



# 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

**MC2018-097**

**PROJECT NAME:** Replace HVAC  
**SITE ADDRESS:** 108 FRESH POND DR E KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/20/2018

**EXPIRES:** 10/17/2018

**APPLICANT:** DAVID OWEN  
150 Suxxex Ave.  
P.O.Box 215  
Wakefield, VA 23888

**OWNER:** DAVID OWEN  
150 Suxxex Ave.  
P.O.Box 215  
Wakefield, VA 23888

**PLUMBING AND MECHANICAL:** R.A. HOY HEATING AND AIR CONDITIONING, INC. **License:** 13056  
PO Box 169 **Expires:** 12/31/2019  
Kitty Hawk, NC 27949

**PARCEL:**

**PIN:** 989313140101 **Parcel Number:** 004952000  
**Address:** 108 FRESH POND DR E KILL DEVIL HILLS  
**Addition:** LAKE DRIVE DEVELOPMENT SEC 2 **Zoning:**  
**Block:** 0 **Lot(s):** 24  
**Legal Description:**

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

**PROJECT DESCRIPTION:**

PAID

APR 20 2018

TOWN OF  
KILL DEVIL HILLS

**MC2018-097**

**PROJECT NAME:** Replace HVAC  
**SITE ADDRESS:** 108 FRESH POND DR E KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/20/2018

**EXPIRES:** 10/17/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

\* 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: \_\_\_\_\_

4/20/18



# 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

**MC2018-098**

**PROJECT NAME:** Replace HVAC  
**SITE ADDRESS:** 1501 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/20/2018

**EXPIRES:** 10/17/2018

**APPLICANT:** JAEDO PROPERTIES INC  
497 NC HWY 48  
ROANOKE RAPIDS, NC 27870  
252-537-3223

**OWNER:** JAEDO PROPERTIES INC  
497 NC HWY 48  
ROANOKE RAPIDS, NC 27870  
252-537-3223

**PLUMBING AND MECHANICAL:** R.A. HOY HEATING AND AIR CONDITIONING, INC. **License:** 13056  
PO Box 169 **Expires:** 12/31/2019  
Kitty Hawk, NC 27949

**PARCEL:**

**PIN:** 989309160094

**Parcel Number:** 004680000

**Address:** 1501 VA DARE TRL S KILL DEVIL HILLS

**Zoning:**

**Addition:** KILL DEVIL BEACH SEC 1 REVISED

**Block:** B **Lot(s):** PT 17

**Legal Description:**

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

**PROJECT DESCRIPTION:**

PAID

APR 20 2018

TOWN OF  
KILL DEVIL HILLS

**MC2018-098**

PROJECT NAME: Replace HVAC

SITE ADDRESS: 1501 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 04/20/2018

EXPIRES: 10/17/2018

**DETAILS**

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6525.00
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: *Robert* Date: 4/20/18



# 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

**EL2018-023**

**PROJECT NAME:** DRAKE PANEL REPLACEMENT  
**SITE ADDRESS:** 3305 RAYMOND AVE KILL DEVIL HILLS

**ELECTRICAL**  
**ISSUED:** 04/16/2018  
**EXPIRES:** 10/13/2018

**APPLICANT:** COBERLY, JOSEPH G SR  
P O BOX 253  
HARTFIELD, VA 23071

**OWNER:** DRAKE, WALTER & ELIZABETH  
31395 SUNBEAM RD  
FRANKLIN, VA 23851  
757-651-7812

**ELECTRICAL - LIMITED:** Angel Advanced Technologies, LLC  
PO Box 254  
Point Harbor, NC 27964  
252-207-7519

**License:** 30701-L  
**Expires:** 10/02/2018

**PARCEL:**

**PIN:** 988509053033

**Parcel Number:** 000073000

**Address:** 3305 RAYMOND AVE KILL DEVIL HILLS

**Zoning:**

**Addition:** ORVILLE BEACH BLK 2

**Block:** 2 **Lot(s):** 17

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Electrical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** REPLACE ELECTRICAL PANEL

PAID

APR 23 2018

TOWN OF  
KILL DEVIL HILLS

**EL2018-023**

**PROJECT NAME:** DRAKE PANEL REPLACEMENT  
**SITE ADDRESS:** 3305 RAYMOND AVE KILL DEVIL HILLS

**ELECTRICAL**

**ISSUED:** 04/16/2018

**EXPIRES:** 10/13/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	C
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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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

**MC2018-090**

**PROJECT NAME:** LAMB HVAC  
**SITE ADDRESS:** 1001 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/09/2018

**EXPIRES:** 10/06/2018

**APPLICANT:** JOSEPH AND ANN LAMB  
PO Box 1030  
Kitty Hawk, NC 27949

**OWNER:** JOSEPH AND ANN LAMB  
PO Box 1030  
Kitty Hawk, NC 27949

**MECHANICAL, H-2, H-3:**

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

**License:** 11618  
**Expires:** 12/31/2018

**PARCEL:**

**PIN:** 988415734113

**Parcel Number:** 003703000

**Address:** 1001 VA DARE TRL N KILL DEVIL HILLS

**Zoning:**

**Addition:** KITTY HAWK SHORES - REVISED

**Block:** 10 **Lot(s):** 1

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace HVAC system

APR 18 2018

**MC2018-090**

**PROJECT NAME:** LAMB HVAC

**SITE ADDRESS:** 1001 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/09/2018

**EXPIRES:** 10/06/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

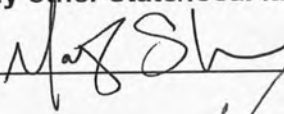
Final

**CONDITIONS**

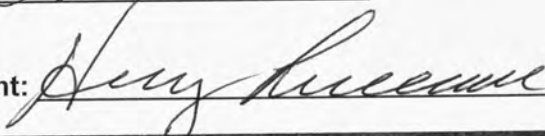
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Issued By: \_\_\_\_\_



