 SUNSET STRIP FRISCO, NC
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: MCCLURE, D CRAIG
 Owner Address: 1207 11TH AVE E POLSON, MT59860
 Owner Phone: (406)599-4087

CONTRACTOR

Builder Name: OWNER/BUILDER
 Builder Address: SAME AS OWNER --, -- -----
 Builder Phone: --
 NC License #:

BUILDING INFORMATION

Proposed Construction Type: OTHER
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

Heated Living Space:	0	Cost of Construction:	\$40,000
Non Living Space:	0	Number of Stories:	1
Number of habitable rooms:	5	Number of Bedrooms:	3
Number of Full Bathrooms:	1	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	Hardwood	Roof Type:	Gable
Septic Permit#:	27476	Septic Date:	1/24/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	3.5	Flood Zone:	AE
		Base Flood Elevation:	7.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit to raise existing house. B.F.E. plus 1ft of freeboard to the bottom of the floor joist.

Permit Fee	\$200
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$200

Applicant Signature: *Craig McClure* CRAIG MCCLURE

Inspector Signature: *Wayland Jennette* WAYLAND JENNETTE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005893

2/28/2018

Parcel Number: **011774001**
 PIN Number: 051607686445
 Location: 50257 FREEBOOTER CT FRISCO NC
 Subdivision Name: BRIGANDS BAY
 Legal Description: LOT: 192 BLK: SEC:

Owner: DOYLE, PHYLLIS H
 Owner Address: 1914 STONEMILL DR SALEM VA 24210
 Owner Phone: 540-798-3856

CONTRACTOR

Builder Name: OWNER/BUILDER
 Builder Address: SAME AS OWNER --, -- ----
 Builder Phone: --
 NC License #:

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

Heated Living Space:	3290	Cost of Construction:	\$400,000
Non Living Space:	569	Number of Stories:	3
Number of habitable rooms:	8	Number of Bedrooms:	4
Number of Full Bathrooms:	4	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Wood Shingles
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	0	Septic Date:	2/28/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	3	Flood Zone:	AE
		Base Flood Elevation:	8.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit for New Single Family Dwelling, B.F.E. plus 1ft of freeboard to the bottom of the floor joist. All wood under Base Flood Elevation to be treated. Under construction elevation certificate required at sheathing inspection.

Permit Fee	\$2,695
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$2,880

Applicant Signature:

PHYLLIS DOYLE

Inspector Signature:

WAYLAND JENNETTE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005898

3/1/2018

Parcel Number: **013001000**
 PIN Number: 065709057453
 Location: 26203 SKIP JACK CT SALVO NC
 Subdivision Name: HATTERAS COLONY AMENDED SEC C
 Legal Description: LOT: 37 BLK: SEC: C

Owner: COWAN, DAVID W
 Owner Address: 1735 OLD PLAIN RD PENNSBURG PA 18073
 Owner Phone: 215-896-8137

CONTRACTOR

Builder Name: GIBBS BUILDING INC
 Builder Address: P O BOX 39 MANNS HARBOR, NC 27953
 Builder Phone: (252)473-2365
 NC License #: GENERAL CONTR, BU

BUILDING INFORMATION

Proposed Construction Type: REMODEL
 Proposed Construction Use: SFD
 Survey/Site Plan on File: No

Heated Living Space:	0	Cost of Construction:	\$136,100
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	Wood Shingles
Foundation Type:	N/A	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	0	Septic Date:	3/1/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO REPLACE WINDOWS, SIDING AND DECKS. NO ADDITIONS.

Permit Fee	\$1,361
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$1,371

Applicant Signature: _____

Clarence Gibbs 3-1-18

CLARENCE GIBBS

Inspector Signature: _____

John Contestable 3-1-18

JOHN CONTESTABLE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005899

3/1/2018

Parcel Number: **015766000**
 PIN Number: 958408796023
 Location: 57289 EAGLE PASS RD HATTERAS, NC
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: KOZLOSKY, JOSEPH A
 Owner Address: 41 RIDGE RD JONESTOWN, PA17038
 Owner Phone: (252)986-0092

CONTRACTOR

Builder Name: BAYSHORE CONSTRUCTION
 Builder Address: PO BOX 272 FRISCO, NC 27936
 Builder Phone: (252)995-5290
 NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

Proposed Construction Type: OTHER
 Proposed Construction Use: SFD
 Survey/Site Plan on File: No

Heated Living Space:	0	Cost of Construction:	\$90,000
Non Living Space:	0	Number of Stories:	1
Number of habitable rooms:	4	Number of Bedrooms:	2
Number of Full Bathrooms:	1	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	27579	Septic Date:	2/23/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	8.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit to Raise House. B.F.E. plus 1ft of freeboard to the bottom of the floor joist.

Permit Fee	\$200
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$200

Applicant Signature: Rebecca Kozlosky REBECCA KOZLOSKY
 Inspector Signature: Wayland Jennette WAYLAND JENNETTE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005925

3/13/2018

Parcel Number: **011471000**
 PIN Number: 064916925832
 Location: 23167 W CORBINA DR RODANTHE, NC
 Subdivision Name: CORBINA SHORES
 Legal Description: LOT: 36 & 37 BLK: SEC:

Owner: SHAFTAN, RICHARD K
 Owner Address: PO BOX 297 RODANTHE, NC27968
 Owner Phone: 252-987-0210

CONTRACTOR

Builder Name: OWNER/BUILDER
 Builder Address: SAME AS OWNER --, -- -----
 Builder Phone: 252-987-0210
 NC License #:

BUILDING INFORMATION

Proposed Construction Type: **NEW**
 Proposed Construction Use: **SFD-A**
 Survey/Site Plan on File: **Yes**

Heated Living Space:	0	Cost of Construction:	\$4,000
Non Living Space:	128	Number of Stories:	1
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	Piling	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	27637	Septic Date:	3/13/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	9.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit to Add on to existing decking.

Permit Fee	\$150
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$150

Applicant Signature: RICHARD & NADINE SHAFTON
 Inspector Signature: WAYLAND JENNETTE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005929

3/14/2018

Parcel Number: **011616042**
 PIN Number: 065817024148
 Location: 25210 WIMBLE SHORES NORTH WAVES, NC
 Subdivision Name: WIMBLE SHORES NORTH
 Legal Description: LOT: 42 BLK: SEC:

Owner: PIERCE, ANNA MARIE
 Owner Address: 20 AIR PARK BLVD FREDERICKSBURG, VA22405
 Owner Phone: (703)725-9107

CONTRACTOR

Builder Name: OWNER/BUILDER
 Builder Address: SAME AS OWNER --, -- -----
 Builder Phone: --
 NC License #:

BUILDING INFORMATION

Proposed Construction Type: ADDITION
 Proposed Construction Use: DECK
 Survey/Site Plan on File: Yes

Heated Living Space:	0	Cost of Construction:	\$4,800
Non Living Space:	426	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	Piling	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	26674	Septic Date:	3/28/2017
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT FOR DECK ADDITION. AS BUILT SURVEY REQUIRED BEFORE FINAL INSPECTION.

Permit Fee	\$170
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$170

Applicant Signature: Anna Pierce 3-16-18 ANNA PIERCE

Inspector Signature: John Contestable 3-14-18 JOHN CONTESTABLE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005930

3/14/2018

Parcel Number: **015221000**
 PIN Number: 050511658785
 Location: 53236 ROBIN LN FRISCO, NC
 Subdivision Name: HIGH TOR SANDS
 Legal Description: LOT: 13 BLK: SEC:

Owner: HALL, STEPHEN R
 Owner Address: 9 ELLISON LN POQUOSON, VA23662
 Owner Phone: (757)869-9764

CONTRACTOR

Builder Name: EMANUELSON & DAD
 Builder Address: PO BOX 448 NAGS HEAD, NC 27959
 Builder Phone: (252)261-2212
 NC License #:

BUILDING INFORMATION

Proposed Construction Type: OTHER
 Proposed Construction Use: SFD
 Survey/Site Plan on File: No

Heated Living Space:	0	Cost of Construction:	\$12,400
Non Living Space:	0	Number of Stories:	1
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	Piling	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	Piling
Type of Flooring:	N\A	Roof Type:	Gable
Septic Permit#:	27642	Septic Date:	3/14/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	9.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit to sister 6 Pilings and Replace 4.

Permit Fee	\$150
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$150

Applicant Signature:  STEPHEN HALL

Inspector Signature:  WAYLAND JENNETTE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005938

3/19/2018

Parcel Number: **014654000**
 PIN Number: 064017006234
 Location: 40333 MCMULLEN RD AVON, NC
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: 1 BLK: SEC:

Owner: KIBBE, JEFFREY G
 Owner Address: P. O. BOX 376 AVON, NC 27915
 Owner Phone: (802)591-3810

CONTRACTOR

Builder Name: OWNER/BUILDER
 Builder Address: SAME AS OWNER --, -- -----
 Builder Phone: --
 NC License #:

BUILDING INFORMATION

Proposed Construction Type:	REPLACE		
Proposed Construction Use:	SFD		
Survey/Site Plan on File:	Yes		
Heated Living Space:	1240	Cost of Construction:	\$55,000
Non Living Space:	264	Number of Stories:	1
Number of habitable rooms:	6	Number of Bedrooms:	2
Number of Full Bathrooms:	2	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	None	Footing Type:	N/A
Type of Flooring:	Hardwood	Roof Type:	Gable
Septic Permit#:	27648	Septic Date:	3/15/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	2.5	Flood Zone:	VE
		Base Flood Elevation:	9.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT FOR NEW S.F.D. REPLACES HOUSE THAT WAS DEMOLISHED.

Permit Fee	\$1,036
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,211

Applicant Signature: *Jeffrey Kibbe* 3-19-18 JEFFREY KIBBE

Inspector Signature: *John Contestable* 3-18-19 JOHN CONTESTABLE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005939

3/19/2018

Parcel Number: **014822019**
 PIN Number: 054906297212
 Location: 41057 OCEAN VIEW DR AVON, NC
 Subdivision Name: KINNAKEET SHORES PHASE 5
 Legal Description: LOT: 19 BLK: SEC: 5

Owner: METZGER, DENNIS R
 Owner Address: 13607 STRAW BALE LN GAITHERSBURG, MD20878
 Owner Phone: 703-919-7453

CONTRACTOR

Builder Name: KENRICK ALBAUGH INC
 Builder Address: PO BOX 90 AVON, NC 27915
 Builder Phone: (252)305-1569
 NC License #: GENERAL CONTR, BI

BUILDING INFORMATION

Proposed Construction Type: REMODEL
 Proposed Construction Use: DECK
 Survey/Site Plan on File: Yes

Heated Living Space:	0	Cost of Construction:	\$8,000
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	N/A	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	27650	Septic Date:	3/15/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO REBUILD EXISTING STAIRS.

Permit Fee	\$150
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$150

Applicant Signature:

RICK ALBAUGH

Inspector Signature:

JOHN CONTESTABLE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005942

3/20/2018

Parcel Number: **015790000**
 PIN Number: 958411675424
 Location: 58212 EMPIRE GEM LN HATTERAS, NC
 Subdivision Name: G H BALLANCE
 Legal Description: LOT: 4 BLK: SEC:

Owner: FRY, DAVID E TRUSTEE
 Owner Address: 7625 E SILVER DOLLAR LN ANAHEIM, CA92808
 Owner Phone: (714)448-6533

CONTRACTOR

Builder Name: MEEKINS CONSTRUCTION INC
 Builder Address: P O BOX 369 HATTERAS, NC 27943
 Builder Phone: 996-0910
 NC License #: GENERAL CONTR, BL

BUILDING INFORMATION

Proposed Construction Type:	REPLACE		
Proposed Construction Use:	DECK		
Survey/Site Plan on File:	No		
Heated Living Space:	0	Cost of Construction:	\$25,000
Non Living Space:	690	Number of Stories:	2
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	Piling	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	Piling
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	27657	Septic Date:	3/20/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	3	Flood Zone:	AE
		Base Flood Elevation:	7.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit to Replace Deck in existing footprint.

Permit Fee	\$276
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$276

Applicant Signature:  _____ CONNIE FRY

Inspector Signature:  _____ WAYLAND JENNETTE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005945

3/22/2018

Parcel Number: **011484000**
 PIN Number: 064916923529
 Location: 23160 W CORBINA DR RODANTHE NC-
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: ROWLAND, CHRISTINE C TTEE
 Owner Address: 432 WOODARD'S FORD RD CHESAPEAKE VA 23322
 Owner Phone: 757-472-3466

CONTRACTOR

Builder Name: BELVIN BUILT
 Builder Address: 2006 SMITHFIELD ST KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)491-2766
 NC License #: GENERAL CONTR, BL

BUILDING INFORMATION

Proposed Construction Type: OTHER
 Proposed Construction Use: SFD
 Survey/Site Plan on File: No

Heated Living Space:	0	Cost of Construction:	\$45,000
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	N/A	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	Combination	Roof Type:	N/A
Septic Permit#:	0	Septic Date:	3/22/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO REPAIR WATER DAMAGE. NO ADDITIONS.

Permit Fee	\$150
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$160

Applicant Signature: _____ BELVIN BUILT

Inspector Signature: John Contestable 3-22-18 JOHN CONTESTABLE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005946

3/22/2018

Parcel Number: **015776000**
 PIN Number: 958407687614
 Location: 57323 EAGLE PASS RD HATTERAS, NC
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: MERHOUT, STEPHEN C
 Owner Address: 3126 COURTLAND RD SOUTH PRINCE GEORGE, VA23805
 Owner Phone: (804)720-2937

CONTRACTOR

Builder Name: BAYSHORE CONSTRUCTION
 Builder Address: PO BOX 272 FRISCO, NC 27936
 Builder Phone: (252)995-5290
 NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

Heated Living Space:	1260	Cost of Construction:	\$240,000
Non Living Space:	630	Number of Stories:	1
Number of habitable rooms:	5	Number of Bedrooms:	3
Number of Full Bathrooms:	2	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Wood Shingles
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N\A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	27580	Septic Date:	2/23/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	2.1	Flood Zone:	AE
		Base Flood Elevation:	7.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit for New Single Family Dwelling. B.F.E. plus 1ft of freeboard to the bottom of the floor joist. All wood under Base Flood Elevation to be treated. Under construction elevation certificate required at sheathing.

Permit Fee	\$1,197
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,382

Applicant Signature:  STEPHEN MERHOUT

Inspector Signature:  WAYLAND JENNETTE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005951

3/27/2018

Parcel Number: **014200000**
PIN Number: 051614431256
Location: 51007 CEMETERY ST FRISCO, NC
Subdivision Name: PAMLICO SOUND SHORE
Legal Description: LOT: 11 BLK: C SEC:

Owner: STONE, JAMES MICHAEL JR
Owner Address: 6000 RIVER RD PETERSBURG, VA23803
Owner Phone: (804)296-4338

CONTRACTOR

Builder Name: OWNER/BUILDER
Builder Address: SAME AS OWNER --, -- -----
Builder Phone: --
NC License #: --

BUILDING INFORMATION

Proposed Construction Type: NEW
Proposed Construction Use: DECK
Survey/Site Plan on File: Yes


Heated Living Space:	0	Cost of Construction:	\$11,600
Non Living Space:	550	Number of Stories:	1
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	Piling	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	Piling
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	27543	Septic Date:	2/13/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	8.0


Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit to build a new deck not exceeding 550sqft.

Permit Fee	\$220
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$220

Applicant Signature:  BUDDY HESS

Inspector Signature:  WAYLAND JENNETTE



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MOBILE HOME BUILDING PERMIT

BUILDING PERMIT#: 3000390

Permit Date: 3/6/2018

Parcel Number: 016929002 PIN Number: 053719509657
Location: 47191 ROCKY ROLLINSON RD BUXTON, NC
Subdivision Name: SUBDIVISION - NONE LOT: BLK: SEC:
Mobile Home Park:

OWNER INFORMATION

Owner: DORIS, DOUGLAS EDWARD
Owner Address: P O BOX 827 BUXTON, NC27920
Owner Phone: (000)000-0000

MOBILE HOME MOVER

Mover Name: HANK RUTER
Mover Address: 51065 CEMETARY LN FRISCO, NC 27936
Mover Phone: 995-4263
License #: 0

MOBILE HOME INSTALLER

Installer Name: OWNER
Mover Address: 000000 AAAAA, NC 00000
Mover Phone: (252)000-0000>
License #: 0000

DETAILS

Make:	Oakwood	Estimated Cost:	\$4000
Model:	0	Living Space:	1120
Year:	1993	Non-living Space:	0
Serial#:	HONC38014CK3303801	Ft Wide:	14
HUD#:	0	Ft Long:	80
Hurricane Built:	3	Plot Plan:	No
Septic Permit#:	27604	Septic Date:	3/2/2018
CAMA Permit#:	No	Water Tap#:	
Lot Elevation:	3.8	Flood Zone:	AE
Foundation:	Masonry	Base Flood Elevation:	10.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit to move mobile home from 41186 Nino Rd. in Avon to 47191 Rocky Rollinson in Buxton.

Permit Fee	\$200
Accessory Fee	0
Flood Application Fee	0

Total Fee \$200

Applicant Signature: *Ramiro Carmona de Fermin* RAMIRO CARMONA DE FERMIN

Inspector Signature: *Wayland Jennette* WAYLAND JENNETTE



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COMMERCIAL BUILDING PERMIT

BUILDING PERMIT#: 5000676

Permit Date: 3/16/2018

Parcel Number: 014822002
 PIN Number: 054913142562
 Location: 41934 NC 12 HWY AVON NC
 Subdivision Name:
 Legal Description: LOT: LOT 1 BLK: SEC:

Owner: OT ENTERPRISES, LLC
 Owner Address: 1004 WAKE FOREST RD RALEIGH NC 27604
 Owner Phone: N/A

CONTRACTOR

Builder Name: GIBBS BUILDING INC
 Builder Address: P O BOX 39 MANNS HARBOR, 27953
 Builder Phone: (252)473-2365
 NC License #: 52227 License Type: BU

Type of Occupancy: Business(/);

BUILDING INFORMATION

Heated SqFt:	0	Cost of Construction:	\$214174
Unheated SqFt:	0	Construction Type:	III-B
Number of Stories:	1	Sprinkler:	NA
Project Type:	Remodel	Grnd Elev:	0
Health Permit:	0	Proposed Finished Flr Elev:	0
Water:	Private	Flood Zone:	AE
Bldg Height (ft):	0	Base Flood Elevation:	0
Mixed Occupancy:	NO		

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO REMODEL EXISTING SPACE INTO DONUT SHOP.

Permit Fee	\$2142
Flood Application Fee	0

Total Fee \$2142

Applicant Signature: *Colin J. [Signature]*
 GIBBS BUILDING INC

Inspector Signature: *John Contestable 3-16-18*
 JOHN CONTESTABLE

*for office use only -- Payer: ; Tender/Chk Number: ; Amount Paid: 0; Fee: 2141.74; Receipt#: ; Deposit Date: ; TypCode:



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005918

3/6/2018

Parcel Number: **014564021**
 PIN Number: 064014229769
 Location: 40328 OCEAN ISLE LOOP AVON NC
 Subdivision Name: OCEAN ISLE ESTATES
 Legal Description: LOT: 21 BLK: SEC:

Owner: ZAKI, JUAN S
 Owner Address: 1259 BALGREY ESTS JAMESVILLE NC 27846
 Owner Phone: 252-799-6655

CONTRACTOR

Builder Name: ATLANTIC ELEVATORS
 Builder Address: 301 W FRESH POND KILL DEVIL HILLS, NC 27948
 Builder Phone: 305-6633
 NC License #: ELEC, NA

BUILDING INFORMATION

Proposed Construction Type:	ADDITION		
Proposed Construction Use:	ACCESSORY		
Survey/Site Plan on File:	N/A		
Heated Living Space:	0	Cost of Construction:	\$23,350
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	N/A	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	0	Septic Date:	3/6/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	N/A
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO INSTALL ELEVATOR IN EXISTING HOISTWAY.

Permit Fee	\$150
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$150

Applicant Signature: *Juan S. Zaki* ATLANTIC ELEVATORS

Inspector Signature: *John Contestable* 3-6-18 JOHN CONTESTABLE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005932

3/15/2018

Parcel Number: **014822043**
 PIN Number: 054910275405
 Location: 41389 OCEAN VIEW DR AVON NC
 Subdivision Name: KINNAKEET SHORES PHASE 4
 Legal Description: LOT: 6 BLK: SEC: 4

Owner: THE KINNAKEETER LLC
 Owner Address: 309 BENTHALL RD HAMPTON VA 23664
 Owner Phone: 757-870-6485

CONTRACTOR

Builder Name: COLSON CONSTRUCTION CO INC
 Builder Address: 1305 CAMPGROUND RD ELIZABETH CITY, NC 27909
 Builder Phone: (252)771-2764
 NC License #: GENERAL CONTR, BU

BUILDING INFORMATION

Proposed Construction Type:	OTHER	Cost of Construction:	\$6,000
Proposed Construction Use:	ACCESSORY	Number of Stories:	0
Survey/Site Plan on File:	N/A	Number of Bedrooms:	0
Heated Living Space:	0	Number of Half Bathrooms:	0
Non Living Space:	0	Exterior Siding:	N/A
Number of habitable rooms:	0	Interior Walls:	N/A
Number of Full Bathrooms:	0	Footing Type:	N/A
Type of Heat:	N/A	Roof Type:	N/A
Foundation Type:	N/A	Septic Date:	3/15/2018
Fireplace:	N/A	Water Tap#:	
Type of Flooring:	N/A	Flood Zone:	N/A
Septic Permit#:	0	Base Flood Elevation:	0
CAMA Permit #:			
Lot Elevation:	0		

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO REBUILD POOL FENCE.

Permit Fee	\$150
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$150

Applicant Signature: Cammie Daniels CAMMIE DANIELS 3/15/18
 Inspector Signature: John Contestable 3-15-18 JOHN CONTESTABLE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005949

3/23/2018

Parcel Number: **014848000**
 PIN Number: 054917114445
 Location: 42061 BARTLIK LN AVON, NC
 Subdivision Name: ASKINS CREEK SEC 1 & 2
 Legal Description: LOT: 17 BLK: SEC: 1

Owner: MOONEY, JOHN J III
 Owner Address: 106 EICHELBERGER ST HANOVER, PA17331
 Owner Phone: 717-476-8852

CONTRACTOR

Builder Name: LES WEAVER DEVELOPMENT
 Builder Address: PO BOX 528 AVON, NC 27915
 Builder Phone: (252)995-6880
 NC License #: GENERAL CONTR, BU

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: ACCESSORY
 Survey/Site Plan on File: N/A

Heated Living Space:	0	Cost of Construction:	\$60,000
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	N/A	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	27641	Septic Date:	3/14/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	N/A
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT FOR NEW POOL. AS BUILT SURVEY REQUIRED BEFORE FINAL INSPECTION.

Permit Fee	\$0
Accessory Fee	300
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$300

Applicant Signature: *[Signature]* LES WEAVER

Inspector Signature: *[Signature]* 3-23-18 JOHN CONTESTABLE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002168

Permit Date: 3/9/2018

Parcel Number: **011580000**
 PIN Number: 065813130289
 Location: 25233 MAC OCA DR WAVES
 Subdivision Name: MAC-OCA REEF
 Legal Description: LOT: 19 BLK: SEC:

Owner: KNIGHT, TIMOTHY S
 Owner Address: 10104 MCKINNEY CT SPOTSYLVANIA, VA 22551
 Owner Phone: ()-

CONTRACTOR

Contractor Name: A OWNER
 Contractor Address: SAME AS OWNER, --, --, -----
 Contractor Phone: --
 NC License #: 00000E

DETAILS

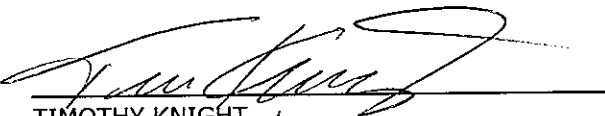
Amp Increase: 0
 Service Amps: 200
 Cost of Electrical Job: \$200
 Electrical Permit Fee: \$150

Comments:

NC LIC ELEC: THE WORKS/L BARNES

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: 
 TIMOTHY KNIGHT
 Inspector Signature: JC/LA 3/9/18
 JOHN CONTESTABLE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002170

Permit Date: 3/13/2018

Parcel Number: **027104001**
 PIN Number: 065605093617
 Location: 27101 OCEAN ST SALVO
 Subdivision Name: OLD KOHLER LANDING
 Legal Description: LOT: 1 BLK: SEC:

Owner: ZIMMERMANN, ALBERT V III
 Owner Address: 1028 OLDFIELD DR SOUTH BOSTON, VA 24592
 Owner Phone: ()-

CONTRACTOR

Contractor Name: NC ALTERNATIVE ENERGY
 Contractor Address: POB 127, RODANTHE, NC, 27968
 Contractor Phone: (252)987-3700
 NC License #: I-26975

DETAILS

Amp Increase: 0
 Service Amps: 400
 Cost of Electrical Job: \$1200
 Electrical Permit Fee: \$150

Comments:

200 TO 400 SERVICE AMPS

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: *[Signature]* 3-13-18
 NC ALTERNATIVE ENERGY

Inspector Signature: *JC/LA* 3/13/18
 JOHN CONTESTABLE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002173

Permit Date: 3/14/2018

Parcel Number: **016894002**
PIN Number: 053718318122
Location: 47674 NC 12 HWY BUXTON
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: DILLON, CAROL W
Owner Address: BOX 428 BUXTON, NC 27920
Owner Phone: (-)

CONTRACTOR

Contractor Name: HATTERAS ELECTRIC
Contractor Address: PO BOX 161, BUXTON, NC, 27920
Contractor Phone: 216-8517
NC License #: 19768-L

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$1500

Electrical Permit Fee: \$150


Comments:

SERVICE CHANGE/ CHEC DISCON-RECON


The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

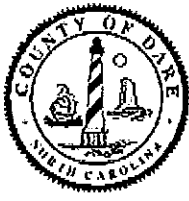
Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:


HATTERAS ELECTRIC

Inspector Signature:


WAYLAND JENNETTE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002175

Permit Date: 3/14/2018

Parcel Number: **014822004**
PIN Number: 054906286102
Location: 41265 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 5
Legal Description: LOT: 4 BLK: SEC: 5

Owner: RICCI, ROBERT T
Owner Address: 10 ROBB ST MC DONALD, PAA 15057
Owner Phone: ()-

CONTRACTOR

Contractor Name: MEEKINS ELECTRIC
Contractor Address: POB 264, HATTERAS, NC, 27943
Contractor Phone: (252) 986-2358
NC License #: 15935

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$800
Electrical Permit Fee: \$150

Comments:

SERVICE REPAIR (NOR'EASTER 'RILEY' 3-4-18)

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Richard Meekins
MEEKINS ELECTRIC

Inspector Signature: _____

JC/LA 3/14/18
JOHN CONTESTABLE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002177

Permit Date: 3/15/2018

Parcel Number: **004791013**
PIN Number: 958408874954
Location: 57433 LIGHTHOUSE RD HATTERAS
Subdivision Name: HATTERAS BY THE SEA
Legal Description: LOT: 13 BLK: SEC:

Owner: COX, RONALD A
Owner Address: 1685 MELLICK RIDGE RD MANAKIN SABOT, VA 23013
Owner Phone: ()-

CONTRACTOR

Contractor Name: HATTERAS ELECTRIC
Contractor Address: PO BOX 161, BUXTON, NC, 27920
Contractor Phone: 216-8517
NC License #: 19768-L

DETAILS

Amp Increase: 0
Service Amps: 400
Cost of Electrical Job: \$1500
Electrical Permit Fee: \$150


Comments:

Change Disconnects & 400Amp Meter

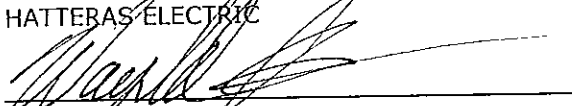
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:


HATTERAS ELECTRIC

Inspector Signature:


WAYLAND JENETTE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002179

Permit Date: 3/19/2018

Parcel Number: **023708000**
 PIN Number: 053607791686
 Location: 46948 NC 12 HWY BUXTON
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: DIXON, BERTIE III
 Owner Address: P O BOX 215 FRISCO, NC 27936
 Owner Phone: (-)

