



COUNTY OF DARE PLANNING DEPARTMENT
 PO BOX 1000, MANTEO, NORTH CAROLINA 27954

DARE COUNTY BUILDING PERMIT REPORT
PERMITS ISSUED IN THE HATTERAS OFFICE
FOR THE MONTH OF SEPTEMBER, 2018

RESIDENTIAL PERMITS

Permit	Issued To	Location	Legal Desc	Contractor	Const Cost	Permit Cost	Type/Use
6006172	TS VENTURE GROUP LLC	27252 TARHEEL CT SALVO, NC	LOT:8 BLK: SEC: WIND OVER WAVES OCEANFRONT	SAGA CONSTRUCTION INC.	450,000	3,965	NEW SFD
6006192	JONES, WILLIAM RICHARD	40180 LESLIE LN AVON, NC	LOT: 15 BLK: SEC: CAPE CHANNEL	OWNER/BUILDER	15,000	302	NEW STORAGE
6006198	SENN, L H III	39199 TARPON DR AVON NC	LOT: 34 BLK: SEC: 4 HATTERAS COLONY SEC 4	EMANUELSON & DAD	8,700	150	REPLACE SFD
6006202	BURNS, TRACY ELLEN	40048 OLD MAIN RD AVON NC	LOT: 3 BLK: SEC: SUBDIVISION - NONE	OWNER/BUILDER	4,000	150	REMODEL DECK
6006203	ACKLAND, GORDON SCOTT	23199 MIRLO CT RODANTHE NC	LOT: 3 BLK: SEC: 4 MIRLO BEACH SEC 4	ROBERT PARKER	93,971	940	REMODEL SFD
6006211	FRANKLIN, DUSTIN N	41657 OCEAN VIEW DR AVON NC	LOT: 30 BLK: SEC: KINNAKEET SHORES PHASE 2	SAM HAGEDON	7,500	150	REPLACE SFD
6006212	PAUL, LARRY W	40311 MCMULLEN RD AVON NC	LOT: 2A BLK: SEC: SUBDIVISION - NONE	CARL WORSLEY & ASSOCIATES, INC.	250,000	1,331	NEW SFD
6006222	SULLIVAN, EDWARD THOMAS	58207 SUTTON PL HATTERAS NC	LOT: 17 BLK: SEC: SUTTON PLACE HATTERAS	OWNER/BUILDER	8,000	150	ADDITION SFD

Number of Residential Permits: 8
 Permit Cost of Residential Permits: \$7,138.00
 Value of Residential Permits: \$837,170.89

MOBILE HOME PERMITS ---- NONE ISSUED ----

COMMERCIAL PERMITS

Permit	Issued To	Location	Legal Desc	Contractor	Const Cost	Permit Cost	Type/Use
5000700	RODANTHE	0 ATLANTIC	LOT: RESIDUAL	SAME AS	8,000	150	OTHER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006172

8/16/2018

Parcel Number: **013191007**
PIN Number: 065713023535
Location: 27252 TARHEEL CT SALVO, NC
Subdivision Name: WIND OVER WAVES OCEANFRONT
Legal Description: LOT:8 BLK: SEC:

Owner: TS VENTURE GROUP LLC
Owner Address: P. O. BOX 90 KILL DEVIL HILLS, NC27948
Owner Phone: (252)441-9003

CONTRACTOR

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

BUILDING INFORMATION

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

Heated Living Space:	3986	Cost of Construction:	\$450,000
Non Living Space:	1225	Number of Stories:	3
Number of habitable rooms:	13	Number of Bedrooms:	10
Number of Full Bathrooms:	9	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	28002	Septic Date:	8/7/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	8	Flood Zone:	AE
		Base Flood Elevation:	8.0

Comments:

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

Permit Fee	\$3,480
Accessory Fee	300
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$3,965

Applicant Signature:

SAGA CONSTRUCTION

Inspector Signature:

WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006192

8/24/2018

Parcel Number: **014618000**
 PIN Number: 064013220932
 Location: 40180 LESLIE LN AVON, NC
 Subdivision Name: CAPE CHANNEL
 Legal Description: LOT: 15 BLK: SEC:

Owner: JONES, WILLIAM RICHARD
 Owner Address: 3213 LYNNHURST BLVD CHESAPEAKE, VA23321
 Owner Phone: (252)995-3899

CONTRACTOR

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

BUILDING INFORMATION

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

Heated Living Space:	0	Cost of Construction:	\$15,000
Non Living Space:	380	Number of Stories:	1
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	N/A
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	Other	Roof Type:	Gable
Septic Permit#:	28038	Septic Date:	8/23/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	4	Flood Zone:	AE
		Base Flood Elevation:	8.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT FOR A STORAGE BUILDING.

Permit Fee	\$152
Accessory Fee	75
Recovery Fee	0
Flood Application Fee	75
Site Plan review Fee	0

Total Fee \$302

Applicant Signature:  WILLIAM JONES

Inspector Signature:  WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006198

8/31/2018

Parcel Number: **013731000**
 PIN Number: 064010259655
 Location: 39199 TARPON DR AVON NC
 Subdivision Name: HATTERAS COLONY SEC 4
 Legal Description: LOT: 34 BLK: SEC: 4

Owner: SENN, L H III
 Owner Address: 104 DALEVIEW CIR CLEMSON SC 29631
 Owner Phone: 423-933-6779

CONTRACTOR

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

BUILDING INFORMATION

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

Heated Living Space:	0	Cost of Construction:	\$8,700
Non Living Space:	0	Number of Stories:	1
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	N\A
Foundation Type:	Piling	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	Piling
Type of Flooring:	N\A	Roof Type:	Gable
Septic Permit#:	0	Septic Date:	8/31/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	9.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO SISTER 15 PILINGS.

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

Total Fee \$150

Applicant Signature: *[Signature]* EMANUELSON & DAD

Inspector Signature: *[Signature]* WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006202

9/4/2018

Parcel Number: **014654002**
 PIN Number: 064017008377
 Location: 40048 OLD MAIN RD AVON NC
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: 3 BLK: SEC:

Owner: BURNS, TRACY ELLEN
 Owner Address: P.O. BOX 662 AVON NC 27915
 Owner Phone: 252-473-8184

CONTRACTOR

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

BUILDING INFORMATION

Proposed Construction Type:	REMODEL		
Proposed Construction Use:	DECK		
Survey/Site Plan on File:	Yes		
Heated Living Space:	0	Cost of Construction:	\$4,000
Non Living Space:	70	Number of Stories:	3
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	Piling	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	Piling
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	0	Septic Date:	9/4/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	2	Flood Zone:	AE
		Base Flood Elevation:	9.0

Comments:

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

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

Total Fee \$150

Applicant Signature:  ANDREW DICKERSON

Inspector Signature:  WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006203

9/5/2018

Parcel Number: **030544000**
 PIN Number: 064916937437
 Location: 23199 MIRLO CT RODANTHE NC
 Subdivision Name: MIRLO BEACH SEC 4
 Legal Description: LOT: 3 BLK: SEC: 4

Owner: ACKLAND, GORDON SCOTT
 Owner Address: 311 EASTFIELD PL WALKERSVILLE MD 21793
 Owner Phone: 301-606-0198

CONTRACTOR

Builder Name: ROBERT PARKER
 Builder Address: 903 INDIAN DRIVE KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)449-8980
 NC License #: GENERAL CONTR, BL

BUILDING INFORMATION

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

Heated Living Space:	205	Cost of Construction:	\$93,971
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	N\A	Interior Walls:	Drywall
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	0	Septic Date:	9/5/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	9.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. PERMIT TO REMODEL KITCHEN.

Permit Fee	\$940
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

Total Fee \$940

Applicant Signature: _____

ROBERT PARKER

Inspector Signature: _____

WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006211

9/17/2018

Parcel Number: **029593030**
 PIN Number: 054909252951
 Location: 41657 OCEAN VIEW DR AVON NC
 Subdivision Name: KINNAKEET SHORES PHASE 2
 Legal Description: LOT: 30 BLK: SEC:

Owner: FRANKLIN, DUSTIN N
 Owner Address: 6353 DOUGLAS ST PITTSBURGH PA 15217
 Owner Phone:

CONTRACTOR

Builder Name: SAM HAGEDON
 Builder Address: PO BOX 947 AVON, NC 27915
 Builder Phone: (252)305-2143
 NC License #: GENERAL CONTR, BL

BUILDING INFORMATION

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

Heated Living Space:	0	Cost of Construction:	\$7,500
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	N\A	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	0	Septic Date:	9/17/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	4	Flood Zone:	AE
		Base Flood Elevation:	8

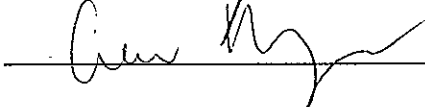
Comments:

Replace Under House Insulation 4.5" R30 Closed Cell Foam

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

Total Fee \$150

Applicant Signature:  SAM HAGEDON

Inspector Signature:  CREW HAYES



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006212

9/18/2018

Parcel Number: **014654003**
 PIN Number: 064017007249
 Location: 40311 MCMULLEN RD AVON NC
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: 2A BLK: SEC:

Owner: PAUL, LARRY W
 Owner Address: 4818 CHADWICK DR CONCORD NC 28025
 Owner Phone: 704-796-3921

CONTRACTOR

Builder Name: CARL WORSLEY & ASSOCIATES, INC.
 Builder Address: 2000 N. CROATAN HWY. KILL DEVIL HILLS, NC 27948
 Builder Phone: 441-2327
 NC License #: GENERAL CONTR, BU

BUILDING INFORMATION

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

Heated Living Space:	1114	Cost of Construction:	\$250,000
Non Living Space:	776	Number of Stories:	1
Number of habitable rooms:	4	Number of Bedrooms:	3
Number of Full Bathrooms:	2	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Wood Shingles
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	None	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	0	Septic Date:	9/18/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	3	Flood Zone:	AE
		Base Flood Elevation:	9

Comments:

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

Permit Fee	\$1,146
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,331

Applicant Signature: *Larry Paul* CARL WORSLEY

Inspector Signature: *Crewe Hayes* CREW HAYES



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006222

9/25/2018

Parcel Number: **015909000**
 PIN Number: 958407679715
 Location: 58207 SUTTON PL HATTERAS NC
 Subdivision Name: SUTTON PLACE HATTERAS
 Legal Description: LOT: 17 BLK: SEC:

Owner: SULLIVAN, EDWARD THOMAS
 Owner Address: POBOX 383 HATTERAS NC 27943
 Owner Phone: 919-455-8222

CONTRACTOR

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

BUILDING INFORMATION

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

Heated Living Space:	112	Cost of Construction:	\$8,000
Non Living Space:	0	Number of Stories:	1
Number of habitable rooms:	1	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Gable
Septic Permit#:	0	Septic Date:	9/25/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	0	Flood Zone:	AE
		Base Flood Elevation:	7.0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Enclose screened porch addition 14x8.

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

Total Fee \$150

Applicant Signature: ET Sullivan EDWARD SULLIVAN

Inspector Signature: _____ WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

COMMERCIAL BUILDING PERMIT

BUILDING PERMIT#: 5000700

Permit Date: 9/19/2018

Parcel Number: 027794000
 PIN Number: 065809168447
 Location: 0 ATLANTIC DR RODANTHE NC
 Subdivision Name:
 Legal Description: LOT: RESIDUAL PARCEL BLK: SEC:

Owner: RODANTHE PIER, LLC
 Owner Address: 106 MEDICAL DR ELIZABETH CITY NC 27909
 Owner Phone: N/A

CONTRACTOR

Builder Name: SAME AS OWNER
 Builder Address: SAME AS OWNER --, ----
 Builder Phone: --
 NC License #: NA License Type: NA

Type of Occupancy: Business(/);

BUILDING INFORMATION

Heated SqFt:	0	Cost of Construction:	\$8000
Unheated SqFt:	0	Construction Type:	II-B
Number of Stories:	1	Sprinkler:	NA
Project Type:	Other	Grnd Elev:	0
Health Permit:	0	Proposed Finished Flr Elev:	0
Water:	NA	Flood Zone:	VE
Bldg Height (ft):	10	Base Flood Elevation:	13
Mixed Occupancy:	NO		

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit to Repair Ramp.

Permit Fee	\$150
Flood Application Fee	0
Total Fee	\$150

Applicant Signature:
 TERRY PLUMBLEE

Inspector Signature:
 WAYLAND JENETTE

*for office use only -- Payer: ; Tender/Chk Number: ; Amount Paid: 0; Fee: 150; Receipt#: ; Deposit Date: ; TypCode:



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002298

Permit Date: 9/4/2018

Parcel Number: **012766000**
PIN Number: 065809152775
Location: 24208 SEABREEZE CT RODANTHE
Subdivision Name: TRADE WINDS BEACHES
Legal Description: LOT: 30 BLK: SEC:

Owner: WERNOCK, PAUL D
Owner Address: PO BOX 67 RODANTHE, NC 27968
Owner Phone: ()-

CONTRACTOR

Contractor Name: WINSTON P KING
Contractor Address: 4165 TARKLE RIDGE DR, KITTY HAWK, NC, 27949
Contractor Phone: (252)261-3964
NC License #: 7274

DETAILS

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

Comments:

CHANGE METER BASE, NEW DISCONNECT, SERVICE WIRE

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

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

Applicant Signature: _____
WINSTON P KING

Inspector Signature: WJ/LJ 9/4/18
WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002303

Permit Date: 9/10/2018

Parcel Number: **016989000**
PIN Number: 053719601162
Location: 47136 NC 12 HWY BUXTON
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT:PARCEL TWO BLK: SEC:

Owner: CRUM, STEPHEN DALE
Owner Address: PO BOX 545 BUXTON, NC 27920
Owner Phone: ()-

CONTRACTOR

Contractor Name: SWISS-TEK ELECTRIC
Contractor Address: PO BOX 754, BUXTON, NC, 27920
Contractor Phone: (252)995-5350 / (732) 306-6630
NC License #: 21494-U

DETAILS

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


Comments:

REPAIR BROKEN SWITCH IN PANEL BOX

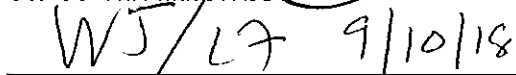
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


SWISS-TEK ELECTRIC

Inspector Signature:


WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002307

Permit Date: 9/18/2018

Parcel Number: **012507000**
PIN Number: 065917111482
Location: 23001 G A KOHLER CT RODANTHE
Subdivision Name: RODANTHE BY THE SEA
Legal Description: LOT: 1 BLK: SEC:

Owner: TROY, WILLIAM P
Owner Address: 713 E PEMBROKE AVE HAMPTON, VA 23669
Owner Phone: ()-

CONTRACTOR

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

DETAILS

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

Comments:

HURR FLO DAMAGE; REPLACE PANEL/OUTSIDE DISCON

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

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

Applicant Signature: Don Br...
NC ALTERNATIVE ENERGY
Inspector Signature: CH/LF 9/18/18
CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002308

Permit Date: 9/18/2018

Parcel Number: **012748000**
PIN Number: 065809158724
Location: 24197 OCEAN DR RODANTHE
Subdivision Name: TRADE WINDS BEACHES
Legal Description: LOT: 8 BLK: SEC:

Owner: QUINLAN, TIMOTHY E
Owner Address: 12447 LONGVIEW DR IRWIN, PA 15642
Owner Phone: (-)

CONTRACTOR

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

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$100
Electrical Permit Fee: \$150

Comments:

HURR FLORENCE DAMAGE; MAIN BREAKER CHANGE-OUT

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

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

Applicant Signature: *[Signature]*
NC ALTERNATIVE ENERGY
Inspector Signature: CH/LA 9/18/18
CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002309

Permit Date: 9/18/2018

Parcel Number: **012746000**
PIN Number: 065809158925
Location: 24149 OCEAN DR RODANTHE
Subdivision Name: TRADE WINDS BEACHES
Legal Description: LOT: 5 BLK: SEC:

Owner: BOOSIN, MARGARET VALERIE TTEE
Owner Address: 130 LONGWORTH AVE WOODMERE, NYA 11598
Owner Phone: ()-

CONTRACTOR

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

DETAILS

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

Comments:

HURR FLORENCE DAMAGE; RE-MOUNTED METER BASE TO HOUSE

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

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

Applicant Signature: *Don Bosin*
NC ALTERNATIVE ENERGY

Inspector Signature: *CH/CH 9/18/18*
CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002320

Permit Date: 9/25/2018

Parcel Number: **027818054**
PIN Number: 054913135108
Location: 42132 GREENWOOD PL AVON
Subdivision Name: KINNAKEET SHORES PHASE 1
Legal Description: LOT: 54 BLK: SEC:

Owner: SWENSEN, PAUL P
Owner Address: JON P SWENSEN ET UX BALTIMORE, MDÂ 21286
Owner Phone: ()-

CONTRACTOR

Contractor Name: BURKE ELECTRIC
Contractor Address: 119 PETTIE SHORE RD, COFIELD, NC, 27922
Contractor Phone: (252)287-7143
NC License #:

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$650
Electrical Permit Fee: \$150

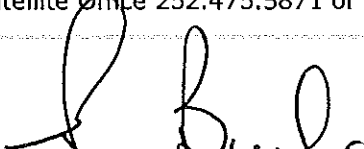
Comments:

CHANGE OUT METER BASE; CHEC DISCON/RECON

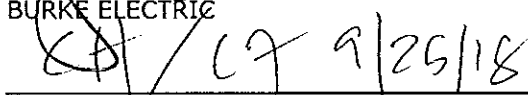
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


BURKE ELECTRIC

Inspector Signature:


CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002321

Permit Date: 9/25/2018

Parcel Number: **013286000**
PIN Number: 064720909336
Location: 27038 FOURTH ST SALVO
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: HILL, HATTIE LOUISE
Owner Address: PO BOX 9083 CHESAPEAKE, VA 23321
Owner Phone: ()-

CONTRACTOR

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

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$300
Electrical Permit Fee: \$150

Comments:

REPLACE OLD FUSE SWITCH WITH NEW BREAKER

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

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

Applicant Signature:
NC ALTERNATIVE ENERGY
Inspector Signature: CH / LF 9/25/18
CREW HAYES



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002322

Permit Date: 9/25/2018

Parcel Number: **013345000**
 PIN Number: 064608996750
 Location: 27033 THIRD ST SALVO
 Subdivision Name: SALVO BEACH NO 2
 Legal Description: LOT: 17 BLK: SEC:

Owner: BANGEL, BRADFORD J
 Owner Address: 417 RIDGELEY RD NORFOLK, VA 23505
 Owner Phone: ()-

CONTRACTOR

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

DETAILS

Amp Increase: 0
 Service Amps: 60
 Cost of Electrical Job: \$300
 Electrical Permit Fee: \$150

Comments:

INSTALL TEMP POLE

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

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

Applicant Signature: *[Signature]*
 NC ALTERNATIVE ENERGY
 Inspector Signature: CH / LF 9/25/18
 CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002323

Permit Date: 9/25/2018

Parcel Number: **014266005**
PIN Number: 065817114355
Location: 25241 LEE ONEAL LN WAVES
Subdivision Name: COTTAGE COURT SUB.
Legal Description: LOT: 5 BLK: SEC:

Owner: MILLER, SCOTT C
Owner Address: 8636 RICHMOND RD TOANO, VA 23168
Owner Phone: (-)

CONTRACTOR

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

DETAILS

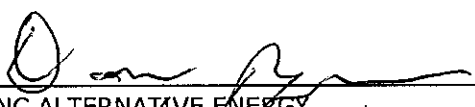
Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$4000
Electrical Permit Fee: \$150

Comments:

INSTALL SOLAR PANELS

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

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

Applicant Signature: 
NC ALTERNATIVE ENERGY
Inspector Signature: CH/CF 9/25/18
CREW HAYES



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002324

Permit Date: 9/25/2018

Parcel Number: **031122000**
 PIN Number: 065605082810
 Location: 27273 S SUNRISE CT SALVO
 Subdivision Name: SOUTH BEACH
 Legal Description: LOT: 6 BLK: SEC:

Owner: MAY, DAVID C
 Owner Address: 2300 GATEWAY CTR STE 200 MORRISVILLE, NC 27560
 Owner Phone: (-)

CONTRACTOR

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

DETAILS

Amp Increase: 0
 Service Amps: 600
 Cost of Electrical Job: \$1200
 Electrical Permit Fee: \$150

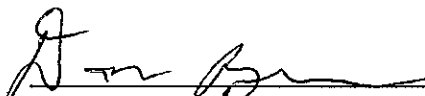
Comments:

CHANGE OUT 3 OUTSIDE DISCONNECTS


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

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

Applicant Signature:


 NC ALTERNATIVE ENERGY

Inspector Signature:


 CREW HAYES



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004562

Permit Date: 9/4/2018

Parcel Number: **014529000**
 PIN Number: 064017010376
 Location: 40105 HARBOR RD AVON
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: THOMAS, JAMES C JR
 Owner Address: 2286 SUMMER OAK ST SPRINGDALE, AR 72762
 Owner Phone: ()-

CONTRACTOR

Contractor Name: AUGUST AIR (JIMMY THOMAS)
 Contractor Address: POB 726, AVON, NC, 27915
 Contractor Phone: (252)423-9101
 NC License #:

DETAILS

Number of Heating Units: 1
 Number of Registers: 0
 Cost of Mechanical Job: \$3000
 Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR SYSTEM

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

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

Applicant Signature:

Jan C. Thomas

AUGUST AIR

Inspector Signature:

WJ/LJ 9/4/18
 WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004563

Permit Date: 9/4/2018

Parcel Number: **014277009**
PIN Number: 065817113165
Location: 25223 LA WAVES DR WAVES
Subdivision Name: LA WAVES SUBDIVISION
Legal Description: LOT: 12 BLK: SEC: 1

Owner: MOSCATO, GUY R
Owner Address: 1437 BRITTANY DR YORK, PA 17404
Owner Phone: ()-

CONTRACTOR

Contractor Name: AUGUST AIR (JIMMY THOMAS)
Contractor Address: POB 726, AVON, NC, 27915
Contractor Phone: (252)423-9101
NC License #:

DETAILS

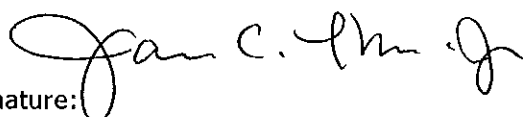
Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6000
Mechanical Permit Fee: \$150

Comments:

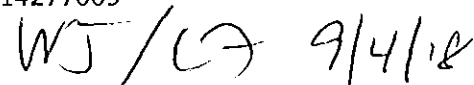
1 INDOOR/OUTDOOR SYSTEM

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

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

Applicant Signature: 

014277009

Inspector Signature: 
WAYLAND JENETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004564

Permit Date: 9/5/2018

Parcel Number: **014439003**
 PIN Number: 063020913583
 Location: 40175 C C GRAY RD AVON
 Subdivision Name: MILLER DIVISION
 Legal Description: LOT: 2 BLK: SEC:

Owner: MITCHELL, CHARLES A
 Owner Address: 59 HOOKSETT TURNPIKE RD CONCORD, NH 03301
 Owner Phone: ()-

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
 Number of Registers: 0
 Cost of Mechanical Job: \$5900
 Mechanical Permit Fee: \$150

Comments:

1 INDOOR/OUTDOOR SYSTEM

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

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

Applicant Signature:

Ky... 9/5/18
 C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LJ 9/5/18
 WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004565

Permit Date: 9/5/2018

Parcel Number: **016011000**
PIN Number: 959518304045
Location: 56625 NC 12 HWY HATTERAS
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: 1 BLK: SEC:

Owner: WILLIS, AMOS J
Owner Address: PO BOX 7876 FREDERICKSBURG, VA 22404
Owner Phone: ()-

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6100
Mechanical Permit Fee: \$150

Comments:

1 INDOOR/OUTDOOR SYSTEM

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

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

Applicant Signature: *[Signature]* 9/5/18
C-BREEZE HEATING & AIR

Inspector Signature: *[Signature]* 9/5/18
WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004573

Permit Date: 9/7/2018

Parcel Number: **015225000**
PIN Number: 050511657922
Location: 53226 ROBIN LN FRISCO
Subdivision Name: HIGH TOR SANDS
Legal Description: LOT: 17 BLK: SEC:

Owner: ZEIDLER, CHARLES M
Owner Address: 645 CLINTON WAY W AUGUSTA, GA 30907
Owner Phone: (-)

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5850
Mechanical Permit Fee: \$150

Comments:

1 INDOOR/OUTDOOR SYSTEM

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

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

Applicant Signature:

PAMLICO AIR INC

Inspector Signature:

WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004574

Permit Date: 9/7/2018

Parcel Number: **017169000**
PIN Number: 053608886978
Location: 46025 COTTAGE AVE BUXTON
Subdivision Name: CAPE HATTERAS SEASHORE SEC A
Legal Description: LOT: 21 BLK: SEC: A

Owner: JARVIS, OLLIE RENN
Owner Address: P O BOX 503 BUXTON, NCÂ 27920
Owner Phone: ()-

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5950
Mechanical Permit Fee: \$150

Comments:

1 INDOOR/OUTDOOR SYSTEM

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

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

Applicant Signature:

PAMLICO AIR INC

Inspector Signature:

WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004578

Permit Date: 9/17/2018

Parcel Number: **000507017**
PIN Number: 958411567773
Location: 58901 SOUTH BEACH DR HATTERAS
Subdivision Name: HATTERAS LANDING PH 2
Legal Description: LOT: 14 BLK: SEC:

Owner: CRONENBERG, RICHARD
Owner Address: 108 KOHOUT DR MAHWAH, NJ 07430
Owner Phone: (-)

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3400
Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR SYSTEM

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

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

Applicant Signature: *Mesa M. Stevenson*

C-BREEZE HEATING & AIR

Inspector Signature: *WJ/LJ 9/17/18*
WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004579

Permit Date: 9/17/2018

Parcel Number: **029593031**
 PIN Number: 054909252968
 Location: 41653 OCEAN VIEW DR AVON
 Subdivision Name: KINNAKEET SHORES PHASE 2
 Legal Description: LOT: 31 BLK: SEC:

Owner: GAZONAS, GEORGE JOHN SERAFIM
 Owner Address: PO BOX 1802 POINT PLEASANT BEACH, NJÂ 08742
 Owner Phone: ()-

CONTRACTOR

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

DETAILS

Number of Heating Units: 2
 Number of Registers: 0
 Cost of Mechanical Job: \$6800
 Mechanical Permit Fee: \$150

Comments:

2 OUTDOOR UNITS

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

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

Applicant Signature:

Ullsa M. Stevenson

C-BREEZE HEATING & AIR

Inspector Signature:

CH/CH 9/17/18
 CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004580

Permit Date: 9/17/2018

Parcel Number: **028290007**
PIN Number: 065717013367
Location: 27252 DORY RD SALVO
Subdivision Name: SEA OATS SUBDIV
Legal Description: LOT: 7 BLK: SEC:

Owner: INSLEY, KENNETH
Owner Address: PO BOX 209 RODANTHE, NCÂ 27968
Owner Phone: ()-

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5600

Mechanical Permit Fee: \$150

Comments:

1 INDOOR/OUTDOOR SYSTEM

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

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

Applicant Signature: *Mesa M. Stevenson*
C-BREEZE HEATING & AIR

Inspector Signature: *CH/CT 9/17/18*
CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004581

Permit Date: 9/17/2018

Parcel Number: **014759000**
PIN Number: 064018215067
Location: 40241 ANTILLAS RD AVON
Subdivision Name: WINDWARD ISLE
Legal Description: LOT: 17 BLK: SEC:

Owner: TRIMBLE, JAMES A TRUSTEE
Owner Address: 313 HODGES COVE RD YORKTOWN, VA 23692
Owner Phone: ()-

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$7200
Mechanical Permit Fee: \$150

Comments:

1 INDOOR/OUTDOOR SYSTEM

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

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

Applicant Signature: *Ulesa m. Stevenson*
C-BREEZE HEATING & AIR

Inspector Signature: *CH/CH 9/17/18*
CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004582

Permit Date: 9/17/2018

Parcel Number: **015172013**
PIN Number: 050515545852
Location: 54007 TIDSEEDGE CT FRISCO
Subdivision Name: TIDSEEDGE
Legal Description: LOT: 13 BLK: SEC:

Owner: TRICHILO, BENJAMIN J
Owner Address: 2703 SILKWOOD CT OAKTON, VA 22124
Owner Phone: ()-

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3500
Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR SYSTEM

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

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

Applicant Signature: *Mesa m. Stevenson*
C-BREEZE HEATING & AIR

Inspector Signature: *WJ/JT 9/17/18*
WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004583

Permit Date: 9/17/2018

Parcel Number: **027827000**
 PIN Number: 054913126531
 Location: 42259 GREENWOOD PL AVON
 Subdivision Name: KINNAKEET SHORES PHASE 1
 Legal Description: LOT: 80 BLK: SEC:

Owner: SEIBERT, JEFFERY M
 Owner Address: 315 FOREST DR NEW OXFORD, PA 17350
 Owner Phone: ()-

CONTRACTOR

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

DETAILS

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

Comments:

1 OUTDOOR SYSTEM

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

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

Applicant Signature:

Ulesa M. Stevenson

C-BREEZE HEATING & AIR

Inspector Signature:

CH/LF 9/17/18
 CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004585

Permit Date: 9/20/2018

Parcel Number: **028750010**
PIN Number: 958520801378
Location: 57228 ISLAND CLUB LN HATTERAS
Subdivision Name: HATTERAS ISLAND CLUB
Legal Description: LOT: 10 BLK: SEC:

Owner: BODIFORD, APRIL ANN
Owner Address: P. O. BOX 395 HATTERAS, NCÂ 27943
Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: POB 53, HATTERAS, NC, 27943
Contractor Phone: (252)999-9999
NC License #: 17825

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$4950
Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR UNIT

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

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

Applicant Signature: CALLAHAN HVAC REPAIRS & SERV LLC

Inspector Signature: WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004586

Permit Date: 9/20/2018

Parcel Number: **015137007**
PIN Number: 050514347244
Location: 54093 SANDPIPER DR FRISCO
Subdivision Name: SURF & SOUND SEC 1
Legal Description: LOT: 7 BLK: SEC: 1

Owner: OPALACK, NANCY
Owner Address: 1750 16TH ST NW UNIT 81 WASHINGTON, DC 20009
Owner Phone: (-)

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: POB 53, HATTERAS, NC, 27943
Contractor Phone: (252)999-9999
NC License #: 17825

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3450
Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR UNIT

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

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

Applicant Signature: CALLAHAN HVAC REPAIRS & SERV LLC

Inspector Signature: WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004587

Permit Date: 9/20/2018

Parcel Number: **027863117**
PIN Number: 95940029782126
Location: 56773 NC 12 HWY HATTERAS
Subdivision Name: DURANT STATION CONDO
Legal Description: LOT: UNIT 108 BLK: SEC:

Owner: RAMBEAU, AMERICUS J
Owner Address: 6547 RAMSEY FORD RD TABOR CITY, NC 28463
Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: POB 53, HATTERAS, NC, 27943
Contractor Phone: (252)999-9999
NC License #: 17825

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3600
Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR UNIT ; ROOM 107 (NOT 108!)