Contractor or Authorized Agent: \_\_\_\_\_



Date: \_\_\_\_\_

4/18/18





# 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

**MC2018-091**

**PROJECT NAME:** Replace HVAC  
**SITE ADDRESS:** 807 CROATAN HWY S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/11/2018

**EXPIRES:** 10/08/2018

**APPLICANT:** HARVEY, PHILLIP S  
3707 VIRGINIA ROAD  
TYNER, NC 27980

**OWNER:** HARVEY, PHILLIP S  
3707 VIRGINIA ROAD  
TYNER, NC 27980

**MECHANICAL, H-2, H-3:**

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

**License:** 11618  
**Expires:** 12/31/2018

**PARCEL:**

**PIN:** 988308884594

**Parcel Number:** 008237000

**Address:** 807 CROATAN HWY S KILL DEVIL HILLS

**Addition:** KILL DEVIL HILLS REALTY CORP

**Zoning:**

**Block:** 2 **Lot(s):** 4,6,7

**Legal Description:**

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

**PROJECT DESCRIPTION:**

APR 18 2018

**MC2018-091**

**PROJECT NAME:** Replace HVAC

**SITE ADDRESS:** 807 CROATAN HWY S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/11/2018

**EXPIRES:** 10/08/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	6200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

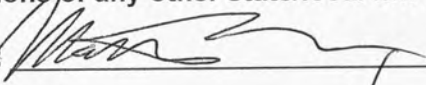
**REQUIRED INSPECTIONS**

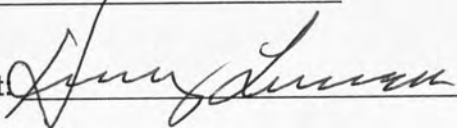
Final

**CONDITIONS**

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Issued By: 

Contractor or Authorized Agent: 

Date: 4/18/18



# 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

<b>BJ2018-086</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b>	<b>ISSUED: 04/20/2018</b>
<b>SITE ADDRESS: 103 VA DARE TRL S KILL DEVIL HILLS</b>	<b>EXPIRES: 10/17/2018</b>

**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

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

**ELECTRICAL-LIMITED:** LOWIRE TECHNOLOGIES  
UNKNOWN  
UNKNOWN, XX 00000

**License:** 19403  
**Expires:** 12/30/2018

**PLUMBING:** Robert Blivens Plumbing, Inc  
P.O. Box 2021  
Kill Devil Hills, NC 27948  
441-1578

**License:** 11413  
**Expires:**

**PARCEL:**

**PIN:** 988420808780

**Parcel Number:** 003666099

**Address:** 103 VA DARE TRL S KILL DEVIL HILLS

**Zoning:**

**Addition:** KITTY HAWK SHORES - REVISED

**Block:**

**Lot(s):**

**Legal Description:**

**FEES:** Paid Due

**Totals :**

**PAID**

**APR 20 2018**

**PROJECT DESCRIPTION:** Remodel shower in womens restroom into laundry area.

**BJ2018-086**

**PROJECT NAME:**

**SITE ADDRESS:** 103 VA DARE TRL S KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 04/20/2018

**EXPIRES:** 10/17/2018

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**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	OIR
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	2500.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

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**REQUIRED INSPECTIONS**

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

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**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!

**BJ2018-086**

PROJECT NAME:


SITE ADDRESS: 103 VA DARE TRL S KILL DEVIL HILLS

**BUILDING JOINT**

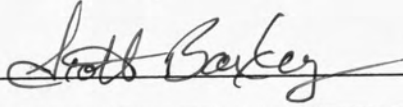
ISSUED: 04/20/2018

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: 4/20/18



# 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

<b>BP2018-064</b>	<b>BUILDING</b>
PROJECT NAME: Katherine Akers	ISSUED: 04/19/2018
SITE ADDRESS: 222 WILKINSON ST E KILL DEVIL HILLS	EXPIRES: 10/16/2018

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

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

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

**License:** 345  
**Expires:**

**PARCEL:**

**PIN:** 988513132448      **Parcel Number:** 030834000

**Address:** 222 WILKINSON ST E KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES      **Zoning:**

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

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

**PROJECT DESCRIPTION:** Replace existing deck and construct pergola.

PAID

APR 19 2018

TOWN OF  
KILL DEVIL HILLS

**BP2018-064**

PROJECT NAME: Katherine Akers

SITE ADDRESS: 222 WILKINSON ST E KILL DEVIL HILLS

**BUILDING**

ISSUED: 04/19/2018

EXPIRES: 10/16/2018

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
LOT COVERAGE	31.47
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	William S. Jones Jr. 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.

\* Zoning Final Inspection is required.

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

\* Pilings and wall must meet 8' side yard setback. Rafter tails for pergola cannot encroach more than 24" into side yard setback.

**BP2018-064**

PROJECT NAME: Katherine Akers

SITE ADDRESS: 222 WILKINSON ST E KILL DEVIL HILLS

**BUILDING**

ISSUED: 04/19/2018

EXPIRES: 10/16/2018

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_





# 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

**BP2018-066**

**PROJECT NAME:** Otis Clatterbuck  
**SITE ADDRESS:** 905 FOURTH ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 04/20/2018

**EXPIRES:** 10/17/2018

**APPLICANT:** Clatterbuck, Otis M  
14526 Storybook Ln.  
AMISSVILLE, VA 20106  
571-722-7567

**OWNER:** Clatterbuck, Otis M  
14526 Storybook Ln.  
AMISSVILLE, VA 20106  
571-722-7567

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

**PARCEL:**

**PIN:** 988409170259

**Parcel Number:** 002259000

**Address:** 905 FOURTH ST W KILL DEVIL HILLS

**Addition:** WRIGHT'S SHORES SEC 2

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** Repair and replace decks/extend deck on side of house 3'

**BP2018-066**

**PROJECT NAME:** Otis Clatterbuck  
**SITE ADDRESS:** 905 FOURTH ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 04/20/2018

**EXPIRES:** 10/17/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4500.00
LOT COVERAGE	24.00
SURVEYOR NAME AND NUMBER	Styons Surveying Services

**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.
- \* 4x4 railing posts shall not be notched but shall be solid blocked behind joist band and double 3/8" thru bolted per code requirements.