CONTRACTOR

Contractor Name: A OWNER
 Contractor Address: SAME AS OWNER, --, --, -----
 Contractor Phone: --
 NC License #: 00000E

DETAILS

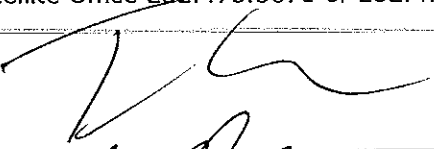
Amp Increase: 0
 Service Amps: 400
 Cost of Electrical Job: \$3000
 Electrical Permit Fee: \$150

Comments:

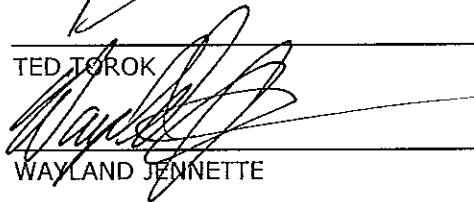
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The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: 

 TED TOROK

Inspector Signature: 

 WAYLAND JENNETTE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002188

Permit Date: 3/23/2018

Parcel Number: **014186000**
 PIN Number: 051614337648
 Location: 51191 CENTRAL DR FRISCO
 Subdivision Name: PAMLICO SOUND SHORE
 Legal Description: LOT: 14 BLK: B SEC:

Owner: COLLINS, VICKI
 Owner Address: PO BOX 88 FRISCO, NC 27936
 Owner Phone: ()-

CONTRACTOR

Contractor Name: MEEKINS ELECTRIC
 Contractor Address: POB 264, HATTERAS, NC, 27943
 Contractor Phone: (252) 986-2358
 NC License #: 15935

DETAILS

Amp Increase: 0
 Service Amps: 200
 Cost of Electrical Job: \$500
 Electrical Permit Fee: \$150

Comments:

TRI PLEX AT STREET; METER BASE REPLACE, CHECH DISCON/RECON

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: *Richi Meekin*
 MEEKINS ELECTRIC

Inspector Signature: *WJ/LA 3/23/18*
 WAYLAND JENNETTE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002191

Permit Date: 3/27/2018

Parcel Number: **023703000**
PIN Number: 050508896865
Location: 0 BAYOU RD FRISCO
Subdivision Name: FRISCO-CLUB
Legal Description: LOT: FRISCO CLUB SUB BLK: SEC:

Owner: FRISCO WOODS CAMPGROUND, LLC
Owner Address: ATTN: VICTOR KENNETH LEWIS WILLOW SPRING, NC 27592
Owner Phone: ()-

CONTRACTOR

Contractor Name: A OWNER
Contractor Address: SAME AS OWNER, --, --, -----
Contractor Phone: --
NC License #: 00000E

DETAILS

Amp Increase: 200
Service Amps: 400
Cost of Electrical Job: \$2000
Electrical Permit Fee: \$150

Comments:

Upgrading a 200 amp service to 400 amp

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: Ward Barnett
WARD BARNETT

Inspector Signature: Wayland Jenette
WAYLAND JENETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004069

Permit Date: 3/6/2018

Parcel Number: **016011002**
PIN Number: 959518303052
Location: 56651 NC 12 HWY HATTERAS
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: 2 BLK: SEC:

Owner: SMITH, CHRISTOPHER M
Owner Address: 740 SCHUYLKILL RD BIRDSBORO, PA 19508
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6500
Mechanical Permit Fee: \$150

Comments:

--

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

King King 3/6/18

C-BREEZE HEATING & AIR

Inspector Signature:

WJ / CJ 3/2/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004070

Permit Date: 3/6/2018

Parcel Number: **016066007**
PIN Number: 959405195204
Location: 57220 SUMMERPLACE DR HATTERAS
Subdivision Name: SUMMERPLACE
Legal Description: LOT: 7 BLK: SEC:

Owner: REDGRAVE, JONATHAN M
Owner Address: 23429 ROUNDUP PL ALDIE, VA 20105
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5800
Mechanical Permit Fee: \$150

Comments:

--

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

King/King 3/6/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LJ 3/6/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004071

Permit Date: 3/6/2018

Parcel Number: **004791016**
PIN Number: 958408872931
Location: 57469 LIGHTHOUSE RD HATTERAS
Subdivision Name: HATTERAS BY THE SEA
Legal Description: LOT: 16 BLK: SEC:

Owner: FRAELICH, TIMOTHY P
Owner Address: 1087 CENTER ST W WARREN, OH 44481
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$9730

Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:

King King 3/6/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LJ 3/6/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004072

Permit Date: 3/6/2018

Parcel Number: **014822138**
PIN Number: 053916948642
Location: 41170 PORTSIDE DR AVON
Subdivision Name: KINNAKEET SHORES - PH 17
Legal Description: LOT: 1706 (& STRIP) BLK: SEC:

Owner: NETHERWOOD, DOUGLAS B
Owner Address: 39730 COVEY CT HAMILTON, VA 20158
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 4
Number of Registers: 0
Cost of Mechanical Job: \$24800

Mechanical Permit Fee: \$200

Comments:

--

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Applicant Signature:

King King 3/6/18
C-BREEZE HEATING & AIR

Inspector Signature:

JL/CT 3/6/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004073

Permit Date: 3/6/2018

Parcel Number: **014031000**
PIN Number: 064010470262
Location: 39011 JOLLIE RD AVON
Subdivision Name: OCEANFRONT ENTERPRISES SEC 2
Legal Description: LOT: 9 BLK: SEC: 2

Owner: DOLINA, THOMAS J
Owner Address: 218 OAKDALE RD BALTIMORE, MD 21210
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3450

Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:

King King 3/6/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/LT 3/6/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004074

Permit Date: 3/6/2018

Parcel Number: **013510000**
PIN Number: 064014333957
Location: 40290 S BEACHCOMBER DR AVON
Subdivision Name: HATTERAS COLONY SEC 1
Legal Description: LOT: 123 BLK: SEC: 1

Owner: DARRAGH, JOSEPH M
Owner Address: 27 SHEPHERD ST RALEIGH, NCÂ 27607
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5800

Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:

King / King 3/6/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/LY 3/6/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004075

Permit Date: 3/6/2018

Parcel Number: **011893000**
PIN Number: 051611770449
Location: 50205 SNUG HARBOR DR FRISCO
Subdivision Name: BRIGANDS BAY
Legal Description: LOT: 366 & 367 BLK: SEC:

Owner: DETWILER, PAUL I III
Owner Address: 5029 PENNKNOLE DR EVERETT, PA 15537
Owner Phone: (-)

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6200
Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:

Kay / King 3/6/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ / LJ 3/6/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004076

Permit Date: 3/6/2018

Parcel Number: **029570000**
PIN Number: 054913138639
Location: 42061 GREENWOOD PL AVON
Subdivision Name: KINNAKEET SHORES PHASE 1
Legal Description: LOT: 64 BLK: SEC:

Owner: BRADY, CHARLES J III
Owner Address: 3123 HARVESTTIME CRES CHESAPEAKE, VA 23321
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3200
Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:

C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LJ 3/6/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004077

Permit Date: 3/8/2018

Parcel Number: **013457000**
PIN Number: 064014344064
Location: 40231 FITZWATER CT AVON
Subdivision Name: HATTERAS COLONY SEC 1
Legal Description: LOT: 68 BLK: SEC: 1

Owner: DALY, CAROL V TRUSTEE
Owner Address: 802 MORTON AVE ELMER, NJÂ 08318
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6000
Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:


VILLAGE AIR

Inspector Signature:


JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004078

Permit Date: 3/8/2018

Parcel Number: **023775060**
PIN Number: 053605175785
Location: 47122 MIDDLE RIDGE TRL BUXTON
Subdivision Name: HATTERAS PINES
Legal Description: LOT: 60 BLK: SEC:

Owner: MIDGETT, RUSSELL D
Owner Address: P O BOX 1073 BUXTON, NC 27920
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6200

Mechanical Permit Fee: \$150

Comments:

--


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Applicant Signature:


VILLAGE AIR

Inspector Signature:


WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004079

Permit Date: 3/8/2018

Parcel Number: **023739000**
PIN Number: 053720808197
Location: 46577 NC 12 HWY BUXTON
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: DILLON, CAROL W
Owner Address: BOX 428 BUXTON, NC 27920
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$9000

Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:


VILLAGE AIR

Inspector Signature:


WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004080

Permit Date: 3/8/2018

Parcel Number: **012471002**
PIN Number: 064920919800
Location: 23189 PAPPY LN RODANTHE
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: 1A BLK: SEC:

Owner: PAPPY LANE, LLC
Owner Address: 1719 MASON LN CHARLOTTESVILLE, VA 22903
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6400
Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:


VILLAGE AIR

Inspector Signature:


JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004081

Permit Date: 3/8/2018

Parcel Number: **012741001**
PIN Number: 065809167329
Location: 24260 ATLANTIC DR RODANTHE
Subdivision Name: PAMLICO BEACHES SEC G
Legal Description: LOT: 25 BLK: SEC: G

Owner: EL-BADRY, MORRY
Owner Address: 7 SPRUCE POINT RD KITTEERY, MEÂ 03904
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$5600

Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:


VILLAGE AIR

Inspector Signature:


JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004082

Permit Date: 3/8/2018

Parcel Number: **012821066**
PIN Number: 064712955755
Location: 26131 OTTER WAY SALVO
Subdivision Name: WIND OVER WAVES - PH 2
Legal Description: LOT: 29 BLK: SEC:

Owner: KELLEY, JAMES A
Owner Address: 401 BUCKHORN DR BELVIDERE, NJÂ 07823
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$9900
Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:


VILLAGE AIR

Inspector Signature:


JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004083

Permit Date: 3/8/2018

Parcel Number: **014277018**
PIN Number: 065817112174
Location: 25221 LA WAVES DR WAVES
Subdivision Name: LA WAVES SUBDIVISION
Legal Description: LOT: 11 BLK: SEC: 2

Owner: MADONNA, ANTHONY P JR
Owner Address: 808 MONACO DR WARRINGTON, PA 18976
Owner Phone: (-)

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$12000

Mechanical Permit Fee: \$150

Comments:

--

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Applicant Signature:


VILLAGE AIR

Inspector Signature:

JC/LA 3/8/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004084

Permit Date: 3/8/2018

Parcel Number: **012819008**
PIN Number: 065709171211
Location: 26014 COLONY DR SALVO
Subdivision Name: OCEAN BREAKERS SUB.
Legal Description: LOT: 1B-2 BLK: SEC:

Owner: TIDWELL, ROBERT J
Owner Address: 1493 TRADING POINT LN VIRGINIA BEACH, VA 23452
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6000

Mechanical Permit Fee: \$150

Comments:

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Applicant Signature:


VILLAGE AIR

Inspector Signature:


JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004085

Permit Date: 3/8/2018

Parcel Number: **013069000**
PIN Number: 065713043067
Location: 26209 JOLLY ROGER RD SALVO
Subdivision Name: HATTERAS COLONY SEC B
Legal Description: LOT: 29 BLK: SEC: B

Owner: KARMILOVICH, JAMES THOMAS
Owner Address: 461 STOKES RD SHAMONG, NJÂ 08088
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5800

Mechanical Permit Fee: \$150

Comments:

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Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:


VILLAGE AIR

Inspector Signature:


JOHN CONTESTABLE



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 Manteo NC 27954

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 Frisco
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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004086

Permit Date: 3/8/2018

Parcel Number: **014333525**
 PIN Number: 065705195508
 Location: 25288 SEA ISLE HILLS DR WAVES
 Subdivision Name: SEA ISLE HILLS SEC 5
 Legal Description: LOT: 25 BLK: SEC: 5

Owner: WESTERMAN, MICHAEL G
 Owner Address: PO BOX 364 MARSHALL, VA 20116
 Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
 Contractor Address: PO BOX 421, RODANTHE, NC, 27968
 Contractor Phone: (252)305-6149
 NC License #: 31489

DETAILS


Number of Heating Units: 1
 Number of Registers: 0
 Cost of Mechanical Job: \$5500
 Mechanical Permit Fee: \$150

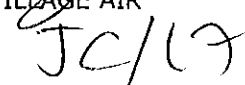
Comments:

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Applicant Signature: 
 VILLAGE AIR

Inspector Signature:  3/8/18
 JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004087

Permit Date: 3/8/2018

Parcel Number: **012496000**
PIN Number: 065917019448
Location: 23224 EAST POINT DR RODANTHE
Subdivision Name: EAST POINT REEF
Legal Description: LOT: 6 BLK: SEC:

Owner: STRANSKY, BRIAN M
Owner Address: 6128 CHARLEYCOLE DR RALEIGH, NC 27614
Owner Phone: (-)

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5500

Mechanical Permit Fee: \$150

Comments:

--

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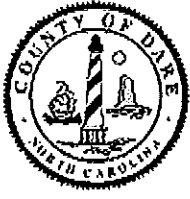
Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:


VILLAGE AIR

Inspector Signature:


JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004090

Permit Date: 3/9/2018

Parcel Number: **014822117**
PIN Number: 054909156805
Location: 41181 LAKESIDE DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 15
Legal Description: LOT: BLDG AREA 10 BLK: SEC: PH 15

Owner: TRAUGER, TIMOTHY N
Owner Address: 11406 BRANT HOLLOW CT CHESTERFIELD, VA 23838
Owner Phone: (-)

CONTRACTOR

Contractor Name: PAMLICO AIR INC
Contractor Address: PO BOX 579, BUXTON, NC, 27920
Contractor Phone: (252)995-6267
NC License #: 15259

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5800
Mechanical Permit Fee: \$150

Comments:

1 INDOOR & OUTDOOR SYSTEM

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

PAMLICO AIR INC

Inspector Signature:

JOHN CONTESTABLE

John Contestable - 03/9/18



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004091

Permit Date: 3/9/2018

Parcel Number: **015132018**
PIN Number: 050514341302
Location: 54180 OSPREY WAY FRISCO
Subdivision Name: SURF & SOUND PHASE 2
Legal Description: LOT: 18 BLK: SEC: 2

Owner: SEITZ, ROBERT C
Owner Address: PO BOX 323 FRISCO, NCÂ 27936
Owner Phone: ()-

CONTRACTOR

Contractor Name: PAMLICO AIR INC
Contractor Address: PO BOX 579, BUXTON, NC, 27920
Contractor Phone: (252)995-6267
NC License #: 15259

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$6200

Mechanical Permit Fee: \$150

Comments:

2 OUTDOOR UNITS

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

PAMLICO AIR INC

Inspector Signature:

WJ/LJ 3/9/18
WAYLAND JENNETTE

Jon Juw 3/9/18



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004092

Permit Date: 3/9/2018

Parcel Number: **011580000**
PIN Number: 065813130289
Location: 25233 MAC OCA DR WAVES
Subdivision Name: MAC-OCA REEF
Legal Description: LOT: 19 BLK: SEC:

Owner: KNIGHT, TIMOTHY S
Owner Address: 10104 MCKINNEY CT SPOTSYLVANIA, VA 22551
Owner Phone: (-)

CONTRACTOR

Contractor Name: A OWNER
Contractor Address: SAME AS OWNER, --, --, -----
Contractor Phone: --
NC License #: 00000M

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$9000
Mechanical Permit Fee: \$150

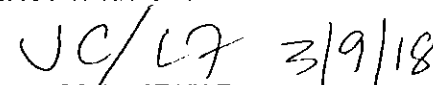
Comments:

NC LIC ELEC: THE WORKS/L BARNES

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Applicant Signature: 
TIMOTHY KNIGHT

Inspector Signature: 
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004094

Permit Date: 3/12/2018

Parcel Number: **027890013**
PIN Number: 959405092109
Location: 57222 ATLANTIC VIEW DR HATTERAS
Subdivision Name: ATLANTIC VIEW ESTATES
Legal Description: LOT: 7 BLK: SEC: 2

Owner: STRYCKER, GEORGE W
Owner Address: 126 PADDOCK DR COLUMBUS, NJÂ 08022
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6100

Mechanical Permit Fee: \$150

Comments:

ELEC - SP PH 32045

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Applicant Signature:

Kenneth King 3/14/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LJ 3/12/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004095

Permit Date: 3/12/2018

Parcel Number: **027825000**
PIN Number: 054913137157
Location: 42133 GREENWOOD PL AVON
Subdivision Name: KINNAKEET SHORES PHASE 1
Legal Description: LOT: 71 BLK: SEC:

Owner: SURRATT, PRESLEY F
Owner Address: 1316 WORTHINGTON LN GREENVILLE, NC 27858
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5700

Mechanical Permit Fee: \$150

Comments:

ELEC SP PH 32045

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Applicant Signature:

Kerry Noy 3/14/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/LA 3/12/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004096

Permit Date: 3/12/2018

Parcel Number: **029593008**
PIN Number: 054913149278
Location: 41997 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 2
Legal Description: LOT: 8 BLK: SEC:

Owner: CONNER, JENNIFER ANN
Owner Address: 4416 WOOD VALLEY DR RALEIGH, NC 27613
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5800
Mechanical Permit Fee: \$150

Comments:

SP PH 32045

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Applicant Signature: *Kayley 3/14/18*
C-BREEZE HEATING & AIR

Inspector Signature: *JC/CF 3/12/18*
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004097

Permit Date: 3/12/2018

Parcel Number: **023841000**
PIN Number: 053608875638
Location: 46277 OLD LIGHTHOUSE RD BUXTON
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: LINTNER, JOHN E
Owner Address: 7925 ELLET RD SPRINGFIELD, VA 22151
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$10500

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Ken King 3/14/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/CA 3/12/18
WAYLAND/JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004098

Permit Date: 3/12/2018

Parcel Number: **017393000**
 PIN Number: 958411676033
 Location: 58226 GRAY EAGLE RD HATTERAS
 Subdivision Name: HATTERAS DUNES SEC 2&3
 Legal Description: LOT: 1 BLK: SEC: 2

Owner: OBX PROPERTIES - GBC, LLC
 Owner Address: 5376 MOUNTAIN TRL DOUGLASVILLE, GA 30135
 Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
 Contractor Address: PO BOX 801, AVON, NC, 27915
 Contractor Phone: (252)564-4031
 NC License #: U21494

DETAILS

Number of Heating Units: 2
 Number of Registers: 0
 Cost of Mechanical Job: \$114000
 Mechanical Permit Fee: \$150

Comments:

ELEC: 32045

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Applicant Signature:

Kungky 3/14/18
 C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LA 3/12/18
 WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004099

Permit Date: 3/12/2018

Parcel Number: **029715000**
PIN Number: 958411676247
Location: 58220 EMPIRE GEM LN HATTERAS
Subdivision Name: G H BALLANCE
Legal Description: LOT: 2 BLK: SEC:

Owner: BEASLEY, J LAMAR TRUSTEES
Owner Address: 2310 BALLYCAIRNE RESTON, VA 20191
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$9150

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Jennette Wayland 3/14/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LJ 3/12/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004102

Permit Date: 3/14/2018

Parcel Number: **023739000**
 PIN Number: 053720808197
 Location: 46577 NC 12 HWY BUXTON
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: DILLON, CAROL W
 Owner Address: BOX 428 BUXTON, NC 27920
 Owner Phone: (-)

CONTRACTOR

Contractor Name: VILLAGE AIR
 Contractor Address: PO BOX 421, RODANTHE, NC, 27968
 Contractor Phone: (252)305-6149
 NC License #: 31489

DETAILS

Number of Heating Units: 1
 Number of Registers: 0
 Cost of Mechanical Job: \$5750
 Mechanical Permit Fee: \$150

Comments:

1 inside an Outside unit

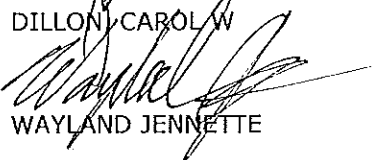
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Applicant Signature:


 DILLON, CAROL W

Inspector Signature:


 WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004106

Permit Date: 3/15/2018

Parcel Number: **016104000**
PIN Number: 959517204415
Location: 56179 QUEEN ST HATTERAS
Subdivision Name: HATTERAS ESTATES SEC 1
Legal Description: LOT: 33 BLK: SEC: 1

Owner: TRANT, ANDREW R
Owner Address: P. O. BOX 235 HATTERAS, NC 27943
Owner Phone: ()-

CONTRACTOR

Contractor Name: CALLAHAN HVAC AND REPAIR
Contractor Address: POB 53, HATTERAS, NC, 27943
Contractor Phone: (252)999-9999
NC License #: 17825

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$150

Mechanical Permit Fee: \$150

Comments:

ELEC: 15935-L

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:


CALLAHAN HVAC AND REPAIR

Inspector Signature:

WJ/LJ 3/15/18
WAYLAND/JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004108

Permit Date: 3/16/2018

Parcel Number: **016892000**
PIN Number: 053718315535
Location: 47716 NC 12 HWY BUXTON
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: STRICKLAND, DONALD B JR
Owner Address: 1702 ROSEWOOD DR GREENVILLE, NC 27858
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5000
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Henry Henry 3/20/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LA 3/16/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004109

Permit Date: 3/16/2018

Parcel Number: **015172012**
PIN Number: 050515544799
Location: 54011 TIDSEEDGE CT FRISCO
Subdivision Name: TIDSEEDGE
Legal Description: LOT: 12 BLK: SEC:

Owner: SHEA, KEVIN C
Owner Address: P O BOX 176 COLCHESTER, CTÂ 06415
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$8700

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Kevin Shea 3/20/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LJ 3/16/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004110

Permit Date: 3/16/2018

Parcel Number: **015307005**
PIN Number: 050511554487
Location: 54229 NC 12 HWY FRISCO
Subdivision Name: SHORESURF SEC 2
Legal Description: LOT: 5 BLK: SEC: 2

Owner: TRUITT, KIMBERLY JUNE
Owner Address: 508 WILD MINT LN ALLENTOWN, PA 18104
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$4500
Mechanical Permit Fee: \$150

Comments:

DUCT WORK; ELEC SP PH 329045

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Kim Trutt 3/20/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LJ 3/16/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004111

Permit Date: 3/16/2018

Parcel Number: **015845000**
PIN Number: 958408985515
Location: 57258 SEA SCAPE LN HATTERAS
Subdivision Name: HATTERAS COLONY SOUTH
Legal Description: LOT: 14 BLK: SEC: 1

Owner: SERAFIN, ROBERT P
Owner Address: 21 DUTCH HILL DR CARMEL, NY 10512
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$6100
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Key King 3/20/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LX 3/16/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004112

Permit Date: 3/16/2018

Parcel Number: **029594000**
PIN Number: 054913138747
Location: 42083 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 2
Legal Description: LOT: 1 BLK: SEC:

Owner: GODDEERIS, CYRIL J
Owner Address: 15 HEATHCLIFF RD RUMSON, NJÂ 07760
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6000

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Ky H... 3/20/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/CF 3/16/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004113

Permit Date: 3/16/2018

Parcel Number: **015132023**
PIN Number: 050514342756
Location: 54187 OSPREY WAY FRISCO
Subdivision Name: SURF & SOUND PHASE 2
Legal Description: LOT: 23 BLK: SEC: 2

Owner: MA MA HOO HOO, LLC
Owner Address: PO BOX 719 AVON, NC 27915
Owner Phone: (-)

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$6000

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: *Kay Hoo* 3/20/18
C-BREEZE HEATING & AIR
Inspector Signature: *WO/LJ* 3/16/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004114

Permit Date: 3/16/2018

Parcel Number: **025516003**
PIN Number: 959405084755
Location: 57017 LIGHTHOUSE CT HATTERAS
Subdivision Name: CAPTAIN'S BEACH
Legal Description: LOT: 3 BLK: SEC:

Owner: BUNKERS, TERESA
Owner Address: 9 FREMONT RD SUMMIT, NJA 07901
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6000
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: *[Handwritten Signature]* 3/20/18
C-BREEZE HEATING & AIR

Inspector Signature: *[Handwritten Signature]* 3/16/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004115

Permit Date: 3/16/2018

Parcel Number: **017376000**
PIN Number: 958411663944
Location: 58224 DUNES DR HATTERAS
Subdivision Name: HATTERAS DUNES
Legal Description: LOT: 17 BLK: SEC: 1

Owner: BURNS, EDWIN
Owner Address: 9824 SCENIC BLUFF DR AUSTIN, TX 78733
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3300
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

[Handwritten Signature] 3/20/18
C-BREEZE HEATING & AIR

Inspector Signature:

[Handwritten Signature] 3/16/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004116

Permit Date: 3/16/2018

Parcel Number: **014822720**
PIN Number: 054905178640
Location: 41121 CHANNEL CT AVON
Subdivision Name: KINNAKEET SHORES PH 7
Legal Description: LOT: 720 BLK: SEC: 7

Owner: PERDUE, BRUCE E
Owner Address: 652 CLIFTON DR BEAR, DEÂ 19701
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$12000
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Km H 3/20/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/LA 3/16/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004118

Permit Date: 3/16/2018

Parcel Number: **014692025**
PIN Number: 064017102350
Location: 40189 AVLONA DR AVON
Subdivision Name: AVON SHORES SEC 2
Legal Description: LOT: 25 BLK: SEC: 2

Owner: CALLAHAN, TERRI M
Owner Address: PO BOX 562 AVON, NC 27915
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5400

Mechanical Permit Fee: \$150

Comments:

ELEC: 26975-I (D RUNYON)

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

VILLAGE AIR

Inspector Signature:

JC/LJ 3/16/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004119

Permit Date: 3/16/2018

Parcel Number: **027367000**
PIN Number: 065813137062
Location: 25029 MAC OCA CT WAVES
Subdivision Name: MAC-OCA REEF
Legal Description: LOT: 4 BLK: SEC:

Owner: SELLERS, JAMES H
Owner Address: 1108 DITCHLEY RD VIRGINIA BEACH, VA 23451
Owner Phone: ()-

CONTRACTOR

Contractor Name: VILLAGE AIR
Contractor Address: PO BOX 421, RODANTHE, NC, 27968
Contractor Phone: (252)305-6149
NC License #: 31489

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6400

Mechanical Permit Fee: \$150

Comments:

ELEC: 26975-I (D RUNYON)

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

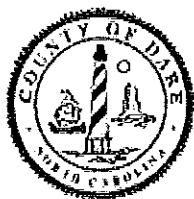
Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

VILLAGE AIR

Inspector Signature:

JC/LX 3/16/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004120

Permit Date: 3/19/2018

Parcel Number: **017068003**
 PIN Number: 05360649791703
 Location: 47361 NC 12 HWY BUXTON
 Subdivision Name: OSPREY SHOPPING CTR CONDO PH 1
 Legal Description: LOT: UT 3 & 4 BLK: SEC: 1

Owner: BUSBEY, SCOTT WINKLER
 Owner Address: P O BOX 333 BUXTON, NC 27920
 Owner Phone: ()-

CONTRACTOR

Contractor Name: CALLAHAN HVAC REPAIRS & SERV LLC
 Contractor Address: POB 53, HATTERAS, NC, 27943
 Contractor Phone: (252)999-9999
 NC License #: 17825

DETAILS

Number of Heating Units: 1
 Number of Registers: 0
 Cost of Mechanical Job: \$7000

Mechanical Permit Fee: \$150

Comments:

Replace 1 unit

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:


 CALLAHAN HVAC REPAIRS & SERV LLC

Inspector Signature:


 WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004125

Permit Date: 3/20/2018

Parcel Number: **017109000**
 PIN Number: 053718402803
 Location: 47571 NC 12 HWY BUXTON
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: PARCEL ONE BLK: SEC:

Owner: JARVIS, KATHLEEN D
 Owner Address: P O BOX 428 BUXTON, NC 27920
 Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
 Contractor Address: PO BOX 118, HATTERAS, NC, 27943
 Contractor Phone: (252)216-8068
 NC License #:

DETAILS

Number of Heating Units: 1
 Number of Registers: 5
 Cost of Mechanical Job: \$6200

Mechanical Permit Fee: \$150

Comments:

Unit G6- Install New 2-ton Split system Heat pump, New Ductwork & Thermostat.

