



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-087

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 907 THIRD ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

APPLICANT: FRANK SOLES
 400 Da Vinci Lane
 kitty hawk, nc 27949
 757-448-8162

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

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

License: 67524
Expires: 12/30/2018

PARCEL:

PIN: 988409162338

Parcel Number: 002564000

Address: 907 THIRD ST W KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES SUBDIV

Block: 14 **Lot(s):** 4

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$56.25	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Covered Porches/Decks	75 SQFT
Res. Building Permit Fee	\$1,332.20	\$0.00	Residential Unheated (.40)	98 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1724 sq. Ft.
Totals :	\$1,588.45	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

BJ2018-087**PROJECT NAME:** Sandy Bottom Homes
SITE ADDRESS: 907 THIRD ST W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 04/25/2018**EXPIRES:** 10/22/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	27682
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	10.50
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	168000.00
LOT COVERAGE	29.90
LIVING SPACE (SQFT)	1724
COVERED PORCHES/DECKS (SQFT)	75
STORAGE (SQFT)	98
OPEN DECK (SQFT)	180
TOTAL SQUARE FOOTAGE	2077
SURVEYOR NAME AND NUMBER	Seaboard Surveying
ENGINEER AND LICENSE NUMBER	MIKE OSTEEN 032628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2018-087

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 907 THIRD ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

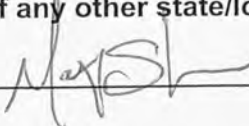
REQUIRED INSPECTIONS


Piling	Rough In
T-Pole	Insulation
In-Slab Plumbing	Pre-final
Slab/Foundation	Final
Sheathing	Zoning Final
Vapor Barrier	

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 4-26-18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-065	BUILDING
PROJECT NAME: Vikki Duval	ISSUED: 04/25/2018
SITE ADDRESS: 503 QUAIL LN KILL DEVIL HILLS	EXPIRES: 10/22/2018

APPLICANT: Bill Hume Builder, LLC
505 Quail Lane
Kill Devil Hills, NC 27948

OWNER: DUVAL, DOUG
503 QUAIL LANE
KILL DEVIL HILLS, NC 27948

RESIDENTIAL, LIMITED: Bill Hume Builder, LLC
505 Quail Lane
Kill Devil Hills, NC 27948

License: 71750
Expires: 01/01/2019

PARCEL:

PIN: 988315734244

Parcel Number: 004890004

Address: 503 QUAIL LN KILL DEVIL HILLS

Zoning:

Addition:

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

Legal Description:

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

PROJECT DESCRIPTION: Replace siding, windows, doors, and build roof awning over garage doors.

BP2018-065**PROJECT NAME:** Vikki Duval**SITE ADDRESS:** 503 QUAIL LN KILL DEVIL HILLS**BUILDING****ISSUED:** 04/25/2018**EXPIRES:** 10/22/2018

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	64352.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Proposed awnings over garage doors cannot encroach more than 2' into front yard setback.

BP2018-065

PROJECT NAME: Vikki Duval

SITE ADDRESS: 503 QUAIL LN KILL DEVIL HILLS

BUILDING

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-077

PROJECT NAME: Philip and Bonnie Stearns
SITE ADDRESS: 2026 YORKTOWN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/16/2018

EXPIRES: 10/13/2018

APPLICANT: GODFREY CONSTRUCTION CO.
P.O. Box 694
Kill Devil Hills, NC 27948
252-202-1469

OWNER: STEARNS, PHILLIP E
2024 YORKTOWN STREET
KILL DEVIL HILLS, NC 27948
252-599-6858

GENERAL: GODFREY CONSTRUCTION CO.
P.O. Box 694
Kill Devil Hills, NC 27948
252-202-1469

License: 62121
Expires: 01/15/2019

PARCEL:

PIN: 988405099126

Parcel Number: 001499000

Address: 2026 YORKTOWN KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1373

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$54.00	\$0.00	# of Temporary Poles	1 EA
T-Pole	\$50.00	\$0.00	Residential Heated Space	1700 sq. Ft.
Res. Building Permit Fee	\$1,275.00	\$0.00	(.75)	
			Covered Porches/Decks	72 SQFT
Totals :	\$1,379.00	\$0.00		

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Town of Kill Devil Hills Water Charges

APR 17 2018

PAID

Water Tap #: 123081

BJ2018-077PROJECT NAME: Philip and Bonnie Stearns
SITE ADDRESS: 2026 YORKTOWN KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 04/16/2018

EXPIRES: 10/13/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	27676
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	11.10
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	210000.00
# OF UNITS	1
LOT COVERAGE	39.80
LIVING SPACE (SQFT)	1700
COVERED PORCHES/DECKS (SQFT)	72
TOTAL SQUARE FOOTAGE	1772
SURVEYOR NAME AND NUMBER	Mesa Professional Corp.
ENGINEER AND LICENSE NUMBER	R. Pate 13018
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2018-077

PROJECT NAME: Philip and Bonnie Stearns
SITE ADDRESS: 2026 YORKTOWN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/16/2018

EXPIRES: 10/13/2018

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: Bonnie H. Stearns

Date: 4/17/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-080	BUILDING JOINT
PROJECT NAME: Renaissance Construction	ISSUED: 04/19/2018
SITE ADDRESS: 1607 TEAL CT KILL DEVIL HILLS	EXPIRES: 10/16/2018

APPLICANT: RENAISSANCE / RENAISSANCE
 CONSTRUCTION COMPANY
 PO Box 1411
 Manteo, NC 27954
 252-982-6059

OWNER: RENAISSANCE / RENAISSANCE
 CONSTRUCTION COMPANY
 PO Box 1411
 Manteo, NC 27954
 252-982-6059

GENERAL: RENAISSANCE / RENAISSANCE CONSTRUCTION COMPANY
 PO Box 1411
 Manteo, NC 27954
 252-982-6059
License: 26244
Expires:

PARCEL:

PIN: 988319723192 **Parcel Number:** 005087000

Address: 1607 TEAL CT KILL DEVIL HILLS

Addition: **Zoning:** **Block:** 0 **Lot(s):** 28

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$53.25	\$0.00	Residential Heated Space	1248 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$936.00	\$0.00	Covered Porches/Decks	71 SQFT
			# of Temporary Poles	1 EA
Totals :	\$1,189.25	\$0.00		

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

END
 APR 23 2018
 TOWN OF
 KILL DEVIL HILLS

BJ2018-080PROJECT NAME: Renaissance Construction
SITE ADDRESS: 1607 TEAL CT KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 04/19/2018

EXPIRES: 10/16/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	MFED
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	20
HEALTH DEPARTMENT PERMIT #	27707
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	170000.00
# OF UNITS	1
LOT COVERAGE	21.17
LIVING SPACE (SQFT)	1248
COVERED PORCHES/DECKS (SQFT)	71
OPEN DECK (SQFT)	140
TOTAL SQUARE FOOTAGE	1459
SURVEYOR NAME AND NUMBER	Quible and Associates
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2018-080

PROJECT NAME: Renaissance Construction
SITE ADDRESS: 1607 TEAL CT KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/19/2018

EXPIRES: 10/16/2018

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 4/23/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-082

PROJECT NAME: GARMIRE REMODEL
SITE ADDRESS: 3308 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/17/2018

EXPIRES: 10/14/2018

APPLICANT: KIM GARMIRE
3308 Bay Dr.
KILL DEVIL HILLS, NC 27948

OWNER: KIM GARMIRE
3308 Bay Dr.
KILL DEVIL HILLS, NC 27948

GENERAL BUILDING: Albemarle Contractors, Inc.
P.O. Box 146
Kitty Hawk, NC 27949
252-256-1883

License: 53487
Expires:

PARCEL:

PIN: 987516738921

Parcel Number: 000324000

Address: 3308 BAY DR KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 246

Legal Description:

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

PROJECT DESCRIPTION: REMODEL KITCHEN & REFINISH EXISTING WOOD FLOORS.

PAID
APR 26 2018
TOWN OF
KILL DEVIL HILLS



Town of Kill Devil Hills

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

Planning and Inspection Department

SG2018-010	SIGN
PROJECT NAME: OBX Computer Shop	ISSUED: 04/05/2018
SITE ADDRESS: 503 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 10/02/2018

APPLICANT: Hudalgo, Melvin P.
1007 W. 4th St.
Kill Devil Hills, NC 27948
252-256-0557

OWNER: GASKINS, RAYMOND
P.O. Box 45
Kill Devil Hills, NC 27948

CONTRACTOR: SAME AS APPLICANT
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00000000, nc 00000

License: 123456
Expires: 04/30/2020

PARCEL:

PIN: 988308890365

Parcel Number: 027056000

Address: 503 CROATAN HWY S KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 32 **Lot(s):** 11

Legal Description:

FEES:		<u>Paid</u>	<u>Due</u>
Sign Permit Fee	\$200	\$100.00	\$0.00
Totals :		\$100.00	\$0.00

PROJECT DESCRIPTION: 2 signs on the building

PAID

APR - 5 2018

TOWN OF
KILL DEVIL HILLS

SG2018-010

PROJECT NAME: OBX Computer Shop
SITE ADDRESS: 503 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

DETAILS

Permit

Name	Value
# OF SIGNS	2
SIGN - WALL PERMITTED (SQFT)	72.00
SIGN- WALL PROPOSED (SQ FT)	18.00
ZONING DISTRICT	C
CONSTRUCTION COST	200.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

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

* Zoning Final Inspection is required.