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

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

Applicant Signature: CALLAHAN HVAC REPAIRS & SERV LLC

Inspector Signature: WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004588

Permit Date: 9/20/2018

Parcel Number: **015450000**
 PIN Number: 958520903836
 Location: 57184 ISLINGTON CT HATTERAS
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: BLK: SEC:

Owner: EVANS, GWENIE GRAY
 Owner Address: P O BOX 183 HATTERAS, NC 27943
 Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
 Contractor Address: POB 53, HATTERAS, NC, 27943
 Contractor Phone: (252)999-9999
 NC License #: 17825

DETAILS

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

Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR UNIT

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

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

Applicant Signature:

CALLAHAN HVAC REPAIRS & SERV LLC

Inspector Signature:

WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004590

Permit Date: 9/24/2018

Parcel Number: **015172015**
PIN Number: 050515542997
Location: 54053 TIDES EDGE LN FRISCO
Subdivision Name: TIDSEEDGE
Legal Description: LOT: 15 BLK: SEC:

Owner: MULLER, JAMES J
Owner Address: PO BOX 719 FRISCO, NC 27936
Owner Phone: ()-

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$2800
Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR SYSTEM

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

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

Applicant Signature:

Ky Hg 9/24/18
C-BREEZE HEATING & AIR

Inspector Signature:

WJ/LJ 9/24/18
WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004591

Permit Date: 9/24/2018

Parcel Number: **014822015**
PIN Number: 054906287934
Location: 41107 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 5
Legal Description: LOT: 15 BLK: SEC: 5

Owner: WILLIAMS, RICHARD T SR
Owner Address: 710 ST CLAIR RD JOHNSTOWN, PA 15905
Owner Phone: (-)

CONTRACTOR

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

DETAILS

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

Comments:

1 OUTDOOR SYSTEM

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

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

Applicant Signature: *Ky H* 9/26/18
C-BREEZE HEATING & AIR
Inspector Signature: *CH/CF* 9/24/18
CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004592

Permit Date: 9/24/2018

Parcel Number: **000507001**
PIN Number: 958410468227
Location: 59091 COAST GUARD RD HATTERAS
Subdivision Name: HATTERAS LANDING PH 1
Legal Description: LOT: 1 BLK: SEC:

Owner: STIGLIANO, RICHARD M
Owner Address: 655 WOODLAWN SHARON, PA 16146
Owner Phone: ()-

CONTRACTOR

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

DETAILS

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

Comments:

1 INDOOR/OUTDOOR SYSTEM

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

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

Applicant Signature:

Handwritten signature 9/24/18
C-BREEZE HEATING & AIR

Inspector Signature:

Handwritten signature 9/24/18
WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004593

Permit Date: 9/24/2018

Parcel Number: **011732000**
 PIN Number: 051607781873
 Location: 50158 BLACKBEARDS CT FRISCO
 Subdivision Name: BRIGANDS BAY
 Legal Description: LOT: 138 BLK: SEC:

Owner: DRABICK, MAHLON L G
 Owner Address: 5725 BARBMOR CT ALEXANDRIA, VA 22310
 Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
 Contractor Address: PO BOX 118, HATTERAS, NC, 27943
 Contractor Phone: (252)216-8068
 NC License #: SP PH 32484

DETAILS

Number of Heating Units: 1
 Number of Registers: 0
 Cost of Mechanical Job: \$3400
 Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR UNIT

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

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

Applicant Signature:

A. Curwood Cartwright
 CARTWRIGHT'S HEATING & AIR

Inspector Signature:

WJ/LJ 9/24/18
 WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004594

Permit Date: 9/24/2018

Parcel Number: **012127000**
PIN Number: 051608975913
Location: 50176 PARADISE DR FRISCO
Subdivision Name: PARADISE BAY
Legal Description: LOT: 7&8A BLK: SEC:

Owner: PILLOW, MELVIN DALE
Owner Address: P O BOX 533 FRISCO, NC 27936
Owner Phone: (-)

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: PO BOX 118, HATTERAS, NC, 27943
Contractor Phone: (252)216-8068
NC License #: SP PH 32484

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3600

Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR SYSTEM

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

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

Applicant Signature: *Alan Wood Cartwright*
CARTWRIGHT'S HEATING & AIR

Inspector Signature: *WJ/LJ 9/24/18*
WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004597

Permit Date: 9/25/2018

Parcel Number: **011520000**
PIN Number: 065917100706
Location: 23236 SURF SIDE DR RODANTHE
Subdivision Name: SURF-SIDE SEC 3
Legal Description: LOT: 38 BLK: SEC: 3

Owner: LECATES, DANIEL B
Owner Address: P O BOX 223 BETHEL, DEÂ 19931
Owner Phone: (-)

CONTRACTOR

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

DETAILS

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

Comments:

1 OUTDOOR HEAD PUMP

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

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

Applicant Signature:

PAMLICO AIR INC

Inspector Signature:

CH/CT 9/25/18
CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004599

Permit Date: 9/25/2018

Parcel Number: **026450000**
PIN Number: 051607679970
Location: 50221 CAPTAINS CT FRISCO
Subdivision Name: BRIGANDS BAY
Legal Description: LOT: 238 BLK: SEC:

Owner: MCCRYSTAL, WILLIAM JR
Owner Address: 2309 OAK TREE RD POINT PLEASANT BEACH, NJÂ 08742
Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: PO BOX 118, HATTERAS, NC, 27943
Contractor Phone: (252)216-8068
NC License #: SP PH 32484

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$4600
Mechanical Permit Fee: \$150

Comments:

WIRING/OUTSIDE UNIT

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

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

Applicant Signature: *Glennwood Cartwright*
CARTWRIGHT'S HEATING & AIR

Inspector Signature: *WJ/LJ 9/25/18*
WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004600

Permit Date: 9/25/2018

Parcel Number: **026535000**
PIN Number: 95940529479402
Location: 56821 NC 12 HWY HATTERAS
Subdivision Name: OCEAN DUNES CONDOMINIUMS
Legal Description: LOT: APT SPACE 2 BLK: SEC:

Owner: BATTAGLIA, JAMES LEWIS
Owner Address: 3107 TUDOR RD WALDORF, MD 20601
Owner Phone: (-)

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: PO BOX 118, HATTERAS, NC, 27943
Contractor Phone: (252)216-8068
NC License #: SP PH 32484

DETAILS

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

Comments:

WIRING/OUTSIDE UNIT...APT/ROOM #2

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

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

Applicant Signature: *Glennwood Cortright*
CARTWRIGHT'S HEATING & AIR

Inspector Signature: *WJ/LJ 9/25/18*
WAYLAND JENNETTE



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004602

Permit Date: 9/25/2018

Parcel Number: **015905000**
 PIN Number: 958407679694
 Location: 58211 SUTTON PL HATTERAS
 Subdivision Name: SUTTON PLACE HATTERAS
 Legal Description: LOT: 13 BLK: SEC:

Owner: CESAREO, DAVID J
 Owner Address: 3005 ALICIA DR WALL TOWNSHIP, NJÂ 07719
 Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
 Contractor Address: PO BOX 118, HATTERAS, NC, 27943
 Contractor Phone: (252)216-8068
 NC License #: SP PH 32484

DETAILS

Number of Heating Units: 1
 Number of Registers: 0
 Cost of Mechanical Job: \$3400

Mechanical Permit Fee: \$150

Comments:

WIRING/OUTDOOR UNIT

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

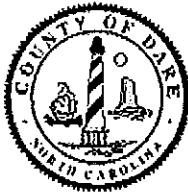
Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Glennwood Cartwright
 CARTWRIGHT'S HEATING & AIR

Inspector Signature:

WJ/LJ 9/25/18
 WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004603

Permit Date: 9/26/2018

Parcel Number: **015863000**
PIN Number: 958408982749
Location: 57246 SEA SCAPE LN HATTERAS
Subdivision Name: HATTERAS COLONY SOUTH
Legal Description: LOT: 40 BLK: SEC: 1

Owner: KIRKMAN, RICHARD J
Owner Address: 4 STRATFORDSHIRE DR SUSSEX, NJÂ 07461
Owner Phone: ()-

CONTRACTOR

Contractor Name: CARTWRIGHT'S HEATING & AIR
Contractor Address: PO BOX 118, HATTERAS, NC, 27943
Contractor Phone: (252)216-8068
NC License #: SP PH 32484

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3475
Mechanical Permit Fee: \$150

Comments:

WIRING/1 OUTSIDE UNIT

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

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

Applicant Signature: *Glennwood Cartwright*
CARTWRIGHT'S HEATING & AIR
Inspector Signature: *WJ/LJ 9/26/18*
WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004606

Permit Date: 9/26/2018

Parcel Number: **014250008**
PIN Number: 065817115750
Location: 25244 ISLAND PINES DR WAVES
Subdivision Name: ISLAND PINES
Legal Description: LOT: 8 BLK: SEC:

Owner: PANG, QINGYAN
Owner Address: 12803 NETHERLEIGH PL HERNDON, VA 20171
Owner Phone: (-)

CONTRACTOR

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

DETAILS


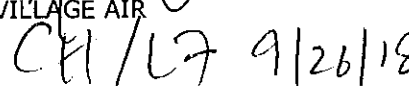
Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3800
Mechanical Permit Fee: \$150

Comments:

1 OUTDOOR UNIT

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

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

Applicant Signature: 
VILLAGE AIR
Inspector Signature: 
CREW HAYES



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004607

Permit Date: 9/26/2018

Parcel Number: **012588000**
 PIN Number: 065805086489
 Location: 23212 SUDIE PAYNE RD RODANTHE
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: PT PAR 3 BLK: SEC:

Owner: LOCKHART, TIMOTHY C
 Owner Address: P O BOX 104 RODANTHE, NCÂ 27968
 Owner Phone: (-)

CONTRACTOR

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

DETAILS

Number of Heating Units: 1
 Number of Registers: 0
 Cost of Mechanical Job: \$2400
 Mechanical Permit Fee: \$150

Comments:

1 HEAT PUMP

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

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

Applicant Signature:


 VILLAGE AIR

Inspector Signature:


 CREW HAYES



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004612

Permit Date: 9/28/2018

Parcel Number: **011616039**
PIN Number: 065817025176
Location: 25214 WIMBLE SHORES NORTH WAVES
Subdivision Name: WIMBLE SHORES NORTH
Legal Description: LOT: 39 BLK: SEC:

Owner: RIEGEL, NEAL P
Owner Address: 165 ACCOMAC RD YORK, PA 17406
Owner Phone: ()-

CONTRACTOR

Contractor Name: AUGUST AIR (JIMMY THOMAS)
Contractor Address: POB 726, AVON, NC, 27915
Contractor Phone: (252)423-9101
NC License #:

DETAILS

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

Comments:

1 INDOOR/OUTDOOR SYSTEM; OWNERS PHONE IS

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

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

Applicant Signature:

AUGUST AIR

Inspector Signature:

CREW HAYES



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

SIGN PERMIT

SIGN PERMIT#: 9000301

Permit Date: 9/7/2018

Parcel Number: **014822002**
 PIN Number: 054913142562
 Location: 41934 NC 12 HWY
 Subdivision Name: SUBDIVISION - NONE
 Legal Description: LOT: LOT 1 BLK: SEC:

Owner: OT ENTERPRISES, LLC
 Owner Address: 1004 WAKE FOREST RD RALEIGH, NC 27604
 Owner Phone: (000)000-0000

SIGN COMPANY

Company Name: CARDINAL SIGN CORP
 Company Address: 2629 DEAN DR, VIRGINA BEACH, V.A 23452
 Company Phone: (757)328-0272

SIGN INFORMATION

Type of Sign:	WALL	Zoning Approval:	YES
Size of Sign:	64 SQ FT OR UNDER	Cost of Sign:	\$2000
Off Premise Sign:	NO	Site Plan:	YES
Lighted Sign:	YES	Drawing of Sign:	YES
		Permit Fee:	\$150

Comments:

--

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

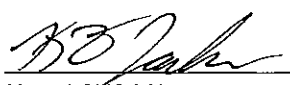
Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:


 FIRST NATIONAL BANK

09-07-18

Inspector Signature:


 KD JACKSON

9-7-2018



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006200

8/31/2018

Parcel Number: **028588017**
 PIN Number: 986709152438
 Location: 4065 CREEK RD MARTIN'S POINT, NC
 Subdivision Name: MARTIN'S PT BLK 6 SEC 1
 Legal Description: LOT: 17 BLK: 6 SEC: 1

Owner: AMIT GUPTA
 Owner Address: PO BOX 90 KILL DEVIL HILLS, NC 27948
 Owner Phone: (000)000-0000

CONTRACTOR

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

BUILDING INFORMATION

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

Heated Living Space:	4805	Cost of Construction:	\$650,000
Non Living Space:	2659	Number of Stories:	2
Number of habitable rooms:	14	Number of Bedrooms:	6
Number of Full Bathrooms:	5	Number of Half Bathrooms:	2
Type of Heat:	HP	Exterior Siding:	Wood Shingles
Foundation Type:	Masonry	Interior Walls:	Drywall
Fireplace:	Gas Logs	Footing Type:	Concrete
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	27670	Septic Date:	3/26/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	7	Flood Zone:	AE
		Base Flood Elevation:	7

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Foundation Survey, Height Certification and Elevation Certificate required at or before rough-in inspection. Elevation certificate and As-Built survey required before C/O.

Permit Fee	\$4,667
Accessory Fee	300
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$5,152

Applicant Signature: Gregory Muryck AMIT GUPTA

Inspector Signature: Ed Kindervater ED KINDERVATER



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006204

9/5/2018

Parcel Number: **028568005**
 PIN Number: 986605294678
 Location: 1017 MARTINS POINT RD MARTIN'S POINT, NC
 Subdivision Name: MARTIN'S POINT SECTION 1
 Legal Description: LOT: 5 BLK: 2 SEC: 1

Owner: SMITH, KERRY L
 Owner Address: 402 W PALMETTO ST KILL DEVIL HILLS, NC27948
 Owner Phone: (000)000-0000

CONTRACTOR

Builder Name: SIMPLESIDE CONSTRUCTION
 Builder Address: 308 W HELGA ST KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)564-8307
 NC License #: GENERAL CONTR, BL

BUILDING INFORMATION

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


Heated Living Space:	0	Cost of Construction:	\$8,000
Non Living Space:	0	Number of Stories:	1
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	1
Type of Heat:	HP	Exterior Siding:	N\A
Foundation Type:	N\A	Interior Walls:	Drywall
Fireplace:	N\A	Footing Type:	Combination
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	28056	Septic Date:	8/30/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	6	Flood Zone:	AE
		Base Flood Elevation:	7

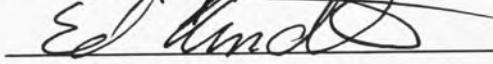
Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Building an 6x7 half bath into the existing living room area no change to the footprint of the house.

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

Total Fee \$150

Applicant Signature:  GRANT SMITH

Inspector Signature:  ED KINDERVATER



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006209

9/7/2018

Parcel Number: **020875046**
 PIN Number: 986416825822
 Location: 918 COLINGTON DR COLINGTON NC
 Subdivision Name: COLINGTON HARBOR SEC Z
 Legal Description: LOT: 46 BLK: SEC: Z

Owner: COOK, SHANE F
 Owner Address: 918 COLINGTON DR KILL DEVIL HILLS NC 27948
 Owner Phone:

CONTRACTOR

Builder Name: JASON JAMES
 Builder Address: 4601 COBIA WAY NAGS HEAD, NC 27959
 Builder Phone: (252)441-3353
 NC License #: GENERAL CONTR, RL

BUILDING INFORMATION

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

Heated Living Space:	1800	Cost of Construction:	\$90,000
Non Living Space:	0	Number of Stories:	2
Number of habitable rooms:	6	Number of Bedrooms:	4
Number of Full Bathrooms:	2	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	N\A	Interior Walls:	Drywall
Fireplace:	Gas Logs	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	0	Septic Date:	9/7/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	10	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Complete remodel of house and resurfacing decks no change to the footprint.

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

Total Fee \$900

Applicant Signature:  JASON JAMES

Inspector Signature:  ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006213

9/19/2018

Parcel Number: **030689000**
PIN Number: 987308786837
Location: 128 WATERSEdge DR COLINGTON, NC
Subdivision Name: WATERSEdge SUB SEC A
Legal Description: LOT: 30 BLK: SEC: A

Owner: ECKERT, DOUGLAS E
Owner Address: 128 WATERSEdge DR KILL DEVIL HILLS, NC27948
Owner Phone: (703)851-4582

CONTRACTOR

Builder Name: JOEY OWENS
Builder Address: 175 NEW BEACH ROAD POINT HARBOR , NC 27964
Builder Phone: 2525996924
NC License #:

BUILDING INFORMATION

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

Heated Living Space:	0	Cost of Construction:	\$4,100
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	N\A	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	28067	Septic Date:	9/4/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	10	Flood Zone:	AE
		Base Flood Elevation:	8

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. NEW DECK AROUND POOL

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

Total Fee \$150

Applicant Signature:  JOEY OWENS

Inspector Signature:  KEVIN CLARK



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

**Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878**

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006217

9/21/2018

Parcel Number: **028311014**
 PIN Number: 986717107456
 Location: 1056 MARTINS POINT RD MARTIN'S POINT NC
 Subdivision Name: MARTIN'S POINT SECTION 1
 Legal Description: LOT: 14 BLK: 1 SEC: 1

Owner: GREEN, MALCOLM
 Owner Address: 1056 MARTINS POINT RD KITTY HAWK NC 27949
 Owner Phone:

CONTRACTOR

Builder Name: MIKE PIDDINGTON
 Builder Address: 2 GINGUITE TRAIL KITTY HAWK, NC -----
 Builder Phone: --
 NC License #: LIMITED, LIMITED

BUILDING INFORMATION

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

Heated Living Space:	0	Cost of Construction:	\$10,000
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N/A	Exterior Siding:	N/A
Foundation Type:	N/A	Interior Walls:	Choose Type
Fireplace:	N/A	Footing Type:	N/A
Type of Flooring:	N/A	Roof Type:	Other
Septic Permit#:	0	Septic Date:	9/21/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	10	Flood Zone:	AE
		Base Flood Elevation:	7

Comments:

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

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

Total Fee \$150

Applicant Signature: _____

Michael Piddington

Kevin Clark

MICHAEL PIDDINGTON

Inspector Signature: _____

KEVIN CLARK

9/21/18



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

**Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878**

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006218

9/21/2018

Parcel Number: **028310072**
 PIN Number: 986709065114
 Location: 5028 MARTINS POINT RD MARTIN'S POINT NC
 Subdivision Name: MARTIN'S POINT SECTION 1
 Legal Description: LOT: 72 BLK: 1 SEC: 1

Owner: DEAN, KENNETH EUGENE
 Owner Address: 1821 DOUGHERTY FERRY RD SAINT LOUIS MO 63122
 Owner Phone: 314-853-8690

CONTRACTOR

Builder Name: MIKE PIDDINGTON
 Builder Address: 2 GINGUITE TRAIL -KITTY HAWK, NC 27949
 Builder Phone: 252-207-1122
 NC License #: LIMITED, NA

BUILDING INFORMATION

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

Heated Living Space:	0	Cost of Construction:	\$20,000
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	Choose Type
Foundation Type:	N\A	Interior Walls:	Choose Type
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	N\A	Roof Type:	Other
Septic Permit#:	0	Septic Date:	9/21/2018
CAMA Permit #:		Water Tap#:	0
Lot Elevation:	10	Flood Zone:	AE
		Base Flood Elevation:	7

Comments:

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

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

Total Fee \$200

Applicant Signature: *Michael Piddington* MICHAEL PIDDINGTON

Inspector Signature: *Kevin Clark* KEVIN CLARK 9/21/18



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006221

9/25/2018

Parcel Number: **019560000**
PIN Number: 986416921522
Location: 110 HURON CT COLINGTON, NC
Subdivision Name: COLINGTON HARBOR SEC J
Legal Description: LOT: 82 BLK: SEC: J

Owner: PHILLIP HARRINGTON ENTERPRISES, LLC
Owner Address: P O BOX 2232 ELIZABETH CITY, NC27906
Owner Phone: (252)312-4500

CONTRACTOR

Builder Name: RELIANT CONSTRUCTION
Builder Address: 4275 WILMINGTON LANE KITTY HAWK, NC 27949
Builder Phone: 252-207-7007
NC License #: ., UNLIMITED

BUILDING INFORMATION

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

Heated Living Space:	1368	Cost of Construction:	\$260,000
Non Living Space:	94	Number of Stories:	2
Number of habitable rooms:	4	Number of Bedrooms:	3
Number of Full Bathrooms:	2	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N\A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	28094	Septic Date:	9/20/2018
CAMA Permit #:		Water Tap#:	467191
Lot Elevation:	16	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

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

Permit Fee	\$1,064
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	100

Total Fee \$1,174

Applicant Signature: Blair Meads BLAIR MEADS

Inspector Signature: Kevin Clark KEVIN CLARK



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6006184

8/22/2018

Parcel Number: **018788128**
PIN Number: 98731035524
Location: 128 SALLY CRAB CT COLINGTON NC
Subdivision Name: BAY CLIFF
Legal Description: LOT: 128 BLK: SEC:

Owner: SALLY CRAB, LLC
Owner Address: 120 LEE CT KILL DEVIL HILLS NC, 27948
Owner Phone: (252)564-4604

CONTRACTOR

Contractor Name: LIGHTENING MARINE
Contractor Address: KILL DEVIL HILLS, -- --
Contractor Phone: 2524417712
NC License #:

DESCRIPTION

Proposed Construction Type: SELF CONTR
Permit Use: ACCESSORY
CAMA Permit #: 2017-20

Comments:

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

Accessory Fee	<u>250</u>
Total Fee	\$250

Applicant Signature: _____
JASON HATHCOCK

Inspector Signature: _____
ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6006193

8/27/2018

Parcel Number: **020001000**
PIN Number: 986308799303
Location: 104 QUEEN MARY CT COLINGTON NC
Subdivision Name: COLINGTON HARBOR SEC O
Legal Description: LOT: 6 BLK: SEC: O

Owner: GREGORY, KENNETH B
Owner Address: 172 ROCKSPRAY RDG PEACHTREE CITY GA 30269
Owner Phone: (770)713-9184

CONTRACTOR

Contractor Name: ABLE MARINE
Contractor Address: 101 AIRSTRIP RD KILL DEVIL HILLS, NC 27948
Contractor Phone: 252-573-8043
NC License #: MARINE

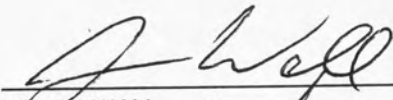
DESCRIPTION


Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 71119

Comments:

Construct 6'x30' pier and repair decking on 20' of boardwalk with free flow cap for bulkhead

Accessory Fee 250
Total Fee \$250

Applicant Signature: 
JASON WALL

Inspector Signature: 
ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6006194

8/27/2018

Parcel Number: **019730000**
PIN Number: 986420900941
Location: 273 OUTRIGGER DR COLINGTON NC
Subdivision Name: COLINGTON HARBOR SEC L
Legal Description: LOT: 111 BLK: SEC: L

Owner: EBY, RITA
Owner Address: 208 SAND DR W WILLIAMSBURG VA 23188
Owner Phone: (757)293-8304

CONTRACTOR

Contractor Name: ABLE MARINE
Contractor Address: 101 AIRSTRIP RD KILL DEVIL HILLS, NC 27948
Contractor Phone: 252-573-8043
NC License #: MARINE

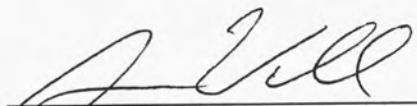
DESCRIPTION

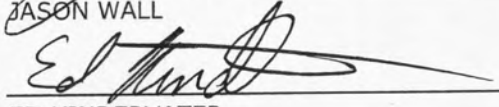
Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 71118

Comments:

Construct (2) 4'x24' piers with boatlift between them

Accessory Fee 250
Total Fee \$250

Applicant Signature: 
JASON WALL

Inspector Signature: 
ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006210

9/10/2018

Parcel Number: **020296000**
PIN Number: 987305087329
Location: 207 ROANOKE DR COLINGTON NC
Subdivision Name: COLINGTON HARBOR SEC R
Legal Description: LOT: 23 BLK: SEC: R

Owner: SOUTHWOOD MANAGEMENT, LLC
Owner Address: 5031 PITZER RD ROANOKE VA 24014
Owner Phone: (540)353-6886

CONTRACTOR

Builder Name: LAYDEN MARINE INC
Builder Address: P. O. BOX 1125 ELIZABETH CITY, NC 27906
Builder Phone: 252-331-6313
NC License #: MARINE