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

Glennwood Cartwright
 CARTWRIGHT'S HEATING & AIR

Inspector Signature:

Wayland Jennette
 WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004126

Permit Date: 3/20/2018

Parcel Number: **017109000**
PIN Number: 053718402803
Location: 47571 NC 12 HWY BUXTON
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: PARCEL ONE BLK: SEC:

Owner: JARVIS, KATHLEEN D
Owner Address: P O BOX 428 BUXTON, NC 27920
Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: PO BOX 118, HATTERAS, NC, 27943
Contractor Phone: (252)216-8068
NC License #:

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$2500

Mechanical Permit Fee: \$150

Comments:

1 Outside Unit

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

Glenwood Cartwright
CARTWRIGHT'S HEATING & AIR

Inspector Signature:

Wayland Jennette
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004127

Permit Date: 3/20/2018

Parcel Number: **023739000**
 PIN Number: 053720808197
 Location: 46577 NC 12 HWY BUXTON
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: DILLON, CAROL W
 Owner Address: BOX 428 BUXTON, NCÂ 27920
 Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
 Contractor Address: PO BOX 118, HATTERAS, NC, 27943
 Contractor Phone: (252)216-8068
 NC License #:

DETAILS

Number of Heating Units: 5
 Number of Registers: 0
 Cost of Mechanical Job: \$13050 Mechanical Permit Fee: \$250

Comments:

5 Units- Unit5A, Unit 103, Front Office, Unit 114 & Unit 107

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Applicant Signature:

Glenwood Cartwright
 CARTWRIGHT'S HEATING & AIR

Inspector Signature:

Wayland Jenette
 WAYLAND JENETTE 3.20.18



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004128

Permit Date: 3/20/2018

Parcel Number: **014822008**
PIN Number: 054906286462
Location: 41209 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 5
Legal Description: LOT: 8 BLK: SEC: 5

Owner: PETERSON, ROBERT S
Owner Address: 8211 ROCKBROOK CT FORT WAYNE, IN 46825
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$6350
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

Ken Han 3/23/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/CF 3/20/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004129

Permit Date: 3/20/2018

Parcel Number: **011798000**
PIN Number: 051608776992
Location: 50072 CAPTAINS CT FRISCO
Subdivision Name: BRIGANDS BAY
Legal Description: LOT: 218 & 219 BLK: SEC:

Owner: CONNER, CHESTER L
Owner Address: 2141 NC HWY 32 S PLYMOUTH, NC 27962
Owner Phone: (-)

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$11900
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: *[Handwritten Signature]* 3/23/18
C-BREEZE HEATING & AIR

Inspector Signature: *[Handwritten Signature]* 3/20/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004130

Permit Date: 3/20/2018

Parcel Number: **029593022**
PIN Number: 054909251352
Location: 41797 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 2
Legal Description: LOT: 22 BLK: SEC:

Owner: ALBERS, MICHAEL G
Owner Address: 1177 BALLANTRAE LN MC LEAN, VA 22101
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$6600

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045 ; RILEY STORM DAM

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

3/23/18 *Ky/Hy*
C-BREEZE HEATING & AIR

Inspector Signature:

JC/LT 3/20/18
JOHN CONTESTABLE



County of Dare
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Frisco
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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004131

Permit Date: 3/20/2018

Parcel Number: **014822010**
PIN Number: 054906286587
Location: 41181 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 5
Legal Description: LOT: 10 BLK: SEC: 5

Owner: COADY, PETER A
Owner Address: 963 RIVER RD HILLSBOROUGH, NJÂ 08844
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 3
Number of Registers: 0
Cost of Mechanical Job: \$12600

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045 ; RILEY STORM DAM

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Ken King 3/20/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/LG 3/20/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004132

Permit Date: 3/20/2018

Parcel Number: **014822061**
PIN Number: 054906276907
Location: 41291 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 5
Legal Description: LOT: 2 BLK: SEC: 5

Owner: REVELLE RENTAL PROPERTIES OF THE OBX LLC
Owner Address: 502 WEST TRAIL NORTH GRAYSLAKE, ILA 60030
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$6950
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045 ; RILEY STORM DAM

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Applicant Signature:

Ky H 3/23/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/LJ 3/20/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004133

Permit Date: 3/20/2018

Parcel Number: **029593035**
PIN Number: 054909263219
Location: 41621 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 2
Legal Description: LOT: 35 BLK: SEC:

Owner: DALY, MARK S TRUSTEE
Owner Address: 802 MORTON AVE ELMER, NJÂ 08318
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 3
Number of Registers: 0
Cost of Mechanical Job: \$9400

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045 ; RILEY STORM DAM

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Applicant Signature:

Mark Daly 3/23/18
C-BREEZE HEATING & AIR

Inspector Signature:

JL/LA 3/20/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004134

Permit Date: 3/20/2018

Parcel Number: **013607000**
PIN Number: 064010354708
Location: 39238 SANDFIDDLER LN AVON
Subdivision Name: HATTERAS COLONY SEC 2
Legal Description: LOT: 65 BLK: SEC: 2

Owner: STANTON, CLAY B
Owner Address: 490 LISA DR WEST CHESTER, PA 19380
Owner Phone: (-)

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6200

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Handwritten signature 3/23/18
C-BREEZE HEATING & AIR

Inspector Signature:

Handwritten signature 3/20/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004135

Permit Date: 3/20/2018

Parcel Number: **027837000**
PIN Number: 064006471848
Location: 39287 N KINNAKEET DR AVON
Subdivision Name: RICHARD GIFFELS SUBDIV
Legal Description: LOT: 5 BLK: SEC:

Owner: TRICE, THOMAS L IV
Owner Address: 5619 SCOTTISH HIGHLAND CR SALISBURY, MD 21801
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$5800
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Ken H... 3/23/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/LA 3/20/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004136

Permit Date: 3/20/2018

Parcel Number: **014822044**
PIN Number: 054906275513
Location: 41375 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 4
Legal Description: LOT: 7 BLK: SEC: 4

Owner: BAREFOOTIN' LLC
Owner Address: 13845 HADLEY ST OVERLAND PARK, KS 66223
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 3
Number of Registers: 0
Cost of Mechanical Job: \$9500
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045 ; RILEY STORM DAM

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Applicant Signature:

Kay Hry 3/23/18
C-BREEZE HEATING & AIR

Inspector Signature:

JC/19 3/20/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004137

Permit Date: 3/20/2018

Parcel Number: **029593019**
PIN Number: 054909251120
Location: 41851 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 2
Legal Description: LOT: 19 BLK: SEC:

Owner: WALLACE, DAVID A
Owner Address: 7492 ALPATH RD NEW ALBANY, OH 43054
Owner Phone: (-)

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$13000
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045 ; RILEY STORM DAM

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Applicant Signature:

Ky/Ky 3/23/14
C-BREEZE HEATING & AIR

Inspector Signature:

JC/LG 3/20/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004139

Permit Date: 3/23/2018

Parcel Number: **014822040**
PIN Number: 054909274273
Location: 41439 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 4
Legal Description: LOT: 3 BLK: SEC: 4

Owner: DOUGLAS GOLDSMITH LLC
Owner Address: 17 KENILWORTH LN RYE, NY 10580
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 3
Number of Registers: 0
Cost of Mechanical Job: \$8600

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

[Handwritten Signature] 3/26/18
C-BREEZE HEATING & AIR

Inspector Signature:

[Handwritten Signature] 3/23/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004140

Permit Date: 3/26/2018

Parcel Number: **014037000**
PIN Number: 064010369895
Location: 39083 JOLLIE RD AVON
Subdivision Name: OCEANFRONT ENTERPRISES SEC 2
Legal Description: LOT: 15 BLK: SEC: 2

Owner: SUSMAN, GERALD I &
Owner Address: 513 PRINCESS ST ALEXANDRIA, VA 22314
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3100

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Kerry Harty 3/26/18

C-BREEZE HEATING & AIR

Inspector Signature:

JC/LJ 3/26/18

JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004141

Permit Date: 3/26/2018

Parcel Number: **013382000**
PIN Number: 064006471969
Location: 39274 PAMLICO CT AVON
Subdivision Name: ATLANTIC ESTATES SEC 1 & 2
Legal Description: LOT: 10 BLK: SEC: 2

Owner: GAGLIARDI, NICHOLAS
Owner Address: 2039 PONY TRAIL DR NEWTOWN SQUARE, PAÂ 19073
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$2900

Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

Kay Khan 3/26/18
C-BREEZE HEATING & AIR

Inspector Signature:

JK/LT 3/26/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004142

Permit Date: 3/26/2018

Parcel Number: **014822723**
PIN Number: 054905179804
Location: 41075 CHANNEL CT AVON
Subdivision Name: KINNAKEET SHORES PH 7
Legal Description: LOT: 723 BLK: SEC: 7

Owner: MOSKOWITZ, ROBERT M
Owner Address: 1517 WATERTOWN WAY CHESAPEAKE, VA 23320
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3300
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature: *King King* 3/26/18
C-BREEZE HEATING & AIR

Inspector Signature: *JC/CT* 3/26/18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004144

Permit Date: 3/26/2018

Parcel Number: **029593307**
PIN Number: 054909263891
Location: 41517 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 3
Legal Description: LOT: 7 BLK: SEC: 3

Owner: TWO LUCKY DUCKS LLC
Owner Address: 1180 NETHERWOOD RD SALT POINT, NYÂ 12578
Owner Phone: ()-

CONTRACTOR

Contractor Name: C-BREEZE HEATING & AIR
Contractor Address: PO BOX 801, AVON, NC, 27915
Contractor Phone: (252)564-4031
NC License #: U21494

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$13600
Mechanical Permit Fee: \$150

Comments:

ELEC: SP PH 32045

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Applicant Signature:

King King 3/26/18
C-BREEZE HEATING & AIR

Inspector Signature:

JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004149

Permit Date: 3/26/2018

Parcel Number: **017189000**
PIN Number: 053608897461
Location: 46010 OCEAN DR BUXTON
Subdivision Name: CAPE HATTERAS SEASHORE SEC B
Legal Description: LOT: 41 BLK: SEC: B

Owner: KURTZ, MICHAEL A
Owner Address: 9021 KAHL AVE PERRY HALL, MDÂ 21128
Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: PO BOX 118, HATTERAS, NC, 27943
Contractor Phone: (252)216-8068
NC License #:

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3050
Mechanical Permit Fee: \$150

Comments:

ELEC: 19768-L

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

Allenwood Cartwright
CARTWRIGHT'S HEATING & AIR

Inspector Signature:

WJ/LA 3/26/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004151

Permit Date: 3/26/2018

Parcel Number: **017003000**
PIN Number: 053607696870
Location: 47048 NC 12 HWY BUXTON
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: PAR B BLK: SEC:

Owner: O'NEAL, GEORGE O III
Owner Address: P O BOX 219 BUXTON, NC 27920
Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: PO BOX 118, HATTERAS, NC, 27943
Contractor Phone: (252)216-8068
NC License #:

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$7450

Mechanical Permit Fee: \$150

Comments:

ELEC: 19768-L ; HEAT PUMP AND CONDENSING UNIT FOR
WALK-IN COOLER

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

CARTWRIGHT'S HEATING & AIR

Inspector Signature:

WJ/LJ 3/26/18
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004152

Permit Date: 3/28/2018

Parcel Number: **011913000**
PIN Number: 051607588473
Location: 50156 TREASURE CT FRISCO
Subdivision Name: BRIGANDS BAY
Legal Description: LOT: 426 PT 425 BLK: SEC:

Owner: PELUSO, SALVATORE A
Owner Address: 6600 THREE CHOPT RD RICHMOND, VA 23226
Owner Phone: ()-

CONTRACTOR

Contractor Name: LARRY CALHOUN HEATING AND AIR
Contractor Address: PO BOX 1516, BUXTON, NC, 27920
Contractor Phone: (252)986-2003
NC License #:

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$2000
Mechanical Permit Fee: \$150

Comments:

Replacing with a geo thermal unit.

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

Larry Calhoun
LARRY CALHOUN HEATING AND AIR

Inspector Signature:

Wayland Jenette
WAYLAND JENNETTE



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SIGN PERMIT

SIGN PERMIT#: 9000296

Permit Date: 3/19/2018

Parcel Number: **014907000**
PIN Number: 051613230127
Location: 52186 MORRISS LN
Subdivision Name: C H FULCHER TRACT BLK A
Legal Description: LOT: 4,5 BLK: A SEC:

Owner: HALLENBECK, DAVID N
Owner Address: PO BOX 1733 BUXTON, NC 27920
Owner Phone: (000)000-0000

SIGN COMPANY

Company Name: SUNDOWN GULFSTREAM CHARTERS
Company Address: 51042 RED DRUM COURT, FRISCO N.C. 27936
Company Phone: (252)995-6211

SIGN INFORMATION


Type of Sign:	FREE STANDING	Zoning Approval:	YES
Size of Sign:	64 SQ FT OR UNDER	Cost of Sign:	\$900
Off Premise Sign:	NO	Site Plan:	YES
Lighted Sign:	NO	Drawing of Sign:	NO
		Permit Fee:	\$150

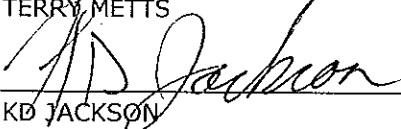
Comments:

One freestanding sign per frontage, not exceeding 35 square feet in sign area. An additional 10 square feet of message board area shall be allowed. All permitted freestanding signs shall have a maximum height limit of 6 feet and shall have a minimum setback of 5 feet from any property line.

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: 
TERRY METTS

Inspector Signature: 
KD JACKSON



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005822

1/9/2018

Parcel Number: **024223046**
 PIN Number: 987120709478
 Location: 119 GARETH CIR MANTEO OUT, NC
 Subdivision Name: BRAKEWOOD SECTION B
 Legal Description: LOT: 46 BLK: SEC: B

Owner: CROTSER, ANTHONY M
 Owner Address: 119 GARETH CIR MANTEO, NC27954
 Owner Phone: (000)000-0000

CONTRACTOR

Builder Name: HARDIN WYANT
 Builder Address: 117 WEST WATERSIDE LANE NAGS HEAD, NC 27959
 Builder Phone: (252)216-8991
 NC License #: GENERAL CONTR, BL

BUILDING INFORMATION

Proposed Construction Type:	REMODEL		
Proposed Construction Use:	SFD		
Survey/Site Plan on File:	No		
Heated Living Space:	0	Cost of Construction:	\$90,000
Non Living Space:	0	Number of Stories:	2
Number of habitable rooms:	5	Number of Bedrooms:	4
Number of Full Bathrooms:	2	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Masonry	Interior Walls:	N/A
Fireplace:	Gas Logs	Footing Type:	Concrete
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	27432	Septic Date:	1/3/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	10	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval.

Permit Fee	\$900
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$910

Applicant Signature: Hardin Wyatt HARDIN WYATT

Inspector Signature: Kevin Clark KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005897

2/28/2018

Parcel Number: **023863002**
 PIN Number: 975916937568
 Location: 7649 LANDING RD MANNS HARBOR NC
 Subdivision Name: JEAN RYAN SADLER DIVISION
 Legal Description: LOT: PAR 2B BLK: SEC:

Owner: MIDGETT, TIMOTHY L
 Owner Address: P O BOX 250 MANNS HARBOR NC 27953
 Owner Phone:

CONTRACTOR

Builder Name: GIBBS BUILDING INC
 Builder Address: P O BOX 39 MANNS HARBOR, NC 27953
 Builder Phone: (252)473-2365
 NC License #: GENERAL CONTR, BU

BUILDING INFORMATION

Proposed Construction Type: ENCLOSURE
 Proposed Construction Use: SFD
 Survey/Site Plan on File: N\A

Heated Living Space:	0	Cost of Construction:	\$26,000
Non Living Space:	816	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	N\A	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	0	Septic Date:	2/28/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	3.5	Flood Zone:	AE
		Base Flood Elevation:	7

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. FLOODVENTS AND FINAL ELEVATION CERTIFICATE REQUIRED

Permit Fee	\$326
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	75
Site Plan review Fee	0

Total Fee \$401

Applicant Signature: *Brittney Midgett* BRITTNEY&TIMOTHY MIDGETT
 Inspector Signature: *Kevin Clark* KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005903

3/1/2018

Parcel Number: **024962000**
 PIN Number: 987020801519
 Location: 129 BARTOW DR MANTEO OUT NC
 Subdivision Name: BURNSIDE FOREST SEC 6
 Legal Description: LOT: 1 BLK: SEC: 6

Owner: MITCHELL, WENDY LYNN
 Owner Address: 106 BELLWOOD CT JAMESTOWN NC 27282
 Owner Phone:

CONTRACTOR

Builder Name: GRANPLAN RESTORATIONS,LLC
 Builder Address: PO BOX 1411 MANTEO NC., NC 27954
 Builder Phone: (252)473-3312
 NC License #: GENERAL CONTR, BL

BUILDING INFORMATION *CONSTRUCTION TO REPAIR WATER LEAK DAMAGE*

Proposed Construction Type: REPLACE
 Proposed Construction Use: SFD
 Survey/Site Plan on File: N/A

Heated Living Space:	650	Cost of Construction:	\$65,000
Non Living Space:	0	Number of Stories:	1
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	N/A	Interior Walls:	Choose Type
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	0	Septic Date:	3/1/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	7

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval.

Permit Fee	\$488
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$488

Applicant Signature: *Gran Plan Restorations* GRAN PLAN RESTORATIONS

Inspector Signature: *Kevin Clark* KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005917

3/6/2018

Parcel Number: **024199000**
 PIN Number: 987119503570
 Location: 131 HOLLY RIDGE RD MANTEO OUT NC
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: RICHARDSON, WILLIAM
 Owner Address: PO BOX 6727 RALEIGH NC. 27628
 Owner Phone: 214-620-5050

CONTRACTOR

Builder Name: OWNER/BUILDER
 Builder Address: SAME AS OWNER --, -- -----
 Builder Phone: --
 NC License #:

BUILDING INFORMATION

Proposed Construction Type: REMODEL
 Proposed Construction Use: SFD
 Survey/Site Plan on File: No

Heated Living Space:	0	Cost of Construction:	\$25,000
Non Living Space:	0	Number of Stories:	1
Number of habitable rooms:	5	Number of Bedrooms:	4
Number of Full Bathrooms:	1	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Masonry	Interior Walls:	Drywall
Fireplace:	N/A	Footing Type:	Concrete
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	0	Septic Date:	3/6/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	10	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval.

Permit Fee	\$250
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$250

Applicant Signature:

William Richardson

WILLIAM RICHARDSON

Inspector Signature:

Kevin Clark

KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005926

3/13/2018

Parcel Number: **024664001**
 PIN Number: 987020916745
 Location: 104 EASTON LN 11
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: LOT 2 BLK: SEC:

Owner: CREEF, JOHN M
 Owner Address: 724 GEORGE HOWE ST MANTEO, NC27954
 Owner Phone: (252)473-0444

CONTRACTOR

Builder Name: BURRUS CONSTRUCTION INC
 Builder Address: 1170 BURNSIDE RD MANTEO, NC 27954
 Builder Phone: (252)473-1269
 NC License #: GENERAL CONTR, RU

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

Heated Living Space:	2173	Cost of Construction:	\$220,000
Non Living Space:	448	Number of Stories:	2
Number of habitable rooms:	5	Number of Bedrooms:	3
Number of Full Bathrooms:	3	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	Gas Logs	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	27314	Septic Date:	11/22/2017
CAMA Permit #:		Water Tap#:	458332
Lot Elevation:	5	Flood Zone:	AE
		Base Flood Elevation:	8

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. As built survey, Finished Elevation Cert. AND HEIGHT CERT.

Permit Fee	\$1,809
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,994

Applicant Signature: _____

JOHN CREEF

Inspector Signature: _____

KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005927

3/13/2018

Parcel Number: **025324001**
 PIN Number: 988009057211
 Location: 101 DRIFTWOOD CT MANTEO OUT, NC
 Subdivision Name: DRIFTWOOD ESTATES
 Legal Description: LOT: 1 BLK: SEC:

Owner: GONZALEZ, EDNA MARIBEL TIRADO
 Owner Address: P. O. BOX 2251 MANTEO, NC27954
 Owner Phone: (000)000-0000

CONTRACTOR

Builder Name: OCEAN BUILDERS
 Builder Address: PO BOX 209 MANNS HARBOR, NC 27953
 Builder Phone: (252)480-5514
 NC License #: GENERAL CONTR, BU

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

Heated Living Space:	2459	Cost of Construction:	\$289,000
Non Living Space:	1013	Number of Stories:	2
Number of habitable rooms:	6	Number of Bedrooms:	3
Number of Full Bathrooms:	3	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N\A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	27603	Septic Date:	3/2/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	9	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. AS BUILT SURVEY REQUIRED, HEIGHT CERT. REQUIRED ON OR BEFORE ROUGH IN INSPECTION

Permit Fee	\$2,249
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	100

Total Fee \$2,359

Applicant Signature: Tommy Twiddy TOMMY TWIDDY

Inspector Signature: Kevin Clark KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005931

3/15/2018

Parcel Number: **016165000**
PIN Number: 987119526066
Location: 119 ALGONKIAN DR MANTEO OUT, NC
Subdivision Name: BECKONRIDGE ESTATES
Legal Description: LOT: 23 BLK: SEC:

Owner: BRANT, GARY FRANCIS
Owner Address: 4427 WHITEHALL CIR ROANOKE, VA24018
Owner Phone: (000)000-0000

CONTRACTOR

Builder Name: SOUNDSIDE CONSTRUCTION
Builder Address: P O BOX 956 MANTEO, NC 27954
Builder Phone: (252)473-2434
NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

Proposed Construction Type: NEW
Proposed Construction Use: SFD
Survey/Site Plan on File: Yes

Heated Living Space:	2523	Cost of Construction:	\$455,000
Non Living Space:	1335	Number of Stories:	2
Number of habitable rooms:	6	Number of Bedrooms:	4
Number of Full Bathrooms:	3	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	Gas Logs	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	27639	Septic Date:	3/13/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	18	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. AS BUILT SURVEY REQUIRED

Permit Fee	\$2,426
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	100

Total Fee \$2,536

Applicant Signature: _____ SAM MOORE

Inspector Signature: Kevin Clark KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005934

3/16/2018

Parcel Number: **023009000**
 PIN Number: 987016829895
 Location: 151 CANNON TRL MANTEO OUT, NC
 Subdivision Name: BURNSIDE FOREST SEC 8
 Legal Description: LOT: L-1 BLK: SEC: 8

Owner: BERNARDO, DONALD S
 Owner Address: 202 A DARTMOOR AVE MANTEO, NC27954
 Owner Phone: (607)343-0882

CONTRACTOR

Builder Name: OWNER/BUILDER
 Builder Address: SAME AS OWNER --, -- -----
 Builder Phone: --
 NC License #: --

BUILDING INFORMATION

Proposed Construction Type:	REMODEL		
Proposed Construction Use:	SFD		
Survey/Site Plan on File:	No		
Heated Living Space:	252	Cost of Construction:	\$13,500
Non Living Space:	240	Number of Stories:	1
Number of habitable rooms:	1	Number of Bedrooms:	1
Number of Full Bathrooms:	1	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	N/A	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	6005934	Septic Date:	3/16/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	7	Flood Zone:	AE
		Base Flood Elevation:	7

Comments:

ANY DEVIATION FROM THE BUILDING PLAN OR SITE PLAN
 REQUIRES PRIOR APPROVAL. ALL FLOOR FRAMING
 MATERIAL MUST BE SALT TREATED LUMBER FINISHED
 ELEVATION CERTIFICATE REQUIRED 12X20 SHED TO BE
 LOCATED 5' FROM PROPERTY LINES AS SHOWN TO SCALE
 ON EXISTING SURVEY

Permit Fee	\$150
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$150

Applicant Signature: Donald S. Bernardo DON BERNARDO

Inspector Signature: Kevin Clark KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005936

3/19/2018

Parcel Number: **028171000**
PIN Number: 988005284134
Location: 1059 N HWY 64/264 MANTEO OUT, NC
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: SNAPP, SANDY NICOLE
Owner Address: P. O. BOX 723 MANTEO, NC27954
Owner Phone: (252)599-6881

CONTRACTOR

Builder Name: OWNER/BUILDER
Builder Address: SAME AS OWNER --, -- -----
Builder Phone: --
NC License #: --

BUILDING INFORMATION

Proposed Construction Type: NEW
Proposed Construction Use: SFD
Survey/Site Plan on File: Yes

Heated Living Space:	1008	Cost of Construction:	\$70,000
Non Living Space:	320	Number of Stories:	1
Number of habitable rooms:	3	Number of Bedrooms:	2
Number of Full Bathrooms:	2	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Piling	Interior Walls:	Choose Type
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	6005936	Septic Date:	3/19/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	11	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

ANY DEVIATION FROM THE BUILDING PLAN OR SITE PLAN
REQUIRES PRIOR APPROVAL. AS BUILT SURVEY REQUIRED
BEFORE C/O WILL BE ISSUED

Permit Fee	\$884
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	100

Total Fee \$994

Applicant Signature: Charles Grainger CHARLES GRAINGER

Inspector Signature: Kevin Clark KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005937

3/19/2018

Parcel Number: **023681009**
 PIN Number: 979708873714
 Location: 113 C B DANIELS SR RD WANCHESE NC
 Subdivision Name: FIRST KEEL LANDING
 Legal Description: LOT: 9 BLK: SEC:

Owner: MIDGETT, KENNETH R
 Owner Address: 113 C B DANIELS SR RD WANCHESE NC 27981
 Owner Phone:

CONTRACTOR

Builder Name: RICHARD NOBLE
 Builder Address: 3121 MARY HILL CT. KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)202-2453
 NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

Proposed Construction Type:	REMODEL		
Proposed Construction Use:	SFD		
Survey/Site Plan on File:	No		
Heated Living Space:	0	Cost of Construction:	\$15,000
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	5	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	Lap Siding
Foundation Type:	N/A	Interior Walls:	Choose Type
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	6005937	Septic Date:	3/19/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	10	Flood Zone:	AE
		Base Flood Elevation:	0

Comments:

ANY DEVIATION FROM THE BUILDING PLAN OR SITE PLAN
 REQUIRES PRIOR APPROVAL. ADDITION TO ACCOMMODATE
 ADDING A GAS FIREPLACE

Permit Fee	\$150
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$150

Applicant Signature:  SCOTT NOBLE

Inspector Signature:  KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005943

3/21/2018

Parcel Number: **024410068**
PIN Number: 987117009189
Location: 126 FORT HUGAR WAY MANTEO OUT, NC
Subdivision Name: HERITAGE POINT PHASE 3
Legal Description: LOT: 109 BLK: SEC:

Owner: MUSE, MICHAEL ANTHONY
Owner Address: 622 VISTA LAKE DR MANTEO, NC27954
Owner Phone: (252)305-3474

CONTRACTOR

Builder Name: MICHAEL MUSE
Builder Address: 622 VISTA LAKE DRIVE MANTEO, NC 27954
Builder Phone: 252-305-3474
NC License #:

BUILDING INFORMATION

Proposed Construction Type: NEW
Proposed Construction Use: SFD-A
Survey/Site Plan on File: Yes

Heated Living Space:	535	Cost of Construction:	\$29,000
Non Living Space:	672	Number of Stories:	2
Number of habitable rooms:	3	Number of Bedrooms:	1
Number of Full Bathrooms:	1	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Masonry	Interior Walls:	Drywall
Fireplace:	None	Footing Type:	Monolithic
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	6005943	Septic Date:	3/21/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	5.5	Flood Zone:	AE
		Base Flood Elevation:	8

Comments:

ANY DEVIATION FROM THE BUILDING PLAN OR SITE PLAN REQUIRES PRIOR APPROVAL. RANGE NOT ALLOWED IN MOTHER-IN-LAW SUITE, NO CONDITIONED SPACE BELOW BASE FLOOD, ELEVATION CERTIFICATE , AS BUILT SURVEY REQUIRED

Permit Fee	\$669
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$854

Applicant Signature:  MIKE MUSE

Inspector Signature:  KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005947

3/22/2018

Parcel Number: **030867000**
 PIN Number: 988005096713
 Location: 1155 N HWY 64/264 MANTEO OUT, NC
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: PARCEL 4RA BLK: SEC:

Owner: GROCE, JAMES LELAND
 Owner Address: 1163 HIGHWAY 64/264 MANTEO, NC27954
 Owner Phone: (252)216-9444

CONTRACTOR

Builder Name: OWNER/BUILDER
 Builder Address: SAME AS OWNER --, -- -----
 Builder Phone: --
 NC License #:

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: No

Heated Living Space:	1250	Cost of Construction:	\$100,000
Non Living Space:	1792	Number of Stories:	2
Number of habitable rooms:	4	Number of Bedrooms:	2
Number of Full Bathrooms:	3	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	N/A
Fireplace:	Other	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	27629	Septic Date:	3/8/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	10	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. AS BUILT SURVEY REQUIRED BEFORE CERTIFICATE OF OCCUPANCY WILL BE ISSUED . STRUCTURE WILL BE REQUIRED TO BE ON ITS OWN LOT

Permit Fee	\$1,654
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	100

Total Fee \$1,764

Applicant Signature: *James Groce* JAMES GROCE
 Inspector Signature: *Kevin Clark* KEVIN CLARK



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005948

3/23/2018

Parcel Number: **028181304**
 PIN Number: 988009173013
 Location: 115 LEONARD ST MANTEO OUT, NC
 Subdivision Name: LEONARD MIDGETT SUB. SECTION 3
 Legal Description: LOT: 4 BLK: SEC: 3

Owner: TRIMBATH, DONALD L JR
 Owner Address: 701 SEQUOIA ST PITTSBURGH, PA15237
 Owner Phone: (000)000-0000

CONTRACTOR

Builder Name: SOUNDSIDE CONSTRUCTION
 Builder Address: P O BOX 956 MANTEO, NC 27954
 Builder Phone: (252)473-2434
 NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

Proposed Construction Type: REMODEL
 Proposed Construction Use: SFD
 Survey/Site Plan on File: No

Heated Living Space:	0	Cost of Construction:	\$28,000
Non Living Space:	344	Number of Stories:	1
Number of habitable rooms:	5	Number of Bedrooms:	3
Number of Full Bathrooms:	2	Number of Half Bathrooms:	1
Type of Heat:	N/A	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	Other	Roof Type:	Shed
Septic Permit#:	27666	Septic Date:	3/23/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	10	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO REMOVE EXISTING DECK REPLACE 6X6 PILES WITH 8X8 PILES AND GO BACK IN SAME FOOTPRINT WITH SCREEN POARCH

Permit Fee	\$280
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$280

Applicant Signature:  SAM MOORE

Inspector Signature:  KEVIN CLARK



County of Dare
 Planning Department
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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005952

3/29/2018

Parcel Number: **026051000**
 PIN Number: 979710374220
 Location: 1057 E R DANIELS RD WANCHESE, NC
 Subdivision Name: JOHN S WESCOTT S/D
 Legal Description: LOT: LOT 1 BLK: SEC:

Owner: WESCOTT, KEVIN VANCE
 Owner Address: P. O. BOX 102 MANTEO, NC27954
 Owner Phone: (252)305-6706

CONTRACTOR

Builder Name: FIVE C'S
 Builder Address: 1603 NORTH ROAD STREET ELIZ. CITY, NC 27009
 Builder Phone: 1-252-3056706
 NC License #: ,

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

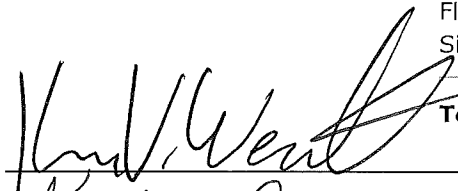
Heated Living Space:	2024	Cost of Construction:	\$210,095
Non Living Space:	48	Number of Stories:	1
Number of habitable rooms:	6	Number of Bedrooms:	4
Number of Full Bathrooms:	2	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Piling	Interior Walls:	N/A
Fireplace:	N\A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	6005952	Septic Date:	3/29/2018
CAMA Permit #:		Water Tap#:	456149
Lot Elevation:	5	Flood Zone:	AE
		Base Flood Elevation:	8

Comments:

ANY DEVIATION FROM THE BUILDING PLAN OR SITE PLAN
 REQUIRES PRIOR APPROVAL. FINAL ELEVATION
 CERTIFICATE, AS BUILT SURVEY REQUIRED BEFORE C/O

Permit Fee	\$1,537
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,722

Applicant Signature:  KEVIN WESCOTT

Inspector Signature:  KEVIN CLARK



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DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6005905

3/6/2018

Parcel Number: **025070000**
PIN Number: 987007673798
Location: 102 SOUNDSIDE LANE MANTEO OUT NC
Subdivision Name:
Legal Description: --

Owner: LARRY & CARROLL OVERTON
Owner Address: PO BOX 1243 MANTEO NC 27954
Owner Phone: (919)819-5304

CONTRACTOR

Contractor Name: TIM REESE CONSTRUCTION INC
Contractor Address: 128 HOLLY RIDGE ROAD MANTEO, NC 27954
Contractor Phone: 2524731243
NC License #: NA

DESCRIPTION

Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 68750

Comments:

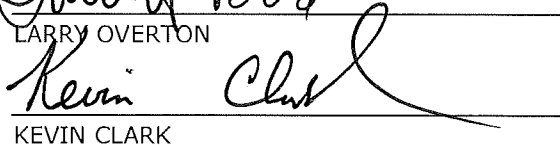
REPLACE 3 - 25' GROINS

Accessory Fee 250
Total Fee \$250

Applicant Signature: _____


LARRY OVERTON

Inspector Signature: _____


KEVIN CLARK



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DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6005928

3/13/2018

Parcel Number: **024410071**
PIN Number: 986120904982
Location: 0 FORT HUGAR WAY MANTEO OUT NC
Subdivision Name: RIAL CORPORATION
Legal Description: LOT: BLK: SEC:

Owner: HERITAGE POINT HOMEOWNERS ASSOCIATION
Owner Address: 142 FORT HUGAR WAY MANTEO NC 27954
Owner Phone: (252)423-0360

CONTRACTOR

Contractor Name: EMANUELSON AND DAD INC.
Contractor Address: PO BOX 448 NAGS HEAD , NC 27959
Contractor Phone: 2522612212
NC License #: MARINE CONTRACTOR

DESCRIPTION

Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 178-08

Comments:

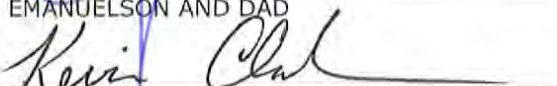
REPLACE EXISTING DAMAGED FINGER PIERS, DECKING AND DOCK

Accessory Fee 250
Total Fee \$250

Applicant Signature:


EMANUELSON AND DAD

Inspector Signature:


KEVIN CLARK



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002167

Permit Date: 3/1/2018

Parcel Number: **016381001**
PIN Number: 988005274573
Location: 110 MEEKINS DR MANTEO OUT
Subdivision Name: MARTHA DOUGH HOMEPLACE
Legal Description: LOT: 2 BLK: SEC:

Owner: GOATTOWN PROPERTIES, LLC
Owner Address: 151 SALOME CT MANTEO, NC 27954
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS ELECTRIC INC.
Contractor Address: 1210 BURNSIDE ROAD, MANTEO, NC, 27954
Contractor Phone: (252)473-3033
NC License #: 24451-U

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$8000
Electrical Permit Fee: \$150

Comments: *Generator*
-- Dominion W.O.# 31798977

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Christopher L. Knight
CHRIS KNIGHT

Inspector Signature: _____

Kevin Clark / S7 3-1-18
KEVIN CLARK



FAXED
3-13-18

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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002171

Permit Date: 3/13/2018

Parcel Number: **014822061**
PIN Number: 054906276907
Location: 41291 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 5
Legal Description: LOT: 2 BLK: SEC: 5

Owner: REVELLE RENTAL PROPERTIES OF THE OBX LLC
Owner Address: 502 WEST TRAIL NORTH GRAYSLAKE, ILA 60030
Owner Phone: (-)

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 400
Cost of Electrical Job: \$3000
Electrical Permit Fee: \$150

Comments:

Replace Meter and perform electrical repairs due to flooding

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:


SUSAN YAN

Inspector Signature:


JOHN CONTESTABLE



FAXED
3-15-18

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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002178

Permit Date: 3/15/2018

Parcel Number: **029593021**
PIN Number: 054909251245
Location: 41815 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 2
Legal Description: LOT: 21 BLK: SEC:

Owner: CITRIN, ELIZABETH A TRUSTEE for the
Owner Address: 12702 LIME KILM RD HIGHLAND, MD 20777
Owner Phone: ()-

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 400
Cost of Electrical Job: \$3000
Electrical Permit Fee: \$150

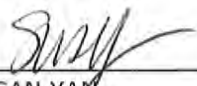
Comments:

Replace meter base and repairs associated with storm damage.


The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: _____


SUSAN YAN

Inspector Signature: _____


JOHN CONTESTABLE

3-15-18



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002180

Permit Date: 3/19/2018

Parcel Number: **016222000**
PIN Number: 987007583812
Location: 214 LANGLEY LN MANTEO OUT
Subdivision Name: DOGWOOD HILLS
Legal Description: LOT: 15 BLK: SEC:

Owner: VANMIDDLESWORTH, TODD DANIEL
Owner Address: 700 FERNANDO ST MANTEO, NCÂ 27954
Owner Phone: (309)338-6643

CONTRACTOR

Contractor Name: A OWNER
Contractor Address: SAME AS OWNER, --, --, -----
Contractor Phone: --
NC License #: 00000E

DETAILS

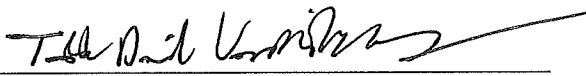
Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$200
Electrical Permit Fee: \$150

Comments:

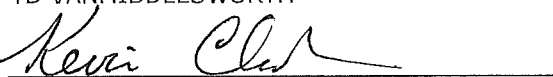
WIRE 20 X 15 SHED

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: 

TD VANMIDDLESWORTH

Inspector Signature: 

KEVIN CLARK



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002181

Permit Date: 3/19/2018

Parcel Number: **012767037**
PIN Number: 065809165025
Location: 24250 SEASHORE DR RODANTHE
Subdivision Name: TRADE WINDS BEACHES
Legal Description: LOT: 37 BLK: SEC:

FAXED
3-19-18

Owner: PEARSALL, ERIC N
Owner Address: 21319 MEADOWFIELD CT ASHBURN, VA 20148
Owner Phone: ()-

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$2000
Electrical Permit Fee: \$150

Comments:

PANEL CHANGE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Susan Yan
SUSAN YAN

Inspector Signature: _____

J. Contestable/87 3-19-18
JOHN CONTESTABLE



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Planning Department
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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002182

Permit Date: 3/19/2018

Parcel Number: **029593019**
PIN Number: 054909251120
Location: 41851 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 2
Legal Description: LOT: 19 BLK: SEC:

FAXED
3-19-18

Owner: WALLACE, DAVID A
Owner Address: 7492 ALPATH RD NEW ALBANY, OH 43054
Owner Phone: (-)

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$1500
Electrical Permit Fee: \$150

Comments:

REPLACE METER BASE / ASSOCIATED STORM DAMAGE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Susan Yan
SUSAN YAN

Inspector Signature: _____

J. Contestable / SF 3-19-18
JOHN CONTESTABLE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002183

Permit Date: 3/19/2018

Parcel Number: **029593304**
PIN Number: 054909263569
Location: 41559 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 3
Legal Description: LOT: 4 BLK: SEC: 3

FAXED
3-19-18

Owner: KEANY, DANIEL J
Owner Address: 1406 DADE LN ALEXANDRIA, VA 22308
Owner Phone: (-)

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$1700
Electrical Permit Fee: \$150

Comments:

REPLACE MAIN PANEL / ASSOCIATED STORM DAMAGE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Susan Yan
SUSAN YAN

Inspector Signature: _____

John Contestable
JOHN CONTESTABLE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002184

Permit Date: 3/19/2018

Parcel Number: **030547000**
PIN Number: 064916934689
Location: 23029 CROSS OF HONOR WAY RODANTHE
Subdivision Name: MIRLO BEACH SEC 4
Legal Description: LOT: 6 BLK: SEC: 4

FAXED
3-19-18

Owner: VERRECCHIO, ROSEANN B
Owner Address: P O BOX 207 RODANTHE, NCÂ 27968
Owner Phone: ()-

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 400
Cost of Electrical Job: \$3000
Electrical Permit Fee: \$150

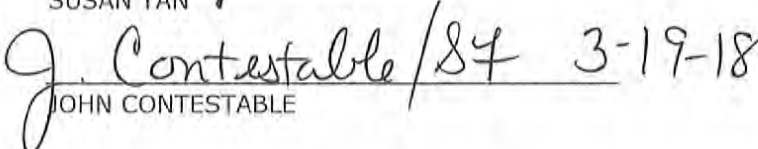
Comments:

REPLACE MAIN DISCONNECTS

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: 
SUSAN YAN

Inspector Signature:  3-19-18
JOHN CONTESTABLE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002187

Permit Date: 3/20/2018

Parcel Number: **024100000**
PIN Number: 976212850009
Location: 278 BAYVIEW DR (UTILITY POLE) STUMPY POINT
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: CHARTER CABLE COMPANY
Owner Address: 5585 NORTH CROATAN HIGHWAY SOUTHERN SHORES NC. 27949
Owner Phone: (252)473-6653

CONTRACTOR

Contractor Name: BEACON ELECTRIC
Contractor Address: 129 SCUPPERNONG RD, MANTEO, NC, 27954
Contractor Phone: (252)489-5680
NC License #: 28692

DETAILS

Amp Increase: 100
Service Amps: 100
Cost of Electrical Job: \$400 Electrical Permit Fee: \$150


Comments:

REPLACE RISER AND METER BASE ON UTILITY POLE FOR
CHARTER CABLE BATTERY BACKUP SYSTEM


The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____


JASON TURNER

Inspector Signature: _____


KEVIN CLARK



FAXED
3-23-18

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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002189

Permit Date: 3/23/2018

Parcel Number: **027759000**
PIN Number: 065709152835
Location: 26255 COLONY DR SALVO
Subdivision Name: HATTERAS COLONY SEC D
Legal Description: LOT: 8 BLK: SEC: D

Owner: REKOSH, DAVID M
Owner Address: 7 CEDAR CRK EARLYSVILLE, VA 22936
Owner Phone: (-)

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$800
Electrical Permit Fee: \$150

Comments:

INSTALL RECEPTACLE FOR ELECTRIC CAR

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: _____

Susan Yan
SUSAN YAN

Inspector Signature: _____

John Contestable
JOHN CONTESTABLE



FAXED
3-23-18

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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002190

Permit Date: 3/23/2018

Parcel Number: **014822006**
PIN Number: 054906286237
Location: 41237 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 5
Legal Description: LOT: 6 BLK: SEC: 5

Owner: BREDEN, MICHAEL A
Owner Address: 8639 BUNBURST PLACE , Å V2R3JL
Owner Phone: ()-

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$2500
Electrical Permit Fee: \$150

Comments:

REPLACE METER / REPAIR STORM DAMAGE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:


SUSAN YAN

Inspector Signature:


JOHN CONTESTABLE



County of Dare
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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002192

Permit Date: 3/28/2018

Parcel Number: **014822009**
PIN Number: 054906286479
Location: 41195 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 5
Legal Description: LOT: 9 BLK: SEC: 5

Owner: GAINSFORTH, RODNEY
Owner Address: 12805 TRENADIER CIR MIDLOTHIAN, VA 23113
Owner Phone: (-)

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 400
Cost of Electrical Job: \$3000
Electrical Permit Fee: \$150

Comments:

REPLACE METER BASE AND REPAIR STORM DAMAGE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

SUNY
SUSAN YAN

Inspector Signature: _____

J. Contestable/ST 3-28-18
JOHN CONTESTABLE



County of Dare
Planning Department
PO Box Drawer 1000
Manteo NC 27954

FAXED
3-28-18

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Kill Devil Hills
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Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002193

Permit Date: 3/28/2018

Parcel Number: **029593000**
PIN Number: 054909251002
Location: 41859 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 2
Legal Description: LOT: 18 BLK: SEC:

Owner: WALKER, LEWIS D
Owner Address: 101 MILL VIEW LN NEWTOWN SQUARE, PAË 19073
Owner Phone: ()-

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$2500
Electrical Permit Fee: \$150

Comments:

REPLACE METER BASE AND REPAIR STORM DAMAGE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Smy
SUSAN YAN

Inspector Signature: _____

John Contestable/27 3-28-18
JOHN CONTESTABLE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002194

Permit Date: 3/28/2018

Parcel Number: **014822045**
PIN Number: 054906275621
Location: 41365 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 4
Legal Description: LOT: 8 BLK: SEC: 4

Owner: FRIIS, TORBEN
Owner Address: 90 GEORGE ST APT 1408 , Å K1N 0A8
Owner Phone: ()-

CONTRACTOR

Contractor Name: SUBURBAN ELECTRIC SERVICES INC
Contractor Address: 1400 MARITIME WOODS DRIVE, MANTEO, NC, 27954
Contractor Phone: (252)475-1372
NC License #: 30633

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$1000
Electrical Permit Fee: \$150

Comments:

REPLACE SERVICE ENTRANCE CABLE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Susan Yan
SUSAN YAN

Inspector Signature: _____

John Contestable / 87 3-28-18
JOHN CONTESTABLE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004088

Permit Date: 3/8/2018

Parcel Number: **016256000**
PIN Number: 987119606269
Location: 135 CANDELA DR MANTEO OUT
Subdivision Name: NORTH WOODS - SEC 1
Legal Description: LOT: 16 BLK: SEC: 1

Owner: EDELMAN, ASHER IV
Owner Address: 135 CANDELLA DR MANTEO, NC 27954
Owner Phone: ()-

CONTRACTOR

Contractor Name: GEORGE AND COMPANY
Contractor Address: 105 BEAU PARKWAY, ELIZABETH CITY, NC, 27909
Contractor Phone: 252-335-2596
NC License #: 06857-H3

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5150
Mechanical Permit Fee: \$150

Comments:

Changeout; George & Co. hold mechanical and electrical licenses.

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Michael N. Redman
MICHAEL REDMAN

Inspector Signature:

Kevin Clark / 27 3-8-18
KEVIN CLARK



County of Dare
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Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004100

Permit Date: 3/12/2018

Parcel Number: **024105000**
PIN Number: 976216840859
Location: 284 BAYVIEW DR STUMPY POINT
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: DIBELLA, JOSEPH SR
Owner Address: 707 CARNEY RD KUNKLETOWN, PA 18058
Owner Phone: (-)

CONTRACTOR

Contractor Name: GIBBS HEATING AND AC
Contractor Address: 17649 HIGHWAY 264, SWAN QUARTER, NC, 27885
Contractor Phone: (252)943-7582
NC License #: 30488

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$7000
Mechanical Permit Fee: \$150

Comments:

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The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:


MARCUS GIBBS

Inspector Signature:


CORY TATE



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SIGN PERMIT

SIGN PERMIT#: 9000297

Permit Date: 3/19/2018

Parcel Number: **023583001**
PIN Number: 979708881952
Location: 57 HARBOR RD
Subdivision Name: DONALD & JUDY PAYNE DIVISION
Legal Description: LOT: 2A-1 BLK: SEC:

Owner: HUTH, MATTHEW THOMPSON
Owner Address: PO BOX 92 WANCHESE, NC 27981
Owner Phone: (000)000-0000

SIGN COMPANY

Company Name: ACCESS DESIGN
Company Address: 115 W. MEADOWLARK ST., KILL DEVIL HILLS NC 27948
Company Phone: (757)897-0136

SIGN INFORMATION

Type of Sign:	FREE STANDING	Zoning Approval:	YES
Size of Sign:	64 SQ FT OR UNDER	Cost of Sign:	\$700
Off Premise Sign:	NO	Site Plan:	NO
Lighted Sign:	NO	Drawing of Sign:	YES
		Permit Fee:	\$150

Comments:

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The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Reombs
FRESH CATCH

Inspector Signature: _____

Kevin Clark
KEVIN CLARK

3-19-18



COUNTY OF DARE

Planning Department
P.O. Box 1000, Manteo, North Carolina 27954

Permit Fee
Paid \$250

DEMOLITION PERMIT

Manteo: (252) 475-5870
KDH Satellite: (252) 475-5871
Buxton: (252) 475-5878

OWNER OF PROPERTY: NEIL C SONGER & AMANDA S SONGER

ADDRESS: 1127 BURNSIDE ROAD - REMOVE RESIDENCE

CITY: MANTEO STATE: NC ZIP CODE: 27954

PARCEL NO.: 022996000 LOCATION: MANTEO (OUTSIDE)

LOT NUMBER: _____ SECTION: _____ BLOCK: _____

DEMOLITION CONTRACTOR: JONATHAN JOHNSON

ADDRESS: J.D. JOHNSON REALTY AND CONSTRUCTION LLC
P.O. Box 340

CITY: MANTEO STATE: NC ZIP CODE: 27954

ESTIMATED COST OR CONTRACT PRICE OF DEMOLITION: 5,000

THE FOLLOWING CONDITIONS MUST BE MET:

1. SEPTIC TANK AND DRAIN PIPES WILL BE REMOVED IF APPLICABLE.
2. ALL TYPES OF GLASS WILL BE REMOVED BEFORE DEMOLITION BEGINS.
3. PILINGS WILL BE EXTRACTED AND REMOVED.
4. ALL CONCRETE MUST BE REMOVED.
5. NO BURNING! SITE MUST BE COMPLETELY CLEANED OF ALL DEBRIS.
6. SITE TO BE INSPECTED BY BUILDING INSPECTOR WHEN COMPLETE.

BY SIGNING THIS PERMIT, I FULLY UNDERSTAND ALL CONDITIONS AND AGREE TO COMPLETE THEM TO THE BEST OF MY ABILITY.

[Signature]
OWNER

3-12-2018
DATE

[Signature]
DEMOLITION CONTRACTOR

3-12-18
DATE

[Signature]
BUILDING INSPECTOR

3-12-2018
DATE



County of Dare
 Planning Department
 PO Box Drawer 1000
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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005900

3/1/2018

Parcel Number: **019126000**
 PIN Number: 987305291986
 Location: 106 COLINGTON DR COLINGTON, NC
 Subdivision Name: COLINGTON HARBOR SEC D
 Legal Description: LOT: 78 BLK: SEC: D

Owner: CHRISTOPHER ZAPPULLA
 Owner Address: 1200 WEST SPORTSMAN DR KILL DEVIL HILLS NC 27948
 Owner Phone: 540-427-3924

CONTRACTOR

Builder Name: CHRISTOPHER ZAPPULLA
 Builder Address: 1200 W SPORTSMAN DR. KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)441-9348
 NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

Heated Living Space:	1300	Cost of Construction:	\$120,000
Non Living Space:	84	Number of Stories:	2
Number of habitable rooms:	5	Number of Bedrooms:	3
Number of Full Bathrooms:	2	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	27592	Septic Date:	2/27/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	5.2	Flood Zone:	AE
		Base Flood Elevation:	9.2

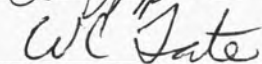
Comments:

Any deviation from the Building Plan or Site Plan requires prior approval.

Permit Fee	\$1,009
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,194

Applicant Signature:  CHRIS ZAPPULLA

Inspector Signature:  CORY TATE



County of Dare
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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005901

3/1/2018

Parcel Number: **020632001**
 PIN Number: 987418217245
 Location: 0 PRINCESS CT COLINGTON NC
 Subdivision Name: COLINGTON HARBOR SEC V
 Legal Description: LOT: 25 BLK: SEC: V

Owner: ZAPPULLA, FRANK JR
 Owner Address: 102 JOUST CT KILL DEVIL HILLS NC 27948
 Owner Phone: 252-305-1366

CONTRACTOR

Builder Name: FRANK ZAPPULLA JR
 Builder Address: 224 ROANOKE DR. KDH, NC 27948
 Builder Phone: 480-1975
 NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

Heated Living Space:	1624	Cost of Construction:	\$180,000
Non Living Space:	1152	Number of Stories:	2
Number of habitable rooms:	5	Number of Bedrooms:	3
Number of Full Bathrooms:	3	Number of Half Bathrooms:	2
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	Gas Logs	Footing Type:	N\A
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	6005901	Septic Date:	3/1/2018
CAMA Permit #:		Water Tap#:	456055
Lot Elevation:	3.6	Flood Zone:	AE
		Base Flood Elevation:	9.3

Comments:

ANY DEVIATION FROM THE BUILDING PLAN OR SITE PLAN
 REQUIRES PRIOR APPROVAL.

Permit Fee	\$1,679
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,864

Applicant Signature:

Frank Zappulla Jr

FRANK ZAPPULLA JR

Inspector Signature:

Cory Tate

CORY TATE



County of Dare
Planning Department
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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005902

3/1/2018

Parcel Number: **019528000**
PIN Number: 986420925026
Location: 117 KITTY HAWK BAY CT COLINGTON, NC
Subdivision Name: COLINGTON HARBOR SEC J
Legal Description: LOT: 26 BLK: SEC: J

Owner: JERRY JOYNER
Owner Address: 116 MYBET CT KILL DEVIL HILLS, NC 27948
Owner Phone: (000)000-0000

CONTRACTOR

Builder Name: R M SAUNDERS GENERAL CONTRACTOR INC
Builder Address: P O BOX 1922 KDH, NC 27948
Builder Phone: 441-2544
NC License #: GENERAL CONTR, BU

BUILDING INFORMATION

Proposed Construction Type: NEW
Proposed Construction Use: SFD
Survey/Site Plan on File: Yes

Heated Living Space:	1903	Cost of Construction:	\$305,000
Non Living Space:	872	Number of Stories:	3
Number of habitable rooms:	5	Number of Bedrooms:	3
Number of Full Bathrooms:	2	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	Gas Logs	Footing Type:	N\A
Type of Flooring:	Combination	Roof Type:	HIP
Septic Permit#:	6005902	Septic Date:	3/1/2018
CAMA Permit #:		Water Tap#:	456092
Lot Elevation:	3.8	Flood Zone:	AE
		Base Flood Elevation:	9.2

Comments:

ANY DEVIATION FROM THE BUILDING PLAN OR SITE PLAN REQUIRES PRIOR APPROVAL. PERMIT AUTHORIZES CONSTRUCTION OF NEW SFD WITH DOCK AS SHOWN ON CAMA PERMIT.

Permit Fee	\$1,776
Accessory Fee	250
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$2,211

Applicant Signature:  RANDY SAUNDERS

Inspector Signature:  CORY TATE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005919

3/6/2018

Parcel Number: **018767098**
 PIN Number: 987306386064
 Location: 0 COLINGWOOD LN COLINGTON, NC
 Subdivision Name: BELLE ACRES
 Legal Description: LOT 1

Owner: COLINGWOOD INVESTMENTS LLC
 Owner Address: PO BOX 33 KILL DEVIL HILLS, NC 27948
 Owner Phone: 252-573-8910

CONTRACTOR

Builder Name: DREAM BUILDERS CONSTRUCTION AND DEVELOPMENT LLC
 Builder Address: PO BOX 33 KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)573-8910
 NC License #: GENERAL CONTR, BU

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

Heated Living Space:	1585	Cost of Construction:	\$240,000
Non Living Space:	96	Number of Stories:	3
Number of habitable rooms:	5	Number of Bedrooms:	3
Number of Full Bathrooms:	2	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	Combination	Roof Type:	HIP
Septic Permit#:	26395	Septic Date:	1/19/2017
CAMA Permit #:		Water Tap#:	456111
Lot Elevation:	9	Flood Zone:	AE
		Base Flood Elevation:	8.2


Comments:

Any deviation from the Building Plan or Site Plan requires prior approval.

Permit Fee	\$1,227
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,412

Applicant Signature:  ALI AMINI

Inspector Signature:  CORY TATE



**County of Dare
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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005924

3/8/2018

Parcel Number: **018782010**
PIN Number: 987307681548
Location: 108 SUNRISE CROSSING DR COLINGTON, NC
Subdivision Name: SUNRISE CROSSING
Legal Description: LOT: 1 BLK: SEC:

Owner: ROEHRS, JOHN TIMOTHY JR
Owner Address: P. O. BOX 124 FRISCO, NC 27936
Owner Phone: (000)000-0000

CONTRACTOR

Builder Name: SAGA CONSTRUCTION INC.
Builder Address: 1314 S. CROATAN HWY KILL DEVIL HILLS, NC 27948
Builder Phone: (252)441-9003
NC License #: GENERAL CONTR, BI

BUILDING INFORMATION

Proposed Construction Type: NEW
Proposed Construction Use: SFD
Survey/Site Plan on File: Yes

Heated Living Space:	2170	Cost of Construction:	\$425,000
Non Living Space:	1419	Number of Stories:	2
Number of habitable rooms:	6	Number of Bedrooms:	4
Number of Full Bathrooms:	3	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	Gas Logs	Footing Type:	N/A
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	27582	Septic Date:	2/26/2018
CAMA Permit #:		Water Tap#:	456107
Lot Elevation:	4	Flood Zone:	AE
		Base Flood Elevation:	9.3

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval.