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Issued By: Donna Elliott

Contractor or Authorized Agent: [Signature] Date: 4/5/18



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2018-020

PROJECT NAME: FERNANDEZ FENCE
SITE ADDRESS: 321 AYCOCK ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/03/2018

EXPIRES: 09/30/2018

APPLICANT: Jesse Fernandez
321 Aycock St.
Kill Devil Hills, NC 27948
267-5509

OWNER: Jesse Fernandez
321 Aycock St.
Kill Devil Hills, NC 27948
267-5509

GENERAL BUILDING - LIMITED: B&B Contractors
P. O. Box 2998
Kitty Hawk, NC 27949
252-489-9551

License: 60944
Expires:

PARCEL:

PIN: 988517015004

Parcel Number: 000601000

Address: 321 AYCOCK ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 47 **Lot(s):** 7-10

Legal Description:

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

PROJECT DESCRIPTION: PRIVACY FENCE AT PERIMETER OF REAR YARD

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
CONSTRUCTION COST	3000.00
CULVERT	N
DRIVEWAY INVERT 2	N

PAID

APR - 5 2018

TOWN OF
KILL DEVIL HILLS

ZP2018-020

PROJECT NAME: FERNANDEZ FENCE
SITE ADDRESS: 321 AYCOCK ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/03/2018

EXPIRES: 09/30/2018

REQUIRED INSPECTIONS

Final

Stringline

CONDITIONS

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

Contractor or Authorized Agent:  Date: 4/5/18



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-083	MECHANICAL
PROJECT NAME: Replace HVAC	ISSUED: 04/05/2018
SITE ADDRESS: 1901 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 10/02/2018

APPLICANT: Monteiro Family Partnership
1977 BEAVER HILL RD
CHESTER SPRINGS, PA 19425

OWNER: Monteiro Family Partnership
1977 BEAVER HILL RD
CHESTER SPRINGS, PA 19425

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

License: 29031
Expires: 12/31/2018

PARCEL:

PIN: 989313147833

Parcel Number: 005174000

Address: 1901 VA DARE TRL S KILL DEVIL HILLS

Addition: H B CAWTHORNE ESTATE LANDS

Zoning:

Block: 0 **Lot(s):** D & E

Legal Description:

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

PROJECT DESCRIPTION:

PAID

APR - 5 2018

TOWN OF
KILL DEVIL HILLS

MC2018-083

PROJECT NAME: Replace HVAC

SITE ADDRESS: 1901 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

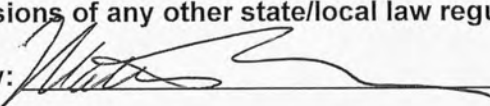
REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: _____ Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-057	BUILDING
PROJECT NAME: Bulkhead	ISSUED: 04/05/2018
SITE ADDRESS: 2010 BAY DR KILL DEVIL HILLS	EXPIRES: 10/02/2018

APPLICANT: BURLAGE, DOUGLAS C. - COLEY BEAR, LLC
502 West Aycock St.
KILL DEVIL HILLS, NC 27948
207-8992

OWNER: BURLAGE, DOUGLAS C.
549 Southside Road
Va. Bch., VA 23451
449-8992

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 987408977831

Parcel Number: 002016000

Address: 2010 BAY DR KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1046

Legal Description:

FEES:	Paid	Due
Pier/Bulkhead	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION:

PAID

APR - 5 2018

TOWN OF
KILL DEVIL HILLS

BP2018-057

PROJECT NAME: Bulkhead

SITE ADDRESS: 2010 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	W. Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

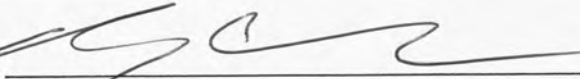
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 4-5-18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-056

PROJECT NAME: TARPLEY REAR DECK, DUNE CROSSOVER AND RAMP
SITE ADDRESS: 2301 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

APPLICANT: TARPLEY, GARY H
108 THOMAS ROAD
SEAFORD, VA 23696

OWNER: TARPLEY, GARY H
108 THOMAS ROAD
SEAFORD, VA 23696

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

License: 00000
Expires:

PARCEL:

PIN: 988518216777

Parcel Number: 000847000

Address: 2301 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES PLAT B

Block: 0 **Lot(s):** 47

Legal Description:

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

PAID

APR - 5 2018

PROJECT DESCRIPTION: 12'X32' DETACHED REAR DECK. WALKWAY FROM NEW DECK TO BEACH WITH STAIRS. NEW RAMP.

TOWN OF
KILL DEVIL HILLS
PAID
WITH
CASH

BP2018-056**PROJECT NAME:** TARPLEY REAR DECK, DUNE CROSSOVER AND RAMP**SITE ADDRESS:** 2301 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 04/05/2018**EXPIRES:** 10/02/2018

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	17000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Piling

Final

CONDITIONS

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

BP2018-056

PROJECT NAME: TARPLEY REAR DECK, DUNE CROSSOVER AND RAMP

SITE ADDRESS: 2301 VA DARE TRL N KILL DEVIL HILLS

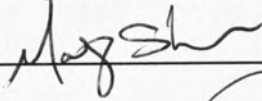
BUILDING

ISSUED: 04/05/2018

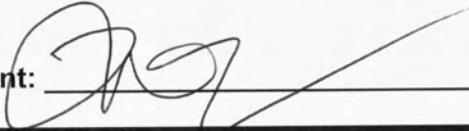
EXPIRES: 10/02/2018

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

4/5/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-076

PROJECT NAME: MCCONNELL STORAGE ROOM
SITE ADDRESS: 336 EDEN ST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

APPLICANT: MCCONNELL, MCCAELA
336 WEST EDEN ST
Kill Devil Hills, NC 27948
804-980-0772

OWNER: MCCONNELL, MCCAELA
336 WEST EDEN ST
Kill Devil Hills, NC 27948
804-980-0772

PARCEL:

PIN: 988517004807

Parcel Number: 008364000

Address: 336 EDEN ST ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 47 **Lot(s):** 39-40

Legal Description:

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

PROJECT DESCRIPTION: ADD STORAGE ROOM AT GROUND LEVEL WITHIN EXISTING FOOTPRINT

PAID

APR - 5 2018

TOWN OF
KILL DEVIL HILLS

BJ2018-076

PROJECT NAME: MCCONNELL STORAGE ROOM
SITE ADDRESS: 336 EDEN ST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

DETAILS

Permit

Name	Value
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	1700.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * NON-CONVERSION AGREEMENT REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE.

BJ2018-076

PROJECT NAME: MCCONNELL STORAGE ROOM
SITE ADDRESS: 336 EDEN ST ST W KILL DEVIL HILLS

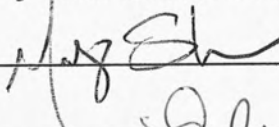
BUILDING JOINT

ISSUED: 04/05/2018

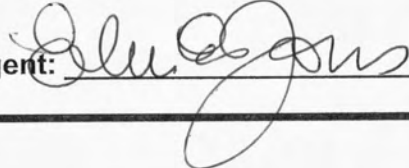
EXPIRES: 10/02/2018

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: 4-5-18



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-081	MECHANICAL
PROJECT NAME: HIGH DUNES CONDO HVAC UNIT 102	ISSUED: 04/04/2018
SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 10/01/2018

APPLICANT:	HIGH DUNES CONDOMINIUM ASSOCIATION INC C/O CAPE MANAGEMENT INC 1410 SO. VIRGINIA DARE TRL KILL DEVIL HILLS, NC 27948 252-480-2700	OWNER:	HIGH DUNES CONDOMINIUM ASSOCIATION INC C/O CAPE MANAGEMENT INC 1410 SO. VIRGINIA DARE TRL KILL DEVIL HILLS, NC 27948 252-480-2700
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MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949	License: 13056 Expires: 12/31/2018
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PARCEL:

PIN:	98930906937201	Parcel Number:	004674000
Address:	1405 VA DARE TRL S KILL DEVIL HILLS		
Addition:		Zoning:	
Legal Description:		Block:	B Lot(s): 11,12

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

PROJECT DESCRIPTION: Replace HVAC system

APR - 4 2018

TOWN OF
KILL DEVIL HILLS

MC2018-081

PROJECT NAME: HIGH DUNES CONDO HVAC UNIT 102
SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/04/2018

EXPIRES: 10/01/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5506.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: [Signature]

Contractor or Authorized Agent: [Signature] Date: 4/4/18



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-082

PROJECT NAME: MITCHELL HVAC
SITE ADDRESS: 409 SOTHEL ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/04/2018

EXPIRES: 10/01/2018

APPLICANT: MITCHELL, GARY & DEENA
67 GREENWAY RD
STUARTS DRAFT, VA 24477
540-337-1829

OWNER: MITCHELL, GARY & DEENA
67 GREENWAY RD
STUARTS DRAFT, VA 24477
540-337-1829

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

License: 13056
Expires: 12/31/2018

PARCEL:

PIN: 987520916871

Parcel Number: 000661000

Address: 409 SOTHEL ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 56 **Lot(s):** 16-18

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

PAID

APR - 4 2018

TOWN OF
KILL DEVIL HILLS

MC2018-082

PROJECT NAME: MITCHELL HVAC
SITE ADDRESS: 409 SOTHEL ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/04/2018

EXPIRES: 10/01/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6518.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Rob Galleher Date: 4/4/18



Town of Kill Devil Hills

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

PAID

APR - 3 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2018-055

PROJECT NAME: EUBANK FENCE, DECK EXTENSION, AND REPAIRS
SITE ADDRESS: 1406 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 04/03/2018

EXPIRES: 09/30/2018

APPLICANT: EUBANK, MICHAEL & MONICA
672 BUTTERWOOD TER
Powhatan, VA 23139

OWNER: EUBANK, MICHAEL & MONICA
672 BUTTERWOOD TER
Powhatan, VA 23139

BUILDING: Harrup Construction
119 John Lloyd Drive
Point Harbor, NC 27964
252-489-0523

License: 12345
Expires: 06/27/2018

PARCEL:

PIN: 989309053971

Parcel Number: 004736006

Address: 1406 MEMORIAL BLVD S KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL BEACH SEC 1 REVISED

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

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Open Deck Fee	\$150.00	\$0.00	Open Decks 1 EA
Fence	\$100.00	\$0.00	
Totals :	\$250.00	\$0.00	

PROJECT DESCRIPTION: EXTEND UPPER DECK TO MATCH FOOTPRINT OF LOWER DECK. REPLACE DECKING AND RAILINGS. ADD NEW FENCE.