BUILDING INFORMATION

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

Heated Living Space:	0	Cost of Construction:	\$11,900
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	N\A	Interior Walls:	N\A
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	6006210	Septic Date:	9/10/2018
CAMA Permit #:	71148	Water Tap#:	N/A
Lot Elevation:	0	Flood Zone:	N\A
		Base Flood Elevation:	0


Comments:

CONSTRUCT A 6'X20' DOCK AND 50' OF REPLACEMENT BULKHEAD (VINYL) AS PER CAMA PERMIT

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

Total Fee \$250

Applicant Signature:  JONATHAN LAYDEN

Inspector Signature:  ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6006219

9/21/2018

Parcel Number: **020513000**
PIN Number: 986312866548
Location: 909 HARBOUR VIEW DR COLINGTON NC
Subdivision Name: COLINGTON HARBOR SEC T
Legal Description: LOT: 30 BLK: SEC: T

Owner: MANSDOERFER, MICHAEL L
Owner Address: 113 RAMBLING RD LUMBERTON NJ 08048
Owner Phone: (609)722-2082

CONTRACTOR

Contractor Name: EMANUELSON&DAD
Contractor Address: PO BOX 448 NAGS HEAD, NC 27837
Contractor Phone: 2529454710
NC License #: PO BOX 448

DESCRIPTION

Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 71163

Comments:

52' VINYL BULKHEAD

Accessory Fee 250
Total Fee \$250

Applicant Signature: _____

J. Lewis
J. LEWIS

Inspector Signature: _____

Kevin Clark
KEVIN CLARK



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6006220

9/21/2018

Parcel Number: **018782036**
PIN Number: 987311762691
Location: 306 SUNRISE CROSSING DR COLINGTON NC
Subdivision Name: SUNRISE CROSSING
Legal Description: LOT: 27 BLK: SEC:

Owner: GLADSTEIN, IGOL
Owner Address: 9728 TREYBURN CT ELLICOTT CITY MD 21042
Owner Phone: (443)839-3832

CONTRACTOR

Contractor Name: EMANUELSON&DAD
Contractor Address: PO BOX 448 NAGS HEAD, NC 27837
Contractor Phone: ~~2529454710~~
NC License #:

DESCRIPTION

Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 71162

Comments:

INSTALL BOAT LIFT AND 2 21' PIERS

Accessory Fee 250
Total Fee \$250

Applicant Signature: J. Lewis
J. LEWIS

Inspector Signature: Kevin Clark
KEVIN CLARK



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002300

Permit Date: 9/6/2018

Parcel Number: **027757039**
PIN Number: 986717210699
Location: 2036 CREEK RD MARTIN'S POINT
Subdivision Name: MARTIN'S POINT SECTION 3
Legal Description: LOT: 9 BLK: 2 SEC: 3

Owner: CROOK, BARRETT C
Owner Address: 2036 CREEK RD KITTY HAWK, NC 27949
Owner Phone: ()-

CONTRACTOR

Contractor Name: SOLAR SERVICES, INC
Contractor Address: 877 SEAHAWK CIR, VIRGINIA BEACH, NC, 23452
Contractor Phone: (757)427-6300
NC License #:

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$1200
Electrical Permit Fee: \$150

Comments:

60 amp Circuit to Electric Car charger

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

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

Applicant Signature: _____

Ed Gaglione
ED GAGLIONE

Inspector Signature: _____

Kevin Clark
KEVIN CLARK
AT

FAXED
9.19.18



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002311

Permit Date: 9/19/2018

Parcel Number: **029593305**
PIN Number: 054909263676
Location: 41545 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 3
Legal Description: LOT: 5 BLK: SEC: 3

Owner: TURNBULL, DAVID M
Owner Address: 108 STONEWALL CIR NEW BERN, NC 28562
Owner Phone: ()-

CONTRACTOR

Contractor Name: COMBS ELECTRIC
Contractor Address: 2915 BIRCHWOOD DRIVE, WINSTON SALEM, NC, 27103
Contractor Phone: (336)971-8055
NC License #: Combs

DETAILS

Amp Increase: 0
Service Amps: 200
Cost of Electrical Job: \$681
Electrical Permit Fee: \$150

Comments:

replace meter base, drive two 8' 6 round rods & try to use existing service entrance cable

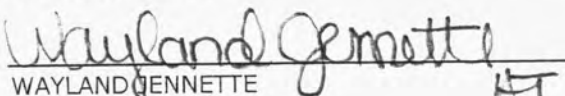
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


RICHARD COMBS

Inspector Signature:


WAYLAND JENNETTE
AT



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

FAKED
 9.20.18

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002312

Permit Date: 9/20/2018

Parcel Number: **014872000**
 PIN Number: 054917110701
 Location: 42192 ASKINS CREEK DR AVON
 Subdivision Name: ASKINS CREEK SEC 1 & 2
 Legal Description: LOT: 139 BLK: SEC: 1

Owner: RICE, DONALD P SR
 Owner Address: 207 SCHOOL LN YORKTOWN, VA 23692
 Owner Phone: ()-

CONTRACTOR

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

DETAILS

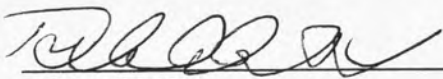
Amp Increase: 0
 Service Amps: 200
 Cost of Electrical Job: \$500
 Electrical Permit Fee: \$150

Comments:

Main breaker failed - replacing entrance breaker box

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

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

Applicant Signature: 
 DONALD RICE

Inspector Signature: 
 WAYLAND JENNETTE
 AT



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002316

Permit Date: 9/24/2018

Parcel Number: **030059000**
PIN Number: 987007598180
Location: 154 N FEARING PL MANTEO OUT
Subdivision Name: BRAKEWOOD SEC. 3
Legal Description: LOT: 60 BLK: SEC: 3

Owner: COHEN, JEFFREY C
Owner Address: 154 FEARING PL MANTEO, NCÂ 27954
Owner Phone: ()-

CONTRACTOR

Contractor Name: BEAR ROCK ELECTRIC
Contractor Address: PO BOX 1604, KITTY HAWK, NC, 27949
Contractor Phone: (888)688-9927
NC License #: 30667

DETAILS

Amp Increase: 0
Service Amps: 400
Cost of Electrical Job: \$9295
Electrical Permit Fee: \$150

Comments:

Install a 22 KW cooled standby generator

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

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

Applicant Signature: _____

Cory Masood

Inspector Signature: _____

Ed Kindervater
ED KINDERVATER

AJ



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004560

Permit Date: 9/4/2018

Parcel Number: **018784005**
PIN Number: 987311552536
Location: 117 CLIFFS OF COLINGTON TRL COLINGTON
Subdivision Name: CLIFFS OF COLINGTON
Legal Description: LOT: 5 BLK: SEC:

Owner: KEDZIERSKI, HENRY L
Owner Address: 117 CLIFFS OF COLINGTON TRL KILL DEVIL HILLS, NCÂ 27948
Owner Phone: (-)

CONTRACTOR

Contractor Name: NORTHBEACH SERVICES
Contractor Address: PO BOX 181, 284 HILLCREST DR, SOUTHERN SHORES, NC, 27949
Contractor Phone: 491-2878
NC License #: 22053

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6350
Mechanical Permit Fee: \$150

Comments:

change out of HVAC system with Trane 14 seer 3.5 ton heat pump and matching air handler

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

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

Applicant Signature:

Inspector Signature:

KEVIN CLARK



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004561

Permit Date: 9/4/2018

Parcel Number: **019441000**
PIN Number: 987413124771
Location: 428 KITTY HAWK BAY DR COLINGTON
Subdivision Name: COLINGTON HARBOR SEC H
Legal Description: LOT: 102 BLK: SEC: H

Owner: SUGGS-SEARCY, ELIZABETH K
Owner Address: 212 OLD COLONY WAY ROCKY MOUNT, NC 27804
Owner Phone: ()-

CONTRACTOR

Contractor Name: COMFORT FIRST HEATING & COOLING
Contractor Address: 148 IRIE LN, POWELLS POINT, NC, 27966
Contractor Phone: (919)818-2899
NC License #:

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$3363
Mechanical Permit Fee: \$150

Comments:

change out 2 ton split HP & air handler like for like

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

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

Applicant Signature:

Inspector Signature:

Ed Kindervater
ED KINDERVATER
AT



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004566

Permit Date: 9/5/2018

Parcel Number: **018923000**
PIN Number: 987305091065
Location: 215 SIR CHANDLER DR COLINGTON
Subdivision Name: COLINGTON HARBOR SEC A
Legal Description: LOT: 124 BLK: SEC: A

Owner: WNEK, RHONDA
Owner Address: 215 SIR CHANDLER DR KILL DEVIL HILLS, NC 27948
Owner Phone: ()-

CONTRACTOR

Contractor Name: R A HOY
Contractor Address: PO BOX 265, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-2008
NC License #: 13056

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6461

Mechanical Permit Fee: \$150

Comments:

change out 3 ton 16 seer trane system lower level with t6 wifi thermostat

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

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

Applicant Signature:

Rub Gold

Inspector Signature:

Ed Kindervater
ED KINDERVATER

AT



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004567

Permit Date: 9/5/2018

Parcel Number: **026736000**
PIN Number: 987418207530
Location: 100 QUEEN CT COLINGTON
Subdivision Name: COLINGTON HARBOR SEC V
Legal Description: LOT: 42 BLK: SEC: V

Owner: H&C LAND DEVELOPMENT, LLC
Owner Address: PO BOX 8365 ROCKY MOUNT, NC 27804
Owner Phone: (-)

CONTRACTOR

Contractor Name: R A HOY
Contractor Address: PO BOX 265, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-2008
NC License #: 13056

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6733

Mechanical Permit Fee: \$150

Comments:

change out 3ton 16 seer trane system downstairs with t6
wifi thermostat

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

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

Applicant Signature:

Inspector Signature:

//
Ed Kindervater
ED KINDERVATER AT



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

FAXED
9-5-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004569

Permit Date: 9/5/2018

Parcel Number: **014822627**
PIN Number: 054909167506
Location: 41200 BREECHES BUOY LN AVON
Subdivision Name: KINNAKEET SHORES PHASE 6
Legal Description: LOT: 627 BLK: SEC:

Owner: LARICOS, WILLIAM G
Owner Address: P O BOX 693 AVON, NCÂ 27915
Owner Phone: ()-

CONTRACTOR

Contractor Name: R A HOY
Contractor Address: PO BOX 265, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-2008
NC License #: 13056

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$6265

Mechanical Permit Fee: \$150

Comments:

change out 2 ton 16 seer trane system top level with t6
theromstat

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

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

Applicant Signature:

Inspector Signature:

WAYLAND JENNETTE
As



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004571

Permit Date: 9/7/2018

Parcel Number: **019753000**
PIN Number: 987417012097
Location: 217 OUTRIGGER DR COLINGTON
Subdivision Name: COLINGTON HARBOR SEC L
Legal Description: LOT: 137 BLK: SEC: L

Owner: FAHRNEY, ROBERT S
Owner Address: 227 RHODOMS DR KILL DEVIL HILLS, NCÂ 27948
Owner Phone: ()-

CONTRACTOR

Contractor Name: AIR HANDLERS OBX
Contractor Address: PO BOX 309, HARBINGER, NC, 27941
Contractor Phone: (252)491-8637
NC License #:

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5144
Mechanical Permit Fee: \$150

Comments:

change out heat Pump & air Handler with 2 ton trane 14
seer equipment & rewire

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

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

Applicant Signature:

A Demattè

Inspector Signature:

Kevin Clark
KEVIN CLARK
A



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004572

Permit Date: 9/7/2018

Parcel Number: **026422000**
PIN Number: 064009251987
Location: 39185 S ALBACORE LN AVON
Subdivision Name: HATTERAS COLONY SEC 4
Legal Description: LOT: 158 BLK: SEC: 4

Owner: TAYLOR, MICHELLE
Owner Address: PO BOX 694 AVON, NC 27915
Owner Phone: ()-

CONTRACTOR

Contractor Name: AIR HANDLERS OBX
Contractor Address: PO BOX 309, HARBINGER, NC, 27941
Contractor Phone: (252)491-8637
NC License #:

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5617
Mechanical Permit Fee: \$150

Comments:

CHANGE OUT EXISTING HEAT PUMP & AIR HANDLER WITH
2 TON TRANE 14 SEER EQUIPMENT & REWIRE

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

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

Applicant Signature:

A. DeMatteo

Inspector Signature:

Kevin Clark
AT

KEVIN CLARK

FAXED
9.10.18



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004575

Permit Date: 9/10/2018

Parcel Number: **014822041**
PIN Number: 054909274381
Location: 41421 OCEAN VIEW DR AVON
Subdivision Name: KINNAKEET SHORES PHASE 4
Legal Description: LOT: 4 BLK: SEC: 4

Owner: HASTINGS, ARTHUR J
Owner Address: 31212 OAKMONT PL LAGUNA NIGUEL, CA 92677
Owner Phone: (-)

CONTRACTOR

Contractor Name: AIR HANDLERS OBX
Contractor Address: PO BOX 309, HARBINGER, NC, 27941
Contractor Phone: (252)491-8637
NC License #:

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$4787
Mechanical Permit Fee: \$150

Comments:

remove & replace Existing Heat pump outdoor units with
(1) 2 1/2 (1) 3 ton Trane 14 seer

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

Call Building Inspector (24 Hours in advance) for inspection3 at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

Applicant Signature:

Jesse Owens
JESSE OWENS

Inspector Signature:

Wayland Jennette
WAYLAND JENNETTE



FAXED
9.10.18

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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004576

Permit Date: 9/10/2018

Parcel Number: **012462000**
PIN Number: 065913027584
Location: 23231 NC 12 HWY RODANTHE
Subdivision Name: DONALD W FIGGATT SUB.
Legal Description: LOT: 1 BLK: SEC:

Owner: FEARING, MALCOLM K III
Owner Address: P O BOX 759 MANTEO, NC 27954
Owner Phone: ()-

CONTRACTOR

Contractor Name: AIR HANDLERS OBX
Contractor Address: PO BOX 309, HARBINGER, NC, 27941
Contractor Phone: (252)491-8637
NC License #:

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$5459
Mechanical Permit Fee: \$150

Comments:

remove & replace Existing Heat pump & air handler with
2 1/2 trane 14 seer & rewire

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

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

Applicant Signature: *Jesse Owens*
JESSE OWENS

Inspector Signature: *Wayland Jennette*
WAYLAND JENNETTE
AJ



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004584

Permit Date: 9/18/2018

Parcel Number: **018843000**
PIN Number: 986308983940
Location: 308 SIR CHANDLER DR COLINGTON
Subdivision Name: COLINGTON HARBOR SEC A
Legal Description: LOT: 40-41 BLK: SEC: A

Owner: MCDEVITT, ROLAND D
Owner Address: 308 SIR CHANDLER DR KILL DEVIL HILLS, NC 27948
Owner Phone: ()-

CONTRACTOR

Contractor Name: ATLANTIC HEATING AND COOLING LTD
Contractor Address: PO BOX 132, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 441-7642
NC License #: 11618

DETAILS

Number of Heating Units: 1
Number of Registers: 7
Cost of Mechanical Job: \$5800
Mechanical Permit Fee: \$150

Comments:

Changeout with 16 SEER 2 Ton Goodman Heat Pump & Handler

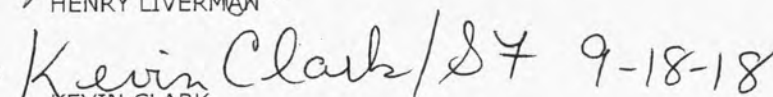
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


HENRY LIVERMAN

Inspector Signature:


KEVIN CLARK



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004589

Permit Date: 9/24/2018

Parcel Number: **020646000**
PIN Number: 987418208229
Location: 107 KNIGHT CT COLINGTON
Subdivision Name: COLINGTON HARBOR SEC V
Legal Description: LOT: 46 BLK: SEC: V

Owner: DOLLARHIDE, HARRY
Owner Address: 107 KNIGHT CT KILL DEVIL HILLS, NC 27948
Owner Phone: ()-

CONTRACTOR

Contractor Name: ATLANTIC HEATING AND COOLING LTD
Contractor Address: PO BOX 132, KILL DEVIL HILLS, NC, 27948
Contractor Phone: 441-7642
NC License #: 11618

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5650

Mechanical Permit Fee: \$150

Comments:

change out the indoor & outdoor sections of the HVAC system using 3 ton 14 seer R\$10A Goodman heat pump & matching Goodman air handler

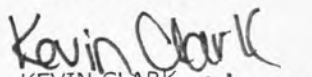
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


HENRY LIVERMAN

Inspector Signature:


KEVIN CLARK
H



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004595

Permit Date: 9/24/2018

Parcel Number: **025752000**
PIN Number: 978907585029
Location: 627 VISTA LAKE DR MANTEO OUT
Subdivision Name: VISTA LAKE REVISED
Legal Description: LOT: 21 BLK: SEC:

Owner: CARPIO, JAIME
Owner Address: P O BOX 831 MANTEO, NCÂ 27954
Owner Phone: ()-

CONTRACTOR

Contractor Name: R A HOY
Contractor Address: PO BOX 265, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-2008
NC License #: 13056

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$5186
Mechanical Permit Fee: \$150

Comments:

change 3 ton 14 seer Trane airhandler in garage and
replace duct work

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

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

Applicant Signature:

Inspector Signature:

//
Ed Kindervater
ED KINDERVATER
AI



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004596

Permit Date: 9/24/2018

Parcel Number: **024659099**
PIN Number: 988018226450
Location: 917 BURNSIDE RD MANTEO OUT
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: KELLOGG SUPPLY CO INC
Owner Address: P O BOX 99 MANTEO, NC 27954
Owner Phone: ()-

CONTRACTOR

Contractor Name: R A HOY
Contractor Address: PO BOX 265, KITTY HAWK, NC, 27949
Contractor Phone: 252-261-2008
NC License #: 13056

DETAILS

Number of Heating Units: 2
Number of Registers: 0
Cost of Mechanical Job: \$16644
Mechanical Permit Fee: \$150

Comments:

change out 3.5 ton & 5 ton 14 seer roof top system

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

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

Applicant Signature:

Inspector Signature:

Ed Kindervater
ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004598

Permit Date: 9/25/2018

Parcel Number: **012473000**
PIN Number: 065917017794
Location: 23381 NC 12 HWY RODANTHE
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: 2 BLK: SEC:

Owner: ISLANDER PARADISE, LLC
Owner Address: 2400 FLAG MARSH RD MOUNT AIRY, MDÂ 21771
Owner Phone: ()-

CONTRACTOR

Contractor Name: AIR HANDLERS OBX
Contractor Address: PO BOX 309, HARBINGER, NC, 27941
Contractor Phone: (252)491-8637
NC License #:

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$2776
Mechanical Permit Fee: \$150

Comments:

remove & install one 3 ton air handler

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

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

Applicant Signature:

Inspector Signature:

Wayland Jennette
WAYLAND JENNETTE
As



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004605

Permit Date: 9/26/2018

Parcel Number: **020167000**
PIN Number: 987305187942
Location: 105 ROANOKE DR COLINGTON
Subdivision Name: COLINGTON HARBOR SEC Q
Legal Description: LOT: 1&2 BLK: SEC: Q

Owner: William Alexander
Owner Address: 105 Roanoke Dr Kill Devil Hills
Owner Phone: ()-

CONTRACTOR

Contractor Name: COMFORT FIRST
Contractor Address: 1430 TRAMWAY RD, SANFORD, NC, 27330
Contractor Phone: (919)777-1777
NC License #:

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$2543

Mechanical Permit Fee: \$150

Comments:

replace 3 ton hp line for line

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

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

Applicant Signature:

Michael Quinn

Inspector Signature:

Kevin Clark
KEVIN CLARK
AT



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

**Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878**

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006214

9/19/2018

Parcel Number: **031116002**
 PIN Number: 988013023859
 Location: 108 PAYNE RD MANTEO OUT, NC
 Subdivision Name: ISLAND WOODS
 Legal Description: LOT: 4 BLK: SEC:

Owner: ISLAND WOODS LLC
 Owner Address: P. O. BOX 90 KILL DEVIL HILLS, NC27948
 Owner Phone: (252)441-9008

CONTRACTOR

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

BUILDING INFORMATION

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

Heated Living Space:	1514	Cost of Construction:	\$150,000
Non Living Space:	526	Number of Stories:	1
Number of habitable rooms:	5	Number of Bedrooms:	3
Number of Full Bathrooms:	2	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Piling	Interior Walls:	Drywall
Fireplace:	N/A	Footing Type:	Piling
Type of Flooring:	Combination	Roof Type:	Combination
Septic Permit#:	6006214	Septic Date:	9/19/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	5.1	Flood Zone:	AE
		Base Flood Elevation:	7

Comments:

ANY DEVIATION FROM THE BUILDING PLAN OR SITE PLAN REQUIRES PRIOR APPROVAL. ELEVATION CERTIFICATE REQUIRED AT OR BEFORE ROUGH-IN. AS-BUILT SURVEY AND FINISHED ELEVATION CERTIFICATE REQUIRED BEFORE CO.

Permit Fee	\$1,346
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	75
Site Plan review Fee	100

Total Fee \$1,531

Applicant Signature:  AMIT GUPTA

Inspector Signature:  ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006216

9/21/2018

Parcel Number: **016380000**
PIN Number: 988009273495
Location: 112 MEEKINS DR MANTEO OUT NC
Subdivision Name: MARTHA DOUGH SUBDIV
Legal Description: LOT: 1 BLK: SEC:

Owner: JONES, WILLIAM TALMADGE
Owner Address: 112 MEEKINS DR MANTEO NC 27954
Owner Phone: 252-256-0650

CONTRACTOR

Builder Name: GRAN PLAN RESTORATIONS
Builder Address: 349 C WATER PLANT ROAD MANTEO, NC 27954
Builder Phone: (252)305-6881
NC License #: GENERAL CONTR, BL

BUILDING INFORMATION

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

Heated Living Space:	0	Cost of Construction:	\$15,000
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	2	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	N\A	Interior Walls:	Drywall
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	0	Septic Date:	9/21/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	9	Flood Zone:	X
		Base Flood Elevation:	0

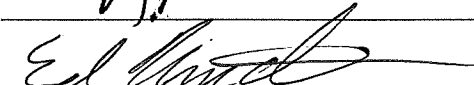
Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Remodel 2 bathrooms into 1 bathroom.

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

Total Fee \$150

Applicant Signature:  GLEN PAUL

Inspector Signature:  ED KINDERVATER



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

**Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878**

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006223

9/26/2018

Parcel Number: **024432011**
 PIN Number: 987006494797
 Location: 112 WALTER CT MANTEO OUT, NC
 Subdivision Name: ALDER BRANCH ESTATES
 Legal Description: LOT: 11 BLK: SEC:

Owner: BARKER, ROBERT H
 Owner Address: P. O. BOX 2021 MANTEO, NC27954
 Owner Phone: (252)333-5449

CONTRACTOR

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

BUILDING INFORMATION

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

Heated Living Space:	3311	Cost of Construction:	\$450,000
Non Living Space:	1028	Number of Stories:	2
Number of habitable rooms:	8	Number of Bedrooms:	4
Number of Full Bathrooms:	4	Number of Half Bathrooms:	0
Type of Heat:	HP	Exterior Siding:	Lap Siding
Foundation Type:	Masonry	Interior Walls:	Drywall
Fireplace:	Gas Logs	Footing Type:	Concrete
Type of Flooring:	Combination	Roof Type:	HIP
Septic Permit#:	28089	Septic Date:	9/18/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	9	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Height Certification required before rough-in. As-built survey required before CO.

Permit Fee	\$2,894
Accessory Fee	0
Recovery Fee	10
Flood Application Fee	0
Site Plan review Fee	100

Total Fee \$3,004

Applicant Signature:  ROBERT BARKER
 Inspector Signature:  ED KINDERVATER



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

**Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878**

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: 6006225

9/27/2018

Parcel Number: **024238000**
 PIN Number: 987007794163
 Location: 185 AIRPORT RD MANTEO OUT NC
 Subdivision Name: EVANSVILLE SUBDIV
 Legal Description: LOT: 62 BLK: SEC:

Owner: ZEMAN, EUGENE
 Owner Address: 185 AIRPORT RD MANTEO NC 27954
 Owner Phone: 252-473-1413

CONTRACTOR

Builder Name: JETTY CONSTRUCTION LLC.
 Builder Address: 1002 W. DEAN ST KILL DEVIL HILLS, NC 27948
 Builder Phone: (252)715-1452
 NC License #: GENERAL CONTR, BL

BUILDING INFORMATION

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

Heated Living Space:	0	Cost of Construction:	\$15,180
Non Living Space:	0	Number of Stories:	0
Number of habitable rooms:	0	Number of Bedrooms:	0
Number of Full Bathrooms:	0	Number of Half Bathrooms:	0
Type of Heat:	N\A	Exterior Siding:	N\A
Foundation Type:	N\A	Interior Walls:	Drywall
Fireplace:	N\A	Footing Type:	N\A
Type of Flooring:	N\A	Roof Type:	N\A
Septic Permit#:	0	Septic Date:	9/27/2018
CAMA Permit #:		Water Tap#:	
Lot Elevation:	9.1	Flood Zone:	X
		Base Flood Elevation:	0

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Permit to remodel existing bathroom in existing dwelling.