Permit Fee	\$2,196
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$2,381

Applicant Signature: Gracelyn Murck SAGA CONSTRUCTION

Inspector Signature: WC Tate CORY TATE



County of Dare
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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005944

3/22/2018

Parcel Number: **018634000**
PIN Number: 987413221693
Location: 2484 COLINGTON RD COLINGTON, NC
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: HAYWOOD, MIKEY BUCK
Owner Address: 2484 COLINGTON RD KILL DEVIL HILLS, NC27948
Owner Phone: 252-449-2969

CONTRACTOR

Builder Name: MATTHEW KOPLIN
Builder Address: 129 SIR CHANDLER DR. KILL DEVIL HILLS, NC 27948
Builder Phone: (252)489-9051
NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

Proposed Construction Type: NEW
Proposed Construction Use: SFD
Survey/Site Plan on File: Yes

Heated Living Space:	1702	Cost of Construction:	\$300,000
Non Living Space:	1224	Number of Stories:	2
Number of habitable rooms:	6	Number of Bedrooms:	4
Number of Full Bathrooms:	4	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	Other	Footing Type:	N/A
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	27640	Septic Date:	3/14/2018
CAMA Permit #:		Water Tap#:	456145
Lot Elevation:	8.2	Flood Zone:	AE
		Base Flood Elevation:	9.2

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval.

Permit Fee	\$1,766
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,951

Applicant Signature: _____

MATT KOPLIN

Inspector Signature: _____

CORY TATE



County of Dare
 Planning Department
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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005944

3/22/2018

Parcel Number: **018634000**
 PIN Number: 987413221693
 Location: 2484 COLINGTON RD COLINGTON, NC
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: HAYWOOD, MIKEY BUCK
 Owner Address: 2484 COLINGTON RD KILL DEVIL HILLS, NC27948
 Owner Phone: 252-449-2969

CONTRACTOR

Builder Name: MATTHEW KOPLIN
 Builder Address: 129 SIR CHANDLER DR. KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)489-9051
 NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: SFD
 Survey/Site Plan on File: Yes

Heated Living Space:	1702	Cost of Construction:	\$300,000
Non Living Space:	1224	Number of Stories:	2
Number of habitable rooms:	6	Number of Bedrooms:	4
Number of Full Bathrooms:	4	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Vinyl
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	Other	Footing Type:	N\A
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	27640	Septic Date:	3/14/2018
CAMA Permit #:		Water Tap#:	456145
Lot Elevation:	8.2	Flood Zone:	AE
		Base Flood Elevation:	9.2

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval.

Permit Fee	\$1,766
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,951

Applicant Signature: *Matt Koplen* MATT KOPLIN
 Inspector Signature: *WC Tate* CORY TATE



County of Dare
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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005950

3/26/2018

Parcel Number: **019745000**
 PIN Number: 986420918043
 Location: 239 OUTRIGGER DR COLINGTON, NC
 Subdivision Name: COLINGTON HARBOR SEC L
 Legal Description: LOT: 127-128 BLK: SEC: L

Owner: LEE, CHRISTOPHER EUGENE
 Owner Address: 239 OUTRIGGER DR KILL DEVIL HILLS, NC27948
 Owner Phone: (252)325-0749

CONTRACTOR

Builder Name: OWNER/BUILDER
 Builder Address: SAME AS OWNER --, -- -----
 Builder Phone: --
 NC License #:

BUILDING INFORMATION

Proposed Construction Type: REPLACE
 Proposed Construction Use: DECK
 Survey/Site Plan on File: Yes

Heated Living Space:	0	Cost of Construction:	\$6,000
Non Living Space:	432	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	Piling	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	27571	Septic Date:	2/21/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit authorizes replacement of 8' x 40' deck with 8' x 8' landing and stairs leading to ground level (at rear of structure)

Permit Fee	\$173
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$173

Applicant Signature:  CHRISTOPHER E. LEE

Inspector Signature: _____ CORY TATE



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COMMERCIAL BUILDING PERMIT

BUILDING PERMIT#: 5000675

Permit Date: 2/28/2018

Parcel Number: 025707000
 PIN Number: 978911668938
 Location: 728 S HWY 64/264 MANTEO OUT NC
 Subdivision Name:
 Legal Description: LOT: BLK: SEC:

Owner: CARTER LUMBER OF THE SOUTH, INC
 Owner Address: 601 TALLMADGE RD KENT OH 44240
 Owner Phone: N/A

CONTRACTOR

Builder Name: OVERTON CORPORATION
 Builder Address: PO BOX 7804 KILL DEVIL HILLS, -- 27948
 Builder Phone: (252)441-9239
 NC License #: -- License Type: BI

Type of Occupancy: Assembly(16133/0);

BUILDING INFORMATION

Heated SqFt:	0	Cost of Construction:	\$350000
Unheated SqFt:	0	Construction Type:	III-B
Number of Stories:	1	Sprinkler:	No
Project Type:	Remodel	Grnd Elev:	4.9
Health Permit:	0	Proposed Finished Flr Elev:	8.8
Water:	Public	Flood Zone:	AE
Bldg Height (ft):	25	Base Flood Elevation:	8.2
Mixed Occupancy:	NO		

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval.

Permit Fee	\$3500
Flood Application Fee	0

Total Fee \$3500

Applicant Signature: 
 OVERTON CORPORATION

Inspector Signature: 
 CORY TATE

*for office use only -- Payer: ; Tender/Chk Number: ; Amount Paid: 0; Fee: 3500; Receipt#: ; Deposit Date: ; TypCode:



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DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6005935

3/19/2018

Parcel Number: **020132000**
PIN Number: 986308897969
Location: 135 LEE CT COLINGTON NC
Subdivision Name: COLINGTON HARBOR SEC P
Legal Description: LOT: 56 BLK: SEC: P

Owner: BLOODWORTH, MEDFORD LEE
Owner Address: 18 EARLY DR PORTSMOUTH VA 23701
Owner Phone: (757)749-2009

CONTRACTOR

Contractor Name: ALBEMARLE BULKHEADS
Contractor Address: PO BOX 50 KILL DEVIL HILLS, NC 27948
Contractor Phone: 252-261-7466
NC License #: UC

DESCRIPTION

Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 68664A

Comments:

Permit to construct 50' of vinyl bulkhead per approved CAMA permit.

Accessory Fee 250
Total Fee \$250

Applicant Signature: *Mari Humes*
ALBEMARLE BULKHEADS

Inspector Signature: *WC Tate*
CORY TATE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005904

3/1/2018

Parcel Number: **030689000**
 PIN Number: 987308786837
 Location: 128 WATSEEDGE DR COLINGTON NC
 Subdivision Name: WATSEEDGE SUB SEC A
 Legal Description: LOT: 30 BLK: SEC: A

Owner: ECKERT, DOUGLAS E
 Owner Address: 128 WATSEEDGE DR KILL DEVIL HILLS NC 27948
 Owner Phone:

CONTRACTOR

Builder Name: J.A. HART CONSTRUCTION
 Builder Address: PO BOX 1782 KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)207-7900
 NC License #: GENERAL CONTR, BL

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: ACCESSORY
 Survey/Site Plan on File: N/A

Heated Living Space:	0	Cost of Construction:	\$8,400
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	N/A	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	0	Septic Date:	3/1/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	N/A
		Base Flood Elevation:	0

Comments:

Permit authorizes installation of 22kw generator with electrical and gas hook-ups. Stand supporting generator, electrical disconnects, and other electrical equipment must be elevated at or above 8.0 feet above mean sea level. Equipment installed cannot encroach in side yard setbacks more than 5 feet.

Permit Fee	\$0
Accessory Fee	150
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$150

Applicant Signature: _____

JASON TURNER/ J.A. HART
 CONSTRUCTION

Inspector Signature: _____

CORY TATE



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DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6005920

3/6/2018

Parcel Number: **019544001**
PIN Number: 986420920121
Location: 112 TYRELL CT COLINGTON NC
Subdivision Name: COLINGTON HARBOR SEC J
Legal Description: LOT: 44 BLK: SEC: J

Owner: STEVE ARNTZ
Owner Address: 112 TYRELL CT KILL DEVIL HILLS, NC 27948
Owner Phone: (252)599-1836

CONTRACTOR

Contractor Name: SWB INC.
Contractor Address: 4160 THICK RIDGE RD KITTY HAWK, NC 27949
Contractor Phone: 252-599-1836
NC License #: BL

DESCRIPTION

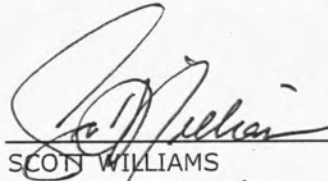
Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 68295A

Comments:


24' x 5' dock with 12' x 12' four-pile configuration for boat lift.

Accessory Fee 250
Total Fee \$250

Applicant Signature: _____


SCOTT WILLIAMS

Inspector Signature: _____


CORY TATE



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6005922

3/8/2018

Parcel Number: **019589000**
 PIN Number: 986416932010
 Location: 820 COLINGTON DR COLINGTON NC
 Subdivision Name: COLINGTON HARBOR SEC K
 Legal Description: LOT: 118 BLK: SEC: K

Owner: NC COASTAL DEVELOPMENT LLC
 Owner Address: PO BOX 33 KILL DEVIL HILLS NC 27948
 Owner Phone:

CONTRACTOR

Builder Name: DREAM BUILDERS CONSTRUCTION AND DEVELOPMENT LLC
 Builder Address: PO BOX 33 KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)573-8910
 NC License #: GENERAL CONTR, BU

BUILDING INFORMATION

Proposed Construction Type: NEW
 Proposed Construction Use: ACCESSORY
 Survey/Site Plan on File: N/A

Heated Living Space:	0	Cost of Construction:	\$12,000
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	N/A	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	N/A
Septic Permit#:	0	Septic Date:	3/8/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	N/A
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit authorizes construction of retaining wall adjacent to off-street parking area per approved site plan.

Permit Fee	\$150
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$160

Applicant Signature: DREAM BUILDERS B&D LLC
 Inspector Signature: CORY TATE



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DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6005933

3/16/2018

Parcel Number: **020100000**
PIN Number: 986308888902
Location: 1402 HARBOUR VIEW DR COLINGTON NC
Subdivision Name: COLINGTON HARBOR SEC P
Legal Description: LOT: 17 BLK: SEC: P

Owner: FLORENCE, GREGORY W
Owner Address: 1316 HARBOUR VIEW DR KILL DEVIL HILLS NC 27948
Owner Phone: 252-489-1238

CONTRACTOR

Contractor Name: NORTHEASTERN MARINE
Contractor Address: 934 W. KITTY HAWK RD KITTY HAWK, NC 27949
Contractor Phone: (252)261-3682
NC License #: GENERAL CONTR, BL

DESCRIPTION

Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 68684A

Comments:

ANY DEVIATION FROM THE BUILDING PLAN OR SITE PLAN REQUIRES PRIOR APPROVAL. REMODEL OF EXISTING 40' X 3' PIER, AND ADDITION OF 10' X 20' BOAT SLIP.

Accessory Fee	<u>250</u>
Total Fee	\$260

Applicant Signature: _____
GREGORY W. FLORENCE

Inspector Signature: _____
CORY TATE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002169

Permit Date: 3/12/2018

Parcel Number: **011502000**
PIN Number: 065917110061
Location: 23236 SEA OATS DR RODANTHE
Subdivision Name: SURF-SIDE SEC 1
Legal Description: LOT: 13 BLK: SEC: 1

Owner: HAYES, JIMMY R TTEE
Owner Address: 11264 MARQUIS RD UNIONVILLE, VA 22567
Owner Phone: ()-

CONTRACTOR

Contractor Name: A OWNER
Contractor Address: SAME AS OWNER, --, --, -----
Contractor Phone: --
NC License #: 00000E

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$500
Electrical Permit Fee: \$150

Comments:

REPLACE SERVICES ENTRANCE CABLE FOR METER TO
PANEL

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

JIMMY HAYES

Inspector Signature: _____

WAYLAND JENNETTE

AT



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3.13.18

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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002172

Permit Date: 3/13/2018

Parcel Number: **030602000**
PIN Number: 065917015771
Location: 23391 NC 12 HWY RODANTHE
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: 1 BLK: SEC:

Owner: DIMIG, JOHN M TTEE
Owner Address: 6765 CORTINA AVE HIGHLAND, MDÂ 20777
Owner Phone: ()-

CONTRACTOR

Contractor Name: PROVIDENCE ELECTRIC WORKS
Contractor Address: PO BOX 448, KITTY HAWK, NC, 27949
Contractor Phone: 489-9910
NC License #: 14219-L

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$1000
Electrical Permit Fee: \$150

Comments:

SIDING REPAIRS WERE DONE TO HOUSE. HAD TO TAKE
OUT & PUT BACK MATER BASE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: _____

Manteo May

Inspector Signature: _____

John Contestable
JOHN CONTESTABLE

AT



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3/14/18

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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002174

Permit Date: 3/14/2018

Parcel Number: **014822003**
PIN Number: 054906286005
Location: 41277 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 5
Legal Description: LOT: 3 BLK: SEC: 5

Owner: BITAR, KENNETH JOSEPH TTEE
Owner Address: 1621 SIXTH ST CORONADO, CAÂ 92118
Owner Phone: ()-

CONTRACTOR

Contractor Name: COMBS ELECTRIC
Contractor Address: 2915 BIRCHWOOD DRIVE, WINSTON SALEM, NC, 27103
Contractor Phone: (336)971-8055
NC License #: Combs

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$1000
Electrical Permit Fee: \$150

Comments:

Replace meter base, ground services install new service cable to inside panel

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Richard Combs
RICHARD COMBS

Inspector Signature: _____

John Contestable
JOHN CONTESTABLE
AT

FAXED
3.15.18



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002176

Permit Date: 3/15/2018

Parcel Number: **017753000**
PIN Number: 975915648856
Location: 6432 HIGHLAND DR MANNS HARBOR
Subdivision Name: HARBOR HIGHLAND
Legal Description: LOT: 4 BLK: SEC:

Owner: YORK, RAYMOND J
Owner Address: 6432 HIGHLAND DR MANNS HARBOR, NC 27953
Owner Phone: (-)

CONTRACTOR

Contractor Name: BEAR ROCK ELECTRIC
Contractor Address: PO BOX 1604, KITTY HAWK, NC, 27949
Contractor Phone: (888)688-9927
NC License #: 30667

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$8000
Electrical Permit Fee: \$150

Comments:

installing whole house back up generator

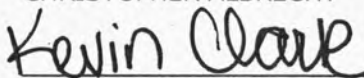
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:


CHRISTOPHER ALBRECHT

Inspector Signature:

 AT
KEVIN CLARK



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3.19.18

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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002186

Permit Date: 3/19/2018

Parcel Number: **014822047**
PIN Number: 054906275755
Location: 41337 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 4
Legal Description: LOT: 10 BLK: SEC: 4

Owner: FURRY, DWIGHT R
Owner Address: 6283 GREENHILL RD NEW HOPE, PA 18938
Owner Phone: (-)

CONTRACTOR

Contractor Name: COMBS ELECTRIC
Contractor Address: 2915 BIRCHWOOD DRIVE, WINSTON SALEM, NC, 27103
Contractor Phone: (336)971-8055
NC License #: Combs

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$1000
Electrical Permit Fee: \$150

Comments:

Install new meter base & service disconnect Ground service

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

Richard Combs
RICHARD COMBS

Inspector Signature: _____

John Contestable
JOHN CONTESTABLE
AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004066

Permit Date: 3/1/2018

Parcel Number: **027385000**
PIN Number: 065817107202
Location: 25263 SEA ISLE HILLS DR WAVES
Subdivision Name: SEA ISLE HILLS
Legal Description: LOT: 1 BLK: SEC: 4

Owner: BREAKWATER BEACHES LIMITED
Owner Address: 5920 BUSH HILL DR ALEXANDRIA, VA 22310
Owner Phone: ()-

CONTRACTOR

Contractor Name: NORTH CAROLINA AIR CONDITIONING INC
Contractor Address: PO BOX 2209, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-3013
NC License #: 19037

DETAILS

Number of Heating Units: 1
Number of Registers: 12
Cost of Mechanical Job: \$5200
Mechanical Permit Fee: \$150

Comments:

--

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature: _____

JOHN PUGH

Inspector Signature: _____

KEVIN CLARK



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004067

Permit Date: 3/2/2018

Parcel Number: **020405000**
PIN Number: 987309078474
Location: 475 HARBOUR VIEW DR COLINGTON
Subdivision Name: COLINGTON HARBOR SEC S
Legal Description: LOT: 3 BLK: SEC: S

Owner: DAVIS, GREGORIA MORALES TRUSTEE
Owner Address: 11709 MALIBU ST CHESTER, VA 23831
Owner Phone: ()-

CONTRACTOR

Contractor Name: R A HOY
Contractor Address: PO BOX 265, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-2008
NC License #: 13056

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$6898
Mechanical Permit Fee: \$150

Comments:

Changeout 2.5 ton 16 seer Trane for the whole house

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

JIM GARBERINA

Inspector Signature:

CORY TATE

3-2-18

Cory Tate / 27 3-2-18



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004068

Permit Date: 3/5/2018

Parcel Number: **018767024**
PIN Number: 987305273894
Location: 204 COLINGWOOD LN COLINGTON
Subdivision Name: COLINGWOOD
Legal Description: LOT: 24 BLK: SEC:

Owner: ROCK, SCOTT B
Owner Address: 204 COLINGWOOD LN KILL DEVIL HILLS, NC 27948
Owner Phone: ()-

CONTRACTOR

Contractor Name: ATLANTIC HEATING AND COOLING LTD
Contractor Address: PO BOX 132, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 441-7642
NC License #: 11618

DETAILS

Number of Heating Units: 1
Number of Registers: 150
Cost of Mechanical Job: \$5100
Mechanical Permit Fee: \$150

Comments:

change out replace the HVAC equipment using 14 seer
r410A 2.5 ton Goodman heat pump and a matching
Goodman air handler

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:


HENRY LIVERMAN

Inspector Signature:

CORY TATE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004089

Permit Date: 3/8/2018

Parcel Number: **018724000**
PIN Number: 987420707316
Location: 1469 COLINGTON RD COLINGTON
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: FLOYD, DAVIE L
Owner Address: 234 SOUNDVIEW DR KILL DEVIL HILLS, NCÂ 27948
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS HEATING AND COOLING
Contractor Address: 701 FRESH POND DRIVE, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 252-441-1740
NC License #: 12643

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$18207
Mechanical Permit Fee: \$150

Comments:

replace HVAC with 14 seer 3 ton & 5 ton Daikin air handler
& heat pump

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Tom McDonald 2/8/18
TOM MCDONALD

Inspector Signature:

Cory Tate
CORY TATE
AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004093

Permit Date: 3/12/2018

Parcel Number: **011516000**
PIN Number: 065917100941
Location: 23237 SURF SIDE DR RODANTHE
Subdivision Name: SURF-SIDE SEC 2
Legal Description: LOT: 29 BLK: SEC: 2

Owner: SALTY SOULS INC
Owner Address: P. O. BOX 69 NAGS HEAD, NC 27959
Owner Phone: ()-

CONTRACTOR

Contractor Name: MASTER HEATING AND COOLING
Contractor Address: PO BOX 707, KITTY HAWK, NC, 27949
Contractor Phone: 255-0095
NC License #: 18066

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5750

Mechanical Permit Fee: \$150

Comments:

REPLACEMENT OF 2 TON HVAC SYSTEM- LENNOX R410a.
14 SEER

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Inspector Signature:

Wayland Jennette
WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004101

Permit Date: 3/13/2018

Parcel Number: **029332008**
PIN Number: 985708997497
Location: 7029 CURRITUCK RD MARTIN'S POINT
Subdivision Name: MARTIN'S POINT SECTION 2
Legal Description: LOT: 8 BLK: 3 SEC: 2

Owner: LEE, CLAYTON R
Owner Address: 7029 CURITUCK RD KITTY HAWK, NCÂ 27949
Owner Phone: ()-

CONTRACTOR

Contractor Name: AIR-O-SMITH
Contractor Address: 330 N. DOGWOOD TR., SOUTHERN SHORES, NC, 27949
Contractor Phone: (252)261-5238
NC License #: 30070

DETAILS


Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6982
Mechanical Permit Fee: \$150

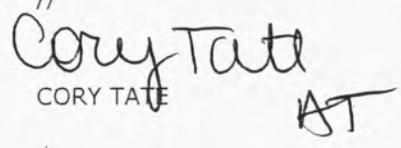
Comments:

REMOVE EXISTING HVAC SYSTEM AND INSTALL ONE 2.5 &
LINE/LOW VOLTAGE WIRING

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: 

Inspector Signature: 

CORY TATE

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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004104

Permit Date: 3/14/2018

Parcel Number: **004088006**
PIN Number: 988305284295
Location: 121 BAUM BAY DR KILL DEVIL HILLS OUT
Subdivision Name: BAUM BAY HARBOR SECS 1-4
Legal Description: LOT: 6 BLK: SEC: 1

Owner: KELLY, PAUL F
Owner Address: 121 BAUM BAY DR KILL DEVIL HILLS, NC 27948
Owner Phone: ()-

CONTRACTOR

Contractor Name: R A HOY
Contractor Address: PO BOX 265, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-2008
NC License #: 13056

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5969
Mechanical Permit Fee: \$150

Comments:

c/o 2.5 ton 14 seer trane system whole house with xl624
tstat

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

Rob Gallop

Inspector Signature:

Cory Tate
CORY TATE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004105

Permit Date: 3/14/2018

Parcel Number: **029330000**
PIN Number: 986713142587
Location: 4020 CREEK RD MARTIN'S POINT
Subdivision Name: MARTIN'S POINT SECTION 1
Legal Description: LOT: 19 BLK: 5 SEC: 1

Owner: EARLEY, ALTON WAYNE
Owner Address: 4020 CREEK RD KITTY HAWK, NC 27949
Owner Phone: ()-

CONTRACTOR

Contractor Name: R A HOY
Contractor Address: PO BOX 265, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-2008
NC License #: 13056

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$11608

Mechanical Permit Fee: \$150

Comments:

c/o ton 19.5 seer trane system 1st floor with xl 1050 tstat

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Applicant Signature:

Inspector Signature:

Cory Tate
CORY TATE
AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004107

Permit Date: 3/15/2018

Parcel Number: **024410028**
PIN Number: 987117012747
Location: 123 WEIR POINT DR MANTEO OUT
Subdivision Name: HERITAGE POINT PHASE 2
Legal Description: LOT: 70 BLK: SEC:

Owner: SHIELS, JAMES A
Owner Address: P O BOX 133 MANTEO, NC 27954
Owner Phone: ()-

CONTRACTOR

Contractor Name: MASTER HEATING AND COOLING
Contractor Address: PO BOX 707, KITTY HAWK, NC, 27949
Contractor Phone: 255-0095
NC License #: 18066

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5350

Mechanical Permit Fee: \$150

Comments:

change out of top level 2 ton maytag 14 seer R 410A

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

Inspector Signature:

Kevin Clark
KEVIN CLARK

AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004122

Permit Date: 3/19/2018

Parcel Number: **012744000**
PIN Number: 065809168130
Location: 24131 OCEAN DR RODANTHE
Subdivision Name: TRADE WINDS BEACHES
Legal Description: LOT: 3 BLK: SEC:

Owner: WINTEROBE, LLC
Owner Address: 558 DAVENPORT AVE # 11 CINCINNATI, OH 45204
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS HEATING AND COOLING
Contractor Address: 701 FRESH POND DRIVE, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 252-441-1740
NC License #: 12643

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$4039
Mechanical Permit Fee: \$150

Comments:

Replace heat pump (outdoor only) with 14 seer 2 ton
Carrier Heat pump

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

Tom McDonald 3-19-18

TOM MCDONALD

Inspector Signature:

Wayland Jennette
WAYLAND JENNETTE
AJ



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004123

Permit Date: 3/19/2018

Parcel Number: **020867000**
PIN Number: 986416728599
Location: 112 CLIPPER CT COLINGTON
Subdivision Name: COLINGTON HARBOR SEC Z
Legal Description: LOT: 31 BLK: SEC: Z

Owner: HOFFMAN, CAROLYN F
Owner Address: 112 CLIPPER CT KILL DEVIL HILLS, NC 27948
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS HEATING AND COOLING
Contractor Address: 701 FRESH POND DRIVE, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 252-441-1740
NC License #: 12643

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$8036
Mechanical Permit Fee: \$150

Comments:

replace HVAC with 14 seer 3 ton Daikin airhandler \$ heat pump

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Applicant Signature:

Tom McDonald 3/19-18

TOM MCDONALD

Inspector Signature:

Cory Tate
CORY TATE
AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004124

Permit Date: 3/20/2018

Parcel Number: **019834000**
PIN Number: 987417000258
Location: 242 BROADBAY DR COLINGTON
Subdivision Name: COLINGTON HARBOR SEC M
Legal Description: LOT: 81A BLK: SEC: M

Owner: DAVIS, JAMES M
Owner Address: 242 BROADBAY DR KILL DEVIL HILLS, NC 27948
Owner Phone: (-)

CONTRACTOR

Contractor Name: ALL-IN-ONE MECHANICAL, LLC
Contractor Address: P.O. BOX 3392, KITTY HAWK, NC, 27949
Contractor Phone: (252)491-5334
NC License #: 27675

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5800

Mechanical Permit Fee: \$150

Comments:

remove existing 1 1/2ton heat pump system. Install new
1 1/2 ton r 410A 14 seer American standard heat pump

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

W. W. Francis
WALLACE FRANCIS

Inspector Signature:

Cory Tate
CORY TATE
AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004138

Permit Date: 3/22/2018

Parcel Number: **020247000**
PIN Number: 987306285553
Location: 109 E SIR RICHARD COLINGTON
Subdivision Name: COLINGTON HARBOR SEC Q
Legal Description: LOT: 93 BLK: SEC: Q

Owner: SHIREY, THOMAS RICHARD
Owner Address: 2139 WOODCREST DR LYNCHBURG, VA 24503
Owner Phone: ()-

CONTRACTOR

Contractor Name: R A HOY
Contractor Address: PO BOX 265, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-2008
NC License #: 13056

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6578
Mechanical Permit Fee: \$150

Comments:

change out 2 ton 16 seer system top level with xl624 tstat

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Applicant Signature:

Inspector Signature:

Cory Tate
CORY TATE
AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004143

Permit Date: 3/26/2018

Parcel Number: **012746000**
PIN Number: 065809158925
Location: 24149 OCEAN DR RODANTHE
Subdivision Name: TRADE WINDS BEACHES
Legal Description: LOT: 5 BLK: SEC:

Owner: BOOSIN, MARGARET VALERIE TTEE
Owner Address: 130 LONGWORTH AVE WOODMERE, NYÅ 11598
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS HEATING AND COOLING
Contractor Address: 701 FRESH POND DRIVE, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 252-441-1740
NC License #: 12643

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6462
Mechanical Permit Fee: \$150

Comments:

replace HVAC with 14 seer 2 1/2 ton Daikin air handler &
heat pump with electrical

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Applicant Signature:

Tom McDonald

3-26-18

TOM MCDONALD

Inspector Signature:

Wayland Jennette
AT

WAYLAND JENNETTE



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004145

Permit Date: 3/26/2018

Parcel Number: **019912000**
PIN Number: 986308974778
Location: 1154 HARBOUR VIEW DR COLINGTON
Subdivision Name: COLINGTON HARBOR SEC N
Legal Description: LOT: 20 BLK: SEC: N

Owner: TOWNSEND, RICHARD H
Owner Address: 1002 BROOKWOOD DR JOPPA, MDÂ 21085
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS HEATING AND COOLING
Contractor Address: 701 FRESH POND DRIVE, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 252-441-1740
NC License #: 12643