BP2018-055

PROJECT NAME: EUBANK FENCE, DECK EXTENSION, AND REPAIRS
SITE ADDRESS: 1406 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 04/03/2018

EXPIRES: 09/30/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	17000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

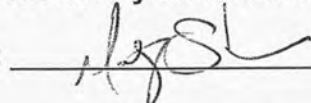
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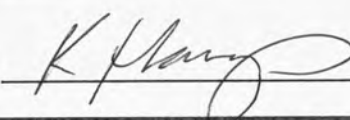
Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * 4X4 RAILING POSTS SHALL NOT BE NOTCHED.
- * 5/4 BOARD DECKING SHALL NOT BE INSTALLED OVER JOISTS @ 16" O.C. SPACING.

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

Issued By: 

Contractor or Authorized Agent: 

Date: ^{MKH} 4-3-18



Town of Kill Devil Hills

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

PAID

APR - 3 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2018-022

PROJECT NAME: TIGNOR HOT TUB
SITE ADDRESS: 1241 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/03/2018

EXPIRES: 09/30/2018

APPLICANT: TIGNOR, MATTHEW M
1675 GODFREY LANE
VIRGINIA BEACH, VA 23454
757-496-7357

OWNER: TIGNOR, MATTHEW M
1675 GODFREY LANE
VIRGINIA BEACH, VA 23454
757-496-7357

ELECTRICAL: POP'S REPAIR
P. O. Box 2380
Kill Devil Hills, NC 27948
256-4400

License: 16445
Expires: 10/31/2018

PARCEL:

PIN: 989309066896

Parcel Number: 004661000

Address: 1241 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL BEACH SEC 1 REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: REPLACE HOT TUB & ASSOCIATE WIRING AS REQUIRED.

EL2018-022

PROJECT NAME: TIGNOR HOT TUB
SITE ADDRESS: 1241 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL
ISSUED: 04/03/2018
EXPIRES: 09/30/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

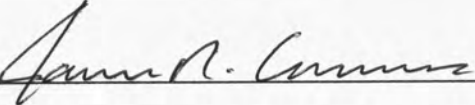
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 4/3/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-052

PROJECT NAME: Jack Brown's Beer & Burger Joint
SITE ADDRESS: 800 VA DARE TRL S. KILL DEVIL HILLS

BUILDING

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

APPLICANT: BJM
252 Woodland Dr.
Kitty Hawk, NC 00000

OWNER: BJM
252 Woodland Dr.
Kitty Hawk, NC 00000

GENERAL: CAROLINA BEACH BUILDERS
2300 North Croatan Highway
Kill Devil Hills, NC 27948
256-1521

License: 27951
Expires:

PARCEL:

PIN: 988308898018

Parcel Number: 008132000

Address: 800 VA DARE TRL S. KILL DEVIL HILLS

Zoning:

Addition: SUBDIVISION - NONE

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

Legal Description:

FEES:	Paid	Due
Accessory Commercial (MIN)	\$150.00	\$0.00
Accessory Commercial (MIN)	\$150.00	\$0.00
Fence	\$100.00	\$0.00
Accessory Commercial (MIN)	\$150.00	\$0.00
Totals :	\$550.00	\$0.00

PROJECT DESCRIPTION: Outdoor Activity Waiting Area, Fence, Required landscaping as shown on revised plan dated 3/15/18, and (3) Accessory shade structures.

PAID

MAR 29 2018

TOWN OF
KILL DEVIL HILLS

BP2018-052

PROJECT NAME: Jack Brown's Beer & Burger Joint
SITE ADDRESS: 800 VA DARE TRL S. KILL DEVIL HILLS

BUILDING

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	30
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	27644
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	20000.00
LOT COVERAGE	53.65
SURVEYOR NAME AND NUMBER	ENG. Ben Cahoon 5413
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Zoning Final Inspection is required.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Public Services: The Fence on the north side of the property appears to protrude north past the dumpster pad. The fence should be at minimum be in line (west to east) with the north edge of the dumpster pad. The fence should be installed in line with the north edge of the dumpster pad or the dumpster pad be extended north to the proposed fence line to be better accessible to the solid waste collection vehicle.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!

BP2018-052

PROJECT NAME: Jack Brown's Beer & Burger Joint
SITE ADDRESS: 800 VA DARE TRL S. KILL DEVIL HILLS

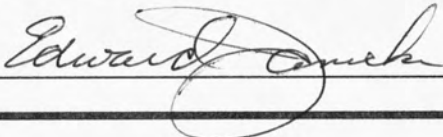
BUILDING

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/29/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-053	BUILDING
PROJECT NAME: HEINRICH GARAGE	ISSUED: 03/29/2018
SITE ADDRESS: 906 SEVENTH AVE KILL DEVIL HILLS	EXPIRES: 09/25/2018

APPLICANT: RICHARD HEINRICH
906 Seventh Ave
Kill Devil Hills, NC 27948

OWNER: RICHARD HEINRICH
906 Seventh Ave
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988311761404

Parcel Number: 004544000

Address: 906 SEVENTH AVE KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 45 **Lot(s):** 4

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Res. Building Permit Fee	\$288.00	\$0.00	Residential Unheated (.40)	720 Sq. Ft
Totals :	\$288.00	\$0.00		

PROJECT DESCRIPTION: NEW 24'X30' ENGINEERED METAL GARAGE W/ CONC. SLAB ON GRADE FOUNDATION. PERMIT DOES NOT INCLUDE P,M,&E.

PAID

MAR 29 2018

TOWN OF
KILL DEVIL HILLS

BP2018-053

PROJECT NAME: HEINRICH GARAGE

SITE ADDRESS: 906 SEVENTH AVE KILL DEVIL HILLS

BUILDING

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	14000.00
GARAGE (SQFT)	720
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation

Zoning Final

Final

CONDITIONS

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

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

BP2018-053

PROJECT NAME: HEINRICH GARAGE
SITE ADDRESS: 906 SEVENTH AVE KILL DEVIL HILLS

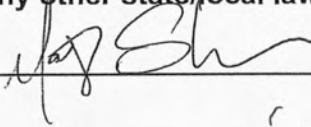
BUILDING

ISSUED: 03/29/2018

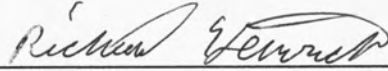
EXPIRES: 09/25/2018

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

3/29/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-054

PROJECT NAME: Toni Warren Unit C
SITE ADDRESS: 1800 Virginia Dare Tr. N. Kill Devil Hills

BUILDING

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

APPLICANT: Warren, Toni
1820 NVDT
Kill Devil Hills, NC 27948

OWNER: Warren, Toni
1820 NVDT
Kill Devil Hills, NC 27948

CONTRACTOR: SO NICE AGAIN
500 SAND DUNE DR
kitty hawk, nc 27949
252-261-8448

BUILDER: SO NICE AGAIN
500 SAND DUNE DR
kitty hawk, nc 27949
252-202-8449

License: 154681486418
Expires: 12/31/2099

PARCEL:

PIN: 98840648148603

Parcel Number: 030216000

Address: 1800 Virginia Dare Tr. N. Kill Devil Hills

Addition:

Zoning:

Block: G

Lot(s): UT 1820 (C)
LOT 28

Legal Description:

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

PROJECT DESCRIPTION: Remove and replace siding.

PAID

MAR 29 2018

TOWN OF
KILL DEVIL HILLS

BP2018-054

PROJECT NAME: Toni Warren Unit C
SITE ADDRESS: 1800 Virginia Dare Tr. N. Kill Devil Hills

BUILDING

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	30000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 29 MAR 2018



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-078

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

MECHANICAL

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

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

OWNER: MADDEN, SHAWN
505 GRINNELL CT
BEAR, DE 19701

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

License: 13056
Expires: 12/31/2018

PARCEL:

PIN: 989309073323C4

Parcel Number: 028965000

Address: 1221 VA DARE TRL S KILL DEVIL HILLS

Addition:

Zoning:

Block: 5

Lot(s): UNIT C-4 LT
11-12

Legal Description:

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

PROJECT DESCRIPTION: REPLACE 2 TON OUTDOOR UNIT

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3456.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

PAID

MAR 29 2018

TOWN OF
KILL DEVIL HILLS

MC2018-078

PROJECT NAME: MADDEN HVAC

SITE ADDRESS: 1221 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3-29-18



Town of Kill Devil Hills

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

PAID

APR - 2 2018

Planning and Inspection Department

TOWN OF

MC2018-080	MECHANICAL
PROJECT NAME: OGDEN HVAC	ISSUED: 04/02/2018
SITE ADDRESS: 1407 KETCH LN KILL DEVIL HILLS	EXPIRES: 09/29/2018

APPLICANT: OGDEN, JOHN
1407 KETCH LN
Kill Devil Hills, NC 27948
252-256-1507

OWNER: IHLE, LINDA LOUISE
1407 KETCH LANE
KILL DEVIL HILLS, NC 27948

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

License: 29031
Expires: 12/31/2018

PARCEL:

PIN: 988414330892

Parcel Number: 003590000

Address: 1407 KETCH LN KILL DEVIL HILLS

Addition: LANDING SECTION 2, THE

Zoning:
Block: 0 **Lot(s):** 135

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

MC2018-080

PROJECT NAME: OGDEN HVAC
SITE ADDRESS: 1407 KETCH LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/02/2018

EXPIRES: 09/29/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

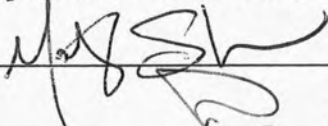
REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 4-2-18



Town of Kill Devil Hills

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

PAID

APR - 2 2018

Planning and Inspection Department

TOWN OF
 KILL DEVIL HILLS

EL2018-021

PROJECT NAME: MAKO MIKES LIGHTING OUTLETS
SITE ADDRESS: 1630 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

APPLICANT: SEACOAST ELECTRIC
 4400 Ridge Road
 Kitty Hawk, NC 27949

OWNER: Conch Street Endeavors Inc.
 PO Box 1089
 nags head, nc 27959

ELECTRICAL-INTERMEDIATE: SEACOAST ELECTRIC
 4400 Ridge Road
 Kitty Hawk, NC 27949

License: 7781
Expires: 12/31/2018

PARCEL:

PIN: 988410460072

Parcel Number: 002741002

Address: 1630 CROATAN HWY N KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): 1 & 2, PT DRAINAGE

Legal Description:

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

PROJECT DESCRIPTION: ADD FLOODLIGHT AND OUTSIDE OUTLET

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	400.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9

EL2018-021

PROJECT NAME: MAKO MIKES LIGHTING OUTLETS
SITE ADDRESS: 1630 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/29/2018

EXPIRES: 09/25/2018

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 4/2/2018



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2018-021

PROJECT NAME: William Jones
SITE ADDRESS: 314 OCEAN ACRES DR W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 03/29/2018

EXPIRES:

APPLICANT: CONWAY CONSTRUCTION
208 Shiloh Street
Kill Devil Hills, NC 27948
252-207-5322

OWNER: JONES, WILLIAM S JR
P O BOX 2942
303 Archdale Street
KILL DEVIL HILLS, NC 27948
252-441-3673

GENERAL: CONWAY CONSTRUCTION
208 Shiloh Street
Kill Devil Hills, NC 27948
252-207-5322

License: 57214
Expires: 01/01/2019

PARCEL:

PIN: 988316930821

Parcel Number: 008474000

Address: 314 OCEAN ACRES DR W KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

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

Legal Description:

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New

PAID

MAR 29 2018

CONDITIONS

OP2018-021

PROJECT NAME: William Jones

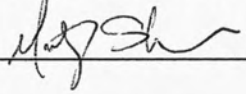
SITE ADDRESS: 314 OCEAN ACRES DR W KILL DEVIL HILLS

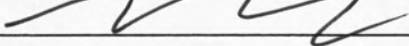
OCCUPANCY

ISSUED: 03/29/2018

EXPIRES:

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 3-29-18



Town of Kill Devil Hills

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

PAID

APR - 2 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2018-049	BUILDING
PROJECT NAME: GLENMERE AVE BEACH ACCESS REBUILD	ISSUED: 03/28/2018
SITE ADDRESS: GLENMERE AVE BEACH ACCESS KILL DEVIL HILLS	EXPIRES: 09/24/2018

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

PARCEL:

PIN: 988415732390	Parcel Number:
Address: GLENMERE AVE BEACH ACCESS KILL DEVIL HILLS	Zoning:
Addition:	Block: Lot(s):
Legal Description: GLENMERE AVE BEACH ACCESS	

FEES:	Paid	Due
Totals :	0.00	

PROJECT DESCRIPTION: REBUILD DUNE CROSSOVER

DETAILS

Permit	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Commercial Repair/Remodel
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION TYPE	V

*Value
\$ 59,150.00*

BP2018-049

PROJECT NAME: GLENMERE AVE BEACH ACCESS REBUILD
SITE ADDRESS: GLENMERE AVE BEACH ACCESS KILL DEVIL
HILLS

BUILDING

ISSUED: 03/28/2018

EXPIRES: 09/24/2018

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 4-2-18



Town of Kill Devil Hills

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

PAID

APR - 2 2018

Planning and Inspection Department

BP2018-050

PROJECT NAME: FERRIS AVE BEACH ACCESS REBUILD
SITE ADDRESS: 0 FERRIS AVE KILL DEVIL HILLS

BUILDING

ISSUED: 03/28/2018

EXPIRES: 09/24/2018

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

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

PARCEL:

PIN: 988416725866

Parcel Number: 031084000

Address: 0 FERRIS AVE KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): BEACH ACCESS

Legal Description:

FEES: Paid Due

Totals :

PROJECT DESCRIPTION: REBUILD DUNE CROSSOVER

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Commercial Repair/Remodel
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION TYPE	V

Value
\$ 75,200.00

BP2018-050

PROJECT NAME: FERRIS AVE BEACH ACCESS REBUILD

SITE ADDRESS: 0 FERRIS AVE KILL DEVIL HILLS

BUILDING

ISSUED: 03/28/2018

EXPIRES: 09/24/2018

REQUIRED INSPECTIONS

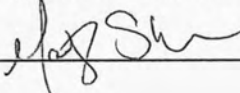
Zoning Final

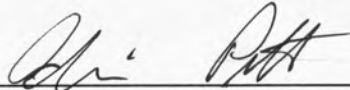
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 4-2-18



Town of Kill Devil Hills

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

Planning and Inspection Department

Printed : 04-24-2018

Page 1 of 2

CERTIFICATE OF OCCUPANCY

This Certificate issued pursuant to the requirements of the North Carolina State Building Code certifying that at the time of issuance this structure was in compliance with the technical codes and other applicable laws and ordinances and released by the Inspections Department.

Occupancy Permit Number : OP2018-027

Applicant Florida OBX, LLC
5300 Gulf Blvd.
St. Pete Beach, FI 33706
727-480-3523

Approval Date:

Parcel:

PIN: Parcel Number: 98830627976403
Address: 1504 Bailey's Bay Road Kill Devil Hills
Section/Town/Range: Zoning
Addition: Block: Lot(s):
Legal Description: Unit 3 - Lot 3, Devonshire Place Condo

Owners

Name: Florida OBX, LLC **Phone:** 727-480-3523
Address: 5300 Gulf Blvd.
St. Pete Beach, FI 33706

PAID
APR 25 2018

Contractors

Name: Outer Banks Renovations **Phone:** 252-305-4856

Fees and Receipts

Number	Description	Paid	Due
CERTIFICATE OF OCCUPANCY	Certificate of Occupancy Fee	\$50.00	\$0.00
Totals :		\$50.00	\$0.00

Additional Information

Building Permit Number:

Conditions :



Town of Kill Devil Hills

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

Planning and Inspection Department

Printed : 04-24-2018

Page 2 of 2

4/24/18

Date

Building Inspector Signature



Town of Kill Devil Hills

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

Planning and Inspection Department

SG2018-015

PROJECT NAME: Seacrets Restaurant and Entertainment
SITE ADDRESS: 504 VA DARE TRL S KILL DEVIL HILLS

SIGN

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

APPLICANT: Thompson, Andrew
1413 Percy St.
Kill Devil Hills, NC 27948
252-305-1806

OWNER: PORT O CALL LTD
P.O. BOX 1309
KILL DEVIL HILLS, NC 27948

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2020

PARCEL:

PIN: 988308897746

Parcel Number: 008116000

Address: 504 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:

Block: 10

Lot(s): SEE COMMENT

Legal Description:

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

PROJECT DESCRIPTION: Free-standing sign

SG2018-015

PROJECT NAME: Seacrets Restaurant and Entertainment
SITE ADDRESS: 504 VA DARE TRL S KILL DEVIL HILLS

SIGN**ISSUED:** 04/25/2018**EXPIRES:** 10/22/2018

DETAILS**Permit**

Name	Value
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	56.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	350.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

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

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

* Zoning Final Inspection is required.

SG2018-015


PROJECT NAME: Seacrets Restaurant and Entertainment
SITE ADDRESS: 504 VA DARE TRL S KILL DEVIL HILLS

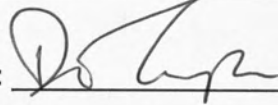
SIGN

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

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

Issued By: 

Contractor or Authorized Agent:  Date: 4-24-18



Town of Kill Devil Hills

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

Planning and Inspection Department

EG2018-005

PROJECT NAME: IG Holdings, LLC Land Disturbing
SITE ADDRESS: 0 CROATAN HWY N KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 04/26/2018

EXPIRES: 10/23/2018

APPLICANT: IG HOLDING, LLC
P. O. Box 120
Kitty Hawk, NC 27949

OWNER: IG HOLDING, LLC
P. O. Box 120
Kitty Hawk, NC 27949

GENERAL, UNLIMITED-UNCLASSIFIED: HATCHELL CONCRETE, INC.
PO Box 2405
Manteo, NC 27954
252-202-1501

License: 34205
Expires: 12/31/2019

PARCEL:

PIN: 987512956047

Parcel Number: 000036011

Address: 0 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition:

Block: 10 **Lot(s):** 11

Legal Description:

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

PROJECT DESCRIPTION: Clear lot (987512956047), Bush hog all lots between Briggs St, N Croatan Hwy, and Arch St.

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	7500.00
ZONING DISTRICT	C
CAMA PERMIT	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9

PAID

APR 26 2018

TOWN OF
KILL DEVIL HILLS

EG2018-005

PROJECT NAME: IG Holdings, LLC Land Disturbing
SITE ADDRESS: 0 CROATAN HWY N KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 04/26/2018

EXPIRES: 10/23/2018

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2018-028

PROJECT NAME: Kim and Anna Lloyd
SITE ADDRESS: 508 N. Memorial Blvd. Kill Devil Hills

ZONING PERMIT

ISSUED: 04/26/2018

EXPIRES: 10/23/2018

APPLICANT: Lloyd, Kim and Anna
928 Holbrook Drive
NEWPORT NEWS, VA 23602
757-223-9050

OWNER: Lloyd, Kim and Anna
928 Holbrook Drive
NEWPORT NEWS, VA 23602
757-223-9050

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 988419712786

Parcel Number:

Address: 508 N. Memorial Blvd. Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 1, Block 41, Kitty Hawk Shores Revised Subdivision

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

PROJECT DESCRIPTION: Fence

Value - \$1,000.00

PAID

APR 26 2018

TOWN OF KILL DEVIL HILLS

ZP2018-028

PROJECT NAME: Kim and Anna Lloyd
 SITE ADDRESS: 508 N. Memorial Blvd. Kill Devil Hills

ZONING PERMIT

ISSUED: 04/26/2018

EXPIRES: 10/23/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

Issued By: Donna Elliott

Contractor or Authorized Agent: K. M. [Signature] Date: 4/26/18



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-101

PROJECT NAME: Davis HVAC
SITE ADDRESS: 114 SPORTSMAN DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/26/2018

EXPIRES: 10/23/2018

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

OWNER: DAVIS, MARGARET W
1 FRAILEY PLACE
PORTSMOUTH, VA 23702

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

License: 29031
Expires: 12/31/2018

PARCEL:

PIN: 988517212101

Parcel Number: 001716000

Address: 114 SPORTSMAN DR E KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 **Lot(s):** 64

Legal Description:

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

PROJECT DESCRIPTION: Replace 2.5 ton HVAC system.