Permit Fee	\$152
Accessory Fee	0
Recovery Fee	0
Flood Application Fee	0
Site Plan review Fee	0

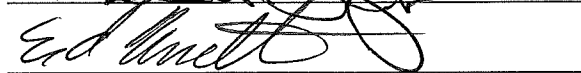
Total Fee \$152

Applicant Signature:



ROBERT SNYDER

Inspector Signature:



ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

DOCK, BULKHEAD OR DUNEWALK BUILDING PERMIT

BUILDING PERMIT#: 6006205

9/6/2018

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

Owner: JOHN BARTELL
Owner Address: 142 FORT HUGAR WAY MANTEO NC 27954
Owner Phone: (252)489-1875

CONTRACTOR

Contractor Name: MILLSSTONE MARINE
Contractor Address: 7000 MARITIME WOODS DRIVE MANTEO, NC 27954
Contractor Phone: 252-202-2678
NC License #: LIMITED

DESCRIPTION

Proposed Construction Type: NEW
Permit Use: ACCESSORY
CAMA Permit #: 71141

Comments:

Any deviation from the Building Plan or Site Plan requires prior approval. Construct a 12'x6'x14' platform and a 12'x13' floating jet ski floating dock/lift per CAMA permit

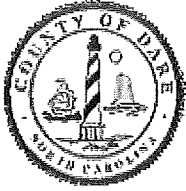
Accessory Fee 250
Total Fee \$250

Applicant Signature: _____

KEVIN LINEBERGER

Inspector Signature: _____

ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002299

Permit Date: 9/5/2018

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

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

CONTRACTOR

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

DETAILS

Amp Increase: 0
Service Amps: 30
Cost of Electrical Job: \$600
Electrical Permit Fee: \$150

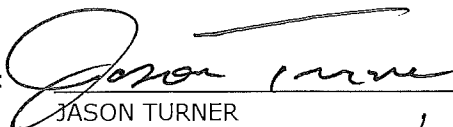
Comments:

POWER BOAT SLIP #33, ED PETRELLA OWNER, LYN SMALL JOB

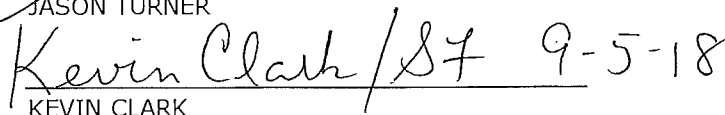
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


JASON TURNER

Inspector Signature:


KEVIN CLARK



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

FAXED
9-7-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002301

Permit Date: 9/7/2018

Parcel Number: **011503000**
PIN Number: 065917019042
Location: 23228 SEA OATS DR RODANTHE
Subdivision Name: SURF-SIDE SEC 1
Legal Description: LOT: 14 BLK: SEC: 1

Owner: BRADY, MARCY T
Owner Address: 2309 RAVENSWOOD CT CHARLOTTESVILLE, VA 22911
Owner Phone: (-)

CONTRACTOR

Contractor Name: OUTER BANKS ELECTRIC INC.
Contractor Address: 714 N HWY 64/264, MANTEO, NC, 27954
Contractor Phone: (252)473-3033
NC License #: 24451-U

DETAILS

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

Comments:

REPLACE METER BASE

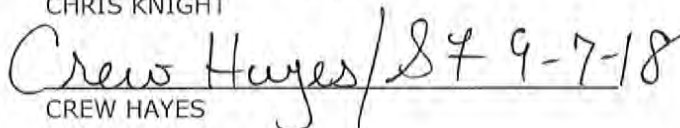
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


CHRIS KNIGHT

Inspector Signature:


CREW HAYES



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

FXED
9-10-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002302

Permit Date: 9/10/2018

Parcel Number: **013774000**
PIN Number: 064009159905
Location: 39174 S ALBACORE LN AVON
Subdivision Name: HATTERAS COLONY SEC 4
Legal Description: LOT: 141 BLK: SEC: 4

Owner: SIMPSON, GARY L
Owner Address: PO BOX 735 AVON, NC 27915
Owner Phone: (-)

CONTRACTOR

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

DETAILS

Amp Increase: 0
Service Amps: 0
Cost of Electrical Job: \$8000

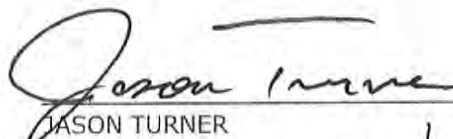
Electrical Permit Fee: \$150

Comments: Generator

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

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

Applicant Signature:


JASON TURNER

Inspector Signature:


WAYLAND JENNETTE



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

FAXED
9-17-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002304

Permit Date: 9/17/2018

Parcel Number: **012627000**
PIN Number: 065805175599
Location: 24052 DEAN AVE RODANTHE
Subdivision Name: ROWAN BEACH ESTATES
Legal Description: LOT: B BLK: SEC:

Owner: STOREY, MATTHEW A
Owner Address: 332 FALLON DR SULPHUR, LA 70655
Owner Phone: (-)

CONTRACTOR

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

DETAILS

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

Comments:
RAISING METER BASE

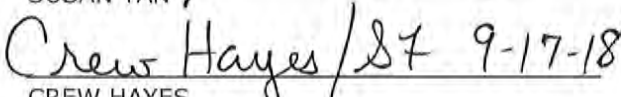
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


SUSAN YAN

Inspector Signature:


CREW HAYES



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

FAXED
9-19-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002305

Permit Date: 9/18/2018

Parcel Number: **013580000**
PIN Number: 064010352999
Location: 39233 SANDFIDDLER LN AVON
Subdivision Name: HATTERAS COLONY SEC 2
Legal Description: LOT: 36 BLK: SEC: 2

Owner: MIDGETT, MARCUS C
Owner Address: 706 W SCHOOL ST MAIDEN, NC 28650
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS ELECTRIC INC.
Contractor Address: 714 N HWY 64/264, MANTEO, NC, 27954
Contractor Phone: (252)473-3033
NC License #: 24451-U

DETAILS

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

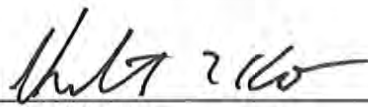
Comments:

--

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

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

Applicant Signature: _____


CHRIS KNIGHT

Inspector Signature: _____

CREW HAYES



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

FAXED
9-19-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002306

Permit Date: 9/18/2018

Parcel Number: **012458005**
PIN Number: 065913036588
Location: 22063 SEA GULL ST RODANTHE
Subdivision Name: MIRLO BEACH SECTION 2
Legal Description: LOT: 5 BLK: SEC: 2

Owner: J&H RENTAL HOLDINGS THREE, LLC
Owner Address: 1595 HWY 903 LITTLETON, NC 27850
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS ELECTRIC INC.
Contractor Address: 714 N HWY 64/264, MANTEO, NC, 27954
Contractor Phone: (252)473-3033
NC License #: 24451-U

DETAILS

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

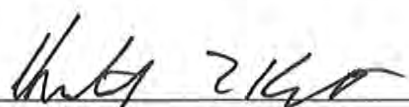
Comments:

--

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

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

Applicant Signature: _____


CHRIS KNIGHT

Inspector Signature: _____

CREW HAYES



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

FAXED
9-19-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002310

Permit Date: 9/19/2018

Parcel Number: **012458006**
PIN Number: 065913036591
Location: 22083 SEA GULL ST RODANTHE
Subdivision Name: MIRLO BEACH SECTION 2
Legal Description: LOT: 6 BLK: SEC: 2

Owner: FOSTER, WILLIAM E
Owner Address: 207 TICONDEROGA RD CARY, NC 27519
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS ELECTRIC INC.
Contractor Address: 714 N HWY 64/264, MANTEO, NC, 27954
Contractor Phone: (252)473-3033
NC License #: 24451-U

DETAILS

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

Comments:

REPLACE EXTERIOR DISCONNECT

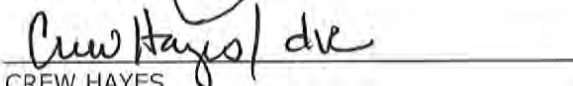
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature: _____


CHRIS KNIGHT

Inspector Signature: _____


CREW HAYES



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

FAXED
9-20-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002313

Permit Date: 9/20/2018

Parcel Number: **013374000**
PIN Number: 064006387181
Location: 39353 NC 12 HWY AVON
Subdivision Name: ATLANTIC ESTATES SEC 1 & 2
Legal Description: LOT: 2 BLK: SEC: 2

Owner: BERNHARDT, MICHAEL W
Owner Address: TRUTEES MOORESVILLE, NC 28117
Owner Phone: ()-

CONTRACTOR

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

DETAILS

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


Comments:

REPLACE METER BASE

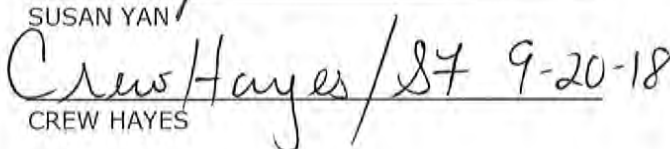
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


SUSAN YAN

Inspector Signature:


CREW HAYES



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

Manteo
 (252)475-5870
 Kill Devil Hills
 (252)475-5871
 Frisco
 (252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002314

Permit Date: 9/20/2018

Parcel Number: **016476000**
 PIN Number: 988014345638
 Location: 603 HARRIOT ST MANTEO OUT
 Subdivision Name: ROANOKE PARK
 Legal Description: LOT: 4-6, 13-15 BLK: I SEC:

Owner: FRIENDS OF THE ELIZABETH II INC
 Owner Address: P. O. BOX 324 MANTEO, NC 27954
 Owner Phone: ()-

CONTRACTOR

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

DETAILS

Amp Increase: 0
 Service Amps: 200
 Cost of Electrical Job: \$300
 Electrical Permit Fee: \$150

Comments:

ADD CIRCUIT FOR SECOND STOVE

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

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

Applicant Signature: 
 SUSAN YAN

Inspector Signature: Ed Kindervater / 87 9-20-18
 ED KINDERVATER



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

FAXED
9-20-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002315

Permit Date: 9/20/2018

Parcel Number: **016941000**
PIN Number: 053719605744
Location: 47065 ROCKY ROLLINSON RD BUXTON
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: BLK: SEC:

Owner: SWANNER, DAVE
Owner Address: P.O. BOX 841 BUXTON, NC 27920
Owner Phone: (-)

CONTRACTOR

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

DETAILS

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

Comments:

INSTALL GENERATOR

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

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

Applicant Signature: _____

Susan Yan
SUSAN YAN

Inspector Signature: _____

W. Jennette/S7 9-20-18
WAYLAND JENNETTE



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

FAXED
9-26-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002318

Permit Date: 9/24/2018

Parcel Number: **011505000**
PIN Number: 065917017003
Location: 23220 SEA OATS DR RODANTHE
Subdivision Name: SURF-SIDE SEC 1
Legal Description: LOT: 16 BLK: SEC: 1

Owner: MORAN, TERRANCE R
Owner Address: 119 TWIN COVE DR STEVENSVILLE, MDÂ 21666
Owner Phone: (-)

CONTRACTOR

Contractor Name: OUTER BANKS ELECTRIC INC.
Contractor Address: 714 N HWY 64/264, MANTEO, NC, 27954
Contractor Phone: (252)473-3033
NC License #: 24451-U

DETAILS

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

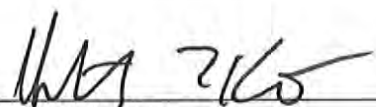
Comments:

--

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

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

Applicant Signature: _____


CHRIS KNIGHT

Inspector Signature: _____

CREW HAYES



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

FAXED
9-27-18

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: 1002325

Permit Date: 9/27/2018

Parcel Number: **016011000**
PIN Number: 959518304045
Location: 56625 NC 12 HWY HATTERAS
Subdivision Name: SUBDIVISION - NONE
Legal Description: LOT: 1 BLK: SEC:

Owner: BURKE, JONATHAN J
Owner Address: 262 PRESIDENTIAL DR BETHLEHEM, PA 18020
Owner Phone: ()-

CONTRACTOR

Contractor Name: OUTER BANKS ELECTRIC INC.
Contractor Address: 714 N HWY 64/264, MANTEO, NC, 27954
Contractor Phone: (252)256-0185
NC License #: 24451-U

DETAILS

Amp Increase: 0
Service Amps: 400
Cost of Electrical Job: \$1800
Electrical Permit Fee: \$150

Comments:

Replace Meter Base and Disconnects

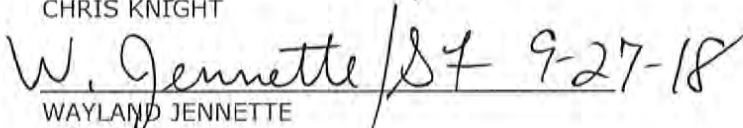
The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized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

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

Applicant Signature:


CHRIS KNIGHT

Inspector Signature:


WAYLAND JENNETTE



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004577

Permit Date: 9/17/2018

Parcel Number: **029808009**
PIN Number: 979711573180
Location: 150 SKINNERS LANDING CT WANCHESE
Subdivision Name: SKINNER'S LANDING PH 2
Legal Description: LOT: 9 BLK: SEC:

Owner: QUINN, SYDNEY V
Owner Address: 150 SKINNER S LANDING CT WANCHESE, NC 27981
Owner Phone: (-)

CONTRACTOR

Contractor Name: HOUSTON HEATING AND AIR, INC.
Contractor Address: 3532 SAWMILL ROAD - P.O. BOX 1448, GRIFTON, NC, 28530
Contractor Phone: (252)524-5828
NC License #: L.11290 ELECTRICAL

DETAILS

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

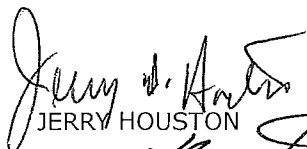
Comments:

Changeout

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

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

Applicant Signature:


JERRY HOUSTON

Inspector Signature:


ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004608

Permit Date: 9/27/2018

Parcel Number: **023019000**
PIN Number: 988013241539
Location: 932 HARRIOT ST MANTEO OUT
Subdivision Name: WOODLEY PARK
Legal Description: LOT: 8 BLK: B SEC:

Owner: PETERSON, STELLA DARLENE
Owner Address: P O BOX 553 MANTEO, NC 27954
Owner Phone: ()-

CONTRACTOR

Contractor Name: ARMSTRONG AND SON HEATING AND AIR, LLC (JAMES)
Contractor Address: 3978 ALBEMARLE CHURCH ROAD, COLUMBIA, NC, 28925
Contractor Phone: (252)797-4100
NC License #: 22516

DETAILS

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

Comments:

Changeout: Install 3.5 ton Nutone Straight A/C, 3.5 ton A-coil and a 15 KW Electric Furnace

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

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

Applicant Signature:

MELINDA NGUYEN *SS*

Inspector Signature:

Ed Kindervater / 87 9-27-18
ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004609

Permit Date: 9/27/2018

Parcel Number: **024886000**
PIN Number: 070705083081
Location: 231 THE LANE WANCHESE
Subdivision Name: B & D WELL DRILLING INC. DIV
Legal Description: LOT: 2 BLK: SEC:

Owner: CUTRELL, MARY TONDA
Owner Address: 2245 NEWLANDS RD FAIRFIELD, NCÂ 27826
Owner Phone: ()-

CONTRACTOR

Contractor Name: ARMSTRONG AND SON HEATING AND AIR, LLC (JAMES)
Contractor Address: 3978 ALBEMARLE CHURCH ROAD, COLUMBIA, NC, 28925
Contractor Phone: (252)797-4100
NC License #: 22516

DETAILS

Number of Heating Units: 1
Number of Registers: 0
Cost of Mechanical Job: \$4000
Mechanical Permit Fee: \$150

Comments:

CHANGEOUT: INSTALL 2.0 TON YORK HEATPUMP AND AIR HANDLER

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

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

Applicant Signature:

MELINDA NGUYEN *SS*

Inspector Signature:

Ed Kindervater/87 9-27-18
ED KINDERVATER



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

Manteo
(252)475-5870
Kill Devil Hills
(252)475-5871
Frisco
(252)475-5878

MECHANICAL PERMIT

MECHANICAL PERMIT#: 2004610

Permit Date: 9/27/2018

Parcel Number: **023066000**
PIN Number: 988017211821
Location: 103 GEORGE TOM CT MANTEO OUT
Subdivision Name: ODESSA PLACE
Legal Description: LOT: 8 BLK: SEC:

Owner: KEDDY, ELITHA T
Owner Address: 103 GEORGE TOM CT MANTEO, NC 27954
Owner Phone: (-)

CONTRACTOR

Contractor Name: ARMSTRONG AND SON HEATING AND AIR, LLC (JAMES)
Contractor Address: 3978 ALBEMARLE CHURCH ROAD, COLUMBIA, NC, 28925
Contractor Phone: (252)797-4100
NC License #: 22516

DETAILS

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

Comments:

INSTALL 2.5 TON TRANE PACKAGE HEAT PUMP AND
REPLACE DUCTWORK

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

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

Applicant Signature:

MELINDA NGUYEN *SS*

Inspector Signature:

Ed Kindervater / 9-27-18
ED KINDERVATER



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/04/2018

Permit #:
TR18-000276

Plumbing Trade Permit

Project Address: 168 FOUR SEASONS LN

Property Owner: AVION SERVICES, INC

PIN #: 986913127801

Mailing Address: 22282 CATESBY FARM LN
MIDDLEBURG, VA 20117

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Absolute Plumbing

Phone: (252) 996-0691

NC State License #: 30190

Contact Name: Ken Long, Sr.

110 Quarter Landing Court

Address:

Harbinger, NC 27941

Description of Work: Change homes water heating source from L.P. tank type to L.P. tank less.

Project Cost Estimate: 4,500.00

Permit Amount: 110.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature

Date

9-4-2018



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/04/2018

Permit #:
TR18-000277

Mechanical Trade Permit

Project Address: 136 OLDE DUCK RD

PIN #: 985908889005

Property Owner: CUNNINGHAM, RICHARD

Mailing Address: 3840 THAMESFORD WAY
RICHMOND, VA 23233

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: R.A. Hoy Heating & A/C

Phone: (252) 261-2008

NC State License #: 13056

Contact Name: Douglas Wakeley

P.O. Box 179

Address:

Kitty Hawk, NC 27949

Description of Work: C/O 2.5 TON 16 SEER TRANE SYSTEM MID/GROUND LEVEL WITH XL824 TSTAT

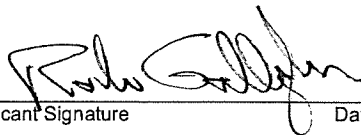
Project Cost Estimate: 6,661.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature

Date

 9/5/18



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/04/2018

Permit #:
TR18-000278

Mechanical Trade Permit

Project Address: 108 North SNOW GEESE DR
Property Owner: LIAKOS, GEORGE F

PIN #: 995015635737

Mailing Address: 112 ZELKOVA RD
WILLIAMSBURG, VA 23185

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: R.A. Hoy Heating & A/C

Phone: (252) 261-2008

NC State License #: 13056

Contact Name: Douglas Wakeley

P.O. Box 179

Address:

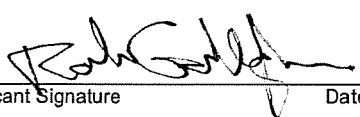
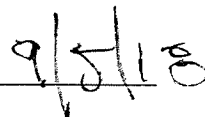
Kitty Hawk, NC 27949

Description of Work: C/O 3 TON 18 SEER TRQANE SYSTEM LOWER LEVEL WITH XL824 TSTAT

Project Cost Estimate: 8,463.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

 
Applicant Signature Date



Department of Community Development
 PO Box 8369, 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:
 September 4, 2018

Permit #:
 B18-000194

Building Permit

Project Address: 1193 DUCK RD
Property Owner: BIG MOMMA, LLC

PIN #: 985916845553
Mailing Address: 239 HILLCREST DR
 KITTY HAWK, NC 27949

Contractor/Company Name: Copeland Construction
Phone: (252) 256-1204
Email: oceanrule@embarqmail.com

Contact Name: Mark Copeland
Address: P.O. Box 8097
 Duck, NC 27949

Classification: Unlicensed Contractor
NC State License #:
Expiration Date:

Description of Work:

1. Relocate an existing 6x7 (42 s.f.) storage shed from the southwest corner of the outdoor entertainment area to a location near the bar/storage building by the northeast corner of the property
2. Construct an approximately 6x14 (84 s.f.) trellis addition on the northern side of the storage/bar building near the northeast corner of the property
3. Construct approximately 174 square feet of wooden decking wrapping around the rear and northern side of the storage/bar building near the northeast corner of the property
4. Construct a small addition to the northern side of the bar/storage building
5. Construct an approximately 6.5x7.8 (49 s.f.) addition to the bar on the west side of the bar/storage building
6. Construct a 9x12 (108 s.f.) performance stage with a tall backdrop
7. Construct a tall movie screen support structure fifteen feet (15') in length over the retaining wall in the southeast corner of the property
8. Construct an L-shaped block/stone structure fourteen feet (14') in width and 4-8 feet in depth (72 s.f.) that contains an outdoor grill/chimney, sink, and food service area
9. Demolish an approximately 8x20 (160 s.f.) storage building along the southern side property line
10. Install an 8 x14 (112 s.f.) storage shed near the southern property line and convert a portion of the structure for use as a two-seat bathroom.

Use:
 Commercial

Structure/Work Type:
 Primary Structure:
 Pool/Hot Tub:
 Deck: **Repair**
 Demo:

Accessory Building:
 Bukhead (L.F.):
 Pier (L.F.):
 House Moving:

Permit Amount:
 \$833.30

Proposed Area Schedule (Sq.Ft.):	Heated:	Unheated: 641	Accessory Heated:	Accessory Unheated:			
Proposed Finished Grade (ft.):	N/A: <input checked="" type="checkbox"/>	House:	Pool:	Driveway:	Parking:	Other:	
Vegetation Management (Sq.Ft.):	N/A: <input checked="" type="checkbox"/>	Area Preserved: n/a	Required Coverage: n/a	Required Plantings: n/a			
Project Cost Estimate:	Building \$12,675.00	Electrical \$2,000.00	Mechanical \$0.00	Plumbing \$2,000.00	Gas \$0.00	Other \$0.00	Total \$16,675.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Provide Final As-Built Survey with Updated Coverage Breakdown prior to request for final inspection.
- Pursuant to the approved site plan related to the approved Conditional Use Permit 18-006, the As-built survey must include the addition of two bike racks, removal of the gravel parking area on the septic repair area, relocation of the post and rope gateway to the entertainment area, and replacement of the 6 foot high wooden fence along the south side of the property.
- The installation of an acceptable ADA walkway or certification that the existing surface meets ADA requirements will be required prior to the issuance of a Certificate of Completion. If a walkway is added for ADA compliance, it must be shown on the As-Built Survey.
- Typical Trade permits and releases are required.
- All structures detailed in the project description and/or subject to public access shall meet all aspects of the N.C Building Code. Any part(s) of a building that does not meet code will be altered or removed so that it conforms. Inspections for existing plumbing and electrical systems, above and underground, will be subject to the required inspections. It will be the responsibility of the Owner of the property to provide full access to all inspection areas requested by the building inspector.

page 2

Permit #: B18-000194

Project Address: 1193 DUCK RD

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

 9/4/18
Applicant Signature Date



Department of Community Development
 PO Box 8369
 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:
 09/04/2018

Permit #:
 LD18-000020

Land Disturbance/Floodplain Development Permit

Project Address: 1242 DUCK RD
 Property Owner: WRIGHT VENTURES LLC

PIN #: 985911762723
 Mailing Address: C/O EDWARD J BROOKS III
 1398 WEST MINNE E HAHA PKWY
 MINNEAPOLIS, MN 55419

Contractor:

Company Name: Quible & Associates, P.C.
 Phone: (252) 261-3300
 Email: mstrader@Quible.com

Contact Name: Mike Strader
 Address: P.O. Drawer 870
 Kitty Hawk, NC 27949

Classification: Engineer
 NC State License #:
 Expiration Date:

Description of Work: Repair of the existing on-site wastewater system with site modifications to accommodate the repair and the proposed engineered repair area. The septic system repair is proposed to be installed in the originally permitted active septic system location.

Permit Amount: \$100.00

Land Disturbing Activity:

- | | | | | |
|--|-------------------------------------|---|--|---|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Driveway | <input checked="" type="checkbox"/> New Septic | <input type="checkbox"/> Stormwater Conveyance | <input type="checkbox"/> Grading/Filling |
| <input type="checkbox"/> Landscaping/Minor Grading | <input type="checkbox"/> Irrigation | <input checked="" type="checkbox"/> Septic Repair | <input type="checkbox"/> Stormwater Retention | <input type="checkbox"/> Vegetation Removal |

Proposed Finished Grade (ft.): N/A: Driveway: n/a Parking: n/a Other: n/a

Floodplain Development: Flood Zone: AE-7 BFE: 7

Vegetation Management (Sq.Ft.): N/A: Required Coverage: n/a Area Preserved: n/a Required Plantings: stabilization required

Estimated Project Cost: 10000

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- No land disturbing activity within 5 feet of property line.
- Stabilize all disturbed areas prior to CO.
- Call for inspection once stabilization has been completed and relocated dumpster area has been screened..
- Relocated dumpster area must be screened on at least three sides by an opaque wall or fence at least six feet in height. _____ (initial)

All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. All land disturbing activities in association with this permit must meet the applicable land disturbing provisions of the Town of Duck Zoning Ordinance Section 156.128. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation. When properly validated this is your permit.

Applicant Signature _____ Date _____



Department of Community Development
 PO Box 8369, 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:
 9/5/18
 Permit #:
 B18-000196

Building Permit

Project Address: 120 GIFFORD CIR
Property Owner: MCKEAN, KAREN

PIN #: 985912766489
Mailing Address: 3300 NUTTREE WOODS PL
 MIDLOTHIAN, VA 23112

Contractor/Company Name: Aubrey C. Kitchin
Phone: (252) 202-8520
Email:

Contact Name: Aubrey Kitchin
Address: 114 Seahawk Drive West
 Duck, NC 27949

Classification: General Contractor
NC State License #: 16865
Expiration Date: 12/31/2010

Description of Work: Addendum to add inground pool, pool surround and barrier.

Use:
 Other

Structure/Work Type:
 Primary Structure:
 Pool/Hot Tub: **Pool Only**
 Deck:
 Demo:

Accessory Building:
 Bukhead (L.F.):
 Pier (L.F.):
 House Moving:

Permit Amount:
 \$300.00

Proposed Area Schedule (Sq.Ft.): Heated: Unheated: Accessory Heated: Accessory Unheated:

Proposed Finished Grade (ft.): N/A: House: Pool: Driveway: Parking: Other:

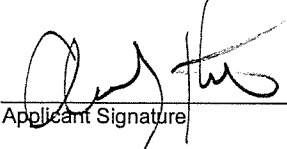
Vegetation Management (Sq.Ft.): N/A: Area Preserved: Required Coverage: 2865.9 Required Plantings: 2865.9

Project Cost Estimate:	Building	Electrical	Mechanical	Plumbing	Gas	Other	Total
	\$23,422.00	\$2,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,222.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Install properly toed-in erosion control fencing around perimeter of development prior to commencing work; maintain at all times.
- Pool fence height limited to six (6) feet above adjacent grade.
- All principal and accessory structures must meet MBL setbacks.
- Provide Final As-Built Survey with Updated Coverage Breakdown.
- Conditions associated with Permit #B18-0056 apply.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.


 Applicant Signature

9-5-18
 Date



Department of Community Development
 PO Box 8369, 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:
 SEP 05 2018
 Permit #:
 B18-000201

Building Permit

Project Address: 108 SEA COLONY DR
Property Owner: BUTLER, MARIE C

PIN #: 985908776546
Mailing Address: 2121 WATERS MILL PT
 RICHMOND, VA 23235

Contractor/Company Name: Dare Repairs
Phone:
Email: darerepairs@yahoo.com

Contact Name: Kenneth Werth
Address: 448 Old Wharf rd
 Wanchese, NC 27981

Classification: Unlicensed Contractor
NC State License #:
Expiration Date:

Description of Work: Removal and replacement of old windows. Removal and replacement of siding on the north side of the house.

Use: Single Family	Structure/Work Type: Primary Structure: 4.Repair/Maintenance Pool/Hot Tub: Deck: Demo:	Accessory Building: Bukhead (L.F.): Pier (L.F.): House Moving:
Permit Amount: \$100.00		

Proposed Area Schedule (Sq.Ft.):	Heated:	Unheated:	Accessory Heated:	Accessory Unheated:
---	---------	-----------	-------------------	---------------------

Proposed Finished Grade (ft.):	N/A: <input checked="" type="checkbox"/>	House:	Pool:	Driveway:	Parking:	Other:
---------------------------------------	--	--------	-------	-----------	----------	--------

Vegetation Management (Sq.Ft.):	N/A: <input checked="" type="checkbox"/>	Area Preserved:	Required Coverage: 0.0	Required Plantings: 0.0
--	--	-----------------	------------------------	-------------------------

Project Cost Estimate:	Building \$18,000.00	Electrical \$0.00	Mechanical \$0.00	Plumbing \$0.00	Gas \$0.00	Other \$0.00	Total \$18,000.00
-------------------------------	--------------------------------	-----------------------------	-----------------------------	---------------------------	----------------------	------------------------	-----------------------------

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- No change to coverage or footprint.
- Repair & maintenance only
- Call for inspection if rot is found; if no rot is found provide letter stating same for CO.
- All new glass will need to meet wind-borne debris provisions of NC Residential Building Code.
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Handwritten Signature _____ *9/7/18*
 Applicant Signature Date



Department of Community Development
 PO Box 8369
 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:

Permit #:
 B18-000174
 RECEIVED

Building/Floodplain Development Permit

5 2018

Project Address: 170 FOUR SEASONS LN
 Property Owner: GONE TO DUCK, LLC

PIN #: 986913127734
 Mailing Address: 272 ROCKLAND DR
 WYOMING, DE 19934

TOWN OF DUCK, NC

Contractor:

Company Name: Across the Board Construction, LLC
 Phone: (252) 267-3357
 Email: rbell2003@yahoo.com

Contact Name: Richard Bell
 Address: 164 South Dogwood Trail
 Southern Shores, NC 27949

Classification: General Contractor
 NC State License #:
 Expiration Date:

Description of Work: Remove existing dune crossover materials and construct new.