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3953
Mechanical Permit Fee: \$150

Comments:

Replace airhandler with 14 seer 2 ton Daikin air handler with electrical

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Applicant Signature:

TOM MCDONALD

Tom McDonald 3-26-18

Inspector Signature:

Cory Tate
CORY TATE AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004146

Permit Date: 3/26/2018

Parcel Number: **024410036**
PIN Number: 986120917220
Location: 143 FORT HUGAR WAY MANTEO OUT
Subdivision Name: HERITAGE POINT PHASE 2
Legal Description: LOT: 78 BLK: SEC:

Owner: MORGAN, THOMAS L
Owner Address: 143 FORT HUGAR WAY MANTEO, NC 27954
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS HEATING AND COOLING
Contractor Address: 701 FRESH POND DRIVE, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 252-441-1740
NC License #: 12643

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$4693
Mechanical Permit Fee: \$150

Comments:

Replace HVAC with 14 seer 1 1/2 ton Daikin airhandler and Heat pump with electrical

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Applicant Signature:

TOM MCDONALD

T. McDonald 3-26-18

Inspector Signature:

Kevin Clark
KEVIN CLARK *AT*



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004147

Permit Date: 3/26/2018

Parcel Number: **025779000**
 PIN Number: 978907681261
 Location: 601 VISTA LAKE DR MANTEO OUT
 Subdivision Name: VISTA LAKE SEC 2
 Legal Description: LOT: 49 BLK: SEC:

Owner: PAGE, LESTER TALLY
 Owner Address: PO BOX 134 LYNDHURST, VA 22952
 Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS HEATING AND COOLING
 Contractor Address: 701 FRESH POND DRIVE, KILL DEVIL HILLS, NC, 27948
 Contractor Phone: 252-441-1740
 NC License #: 12643

DETAILS

Number of Heating Units: 1
 Number of Registers: 0
 Cost of Mechanical Job: \$7516
 Mechanical Permit Fee: \$150

Comments:

Replace HVAC with 14 seer 3 ton Daikin airhandler and Heat pump with electrical

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Applicant Signature:

TOM MCDONALD

[Handwritten Signature] 3-26-18

Inspector Signature:

[Handwritten Signature: Kevin Clark]
 KEVIN CLARK



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004148

Permit Date: 3/26/2018

Parcel Number: **012471004**
PIN Number: 064920914767
Location: 23183 PAPPY LN RODANTHE
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: 1B BLK: SEC:

Owner: HAINES, MARK E
Owner Address: 3087 PALOMINO TRL MASON, OHÅ 45040
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS HEATING AND COOLING
Contractor Address: 701 FRESH POND DRIVE, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 252-441-1740
NC License #: 12643

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$4600
Mechanical Permit Fee: \$150

Comments:

Replace HVAC with 14 seer 1/1/2 ton Daikin airhandler &
Heat pump w/ Electrical

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

TOM MCDONALD

Tom McDonald 3-26-18

Inspector Signature:

Wayland Jennette
WAYLAND JENNETTE
AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004150

Permit Date: 3/26/2018

Parcel Number: **028330001**
PIN Number: 065717005976
Location: 27257 SAND ST SALVO
Subdivision Name: J B HOOPER DIV
Legal Description: LOT: 1 BLK: SEC:

Owner: HAMILTON ADVISORS LLC
Owner Address: 257 HIDE A WAY LANE CENTRAL HIDEAWAY, TXÂ 75771
Owner Phone: (-)

CONTRACTOR

Contractor Name: OUTER BANKS HEATING AND COOLING
Contractor Address: 701 FRESH POND DRIVE, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 252-441-1740
NC License #: 12643

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$11047
Mechanical Permit Fee: \$150

Comments:

Replace HVAC with 14 seer 2 1/2 ton Carrier Airhandler & Heat pump

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:

TOM MCDONALD

Tom McDonald 3-26-18

Inspector Signature:

John Contestable
JOHN CONTESTABLE
AT



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MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004154

Permit Date: 3/28/2018

Parcel Number: **028311000**
PIN Number: 986717106786
Location: 2004 MARTINS POINT RD MARTIN'S POINT
Subdivision Name: MARTIN'S POINT SECTION 1
Legal Description: LOT: 17 BLK: 1 SEC: 1

Owner: LEISURE, BRADLEY C
Owner Address: P O BOX 102 BLAIN, PAA 17006
Owner Phone: (-)

CONTRACTOR

Contractor Name: NORTHBEACH SERVICES
Contractor Address: PO BOX 181, 284 HILLCREST DR, SOUTHERN SHORES, NC, 27949
Contractor Phone: 491-2878
NC License #: 22053

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$11180

Mechanical Permit Fee: \$150

Comments:

replacement of HVAC system with Trane 17 seer 5 ton Heat pump and matching air handler

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Inspector Signature:

Cory Tate
CORY TATE
AT



County of Dare
Planning Department
PO Box Drawer 1000
Manteo NC 27954

FAXED
3.29.18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004155

Permit Date: 3/29/2018

Parcel Number: **030025000**
PIN Number: 987007584380
Location: 239 BRAKEWOOD RD MANTEO OUT
Subdivision Name: BRAKEWOOD SEC. 3
Legal Description: LOT: 25A BLK: SEC: 3

Owner: MCGOWAN, JOHN K
Owner Address: 2349 A SANDFIDDLER RD COROLLA, NC 27927
Owner Phone: (-)

CONTRACTOR

Contractor Name: ALL SEASONS HEATING AND COOLING
Contractor Address: PO BOX 244, POINT HARBOR, NC, 27964
Contractor Phone: 252-491-9232
NC License #: 21198

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$7550
Mechanical Permit Fee: \$150

Comments:

installation of one Bryant 2 ton 15 seer split system heat pump wi. a 800 cfm variable speed a/a

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Inspector Signature:

Kevin Clark
KEVIN CLARK
AT



County of Dare
Planning Department
PO Box Drawer 1000
Manteo NC 27954

FAXED
3-29-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004156

Permit Date: 3/29/2018

Parcel Number: **025694429**
PIN Number: 989018306330
Location: 105 BALLAST POINT DR MANTEO IN
Subdivision Name: PIRATE'S COVE VLG LANDING PH 2
Legal Description: LOT: 93 BLK: SEC:

Owner: HAMED, MARTHA E
Owner Address: 105 BALLAST POINT DR MANTEO, NC 27954
Owner Phone: (-)

CONTRACTOR

Contractor Name: ALL SEASONS HEATING AND COOLING
Contractor Address: PO BOX 244, POINT HARBOR, NC, 27964
Contractor Phone: 252-491-9232
NC License #: 21198

DETAILS

Number of Heating Units: 3
Number of Registers: 0
Cost of Mechanical Job: \$6640

Mechanical Permit Fee: \$150

Comments:

Installation of on 20,000 BTU 21 Seer Mitscbishi Multi split heat pump with two wall mounted Ductless air handlers

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Inspector Signature:

Kevin Clark
KEVIN CLARK
AI

County of Dare
PO Box Drawer 1000
Manteo NC 27954



8000096

DARE COUNTY CONTRACTOR RELEASE FORM
MUST BE SIGNED BY OWNER OR AUTHORIZED AGENT OF COMPANY

Kevin Clark	Chief - Cory Tate	John Contestable	Wayland Jennette
Phone 252.475.5867	Phone 252.475.5872	Phone 252.475.5876	Phone 252.475.5877
Fax 252.473.6653	Fax 252.449.0207	Fax 252.995.3601	Fax 252.995.3601
Manteo (outside)	Colington-Martin's Point	Hatteras Island	Hatteras Island

Contractor/Company Name: OUTER BANKS L. P. GAS APPLIANCE
Address: 538 PARKWOOD DR KILL DEVIL HILLS, NC 27948
Telephone Number: (252)202-4673 Fax Number: (000)000-0000
License Number: -- License Classification: UU
Cost of Job: \$ 1000 Fee: \$ 150

GAS INSPECTION RELEASE

Permit #: 8000096 Date: 3/23/2018
Parcel #: 018762085 Inspector: CORY TATE *AK*

Signed: // *Ta* Date: 3/23/2018

Job/Location Information

Owner Name: PHILLIP HARRINGTON ENTERPRISES, LLC
Street Address: 109 OLD HOLLY LN COLINGTON
Subdivision: CARLYLE-ON-THE-SOUND
Lot Block Section Phase: LOT: 67 BLK: SEC:

THIS FORM MUST BE FILLED OUT COMPLETELY
INCLUDING SIGNATURE AND DATE, OR IT WILL NOT BE ACCEPTED!

**TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT**

5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/2/18

PROJECT ADDRESS #3 12th

Owner DRAGON PROPERTIES
Mailing Address 2018 CHARLEMAGNE DR
City, State, Zip VA BEACH VA 23451
Phone _____

Permit Number 10016
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name NATHAN G OWENS NC License/Classification 3360 WIMMO
Company Name JESSE N. OWENS ELECTRIC COMP.
Address 123 JESSE OWENS DRIVE Phone 252-473-8923 cell
City State & zip HARBOR NC 27941 Estimated Project Cost 800.00
Description of Work: WIDE GAPS AT END OF DRIVEWAY

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Nathan Owens
Signature of Licensee

3/2/18
Date

Billy Smith
Signature of Permit Official

3-2-18
Date

Billy Smith

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 02/28/18

PROJECT ADDRESS 2 Kingfisher Ct, ⁵⁵Kitty Hawk NC 27949

Owner GARRISON, Robert
Mailing Address 2 Kingfisher Ct
City, State, Zip Kitty Hawk NC 27949
Phone 949-466-2717

Permit Number 10015
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Joel Worsham NC License/Classification 21474 /Class 1
Company Name Comfort First Heating & Cooling
Address 7001 Lark Lane Phone 919-569-5161
City State & zip Sanford NC 27332 Estimated Project Cost _____
Description of Work: R/C 2.5 Ton HP w/ Coil (crawl) and 2.5 Ton 80% Gas Furnace (crawl)

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name Arthur Vincent Harmon II NC License/Classification 33486/ H3
Company Name Comfort First Heating & Cooling
Address PO Box 117 Phone 919-569-5161
City State & zip Powell's Point NC 27966 Estimated Project Cost 52,762
Description of Work: C/O 2.5 Ton HP w/ Coil (crawl) and 2.5 Ton 80% Gas Furnace (crawl), like for like

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee [Signature] Date 02-28-18

Signature of Permit Official [Signature] Date 3-7-18
JL DVS

TOWN OF SOUTHERN SHORES
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ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date February 15, 2018

PROJECT ADDRESS 101 Duck Woods Drive

Owner Kyle Forbes
Mailing Address 101 Duck Woods Drive
City, State, Zip Southern Shores NC 27949
Phone 252-452-7193

Permit Number 9992
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name Henry J Liverman NC License/Classification 11618, H2, H3-I

Company Name Atlantic Heating & Cooling, Ltd.

Address P O Box 132 Phone 252-441-7642

City State & zip Kill Devil Hills NC 27948 Estimated Project Cost ~~7,000~~ \$7,065

Description of Work: Remove & replace the indoor & outdoor sections of the HVAC system using an 18 SEER, R410A, 3.5 ton Amana heat pump & a matching air handler.

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Henry J Liverman 2/15/2018
Signature of Licensee Date

Bunkey Shelton 2-15-18
Signature of Permit Official Date
bu DVS

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT

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Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 02/26/18

PROJECT ADDRESS 190 Ocean Boulevard

Owner John Dailey
Mailing Address 133 Rametto Road
City, State, Zip Santa Barbara CA 93108
Phone 916-367-1500

Permit Number 10007
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name Henry J Liverman NC License/Classification 11618 / H2, H3-I
Company Name Atlantic Heating & Cooling, Ltd.
Address 904 Eighth Avenue (P O Box 132) Phone 252-441-7642
City State & zip Kill Devil Hills NC 27948 Estimated Project Cost ~~\$25,000~~ \$5,000
Description of Work: Remove & replace the indoor & outdoor sections of the HVAC system for the upstairs west zone using a 14 SEER R410A 2 ton Goodman heat pump & a matching Goodman air handler.

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Henry J Liverman 02/26/18
Signature of Licensee Date

Bridget Shelton
Signature of Permit Official Date
WJ DVS

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 02/27/2018
 PROJECT ADDRESS 14 FOURTH AVENUE
 Owner STEWART, JESSE J JR TRUSTEE
 Mailing Address 1600 RIVER FARM DR
 City, State, Zip ALEXANDRIA, VA 22308
 Phone 703-966-6206

Permit Number 10010
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name TIMOTHIE GRIFFITHS NC License/Classification 26180-U
 Company Name GRIFFITHS ELECTRICAL CONTRACTOR
 Address P.O. BOX 82 Phone 252-599-7891
 City State & zip HARBINGER, NC 27941 Estimated Project Cost _____
 Description of Work: LOW VOLTAGE ELECTRICAL WIRING

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name STEVE SMITH NC License/Classification 30070 H31
 Company Name AIR-O-SMITH, INC.
 Address 330 DOGWOOD TRAIL Phone 252-261-5238
 City State & zip SOUTHERN SHORES, NC 27949 Estimated Project Cost 14,000.00
 Description of Work: INSTALLATION (2) 2-TON, 16-SEER, HVAC SYSTEMS, LOW AND LINE VOLTAGE WIRING

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Steven M. Smith, President
 Signature of Licensee
Digitally signed by Steven M. Smith, President
 DN: cn=Steven M. Smith, President, ou=Air-O-Smith, Inc., ou=ema, email=steve@osmith@gmail.com, c=US
 Date: 2018.02.27 16:20:48 -0500

Buddy J. Howard
 Signature of Permit Official
 Date 2-27-18
 DF
 3-5-18

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 3-5-18
PROJECT ADDRESS 33 Ninth Ave
Owner Douglas Redden
Mailing Address _____
City, State, Zip _____
Phone _____

Permit Number 10017
Fee \$ 100⁰⁰

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name GEORGE P VIAL NC License/Classification 23856-6/
Company Name NORTH CAROLINA AIR COND
Address PO Box 2209 Phone 261-3013
City State & zip Kitty Hawk NC 27949 Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name JOHN W. PUGH NC License/Classification 19037/4-1-1, H2 H3
Company Name NORTH CAROLINA AIR COND.
Address PO Box 2209 Phone 261-3013
City State & zip Kitty Hawk NC 27949 Estimated Project Cost 5415⁰⁰
Description of Work: Replacement of top floor system w/Heil 2T 14 Seer System

hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of licensee
3/5/18
Date

[Signature] 35-18
Signature of Permit Official Date
[Signature]

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT

5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3-6-18

PROJECT ADDRESS 9 Soundview Trl

Owner CASA TA, VICTORIO
Mailing Address 101 30th St
City, State, Zip Bradenton Beach, FL 34217
Phone _____

Permit Number 10018
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Cliff Leonard NC License/Classification 25626
Company Name S. F. S. S.
Address Box 3057 Phone 202-1981
City State & zip 1004 N.C. 27948 Estimated Project Cost N/A
Description of Work: Hook up hp + AHU

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name Robert Eiko NC License/Classification 20077
Company Name SURBOR
Address Box 3057 Phone 261-4949
City State & zip 1004 N.C. 27948 Estimated Project Cost 5700⁰⁰
Description of Work: Replace 3 ton 14 sea Trane hp + AHU

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

RK ZA Signature of Licensee
3/5/18 Date

Buddy Steiner Signature of Permit Official
3-6-18 Date
JY DLS



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10014**

LOCATION: 249 Hillcrest Drive

**Parcel: 022138000 PIN: 986814321628
District: 20- SOUTHERN SHORES
Subdivision: SO/SH SOUNDSIDE BLK 95
LotBlkSect: LOT: 8 BLK: 95 SEC:**

**MCGANN, SAMUEL W III
249 HILLCREST DR
KITTY HAWK NC 27949**

PHONE #: 252-261-1321

CELL #: 252-202-9463

**BUSINESS NAME: Northeastern Marine
CONTRACTOR'S NAME: Bill Jones
ADDRESS: PO Box 42
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#: 252-261-3682
CELL#:
FAX#:
EMAIL:**

**NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 30026
LIMITATION: Limited
CLASSIFICATION: Marine
QUALIFIER: William Jones**

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a 90lf landward retainer wall 4ft and portions 6ft max height

SPECIAL CONDITIONS - All wood below base flood elevation is required to be treated

TYPE OF CONSTRUCTION: Other – retaining wall	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: n/a
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED:
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE:	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE:	

*****The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

TOTAL CONSTRUCTION COST	\$9,720		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	\$
		TOTAL FEE	\$100.00

Julie Emory Julie Emory
Applicant - Owner/Contractor (Please print and sign name)

3/16/18
Date Issued

Burton Shelton
Building/Code/Zoning Official
J. DNS

3-6-18
Date Approved

**TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT**

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Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/07/18

PROJECT ADDRESS 14 Hickory Trail

Owner Raymond Contestabile

Mailing Address 4971 S Piner Rd

City, State, Zip Fibersville PA 15044

Phone 724 443 5349

Permit Number 10024
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

PLUMBING = Licensee Name Ken Long Jr NC License/Classification 30190
Company Name Absolute Plumbing
Address 110 Quarry Landing Ct Phone 252 489 1439
City State & zip Hartsville NC 27941 Estimated Project Cost 11000-40

Description of Work: New water service

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee

3/07/18
Date

Buddy Sheffer 03-716
Signature of Permit Official
J. D. B.
Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3-8-2018

PROJECT ADDRESS 170 S. Dogwood Trl

Owner Arnom Harris
Mailing Address 1550 Tavistock Pl
City, State, Zip Roanoke VA 22947
Phone 703-395-0900

Permit Number 01
Fee \$ 100.00

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name Hersey B. Norris NC License/Classification 11100 PH1, H2, H3

Company Name Norris Mechanical LLC

Address 100 Freedom Ave Phone 252-491-2673

City State & zip Powells Point NC 27966 Estimated Project Cost \$ 5500.00

Description of Work: Change out HVAC system

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

DC Strauder 3/8/18
Signature of Licensee Date

Bundy Shott 3-8-18
Signature of Permit Official Date

FAXED



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10009**

Location: 59 S Dogwood Trail
Parcel: 022602000 PIN: 986714333958
District: 20- SOUTHERN SHORES
Subdivision: SO/SH BLK 128
LotBlkSect: LOT: 4 BLK: 128 SEC:

GABORIK, CARL W EUX
GABORIK, SUSAN L EUX
608 COLONEL BYRD ST
CHESAPEAKE VA 23323
PHONE #: 757-814-8052 CELL #:

BUSINESS NAME: Richard Scott Noble
CONTRACTOR'S NAME: Richard S. Noble
ADDRESS: 3121 Maryhill Ct
CITY, STATE, ZIP: Kill Devil Hills, NC 27948
OFFICE#: 252-202-2453
CELL#:
FAX#:
EMAIL: nobilo777@msn.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 52132
LIMITATION: Limited
CLASSIFICATION: Residential
QUALIFIER: Richard Scott Noble
LIEN AGENT: First American Title Insurance Company Entry# 806642
19 W. Hargett Street, Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Addition – existing carport /deck converted to heated living space 507sq and Remodel – master bathroom

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Addition/Remodel	TYPE OF FOUNDATION: Block/Pile	PERMIT TYPE: Residential
	HEAT: Heat Pump	RESIDENCE/2 nd HOME/RENTAL: 2 nd Home
TOTAL HEATED/LIVING AREAS (SF): 507	A/C: Heat Pump	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS-1
	EXTERIOR WALLS: Cedar Lap	ZONING PERMIT #: n/a
NUMBER OF STORIES: 1	FIREPLACE:	DATE ISSUED:
BEDROOMS: 2 new to become 4 total	ROOF: Asphalt	
SEPTIC CAPACITY # OF PERSONS: 8	INSULATION: Batt	CAMA PERMIT #: n/a
BATHS: 1 to become 3 total	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: 27515
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED: 2/5/2018
FLOOD ZONE: AE	WINDOWS MAKE: Jeld-Wen	
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	TYPE: Slid-Vinyl	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$75,000		
HEATED/LIVING AREA (sf) (new square footage)	507	X .60/sf (single family) =	\$304.20
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$6,500	X \$10 per \$1,000 of cost =	\$65.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$379.20

[Signature] **RICHARD S. NOBLE** 3-8-18
Applicant - Owner/Contractor (Please print and sign name) Date Issued
[Signature] **BUNNY SHEPHERD** 3-6-18
Building/Code/Zoning Official Date Approved
[Signature] **DVS**



**TOWN OF SOUTHERN SHORES
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www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT # 10019**

Location: 88 Poteskeet Trail
Parcel: 022383449 PIN: 986711555616
District: 20- SOUTHERN SHORES
Subdivision: CHICAHIAUK
LotBlkSect: LOT: 449 BLK: SEC:

**STRICKLAND, DAVID M EUX
STRICKLAND, REBECCA L EUX
88 POTESKEET TRL
SOUTHERN SHORES NC 27949**

PHONE #: 252-261-1162

CELL #:

BUSINESS NAME:
CONTRACTOR'S NAME: Property Owner
ADDRESS:
CITY, STATE, ZIP:
OFFICE#:
CELL#:
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR: ___ YES ___ X ___ NO
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Remodel – Replace roof, kitchen cabinets, flooring, bathroom vanities and associated plumbing, electrical, mechanical as needed

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Remodel	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: n/a
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED:
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: AE	WINDOWS MAKE:	
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$40,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$40,000	X \$10 per \$1,000 of cost =	\$400.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$
		TOTAL FEE	\$400.00

David M Strickland
Applicant - Owner/Contractor

David M. Strickland
(Please print and sign name)

3-6-18
Date Issued

Buddy Sheaton
Building/Code/Zoning Official

3-6-18
Date Approved

DJ DLS



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10023**

Location: 4 Sand Piper Lane
Parcel: 021649000 PIN: 986815536754
District: 20- SOUTHERN SHORES
Subdivision: SO/SH AMENDED BLKS 34-37 SEC 3
LotBlkSect: LOT: B & S 1/2 OF C BLK: 36 SEC: 3

DUNE CREST, LLC
3052 LYNNDAL RD
VIRGINIA BEACH VA 23452

PHONE #: 757-376-9468

CELL #:

BUSINESS NAME: Musick Concrete Services
CONTRACTOR'S NAME: Ed Musick
ADDRESS: 718 W Kitty Hawk Road
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#:
CELL#: 252-202-1241
FAX#: 252-255-2618
EMAIL: edmusick@embarqmail.com

NC G.C. LICENSED CONTRACTOR: ___YES ___X_NO
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Repair pool deck/apron, remove portions of pool deck and relocate with no increase in existing lot coverage

SPECIAL CONDITIONS - Concrete must be frangible and meet FEMA requirements

TYPE OF CONSTRUCTION: Repair	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Rental
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: 2018-20
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED: 3/8/2018
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: Exemption #2018-05
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED: 3/8/2018
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: VE	WINDOWS MAKE:	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE:	

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TOTAL CONSTRUCTION COST	\$12,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$12,000	X \$10 per \$1,000 of cost =	\$120.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$
		TOTAL FEE	\$170.00

Edward D Musick

Edward D Musick

3-8-18

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

Burke Shelton

3-8-18

Building/Code/Zoning Official

DJ DS

Date Approved



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10020

Location: 148 Crooked Back Loop
Parcel: 022383179 PIN: 986711659557
District: 20- SOUTHERN SHORES
Subdivision: CHICHAUK
LotBlkSect: LOT: 179 BLK: SEC:

BARRETT, BRUCE OWEN EUX
BARRETT, SANDRA EUX
 462 BUNN HILL RD
 VESTAL NY 13850

PHONE #: 607-760-9076

CELL #:

BUSINESS NAME: KJ Construction
CONTRACTOR'S NAME: Keith Dobie
ADDRESS: PO Box 242
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#:
CELL#: 252-207-6589
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 59936
LIMITATION: Unlimited
CLASSIFICATION: Building
QUALIFIER: Keith Dobie

LIEN AGENT: Fidelity National Title Company Entry#784883
 19 W. Hargett St., Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Replace existing pool, pool deck and fence in a new location

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory Pool	TYPE OF FOUNDATION: Pilings	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: R5-1
	EXTERIOR WALLS:	ZONING PERMIT #: 2018-21
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED: 3/12/2018
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: 27459
STORAGE ENCLOSURE: POOL: Replace existing	PORCHES (SF):	DATE ISSUED: 1/17/2018
FLOOD ZONE: Shaded X	WINDOWS MAKE:	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$95,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$125.00
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$185.00

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

Keith Dobie Jr

3-12-18

Building/Code/Zoning Official

Date Approved

DVS

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



Date 3/2/18
 PROJECT ADDRESS 76 S. Dogwood
 Owner Gualtieri
 Mailing Address 76 S. Dogwood
 City, State, Zip Southern Shores NC 27949
 Phone 252-261-5097

Permit Number 10031
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Jimmy Weaver NC License/Classification 24744
 Company Name North Beach Services
 Address P.O. Box 181 Phone 252-491-2878
 City State & zip Kitty Hawk NC Estimated Project Cost 100
 Description of Work: All necessary electrical hookups

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name Suzanne Rich NC License/Classification 33023
 Company Name North Beach Services
 Address P.O. Box 181 Phone 252-491-2878
 City State & zip Kitty Hawk NC Estimated Project Cost 4944.00
 Description of Work: Replace existing heat pump and air handler with matching 1.5 ton heat pump + air handler

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Jimmy Weaver
 Signature of Licensee 3/2/18
 Date

Brenda Shestak
 Signature of Permit Official 3-13-18
 Date
JL DS

TOWN OF SOUTHERN SHORES

5375 N Virginia Dare Trl
Southern Shores NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



Date 3/2/18
PROJECT ADDRESS 90 Skyline Rd
Owner Red Rock Mgt - Barry Parsons
Mailing Address 11525 East Foot Lane
City, State, Zip Burke VA 23024
Phone 540-267-6359

Permit Number 10032
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Jimmy Weaver NC License/Classification 24744
Company Name North Beach Services
Address P.O. Box 181 Phone 252-491-2878
City State & zip Kitty Hawk NC Estimated Project Cost 100
Description of Work: All necessary electrical hookups

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name Suzanne Rich NC License/Classification 33023
Company Name North Beach Services
Address P.O. Box 181 Phone 252-491-2878
City State & zip Kitty Hawk NC Estimated Project Cost 4642.00
Description of Work: Replace existing heat pump and air handler with matching 1.5 ton heat pump + matching air handler

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Jimmy Weaver
Signature of Licensee 3/2/18
Date

Buddy Shelton
Signature of Permit Official 3-13-18
Date
JD

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 3-13-18
PROJECT ADDRESS 154 Pateskeet Loop
Owner Chatterton, Alfred
Mailing Address _____
City, State, Zip _____
Phone _____

Permit Number 10034

Fee \$ 100⁰⁰

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name GEORGE P VIAL

NC License/Classification 23856-6/

Company Name NORTH CAROLINA AIR COND

Address PO Box 2209

Phone 261-3013

City State & zip Kitty Hawk NC 27949

Estimated Project Cost _____

Description of Work: _____

PLUMBING = Licensee Name _____

NC License/Classification _____

Company Name _____

Address _____

Phone _____

City State & zip _____

Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____

NC License/Classification _____

Company Name _____

Address _____

Phone _____

City State & zip _____

Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name JOHN W. PUGH

NC License/Classification 19037/H-1-1, H2 H3

Company Name NORTH CAROLINA AIR COND.