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5700.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

PAID

APR 26 2018

TOWN OF
KILL DEVIL HILLS

MC2018-101

PROJECT NAME: Davis HVAC

SITE ADDRESS: 114 SPORTSMAN DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/26/2018

EXPIRES: 10/23/2018

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-102

PROJECT NAME: REplace HVAC
SITE ADDRESS: 514 PARKWOOD DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/26/2018

EXPIRES: 10/23/2018

APPLICANT: W KEVIN CHERRY
514 Parkwood Dr.
KILL DEVIL HILLS, NC 27948

OWNER: W KEVIN CHERRY
514 Parkwood Dr.
KILL DEVIL HILLS, NC 27948

PLUMBING, MECHANICAL: NORRIS MECHANICAL
P.O. Box 217
HARBINGER, NC 27941
252-441-4102

License: 11100
Expires: 12/31/2018

PARCEL:

PIN: 988414320652

Parcel Number: 004046012

Address: 514 PARKWOOD DR KILL DEVIL HILLS

Zoning:

Addition: WRIGHT WOODS

Block: 0 **Lot(s):** 12

Legal Description:

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

PROJECT DESCRIPTION:

APR 26 2018

TOWN OF
KILL DEVIL HILLS

MC2018-102

PROJECT NAME: REplace HVAC
SITE ADDRESS: 514 PARKWOOD DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/26/2018

EXPIRES: 10/23/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

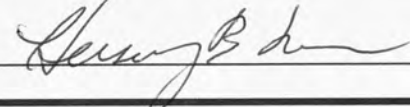
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 4-26-18



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2018-027

PROJECT NAME: Vaughan fence
SITE ADDRESS: 806 SUFFOLK ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

APPLICANT: Vaughan, Edward
806 Suffolk ST
Kill Devil Hills, NC 27948

OWNER: Vaughan, Edward
806 Suffolk ST
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405093418

Parcel Number: 001149000

Address: 806 SUFFOLK ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 949

Legal Description:

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

PROJECT DESCRIPTION: 6 foot privacy fence on the right side and rear of property

PAID
APR 25 2018

ZP2018-027

PROJECT NAME: Vaughan fence
SITE ADDRESS: 806 SUFFOLK ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Accessory
CONSTRUCTION COST	850.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 4/25/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-085

PROJECT NAME: NORRIS GROUND FLOOR REMODEL
SITE ADDRESS: 504 COPLEY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/18/2018

EXPIRES: 10/15/2018

APPLICANT: Norris, David
1527 NORTH VIRGINIA DARE TR
KILL DEVIL HILLS, NC 27948
757-201-2779

OWNER: Norris, David
1527 NORTH VIRGINIA DARE TR
KILL DEVIL HILLS, NC 27948
757-201-2779

PARCEL:

PIN: 988316835036

Parcel Number: 009185000

Address: 504 COPLEY DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2

Zoning:

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$432.00	\$0.00	Remodel/Renovation 960 SQFT
Totals :	\$432.00	\$0.00	

PROJECT DESCRIPTION: REMODEL EXISTING GROUND FLOOR AND ADD 1 PARKING SPACE.

PAID

APR 25 2018

TOWNSHIP
KILL DEVIL HILLS

BJ2018-085

PROJECT NAME: NORRIS GROUND FLOOR REMODEL
SITE ADDRESS: 504 COPLEY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/18/2018

EXPIRES: 10/15/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	20000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling	Final
In-Slab Plumbing	Zoning Final
Slab/Foundation	Vapor Barrier
Rough In	Shower Pan
Insulation	

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Creation of a duplex is not permitted.

BJ2018-085

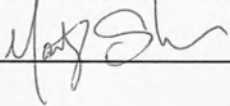
PROJECT NAME: NORRIS GROUND FLOOR REMODEL
SITE ADDRESS: 504 COPLEY DR KILL DEVIL HILLS

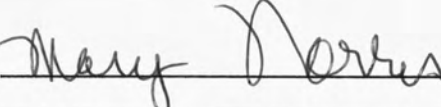
BUILDING JOINT

ISSUED: 04/18/2018

EXPIRES: 10/15/2018

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

Issued By: 

Contractor or Authorized Agent:  Date: 4/25/18



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-099	MECHANICAL
PROJECT NAME: BEASLEY HVAC	ISSUED: 04/25/2018
SITE ADDRESS: 317 CANAL DR KILL DEVIL HILLS	EXPIRES: 10/22/2018

APPLICANT: BEASLEY, KATHRYN C
317 CANAL DR
KILL DEVIL HILLS, NC 27948

OWNER: BEASLEY, KATHRYN C
317 CANAL DR
KILL DEVIL HILLS, NC 27948

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

License: 22516
Expires: 12/31/2018

PARCEL:

PIN: 988414440746

Parcel Number: 003300000

Address: 317 CANAL DR KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VILLAGE SEC 1

Block: 0 **Lot(s):** 9

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2018-099

PROJECT NAME: BEASLEY HVAC

SITE ADDRESS: 317 CANAL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling


REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 4-25-18



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2018-024

PROJECT NAME: ASKEW METER BASE
SITE ADDRESS: 104 WILSON ST KILL DEVIL HILLS

ELECTRICAL
ISSUED: 04/24/2018
EXPIRES: 10/21/2018

APPLICANT: ASKEW, SHIRLEY
1285 DOOLITTLE MILL RD
CONWAY, NC 27820

OWNER: ASKEW, SHIRLEY
1285 DOOLITTLE MILL RD
CONWAY, NC 27820

ELECTRICAL-UNLIMITED: SUBURBAN ELECTRIC CONTRACTORS OF NC INC. License: 30633-U
PO Box 925 Expires: 08/06/2018
Manteo, NC 27954
252-475-1372

PARCEL:

PIN: 988517202557 **Parcel Number:** 001817000
Address: 104 WILSON ST KILL DEVIL HILLS
Addition: AVALON BEACH ANNEX 1 **Zoning:**
Block: 0 **Lot(s):** 368-369
Legal Description:

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

PROJECT DESCRIPTION: REPLACE METER BASE

PAID
APR 25 2018

EL2018-024

PROJECT NAME: ASKEW METER BASE
SITE ADDRESS: 104 WILSON ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/24/2018

EXPIRES: 10/21/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	700.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: SMW Date: 4/25/18



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2018-026

PROJECT NAME: JONES FENCE
SITE ADDRESS: 2031 YORKTOWN KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

APPLICANT: JONES, STEPHEN & REBECCA
705 ELDERBERRY CT
CHESAPEAKE, VA 23320
757-403-5762

OWNER: JONES, STEPHEN & REBECCA
705 ELDERBERRY CT
CHESAPEAKE, VA 23320
757-403-5762

PARCEL:

PIN: 988405190302

Parcel Number: 001468000

Address: 2031 YORKTOWN KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1340

Legal Description:

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

PROJECT DESCRIPTION: FENCE ALONG NORTH PROPERTY LINE.

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N

ZP2018-026

PROJECT NAME: JONES FENCE

SITE ADDRESS: 2031 YORKTOWN KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/25/2018

EXPIRES: 10/22/2018

REQUIRED INSPECTIONS

Final

Stringline

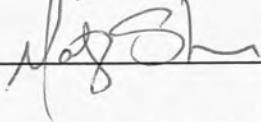
CONDITIONS

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

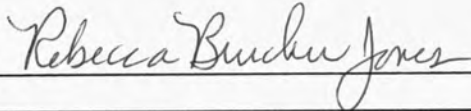
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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

4-25-18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-067	BUILDING
PROJECT NAME:	ISSUED: 04/20/2018
SITE ADDRESS: 201 CHOWAN ST E KILL DEVIL HILLS	EXPIRES: 10/17/2018

APPLICANT: Robert Zaepfel
5069 School Rd.
Virginia Beach, Va 23455
757-831-1503

OWNER: Robert Zaepfel
5069 School Rd.
Virginia Beach, Va 23455
757-831-1503

GENERAL REMODELING-UNLICENSED: Salty Souls Inc.
P. O. Box 69
nags head, nc 27959
252-450-8902

License: Unlic.
Expires:

PARCEL:

PIN: 988513121997

Parcel Number: 000411000

Address: 201 CHOWAN ST E KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 8 **Lot(s):** PT 15-18

Legal Description:

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

PROJECT DESCRIPTION: Rebuilt e. deck and stairs. As-Built Survey required prior to final.

PAID
APR 20 2018

BP2018-067

PROJECT NAME:

SITE ADDRESS: 201 CHOWAN ST E KILL DEVIL HILLS

BUILDING

ISSUED: 04/20/2018

EXPIRES: 10/17/2018

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	7.5
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	20000.00
OPEN DECK (SQFT)	160
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	M. Meekins L-2592
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2018-067

PROJECT NAME:


SITE ADDRESS: 201 CHOWAN ST E KILL DEVIL HILLS

BUILDING

ISSUED: 04/20/2018

EXPIRES: 10/17/2018

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 4/23/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-071	BUILDING
PROJECT NAME: Bird deck rebuild	ISSUED: 04/24/2018
SITE ADDRESS: 806 MEMORIAL BLVD N KILL DEVIL HILLS	EXPIRES: 10/21/2018

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

OWNER: BIRD, DAVID E
2910 Robys Way
MIDLOTHIAN, VA 23113
804-564-3521

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

License: 000000
Expires:

PARCEL:

PIN: 988419629425

Parcel Number: 003975000

Address: 806 MEMORIAL BLVD N KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 44 **Lot(s):** 1

Legal Description:

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

PAID WITH CASH

PROJECT DESCRIPTION: Rebuild existing decks "as is where is"

PAID

APR 24 2018

TOWN OF
KILL DEVIL HILLS

BP2018-071

PROJECT NAME: Bird deck rebuild
SITE ADDRESS: 806 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING

ISSUED: 04/24/2018

EXPIRES: 10/21/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4500.00

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/27/2018



Town of Kill Devil Hills

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

PAD

APR 20 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2018-025

PROJECT NAME: William and Veda Peters
SITE ADDRESS: 500 VA DARE TRL N KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/20/2018

EXPIRES: 10/17/2018

APPLICANT: WILLIAM T PETERS
500 North Virginia Dare Tr.
Kill Devil Hills, NC 27948