Use: Beach Stair/Access	Structure/Work Type: Primary Structure: Pool/Hot Tub: Deck: Repair Demo:	Accessory Building: Bulkhead (L.F.): Pier (L.F.): House Moving:
Permit Amount: 200.00		

Proposed Area Schedule (Sq.Ft.):	Heated:	Unheated:	Accessory Heated:	Accessory Unheated:
----------------------------------	---------	-----------	-------------------	---------------------

Proposed Finished Grade (ft.):	N/A:	House:	Pool:	Driveway:	Parking:	Other:
--------------------------------	------	--------	-------	-----------	----------	--------

Floodplain Development:	Flood Zone: VE-12	Structure Value:	Storage Below BFE:
-------------------------	-------------------	------------------	--------------------

Vegetation Management (Sq.Ft.):	N/A:	Required Coverage: 0.0	Area Preserved:	Required Plantings: 0.0
---------------------------------	------	------------------------	-----------------	-------------------------

Project Cost Estimate:	Building	Electrical	Mechanical	Plumbing	Gas	Other	Total
	\$6,410.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,410.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- The underside of the dune walkover structure across the frontal or primary dune shall be a minimum of 18 inches and a maximum of 30 inches above grade. Call for final inspection.
- Dune walkover structures for residential use shall be no wider than four feet and shall be constructed on raised posts or pilings embedded no less than four feet and no greater than five feet below grade. Failure to comply with this width requirement shall require an engineered design to meet the V-Zone provisions of the building code.
- Call for final inspection.
- Work completed without permit - double permit fees assessed.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature  Date 8/28/18



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/10/2018

Permit #:
TR18-000279

Mechanical Trade Permit

Project Address: 105 BUNTING LN
Property Owner: LEAHY, MARK S

PIN #: 995118400314
Mailing Address: 10422 BRECKINRIDGE LN
FAIRFAX, VA 22030

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: R.A. Hoy Heating & A/C
Phone: (252) 261-2008

Contact Name: Douglas Wakeley
P.O. Box 179

NC State License #: 13056


Address:
Kitty Hawk, NC 27949

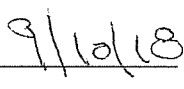
Description of Work: C/O 3 TON 16 SEER TRANE SYSTEM MID LEVEL WITH T6 THERMOSTAT

Project Cost Estimate: 6,179.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.


Applicant Signature


Date



Department of Community Development
 PO Box 8369
 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:
 09/12/2018

Permit #:
 LD18-000021

Land Disturbance/Floodplain Development Permit

Project Address: 113 YOLANDA TER
 Property Owner: FRAZIER, H LEON

PIN #: 986805290749
 Mailing Address: 124 GREENS WAY
 WILLIAMSBURG, VA 23185

Contractor:

Company Name: Raye Casper & Sons
 Phone: (252) 261-4255
 Email:

Contact Name: Raye Casper
 Address: 3952 Poor Ridge Road
 Kitty Hawk, NC 27949

Classification: Landscaper
 NC State License #:
 Expiration Date:

Description of Work: Repair drain field in same location

Permit Amount: 25.00

Land Disturbing Activity:

- | | | | | |
|--|-------------------------------------|---|--|---|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Driveway | <input type="checkbox"/> New Septic | <input type="checkbox"/> Stormwater Conveyance | <input type="checkbox"/> Grading/Filling |
| <input type="checkbox"/> Landscaping/Minor Grading | <input type="checkbox"/> Irrigation | <input checked="" type="checkbox"/> Septic Repair | <input type="checkbox"/> Stormwater Retention | <input type="checkbox"/> Vegetation Removal |

Proposed Finished Grade (ft.): N/A: Driveway: Parking: Other:

Floodplain Development: Flood Zone: AE-9 BFE: 9

Vegetation Management (Sq.Ft.): N/A: Required Coverage: 0.0 Area Preserved: Required Plantings: [BPermit:::3182:::12921]

Estimated Project Cost: 3000

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- No land disturbing activity within 5 feet of property line.
- Stabilize all disturbed areas prior to CO.
- Call for inspection once stabilization has been completed.

All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. All land disturbing activities in association with this permit must meet the applicable land disturbing provisions of the Town of Duck Zoning Ordinance Section 156.128. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation. When properly validated this is your permit.

Applicant Signature _____ Date _____



Department of Community Development
 PO Box 8369
 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:
 09/17/2018

Permit #:
 B18-000202

Building/Floodplain Development Permit

Project Address: 136 SHIPS WATCH DR
 Property Owner: SHIPS WATCH ASSOCIATION

PIN #: 985908889715
 Mailing Address: 1251 DUCK RD
 KITTY HAWK, NC 27949

Contractor:
 Company Name: Chris McCarter Contact Name: Chris McCarter Classification: Unlicensed Contractor
 Phone: (252) 619-8735 Address: 136 Jordan Lane NC State License #:
 Email: Camden, NC 27921 Expiration Date:

Description of Work: Replace front entrance stairs, stringers, treads, and handrails

Use: Single Family Structure/Work Type: Primary Structure:
 Pool/Hot Tub: Accessory Building:
 Permit Amount: 100.00 Deck: Repair Bukhead (L.F.):
 Demo: Pier (L.F.):
 House Moving:

Proposed Area Schedule (Sq.Ft.): Heated: Unheated: Accessory Heated: Accessory Unheated:

Proposed Finished Grade (ft.): N/A: House: Pool: Driveway: Parking: Other:

Floodplain Development: Flood Zone: AE-9 Structure Value: Storage Below BFE:

Vegetation Management (Sq.Ft.): N/A: Required Coverage: 0.0 Area Preserved: Required Plantings: 0.0

Project Cost Estimate:	Building	Electrical	Mechanical	Plumbing	Gas	Other	Total
	\$3,275.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,275.00

- Permit Conditions:**
- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
 - The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
 - Repair & maintenance only
 - No change to coverage or footprint.
 - Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Steen Riddiegh 9.17.18
 Applicant Signature Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/18/2018

Permit #:
TR18-000280

Mechanical Trade Permit

Project Address: 137 OLDE DUCK RD
Property Owner: JONES, PORTER DAVID

PIN #: 985908970874

Mailing Address: 1539 TIPPAAH PARK CT
CHARLOTTE, NC 28205

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: R.A. Hoy Heating & A/C
Phone: (252) 261-2008

Contact Name: Douglas Wakeley
P.O. Box 179

NC State License #: 13056

Address:
Kitty Hawk, NC 27949

Description of Work: C/O 3 TON 16 SEER TRANE SYSTEM DOWNSTAIRS WITH (2) NEST WIFI THERMOSTATS

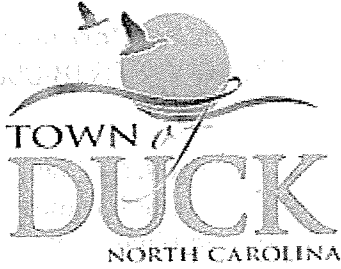
Project Cost Estimate: 6,992.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.


Applicant Signature


Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/18/2018
Permit #:
TR18-000281

T-Pole Trade Permit

Project Address: 102 OSPREY RIDGE RD
Property Owner: LONG, JOSEPH R JR

PIN #: 986917010656
Mailing Address: 628 CEDAR RD
CHESAPEAKE, VA 23322

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: J & B Homes, Inc.

Phone:

NC State License #: 80069

Contact Name: Ben Nelson

425 Burns Dr

Address:

Kill Devil Hills, NC 27948

Description of Work: T-Pole for construction of new house

Project Cost Estimate: 200.00

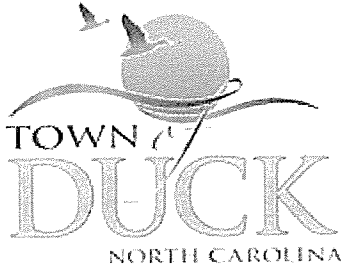
Permit Amount: 75.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature

Date

Joseph R Long 9-18-18



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/19/2018

Permit #:
TR18-000282

Electrical Trade Permit

Project Address: 159 A SCHOONER RIDGE DR
Property Owner: SCHOONERS RIDGE PROPERTY

PIN #: 986909057627

Mailing Address: PO BOX 8111
DUCK STATION
KITTY HAWK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Beacon Electric
Phone: (252) 489-5680

Contact Name: Jason Turner
129 Scuppernong Road
Address:
Manteo, NC 27956

NC State License #: 28692-I

Description of Work: Replace rusted out panel

Project Cost Estimate: 800.00

Permit Amount: 100.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Jason Turner 9/19/18
Applicant Signature Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/20/2018
Permit #:
TR18-000283

Mechanical Trade Permit

Project Address: 100 South BAUM TRL
Property Owner: 100 BAUM TRAIL LLC

PIN #: 995109263317
Mailing Address: 5378 BLACK LN
FAIRBORN, OH 45324

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: R.A. Hoy Heating & A/C
Phone: (252) 261-2008

Contact Name: Douglas Wakeley
P.O. Box 179

Address:
Kitty Hawk, NC 27949

NC State License #: 13056

Description of Work: C/O 3 TON 16 SEER TRANE SYSTEM MID LEVEL NORTH WITH XL824 THERMOSTAT

Project Cost Estimate: 7,090.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

 
Applicant Signature Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/25/2018

Permit #:
TR18-000284

Mechanical Trade Permit

Project Address: 102 OCEAN CREST WAY
Property Owner: CUNNINGHAM, JAMES

PIN #: 986806296852

Mailing Address: 3 POLIQUIN DR
NASHUA, NH 03062

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: American Refrigeration & Heat Pump Repair
Phone: (252) 202-9302

Contact Name: Mark Coleman

1101 Clamshell Drive

Address:

Kill Devil Hills, NC 27948


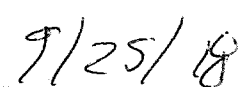
NC State License #: 29031

Description of Work: Install 14 SEER 2 ton heil heat pump and air handler

Project Cost Estimate: 0.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature

Date



Department of Community Development
 PO Box 8369, 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued: 09/26/18
SEP 26 2018
 Permit #:
 B18-000204

Building Permit

Project Address: 102 OSPREY RIDGE RD
Property Owner: LONG, JOSEPH R JR

PIN #: 986917010656
Mailing Address: 628 CEDAR RD
 CHESAPEAKE, VA 23322

Contractor/Company Name: T & B Homes, Inc.
Phone: 252-207-9837
Email: bnelson304@gmail.com

Contact Name: Ben Nelson
Address: 425 Burns Dr
 Kill Devil Hills, NC 27948

Classification: General Contractor
NC State License #: 80069
Expiration Date:

Description of Work: Construction of new 4 BR SFD with Hot Tub hook-up

Use:
 Single Family

Structure/Work Type:
 Primary Structure: **1.New Construction**
 Pool/Hot Tub:
 Deck:
 Demo:

Accessory Building:
 Bukhead (L.F.):
 Pier (L.F.):
 House Moving:

Permit Amount:
 \$2,046.65

Proposed Area Schedule (Sq.Ft.): Heated: 2,558 Unheated: 497 Accessory Heated: Accessory Unheated:

Proposed Finished Grade (ft.): N/A: House: 25 Pool: Driveway: 24.5 Parking: Other:

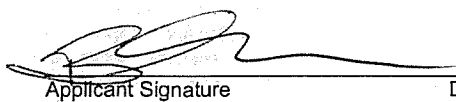
Vegetation Management (Sq.Ft.): N/A: Area Preserved: 3600 Required Coverage: 1994.39 Required Plantings: -1605.60

Project Cost Estimate:	Building	Electrical	Mechanical	Plumbing	Gas	Other	Total
	\$230,977.00	\$12,155.00	\$12,368.00	\$14,500.00	\$0.00	\$0.00	\$270,000.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Install properly toed-in erosion control fencing around perimeter of development prior to commencing work; maintain at all times.
- No areas of fill, including graded and leveled areas, may exceed 3 in depth.
- Slope of any fill areas from toes of the slope to the final ground elevations can be no greater than 3:1.
- No land disturbing activity within 5 feet of property line.
- Stabilize all disturbed areas prior to CO.
- Vegetation canopy at completion of development and prior to CO must be greater than or equal to 15% coverage of Net Lot Area. or 1,994.39 s.f.
- All principal and accessory structures must meet MBL setbacks.
- Provide Final As-Built Survey with Updated Coverage Breakdown.
- Hot tub installation will require a separate permit. Installation is not covered with this permit unless amended to include same. **BCN** initial.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

 09/26/18
 Applicant Signature Date



Department of Community Development
 PO Box 8369, 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:
 Permit #:
 B18-000090

RECEIVED

SEP 25 2018

TOWN OF DUCK, NC

Building Permit

Project Address: 152 OLDE DUCK RD
 Property Owner: BADDAR, ADRIAN T

PIN #: 985908986064
 Mailing Address: 50 SETTLERS RD
 NEWPORT NEWS, VA 23606

Contractor/Company Name: Adrian Baddar	Contact Name: Adrian Baddar	Classification:
Phone:	Address: 50 Settlers Road	NC State License #:
Email:	Newport News, VA 23606	Expiration Date:

Description of Work: Convert roof top deck to heated space.

Use: Single Family	Structure/Work Type: Primary Structure: 2.Addition Pool/Hot Tub:	Accessory Building: <input type="checkbox"/>
Permit Amount: \$152.40	Deck: Demo:	Bukhead (L.F.): Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):	Heated: 196	Unheated:	Accessory Heated:	Accessory Unheated:
----------------------------------	-------------	-----------	-------------------	---------------------

Proposed Finished Grade (ft.):	N/A: <input checked="" type="checkbox"/>	House:	Pool:	Driveway:	Parking:	Other:
--------------------------------	--	--------	-------	-----------	----------	--------

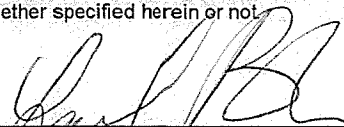
Vegetation Management (Sq.Ft.):	N/A: <input checked="" type="checkbox"/>	Area Preserved:	Required Coverage: 0.0	Required Plantings: 0.0
---------------------------------	--	-----------------	------------------------	-------------------------

Project Cost Estimate:	Building \$12,000.00	Electrical \$3,000.00	Mechanical \$1,500.00	Plumbing \$0.00	Gas \$0.00	Other \$0.00	Total \$16,500.00
------------------------	-------------------------	--------------------------	--------------------------	--------------------	---------------	-----------------	----------------------

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- No change to coverage or footprint.
- Conditions associated with CAMA Minor Permit D-2018-399 apply.
- Typical trade inspections required.
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.


 Applicant Signature _____ Date 9/19/18



Department of Community Development
 PO Box 8369, 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:
SEP 25 2018
 Permit #:
 B18-000199

Building Permit

Project Address: 102 West SEA HAWK DR
Property Owner: ABOMS PROPERTIES, LLC

PIN #: 986917012395
Mailing Address: 116 SANDY RIDGE RD
 KITTY HAWK, NC 27949

Contractor/Company Name: Olin Finch & Co. **Contact Name:** Marc Murray **Classification:** General Contractor
Phone: 252-202-9879 **Address:** 116 Sandy Ridge Road **NC State License #:** 52567
Email: marcemurray@gmail.com Duck, NC 27949 **Expiration Date:**

Description of Work: Construction of a new single family residential dwelling with pool, hot tub, gazebo, parking and septic per submitted plans.

Use: Single Family	Structure/Work Type: Primary Structure: 1.New Construction Pool/Hot Tub: Pool + Portable Hot Tub	Accessory Building: <input type="checkbox"/>
Permit Amount: \$2,199.85	Deck: Demo:	Bukhead (L.F.): Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.): Heated: 2,168 Unheated: 159 Accessory Heated: Accessory Unheated:

Proposed Finished Grade (ft.): N/A: House: 16.1 Pool: 16 Driveway: 15.5 Parking: 15.5 Other:


Vegetation Management (Sq.Ft.): N/A: Area Preserved: 1914.75 Required Coverage: 1860.89 Required Plantings: -53.85

Project Cost Estimate:	Building	Electrical	Mechanical	Plumbing	Gas	Other	Total
	\$275,000.00	\$14,000.00	\$18,000.00	\$13,950.00	\$0.00	\$0.00	\$320,950.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Install properly toed-in erosion control fencing around perimeter of development prior to commencing work; maintain at all times.
- No land disturbing activity within 5 feet of property line.
- No areas of fill, including graded and leveled areas, may exceed 3 in depth.
- Slope of any fill areas from toes of the slope to the final ground elevations can be no greater than 3:1.
- Stabilize all disturbed areas prior to CO.
- Vegetation canopy at completion of development and prior to CO must be greater than or equal to 15% coverage of Net Lot Area. or 1,860.89 s.f.
- Pool fence height limited to six (6) feet above adjacent grade.
- Provide Final As-Built Survey with Updated Coverage Breakdown.
- Permit is conditionally approved for land disturbance purposes only. Engineering detail required for review and approval prior to the start of any construction activity. SK initial.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

 9/25/18
 Applicant Signature Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/26/2018

Permit #:
TR18-000285

Mechanical Trade Permit

Project Address: 110 DUNE RD

Property Owner: DAYTON, SCOTT M

PIN #: 985912778245

Mailing Address: 209 ROBANNA DR
SEAFORD, VA 23696

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Norris Mechanical

Phone: (252) 491-2673

NC State License #: 11100

Contact Name: Hersey Norris

P.O. Box 217

Address:

Harbinger, NC 27941

Description of Work: Change out existing HVAC unit; 2.5 ton heat pump and air handler

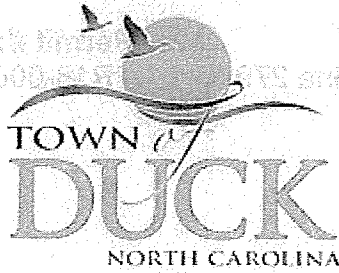
Project Cost Estimate: 7,150.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature

Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/27/2018
Permit #:
TR18-000286

Mechanical Trade Permit

Project Address: 122 COOK DR

PIN #: 985912868965

Property Owner: RICHARDSON, JOHN

Mailing Address: 2100 HEATHLAND DR
MIDLOTHIAN, VA 23113

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: R.A. Hoy Heating & A/C

Phone: (252) 261-2008

NC State License #: 13056

Contact Name: Douglas Wakeley

P.O. Box 179

Address:

Kitty Hawk, NC 27949

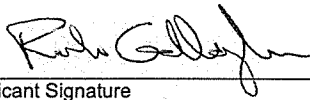
Description of Work:

C/O 2 TON 16 SEER TRANE SYSTEM TOP LEVEL WITH XL624 THERMOSTAT

Project Cost Estimate: 6,700.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

 9/27/18

Applicant Signature

Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/27/2018

Permit #:
TR18-000287

Mechanical Trade Permit

Project Address: 106 OLDE DUCK RD

Property Owner: MORRIS, THOMAS J

PIN #: 985908775956

Mailing Address: 216 JONES MILL LN
WILLIAMSBURG, VA 23185

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: American Refrigeration & Heat Pump Repair

Phone: (252) 202-9302

NC State License #: 29031

Contact Name: Mark Coleman

1101 Clamshell Drive

Address:


Kill Devil Hills, NC 27948

Description of Work: Install new 14 SEER air temp heat pump with matching air handler

Project Cost Estimate: 5,400.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

 9/27/18
Applicant Signature Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/28/2018
Permit #:
TR18-000288

Mechanical Trade Permit

Project Address: 107 SHIPS WATCH DR

Property Owner: PERKINS, THOMAS

PIN #: 985908787558

Mailing Address: 107 SHIPS WATCH DR
DUCK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: North Beach Services Heating and Cooling

Phone: (252) 491-2878

NC State License #:

Contact Name: Gabby Willis

PO Box 181

Address:

Kitty Hawk , NC 27949

Description of Work: Replacement of HVAC system with Trane15 Seer, 2 ton heat pump and matching air handler

Project Cost Estimate: 5,690.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature

Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/28/2018
Permit #:
TR18-000289

Mechanical Trade Permit

Project Address: 100 North SNOW GEESE DR

Property Owner: GLATKOWSKI, ALVIN L

PIN #: 995015631795

Mailing Address: 100 SNOW GEESE DR
KITTY HAWK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Norris Mechanical

Phone: (252) 491-2673

NC State License #: 11100

Contact Name: Hersey Norris

P.O. Box 217

Address:

Harbinger, NC 27941

Description of Work: Change out HVAC system

Project Cost Estimate: 5,300.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature

Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/28/2018

Permit #:
TR18-000290

Mechanical Trade Permit

Project Address: 1245 DUCK RD

PIN #: 98590898039400

Property Owner: BARRIER ISLAND STATION PROPERTY OWNERS

Mailing Address: 1245 DUCK RD
KITTY HAWK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Outer Banks Heating & Cooling

Contact Name: Brian McDonald

Phone: (252) 441-1740

P.O. Box 1415

Address:

NC State License #: 12643

Nags Head, NC 27959

Description of Work: Replace Hvac with 14 seer 3 ton Daikin air handler and heat pump

Project Cost Estimate: 6,484.78

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature _____

Date _____



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/28/2018

Permit #:
TR18-000291

Mechanical Trade Permit

Project Address: 100 WOOD DUCK DR
Property Owner: HANKINS, JAMES W SR

PIN #: 995015547922

Mailing Address: 1386 PAGE RD
MIDLOTHIAN, VA 23113

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Outer Banks Heating & Cooling
Phone: (252) 441-1740

Contact Name: Brian McDonald
P.O. Box 1415

NC State License #: 12643

Address:
Nags Head, NC 27959

Description of Work: Replace Hvac with 14 seer 4 ton Daikin air handler and heat pump

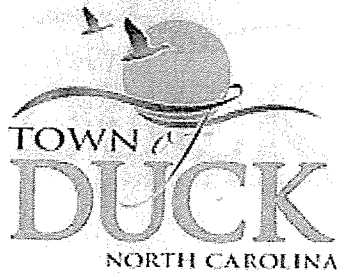
Project Cost Estimate: 6,883.69

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature

Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/28/2018

Permit #:
TR18-000290

Mechanical Trade Permit

Project Address: 1245 DUCK RD

PIN #: 98590898039400

Property Owner: BARRIER ISLAND STATION PROPERTY OWNERS

Mailing Address: 1245 DUCK RD
KITTY HAWK, NC 27949

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Outer Banks Heating & Cooling

Phone: (252) 441-1740

NC State License #: 12643

Contact Name: Brian McDonald

P.O. Box 1415

Address:

Nags Head, NC 27959

Description of Work: Replace Hvac with 14 seer 3 ton Daikin air handler and heat pump

Project Cost Estimate: 6,484.78

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Brian McDonald 10-1-18
Applicant Signature Date



Department of Community Development
PO Box 8369
1200 Duck Road
Town of Duck, North Carolina 27949
(252) 255-1234

Date Issued:
09/28/2018

Permit #:
TR18-000291

Mechanical Trade Permit

Project Address: 100 WOOD DUCK DR
Property Owner: HANKINS, JAMES W SR

PIN #: 995015547922

Mailing Address: 1386 PAGE RD
MIDLOTHIAN, VA 23113

Permit Types:

Plumbing Electrical Mechanical Gas

Contractor:

Company Name: Outer Banks Heating & Cooling

Phone: (252) 441-1740

NC State License #: 12643

Contact Name: Brian McDonald

P.O. Box 1415

Address:


Nags Head, NC 27959

Description of Work: Replace Hvac with 14 seer 4 ton Daikin air handler and heat pump

Project Cost Estimate: 6,883.69

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.


Applicant Signature

10-1-18
Date



Department of Community Development
 PO Box 8369
 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:
SEP 28 2018
 Permit #:
 B18-000206

Building/Floodplain Development Permit

Project Address: 134 1A PLOVER DR
Property Owner: COLEMAN, SUSAN V TTEE/FREEDMAN, MITCHELL H TTEE

PIN #: 9869171264211A
Mailing Address: 11579 GREENWICH POINT RD
 RESTON, VA 20194

Contractor:
Company Name: Olin Finch & Co.
Phone: 252-202-9879
Email: marcemurray@gmail.com

Contact Name: Marc Murray
Address: 116 Sandy Ridge Road
 Duck, NC 27949

Classification: General Contractor
NC State License #: 52567
Expiration Date:

Description of Work: Interior remodel of existing condominium unit A1. Replacement of flooring, cabinets, paint and two sliding doors. No change in footprint, no added square footage, no structural work. No mechanicals are being moved.

Use: Multi Family	Structure/Work Type: Primary Structure: 3.Remodel Pool/Hot Tub: Deck: Demo:	Accessory Building: <input type="checkbox"/> Bukhead (L.F.): Pier (L.F.): House Moving:
Permit Amount: 110.00		

Proposed Area Schedule (Sq.Ft.):	Heated:	Unheated:	Accessory Heated:	Accessory Unheated:
---	---------	-----------	-------------------	---------------------

Proposed Finished Grade (ft.):	N/A: <input checked="" type="checkbox"/>	House:	Pool:	Driveway:	Parking:	Other:
---------------------------------------	--	--------	-------	-----------	----------	--------

Floodplain Development:	Flood Zone: VE-12	Structure Value: \$115,300.00	Storage Below BFE: <input type="checkbox"/>
--------------------------------	-------------------	-------------------------------	---

Vegetation Management (Sq.Ft.):	N/A: <input checked="" type="checkbox"/>	Required Coverage: 0.0	Area Preserved:	Required Plantings: 0.0
--	--	------------------------	-----------------	-------------------------

Project Cost Estimate:	Building	Electrical	Mechanical	Plumbing	Gas	Other	Total
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$50,000.00

- Permit Conditions:**
- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
 - Repair & maintenance only
 - No change to coverage or footprint.
 - Call for inspection if rot is found; if no rot is found provide letter stating same for CO.
 - Typical trade inspections required.
 - Call for final inspection .

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

 Applicant Signature Date



Department of Community Development
 PO Box 8369, 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:

SEP 28 2018
 Permit #:
 B18-000207

Building Permit

Project Address: 114 SCARBOROUGH LN
Property Owner: PERRY FAMILY LIMITED PARTNERSHIP

PIN #: 985916933541
Mailing Address: PO BOX 1607
 ELIZABETH CITY, NC 27906

Contractor/Company Name: Island Concrete Inc
Phone:
Email: islandconcreteinc@yahoo.com

Contact Name: Joe Parnell
Address: 618 W Kitty Hawk Rd
 Kitty Hawk, NC 27949

Classification: General Contractor
NC State License #:
Expiration Date:

Description of Work: Tear out concrete pool deck to find leak in pool; repair the leak and pour back concrete pool deck

Use:
 Single Family

Structure/Work Type:
 Primary Structure:
 Pool/Hot Tub:
 Deck: **Repair**
 Demo:

Accessory Building:
 Bulkhead (L.F.):
 Pier (L.F.):
 House Moving:

Permit Amount:
 \$100.00

Proposed Area Schedule (Sq.Ft.): Heated: Unheated: 0 Accessory Heated: Accessory Unheated:

Proposed Finished Grade (ft.): N/A: House: Pool: Driveway: Parking: Other:

Vegetation Management (Sq.Ft.): N/A: Area Preserved: Required Coverage: 0.0 Required Plantings: 0.0

Project Cost Estimate:	Building	Electrical	Mechanical	Plumbing	Gas	Other	Total
	\$8,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,000.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Repair & maintenance only
- No change to coverage or footprint.
- Pre-pour inspection required to check bonding integrity.
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature _____ Date _____



Department of Community Development
 PO Box 8369
 1200 Duck Road
 Town of Duck, North Carolina 27949
 (252) 255-1234

Date Issued:

SEP 28 2018
 Permit #:
 B18-000208

Building/Floodplain Development Permit

Project Address: 114 VIREO WAY
 Property Owner: FRITSCH, LOIS R

PIN #: 995114333522
 Mailing Address: 256 KENDAL DR
 KENNETT SQUARE, PA 19348

Contractor:
 Company Name: Aubrey C. Kitchin Contact Name: Aubrey Kitchin Classification: General Contractor
 Phone: (252) 202-8520 Address: 114 Seahawk Drive West NC State License #: 16865
 Email: Duck, NC 27949 Expiration Date: 12/31/2010

Description of Work: Replace decking, deck rails, and exterior stairs; re-side ground floor east wall; re-side first floor east wall

Use: Single Family Structure/Work Type: Primary Structure: 3.Remodel
 Pool/Hot Tub: Deck: Accessory Building:
 Permit Amount: 220.00 Demo: Bukhead (L.F.):
 Pier (L.F.):
 House Moving:

Proposed Area Schedule (Sq.Ft.): Heated: Unheated: Accessory Heated: Accessory Unheated:

Proposed Finished Grade (ft.): N/A: House: Pool: Driveway: Parking: Other:

Floodplain Development: Flood Zone: VE-12 Structure Value: Storage Below BFE:

Vegetation Management (Sq.Ft.): N/A: Required Coverage: 0.0 Area Preserved: Required Plantings: 0.0

Project Cost Estimate:	Building	Electrical	Mechanical	Plumbing	Gas	Other	Total
	\$49,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49,500.00

- Permit Conditions:
- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
 - The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
 - No change to coverage or footprint.
 - Pursuant to NCAC 7K.0209 structures may be repaired in a similar manner, size and location as the original structure. No expansions or additions are permissible. The repairs are limited to 50% of the physical value of the existing structure.
 - Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature

Date



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17595**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/4/2018

Expires: 1/28/2019
 Main Permit: Main Permit

Project Address

4623 Johnston Lane

Lot

B-1

Flood Zone

X

Owner Information

Sea Scape, Inc.