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: \_\_\_\_\_

4/19/2018



# Town of Kill Devil Hills

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

PAID

APR 20 2018

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

### OP2018-026

PROJECT NAME: Robert Scheideler  
SITE ADDRESS: 1407 Lake Ridge Ct. Kill Devil Hills

### OCCUPANCY

ISSUED: 04/20/2018

EXPIRES:

**APPLICANT:** Scheidler, Robert  
PO Box 286  
Kill Devil Hills, NC 27948  
914-391-3221

**OWNER:** Scheidler, Robert  
PO Box 286  
Kill Devil Hills, NC 27948  
914-391-3221

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

#### PARCEL:

**PIN:** 988315730625

**Parcel  
Number:**

**Address:** 1407 Lake Ridge Ct. Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lake Ridge Estates, Lot 4

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

**PROJECT DESCRIPTION:** Proposed 3 Bedroom SFD

### DETAILS

#### Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New

### CONDITIONS

**OP2018-026**

**PROJECT NAME:** Robert Scheideler  
**SITE ADDRESS:** 1407 Lake Ridge Ct. Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 04/20/2018

**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: Robert Scheideler Date: 4/19/2018



# Town of Kill Devil Hills

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

PAID

APR 18 2018

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**DW2018-002**

**PROJECT NAME:** Tucker Freeman  
**SITE ADDRESS:** 606 MEMORIAL BLVD N KILL DEVIL HILLS

**DRIVEWAY**

**ISSUED:** 04/19/2018

**EXPIRES:** 10/16/2018

**APPLICANT:** Dave's Concrete  
6521 Coastal Lane  
Manns Harbor, NC 27953  
252-305-9677

**OWNER:** Freeman, Tucker G.  
606 N. Memorial Blvd.  
Kill Devil Hills, NC 27948  
252-255-8023

**GENERAL:** Dave's Concrete  
6521 Coastal Lane  
Manns Harbor, NC 27953  
252-305-9677

**License:** 12345  
**Expires:** 08/31/2018

**PARCEL:**

**PIN:** 988419711959

**Parcel Number:** 003945000

**Address:** 606 MEMORIAL BLVD N KILL DEVIL HILLS

**Addition:** KITTY HAWK SHORES - REVISED

**Zoning:**

**Block:** 42 **Lot(s):** 1

**Legal Description:**

FEES:	Paid	Due
Driveway Permit Fee	\$50.00	\$0.00
<b>Totals :</b>	<b>\$50.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Driveway and concrete ramp/walkway

**DW2018-002**

**PROJECT NAME:** Tucker Freeman  
**SITE ADDRESS:** 606 MEMORIAL BLVD N KILL DEVIL HILLS

**DRIVEWAY**

**ISSUED:** 04/19/2018

**EXPIRES:** 10/16/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	Quible and Associates
ZONING DISTRICT	RL
CONSTRUCTION COST	2150.00
FLOOD ZONE	AE
LOT COVERAGE	28.40

**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!
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Match existing elevation as existing driveway. Suggestion to saw cut existing asphalt where the paint marks are to tie the new concrete.

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: 4/19/18



**Town of Kill Devil Hills**

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

APR 18 2018

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

<b>SG2018-012</b>	<b>SIGN</b>
<b>PROJECT NAME:</b> MK Contractors	<b>ISSUED:</b> 04/06/2018
<b>SITE ADDRESS:</b> 2701 Croatan HWY N. KILL DEVIL HILLS	<b>EXPIRES:</b> 10/03/2018

**APPLICANT:** MK Contractors  
PO Box 3014  
Kill Devil Hills, NC 27948  
252-305-3224

**OWNER:** Small, Priscilla E.  
P O BOX 426  
KILL DEVIL HILLS, NC 27948  
252-449-5565

**CONTRACTOR:** SAME AS APPLICANT  
0000000  
00000000, nc 00000

**License:** 123456  
**Expires:** 04/30/2020

**PARCEL:**

**PIN:** 988517121167

**Parcel Number:** 003001001

**Address:** 2701 Croatan HWY N. KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES

**Zoning:**  
**Block:** 19 **Lot(s):** 28,29,30 &

**Legal Description:**

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

**PROJECT DESCRIPTION:** Sign on the building

**SG2018-012**

PROJECT NAME: MK Contractors

SITE ADDRESS: 2701 Croatan HWY N. KILL DEVIL HILLS

**SIGN**

ISSUED: 04/06/2018

EXPIRES: 10/03/2018

**DETAILS**

**Permit**

Name	Value
# OF SIGNS	1
SIGN - WALL PERMITTED (SQFT)	36.00
SIGN- WALL PROPOSED (SQ FT)	24.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	200.00
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.

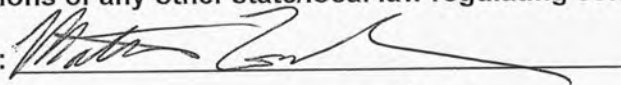
No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).

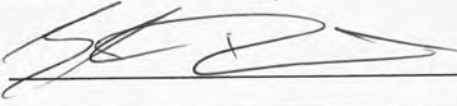
Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.

\* 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.