OWNER: WILLIAM T PETERS
500 North Virginia Dare Tr.
Kill Devil Hills, NC 27948

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 988420716852

Parcel Number: 003741000

Address: 500 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 23 **Lot(s):** 1-2

Legal Description:

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

PROJECT DESCRIPTION: Tent

DETAILS

Permit

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

ZP2018-025

PROJECT NAME: William and Veda Peters
SITE ADDRESS: 500 VA DARE TRL N KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/20/2018

EXPIRES: 10/17/2018

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

Issued By: Donna Elliott

Contractor or Authorized Agent: Veda H. Peters Date: 4/20/2018



Town of Kill Devil Hills

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

Planning and Inspection Department

DW2018-003

PROJECT NAME: Just Beachy 1850 LLC
SITE ADDRESS: 1102 VA DARE TRL N KILL DEVIL HILLS

DRIVEWAY

ISSUED: 04/18/2018

EXPIRES: 10/15/2018

APPLICANT: Murray Berry
2104 Nixonton Rd.
ELIZABETH CITY, NC 27909
252-333-4244

OWNER: Murray Berry
2104 Nixonton Rd.
ELIZABETH CITY, NC 27909
252-333-4244

GENERAL: GRANT CONSTRUCTION
UNKNOWN
UNKNOWN, XX 00000

License: 36195
Expires: 12/31/2018

PARCEL:

PIN: 988415636689

Parcel Number: 003715000

Address: 1102 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 15 **Lot(s):** 2

Legal Description:

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

PROJECT DESCRIPTION: Driveway

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
CONSTRUCTION COST	5000.00
FLOOD ZONE	AE

PAID
APR 23 2018

TOWN OF
KILL DEVIL HILLS

DW2018-003

PROJECT NAME: Just Beachy 1850 LLC
SITE ADDRESS: 1102 VA DARE TRL N KILL DEVIL HILLS

DRIVEWAY

ISSUED: 04/18/2018

EXPIRES: 10/15/2018

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

Issued By: Donna Elliott

Contractor or Authorized Agent: W.G. Brown III Date: _____



Town of Kill Devil Hills

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

PAID

APR 13 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

SG2018-013

PROJECT NAME: Brent Hill
SITE ADDRESS: 800 VA DARE TRL S. KILL DEVIL HILLS

SIGN

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

APPLICANT: Hill, Brent
800 South Virginia Dare Trail
Kill Devil Hills, NC 27948
540-271-4012

OWNER: BJM
252 Woodland Dr.
Kitty Hawk, NC 00000

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2020

PARCEL:

PIN: 988308898018

Parcel Number: 008132000

Address: 800 VA DARE TRL S. KILL DEVIL HILLS

Zoning:

Addition: SUBDIVISION - NONE

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

Legal Description:

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

PROJECT DESCRIPTION: Free-standing sign

SG2018-013

PROJECT NAME: Brent Hill

SITE ADDRESS: 800 VA DARE TRL S. KILL DEVIL HILLS

SIGN

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

DETAILS**Permit**

Name	Value
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	40.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	150.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

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

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

* Zoning Final Inspection is required.

SG2018-013

PROJECT NAME: Brent Hill

SITE ADDRESS: 800 VA DARE TRL S. KILL DEVIL HILLS


SIGN

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

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

Issued By:  _____

Contractor or Authorized Agent:  _____

Date: 4/13/18



Town of Kill Devil Hills

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

PAD

APR 13 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2018-024

PROJECT NAME: Matt Conway
SITE ADDRESS: 421 West Palmetto Street Kill Devil Hills

OCCUPANCY

ISSUED: 04/13/2018

EXPIRES:

APPLICANT: MATT CONWAY
208 Shiloh Street
Kill Devil Hills, NC 27948

OWNER: MATT CONWAY
208 Shiloh Street
Kill Devil Hills, NC 27948

GENERAL: CONWAY CONSTRUCTION
208 Shiloh Street
Kill Devil Hills, NC 27948
252-207-5322

License: 57214
Expires: 01/01/2019

PARCEL:

PIN: 98517003253

Parcel
Number:

Address: 421 West Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 12R, Recombination of Block 50, Va. Dare Shores S/D

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New

CONDITIONS

OP2018-024

PROJECT NAME: Matt Conway

SITE ADDRESS: 421 West Palmetto Street Kill Devil Hills

OCCUPANCY

ISSUED: 04/13/2018

EXPIRES:

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

Issued By: 

Contractor or Authorized Agent:  Date: 4-13-18



Town of Kill Devil Hills

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

PAID

APR 12 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-081

PROJECT NAME:

SITE ADDRESS: 2905 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

APPLICANT: Hersey Norris
117 White Acres Dr.
JARVISBURG, NC 27947
252-202-1881

OWNER: Hersey Norris
117 White Acres Dr.
JARVISBURG, NC 27947
252-202-1881

GENERAL UNLIMITED: Griggs & Co. Homes Inc.
P. O. Box 125
Point Harbor, NC 27964
207-8450

License: 48170
Expires:

PARCEL:

PIN: 988513138229

Parcel Number: 000823000

Address: 2905 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$450.00	\$0.00	Remodel/Renovation 1000 SQFT
Totals :	\$450.00	\$0.00	

PROJECT DESCRIPTION: raise house add new girder system.

BJ2018-081

PROJECT NAME:

SITE ADDRESS: 2905 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
Proposed First Floor Elevation	14.00
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	25000.00
# OF UNITS	1
LIVING SPACE (SQFT)	1000
TOTAL SQUARE FOOTAGE	1000
SURVEYOR NAME AND NUMBER	D. Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

BJ2018-081

PROJECT NAME:

SITE ADDRESS: 2905 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

PAID

APR 12 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2018-092

PROJECT NAME: Replace HVAC
SITE ADDRESS: 119 PINEHURST AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

APPLICANT: Robert Fahrney
226 Rhodoms Dr.
Kill Devil Hills, NC 27948

OWNER: Robert Fahrney
226 Rhodoms Dr.
Kill Devil Hills, NC 27948

PARCEL:

PIN: 988420715269

Parcel Number: 003899000

Address: 119 PINEHURST AVE KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 39 Lot(s): PT 1 & 2

Legal Description:

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

PROJECT DESCRIPTION:

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5281.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

MC2018-092

PROJECT NAME: Replace HVAC

SITE ADDRESS: 119 PINEHURST AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

PAID

APR 12 2018

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

ZP2018-021

PROJECT NAME: Mark Small
SITE ADDRESS: 2025 South Virginia Dare Trail Kill Devil Hills

ZONING PERMIT

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

APPLICANT: SMALL FAMILY LIMITED
1009 WEST CHURCH STREET
ELIZABETH CITY, NC 27909

OWNER: SMALL FAMILY LIMITED
1009 WEST CHURCH STREET
ELIZABETH CITY, NC 27909

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 989313241105

Parcel Number: 008502000

Address: 2025 South Virginia Dare Trail Kill Devil Hills

Addition: NAGS HEAD SHORES AMENDED SEC 4

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

Legal Description:

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

PROJECT DESCRIPTION: Fence and replace deck boards on rear deck

ZP2018-021

PROJECT NAME: Mark Small

SITE ADDRESS: 2025 South Virginia Dare Trail Kill Devil Hills

ZONING PERMIT

ISSUED: 04/12/2018

EXPIRES: 10/09/2018

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	VE
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

Issued By: Donna Elliott

Contractor or Authorized Agent: [Signature]

Date: 4/12/18



Town of Kill Devil Hills

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

APR 10 2018

Planning and Inspection Department

Printed : 04-10-2018

Page 1 of 2

CERTIFICATE OF OCCUPANCY

This Certificate issued pursuant to the requirements of the North Carolina State Building Code certifying that at the time of issuance this structure was in compliance with the technical codes and other applicable laws and ordinances and released by the Inspections Department.

Occupancy Permit Number : OP2018-023

Applicant Dream Builders
PO Box 33
Kill Devil Hills, NC 27948
252-573-8910

Approval Date:

Parcel:

PIN: Parcel Number: 988405085243
Address: 1002 DURHAM ST W KILL DEVIL HILLS
Section/Town/Range: Zoning
Addition: AVALON BEACH ANNEX 2 & 3 Block: 0 Lot(s): 689
Legal Description:

Owners

Name: Dream Builders **Phone:** 252-573-8910
Address: PO Box 33
Kill Devil Hills, NC 27948

Contractors

Name: Dream Builders **Phone:** 252-573-8910

Fees and Receipts

Number	Description	Paid	Due
CERTIFICATE OF OCCUPANCY	Certificate of Occupancy Fee	\$50.00	\$0.00
RESIDENTIAL TRASH CAN	Residential Trash Can	\$106.75	\$0.00
Totals :		\$156.75	\$0.00

Additional Information

Building Permit Number:
Conditions :



Town of Kill Devil Hills

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

Planning and Inspection Department

Printed : 04-10-2018

Page 2 of 2

4/10/18

Date

Building Inspector Signature



Town of Kill Devil Hills

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

PAID
APR - 9 2018

Planning and Inspection Department

MC2018-089

PROJECT NAME:
SITE ADDRESS: 3116 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

APPLICANT: KP JMIL, LLC
3116 N. Croatan Hwy.
Kill Devil Hills, NC 27948

OWNER: KP JMIL, LLC
3116 N. Croatan Hwy.
Kill Devil Hills, NC 27948

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

License: 19091
Expires: 12/31/2018

PARCEL:

PIN: 98751693976802

Parcel Number: 000332001

Address: 3116 CROATAN HWY N KILL DEVIL HILLS

Addition:

Zoning:

Block: 55

Lot(s): UNIT BLDG.
B

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

MC2018-089

PROJECT NAME:

SITE ADDRESS: 3116 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5440.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4-9-18



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-073	BUILDING JOINT
PROJECT NAME: Fahrney	ISSUED: 04/02/2018
SITE ADDRESS: 119 PINEHURST AVE KILL DEVIL HILLS	EXPIRES: 09/29/2018

APPLICANT: DALE, MARY E
1223 S FAIRWATER
NORFOLK, VA 23508

OWNER: DALE, MARY E
1223 S FAIRWATER
NORFOLK, VA 23508

BUILDING LIMITED: Simple Side Construction
308 W. Helga St.
Kill Devil Hills, NC 27948
252-564-8307

License: 78583
Expires:

PARCEL:

PIN: 988420715269

Parcel Number: 003899000

Address: 119 PINEHURST AVE KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 39 **Lot(s):** PT 1 & 2

Legal Description:

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

PROJECT DESCRIPTION: Replace fascia and window trim, relocate laundry to main level, replace two windows.