Applicant Information

Reliant Construction, Inc.

Zoning

BR-1

Block

Constuction Type

New Single-Family Home

Address

300 W Eckner Street
 Kitty Hawk NC 27949

Address

4275 Worthington Lane
 Kitty Hawk, NC 27949

Subdivision

SUBDIVISION - NONE

PIN

987610269175

Building Code

BLDG2012

Phone

Phone

252-202-7007

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost:	400000.00
Reliant Construction, LLC	252-202-7007	General	62339	Unheated Sq. Feet	776.00
TBD	000-000-0000	Mechanical	00000	Total Sq. Feet:	2685.00
TBD	000-000-0000	Plumbing	00000		

Building Comments:

Permit Cost - \$3005.00 Duct Test due prior to rough-in inspection; Termite Affidavit due prior to rough-in inspection; Energy Certification due prior to prefinal inspection; Address needs to be posed (minimum 4" numbers) prior to pre-final inspection; Completed septic permit due prior to final inspection

Planning Conditions:

Flood Zone-Shaded X; Map#-3720987600J; Effective-09/20/2006; Height Certification due prior to rough-in inspection; Elevation Certificate due prior to pre-final inspection; As-Built Survey due prior to final inspection; See Zoning Permit for additional requirements

Description of Work: New 2 story SFR, 5 bedrooms 4.5 baths and pool

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent _____ Date _____

Building Official _____ Date _____



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17920**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/6/2018

Expires: 3/5/2019

Main Permit: Main Permit

Project Address

3615 Rabbit Hollow

Lot

Zoning

BR-1

Block

Subdivision

KITTY DUNES VILLAGE

PIN

987512852914

Flood Zone

X

Constuction Type

Repair/Replace

Building Code

BLDG2012

Owner Information

KRIS J FELTHOUSEN

Address

3615 RABBIT HOLW
 KITTY HAWK NC 27949

Phone

Applicant Information

O C Fulcher

Address

P O Box 543
 Kitty Hawk, NC 27949

Phone

252-261-3316

Construction Cost:	2600.00
Unheated Sq. Feet	0.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
Fulcher Homes, Inc.	252-261-3316	General	17852

Building Comments:

Description of Work: Install 5/8" cable (threaded) for wind beam support. This is a tension system designed to prevent further deflection of the great room walls.

Permit Cost - \$70.00

Planning Conditions:

Flood Zone-Shaded X; Map#-3720987500J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent **Date**

Building Official **Date**



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17924**
 Permit Type: Commercial
 Work Classification: [Permit Type]
 Permit Status: Open

Issue Date: 9/11/2018

Expires: 3/10/2019

Main Permit: Main Permit

Project Address

500 Sand Dune Drive Unit A&B
 Lot

Zoning

BC-2

Block

Subdivision

FOYVEST SUBDIVISION

PIN

987618429220

Flood Zone

X

Constuction Type

Sign - Building

Building Code

BLDG2012

Owner Information

QUAIL RUN BUSINESS CENTER LLC null

Address

406 W LAKE DR
 KILL DEVIL HILLS NC 27948

Phone

Applicant Information

Washington Trading Company, Inc.

Address

P O Box 900
 Kitty Hawk, NC 27949

Phone

252-261-6181

Construction Cost:	1785.00
Unheated Sq. Feet	0.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
Owner	000-000-0000	General	00000

Building Comments:

Description of Work: Install a 54 sq ft wall sign

Planning Conditions:

Flood Zone-Shaded X; Map #-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.
 Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent **Date**

Building Official **Date**



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17928**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/24/2018

Expires: 3/23/2019

Main Permit: Main Permit

Project Address

4820 Lindbergh Avenue

Lot

35

Flood Zone

AE

Owner Information

Donald M & Cynthia B Pritchard

Applicant Information

Steven DeLeon

Zoning

BR-1

Block

34

Constuction Type

Deck/Porch

Address

3633 Bridgewater Drive
 Williamsburg VA 23188

Address

P O Box 1687
 Manteo, NC 27954

Subdivision

KITTY HAWK BEACH REV SEC A

PIN

967606277946

Building Code

BLDG2012

Phone

Phone

252-202-7049

Construction Cost:	12332.12
Unheated Sq. Feet	245.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
Steven Reynaldo DeLeon	252-473-1893	General	60240

Building Comments:

Description of Work: Add 8 x 28 deck to front of existing garage & connect deck to landing. Remove/Replace stairs.

Permit Cost \$155.00

Planning Conditions:

Flood Zone-AE; Elevation-9'+1'=10'; Map#-3720987600J; Effective-09/20/2006; An As-Built Survey due prior to final inspection.

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent **Date**

Building Official **Date**



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17932**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/26/2018

Expires: 3/25/2019
 Main Permit: Main Permit

Project Address

5017 N Virginia Dare Trail

Lot

8

Flood Zone

VE

Owner Information

JOLYN HOLDINGS, LLC

Applicant Information

Bryan Weisbecker

Zoning

BR-1

Block

12

Constuction Type

Repair/Replace

Address

4877 THE WOODS RD
 KITTY HAWK NC 27949

Address

P O Box 55
 Kitty Hawk, NC 27949

Subdivision

KITTY HAWK BEACH REV SEC A
PIN

967606295657

Building Code

BLDG2012

Phone

252-489-0821

Phone

252-441-5001

Construction Cost:	12850.00
Unheated Sq. Feet	0.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
Bryan R. Weisbecker, General Contractor, LLC	(252)441-5001	General	45914

Building Comments:

Description of Work: Remove & Replace existing siding with new cedar shake siding

Permit Cost - \$120.00

Planning Conditions:

Flood Zone-VE; Elevation-12'+1'=13'; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent _____ **Date** _____

Building Official _____ **Date** _____



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17933**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Open

Issue Date: 9/26/2018

Expires: 3/25/2019

Main Permit: Main Permit

Project Address

1904 Neptune Way

Lot

Unit 1904 Bldg 1900

Flood Zone

X

Owner Information

Robert V Hartnett, Jr.

Applicant Information

BRS Electrical Services, Inc.

Zoning

BR-2

Block

Constuction Type

Repair/Replace

Address

2046 Warren Street
 Petersburg, VA 23805

Address

P O Box 2108
 Kill Devil Hills, NC 27948

Subdivision

SANDPIPER CAY CONDOS
 PHASE 8

PIN

98761841675804

Building Code

ELEC2017

Phone

Phone

252-207-5334

Construction Cost:	1200.00
Unheated Sq. Feet	0.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
BRS Electrical Services Inc.	(252)441-5334	Electrical	23077-U

Building Comments:

Permit Cost - \$115.00

Planning Conditions:

Flood Zone-Shaded X; Map#-3720987600J; Effective-09/20/2006

Description of Work: Replace gang meter base 200 AMP

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent _____ **Date** _____

Building Official _____ **Date** _____



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17921**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/7/2018

Expires: 3/6/2019

Main Permit: Main Permit

Project Address

5004 Lindbergh Avenue

Lot

S Pt 39

Flood Zone

X

Owner Information

Downs Associates Carolina, LLC

Applicant Information

Seacoast Electric

Zoning

BR-1

Block

32

Constuction Type

Repair/Replace

Address

P O Box 1913

Kitty Hawk NC 27949

Address

4400 Ridge Road

Kitty Hawk, NC 27949

Subdivision

KITTY HAWK BEACH REV SEC A

PIN

987605291122

Building Code

ELEC2017

Phone

Phone

252-261-6229

Construction Cost:	1935.00
Unheated Sq. Feet	0.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
Seacoast Ltd. dba Seacoast Electric	252-261-6229	Electrical	07781-I

Building Comments:

Description of Work: Replace existing 200 amp main circuit breaker panel box with new and install service disconnect switch and cables

Permit Cost - \$115.00

Planning Conditions:

Flood Zone-Shaded X; Map#-372098987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.
 Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent Date

Building Official Date



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17922**
 Permit Type: Commercial
 Work Classification: [Permit Type]
 Permit Status: Open

Issue Date: 9/7/2018

Expires: 3/6/2019

Main Permit: Main Permit

Project Address

5300 N Croatan Highway
 Lot

Zoning

BC-3
 Block

Subdivision

SUBDIVISION - NONE
 PIN

Flood Zone

AE

Constuction Type

Electrical

Building Code

ELEC2017

Owner Information

Mildred Hill Roughton C/O Home Depot USA

Address

P O Box 105842 Tax Department
 #3650
 Atlanta GA 30348

Phone

252-261-4115

Applicant Information

Lin R Rogers Electrical Contractors

Address

2050 Marconi Drive, Ste 100
 Alpharetta, GA 30005

Phone

770-772-3491

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost:	Unheated Sq. Feet	Total Sq. Feet:
Lin R. Rogers Electrical Contractors Inc.	(770)5772-3472	Electrical	09890-U	1950.00	0.00	0.00

Building Comments:

Description of Work: Install power for temporary tent structure (Christmas Tree Sales); one GFI outlet for register, string lighting and exit signs; tying into existing 2 dedicated circuits for power

Permit Cost - \$40.00

Planning Conditions:

Flood Zone-AE; Elevation-8.3'+1=9.3'; Map#-3720986700J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent _____ **Date** _____

Building Official _____ **Date** _____



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. 17914
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/4/2018

Expires: 3/3/2019

Main Permit: Main Permit

Project Address

4241 N Virginia Dare Trail
 Lot

Zoning

BR-1

Block

Subdivision

KITTY HAWK BEACH REV SEC A
 PIN

987615537702

Flood Zone

VE

Constuction Type

Repair/Replace

Building Code

MECH2012

Owner Information

ALINA F BEQUER

Address

10205 SW 58TH ST
 MIAMI FL 33173

Phone

Applicant Information

Air Handlers OBX

Address

P O Box 309
 Harbinger, NC 27941

Phone

252-491-8637

Construction Cost:	6050.00
Unheated Sq. Feet	0.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
Air Handlers OBX	252-491-8637	Mechanical	26599
Sun Realty of Nags Head Inc/Air Handlers OBX	252-491-8637	Electrical	07514-L

Building Comments:

**Description of Work: HVAC
 change out of a 2 ton and 2.5
 ton heat pumps only**

Permit Cost - \$100.00

Planning Conditions:

Flood Zone-VE; Elevation-12'=1'=13'; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent _____ **Date** _____

Building Official _____ **Date** _____



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. 17915
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/4/2018

Expires: 3/3/2019

Main Permit: Main Permit

Project Address
 4007 Lindbergh Avenue
Lot
 73

Zoning
 BC-1
Block

Subdivision
 KITTY HAWK BEACH TERR AMD
PIN
 987619617160

Flood Zone
 VE

Constuction Type
 Repair/Replace

Building Code
 MECH2012

Owner Information
 G Spencer & Lisa K Talley, Jr.

Address
 9514 Fawn Park Lane
 Mechanicsville VA 23116

Phone

Applicant Information
 Air Handlers OBX

Address
 P O Box 309
 Harbinger, NC 27941

Phone
 252-491-8637

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost:	2902.00
Air Handlers OBX	252-491-8637	Mechanical	26599	Unheated Sq. Feet	0.00
Sun Realty of Nags Head Inc/Air Handlers OBX	252-491-8637	Electrical	07514-L	Total Sq. Feet:	0.00

Building Comments:

**Description of Work: HVAC
 change out of 1.5 ton outdoor
 unit**

Permit Cost - \$50.00

Planning Conditions:

Flood Zone-VE; Elevation-12'+1'=13'; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent **Date**

Building Official **Date**



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17916**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/4/2018

Expires: 3/3/2019

Main Permit: Main Permit

Project Address

5206 Lindbergh Avenue

Lot

11 N Pt 12

Flood Zone

AE

Owner Information

Clyde W Hargrave, Jr.

Applicant Information

Air Handlers OBX

Zoning

BH-1

Block

9

Constuction Type

Repair/Replace

Address

P O Box 266

Kitty Hawk NC 27949

Address

P O Box 309

Harbinger, NC 27941

Subdivision

KITTY HAWK BEACH REV SEC A

PIN

987717102695

Building Code

MECH2012

Phone

Phone

252-491-8637

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost:	3658.00
Air Handlers OBX	252-491-8637	Mechanical	26599	Unheated Sq. Feet	0.00
Sun Realty of Nags Head Inc/Air Handlers OBX	252-491-8637	Electrical	07514-L	Total Sq. Feet:	0.00

Building Comments:

**Description of Work: HVAC
change out of a 2 ton outdoor
unit**

Permit Cost - \$50.00

Planning Conditions:

Flood Zone-AE; Elevation-9'+1'=10'; Map#-3720987700J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent _____ Date _____

Building Official _____ Date _____



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17917**
 Permit Type: Commercial
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/4/2018

Expires: 3/3/2019

Main Permit: Main Permit

Project Address
 6146 N Croatan Highway
Lot
 12-16
Flood Zone
 AE
Owner Information
 Banks Land Company LLC

Zoning
 BC-2
Block
 64
Constuction Type
 Repair/Replace
Address
 P O Box 432
 Kitty Hawk NC 27949
Address
 3908 N Croatan Highway
 Kitty Hawk, NC 27949

Subdivision
 KITTY HAWK BEACH
PIN
 986606398081
Building Code
 MECH2012
Phone
 252-202-1482
Phone
 252-261-2008

Applicant Information
 R A Hoy Heating & Air

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost:	Unheated Sq. Feet	Total Sq. Feet:
R. A. Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Mechanical	13056	13807.00	0.00	0.00
R A Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Electrical	22222-L			

Building Comments:

Description of Work: HVAC change out of a 45K system

Permit Cost - \$50.00

Planning Conditions:

Flood Zone-AE; Elevation-8.3'+1'=9.3'; Map#-3720986600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent	Date
Building Official	Date



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17918**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/4/2018

Expires: 3/3/2019

Main Permit: Main Permit

Project Address

3808 Keepers Way

Lot

49

Flood Zone

X

Owner Information

Thomas M & Peggy A Clifford

Applicant Information

R A Hoy Heating & Air

Zoning

BR-1

Block

Constuction Type

Repair/Replace

Address

P O Box 281

Kitty Hawk NC 27949

Address

3908 N Croatan Highway

Kitty Hawk, NC 27949

Subdivision

KEEPERS HILL SEC 4

PIN

987507672688

Building Code

MECH2012

Phone

Phone

252-261-2008

Construction Cost:	<u>6240.00</u>
Unheated Sq. Feet	<u>0.00</u>
Total Sq. Feet:	<u>0.00</u>

Contractor(s)	Phone	Contractor Type	License Number
R. A. Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Mechanical	13056
R A Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Electrical	22222-L

Building Comments:

Description of Work: HVAC change out of a 3 ton whole house system

Permit Cost - \$50.00

Planning Conditions:

Flood Zone-Shaded X; Map#-3720987500J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent _____ **Date** _____

Building Official _____ **Date** _____



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17919**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/5/2018

Expires: 3/4/2019

Main Permit: Main Permit

Project Address

4811 Lindbergh Avenue

Lot

26 NPT 27

Flood Zone

AE

Owner Information

Lloyd L Pollitt & Joyce A Living

Applicant Information

Coastal Elements

Zoning

BR-1

Block

24

Constuction Type

Mechanical

Address

9448 E Timber Ridge Road
 Grottoes VA 24441

Address

P O Box 1772
 Kitty Hawk, NC 27949

Subdivision

KITTY HAWK BEACH REV SEC A

PIN

987606370825

Building Code

MECH2012

Phone

540-249-5330

Phone

252-548-4202

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost:	7500.00
Coastal Elements, LLC	252-548-4202	Mechanical	32607	Unheated Sq. Feet	0.00
Coastal Elements LLC	252-548-4202	Electrical	31329	Total Sq. Feet:	0.00

Building Comments:

Description of Work: Install new 2 ton HVAC with new duct and electrical

Permit Cost - \$130.00

Planning Conditions:

Flood Zone-AE; Elevation-9'+1'=10'; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent **Date**

Building Official **Date**



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17929**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Open

Issue Date: 9/24/2018

Expires: 3/23/2019

Main Permit: Main Permit

Project Address

3836 N Virginia Dare Trail Unit A-1

Lot

Zoning

BR-3

Block

Subdivision

PIN

987508890290

Building Code

MECH2012

Flood Zone

VE

Owner Information

Construction Type

Repair/Replace

Address

Phone

Applicant Information

Brian M Hedrick

Address

17 Palmetto Lane
 Southern Shores, NC 27949

Phone

252-489-5836

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost:	Unheated Sq. Feet	Total Sq. Feet:
Brian Mace Hedrick	(252)715-1448	Mechanical	32559	3200.00	0.00	0.00

Building Comments:

Description of Work: Change out of 2.5 ton system

Permit Cost - \$50.00

Planning Conditions:

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.
 Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent **Date**

Building Official **Date**



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17930**
 Permit Type: Commercial
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/25/2018

Expires: 3/24/2019

Main Permit: Main Permit

Project Address

101 Veterans Memorial Drive
Lot

Zoning

BR-1

Block

Subdivision

SUBDIVISION - NONE

PIN

987618401226

Flood Zone

AE

Constuction Type

Repair/Replace

Building Code

MECH2012

Owner Information

TOWN OF KITTY HAWK null

Address

P O BOX 549
 KITTY HAWK NC 27949

Phone

Applicant Information

Dusty Rhoads HVAC, Inc.

Address

3822 Elijah Baum Drive
 Kitty Hawk, NC 27949

Phone

252-202-6852

Construction Cost:	6900.00
Unheated Sq. Feet	0.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
Dusty Rhoads HVAC, Inc.	(252)261-5892	Mechanical	21691

Building Comments:

Description of Work: HVAC change out of a 5 ton system for lower Admin offices

Permit Cost - \$0

Planning Conditions:

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent **Date**

Building Official **Date**



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17927**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/17/2018

Expires: 3/16/2019

Main Permit: Main Permit

Project Address

202 Harbour Bay Drive

Lot

16

Flood Zone

X

Owner Information

Edward F & Mary M Kitchen

Applicant Information

Comfort First Heating & Cooling

Zoning

BR-1

Block

Constuction Type

Repair/Replace

Address

202 Harbour Bay Drive
 Kitty Hawk NC 27949

Address

7001 Lark Lane
 Sanford, NC 27332

Subdivision

HARBOUR BAY

PIN

987511659962

Building Code

MECH2012

Phone

Phone

919-777-1777

Construction Cost:	889.00
Unheated Sq. Feet	0.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
Comfort First Heating & Cooling Inc.	252-772-9991	Mechanical	33486
Comfort First Heating & Cooling, Inc. (EL)	(919)777-1777	Electrical	21474-U

Description of Work: HVAC change out of a 1 ton mini-split system

Building Comments:

Permit Cost - \$50.00

Planning Conditions:

Flood Zone-Shaded X; Map#-3720987500J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent _____ **Date** _____

Building Official _____ **Date** _____



Town of Kitty Hawk, NC
 101 Veterans Memorial Drive
 Kitty Hawk, NC 27949
 Phone: (252) 261-3552

PERMIT

Permit NO. **17926**
 Permit Type: Residential
 Work Classification: [Permit Type]
 Permit Status: Pending

Issue Date: 9/17/2018

Expires: 3/16/2019

Main Permit: Main Permit

Project Address

4018 Smith Street

Lot

5

Flood Zone

X

Owner Information

Edward R & Myrna L Duffey

Applicant Information

Edward Duffey

Zoning

BR-2

Block

F

Constuction Type

Accessory Structure

Address

4018 Smith Street
 Kitty Hawk NC 27949

Address

4018 Smith Street
 Kitty Hawk, NC 27949

Subdivision

TED WOOD KITTY HAWK TERR
 ADD

PIN

987619503678

Building Code

BLDG2012

Phone

Phone

757-419-0299

Construction Cost:	3400.00
Unheated Sq. Feet	120.00
Total Sq. Feet:	0.00

Contractor(s)	Phone	Contractor Type	License Number
Owner	000-000-0000	General	00000

Building Comments:

Description of Work: Add a 10 x 12 storage building

Permit Cost - \$35.00

Planning Conditions:

Flood Zone-Shaded X; Map#-3720987600J; Effective-09/20/2006; As-Built Survey due prior to final inspection

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

Owner / Applicant / Contractor / Agent **Date**

Building Official **Date**

TOWN OF NAGS HEAD

PO Box 99

Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



**Demolition Permit
DR2018-1885**

Owner Name: Young, James P TTEE TRE

**Owner
Address:**

P O Box 18308

Richmond

VA

23226

Owner Phone:

Parcel PIN: 989211576347

Zoning:

Imported Default District

Address: 3113 S Va Dare Trl

Subdivision: NAGS HEAD SHORES AMENDED SEC 1 **Lot/Block/Sec:** LOT: 5R BLK: 1 SEC: 1

Applicant Name: Finch and Co., Inc.

**Applicant
Address:**

116 Sandy Ridge

Duck

NC

27949

Applicant Phone: 252 261 8710

Contractor Name: Finch and Co., Inc.

**Contractor
Address:**

116 Sandy Ridge Rd

Duck

NC

27949

Contractor Phone: 252 261 8710

Total Fees Paid: 1150.00

Invoice #:

2018-00939

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; Water credits and facility fees are available on this lot for a period of 5 years from the issuance of the CO; Review Demo Inspection Procedures to avoid fines; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;
Call for all demo required inspections. Review zoning permit conditions
ZN permit 20180242

Project Description: Demolition of existing house & septic system, level pad for construction

Land Use: Single Family Dwelling

of Units: 1

CAMA Permit/Exemption #: not for demo

of Bedrooms: 4

FEMA Flood: V

Comments:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

ANY DAMAGE TO THE MULTI-USE PATH OR ADJOINING RIGHT-OF-WAY SHALL BE IMMEDIATELY REPAIRED BY THE OWNER AND/OR APPLICANT.

Building Inspector

Date

Responsible Party

Date

Conditions for demolition are attached.

TOWN OF NAGS HEAD

PO Box 99

Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1893

Owner Name: McNey, Brent	Owner 19427 Rolling Hills Dr
Owner Phone: 703 638 4060	Address: Culpeper VA 22701
Parcel PIN: 989116948631	Zoning: Imported Default District
Address: 208 W Dolphin Ct W	Lot/Block/Sec: LOT: 92 BLK: SEC: A
Subdivision: OLD NAGS HEAD COVE SEC A	
Contractor Name: Property Owner	Contractor
Contractor Phone:	Address: Nags Head NC

Description: Completion of unfinished pool, deck & plaster and fence

Construction Value: 62000.00

Construction Type: Accessory Structure

Foundation Type:

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit: 2018.0243

FEMA Flood Zone: AE

Septic Permit:

BFE: 9

CAMA Permit:

Flood Permit: 2018.1894

PW Permit# na

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All subcontractors shall obtain all permits required by State building codes prior to starting work; All new work to meet current code; See CONDITIONS on Zoning Permit; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Call for bonding inspections. Electrical permit required. Fence shall meet Appendi G . Elevate electrical equipment at or above the RFE of 10 feet.

Total Fees Paid/Due:

Invoice #:

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/05/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1891

Owner Name: Matulewicz, Stephen EUX - Matulewicz, Sharon R EUX	Owner 167 Mariners Way
Owner Phone: 757 343 8874	Address: Moyock NC 27958
Parcel PIN: 080117111483	Zoning: SPD-C SF-2 (Village Detached Residential Single Family)
Address: 5313 S Chippers Ct S	Lot/Block/Sec: THE
Subdivision: MASTERS	
Contractor Name: Richard Scott Noble	Contractor 3121 Maryhill Ct
Contractor Phone: 252-202-2453	Address: Kill Devil Hills NC 27948

Description: Enclose existing ground floor footprint to create garage & storage

Construction Value: 40000.00

Foundation Type:

Construction Type: Remodel

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit: 2018.0244

Septic Permit: village

CAMA Permit: na

PW Permit# na

FEMA Flood Zone: x

BFE:

Flood Permit:

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All subcontractors shall obtain all permits required by State building codes prior to starting work; All new work to meet current code; See CONDITIONS on Zoning Permit; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. See notes on building plans for permit conditions. Licensed electrician shall pull permit to deal with electrical. Shall meet all code requirements for building and electrical codes. Call for final inspections.

Total Fees Paid/Due: 235.00

Invoice #: 2018-00946

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

- All work shall conform to the plans and specifications provided with the application.

- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/05/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

CA2018-1886

Owner Name: Mulligan's OBX, LLC

Owner P O Box 417

Owner Phone:

Address: Nags Head NC 27959

Parcel PIN: 989220807026

Zoning: C2 (General Commercial District)

Address: 4005 S Croatan Hwy S

Subdivision: SUBDIVISION-NONE

Lot/Block/Sec: LOT: PARCEL 1 BLK: SEC:

Contractor Name: Property Owner

Contractor

Contractor Phone:

Address: Nags Head NC

Description: Reroof with metal roof

Construction Value: 1000.00

Construction Type: Repair

Foundation Type:

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit:

FEMA Flood Zone:

Septic Permit:

BFE:

CAMA Permit:

Flood Permit:

PW Permit#

Conditions:

Total Fees Paid/Due: 75.00

Invoice #: 2018-00962

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

- All work shall conform to the plans and specifications provided with the application.

- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/05/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1900

Owner Name: Swart, John D - Swart, Christine	Owner 4129 W Brant St
Owner Phone: 410 474 9759	Address: Finksburg NC 27959
Parcel PIN: 989108779695	Zoning: Imported Default District
Address: 4129 W Brant Ct W	Lot/Block/Sec: LOT: 34 BLK: SEC: 2
Subdivision: SOUTHRIDGE SEC 2	
Contractor Name: Suburban Electrical Services Inc (Mark Casson Melton)	Contractor 1400 Maritime Woods Dr
Contractor Phone: 252 475 1372	Address: Manteo NC 27954

Description: Install 22KW Generac generator & platform

Construction Value: 8000.00

Foundation Type:

Construction Type: Accessory Structure
Heated Space: 0 **Unheated Space:** 0
of Bedrooms: 0 **# of Baths:** 0

Zoning Permit: 2018.0245
Septic Permit: na
CAMA Permit: na
PW Permit#

FEMA Flood Zone: AE
BFE: 9
Flood Permit: 2018.1901

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; Electrician must pull no cost permit; All new work to meet current code; See CONDITIONS on Zoning Permit; Additional engineering may be required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present, Elevate all electrical at or above 10 feet RFE. Pull electrical permit. A flood elevation certificate may be required

Total Fees Paid/Due: 135.00 **Invoice #:** 2018-00954

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector 09/06/2018

Responsible Party Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1897

Owner Name: Blanks, Shirley Buchan SOL	Owner 817 Northbrook Dr
Owner Phone:	Address: Raleigh NC 27609
Parcel PIN: 989206397193	Zoning: Imported Default District
Address: 2713 S Wrightsville Ave S	
Subdivision: NAGS HEAD SHORES AMENDED SEC 2	Lot/Block/Sec: LOT: 19 BLK: 7 SEC: 2
Contractor Name: Handyman Services	Contractor 229 Eagle Dr
Contractor Phone: 252 202 5712	Address: Kill Devil Hills NC 27948

Description: Raise house, new pilings, steps, laundry room & outside shower

Construction Value: 28500.00	Construction Type: Remodel
Foundation Type:	Heated Space: 0 Unheated Space: 0
	# of Bedrooms: 0 # of Baths: 0

Zoning Permit: 2018.0246	FEMA Flood Zone: AE
Septic Permit:	Lot Elevation:
CAMA Permit:	BFE: 10
PW Permit# na	

Total Fees Paid/Due: 195.00 / **Invoice #:** 2018-00953

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector	09/06/2018	Responsible Party	Date
--------------------	------------	-------------------	------

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All subcontractors shall obtain all permits required by State building codes prior to starting work; All new work to meet current code; See CONDITIONS on Zoning Permit; Additional engineering may be required; Material check inspection required; Piling inspection required; Dwelling is not compliant with floodplain regulations and all work must be within 50% of building value as documented in the substantial improvement forms; Receipts of all expenditures are required prior to the issuance of a C/O; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE, Address #s on home if none are present

TOWN OF NAGS HEAD

PO Box 99

Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1678

Owner Name: MARKS, CLARENCE - PATRICIA MARKS **Owner** 8104 Allentown Rd
ETUX
Owner Phone: 301 248 6418 **Address:** FT WASHINGTON MD 20744
Parcel PIN: 080113043025 **Zoning:** R2 (Medium Density Residential District)
Address: 306 W Sandpiper Ter
Subdivision: OLD NAGS HEAD COVE SEC B **Lot/Block/Sec:** LOT: 77 BLK: SEC: B

Contractor Name: Property Owner **Contractor**
Contractor Phone: **Address:** Nags Head NC

Description: Replace pickets and handrails on sundecks

Construction Value: 3000.00

Foundation Type:

Construction Type: Repair

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit: see file

Septic Permit: na

CAMA Permit: na

PW Permit# na

FEMA Flood Zone: X

BFE:

Flood Permit: na

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; Additional engineering may be required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on building if none are present. All work shall meet current code. Remove unsafe conditions. Review Appendix M and NCDOL interpretation we have provided. 4 x 4 posts minimum for guard posts and post shall not be notched. 2 - 3/8 inch through bolts minimum per post. Max guard post spacing is 8 foot center to center. Guard height is 36 inches minimum to top

Total Fees Paid/Due: 105.00

Invoice #: 2018-00950

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

- All work shall conform to the plans and specifications provided with the application.

- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/06/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1905

Owner Name: MATHEWS, PAULETTE E TTEE OF THE **Owner** PAULETTE E Mathews Trust Dtd 4207 W. Silver Sands
Owner Phone: 252-441-4424 **Address:** NAGS HEAD NC 27959

Parcel PIN: 989108879763 **Zoning:** R2 (Medium Density Residential District)
Address: 4207 W Silver Sands Ct W
Subdivision: SOUTHRIDGE SEC 1 **Lot/Block/Sec:** LOT: 52 BLK: SEC: 1

Contractor Name: OBX Bee's Maintenance & Repair **Contractor PO** Box 2183
Contractor Phone: 252 489 9878 **Address:** Kill Devil Hills NC 27949

Description: Resurface rear deck, rails and decking boards, deck size 33'x9.25'

Construction Value: 7000.00

Construction Type: Repair

Foundation Type:

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit: see file

FEMA Flood Zone: x

Septic Permit:

BFE:

CAMA Permit: na

Flood Permit:

PW Permit# na

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; Additional engineering may be required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. 4x4 posts shall not be notched. Review deck permit condition handout. Remove unsafe conditions. Call for fina inspection.

Total Fees Paid/Due: 135.00

Invoice #: 2018-00952

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

- All work shall conform to the plans and specifications provided with the application.

- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/06/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99

Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1932

Owner Name: FLANIGAN, FREDE - FLANIGAN,
CAROLYN E ETUX
Owner Phone: 255 207 7156

Owner 10213 S Bodie Isle Ct
Address: Nags Head NC 27959

Parcel PIN: 071815638565
Address: 10213 S Bodie Isle Ct S
Subdivision: GOOSE WING

Zoning: R2 (Medium Density Residential District)

Lot/Block/Sec: LOT: 41 BLK: SEC:

Contractor Name: J. L. FIRESTONE CONSTRUCTION
Contractor Phone: 252-202-2160

Contractor P O Box 344
Address: JARVISBURG NC 27947

Description: Remove & dispose of 3 existing sets of deck stairs, build 3 new sets adding 2 extra steps to each new set to reduce pitch & rise

Construction Value: 4500.00

Construction Type: Repair

Foundation Type:

Heated Space: 0 **Unheated Space:** 0

of Bedrooms: 0 **# of Baths:** 0

Zoning Permit: see file
Septic Permit: na
CAMA Permit: 18-41
PW Permit#

FEMA Flood Zone: V
BFE: 11
Flood Permit: 2018.1932

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; Additional engineering may be required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. Review stair handout we have provided. 4 x 4 rail/guard post shall not be notched. Call for final inspection.

Total Fees Paid/Due: 105.00

Invoice #: 2018-00956

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/07/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1915

Owner Name: Sandy Court Beach, LLC	Owner 10 Hunt Club Ct
Owner Phone: 301 502 4279	Address: Edgewater MD 21037
Parcel PIN: 071811567187	Zoning: Imported Default District
Address: 9913 S Sandy Ct S	Lot/Block/Sec: LOT: 8 BLK: SEC:
Subdivision: HIGHDUNESSOUTH(LIMULUS)	
Contractor Name: Soundside Construction Corp.	Contractor PO Box 956
Contractor Phone: 252 305 2526	Address: Manteo NC 27954
Description: Adding a bathroom & enlarging existing bathroom by enclosing area (124 hsf) under existing two story overhang	
Construction Value: 20000.00	Construction Type: Addition
Foundation Type:	Heated Space: 0 Unheated Space: 0
	# of Bedrooms: 0 # of Baths: 0
Zoning Permit: 2018.0252	FEMA Flood Zone: V
Septic Permit: 28061	BFE: 11
CAMA Permit: CRC-VR-18-01	Flood Permit: 2018.1916
PW Permit# na	

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All subcontractors shall obtain all permits required by State building codes prior to starting work; All new work to meet current code; See CONDITIONS on Zoning Permit; Additional engineering may be required; Dwelling is not compliant with floodplain regulations and all work must be within 50% of building value as documented in the substantial improvement forms;

Address #s on home if none are present. Nothing can be done to make this home more non conforming. A new elevation cert may be required. Call for all required inspections. Plumbing clearances in new bathroom shall be met Call for final inspection. Close out existing permit..

Total Fees Paid/Due: 175.00 **Invoice #:** 2018-00965

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector 09/10/2018

Responsible Party Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1912

Owner Name: Winn, Raymond J EUX - Winn, Ann Marie EUX	Owner 18123 Summer Knoll Dr
Owner Phone: 210 378 1528	Address: San Antonia TX 78256
Parcel PIN: 080006390396	Zoning: SPD-C SF-1 (Village Detached Residential Single Family)
Address: 6000 W Baymeadow Dr W	Lot/Block/Sec: LOT: 1 BLK: SEC:
Subdivision: WATER'S EDGE VILLAGE AT N H	
Contractor Name: Andrus Construction Co., LLC	Contractor 4140 Thick Ridge Dr
Contractor Phone: 252 261 7903	Address: Kitty Hawk NC 27949
Description: Add 10x16 deck over an existing deck, add one door & two full glass fixed panels on each side, the door and fixed panels will fit into existing window openings	
Construction Value: 19000.00	Construction Type: Remodel
Foundation Type:	Heated Space: 0 Unheated Space: 0
	# of Bedrooms: 0 # of Baths: 0
Zoning Permit: 2018.0248	FEMA Flood Zone: AE
Septic Permit: na	BFE: 9
CAMA Permit: na	Flood Permit: 2018.1913
PW Permit# na	

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; Electrician must pull no cost permit; All new work to meet current code; Additional engineering may be required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home is not present. WR GFCI Receptacle required on new deck. Lite at door as well. Review comments on plans Call for final inspection

Total Fees Paid/Due: 175.00 **Invoice #:** 2018-00961

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector 09/10/2018

Responsible Party Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1967

Owner Name: DUNLOW, S ALLEN - DUNLOW, SUSAN GETUX	Owner 1341 Atwood Rd
Owner Phone:	Address: SILVER SPRING MD 20906
Parcel PIN: 080118307115	Zoning: Imported Default District
Address: 5806 S Seachase Dr S	Lot/Block/Sec: LOT: 2 BLK: SEC:
Subdivision: SEASIDE NORTH	
Contractor Name: Gallop Roofing & Remodeling, Inc.	Contractor PO Box 157
Contractor Phone: 252 473 2888	Address: WANCHESE NC 27981

Description: Remove & replace cedar roof

Construction Value: 18250.00

Foundation Type:

Construction Type: Repair

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit: see file

Septic Permit:

CAMA Permit: na

PW Permit#

FEMA Flood Zone: AE

BFE: 9

Flood Permit: 2018.1968

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; Material check inspection required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address#s on home if none are present. Call for material check. Call for final inspection

Total Fees Paid/Due: 165.00

Invoice #: 2018-00966

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

- All work shall conform to the plans and specifications provided with the application.

- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/11/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

BR2017-0555

Owner Name: OBHOA, LLC	Owner 124 Shore Dr
Owner Phone: 252 491 8765	Address: Jarvisburg NC 27947
Parcel PIN: 080015732303	Zoning: C2 (General Commercial District)
Address: 7216 S Va Dare Trl	Lot/Block/Sec: LOT: 9 BLK: 10 SEC:
Subdivision: WHALEBONE BEACHES SEC A	
Contractor Name: Woodson, Gary Michael	Contractor 124 Shore Dr
Contractor Phone: 252 491 8765	Address: Jarvisburg NC 27947
Description: Construct new single family dwelling on piling foundation, 5 bedrooms, 4.1 baths, with elevator and in-ground swimming pool; includes removal of existing shed on property	
Construction Value: 240000.00	Construction Type: New Construction
Foundation Type:	Heated Space: 2952 Unheated Space: 1660
	# of Bedrooms: 5 # of Baths: 4.1
Zoning Permit: 2017.0014	FEMA Flood Zone: AE
Septic Permit: 26614	Lot Elevation:
CAMA Permit: na	BFE: 10
PW Permit# 2017.0557	

Total Fees Paid/Due: 3210.58 / **Invoice #:** 2017-01250

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
 - All work shall conform to the plans and specifications provided with the application.
 - Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.
- In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/17/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All subcontractors shall obtain all permits required by State building codes prior to starting work; Heat gain/loss calcs required prior to inspection; All new work to meet current code; Additional engineering may be required; Piling inspection required; See conditions of Public Works, Zoning and Building Permits; Work must meet previously submitted and approved plans; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE; Review TONH inspection procedure handout.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1950

Owner Name: Dunstan, Garland Herrington Jr	Owner PO Box 402
Owner Phone: 252 202 1100	Address: Kitty Hawk NC 27949
Parcel PIN: 989111679460	Zoning: R2 (Medium Density Residential District)
Address: 4028 W Soundside Rd W	Lot/Block/Sec: LOT: BLK: SEC:
Subdivision: SUBDIVISION-NONE	
Contractor Name: Property Owner	Contractor
Contractor Phone:	Address: Nags Head NC

Description: Remove two entry doors with walls

Construction Value: 1000.00

Foundation Type:

Construction Type: Remodel

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit: see file

Septic Permit:

CAMA Permit:

PW Permit#

FEMA Flood Zone: AE

BFE: 9

Flood Permit: 2018.1951

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; Additional engineering may be required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. Call for framing and sheathing inspection. Smokes and Co2 detectors to code throughout home. Call for final inspection.

Total Fees Paid/Due: 75.00

Invoice #: 2018-00971

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

- All work shall conform to the plans and specifications provided with the application.

- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/17/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1927

Owner Name: Chappell, Charles M EUX - Chappell, Kelly SEUX	Owner 12275 Lilly Ln
Owner Phone: 804 399 0977	Address: Prince George VA 23875
Parcel PIN: 989206483380	Zoning: Imported Default District
Address: 2908 S Memorial Ave S	
Subdivision: NAGS HEAD SHORES AMENDED SEC 1	Lot/Block/Sec: LOT: 8 BLK: 11 SEC: 1
Contractor Name: Emanuelson & Dad, Inc	Contractor 6705 S Croatan Hwy
Contractor Phone: 252 261 2212	Address: Nags Head NC 27959

Description: Replace 12 pilings, replace 8x26 deck, landing & stairs in same footprint

Construction Value: 21000.00

Foundation Type:

Construction Type: Repair

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit: 2018.0251

Septic Permit: 28057

CAMA Permit: na

PW Permit# na

FEMA Flood Zone: AE

BFE: 10

Flood Permit: 2018.1927

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All subcontractors shall obtain all permits required by State building codes prior to starting work; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. Provide deck plans prior to starting deck work, New pilings shall be within the footprint of house. Minimum 8 foot tip penetration below natural grade. Smoke and Co2 detectors to code if needed. Call for final inspection

Total Fees Paid/Due: 195.00

Invoice #: 2018-00968

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/17/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1930

Owner Name: BEVIS, JOHN D JR - BEVIS, BARBARA C
Owner Phone: 609 731 4909
Owner: 23 Rocktown Hill Rd P O Box 238
Address: RINGOES NJ 08551

Parcel PIN: 071909066005
Address: 8637 W Inlet Ct W
Subdivision: CEDAR HOMES COLONY
Zoning: Imported Default District
Lot/Block/Sec: LOT: 12 BLK: SEC:

Contractor Name: Emanuelson & Dad, Inc
Contractor Phone: 252 261 2212
Contractor: 6705 S Croatan Hwy
Address: Nags Head NC 27959

Description: Replace 9 rotten pilings

Construction Value: 8100.00

Foundation Type:

Construction Type: Repair

Heated Space: 0 **Unheated Space:** 0

of Bedrooms: 0 **# of Baths:** 0

Zoning Permit: 2018.1930

Septic Permit: 2805

CAMA Permit: na

PW Permit#: na

FEMA Flood Zone: AE

BFE: 11

Flood Permit: 2018.1931

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; See CONDITIONS on Zoning Permit; Additional engineering may be required; Piling inspection required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. New pilings shall be within the footprint of house. Minimum 8 foot tip penetration below natural grade. Smoke and Co2 detectors to code if needed. Call for final inspection

Total Fees Paid/Due: 135.00

Invoice #: 2018-00967

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/17/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

CA2018-1941

Owner Name: NAGS HEAD, TOWN OF	Owner PO BOX 99
Owner Phone: 252-441-5508	Address: NAGS HEAD NC 27959
Parcel PIN: 000000000001	Zoning:
Address: 0 S Va Dare Trl	
Subdivision:	Lot/Block/Sec:
Contractor Name: Emanuelson & Dad, Inc	Contractor 6705 S Croatan Hwy
Contractor Phone: 252 261 2212	Address: Nags Head NC 27959

Description: Rebuilt 27 LF of bulkhead inf front of Northern section of 4115 S Va Dare Trail

Construction Value: 4000.00	Construction Type: Repair
Foundation Type:	Heated Space: 0 Unheated Space: 0
	# of Bedrooms: 0 # of Baths: 0
Zoning Permit: see file	FEMA Flood Zone: V
Septic Permit: na	BFE: 11
CAMA Permit: na	Flood Permit: 2018.1942
PW Permit#	

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; Additional engineering may be required; Material check inspection required; Piling inspection required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Call for final inspection

Total Fees Paid/Due:

Invoice #:

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector 09/17/2018

Responsible Party Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1945

Owner Name: White, Richard F - White, Janet T	Owner 446 White Oak Rd
Owner Phone: 252 209 1617	Address: Windsor NC 27983
Parcel PIN: 080109054290	Zoning: R2 (Medium Density Residential District)
Address: 4700 S Pompano Ct S	Lot/Block/Sec: LOT: 44 BLK: SEC: C
Subdivision: OLD NAGS HEAD COVE SEC C	
Contractor Name: Coastal Engineering & Surveying, Inc.	Contractor 4425 N Croatan Hwy
Contractor Phone: 252 261 4151	Address: Kitty Hawk NC 27916

Description: Fix pilings that were hit by car, 1 8x8x16 & 2 6x6x12

Construction Value: 9500.00

Foundation Type:

Construction Type: Repair

Heated Space: 1690

Unheated Space: 543

of Bedrooms: 4

of Baths: 3.0

Zoning Permit: see file

Septic Permit: na

CAMA Permit:

PW Permit# na

FEMA Flood Zone: x

BFE:

Flood Permit:

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; See CONDITIONS on Zoning Permit; Additional engineering may be required; Piling inspection required;

Address #s on home if none are present. Call for piling inspection. Pile connection to code. Call for final inspection

Total Fees Paid/Due: 135.00

Invoice #: 2018-00970

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

- All work shall conform to the plans and specifications provided with the application.

- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/17/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1946

Owner Name: Thomas, Jonathon S EUX - Thomas, Meredith WEUX	Owner 114 Antler Ridge
Owner Phone: 914 588 0335	Address: Ossining NY 10562
Parcel PIN: 071909157041C3	Zoning: R2 (Medium Density Residential District)
Address: 8809B S Old Oregon Inlet Rd	Lot/Block/Sec: LOT: 4&5 UT 3 BLK: 2 SEC: 5
Subdivision: MARINERSLANDINGCONDOS	
Contractor Name: RCI Custom Construction, Inc.	Contractor 35 Skyline Rd
Contractor Phone: 252 480 2516	Address: Kitty Hawk NC 27949
Description: Repair railings, replace 4x4 pilings with 8x8x16, add stringer riser treads to existing sep, sister deck joist, install new flooring on deck	
Construction Value: 5000.00	Construction Type: Repair
Foundation Type:	Heated Space: 0 Unheated Space: 0
	# of Bedrooms: 0 # of Baths: 0
Zoning Permit: see file	FEMA Flood Zone: v
Septic Permit:	BFE: 11
CAMA Permit:	Flood Permit: 2018.1947
PW Permit# na	

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; See CONDITIONS on Zoning Permit; Additional engineering may be required; Piling inspection required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. Call for all required inspections. Pile depth shall be verified. Call for site visit prior to starting or correcting any work

Total Fees Paid/Due: 105.00 **Invoice #:** 2018-00969

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector	09/17/2018	Responsible Party	Date
--------------------	------------	-------------------	------

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99

Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1971

Owner Name: Sandra S Winslow	Owner 120 Hunters Trl W
Owner Phone:	Address: Elizabeth City NC 27909
Parcel PIN: 989112852523	Zoning: Imported Default District
Address: 4407 S Hesperides Dr S	
Subdivision: ROANOKE SOUND SHORES SEC 3	Lot/Block/Sec: LOT: 28 BLK: C SEC: 3
Contractor Name: Property Owner	Contractor
Contractor Phone:	Address: Nags Head NC

Description: Replace old deck steps and deck boards with new

Construction Value: 7500.00

Foundation Type:

Construction Type: Repair

Heated Space:

Unheated Space:

of Bedrooms:

of Baths:

Zoning Permit: see file

Septic Permit: na

CAMA Permit:

PW Permit# na

FEMA Flood Zone: AE

BFE: 9

Flood Permit: 2018.1972

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. Call for site visit to determine building permit conditions. Call for final inspection

Total Fees Paid/Due: 135.00

Invoice #: 2018-00981

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector 09/19/2018

Responsible Party Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1620

Owner Name: MAGALIS, KERRY L - MAGALIS,
REBEKAH BETUX

Owner Phone:

Owner 1680 Mccoys Ford Rd

Address: FRONTROYAL VA 22630

Parcel PIN: 071815647386

Address: 119 E Pioneer St E

Subdivision: OCEAN COLONY SOUTH

Zoning: R2 (Medium Density Residential District)

Lot/Block/Sec: LOT: 31 & PT 30 BLK: SEC:

Contractor Name: Property Owner

Contractor Phone:

Contractor

Address: Nags Head NC

Description: Repair front and back stairs to house

Construction Value: 2000.00

Foundation Type:

Construction Type: Repair

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit:

Septic Permit: na

CAMA Permit:

PW Permit#: na

FEMA Flood Zone: ve

BFE: 12

Flood Permit: 2018.1621

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. Review stair handout we have provided

Total Fees Paid/Due: 75.00

Invoice #: 2018-00984

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

- All work shall conform to the plans and specifications provided with the application.

- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/20/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 441-4290



**Demolition Permit
DR2018-1978**

Owner Name: Jackson, Bruce - Jackson, Penny	Owner Address: 2605 Jockeys Neck Trl Williamsburg VA 23185
Owner Phone: 757 434 2024	
Parcel PIN: 080105081398	Zoning: R1 (Low Density Residential District)
Address: 4207 S Va Dare Trl S	
Subdivision: SUBDIVISION-NONE	Lot/Block/Sec: LOT: BLK: SEC:
Applicant Name: Albemarle Contracting Services (ACS)	Applicant Address: PO Box 1771 Nags Head NC 27959
Applicant Phone: 252 599 2999	
Contractor Name: Albemarle Contracting Services (ACS)	Contractor Address: PO Box 1771 Nags Head NC 27959
Contractor Phone: 252 599 2999	
Total Fees Paid: 1150.00	Invoice #: 2018-00996

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; Water credits and facility fees are available on this lot for a period of 5 years from the issuance of the CO; Review Demo Inspection Procedures to avoid fines; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE; See zoning permit conditions
ZN2018.0260

Project Description: Demo house

Land Use: Single Family Dwelling	# of Units: 1
CAMA Permit/Exemption#: n/a	# of Bedrooms: 5
	FEMA Flood: v

Comments:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

ANY DAMAGE TO THE MULTI-USE PATH OR ADJOINING RIGHT-OF-WAY SHALL BE IMMEDIATELY REPAIRED BY THE OWNER AND/OR APPLICANT.

Building Inspector

Date

Responsible Party

Date

Conditions for demolition are attached.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1989

Owner Name: ASHBY, RICHARD L - ASHBY, MARY F ETUX
Owner Phone: _____
Owner: 102 Main St
Address: STAFFORD VA 22554

Parcel PIN: 989317220419
Address: 2209 S Wrightsville Ave S
Subdivision: NAGS HEAD SHORES AMENDED SEC 4
Zoning: Imported Default District
Lot/Block/Sec: LOT: 12 BLK: 8 SEC: 4

Contractor Name: Tabb, William D
Contractor Phone: 252 207 2630
Contractor: PO Box 1077
Address: Nags Head NC 27959

Description: Replace old decking boards, old railing & steps (as is where is)

Construction Value: 7000.00

Foundation Type: _____

Construction Type: Repair

Heated Space: 0 Unheated Space: 0

of Bedrooms: 0 # of Baths: 0

Zoning Permit: see file
Septic Permit: na
CAMA Permit: na
PW Permit#: na

FEMA Flood Zone: AE
BFE: 10
Flood Permit: 2018.1990

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; Additional engineering may be required;

Stop Work Order. Address #s on home if none are present. Conditions of permit will be made at framing inspection

Total Fees Paid/Due: 135.00 Invoice #: 2018-00990

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector 09/24/2018

Responsible Party _____ Date _____

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1991

Owner Name: John E. Gibbs	Owner 1129 Burlington Rd
Owner Phone:	Address: Virginia Beach VA 23464
Parcel PIN: 071819713470	Zoning: R2 (Medium Density Residential District)
Address: 10400 S Colony South Dr S	Lot/Block/Sec: LOT: 11 BLK: SEC:
Subdivision: BODIE ISLAND	
Contractor Name: Griggs & Co. Homes, Inc	Contractor P O Box 125
Contractor Phone: 252 491 8450	Address: Point Harbor NC 27964

Description: Removing & replacing decking & handrails

Construction Value: 20888.00	Construction Type: Repair
Foundation Type:	Heated Space: 0 Unheated Space: 0
	# of Bedrooms: 0 # of Baths: 0

Zoning Permit: see file	FEMA Flood Zone: AE
Septic Permit: na	BFE: 11
CAMA Permit: na	Flood Permit: 2018.1991
PW Permit# na	

Conditions:
CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; Additional engineering may be required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. Remove all unsafe conditions. Call for fina inspection

Total Fees Paid/Due: 195.00 **Invoice #:** 2018-00992

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector	09/24/2018	Responsible Party	Date
--------------------	------------	-------------------	------

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1909

Owner Name: Taylor, John C SR EUX - Taylor, Penny M EUX	Owner 407 Wildway Rd
Owner Phone: 434 352 8350	Address: Appomattox VA 24522
Parcel PIN: 989318300543	Zoning: Imported Default District
Address: 2501 S Wrightsville Ave S	
Subdivision: NAGS HEAD SHORES AMENDED SEC 2	Lot/Block/Sec: LOT: PT 13-15 BLK: 9 SEC: 2
Contractor Name: Gibbs Daughters NC, LLC	Contractor PO Box 2387
Contractor Phone: 252 202 5991	Address: Manteo NC 27954

Description: Two story additon on rear of property 454 heated sq ft

Construction Value: 59960.00

Construction Type: Addition

Foundation Type:

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit:

FEMA Flood Zone:

Septic Permit:

BFE:

CAMA Permit:

Flood Permit:

PW Permit#

Conditions:

Total Fees Paid/Due: 295.00

Invoice #: 2018-00997

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector

09/25/2018

Responsible Party

Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-1997

Owner Name: ABJ Properties, LLC	Owner 2289 Mill Rd
Owner Phone:	Address: Powhatan VA 23139
Parcel PIN: 989211557046	Zoning: R3 (High Density Residential District)
Address: 3421 S Linda Ln S	Lot/Block/Sec: LOT: 19 BLK: SEC:
Subdivision: OLD NAGS HEAD PLACE	
Contractor Name: Macko Construction, SMS	Contractor PO Box 3689
Contractor Phone: 252 480 6411	Address: KILL DEVIL HILLS NC 27948

Description: Install new Hardie plank siding & new Trex decking & rails

Construction Value: 85000.00

Foundation Type:

Construction Type: Repair

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit: see file

Septic Permit: na

CAMA Permit: na

PW Permit# na

FEMA Flood Zone: AE

BFE: 10

Flood Permit: 2018.1998

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; Additional engineering may be required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. Install siding and trex products per testing evaluation reports. Call for final inspection

Total Fees Paid/Due: 375.00

Invoice #: 2018-00998

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector 09/25/2018

Responsible Party Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.