\* 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: 4-18-18





# 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

**BJ2018-079**

**PROJECT NAME:** Steven Wolf  
**SITE ADDRESS:** 1904 VA DARE TRL N KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 04/10/2018

**EXPIRES:** 10/07/2018

**APPLICANT:** STEVEN WOLF  
1904 N. Va. Dare Tr.  
KILL DEVIL HILLS, NC 27948

**OWNER:** STEVEN WOLF  
1904 N. Va. 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:** 988406389912

**Parcel Number:** 002860000

**Address:** 1904 VA DARE TRL N KILL DEVIL HILLS

**Zoning:**

**Addition:** Croatan Shores Amended

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

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>	<b>BUILDING AREA:</b>	
Res. Building Permit Fee	\$249.85	\$0.00	Residential Unheated (.40)	214 Sq. Ft
Renovation/Remodel/Relocate	\$100.80	\$0.00	Residential Heated Space (.75)	219 sq. Ft.
<b>Totals :</b>	<b>\$350.65</b>	<b>\$0.00</b>	Remodel/Renovation	224 SQFT

**PROJECT DESCRIPTION:** Proposed addition to expand existing ground level rec room and add bathroom. House to remain 4 bedroom.

PAID

APR 16 2018

TOWN OF  
KILL DEVIL HILLS

**BJ2018-079**

PROJECT NAME: Steven Wolf

SITE ADDRESS: 1904 VA DARE TRL N KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 04/10/2018

EXPIRES: 10/07/2018

**DETAILS****Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	27564
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	10.80
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
LOT COVERAGE	50.20
SURVEYOR NAME AND NUMBER	M. Douglas Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

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

**BJ2018-079**

**PROJECT NAME:** Steven Wolf

**SITE ADDRESS:** 1904 VA DARE TRL N KILL DEVIL HILLS

**BUILDING JOINT**

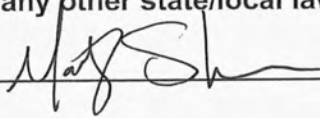
**ISSUED:** 04/10/2018

**EXPIRES:** 10/07/2018

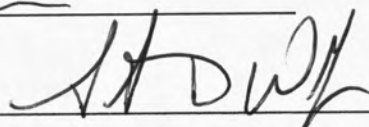
\* Provide fire separation in garage from living space as required by code.

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: \_\_\_\_\_

4-17-18



**Town of Kill Devil Hills**

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

PAID

APR 16 2018

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

<b>BP2018-045</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> John McCombs Shed	<b>ISSUED:</b> 03/23/2018
<b>SITE ADDRESS:</b> 917 CEDAR DR KILL DEVIL HILLS	<b>EXPIRES:</b> 09/19/2018

**APPLICANT:** MCCOMBS, JOHN A  
917 CEDAR DRIVE  
KILL DEVIL HILLS, NC 27948

**OWNER:** MCCOMBS, JOHN A  
917 CEDAR DRIVE  
KILL DEVIL HILLS, NC 27948

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

**PARCEL:**

**PIN:** 988413133978

**Parcel Number:** 027546117

**Address:** 917 CEDAR DR KILL DEVIL HILLS

**Zoning:**

**Addition:**

**Block:** 0 **Lot(s):** 117

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Accessory Residential (MIN)	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** 8x10 Shed

**BP2018-045**

PROJECT NAME: John McCombs Shed  
 SITE ADDRESS: 917 CEDAR DR KILL DEVIL HILLS

**BUILDING**

ISSUED: 03/23/2018

EXPIRES: 09/19/2018

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	350.00
LOT COVERAGE	34.47
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.
- \* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- \* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

**BP2018-045**

PROJECT NAME: John McCombs Shed  
SITE ADDRESS: 917 CEDAR DR KILL DEVIL HILLS

**BUILDING**

ISSUED: 03/23/2018

EXPIRES: 09/19/2018

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

**MC2018-079**

**PROJECT NAME:** JONES HVAC  
**SITE ADDRESS:** 200 Oregon Ave. E. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 03/29/2018

**EXPIRES:** 09/25/2018

**APPLICANT:** Jeffrey Jones  
9022 Advantage Ct.  
Burke, VA 22015  
703-727-9670

**OWNER:** Jeffrey Jones  
9022 Advantage Ct.  
Burke, VA 22015  
703-727-9670

**MECHANICAL, H-2, H-3:**

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

**License:** 11618  
**Expires:** 12/31/2018

**PARCEL:**

**PIN:** PARC2001-59      **Parcel Number:** 07988420801254

**Address:** 200 Oregon Ave. E. Kill Devil Hills

**Addition:** Klitty Hawk Shores Revised

**Zoning:**  
**Block:** 29      **Lot(s):** 8-A

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace HVAC system

PAID

APR 18 2018

TOWN OF  
KILL DEVIL HILLS

**MC2018-079**

**PROJECT NAME:** JONES HVAC

**SITE ADDRESS:** 200 Oregon Ave. E. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 03/29/2018

**EXPIRES:** 09/25/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9465.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

\* 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: 4/18/18





## Town of Kill Devil Hills

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

### Planning and Inspection Department

**SG2018-014**

**PROJECT NAME:** Front Porch Cafe  
**SITE ADDRESS:** 2200 CROATAN HWY N KILL DEVIL HILLS

**SIGN**

**ISSUED:** 04/18/2018

**EXPIRES:** 10/15/2018

**APPLICANT:** Front Porch Cafe  
PO Box 7055  
Kill Devil Hills, NC 27948  
252-207-5474

**OWNER:** Michael Davenport  
406 W Lake Dr  
Kill Devil Hills, NC 27948

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

**License:** LEGACY UNKNOWN  
**Expires:** 12/31/2018

#### PARCEL:

**PIN:** 988517116001

**Parcel Number:** 016628000

**Address:** 2200 CROATAN HWY N KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORE AMD BLK 24

**Zoning:**

**Block:** 24

**Lot(s):** 11-14 & 2  
LOTS

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace sign on building

PAID

APR 18 2018

TOWN OF  
KILL DEVIL HILLS

**SG2018-014**

**PROJECT NAME:** Front Porch Cafe  
**SITE ADDRESS:** 2200 CROATAN HWY N KILL DEVIL HILLS

**SIGN**

**ISSUED:** 04/18/2018

**EXPIRES:** 10/15/2018

**DETAILS**

**Permit**

Name	Value
# OF SIGNS	1
SIGN - WALL PERMITTED (SQFT)	72.00
SIGN- WALL PROPOSED (SQ FT)	55.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	1600.00
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.