PAID

APR 6 2018

TOWN OF
KILL DEVIL HILLS

BJ2018-073

PROJECT NAME: Fahrney

SITE ADDRESS: 119 PINEHURST AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/02/2018

EXPIRES: 09/29/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	14250.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

BJ2018-073

PROJECT NAME: Fahrney

SITE ADDRESS: 119 PINEHURST AVE KILL DEVIL HILLS

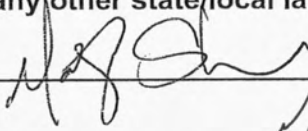
BUILDING JOINT

ISSUED: 04/02/2018

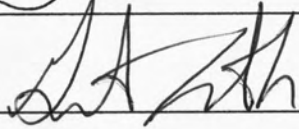
EXPIRES: 09/29/2018

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

4-6-18



Town of Kill Devil Hills

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

PAID

APR - 9 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2018-075

PROJECT NAME: Sea Sea Motel, LLC
SITE ADDRESS: 1234 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

APPLICANT: Sea Sea Motel, LLC
102 Pan Ridge Ct.
Kill Devil Hills, NC 27948
305-4856

OWNER: Sea Sea Motel, LLC
102 Pan Ridge Ct.
Kill Devil Hills, NC 27948
305-4856

UNLIMITED BUILDING: OBRC, LLC
PO Box 1916
Kill Devil Hills, NC 27948
252-305-4856

License: 78540
Expires: 12/31/2018

PARCEL:

PIN: 989309062892

Parcel Number: 004684000

Address: 1234 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

Zoning:
Block: C **Lot(s):** 3-5 & PT 15 & 16

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$3,292.65	\$0.00	Remodel/Renovation 7317 SQFT
Totals :	\$3,292.65	\$0.00	

PROJECT DESCRIPTION: Remodel existing structures less than 50% of each structures value.

BJ2018-075

PROJECT NAME: Sea Sea Motel, LLC
 SITE ADDRESS: 1234 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	108947.00
LIVING SPACE (SQFT)	7317
TOTAL SQUARE FOOTAGE	7317
ENGINEER AND LICENSE NUMBER	Carlos F. Gomez L-3241
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

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

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.

BJ2018-075

PROJECT NAME: Sea Sea Motel, LLC
SITE ADDRESS: 1234 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/9/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2018-058	BUILDING
PROJECT NAME: siding, windows, porch railings & FENCE	ISSUED: 04/06/2018
SITE ADDRESS: 309 ST LOUIS ST KILL DEVIL HILLS	EXPIRES: 10/03/2018

APPLICANT: FLORENCE, GREGORY & KATHY
323 LOWER FORK RD.
HEAD WATERS, VA 24442

OWNER: FLORENCE, GREGORY & KATHY
323 LOWER FORK RD.
HEAD WATERS, VA 24442

GENERAL REMODELING-UNLICENSED: Tommy Russell
unknown
Maple, NC 12356
252-202-8542

License: non Lic.
Expires:

PARCEL:

PIN: 987516940310

Parcel Number: 000188000

Address: 309 ST LOUIS ST KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 83

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Fence	\$100.00	\$0.00
Totals :	\$250.00	\$0.00

PROJECT DESCRIPTION:

PAID
APR 6 2018
TODD W
KILL DEVIL HILLS

PAID
WITH
CASH

BP2018-058

PROJECT NAME: siding, windows, porch railings & FENCE
SITE ADDRESS: 309 ST LOUIS ST KILL DEVIL HILLS

BUILDING

ISSUED: 04/06/2018

EXPIRES: 10/03/2018

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	25000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	G. Rogers L-3531
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

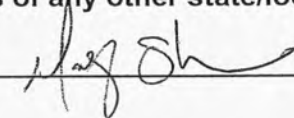
Zoning Final
Final

Stringline

CONDITIONS

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

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Issued By: 

Contractor or Authorized Agent:  Date: 4-6-18



Town of Kill Devil Hills

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

PAID

APR - 9 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2018-086	MECHANICAL
PROJECT NAME:	ISSUED: 04/06/2018
SITE ADDRESS: 705 EIGHTH AVE KILL DEVIL HILLS	EXPIRES: 10/03/2018

APPLICANT: UNKNOWN
UNKNOWN
UNKNOWN, XX 00000

OWNER: UNLISTED
NOT KNOWN AT TIME OF ENTRY
UNKNOWN, NC 00000

H3, CLASS 1:

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

License: 12643
Expires: 12/31/2018

PARCEL:

PIN: 988311675181

Parcel Number: 030498003

Address: 705 EIGHTH AVE KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS RLTY CORP ADD

Block: 43 **Lot(s):** 7

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

MC2018-086

PROJECT NAME:

SITE ADDRESS: 705 EIGHTH AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/06/2018

EXPIRES: 10/03/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

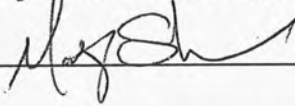
REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 4-9-18



Town of Kill Devil Hills

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

PAID

APR - 9 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2018-087

PROJECT NAME:

SITE ADDRESS: 1003 CARDINAL ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

APPLICANT: 1003 CARDINAL LLC
170 SCARBOROUGH CREEK DR
MANTEO, NC 27954
252-202-9944

OWNER: 1003 CARDINAL LLC
170 SCARBOROUGH CREEK DR
MANTEO, NC 27954
252-202-9944

H-3, CLASS I: Beach Air Heating and Cooling
PO Box 1047
Manteo, NC 27954
252-216-7544

License: 29768
Expires: 12/31/2018

PARCEL:

PIN: 988312870181

Parcel Number: 004412000

Address: 1003 CARDINAL ST KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 22 **Lot(s):** 9

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

MC2018-087

PROJECT NAME:

SITE ADDRESS: 1003 CARDINAL ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5948.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Chris Jones Date: 4-9-18



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-088	MECHANICAL
PROJECT NAME: MORROW HVAC	ISSUED: 04/09/2018
SITE ADDRESS: 1317 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 10/06/2018

APPLICANT: Melody Morrow 706 Seagrass Reach CHESAPEAKE, VA 23320 757-641-7140	OWNER: Melody Morrow 706 Seagrass Reach CHESAPEAKE, VA 23320 757-641-7140
MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949
	License: 13056 Expires: 12/31/2018

PARCEL:

PIN: 988415645902	Parcel Number: 004049000
Address: 1317 VA DARE TRL N KILL DEVIL HILLS	
Addition: SUBDIVISION - NONE	Zoning:
Legal Description:	Block: 0 Lot(s): 0

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

PROJECT DESCRIPTION: Replace HVAC system

PAID
APR - 9 2018
TOWN OF
KILL DEVIL HILLS

MC2018-088

PROJECT NAME: MORROW HVAC

SITE ADDRESS: 1317 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6354.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

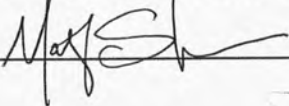
REQUIRED INSPECTIONS

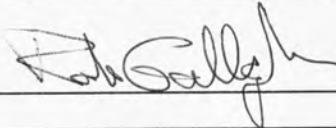
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 4/9/18



Town of Kill Devil Hills

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

PAID

APR - 9 2018

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

DW2018-001	DRIVEWAY
PROJECT NAME: Trent Edwards	ISSUED: 04/09/2018
SITE ADDRESS: 3212 BAY DR KILL DEVIL HILLS	EXPIRES: 10/06/2018

APPLICANT: Trent & Nicole Edwards
5011 Forest Ave.
BEDFORD, PA 15522
814-977-2867

OWNER: Trent & Nicole Edwards
5011 Forest Ave.
BEDFORD, PA 15522
814-977-2867

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 987516739583

Parcel Number: 000318000

Address: 3212 BAY DR KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:

Block: 0 **Lot(s):** 240

Legal Description:

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

PROJECT DESCRIPTION: Driveway Addition

DW2018-001

PROJECT NAME: Trent Edwards
SITE ADDRESS: 3212 BAY DR KILL DEVIL HILLS

DRIVEWAY

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	Gloria J. Rogers L-3531
ZONING DISTRICT	RL
CONSTRUCTION COST	1500.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
LOT COVERAGE	26.15

REQUIRED INSPECTIONS

Zoning Final

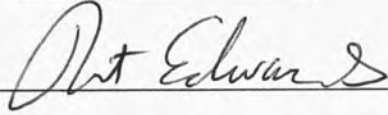
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 4/9/2018



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2018-022

PROJECT NAME: Florida OBX II, LLC
SITE ADDRESS: 1514 Bailey's Bay Road Kill Devil Hills

OCCUPANCY

ISSUED: 04/06/2018

EXPIRES:

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

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

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

License: 71450
Expires: 05/12/2018

PARCEL:

PIN: 98830627976408

Parcel Number:

Address: 1514 Bailey's Bay Road Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 8, Devonshire Place Condo

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	0
PURPOSE	Residential New

PAID

APR 6 2018

CONDITIONS

TOWN OF
KILL DEVIL HILLS

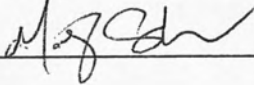
OP2018-022

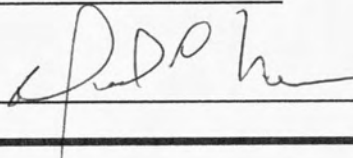
PROJECT NAME: Florida OBX II, LLC
SITE ADDRESS: 1514 Bailey's Bay Road Kill Devil Hills

OCCUPANCY
ISSUED: 04/06/2018

EXPIRES:

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

Issued By: 