Address PO Box 2209

Phone 261-3013

City State & zip Kitty Hawk NC 27949

Estimated Project Cost 5890⁰⁰

Description of Work: Replacement of top floor system with Accore egg - 3T 14 beer system

hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee

3/13/18
Date

Buddy Shotton 3-13-18
Signature of Permit Official Date
JM DVS



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10012**

Location: 43 North Dune Loop

Parcel: 022523054 PIN: 986805093520
District: 20- SOUTHERN SHORES
Subdivision: SO/SH BLK 61-A LOTS 45-68 PH 3

**STICKLE, ANDREW J EUX
STICKLE, BARBARA ELLEN EUX
29 WOODLAND CT
POMPTON PLAINS NJ 07444**

PHONE #: 973-934-0177

CELL #:

BUSINESS NAME: Southern Scapes Pool & Landscape Design
CONTRACTOR'S NAME: Tom May, Jr.
ADDRESS: PO Box 359
CITY, STATE, ZIP: Jarvisburg, NC 27947
OFFICE#: 252-491-5303
CELL#: 252-202-4301
FAX#:
EMAIL: admin@southernscapesllc.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 77270
LIMITATION: Limited
CLASSIFICATION: Residential
QUALIFIER: Thomas Harry May, Jr

LIEN AGENT: Stewart Title Guaranty Company Entry#804281
19 W. Hargett Street, Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a new pool, pool deck, fence and cabana (open on 3 sides)– total area 1,086sf

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory Pool	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Rental
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: 2018-24
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED: 3/12/2018
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #:
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: 27550
STORAGE ENCLOSURE: POOL: total area 1,086sf	PORCHES (SF):	DATE ISSUED: 2/14/2018 & 3/13/2018
FLOOD ZONE: Shaded X	WINDOWS MAKE:	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$38,603		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$125.00
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$185.00

Applicant - Owner/Contractor Matthew Potter (Please print and sign name) 3-13-18 Date Issued
Buddy Shelton Building/Code/Zoning Official JM DVS Date Approved 3-13-18



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10021**

Location: 43 N Fox Grape Lane
Parcel: 022212000 PIN: 986818404807
District: 20- SOUTHERN SHORES
Subdivision: SO/SH SOUNDSIDE BLK 160
LotBlkSect: LOT: 1 BLK: 160 SEC:

REDFIELD, JAMES W JR TTEE TIC
4707 N 38TH ST
ARLINGTON VA 22207

PHONE #: 703-598-8480

CELL #:

BUSINESS NAME: Southern Scapes Pool & Landscape Design
CONTRACTOR'S NAME: Tom May, Jr.
ADDRESS: PO Box 359
CITY, STATE, ZIP: Jarvisburg, NC 27947
OFFICE#: 252-491-5303
CELL#: 252-202-4301
FAX#:
EMAIL: admin@southernscapesllc.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 77270
LIMITATION: Limited
CLASSIFICATION: Residential
QUALIFIER: Thomas Harry May, Jr

LIEN AGENT: Investors Title Insurance Company Entry#808439
19 W. Hargett Street, Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Replacement of existing pool – proposed pool, pool deck and fence – total area 1,016sf

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory Pool	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Rental
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: 2018-23
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED: 3/12/2018
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #:
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: 27568
STORAGE ENCLOSURE: POOL: total area 1,016sf	PORCHES (SF):	DATE ISSUED: 2/21/2018
FLOOD ZONE: Shaded X	WINDOWS MAKE:	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$39,874		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$125.00
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$
		TOTAL FEE	\$175.00

[Signature]
Applicant - Owner/Contractor (Please print and sign name)

[Signature]
Building/Code/Zoning Official

Mr. Howard Potter

3-13-18

Date Issued

3-13-18

Date Approved



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Phone (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #: 10011**

Location: 54 Deer Path Lane
Parcel: 029112000 PIN: 986715635323
District: 20- SOUTHERN SHORES
Subdivision: CHICHAUK
LotBlkSect: LOT: 412 BLK: SEC:

**SMITH, STEVEN M EUX
SMITH, BERNADETTE R EUX
152 VISTA CT
LAKE LURE NC 28746**

PHONE #: 614-599-4999

CELL #:

BUSINESS NAME: Southern Scapes Garden Center, Inc.
CONTRACTOR'S NAME: Tom May, Jr.
ADDRESS: PO Box 359
CITY, STATE, ZIP: Jarvisburg, NC 27947
OFFICE#: 252-491-5303
CELL#: 252-202-4301
FAX#:
EMAIL: admin@southernscapesllc.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 64251
LIMITATION: Limited
CLASSIFICATION: Residential
QUALIFIER: Thomas Harry May, Jr

LIEN AGENT: Fidelity National Title Company Entry# 803629
19 W. Hargett St., Suite 507, Raleigh, NC 27601


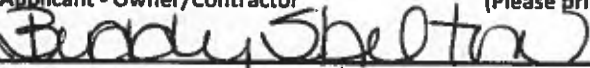
DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a pool, pool deck and fence – total area 1,031 sf

SPECIAL CONDITIONS - V-Zone Certifications required

TYPE OF CONSTRUCTION: Accessory/Pool	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE OR RENTAL: Residence
NON-HEATED AREAS (SF):	A/C:	PROPERTY USE: Single family dwelling
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS-1
HABITABLE ROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: 2018-22
BEDROOMS:	FIREPLACE:	DATE ISSUED: 3/12/2018
OCCUPANCY:	ROOF:	
BATHS: ½ BATHS:	INSULATION:	CAMA PERMIT #:
GARAGE: SHED: STORAGE ENCLOSURE:	FLOORING:	DATE ISSUED:
FLOOD ZONE: Shaded X	ELEVATOR (SF):	SEPTIC PERMIT #: Approved site plan
BASE FLOOD ELEVATION: PLUS 2FT=	WINDOWS: MAKE TYPE	DATE ISSUED: 2/14/2018

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

ESTIMATED CONSTRUCTION COST =	\$56,116		
HEATED/LIVING AREA (sf) =		X .60/sf (single family) =	
		X .75/sf (all others) =	
NON-HEATED AREA (sf) =		X .30/sf (single family) =	
		X .35/sf (all others) =	
REMODELING COST =		X \$10 per \$1,000 of cost =	
		Pool = \$125	\$125.00
		Zoning Permit Fee = \$50.00	\$50.00
		Plan Review Fee = \$150 or \$100	
		Minimum Permit Fee = \$100	
		Homeowner's Recovery Fund = \$10	\$10.00
		TOTAL FEE	\$185.00



 Applicant - Owner/Contractor (Please print and sign name) Matthew Potter
 Building/Code/Zoning Official 3-13-18
Date Issued
3-12-18
Date Approved

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/14/2018
PROJECT ADDRESS 282 N DOGWOOD TRAIL
Owner DAVID TARNER
Mailing Address 2166 JOHNS HOPKINS RD
City, State, Zip GAMBRILLS, M.D. 21054
Phone 410-721-3721

Permit Number 10045
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH
Description of Work: CONNECTION OF MECH EQUIP BELOW

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 6563
Description of Work: C/O 2.5 TON 16 SEER TRANE SYSTEM LOWER LEVEL WITH XL624 T-STAT

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 3/14/2018
Signature of Licensee Date
Douglas Wakeley (ELEC)

Buddy Sheehan 3-14-18
Signature of Permit Official Date
DJ DLS



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10022**

Location: 134 Crooked Back Loop
Parcel: 022383119 PIN: 986711663124
District: 20- SOUTHERN SHORES
Subdivision: CHICHAUK
LotBlkSect: LOT: 119 BLK: SEC:

SELLERS, SUSAN JOHNSTON
10 HALIFAX CT
ROCKVILLE MD 20850

PHONE #: 301-424-9559

CELL #:

BUSINESS NAME:
CONTRACTOR'S NAME: Property Owner
ADDRESS:
CITY, STATE, ZIP:
OFFICE#:
CELL#:
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR: ___ YES ___X___ NO
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Replacement of existing swimming pool within the same location – no increase in footprint

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Repair	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: n/a
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED:
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL: existing	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE:	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$15,829		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$125.00
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$
		TOTAL FEE	\$125.00

Susan Johnston Sellers *Susan Johnston Sellers* *3-14-2018*
Applicant - Owner/Contractor (Please print and sign name) Date Issued
Bucky Shelton *Ju DVS*
Building/Code/Zoning Official Date Approved

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 9-9-18
PROJECT ADDRESS 16 FOXWOOD CIRCLE
Owner GREG PADILLA
Mailing Address 16 FOXWOOD CIRCLE
City, State, Zip SOUTHERN SHORES
Phone 252-222-9159

Permit Number 10035
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name ANTHONY PRITCHETT NC License/Classification 18066 H¹/₃ & H²
Company Name MASTER HEATING & COOLING
Address P O BOX 707 Phone 252-255-0095
City State & zip KITTY HAWK NC 27949 Estimated Project Cost \$7050
Description of Work: Replacement of 2TON 16 SEER, R410A LENNOX HEAT PUMP SYSTEM

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature] 3/15/18
Signature of Licensee Date

Buddy Shelton 3-15-18
Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3-9-18
 PROJECT ADDRESS 22 Ocean Blvd
 Owner William Edwards
 Mailing Address 17381 POPC SWAMPTRL
 City, State, Zip WINDSOR VA 23487
 Phone 757-357-2348

Permit Number 10036
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name ANTHONY PRITCHETT NC License/Classification 18066 #H1/3 #H2
 Company Name MASTER HEATING & COOLING
 Address P O BOX 707 Phone 255-0095
 City State & zip KITTY HAWK NC 27949 Estimated Project Cost 11,695
 Description of Work: Replacement of (1) 2TON & (1) 3TON MAYTAG HEAT PUMP SYSTEM - R410A - 14 SEER

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

3/15/18 [Signature]
 Signature of Licensee Date

Buddy Shelton 3-15-18
 Signature of Permit Official Date
[Signature]

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date ~~3/1/18~~ 3/12/2018
 PROJECT ADDRESS 51 TRINITY TR
 Owner WILLIAM SILBERMAN
 Mailing Address 306 ORCHARD COVE LN
 City, State, Zip CALLAO, VA 22435
 Phone _____

Permit Number 10037
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
 Company Name PRECISE ELECTRICAL SERVICES
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name ANTHONY R. PRITCHETT NC License/Classification 18066
 Company Name MASTER HEATING & COOLING
 Address PO Box 707 Phone 252.255.0095
 City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 5750.00
 Description of Work: INSTALL (1) 2.5 TON, 14 SEER, R410A
MAYTAG HEAT PUMP SYSTEM

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony R. Pritchett 3/12/18 Buddy Sheffer 3-15-18
 Signature of Licensee Date Signature of Permit Official Date
JUNIS



TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov

SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/12/2018
 PROJECT ADDRESS 153 Holly Trl
 Owner FREN ARNOLD
 Mailing Address 153 Holly Trail
 City, State, Zip Southern Shores, NC
 Phone 252-261-6003

Permit Number 10038
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name ANTHONY R. PRITCHETT NC License/Classification 18066
 Company Name MASTER HEATING & COOLING
 Address PO Box 707 Phone _____
 City State & zip Kitty Hawk, NC 27949 Estimated Project Cost \$5,000
 Description of Work: INSTALL DUCTLESS MINI SPLIT 12K
HEAT CONTROLLER BRAND

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Ernest Rabe 3/12/18
 Signature of Licensee Date

Buddy Shatto 3-15-18
 Signature of Permit Official Date
JH JS



TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov

SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/12/2018
 PROJECT ADDRESS 292 SEA OATS TR
 Owner JOHN HLANKA
 Mailing Address 31 E 216TH ST
 City, State, Zip EDGEW, OH 44126
 Phone 216.654.7676

Permit Number 10039
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name PRECISE NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: SIGN OFF

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name ANTHONY R PRITCHETT NC License/Classification 184106 43/10/12
 Company Name MASTER HEATING & COOLING
 Address PO Box 707 Phone 252.255.4095
 City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 6400
 Description of Work: REPLACE LOWER LEVEL HVAC SYSTEM
AMERICAN STANDARD - 410A-14 SEER

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Clare Raby
 Signature of Licensee

3/12/18
 Date

Buddy Shelton 3-15-18
 Signature of Permit Official Date
JY JUS

TOWN OF SOUTHERN SHORES
 PLANNING AND CODE
 ENFORCEMENT
 5375 N Virginia Dare Trl
 Southern Shores NC 27949
 (252) 261-2394 ext 4 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/12/2018

PROJECT ADDRESS 7 TWELFTH AVE

Owner STEPHANIE PREBULLA
 Mailing Address 1401 CALUMET ST UNIT 204
 City, State, Zip HOUSTON, TX 77004-7158
 Phone _____

Permit Number 10040
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name ANTHONY R. PRITCHETT NC License/Classification 15066
 Company Name MASTER HEATING & COOLING
 Address PO Box 707 Phone 252-258-0095
 City State & zip Kitty Hawk, NC 27948 Estimated Project Cost 5000
 Description of Work: CHANGING 1.5 Ton HVAC SYSTEM AT
LOWER LEVEL 14 SEER, 41PA MAY TAG

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature] 3/12/18
 Signature of Licensee Date

[Signature] 3-15-18
 Signature of Permit Official Date
JY JVS

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/12/2018
 PROJECT ADDRESS 202 SEA OATS TR LN
 Owner Malon Putney
 Mailing Address _____
 City, State, Zip _____
 Phone _____

Permit Number 10041
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name PRECISE NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name ANTHONY R. PRITCHETT NC License/Classification 18466 1-1/2 HZ
 Company Name Master Heating & Cooling
 Address PO Box 707 Phone 252.255.0095
 City State & zip Kitty Hawk NC 27949 Estimated Project Cost 5200
 Description of Work: REPLACING OUTDOOR HEAT PUMP & CASED COIL AT THE AIR HANDLER ON MAIN LIVING AREA, MAYTAG 3TON HEAT PUMP & COIL, 410A, 14 SEER

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Elsene Raby 3/12/18
 Signature of Licensee Date

Buddy Shelton 3-15-18
 Signature of Permit Official Date
JUNIK

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/12/2018

PROJECT ADDRESS 6 PURPLE MARTIN LN

Owner EDWARDS
Mailing Address 10223 FIRE TOWER RD
City, State, Zip WINNERS, VA 23487
Phone _____

Permit Number 10042
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name 26395 v NC License/Classification _____
Company Name PRECISE ELECTRICAL
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name ANTHONY R PRITCHETT NC License/Classification 18066
Company Name MASTER HEATING & COOLING
Address PO Box 707 Phone 252.255.0095
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 6250
Description of Work: (1) 2.5 TON 14 SEER R410A MAYTAG HEAT PUMP SYSTEM

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Elmeri Roney 3/12/18
Signature of Licensee Date

Burke Shelton 3-5-18
Signature of Permit Official Date
JDU XIK

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/12/2018

PROJECT ADDRESS 93 OCEAN BLVD

Owner SMITH, JACQUELYN McCLOUD, TRUSTEE
 Mailing Address 1944 LANSING CREST LN
 City, State, Zip CHESAPEAKE, VA 23323
 Phone _____

Permit Number 10043
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
 Company Name PRECISE
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name ANTHONY R. PRITCHETT NC License/Classification 180106
 Company Name MASTER HEATING & COOLING
 Address PO Box 707 Phone 252.255.0095
 City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 13,600
 Description of Work: CHANGE OUT (1) 35 TON (TOP LEVEL), (1) 3 TON (MID LEVEL) MAYTAG HEAT PUMP SYSTEMS, 14 SEER, R410A

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Elaine Robery 3/12/18
 Signature of Licensee Date

Bladen J. Otku 3-15-18
 Signature of Permit Official Date
 JDL/NK

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT

5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/15/18

PROJECT ADDRESS 83 Wild Swan Ln.

Owner Jones Land Holdings, LLC
Mailing Address 1600 Limekn Ct
City, State, Zip Wilmington, NC 28403
Phone Chip Zimmerman 478-363-7080

Permit Number 10046
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Mack Melton NC License/Classification U-30633
Company Name Suburban Electric Services, Inc
Address 1400 Maritime Woods Dr. Phone 252-475-1372
City State & zip Manteo, NC 27954 Estimated Project Cost \$800
Description of Work: Install circuit for tanning bed

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Mack Melton
Signature of Licensee

Date

Bruce Speltz 3-15-18
Signature of Permit Official JM DKS Date



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
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RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10026

Location: 41 Tenth Avenue

Parcel: 020994034 PIN: 986805175744

District: 20- SOUTHERN SHORES

Subdivision: SO/SH BLK 60

LotBlkSect: LOT: 34 BLK: 60 SEC

SILBERNAGEL, SUSAN M

41 10TH AVE W

SOUTHERN SHORES NC 27949

PHONE #: 203-733-8927

CELL #:

BUSINESS NAME: Bluestreak Real Estate and Construction, Inc

CONTRACTOR'S NAME: Thom Watkins

ADDRESS: 1807 Upper Dune Rd

CITY, STATE, ZIP: Kill Devil Hills, NC 27948

OFFICE#: 252-256-2991

CELL#: 252-256-2534

FAX#:

EMAIL: obxthom@msn.com

NC G.C. LICENSED CONTRACTOR: X YES NO

NC G.C. LICENSE NUMBER: 64644

LIMITATION: Limited

CLASSIFICATION: Building

QUALIFIER: John (Thom) Watkins

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of new elevator, stairs and sitting room = 196sf heated enclosed living space and 26sf non heated area

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Additions	TYPE OF FOUNDATION: pile	PERMIT TYPE: Residential
	HEAT: heat pump	RESIDENCE/2ND HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF): 196	A/C: heat pump	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 26	INTERIOR WALLS: drywall	ZONING DISTRICT: RS-1
	EXTERIOR WALLS: cedar lap	ZONING PERMIT #: 2018-28
NUMBER OF STORIES:	FIREPLACE: n/a	DATE ISSUED: 3/15/2018
BEDROOMS:	ROOF: asphalt	
SEPTIC CAPACITY # OF PERSONS:	INSULATION: batt	CAMA PERMIT #: n/a
BATHS: 1/2 BATHS:	ELEVATOR (SF): 26	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF): n/a	SEPTIC PERMIT #: 26859
STORAGE ENCLOSURE: POOL:	PORCHES (SF): n/a	DATE ISSUED: 3/7/2018
FLOOD ZONE: Shaded X	WINDOWS MAKE: Anderson	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE: Casement	

*****The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

TOTAL CONSTRUCTION COST	\$77,000		
HEATED/LIVING AREA (sf) (new square footage)	196	X .60/sf (single family) =	\$117.60
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)	26	X .30/sf (single family) =	\$7.80
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$185.40

John Thom Watkins
 Applicant - Owner/Contractor (Please print and sign name)

3/16/18
 Date Issued

Buddy S. Belton
 Building/Code/Zoning Official

3-15-18
 Date Approved

JL DVS



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
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**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10047**

Location: 219 Hillcrest Drive

**Parcel: 022180000 PIN: 986818411137
District: 20- SOUTHERN SHORES
Subdivision: SO/SH SOUND SIDE BLK 95
LotBlkSect: LOT: 22 BLK: 95 SEC:**

**DEAN, THOMAS C EUX
MARKHAM, SALLY ANN EUX
219 HILLCREST DR
KITTY HAWK NC 27949**

PHONE #: 252-722-1137

CELL #:

**BUSINESS NAME: Jenkins Services, Inc
CONTRACTOR'S NAME:
ADDRESS: 22980 Shaw Rd
CITY, STATE, ZIP: Sterling, VA 20166-9446
OFFICE#: 703-450-6580
CELL#: 757-407-5187 (Michael Jimenez)
FAX#:
EMAIL: mjimenez@jenkinsrestorations.com**

**NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 70380
LIMITATION: Unlimited
CLASSIFICATION: Building
QUALIFIER: Michael Stuart Wijdoogen - Warren Paxton Jenkins**

LIEN AGENT: n/a

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): Restoration from fire damage - demo 1st floor - insulation, drywall, electrical and hvac

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Repair	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: n/a
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED:
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: n/a
BATHS: 1/2 BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE:	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE:	

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TOTAL CONSTRUCTION COST	\$60,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$60,000	X \$10 per \$1,000 of cost =	\$Fee Waived
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$
		TOTAL FEE	\$Fee Waived

Michael Jimenez **MICHAEL JIMENEZ** **3/19/18**
Applicant - Owner/Contractor (Please print and sign name) Date Issued
Bunley Shepton **DUINS** **3-19-18**
Building/Code/Zoning Official Date Approved



**TOWN OF SOUTHERN SHORES
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**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #: 10049**

Parcel: 021393000
PIN: 986813126929
Location: 252 N DOGWOOD TRL
District: [20] SOUTHERN SHORES
Subdiv: [S650] SO/SH SOUNDSIDE BLK 109
Lot-Block-Sect: LOT: 19 BLK: 109 SEC:

Owner: SUTHERLAND, DANIEL M
Owner: SUSAN B SUTHERLAND
Address: 252 DOGWOOD TRL N
KITTY HAWK NC 27949

PHONE #: 252-261-3318

CELL #:

BUSINESS NAME: Sandmark Construction Inc
CONTRACTOR'S NAME: Mark Martin
ADDRESS: 191 Wax Myrtle Trl
CITY, STATE, ZIP: Southern Shores, NC 27949
OFFICE#: 252-261-1123
CELL#: 252-202-3808
FAX#: 252-261-5879
EMAIL: mark@outherbanksbuilders.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 46703
LIMITATION: Intermediate
CLASSIFICATION: Residential
QUALIFIER: Mark Martin

LIEN AGENT: N/A

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a 33sf elevator addition

SPECIAL CONDITIONS - All wood below base flood elevation is required to be treated

TYPE OF CONSTRUCTION: Addition	TYPE OF FOUNDATION: mono slab	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
NON-HEATED AREAS (SF): 33	A/C:	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES:	INTERIOR WALLS: drywall	ZONING DISTRICT: RS-1
HABITABLE ROOMS:	EXTERIOR WALLS: vinyl	ZONING PERMIT #: 2018-26
BEDROOMS:	FIREPLACE: n/a	DATE ISSUED: 3/16/2018
OCCUPANCY:	ROOF: metal	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	INSULATION: batt	DATE ISSUED:
GARAGE: SHED: STORAGE ENCLOSURE:	ELEVATOR (SF): 33	SEPTIC PERMIT #: n/a – approved site plan
	WINDOWS:	DATE ISSUED: 3/14/2018
FLOOD ZONE: AE/Shaded X	MAKE:	
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	TYPE:	

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TOTAL CONSTRUCTION COST	\$49,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)	33	X .30/sf (single family) = X .35/sf (all others) =	\$n/a
REMODEL/REPAIR/ALTERATION (no additional square footage)		X \$10 per \$1,000 of cost =	\$
		Pool = \$125	
		Zoning Permit = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	10.00
		TOTAL FEE	\$160.00

Pandy Mark *Sandy Martin* 3/19/18
Applicant - Owner/Contractor (Please print and sign name)

Buddy Shelton
Building/Code/Zoning Official *DJ DVS*

Date Issued
3-16-18
Date Approved



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
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**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10044**

Location: 3 Mallard Cove Lp.

Parcel: 022519003 PIN: 986714326986

District: 20- SOUTHERN SHORES

Subdivision: MALLARD COVE PHASE 1

LotBlkSect: LOT: 3 BLK: SEC:

ETHERIDGE, LINDA S EUX

ETHERIDGE, OLIVER EUX

1824 RIVERSHORE RD

ELIZABETH CITY NC 27909

PHONE #: 252-202-5166

CELL #:

BUSINESS NAME: Don Jennings

CONTRACTOR'S NAME: Don Jennings

ADDRESS: 515 W Soundside Rd

CITY, STATE, ZIP: Nags Head, NC 27959

OFFICE#:

CELL#: 252-207-4936

FAX#:

EMAIL: donjenningshomes@yahoo.com

NC G.C. LICENSED CONTRACTOR: YES NO

NC G.C. LICENSE NUMBER: 32637

LIMITATION: Intermediate

CLASSIFICATION: Residential

QUALIFIER: Donald F. Jennings

LIEN AGENT: Chicago Title Company, LLC Entry# 814823

19 W. Hargett Street, Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Addition of a 10' x 14' heated sunroom and 9' x 10' laundry room.

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Additions	TYPE OF FOUNDATION: Piling	PERMIT TYPE:
	HEAT: Heat pump	RESIDENCE/2nd HOME/RENTAL:
TOTAL HEATED/LIVING AREAS (SF): 230	A/C: Heat pump	PROPERTY USE:
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS: drywall	ZONING DISTRICT:
	EXTERIOR WALLS: cedar shakes	ZONING PERMIT #: 2018-27
NUMBER OF STORIES: 1	FIREPLACE:	DATE ISSUED: 3/16/2018
BEDROOMS:	ROOF: asphalt	
SEPTIC CAPACITY # OF PERSONS:	INSULATION: batt	CAMA PERMIT #:
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: 27632
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED: 3/12/2018
FLOOD ZONE: AE	WINDOWS MAKE: Anderson	
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	TYPE: Double hung	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$40,000		
HEATED/LIVING AREA (sf) (new square footage)	230	X .60/sf (single family) =	\$138.00
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$198.00

Donald F. Jennings
Applicant - Owner/Contractor

Donald F. Jennings
(Please print and sign name)

3-20-18
Date Issued

Buddy Shelton
Building/Code/Zoning Official

Du. NIS

3-19-18
Date Approved

Date Approved



TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
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SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/15/18
 PROJECT ADDRESS 357 Sea Oats Trl
 Owner Johnson, Pamela
 Mailing Address 357 Sea Oats Trl
 City, State, Zip Southern Shores NC
 Phone 757-404-4259

Permit Number 10050
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Jimmy Weaver NC License/Classification 04744
 Company Name North Beach Services
 Address P.O. Box 181 Phone 252-491-2878
 City State & zip Kitty Hawk NC Estimated Project Cost 100
 Description of Work: All necessary electrical hook ups

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name Suzanne Rich NC License/Classification 33023
 Company Name North Beach Services
 Address P.O. Box 181 Phone 252-491-2878
 City State & zip Kitty Hawk NC Estimated Project Cost 6215.00
 Description of Work: Replace existing heat pump and air handler with matching 3.5 ton heat pump

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Jimmy J. Weaver
 Signature of Licensee _____ Date _____

Buddy Skelton 3-21-18
 Signature of Permit Official _____ Date _____
DL/DVS



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**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10048**

Location: 111 Clam Shell Trail

Parcel: 005071070 PIN: 986711763899

District: 20- SOUTHERN SHORES

Subdivision: CHICHAUK

LotBlkSect: LOT: 70 BLK: SEC:

**KRUSE, PAUL F EUX
KRUSE, ELLEN R EUX
8200 COACH ST
POTOMAC MD 20854**

PHONE #:

CELL #:

BUSINESS NAME: JB Sims Construction Company, Inc

CONTRACTOR'S NAME: James B Sims

ADDRESS: 262 Wax Myrtle Trl

CITY, STATE, ZIP: Southern Shores, NC 27949

OFFICE#: 252-261-1085

CELL#: 757-748-2150

FAX#:

EMAIL: simsrus@aol.com

NC G.C. LICENSED CONTRACTOR: YES NO

NC G.C. LICENSE NUMBER: 39307

LIMITATION: Limited

CLASSIFICATION: Residential

QUALIFIER: James B Sims

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a ground level enclosure – use as pool cabana room 195sf – finished and non-heated (pass through window, bar counter and refrigerator)

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Addition	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 195	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS-1
	EXTERIOR WALLS: hardi-plank	ZONING PERMIT #:
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED:
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION: Not proposed	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE ROG:	DECKS:	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL:	PORCHES:	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE: Simonton	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE: Single Hung	

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TOTAL CONSTRUCTION COST	\$15,000		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)	195	X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$	X \$10 per \$1,000 of cost =	\$
(no additional square footage)			
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$110.00

[Signature] **JB SIMS** **3/21/18**
Applicant - Owner/Contractor (Please print and sign name) **Date Issued**
[Signature] **3-16-18**
Building/Code/Zoning official **Date Approved**

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/21/2018

PROJECT ADDRESS 125 S. Dogwood Trl

Owner Kenny Grainger

Mailing Address 125 S. Dogwood Trl

City, State, Zip Southern Shores, NC 27949

Phone 252-255-1441

Permit Number 10051
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name TIMOTHIE GRIFFITHS NC License/Classification 26180-U
Company Name GRIFFITHS ELECTRICAL CONTRACTOR
Address P.O. BOX 82 Phone 252-599-7891
City State & zip HARRINGER, NC 27941 Estimated Project Cost _____
Description of Work: LOW VOLTAGE ELECTRICAL WIRING

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name STEVE SMITH NC License/Classification 30070 H31
Company Name AIR-O-SMITH, INC.
Address 330 DOGWOOD TRAIL Phone 252-261-5238
City State & zip SOUTHERN SHORES, NC 27949 Estimated Project Cost 5684
Description of Work: Install 2-Ton Multi port ductless HVAC system.