\* Zoning Final Inspection is required.

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

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: \_\_\_\_\_

4/10/18



# Town of Kill Devil Hills

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

## Planning and Inspection Department

### OP2018-025

PROJECT NAME: East Coast Construction Group Inc.  
 SITE ADDRESS: 901 Swan St. Kill Devil Hills

### OCCUPANCY

ISSUED: 04/17/2018

EXPIRES:

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

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

**GENERAL:**

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

License: 34495  
 Expires: 01/01/2019

**PARCEL:**

PIN: 988312776322

Parcel  
 Number:

Address: 901 Swan St. Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 10, Block 27, Kill Devil Hills Realty Corp

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

**PROJECT DESCRIPTION:** Proposed 4 Bedroom SFD

### DETAILS

**Permit**

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New

APR 18 2018

### CONDITIONS

**OP2018-025**

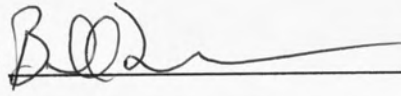
**PROJECT NAME:** East Coast Construction Group Inc.  
**SITE ADDRESS:** 901 Swan St. Kill Devil Hills

**OCCUPANCY**  
**ISSUED:** 04/17/2018

**EXPIRES:**

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

Issued By:  \_\_\_\_\_

Contractor or Authorized Agent:  \_\_\_\_\_

Date: 4-18-2018



# 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

**MC2018-095**

PROJECT NAME:

SITE ADDRESS: 1014 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 04/16/2018

EXPIRES: 10/13/2018

**APPLICANT:** Adrian Dillenseger  
167 Alpine Dr.  
LEESBURG, VA 20175  
703-728-7539

**OWNER:** JUDITH ANN GARRETT  
P O Box 242  
Queen Anne, MD 21657  
252-480-1210

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

**License:** 11100  
**Expires:** 12/31/2018

**PARCEL:**

**PIN:** 988308985261

**Parcel Number:** 004294000

**Address:** 1014 VA DARE TRL S KILL DEVIL HILLS

**Zoning:**

**Addition:** KILL DEVIL HILLS SEC 1

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** replace HVAC

PAID

APR 16 2018

TOWN OF  
KILL DEVIL HILLS

**MC2018-095**

PROJECT NAME:

SITE ADDRESS: 1014 VA DARE TRL S KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 04/16/2018

EXPIRES: 10/13/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 4/16/18



# Town of Kill Devil Hills

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

PAID

Planning and Inspection Department

APR 16 2018

<b>BP2017-221</b>	TOWN OF KILL DEVIL HILLS
<b>PROJECT NAME:</b> Alex Wisner	<b>BUILDING</b>
<b>SITE ADDRESS:</b> 2024 PHOEBUS ST KILL DEVIL HILLS	<b>ISSUED:</b> 12/12/2017
	<b>EXPIRES:</b> 06/10/2018

**APPLICANT:** WISNER, ALEX  
2024 PHOEBUS ST  
Kill Devil Hills, NC 27948

**OWNER:** WISNER, ALEX  
2024 PHOEBUS ST  
Kill Devil Hills, NC 27948

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

**PARCEL:**

**PIN:** 988405085807

**Parcel Number:** 000893000

**Address:** 2024 PHOEBUS ST KILL DEVIL HILLS

**Addition:** AVALON BEACH ANNEX 2 & 3

**Zoning:**

**Block:** 0 **Lot(s):** 1155

**Legal Description:**

FEES:	Paid	Due
Accessory Residential (MIN)	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** 8 x 12 Shed.

**BP2017-221**

PROJECT NAME: Alex Wisner

SITE ADDRESS: 2024 PHOEBUS ST KILL DEVIL HILLS

**BUILDING**

ISSUED: 12/12/2017

EXPIRES: 06/10/2018

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	27373
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2200.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.
- \* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- \* Shed must be located 5' from the side and rear property lines beyond the rear yard setback.



**BP2017-221**

**PROJECT NAME:** Alex Wisner

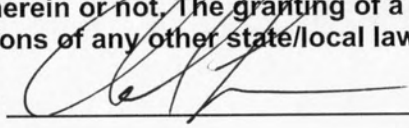
**SITE ADDRESS:** 2024 PHOEBUS ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 12/12/2017

**EXPIRES:** 06/10/2018

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: 4/16/18



# Town of Kill Devil Hills

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

PAID

APR 16 2018

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

<b>BP2018-059</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b>	<b>ISSUED: 04/10/2018</b>
<b>SITE ADDRESS: 1406 CAPTAINS CIR KILL DEVIL HILLS</b>	<b>EXPIRES: 10/07/2018</b>

**APPLICANT:** PITT, WILLIAM M  
1406 CAPTAINS CIRCLE  
KILL DEVIL HILLS, NC 27948

**OWNER:** PITT, WILLIAM M  
1406 CAPTAINS CIRCLE  
KILL DEVIL HILLS, NC 27948

**GENERAL:** MILLSTONE MARINE  
7000 MARITIME WOODS DR  
MANTEO, NC 27954  
252-491-2888

**License:** 78077  
**Expires:** 12/30/2019

**PARCEL:**

**PIN:** 988413123713

**Parcel Number:** 003656000

**Address:** 1406 CAPTAINS CIR KILL DEVIL HILLS

**Zoning:**

**Addition:** LANDING SECTION 3, THE

**Block:** 0 **Lot(s):** 151

**Legal Description:**

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

**PROJECT DESCRIPTION:** BULKHEAD PER CAMA AND ENGINEERING.

**BP2018-059**

PROJECT NAME:

SITE ADDRESS: 1406 CAPTAINS CIR KILL DEVIL HILLS

**BUILDING**

ISSUED: 04/10/2018

EXPIRES: 10/07/2018

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	16323.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

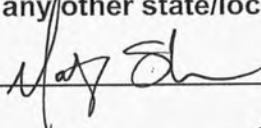
Piling Final  
Rough In

**CONDITIONS**

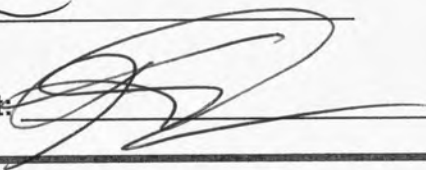
\* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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: \_\_\_\_\_

4-16-18



# Town of Kill Devil Hills

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

PAID

APR 16 2018

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

### BP2018-062

PROJECT NAME: Pergola & walkway.  
SITE ADDRESS: 1618 SIR WALTER RD KILL DEVIL HILLS

### BUILDING

ISSUED: 04/13/2018

EXPIRES: 10/10/2018

APPLICANT: SMITH, W T JR  
1914 S ARLINGTON RIDGE RD  
ARLINGTON, VA 22202

OWNER: SMITH, W T JR  
1914 S ARLINGTON RIDGE RD  
ARLINGTON, VA 22202

UNLICENSED BUILDER: JOE HANTON  
121 White Acres DR  
JARVISBURG, NC 27947  
252-207-3553

License: unlicensed  
Expires: 12/01/2020

#### PARCEL:

PIN: 988410467622

Parcel Number: 003091000

Address: 1618 SIR WALTER RD KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:

Block: 1 Lot(s): 4

Legal Description:

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

#### PROJECT DESCRIPTION:

**BP2018-062**

PROJECT NAME: Pergola & walkway.

SITE ADDRESS: 1618 SIR WALTER RD KILL DEVIL HILLS

**BUILDING**

ISSUED: 04/13/2018

EXPIRES: 10/10/2018

---

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
HEALTH DEPARTMENT PERMIT #	27704
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6800.00
LOT COVERAGE	25.43
ACCESSORY STRUCTURE (SQFT)	120
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	G. Rogers L-3531
OCCUPANCY TYPE	One & Two Family Dwelling

---

**REQUIRED INSPECTIONS**

Zoning Final

Final

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**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.

**BP2018-062**

PROJECT NAME: Pergola & walkway.

SITE ADDRESS: 1618 SIR WALTER RD KILL DEVIL HILLS

**BUILDING**

ISSUED: 04/13/2018

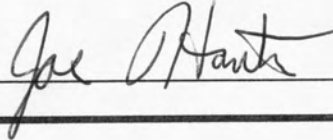
EXPIRES: 10/10/2018

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: \_\_\_\_\_

4-16-18



**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

TOWN OF  
KILL DEVIL HILLS

**Planning and Inspection Department**

**BP2018-063**

**PROJECT NAME:** 24' tall bulkhead at rear yard.  
**SITE ADDRESS:** 106 THIRD ST E KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 04/13/2018

**EXPIRES:** 10/10/2018

**APPLICANT:** Smith, Michael  
104 Commerce ST  
Smithfield, VA 23430  
757-576-4203

**OWNER:** Smith, Michael  
104 Commerce ST  
Smithfield, VA 23430  
757-576-4203

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

**PARCEL:**

**PIN:** 988406378800

**Parcel Number:** 002734000

**Address:** 106 THIRD ST E KILL DEVIL HILLS

**Zoning:**

**Addition:** SUBDIVISION - NONE

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

**Legal Description:**

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>
Pier/Bulkhead	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:**

**BP2018-063**

PROJECT NAME: 24' tall bulkhead at rear yard.  
SITE ADDRESS: 106 THIRD ST E KILL DEVIL HILLS

**BUILDING**

ISSUED: 04/13/2018

EXPIRES: 10/10/2018

---

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
LOT COVERAGE	18.98
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	C. Gomez
OCCUPANCY TYPE	One & Two Family Dwelling

---

**REQUIRED INSPECTIONS**

Zoning Final

Final

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**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.



**BP2018-063**

PROJECT NAME: 24' tall bulkhead at rear yard.  
SITE ADDRESS: 106 THIRD ST E KILL DEVIL HILLS

**BUILDING**

ISSUED: 04/13/2018

EXPIRES: 10/10/2018

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

PAID

APR 16 2018

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**SG2018-011**

**PROJECT NAME:** Sunsations  
**SITE ADDRESS:** 1600 CROATAN HWY S KILL DEVIL HILLS

**SIGN**

**ISSUED:** 04/06/2018

**EXPIRES:** 10/03/2018

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

**OWNER:** SUNSATION REALTY  
1916 Atlantic Ave.  
Virginia Beach, VA 23451  
757-328-0272

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

**License:** LEGACY UNKNOWN  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 989313040879

**Parcel Number:** 008384000

**Address:** 1600 CROATAN HWY S KILL DEVIL HILLS

**Addition:** OCEAN ACRES TRACT 3 SEC 1

**Zoning:**  
**Block:** A **Lot(s):** 27-28

**Legal Description:**

FEES:	Paid	Due
Sign Permit Fee	\$200.00	\$0.00
<b>Totals :</b>	<b>\$200.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Sign on the building and free-standing sign

**SG2018-011**

PROJECT NAME: Sunstations

SITE ADDRESS: 1600 CROATAN HWY S KILL DEVIL HILLS

**SIGN**

ISSUED: 04/06/2018

EXPIRES: 10/03/2018

**DETAILS****Permit**

Name	Value
# OF SIGNS	2
SIGN - FREE STANDING PERMITTED (SQFT)	50.00
SIGN - FREE STANDING PROPOSED (SQ FT)	47.80
SIGN - WALL PERMITTED (SQFT)	240.00
SIGN- WALL PROPOSED (SQ FT)	40.50
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	5500.00
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.

\* Zoning Final Inspection is required.