Contractor or Authorized Agent:  Date: 4/6/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-078	BUILDING JOINT
PROJECT NAME: Repair water damage from broken water line.	ISSUED: 04/06/2018
SITE ADDRESS: 116 ARCHDALE ST E KILL DEVIL HILLS	EXPIRES: 10/03/2018

APPLICANT: MAUEL & LOUISE VELASQUEZ
7516 Todd Place
Manassas, VA 20112

OWNER: MAUEL & LOUISE VELASQUEZ
7516 Todd Place
Manassas, VA 20112

GENERAL BUILDING - LIMITED: WRIGHTWAY BUILDING AND DESIGN
903 Indian Drive
Kill Devil Hills, NC 27948

License: 50178
Expires: 12/30/2018

PARCEL:

PIN: 988517123382

Parcel Number: 000440000

Address: 116 ARCHDALE ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 19 **Lot(s):** PT 21-24

Legal Description:

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

PROJECT DESCRIPTION:

APR - 6 2018

BJ2018-078

PROJECT NAME: Repair water damage from broken water line.
SITE ADDRESS: 116 ARCHDALE ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/06/2018

EXPIRES: 10/03/2018

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	18066.00
# OF UNITS	1
LIVING SPACE (SQFT)	149
TOTAL SQUARE FOOTAGE	149
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

BJ2018-078

PROJECT NAME: Repair water damage from broken water line.
SITE ADDRESS: 116 ARCHDALE ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/06/2018

EXPIRES: 10/03/2018

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2018-085

PROJECT NAME: MGINN HVAC
SITE ADDRESS: 1227 WINDSONG WAY KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

APPLICANT: MGINN, MICHAEL J
1426 DEERFIELD DRIVE
ALLENTOWN, PA 18104
610-349-0553

OWNER: MGINN, MICHAEL J
1426 DEERFIELD DRIVE
ALLENTOWN, PA 18104
610-349-0553

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

License: 33023
Expires: 12/31/2018

PARCEL:

PIN: 988415645481

Parcel Number: 004071000

Address: 1227 WINDSONG WAY KILL DEVIL HILLS

Zoning:

Addition:

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

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC system

PAID

APR - 6 2018

TOWN OF
KILL DEVIL HILLS

MC2018-085

PROJECT NAME: MCGINN HVAC

SITE ADDRESS: 1227 WINDSONG WAY KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6850.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

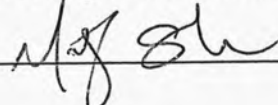
REQUIRED INSPECTIONS

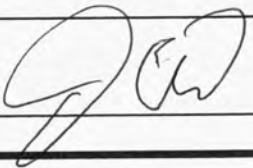
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

Printed : 03-16-2018

Page 1 of 2

CERTIFICATE OF OCCUPANCY

This Certificate issued pursuant to the requirements of the North Carolina State Building Code certifying that at the time of issuance this structure was in compliance with the technical codes and other applicable laws and ordinances and released by the Inspections Department.

Occupancy Permit Number : OP2018-012

PARENT PERMIT #: BJ2016-251

Applicant Run Hill Apartments, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

Approval Date: 03/16/2018

Parcel:

PIN:

Parcel Number: 988306486111503

Address: 1004 Run Hill Court Kill Devil Hills

Section/Town/Range:

Zoning

Addition:

Block:

Lot(s):

Legal Description: Run Hill Apartments, Bermuda Bay, Building 503W

Owners

Name: Run Hill Apartments, LLC

Phone: 252-441-9003

Address: PO Box 90
Kill Devil Hills, NC 27948

Contractors

Name: SAGA CONSTRUCTION

Phone: 252-202-0703

Fees and Receipts

Number	Description	Paid	Due
CERTIFICATE OF OCCUPANCY	Certificate of Occupancy Fee	\$50.00	\$0.00

Totals : \$50.00 \$0.00

Additional Information

Building Permit Number: BJ2016-251 - APR - 6 2018

Conditions :

TOWN OF
KILL DEVIL HILLS



Town of Kill Devil Hills

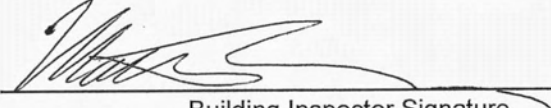
PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

Printed : 03-16-2018

Page 2 of 2

Date



Building Inspector Signature



Town of Kill Devil Hills

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

Planning and Inspection Department

Printed : 03-16-2018

Page 1 of 2

CERTIFICATE OF OCCUPANCY

This Certificate issued pursuant to the requirements of the North Carolina State Building Code certifying that at the time of issuance this structure was in compliance with the technical codes and other applicable laws and ordinances and released by the Inspections Department.

Occupancy Permit Number : OP2018-013

PARENT PERMIT #: BJ2016-252

Applicant Run Hill Apartments, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

Approval Date: 03/16/2018

Parcel:

PIN: Parcel Number: 98830648611500
Address: 1006 Beachgrass Way Kill Devil Hills
Section/Town/Range: Zoning
Addition: Block: Lot(s):
Legal Description: Run Hill Community Clubhouse, Bermuda Bay, Building 500

Owners

Name: Run Hill Apartments, LLC **Phone:** 252-441-9003
Address: PO Box 90
Kill Devil Hills, NC 27948

Contractors

Name: SAGA CONSTRUCTION **Phone:** 252-202-0703

Fees and Receipts

Number	Description	Paid	Due
CERTIFICATE OF OCCUPANCY	Certificate of Occupancy Fee	\$50.00	\$0.00
Totals :		\$50.00	\$0.00

Additional Information

Building Permit Number: BJ2016-252 APR - 6 2018
Conditions :



Town of Kill Devil Hills

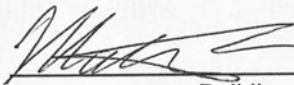
PO BOX 1719
Kill Devil Hills, NC 27948
Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

Printed : 03-16-2018

Page 2 of 2

Date



Building Inspector Signature



Town of Kill Devil Hills

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

Planning and Inspection Department

Printed : 03-16-2018

Page 1 of 2

CERTIFICATE OF OCCUPANCY

This Certificate issued pursuant to the requirements of the North Carolina State Building Code certifying that at the time of issuance this structure was in compliance with the technical codes and other applicable laws and ordinances and released by the Inspections Department.

Occupancy Permit Number : OP2018-014

PARENT PERMIT #: BJ2017-218

Applicant Run Hill Apartments, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

Approval Date: 03/16/2018

Parcel:

PIN:

Parcel
Number:

98830648611500

Address: 1006 Beachgrass Way Kill Devil Hills

Section/Town/Range:

Zoning

Addition:

Block:

Lot(s):

Legal Description: Run Hill Community Clubhouse, Bermuda Bay, Building 500

Owners

Name: Run Hill Apartments, LLC

Phone: 252-441-9003

Address: PO Box 90
Kill Devil Hills, NC 27948

Contractors

Name: SAGA CONSTRUCTION

Phone: 252-202-0703

Fees and Receipts

Number	Description	Paid	Due
CERTIFICATE OF OCCUPANCY	Certificate of Occupancy Fee	\$50.00	\$0.00
Totals :		\$50.00	\$0.00

Additional Information

APR - 6 2018

Building Permit Number: BJ2017-218

Conditions :



Town of Kill Devil Hills


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

Planning and Inspection Department

Printed : 03-16-2018

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Date



Building Inspector Signature



Town of Kill Devil Hills

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

Planning and Inspection Department

Printed : 03-16-2018

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CERTIFICATE OF OCCUPANCY

This Certificate issued pursuant to the requirements of the North Carolina State Building Code certifying that at the time of issuance this structure was in compliance with the technical codes and other applicable laws and ordinances and released by the Inspections Department.

Occupancy Permit Number : OP2018-015

PARENT PERMIT #: BJ2016-253

Applicant Run Hill Apartments, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

Approval Date:

Parcel:

PIN: Parcel Number: 988306486111509

Address: 1011 Run Hill Court Kill Devil Hills

Section/Town/Range:

Zoning

Addition:

Block:

Lot(s):

Legal Description: Run Hill Garage Building 1, Bermuda Bay, Building 509

Owners

Name: Run Hill Apartments, LLC

Phone: 252-441-9003

Address: PO Box 90
Kill Devil Hills, NC 27948

Contractors

Name: SAGA CONSTRUCTION

Phone: 252-202-0703

Fees and Receipts

Number	Description	Paid	Due
CERTIFICATE OF OCCUPANCY	Certificate of Occupancy Fee	\$50.00	\$0.00
Totals :		\$50.00	\$0.00

Additional Information

Building Permit Number: BJ2016-253

Conditions :

APR - 6 2018



Town of Kill Devil Hills


PO BOX 1719
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Planning and Inspection Department

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Date



Building Inspector Signature



Town of Kill Devil Hills

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

Planning and Inspection Department

DM2018-002

PROJECT NAME: SCHIED DEMOLITION
SITE ADDRESS: 300 HELGA ST E KILL DEVIL HILLS

DEMOLITION

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

APPLICANT: SCHIED, MARILEE COOLEY
3446 SURRY LANE
FALLS CHURCH, VA 20187

OWNER: SCHIED, MARILEE COOLEY
3446 SURRY LANE
FALLS CHURCH, VA 20187

BUILDER UNLIMITED: W M DUNN CONSTRUCTION LLC
UNKNOWN
UNKNOWN, XX 00000

License: 70411
Expires: 01/23/2019

PARCEL:

PIN: 988513046414

Parcel Number: 000088000

Address: 300 HELGA ST E KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 5

Zoning:
Block: 5 **Lot(s):** 11

Legal Description:

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

PROJECT DESCRIPTION: DEMO OF EXISTING STRUCTURE, SEPTIC SYSTEM AND DRIVEWAY.

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FLOOD ZONE	VE
CONSTRUCTION COST	6000.00

PAID
APR - 5 2018
TOWN OF
KILL DEVIL HILLS

DM2018-002

PROJECT NAME: SCHIED DEMOLITION

SITE ADDRESS: 300 HELGA ST E KILL DEVIL HILLS

DEMOLITION

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

REQUIRED INSPECTIONS

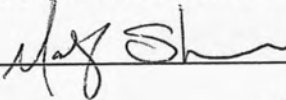
Final

CONDITIONS

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

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

4/5/18