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Steven M. Smith, President
Signature of Licensee _____ Date _____

Digitally signed by Steven M. Smith, President
DN: cn=Steven M. Smith, President, ou=Air-O-Smith, Inc., ou=email@steveairsmith@gmail.com, c=US
Date: 2018.03.21 14:44:30 -0400

Benny Shaton 3-21-18
Signature of Permit Official _____ Date _____



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

TOWN OF SOUTHERN SHORES

5375 N Virginia Dare Trl

Southern Shores NC

27949

(252) 261-2394 tel

(252) 255-0876 fax

www.southernshores-nc.gov

Date 3-23-18

PROJECT ADDRESS 2 Ocean Loop

Owner Ben Davis

Mailing Address 20705 River Rd

City, State, Zip Courtland VA 23837

Phone 757-653-8248

Permit Number 10052

Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Christopher Sterner NC License/Classification 22217

Company Name Chris's Electrical + Mechanical LLC

Address 2039 New Bern St Phone 252-480-0738

City State & zip Kill Devil Hills Estimated Project Cost _____

Description of Work: I took up HVAC Equipment

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name Christopher Sterner NC License/Classification 20044

Company Name Chris's Electrical + Mechanical

Address 2039 New Bern St Phone 252-480-0738

City State & zip Kill Devil Hills NC 27948 Estimated Project Cost 8200.00

Description of Work: Replace HVAC system upstairs with York 2.5 Ton HP + AH 14SEER also replace duct work with R8 Flexible duct 9 supplies and 1 return

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: Replace HVAC

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee

3-23-18
Date

[Signature]
Signature of Permit Official
By: WA

3-23-18
Date



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10033**

Location: 2 Circle Drive
Parcel: 021595000 PIN: 986814430789
District: 20- SOUTHERN SHORES
Subdivision: SO/SH BEACH BLK 38 AMENDED
LotBlkSect: LOT: 28 BLK: 38 SEC:

NORTH BEACH DEVELOPMENT LLC
4826 N CROATAN HWY
KITTY HAWK NC 27949

PHONE #: 252-261-3815

CELL #:

BUSINESS NAME: Beach Realty of North Carolina, Inc
CONTRACTOR'S NAME: James C Ward
ADDRESS: 4826 N Croatan Hwy
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#: 252-261-3815
CELL#:
FAX#: 252-261-1704
EMAIL: haley@beachrealtync.com

NC G.C. LICENSED CONTRACTOR: X YES NO
NC G.C. LICENSE NUMBER: 23201
LIMITATION: Unlimited
CLASSIFICATION:
QUALIFIER: James C Ward

LIEN AGENT: Fidelity National Title Company Entry#15223
19 W. Hargett Street, Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a new SFD w/ 2,294sf enclosed living areas, 1,717sf non-heated area (deck, porches and attached garage) 4 bedrooms, #8 person septic capacity

SPECIAL CONDITIONS - Optional room over garage and bathroom approved as unfinished space only

TYPE OF CONSTRUCTION: New SFD	TYPE OF FOUNDATION: Piling	PERMIT TYPE: Residential
	HEAT: Heat Pump	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF): 2,294	A/C: Heat Pump	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 1,717	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS-1
	EXTERIOR WALLS: LP Lap Siding	ZONING PERMIT #: 2018-29
NUMBER OF STORIES: 2	FIREPLACE: Gas	DATE ISSUED: 3/19/2018
BEDROOMS: 4	ROOF: Asphalt	
SEPTIC CAPACITY # OF PERSONS: 8	INSULATION: Batt	CAMA PERMIT #:
BATHS: 3 ½ BATHS: 1	ELEVATOR (SF): n/a	DATE ISSUED:
ATTACHED GARAGE: 728	DECKS (SF): 128	SEPTIC PERMIT #: 27616
POOL: 28x44 total area	PORCHES (SF): 304	DATE ISSUED: 3/12/2018
FLOOD ZONE: Shaded X	WINDOWS MAKE: Simonton	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE: Double Hung	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$380,000		
HEATED/LIVING AREA (sf)	2,294	X .60/sf (single family) =	\$1,376.40
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)	1,717	X .30/sf (single family) =	\$515.10
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$	X \$10 per \$1,000 of cost =	\$
(no additional square footage)			
		Pool = \$125	\$125.00
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$PD
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$2,076.50

Haley Papa
Applicant - Owner/Contractor

Haley Papa
(Please print and sign name)

3-26-18
Date Issued

Bunby Shelton
Building/Code/Zoning Official

JLI DVS

3-19-18
Date Approved

TOWN OF SOUTHERN SHORES
 PLANNING AND CODE
 ENFORCEMENT
 5375 N Virginia Dare Trl
 Southern Shores NC 27949
 (252) 261-2394 ext 4 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3-27-18

PROJECT ADDRESS 33 Skyline Rd.
 Owner Todd SCHINDLER / GRANT, Latoria
 Mailing Address 2502 Hanover Ave
 City, State, Zip Richmond VA 23220
 Phone _____

Permit Number 10043
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name MARK BURBIC NC License/Classification H-3 CLASS I
 Company Name Air Apparent Heat & Cooling
 Address P.O. Box 2087 Phone 252-715-1728
 City State & zip Kitty Hawk NC 27949 Estimated Project Cost 4500.00
 Description of Work: New 2.5 ton 14 SEER HEAT PUMP - AIR HANDLER
& skw heat int.

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature] 3-27-18
 Signature of Licensee Date

Buddy Speltz 3-27-
 Signature of Permit Official Date
J. J. INS



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10062**

Location: 1 Sea Bass Circle (oceanfront parcel)
Parcel:
PIN:
District: 20- SOUTHERN SHORES
Subdivision:
LotBlkSect: LOT: BLK: SEC:

**FEAGANS, MARY W
WATTS, JAMES O IV
3890 PEAKLAND PL DOUGLAS, MARY DABNEY W
LYNCHBURG VA 24503**

PHONE #: 434-660-4252

CELL #:

BUSINESS NAME:
CONTRACTOR'S NAME: Property Owner
ADDRESS:
CITY, STATE, ZIP:
OFFICE#:
CELL#:
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR: ___ YES ___ X_NO
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:

LIEN AGENT: n/a




DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Replace existing dune deck/beach stairs – Construction of a new 12'x12' dune deck and beach access walkway/stairs


SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory/Dune Deck	TYPE OF FOUNDATION: Piling	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: 2 nd Home
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 144	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: n/a
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED:
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: 2018-09
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED: 3/26/2018
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #:
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: VE	WINDOWS MAKE:	
BASE FLOOD ELEVATION: 12FT PLUS 2FT= 14FT	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$10,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	\$
		TOTAL FEE	\$100.00

 Applicant - Owner/Contractor (Please print and sign name) Date Issued 3/24/18
 Building/Code/Zoning Official Date Approved 3-26-18




TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10024

Location: 6 Purple Martin Ln
Parcel: 021660000 PIN: 986815533987
District: 20- SOUTHERN SHORES
Subdivision: SO/SH AMENDED BLKS 34-37 SEC 3
LotBlkSect: LOT: 3 BLK: 37 SEC: 3

EDWARDS, KENNETH EUX
MILLER-EDWARDS, WENDY L EUX
 10263 FIRETOWER RD
 WINDSOR VA 23487

PHONE #: 757-436-7863

CELL #:

BUSINESS NAME: William K Gibson
CONTRACTOR'S NAME: William K Gibson
ADDRESS: PO Box 2622
CITY, STATE, ZIP: Kill Devil Hills, NC 27948
OFFICE#:
CELL#: 252-207-2700
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR: ___YES ___X___NO
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Add an A-Frame roof, new windows and re-roof

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Remodel	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2 nd HOME/RENTAL: 2 nd home
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS: drywall	ZONING DISTRICT: RS-1
	EXTERIOR WALLS: lap	ZONING PERMIT #: n/a
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED:
BEDROOMS:	ROOF: asphalt	
SEPTIC CAPACITY # OF PERSONS:	INSULATION: batt	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: VE	WINDOWS MAKE: Simonton	
BASE FLOOD ELEVATION: 12FT PLUS 2FT= 14FT	TYPE: Vinyl	

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TOTAL CONSTRUCTION COST	\$21,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$21,000	X \$10 per \$1,000 of cost =	\$210.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$
		TOTAL FEE	\$210.00

Applicant - Owner/Contractor
 Buddy Shelton

(Please print and sign name)

Date Issued

Date Approved

Building/Code/Zoning Official

W.D. DAVIS

3-12-18

3-12-18



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10061**

Location: 264 N Dogwood Trail
Parcel: 021388000 PIN: 986813137637
District: 20- SOUTHERN SHORES
Subdivision: SO/SH SOUNDSIDE BLK 109
LotBlkSect: LOT: 13 BLK: 109 SEC:

BERNARD, THERESA H EVR
BERNARD, BRUCE G SR EVR
264 N DOGWOOD TRL
SOUTHERN SHORES NC 27949

PHONE #: 757-503-7887

CELL #:

BUSINESS NAME: Iron Key, LLC
CONTRACTOR'S NAME: W A Lucas, IV
ADDRESS: 246 Hillcrest Dr
CITY, STATE, ZIP: Southern Shores, NC 27949
OFFICE#:
CELL#: 252-256-0949
FAX#:
EMAIL: zekedog60@gmail.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 58783
LIMITATION: Intermediate
CLASSIFICATION: Building
QUALIFIER: William Allen Lucas, IV

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a 6'x6' open deck and enclose existing porch into non-heated area

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Addition (deck/porch Enclosure)	TYPE OF FOUNDATION: Piling HEAT: n/a A/C: n/a	PERMIT TYPE: Residential RESIDENCE/2 nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 36	EXTERIOR WALLS:	ZONING DISTRICT: RS-1
NUMBER OF STORIES:	FIREPLACE:	ZONING PERMIT #: 2018-31
BEDROOMS:	ROOF:	DATE ISSUED: 3/26/2018
SEPTIC CAPACITY # OF PERSONS:	INSULATION: n/a	CAMA PERMIT #: Minor 2018-08
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED: 3/23/2018
GARAGE: STORAGE BLDG:	DECKS (SF): 36	SEPTIC PERMIT #:
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE:	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$5,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)	36	X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$1,500	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$160.00

Theresa Bernard Theresa Bernard
Applicant - Owner/Contractor (Please print and sign name)

3-28-18
Date Issued

Bundy Shelton
Building/Code/Zoning Official
DJ DVS

3-27-18
Date Approved



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10067**

Location: 2 Thirteenth Avenue

Parcel: 021317000 PIN: 986806390538

District: 20- SOUTHERN SHORES

Subdivision: SEA CREST VILLAGE

LotBlkSect: LOT: 1 & 2 BLK: 59 SEC

**LOOS, KURT M EUX
FRANZ, ASTRID EUX
5902 MOUNT EAGLE DR APT 1014
ALEXANDRIA VA 22303**

PHONE #: 252-207-7900

CELL #:

**BUSINESS NAME: J.A. Hart General Contractor, LLC
CONTRACTOR'S NAME: Jay A. Hart
ADDRESS: PO Box 1782
CITY, STATE, ZIP: Kill Devil Hills, NC 27948
OFFICE#:
CELL#: 252-207-7900
FAX#:
EMAIL: accounts@hpsobx.com**

**NC G.C. LICENSED CONTRACTOR: X YES NO
NC G.C. LICENSE NUMBER: 61800
LIMITATION: Limited
CLASSIFICATION: Building
QUALIFIER: Jay Allan Hart**

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Installation of generator/6x6 stand on south side of dwelling

SPECIAL CONDITIONS - Proposed elevation of the top of stand is 15.6' (RFE = 14')

TYPE OF CONSTRUCTION: Accessory/Generator	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2ND HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: 2018-32
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED: 3/28/2018
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: VE	WINDOWS MAKE:	
BASE FLOOD ELEVATION: 12FT PLUS 2FT= 14FT	TYPE:	

*****The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

TOTAL CONSTRUCTION COST	\$34,500		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	
		Pool = \$125	
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$160.00

J.A. Hart
Applicant - Owner/Contractor
Billy Shelton
Building/Code/Zoning Official
By: WA

Jay A Hart
(Please print and sign name)

3-28-18
Date Issued
3-28-18
Date Approved

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/13/18

PROJECT ADDRESS 48 Fox Grape Ln.

Owner DOUGHERTY Jeanne
 Mailing Address 3405 VASSAR DR
 City, State, Zip Ankorage, AK 99508
 Phone _____

Permit Number 10053
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Precise Electrical NC License/Classification 26395A

Company Name _____
 Address _____
 City State & zip _____ Phone _____
 Description of Work: _____
 Estimated Project Cost _____

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____
 City State & zip _____ Phone _____
 Description of Work: _____
 Estimated Project Cost _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____
 City State & zip _____ Phone _____
 Description of Work: _____
 Estimated Project Cost _____

MECHANICAL = Licensee Name Anthony Pritchett NC License/Classification NC 18066 H31, +H2

Company Name _____
 Address MASTER HEATING & COOLING
 City State & zip P.O. BOX 707
KITTY HAWK NC 27949 Phone 252 255 0095
 Description of Work: CHANGE OUT & Replace 2 Ton HVAC SYSTEM
w/2 ton MAYTAG, 14 SEER, 410A. Estimated Project Cost 5000.-

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____
 City State & zip _____ Phone _____
 Description of Work: _____
 Estimated Project Cost _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony Pritchett 3/13/18
 Signature of Licensee Date

Buddy Shelton 3-28-18
 Signature of Permit Official Date
 DU DVS

SANFORD

SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



Date 3/13/18

PROJECT ADDRESS 226 Wax Myrtle TR.

Owner Crab Tree Cove LLC

Mailing Address 1324 Cornwall Pl

City, State, Zip NOFOLK VA 23508

Phone _____

Permit Number 10054
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Precise Electrical NC License/Classification 26395A

Company Name _____

Address _____

City State & zip _____ Phone _____

Description of Work: _____ Estimated Project Cost _____

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____

City State & zip _____ Phone _____

Description of Work: _____ Estimated Project Cost _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____

City State & zip _____ Phone _____

Description of Work: _____ Estimated Project Cost _____

MECHANICAL = Licensee Name Anthony Prithett NC License/Classification NC 18066 H31, +H 2

Company Name _____

Address MASTER HEATING & COOLING Phone 252 255-0095

City State & zip P.O. BOX 707 Estimated Project Cost 5750.-
KITTY HAWK NC 27949

Description of Work: CHANGE OUT 2 Replace RUDD unit w/
2.5 ton Maytag 14 Seer, R410A

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____

City State & zip _____ Phone _____

Description of Work: _____ Estimated Project Cost _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony Prithett 3/13/18
Signature of Licensee Date

Buddy Shelton 3-28-18
Signature of Permit Official Date
DU DVS

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/13/18
 PROJECT ADDRESS 17 Twelfth Ave
 Owner Brooks, Paul
 Mailing Address 204 Swan Swamp Rd
 City, State, Zip HONESDALE PA 18431
 Phone _____

Permit Number 10055
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Precise Electrical NC License/Classification 26395A

Company Name _____
 Address _____
 City State & zip _____ Phone _____
 Description of Work: _____
 Estimated Project Cost _____

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____
 City State & zip _____ Phone _____
 Description of Work: _____
 Estimated Project Cost _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____
 City State & zip _____ Phone _____
 Description of Work: _____
 Estimated Project Cost _____

MECHANICAL = Licensee Name Anthony Prithetti NC License/Classification NC 18066 H31, +H2

Company Name _____
 Address MASTER HEATING & COOLING
 City State & zip P.O. BOX 707
KITTY HAWK NC 27949 Phone 252 255 0095
 Description of Work: CHANGE OUT 2 (1) 3 ton MAYTAG HVAC
SYSTEM 14 Seer - R 410A Estimated Project Cost 6050.-

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____
 City State & zip _____ Phone _____
 Description of Work: _____
 Estimated Project Cost _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony Prithetti 3/13/18
 Signature of Licensee Date

Buddy Shelton 3-28-18
 Signature of Permit Official Date
DLS

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/13/18

PROJECT ADDRESS 10 Soundview Cir

Owner GARY NOEL
 Mailing Address 16 Highland DR
 City, State, Zip CARWELL, NJ 07006
 Phone _____

Permit Number 10056
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Precise Electrical NC License/Classification 26395U

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____

Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name Anthony Pritchett NC License/Classification NC 18066 H31, +H2

Company Name _____
 Address MASTER HEATING & COOLING Phone 252 255 0095
P.O. BOX 707
 City State & zip K. TTY HAWK NC 27949 Estimated Project Cost 14,800.-

Description of Work: CHANGE OUT (1) 4 ton + (1) 2 ton HVAC SYSTEMS - Lennox Brand, 16 SEER, R410A

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony Pritchett 3/13/18
 Signature of Licensee Date

Bundy Shelton 3-28-
 Signature of Permit Official Date
 DL/DLS

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/13/18
 PROJECT ADDRESS 35 Ocean View Loop
 Owner Kane, Brian
 Mailing Address 6837 Pacific Ln
 City, State, Zip Annandale VA 22003
 Phone _____

Permit Number 10057
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Prceise Electrical NC License/Classification 26395U

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name Anthony Prithett NC License/Classification NC18066 H31, +H2

Company Name _____
 Address MASTER HEATING & COOLING Phone 252 255 0095
 City State & zip P.O. BOX 707 Estimated Project Cost 9675.-
KITTY HAWK, NC 27949

Description of Work: CHANGE OUT 8 DOUBLE CHG OUT: (1) 1.5 ton: (1) 2.5 ton, 14 SEER, R 410A MAYTAG Heat Pump Sy

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony Prithett 3/13/18
 Signature of Licerisee Date

Buddy Shelton 3-28-18
 Signature of Permit Official Date
DJ DJS

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/13/18
 PROJECT ADDRESS 174 DUCK RD.
 Owner Kuszman (55520+52)
 Mailing Address 174 DUCK RD. LLC
 City, State, Zip S. Shores NC 27949
 Phone _____

Permit Number 10058
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Precise Electrical NC License/Classification 26395U

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name Anthony Prithett NC License/Classification NC 18066 H31, +H2

Company Name _____
 Address MASTER HEATING & COOLING Phone 252 255 0095
P.O. BOX 707
 City State & zip KITTY HAWK NC 27949 Estimated Project Cost \$750.-
 Description of Work: CHANGE OUT (1) 2.5 ton, 14 SEER R410.
MAYTAG Heat Pump System

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony Prithett 3/13/18
 Signature of Licensee Date

Buddy Shelton 3-28-18
 Signature of Permit Official Date
JDV

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/13/18
PROJECT ADDRESS 167 Beechtree TR.
Owner Bachman, Robert
Mailing Address 167 Beechtree TR
City, State, Zip S. Shores NC 27949
Phone _____

Permit Number 10059
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Precise Electrical NC License/Classification 26395A
Company Name _____
Address _____
City State & zip _____ Phone _____
Description of Work: _____ Estimated Project Cost _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____
City State & zip _____ Phone _____
Description of Work: _____ Estimated Project Cost _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____
City State & zip _____ Phone _____
Description of Work: _____ Estimated Project Cost _____

MECHANICAL = Licensee Name Anthony PRITCHETT NC License/Classification NC 18066 H31, +H2
Company Name _____
Address MASTER HEATING & COOLING
City State & zip P.O. BOX 707 Phone 252 255-0095
KITTY HAWK NC 27949 Estimated Project Cost 12050.-
Description of Work: CHANGE OUT 2 TOP LEVEL (1) 1.5 Ton Lennox 16 Seer
10w level: (1) 3.5 ton, 14 Seer R 410A Lennox

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____
City State & zip _____ Phone _____
Description of Work: _____ Estimated Project Cost _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony Pritchett 3/13/18
Signature of Licensee Date

Buddy Shearer 3-28-18
Signature of Permit Official Date
DUINS

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/13/18
 PROJECT ADDRESS 208 Pelican Watch way
 Owner Thurston, Patrick
 Mailing Address 6509 Rock Crystal Dr
 City, State, Zip Clifton, VA 20124
 Phone _____

Permit Number 10064
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name ANTHONY PRITCHETT NC License/Classification NC 18066-43/ FH 2
 Company Name MASTER HEATING + COOLING
 Address PO BOX 707 Phone 252-255-0095
 City State & zip KLITHAWK Estimated Project Cost 7450
 Description of Work: Replacement of lower level 2.5 TON MAYTAG
14 SEER - R410A

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony Pritchett 3/14/18
 Signature of Licensee Date

Buckley, She Otter 3/14/18 3-28
 Signature of Permit Official Date
JL DVS

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 3/13/18

PROJECT ADDRESS 16 FOXWOOD CR.

Owner GREG PADILLA
 Mailing Address 16 FOXWOOD CR.
 City, State, Zip S. SHORES NC 27949
 Phone _____

Permit Number 10065
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification 26395A
 Company Name Precise Electrical
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name Anthony Pristner NC License/Classification NC 18066 H3/1 + 1
 Company Name MASTER Heating & Cooling
 Address P.O. Box 707 Phone 252 255 0095
 City State & zip Kitty Hawk NC Estimated Project Cost 6000.
 Description of Work: Changing out lower level 2 Ton w/ Lennox 16 SEER 410A

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Anthony Pristner 3/13/18
 Signature of Licensee Date

Buddy Shelton 3-28-18
 Signature of Permit Official Date
 DL/D/S



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
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(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10060**

Location: 32A Pelican Watch Way

Parcel: 022802001 PIN: 98771712042801

District: 20- SOUTHERN SHORES

Subdivision: PELICAN WATCH

LotBlkSect: LOT: 1 UT A BLK: SEC:

TRENT, GEORGE W JR EUX

TRENT, STEPHANIE D EUX

2623 REID SCHOOL RD

REIDSVILLE NC 27320

PHONE #:

CELL #:

BUSINESS NAME: Macko Construction (T/A SMS Construction, Inc)

CONTRACTOR'S NAME: Brian K Susco

ADDRESS: PO Box 3689

CITY, STATE, ZIP: Kill Devil Hills, NC 27948

OFFICE#: 252-480-6411

CELL#: 252-202-2028

FAX#:

EMAIL:

NC G.C. LICENSED CONTRACTOR: YES NO

NC G.C. LICENSE NUMBER: 62049

LIMITATION: Unlimited

CLASSIFICATION: Building

QUALIFIER: Brian K Susco

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Repair – replace rotted plywood & framing and replace 5 windows and siding

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Repair	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2nd HOME/RENTAL: Rental
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Duplex
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-8
	EXTERIOR WALLS:	ZONING PERMIT #: n/a
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED:
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: VE	WINDOWS MAKE:	
BASE FLOOD ELEVATION: 12FT PLUS 2FT= 14FT	TYPE:	

*****The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

TOTAL CONSTRUCTION COST	\$12,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$12,000	X \$10 per \$1,000 of cost =	\$120.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$130.00

Brian K Susco
Applicant - Owner/Contractor

Brian K Susco
(Please print and sign name)

3-27-18
Date Issued

Burley Sheaton
Building/Code/Zoning Official
JL DKS

3-27-18
Date Approved



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #9884

Location: 282 N Dogwood Trl
Parcel: 021379000 PIN: 986813145528
District: 20- SOUTHERN SHORES
Subdivision: SO/SH SOUND SIDE BLK 109
LotBlkSect: LOT: 4 BLK: 109 SEC:

TARNER, DAVID L EUX
TARNER, DONNA M EUX
 21414 W LIBERTY RD
 PARKTON MD 21120
 PHONE #: _____ CELL #: _____

BUSINESS NAME: Lightning Marine Construction
CONTRACTOR'S NAME: Duncan Aydlett
ADDRESS: PO Box 1649
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#: 252-441-7712
CELL#: 252-202-7713
FAX#:
EMAIL: dana.aydlett@gmail.com

NC G.C. LICENSED CONTRACTOR: ___ YES ___ X_NO
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:
LIEN AGENT: n/a

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): 103lf bulkhead with returns = 120lf - *Amended 3/7/18 - repair 11x12 deck platform (no BP required)*

SPECIAL CONDITIONS - All wood below base flood elevation is required to be treated *Amended - 3/29/18 - 4x20 DOCK*

TYPE OF CONSTRUCTION: Bulkhead	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
TOTAL HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL NON-HEATED AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS-1
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: n/a
SEPTIC CAPACITY # OF PERSONS:	FIREPLACE:	DATE ISSUED:
BATHS: ½ BATHS:	ROOF:	CAMA PERMIT #: General A68723
GARAGE: STORAGE BLDG:	INSULATION:	DATE ISSUED: 10/26/2017
STORAGE ENCLOSURE: POOL:	ELEVATOR (SF):	SEPTIC PERMIT #: n/a
FLOOD ZONE: AE	DECKS (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	PORCHES (SF):	
	WINDOWS MAKE:	
	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$14,295	<i>Amended - 3/29/18 \$ 5,000</i>
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = \$
		X .75/sf (all others) = \$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = \$
		X .35/sf (all others) = \$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost = \$
		Pool = \$125 \$
		Zoning Permit Fee = \$50 \$
		Plan Review Fee = \$150 or \$100 \$
		Minimum Permit Fee = \$100 \$100.00
		Homeowner's Recovery Fund \$10 \$
		TOTAL FEE \$100.00

Dana Aydlett
 Applicant - Owner/Contractor (Please print and sign name) **Dana Aydlett** 11-7-17
Binky Shelton Date Issued
 Building/Code/Zoning Official *DJ DLS* 11-7-17
 Date Approved



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trall, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10070**

Location: 27 North Dune Loop
Parcel: 022523000 PIN: 986805081961
District: 20- SOUTHERN SHORES
Subdivision: SO/SH BLK 61-A LOTS 45-68 PH 3

HORN, JAMES F TTEE TRE
HORN, LYNN K TTEE TRE
47 CRYSTAL LN
DELMAR NY 12054
PHONE #: 518-423-5102 CELL #:

BUSINESS NAME: Finch & Company, Inc
CONTRACTOR'S NAME: Olin Finch
ADDRESS: 116 Sandy Ridge Rd
CITY, STATE, ZIP: Duck, NC 27949
OFFICE#: 252-261-8710
CELL#: 252-202-9879 (Marc)
FAX#:
EMAIL: marcsmurray@gmail.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 52567
LIMITATION: Unlimited
CLASSIFICATION: Building
QUALIFIER: Olin E Finch / Marc Edward Murray
LIEN AGENT: Chicago Title Company, LLC Entry# 819748
19 W. Hargett Street, Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Addition and Remodel = Addition=1,528 sq new enclosed living area, 2 new bedrooms to become 5 total - 1,024sf non-heated areas (storage, garage, deck)

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Residential	TYPE OF FOUNDATION: Piling	PERMIT TYPE: Residential
TOTAL HEATED/LIVING AREAS (SF): 1,528	HEAT: Heat Pump	RESIDENCE/2nd HOME/RENTAL: 2 nd Home
TOTAL NON-HEATED AREAS (SF): 224	A/C: Heat Pump	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES: 3	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS-1
BEDROOMS: 2 proposed (3 existing to become 5)	EXTERIOR WALLS: LP Smartside	ZONING PERMIT #: 2018-34
SEPTIC CAPACITY # OF PERSONS: 10	FIREPLACE: gas	DATE ISSUED: 3/29/2018
BATHS: 1 new (4 total) ½ BATHS:	ROOF: Asphalt	CAMA PERMIT #: 2018-07
GARAGE: 576	INSULATION: Batt	DATE ISSUED: 3/23/2018
STORAGE ENCLOSURE: 224 POOL:	ELEVATOR (SF): 25	SEPTIC PERMIT #: 27610
FLOOD ZONE: Shaded X	DECKS (SF): 224	DATE ISSUED: 3/6/2018
BASE FLOOD ELEVATION: PLUS 2FT=	PORCHES (SF):	
	WINDOWS MAKE: Jeld-Wen	
	TYPE: Casement/Double-Hung	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$380,000		
HEATED/LIVING AREA (sf) (new square footage)	1,528	X .60/sf (single family) =	\$916.80
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)	1,024	X .30/sf (single family) =	\$307.20
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$180,000	X \$10 per \$1,000 of cost =	\$1,800.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$3,084.00

Applicant - Owner/Contractor *Marc Murray* (Please print and sign name) *MARC MURRAY* 3/29/18 Date Issued
 Building/Code/Zoning Official *Buddy Shelton* *DVS* 3-29-18 Date Approved