\* 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.

**SG2018-011**

PROJECT NAME: Sunstations

SITE ADDRESS: 1600 CROATAN HWY S KILL DEVIL HILLS

**SIGN**

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: 04-16-18



# Town of Kill Devil Hills

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

PAID

APR 16 2018

Planning and Inspection Department

PAID  
WITH  
9/15/18

TOWN OF  
KILL DEVIL HILLS

**ZP2018-024**

PROJECT NAME: BENNETT SHED  
SITE ADDRESS: 1815 CREEK ST KILL DEVIL HILLS

**ZONING PERMIT**

ISSUED: 04/16/2018

EXPIRES: 10/13/2018

**APPLICANT:** BENNETT, LISA ANN  
PO BOX 1002  
Kill Devil Hills, NC 27948  
252-216-5295

**OWNER:** BENNETT, LISA ANN  
PO BOX 1002  
Kill Devil Hills, NC 27948  
252-216-5295

**PARCEL:**

PIN: 988405272577

Parcel Number: 002459006

Address: 1815 CREEK ST KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

Zoning:  
Block: H Lot(s): 6

Legal Description:

FEES:	Paid	Due
Accessory Residential (MIN)	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** 8X12 SHED IN SE CORNER OF PROPERTY

**ZP2018-024**

**PROJECT NAME:** BENNETT SHED  
**SITE ADDRESS:** 1815 CREEK ST KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 04/16/2018

**EXPIRES:** 10/13/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	2000.00
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_



# Town of Kill Devil Hills

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

PAID  
APR 13 2018  
TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

<b>BJ2018-074</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> 111 Carolyn, LLC	<b>ISSUED:</b> 04/09/2018
<b>SITE ADDRESS:</b> 111 Carolyn Dr. Kill Devil Hills	<b>EXPIRES:</b> 10/06/2018

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

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

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

**License:** 78540  
**Expires:** 12/31/2018

**PARCEL:**

**PIN:** 989313049631

**Parcel Number:**

**Address:** 111 Carolyn Dr. Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Unit 1

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$307.50	\$0.00	Covered Porches/Decks	410 SQFT
Res. Building Permit Fee	\$7,666.50	\$0.00	Residential Unheated (.40)	1185 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	9590 sq. Ft.
<b>Totals :</b>	<b>\$8,024.00</b>	<b>\$0.00</b>	# of Temporary Poles	1 EA

**PROJECT DESCRIPTION:** 5 Unit Townhome

Town of Kill Devil Hills  
Water Charges

**PAID**

Water Tap #: T 23075, T 23077, T 23078  
T 23079, T 23080

**BJ2018-074**

PROJECT NAME: 111 Carolyn, LLC  
SITE ADDRESS: 111 Carolyn Dr. Kill Devil Hills

**BUILDING JOINT**

ISSUED: 04/09/2018

EXPIRES: 10/06/2018

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**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
# OF DUMPSTERS	1.00
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
# PARKING SPACES/BEDROOM	11
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
Proposed First Floor Elevation	10.40
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	900000.00
# OF UNITS	5
LOT COVERAGE	63.00
LIVING SPACE (SQFT)	9590
COVERED PORCHES/DECKS (SQFT)	410
GARAGE (SQFT)	1185
TOTAL SQUARE FOOTAGE	11185
SURVEYOR NAME AND NUMBER	Coastal Engineering and Surveying, INC 14071
ENGINEER AND LICENSE NUMBER	CARLOS GOMEZ 014071
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Residential

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**BJ2018-074**

**PROJECT NAME:** 111 Carolyn, LLC  
**SITE ADDRESS:** 111 Carolyn Dr. Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 04/09/2018

**EXPIRES:** 10/06/2018

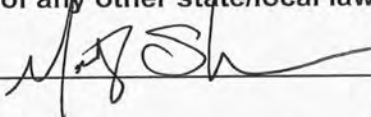
**REQUIRED INSPECTIONS**

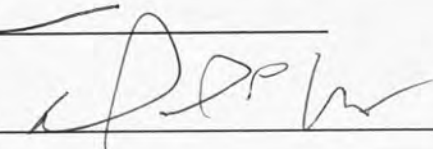
T-Pole	Rough In
Piling	Insulation
In-Slab Plumbing	Pre-final
Slab/Foundation	Final
Sheathing	Zoning Final
Vapor Barrier	

**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.
- \* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- \* A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- \* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- \* Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- \* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.

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

**Issued By:** 

**Contractor or Authorized Agent:**  **Date:** 4/13/18



# 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

**BP2018-061**

**PROJECT NAME:**

**SITE ADDRESS:** 2024 SMITHFIELD ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 04/12/2018

**EXPIRES:** 10/09/2018

**APPLICANT:** BERNHARD, KEVIN & THERESA  
3432 LEVERTON AVE  
BALTIMORE, MD 21224  
301-385-1911

**OWNER:** BERNHARD, KEVIN & THERESA  
3432 LEVERTON AVE  
BALTIMORE, MD 21224  
301-385-1911

**ELECTRICAL, LIMITED:** H. W. Olds Framing and Mechanical  
139 Holly Crescent  
GRANDY, NC 27939  
252-455-0647

**License:** 6341- L  
**Expires:**

**PARCEL:**

**PIN:** 988405193386

**Parcel Number:** 001431000

**Address:** 2024 SMITHFIELD ST KILL DEVIL HILLS

**Addition:** AVALON BEACH ANNEX 2 & 3

**Zoning:**

**Block:** 0 **Lot(s):** 1297

**Legal Description:**

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

**PROJECT DESCRIPTION:** sister pilings and repair siding, eng. R. Pate 13018

PAID  
APR 12 2018

TOWN OF  
KILL DEVIL HILLS

CASH  
WITH  
PAID

**BP2018-061**

**PROJECT NAME:**

**SITE ADDRESS:** 2024 SMITHFIELD ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 04/12/2018

**EXPIRES:** 10/09/2018

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

3-12-18



# Town of Kill Devil Hills

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

## Planning and Inspection Department

APR 13 2018

**MC2018-060**

**PROJECT NAME:** BEACHMART RESIDENCE HVAC  
**SITE ADDRESS:** 503 LAKE DR W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/21/2018

**EXPIRES:** 09/17/2018

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

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

**MECHANICAL H-3:**

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

**License:** 22516  
**Expires:** 12/31/2018

**PARCEL:**

**PIN:** 988316939307

**Parcel Number:** 008336000

**Address:** 503 LAKE DR W KILL DEVIL HILLS

**Addition:** LAKE DRIVE DEVELOPMENT

**Zoning:**

**Block:** 0 **Lot(s):** 80 & 82

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace HVAC system

**MC2018-060**

**PROJECT NAME:** BEACHMART RESIDENCE HVAC  
**SITE ADDRESS:** 503 LAKE DR W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 03/21/2018

**EXPIRES:** 09/17/2018

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10000.00
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: \_\_\_\_\_

4-13-18



# Town of Kill Devil Hills

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

PAID

APR 13 2018

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**MC2018-084**

PROJECT NAME: LOSAK HVAC  
SITE ADDRESS: 1103 SPORTSMAN DR W KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

APPLICANT: LOSAK, BEVERLY F  
1103 SPORTSMAN DR.  
KILL DEVIL HILLS, NC 27948

OWNER: LOSAK, BEVERLY F  
1103 SPORTSMAN 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: 987408995487

Parcel Number: 001649000

Address: 1103 SPORTSMAN DR W KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:

Block: 0 Lot(s): 296

Legal Description:

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

PROJECT DESCRIPTION: INSTALL MINI SPLIT SYSTEM

**MC2018-084**

PROJECT NAME: LOSAK HVAC

SITE ADDRESS: 1103 SPORTSMAN DR W KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 04/05/2018

EXPIRES: 10/02/2018

**DETAILS**

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

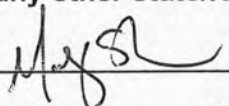
Final

**CONDITIONS**

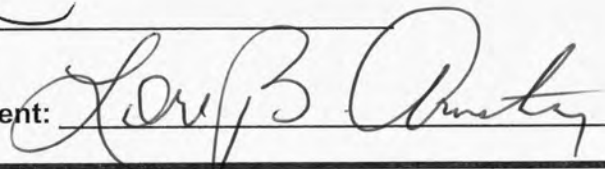
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Issued By: \_\_\_\_\_



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

## Planning and Inspection Department

**MC2018-093**

**PROJECT NAME:** Replace HVAC  
**SITE ADDRESS:** 1701 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/12/2018

**EXPIRES:** 10/09/2018

**APPLICANT:** Morgan Sisk  
403 Scofield Ln.  
WEST CHESTER, PA 19380  
610-431-3840

**OWNER:** LEFTWICH, DON P  
1300 JAMESTOWN ROAD  
WILLIAMSBURG, VA 23185

**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:** 98841157138112

**Parcel Number:** 028095000

**Address:** 1701 VA DARE TRL N KILL DEVIL HILLS

**Addition:**

**Zoning:**

**Block:** C

**Lot(s):** UNIT 4C LT  
17-19

**Legal Description:**

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

**PROJECT DESCRIPTION:**

PAID

APR 12 2018

TOWN OF  
KILL DEVIL HILLS



**MC2018-093**

**PROJECT NAME:** Replace HVAC

**SITE ADDRESS:** 1701 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/12/2018

**EXPIRES:** 10/09/2018

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**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3562.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

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**REQUIRED INSPECTIONS**

Final

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**CONDITIONS**

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Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

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

## Planning and Inspection Department

**MC2018-094**

**PROJECT NAME:**

**SITE ADDRESS:** 1317 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/12/2018

**EXPIRES:** 10/09/2018

**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

**Zoning:**

**Addition:** SUBDIVISION - NONE

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace HVAC

**PAID**  
**APR 12 2018**  
TOWN OF  
KILL DEVIL HILLS

**MC2018-094**

**PROJECT NAME:**

**SITE ADDRESS:** 1317 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/12/2018

**EXPIRES:** 10/09/2018

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**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6354.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

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**REQUIRED INSPECTIONS**

Final

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**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 13 2018

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

**ZP2018-022**

**PROJECT NAME:** Matt Conway  
**SITE ADDRESS:** 421 Palmetto St Kill Devil Hills

**ZONING PERMIT**

**ISSUED:** 04/13/2018

**EXPIRES:** 10/10/2018

**APPLICANT:** Conway, Matt  
409 Palmetto St.  
Kill Devil Hills, NC 27948  
207-5322

**OWNER:** Conway, Matt  
409 Palmetto St.  
Kill Devil Hills, NC 27948  
207-5322

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

**License:** 57214  
**Expires:** 01/01/2019

**PARCEL:**

**PIN:** 988517003253

**Parcel  
Number:**

**Address:** 421 Palmetto St Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 12R, Block 50

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

**PROJECT DESCRIPTION:** Fence

**ZP2018-022**

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

**ZONING PERMIT**

ISSUED: 04/13/2018

EXPIRES: 10/10/2018

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Accessory
CONSTRUCTION COST	3500.00
LOT COVERAGE	32.38
SURVEYOR NAME AND NUMBER	William S. Jones Jr. L-2532
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!
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

**ZP2018-022**

**PROJECT NAME:** Matt Conway

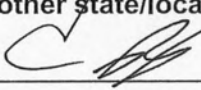
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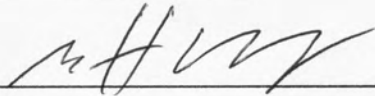
**ZONING PERMIT**

**ISSUED:** 04/13/2018

**EXPIRES:** 10/10/2018

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Issued By:  \_\_\_\_\_

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