TOWN OF NAGS HEAD

PO Box 99
Nags Head, NC 27959
Phone (252) 441-7016 Fax (252) 4414290



Building Permit

RE2018-2035

Owner Name: Kimberly A. Kalman & Barbara L. Roche	Owner P. O. Box 1993
Owner Phone:	Address: Kill Devil Hills NC 27948
Parcel PIN: 080109055474	Zoning: Imported Default District
Address: 4613 S Pompano Ct S	Lot/Block/Sec: LOT: 15 BLK: SEC: C
Subdivision: OLD NAGS HEAD COVE SEC C	
Contractor Name: Emanuelson & Dad, Inc	Contractor 6705 S Croatan Hwy
Contractor Phone: 252 261 2212	Address: Nags Head NC 27959

Description: Install 9 sister pilings

Construction Value: 4500.00

Foundation Type:

Construction Type: Repair

Heated Space: 0

Unheated Space: 0

of Bedrooms: 0

of Baths: 0

Zoning Permit: see file
Septic Permit: 28100
CAMA Permit: na
PW Permit# na

FEMA Flood Zone: AE
BFE: 9
Flood Permit: 2018.2036

Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; Additional engineering may be required; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE;

Address #s on home if none are present. Pilings shall stay within footprint of building unless permitted by the zoning official. Call for piling and final inspection

Total Fees Paid/Due: 105.00

Invoice #: 2018-01003

- All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.
- All work shall conform to the plans and specifications provided with the application.
- Any damage to the multi-use path or adjoining right-of-way shall be immediately repaired by the owner and/or applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

Building Inspector 09/27/2018

Responsible Party Date

This permit only authorizes work expressly identified in the building permit application, unless otherwise specified herein. The work done shall comply with the State Building Code and all other applicable Federal, State and local laws. The approval and issuance of this permit conveys no rights or guarantees for any future proposed modifications of this permit or the issuance of new permits for any future proposed use and development of the property.



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
 www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10250

Location: 102 Turtle Pond Court
 Parcel: 022383500 PIN: 986711563580
 District: 20- SOUTHERN SHORES
 Subdivision: CHICHAUK
 LotBlkSect: LOT: 500 BLK: SEC:

CHAPPELLE, PATRINA M FALACCO ETS
 CHAPPELLE, KENT J ETS
 4271 WORTHINGTON LN
 KITTY HAWK NC 27949

PHONE #:

CELL #: 252-216-8746

BUSINESS NAME: Jaden Matthew Jennings
 CONTRACTOR'S NAME: Jaden Jennings
 ADDRESS: 4025 Pineway Dr
 CITY, STATE, ZIP: Kitty Hawk, NC 27949
 OFFICE#:
 CELL#: 252-267-6503
 FAX#:
 EMAIL: jennings_construction@yahoo.com

NC G.C. LICENSED CONTRACTOR: X YES NO
 NC G.C. LICENSE NUMBER: 78344
 LIMITATION: Limited
 CLASSIFICATION: Residential
 QUALIFIER: Jaden Matthew Jennings

LIEN AGENT: Fidelity National Title Company, LLC Entry# 907650
 19 W. Hargett Street, Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a new single family dwelling with 3 bedrooms and an attached garage

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: New SFD	TYPE OF FOUNDATION: Piling	PERMIT TYPE: Residential
TOTAL HEATED/LIVING AREAS (SF): 2,084	HEAT: Heat Pump	RESIDENCE/2 nd HOME/RENTAL: Residence
TOTAL NON-HEATED AREAS (SF): 1,303	A/C: Heat Pump	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES: 1	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS-1
BEDROOMS: 3	EXTERIOR WALLS: LP smartside	ZONING PERMIT #: 2018-86
SEPTIC CAPACITY # OF PERSONS: 6	FIREPLACE: n/a	DATE ISSUED: 8/30/2018
BATHS: 2 ½ BATHS: 1	ROOF: Asphalt	CAMA PERMIT #: n/a
ATTACHED GARAGE: 694SF	INSULATION: Batt	DATE ISSUED:
STORAGE ENCLOSURE: POOL:	ELEVATOR (SF):	SEPTIC PERMIT #: 28017
FLOOD ZONE: Shaded X	DECKS (SF):	DATE ISSUED: 8/16/2018
BASE FLOOD ELEVATION: PLUS 2FT=	PORCHES (SF): 609	
	WINDOWS MAKE: Pella	
	TYPE: double-hung 250	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$291,104		
HEATED/LIVING AREA (sf) (new square footage)	2,084	X .60/sf (single family) =	\$1,250.40
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)	1,303	X .30/sf (single family) =	\$390.90
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$pd
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$1,701.30

Applicant - Owner/Contractor Jaden Jennings (Please print and sign name) Date Issued 9/4/18
 Building/Code/Zoning Official Ruby J. Hox Date Approved 8-30-18
DJ DK



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10252

Location: 27 Fairway Drive
 Parcel: 022356008 PIN: 986706471542
 District: 20- SOUTHERN SHORES
 Subdivision: SO/SH BLK 119
 LotBlkSect: LOT: 8 BLK: 119 SEC:

SLAGLE, CARL W TIC
 SLAGLE, JILL M TIC
 27 FAIRWAY DR
 KITTY HAWK NC 27949

PHONE #: _____ CELL #: _____

BUSINESS NAME: Mancuso Development, Inc
 CONTRACTOR'S NAME: Bernard Mancuso
 ADDRESS: 610 Currituck Club House Dr
 CITY, STATE, ZIP: Corolla, NC 27927
 OFFICE#: 252-453-8921
 CELL#: 252-305-4663
 FAX#: 252-453-4469
 EMAIL: jay@mancusodevelopment.com

NC G.C. LICENSED CONTRACTOR: YES NO
 NC G.C. LICENSE NUMBER: 26166
 LIMITATION: Unlimited
 CLASSIFICATION: Building
 QUALIFIER: Bernard Mancuso

LIEN AGENT: Chicago Title Company, LLC Entry# 905054
 19 W. Hargett Street, Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Removal of existing driveway – Construction of a detached accessory garage with enclosed living space

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory - Garage	TYPE OF FOUNDATION: Slab	PERMIT TYPE: Residential
TOTAL HEATED/LIVING AREAS (SF): 658	HEAT: Electric	RESIDENCE/2 ND HOME/RENTAL: Residence
TOTAL NON-HEATED AREAS (SF): 750	A/C: Electric	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES: 2	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS-1
BEDROOMS:	EXTERIOR WALLS: Fiber Cement	ZONING PERMIT #: 2018-89
SEPTIC CAPACITY # OF PERSONS:	FIREPLACE:	DATE ISSUED: 8/31/2018
BATHS: ½ BATHS: 1 – rough-in	ROOF: Asphalt	CAMA PERMIT #: n/a
GARAGE: 25x30 STORAGE BLDG:	INSULATION: Batt	DATE ISSUED:
STORAGE ENCLOSURE: POOL:	ELEVATOR (SF):	SEPTIC PERMIT #: 28049
FLOOD ZONE: AE	DECKS (SF):	DATE ISSUED: 8/29/2018
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	PORCHES (SF):	
	WINDOWS MAKE: Pella	
	TYPE: Casement	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$125,000		
HEATED/LIVING AREA (sf)	658	X .60/sf (single family) =	\$394.80
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)	750	X .30/sf (single family) =	\$225.00
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$	X \$10 per \$1,000 of cost =	\$
(no additional square footage)			
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		TOTAL FEE	\$679.80

James Mehford (Signature) James Mehford (Print Name) 9/4/18 (Date Issued)
 Applicant / Owner / Contractor (Please print and sign name)
 Buddy Sheotter (Signature) 8-31-18 (Date Approved)
 Building / Code / Zoning Official (Signature)

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 08/30/2018
PROJECT ADDRESS 162 WAX MYRTLE TRAIL
Owner BLAKE WIDDOWSON
Mailing Address 6812 EDGEWARE LANE
City, State, Zip CROZIER, VA 23059
Phone 804-387-1228

Permit Number 10253
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL In MECH
Description of Work: CONNECTION OF MECH EQUIP BELOW

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 5793
Description of Work: C/O 16 STRAIGHT AC UNIT WITH MATCHING COIL WITH T6 THERMOSTAT FOR WHOLE HOUSE

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 08/30/2018
Signature of Licensee Date
Frederick Marklin (ELEC)

Bunley Shelton 9-4-18
Signature of Permit Official Date
Jay DVS



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
 www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10211

Location: 105 Bear Track Lane
 Parcel: 022383456 PIN: 986711566530
 District: 20- SOUTHERN SHORES
 Subdivision: CHICHAUK
 LotBlkSect: LOT: 456 BLK: SEC:

BRYSON, MARGARET A LE
 105 BEAR TRACK LN
 SOUTHERN SHORES NC 27949
 PHONE #:
 CELL #: 252-202-2851

BUSINESS NAME: JES Construction, LLC
 CONTRACTOR'S NAME: Jessica Mitchell
 ADDRESS: 1741 Corporate Landing Pkwy
 CITY, STATE, ZIP: Virginia Beach, VA 23454
 OFFICER: 757-558-9909
 CELL: 757-337-4221
 FAX#: 757-486-2602
 EMAIL: jmitche@jeswork.com

NC G.C. LICENSED CONTRACTOR: YES NO
 NC G.C. LICENSE NUMBER: 69678
 LIMITATION: Limited
 CLASSIFICATION: Residential
 QUALIFIER: William Scott Davis
 LIEN AGENT: n/a

DESCRIPTION OF WORK -- (Any deviation from the Building Plan or Site Plan requires prior approval): stabilizing a portion of the existing foundation using push pliers and post jacks -- no change in existing footprint **-AMENDED 8-31-18 - install**

SPECIAL CONDITIONS - **additional pliers as per engineers specs**

TYPE OF CONSTRUCTION:	TYPE OF FOUNDATION:	PERMIT TYPE:
TOTAL HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE/2 ND HOME/RENTAL:
TOTAL NON-HEATED AREAS (SF):	A/C:	PROPERTY USE:
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT:
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
SEPTIC CAPACITY # OF PERSONS:	FIREPLACE:	DATE ISSUED:
BATHS: ½ BATHS:	ROOF:	CAMA PERMIT #:
GARAGE: STORAGE BLDG:	INSULATION:	DATE ISSUED:
STORAGE ENCLOSURE: POOL:	ELEVATOR (SF):	SEPTIC PERMIT #:
FLOOD ZONE: shaded X	DECKS (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: PLUS 2FT=	PORCHES (SF):	
	WINDOWS MAKE:	
	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$22,000	*Additional cost = \$4,300	
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
NON-HEATED AREA (sf) (new square footage)		X .75/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$22,000	X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
		X \$10 per \$1,000 of cost =	\$220.00
		Pool =	\$125
		Zoning Permit Fee =	\$50
		Plan Review Fee =	\$150 or \$100
		Minimum Permit Fee =	\$100
		Homeowner's Recovery Fund	\$10
		TOTAL FEE	\$230.00

***Additional fee \$4,300 X \$10 per \$1,000 cost = \$43.00**

Applicant - Owner/Contractor: **Bundy, Steve** (Please print and sign name)
 Building/Code/Zoning Official: **Ju DLS**
 Date Issued: **7/20/18**
 Date Approved: **7-16-18**



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10249

Location: 159 S Dogwood Trail
Parcel: 021694000 PIN: 986705199739
District: 20- SOUTHERN SHORES
Subdivision: SO/SH SOUND BLKS 112 122 123
LotBlkSect: LOT: 2 BLK: 123 SEC:

FACCI, ANDREA F
 159 DOGWOOD TRL
 KITTY HAWK NC 27949

PHONE #: 252-256-1673 CELL #:

BUSINESS NAME: Emanuelson and Dad, Inc
CONTRACTOR'S NAME: Nicole Marie Midgett
ADDRESS: PO Box 448
CITY, STATE, ZIP: Nags Head, NC 27959
OFFICE#: 252-261-2212
CELL#: 252-619-8096
FAX#: 252-261-1115
EMAIL: emanuelson@embarqmail.com

NC G.C. LICENSED CONTRACTOR: X YES NO
NC G.C. LICENSE NUMBER: 79801
LIMITATION: Limited
CLASSIFICATION: Residential
QUALIFIER: Nicole Marie Midgett

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Replace existing bulkhead – as authorized per CAMA General Permit #A71105 – to construct a 110lf bulkhead

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Bulkhead	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
TOTAL HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL NON-HEATED AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS-1
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: n/a
SEPTIC CAPACITY # OF PERSONS:	FIREPLACE:	DATE ISSUED:
BATHS: ½ BATHS:	ROOF:	CAMA PERMIT #: General A71105
GARAGE: STORAGE BLDG:	INSULATION:	DATE ISSUED: 8/23/2018
STORAGE ENCLOSURE: POOL:	ELEVATOR (SF):	SEPTIC PERMIT #: n/a
FLOOD ZONE: AE	DECKS (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	PORCHES (SF):	
	WINDOWS MAKE:	
	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; that he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$13,055		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	\$
		TOTAL FEE	\$100.00

Nicole Marie Midgett — *Nicole Marie Midgett* | 9/6/18
 Applicant - Owner/Contractor (Please print and sign name) Date Issued
Bridgette Sheehan
 Building/Code/Zoning Official Date Approved
 JLS DVS

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 09/06/2018
PROJECT ADDRESS 30 WILD PONY LANE
Owner MICHAEL WILLIAMS
Mailing Address 30 WILD PONY LANE
City, State, Zip SOUTHERN SHORES, NC 27949
Phone 252-489-4585

Permit Number 10256
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH
Description of Work: CONNECTION OF MECH EQUIP BELOW

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 32,000.00
Description of Work: C/O 5 TON WATERFURNANCE GEOTHERMAL ENVISION 5 PACKAGE UNIT , INTELLIZONE ZONING SYSTEM WITH DAMPERS, NEW DUCT WORK ,FLOW CENTER

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 09/06/2018
Signature of Licensee Date
Andrew John M... (ELEC)

Buddy Sheeter 9-16-18
Signature of Permit Official Date
WJ/DVS

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 09/06/2018
PROJECT ADDRESS 30 NORTH DUNE LOOP
Owner JOHN MEAGHER
Mailing Address 30 NORTH DUNE LOOP
City, State, Zip SOUTHERN SHORES, NC 27949
Phone 252-261-0276

Permit Number 10257

Fee \$ 100

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH
Description of Work: CONNECTION OF MECH EQUIP BELOW

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 5870
Description of Work: C/O 1.5 TON 16 SEER TRANE SYSTEM LOWER LEVEL WITH T6 WIFI THERMOSTAT

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 09/06/2018
Signature of Licensee Date

Frederick John Marklin (ELEC)

Buddy Johnston 9-6-18
Signature of Permit Official Date

JMHS

TOWN OF SOUTHERN SHORES
 PLANNING AND CODE
 ENFORCEMENT
 5375 N Virginia Dare Trl
 Southern Shores NC 27949
 (252) 261-2394 ext 4 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 9/7/18
 PROJECT ADDRESS 22 Ocean View Loop
 Owner Edward Wright
 Mailing Address _____
 City, State, Zip _____
 Phone 434-378-9081

Permit Number 10258
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

PLUMBING = Licensee Name Kenneth Long NC License/Classification P1 #30190
 Company Name Absolute Plumbing
 Address 110 Quarter Landing Ct Phone 252-489-1439
 City State & zip Harkersville NC 27941 Estimated Project Cost \$1700.00
 Description of Work: Installation of new water service

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
 Signature of Licensee

9/7/18
 Date

[Signature] 9-7-18
 Signature of Permit Official Date
JL D/S



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10254**

Location: 43 Eleventh Avenue
Parcel: 021000000 PIN: 986805184242
District: 20- SOUTHERN SHORES
Subdivision: SO/SH BLK 60
LotBlkSect: LOT: 21 BLK: 60 SEC:

KURDTS, DEBORAH A SOL
PO BOX 1146
MIDLOTHIAN VA 23113

PHONE #: 804-426-2244 CELL #:

BUSINESS NAME: Daniel S Osman
CONTRACTOR'S NAME: Dan Osman
ADDRESS: PO Box 7403
CITY, STATE, ZIP: Kill Devil Hills, NC 27948
OFFICE#:
CELL#: 252-202-4599
FAX#:
EMAIL: osmandanny@gmail.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 76259
LIMITATION: Limited
CLASSIFICATION: Building
QUALIFIER: Daniel Stephen Osman

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Remove existing retaining wall and replace with new – 40”H x 102lf

SPECIAL CONDITIONS - see engineering

TYPE OF CONSTRUCTION: Retaining Wall	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
TOTAL HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL NON-HEATED AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS-1
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: n/a
SEPTIC CAPACITY # OF PERSONS:	FIREPLACE:	DATE ISSUED:
BATHS: ½ BATHS:	ROOF:	CAMA PERMIT #: n/a
GARAGE: STORAGE BLDG:	INSULATION:	DATE ISSUED:
STORAGE ENCLOSURE: POOL:	ELEVATOR (SF):	SEPTIC PERMIT #: n/a
FLOOD ZONE: Shaded X	DECKS (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: PLUS 2FT=	PORCHES (SF):	
	WINDOWS MAKE:	
	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$10,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	\$
		TOTAL FEE	\$100.00

[Signature]
Applicant - Owner/Contractor (Please print and sign name) **Dan Osman** 9-10-18
Date Issued

[Signature]
Building/Code/Zoning Official **Bunbury Shelton** 9-7-18
Date Approved

[Signature]

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 09/10/2018

PROJECT ADDRESS 140 E HOLLY TRAIL

Owner JOHN RUGGIERO SR
Mailing Address 140 E. HOLLY TRAIL
City, State, Zip SOUTHERN SHORES, NC 27949
Phone 252-255-3333

Permit Number 10260
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name TIMOTHIE GRIFFITHS NC License/Classification 26180 - UL
Company Name GRIFFITHS ELECTRICAL
Address P.O. BOX 82 Phone 252-599-7891
City State & zip HARBINGER, NC 27941 Estimated Project Cost _____
Description of Work: LINE AND LOW VOLTAGE WIRING

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name STEVE SMITH NC License/Classification 30070
Company Name AIR-O-SMITH, INC.
Address 330 N. DOGWOOD TRAIL Phone 252-261-5238
City State & zip SOUTHERN SHORES, NC 27949 Estimated Project Cost 9,000.00
Description of Work: REPLACE 18 SEER, 4-TON R10A HVAC SYSTEM

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Steven M. Smith,
President
Signature of Licensee

Digitally signed by Steven M. Smith, President
DN: cn=Steven M. Smith, President, o=Air-O-Smith,
Inc., ou, email=steveairsmith@gmail.com, c=US
Date: 2018.09.10 13:17:32 -0400

Date

Buddy J. Olor 9-10-18
Signature of Permit Official Date
JLDS



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trall, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
 www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10259

Location: 150 Tall Cliff Court
Parcel: 022445293 PIN: 986716725919
District: 20- SOUTHERN SHORES
Subdivision: CHICHAUK
LotBlkSect: LOT: 293 BLK: SEC:

DELPierre, PHILLIP III EUX
DELPierre, ROBIN EUX
150 TALL CLIFF CT UNIT
KITTY HAWK NC 27949

PHONE #: 252-473-7217 CELL #:

BUSINESS NAME: Northeastern Marine
CONTRACTOR'S NAME: Bill Jones
ADDRESS: PO Box 42
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#: 252-261-3682
CELL#:
FAX#: 252-261-2275
EMAIL: julie@nemarineconst.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER:
LIMITATION: Limited
CLASSIFICATION: Marine
QUALIFIER: William Jones

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a new 4' x 16' dock and 8' x 16' landward platform

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory – Dock/Landward platform	TYPE OF FOUNDATION: HEAT: A/C:	PERMIT TYPE: Residential
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES:	FIREPLACE:	ZONING DISTRICT: RS-1
BEDROOMS:	ROOF:	ZONING PERMIT #: 2018-91
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	DATE ISSUED: 9/7/2018
BATHS: ½ BATHS:	ELEVATOR (SF):	CAMA PERMIT #: General 71110A
GARAGE: STORAGE BLDG:	DECKS (SF):	DATE ISSUED: 9/6/2018
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	SEPTIC PERMIT #: n/a
FLOOD ZONE: AE	WINDOWS MAKE:	DATE ISSUED:
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$5,900		
HEATED/LIVING AREA (sf) (new square footage)	X .60/sf (single family) =		\$
	X .75/sf (all others) =		
NON-HEATED AREA (sf) (new square footage)	X .30/sf (single family) =		\$
	X .35/sf (all others) =		
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$ X \$10 per \$1,000 of cost =		\$
	Pool = \$125		\$
	Zoning Permit Fee = \$50		\$
	Plan Review Fee = \$150 or \$100		\$
	Minimum Permit Fee = \$100		\$100.00
	Homeowner's Recovery Fund \$10		\$
	TOTAL FEE		\$100.00

Julie Emory Julie Emory 9/17/18
 Applicant - Owner/Contractor (Please print and sign name) Date Issued

Bunny Shults Jy DVS 9-7-18
 Building/Code/Zoning Official Date Approved



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Phone (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #: 10261**

Parcel: 022319000
PIN: 986710268565
Location: 102 S DOGWOOD TRL
District: [20] SOUTHERN SHORES
Subdiv: [S475] SO/SH 114-117 126,127 200-202
Lot-Block-Sect: LOT: 1 BLK: 201 SEC:

Owner: GROFF, JAMES B
Owner: GROFF, ELIZABETH
Address: 126 CLAM SHELL TRL
SOUTHERN SHORES NC 27949

PHONE #: 252-489-8212

CELL #:

BUSINESS NAME: Soundside Construction Corporation
CONTRACTOR'S NAME: Sam Moore
ADDRESS: PO Box 956
CITY, STATE, ZIP: Manteo, NC 27954
OFFICE#:
CELL#: 252-305-2526
FAX#: 252-475-1310
EMAIL: sam@mooreislandproperties.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 26579
LIMITATION: Limited
CLASSIFICATION: Residential
QUALIFIER: Sam A. Moore

LIEN AGENT: n/a

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): Remodel bathroom including new plumbing and electrical

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Remodel	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE/2 nd HOME/RENTAL: Residence
NON-HEATED AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES:	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS-1
HABITABLE ROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: n/a
BEDROOMS:	FIREPLACE:	DATE ISSUED:
OCCUPANCY:	ROOF:	
BATHS: 1/2 BATHS:	INSULATION: Batt	CAMA PERMIT #: n/a
GARAGE: SHED: STORAGE ENCLOSURE:		DATE ISSUED:
FLOOD ZONE: Shaded X	ELEVATOR (SF):	SEPTIC PERMIT #: n/a
BASE FLOOD ELEVATION: PLUS 2FT=	WINDOWS: Vwinco	DATE ISSUED:
	MAKE:	
	TYPE:	

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

ESTIMATED CONSTRUCTION COST =	\$28,000		
HEATED/LIVING AREA (sf) =		X .60/sf (single family) =	\$
		X .75/sf (all others) =	
NON-HEATED AREA (sf) =		X .30/sf (single family) =	\$
		X .35/sf (all others) =	
REMODELING COST =	\$28,000	X \$10 per \$1,000 of cost =	\$280.00
		Pool =	\$125
		Other () =	\$100
		Plan Review Fee =	\$150 or \$100
		Minimum Permit Fee =	\$100
		Homeowner's Recovery Fund =	\$10
			\$10.00
		TOTAL FEE	\$290.00

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

Buddy She Otter

9-18-18

Building/Code/Zoning Official

Date Approved

Jy. NS

Sam A Moore

9-18-18



TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl
 Southern Shores NC
 27949
 (252) 261-2394 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov

SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 9-18-18
 PROJECT ADDRESS 279 Sea Oats Trl
 Owner Alva R Smith
 Mailing Address 279 Sea Oats Trl
 City, State, Zip Kitty Hawk NC 27949
 Phone 252-5441

Permit Number 10265
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Jeff Fisher NC License/Classification 15973-004
 Company Name Fisher Building Co
 Address 105 Rhodons Dr Phone 202-9468
 City State & zip KDH NC 27948 Estimated Project Cost 400.00
 Description of Work: work air handler & heat pump

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name Brian McDonald NC License/Classification 12043 H23 Class 1
 Company Name Outer Banks Heating & Cooling
 Address Box 1415 Phone 481-1740
 City State & zip Nags Head NC 27959 Estimated Project Cost 6531.89
 Description of Work: Replace HVAC with 14 seer 2 1/2 ton Carrier
 air handler & heat pump

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature] 9-10-18
 Signature of Licensee Date

Burke Shestok 9-18-18
 Signature of Permit Official Date
JM DVS

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 9-18-18
PROJECT ADDRESS 103 Ocean Blvd
Owner Berry
Mailing Address _____
City, State, Zip _____
Phone _____

Permit Number 10262
Fee \$ 100⁰⁰

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name GEORGE P VIAL NC License/Classification 23856-L/
Company Name NORTH CAROLINA AIR COND
Address PO Box 2209 Phone 261-3013
City State & zip Kitty Hawk NC 27949 Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name JOHN W. PUGH NC License/Classification 19037/4-1-1, H2 H3
Company Name NORTH CAROLINA AIR COND.
Address PO Box 2209 Phone 261-3013
City State & zip Kitty Hawk NC 27949 Estimated Project Cost 4880⁰⁰
Description of Work: replacement of upper level system w/27 1/2" deep frame equipment

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee
9-18-18
Date

[Signature]
Signature of Permit Official
9-18-18
Date

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 9-18-18
PROJECT ADDRESS 28 Shutech Ave
Owner McKenney
Mailing Address _____
City, State, Zip _____
Phone _____

Permit Number 10263
Fee \$ 100.00

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name GEORGE P VIAL NC License/Classification 23856-L
Company Name NORTH CAROLINA AIR COND
Address PO Box 2209 Phone 261-3013
City State & zip Kitty Hawk NC 27949 Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name JOHN W. PUGH NC License/Classification 19037/H-1-1, H2 H3
Company Name NORTH CAROLINA AIR COND.
Address PO Box 2209 Phone 261-3013
City State & zip Kitty Hawk NC 27949 Estimated Project Cost 4990.00
Description of Work: Replacement hp system w/ 2T 14 seer Chem equipment.

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature] 9-18-18
Signature of Licensee Date

Buddy Shelton 9-18-18
Signature of Permit Official Date
Jay Davis

TOWN OF SOUTHERN SHORES

5375 N Virginia Dare Trl
Southern Shores NC
27949

(252) 261-2394 tel
(252) 255-0876 fax

www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 09/18/2018

PROJECT ADDRESS 32 Juniper Trail

Owner Steven Nagorny

Mailing Address 1337 Hillcroft Lane

City, State, Zip York PA 17403

Phone 717-417-0238

* Permit Number 10267
Fee \$ 100.00

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name HERSEY B. NORRIS NC License/Classification 11100 P,H1,H2,H3
Company Name NORRIS MECHANICAL LLC
Address PO BOX 217 Phone 252-491-2673
City State & zip HARBINGER NC 27941 Estimated Project Cost \$16,380
Description of Work: CHANGEOUT EXISTING HVAC SYSTEM WITH NEW 4T HVAC SYSTEM

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Hersey B. Norris _____ 09/19/2018
Signature of Licensee Date

Bobby Shelton 9-19-18
Signature of Permit Official Date
T.N.S.

* Mr. Norris will deliver the check

TOWN OF SOUTHERN SHORES
 PLANNING AND CODE
 ENFORCEMENT
 5375 N Virginia Dare Trl
 Southern Shores NC 27949
 (252) 261-2394 ext 4 tel
 (252) 255-0876 fax
 www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 9-AUG-2018
 PROJECT ADDRESS 136 GOOSE FEATHER LN
 Owner THOMAS MICHAUD
 Mailing Address 69 LYNN DR
 City, State, Zip ANDOVER, NJ 07821
 Phone 973.202.4994

Permit Number 10230
 Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name TIMOTHIE GRIFFITHS NC License/Classification 26180 - UL
 Company Name GRIFFITHS ELECTRICAL
 Address P.O. BOX 82 Phone 252-599-7891
 City State & zip HARBINGER, NC 27941 Estimated Project Cost 250.00
 Description of Work: LINE AND LOW VOLTAGE WIRING

PLUMBING = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

MECHANICAL = Licensee Name STEVE SMITH NC License/Classification 30070
 Company Name AIR-O-SMITH, INC.
 Address 330 N. DOGWOOD TRAIL Phone 252-261-5238
 City State & zip SOUTHERN SHORES, NC 27949 Estimated Project Cost 10,871.00
 Description of Work: REPLACE UPPER WITH 1.5-TON, 14 SEER, R410A SYSTEM & LOWER WITH 2.5-TON, 14 SEER, R410A

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Steven M. Smith, President
 Digitally signed by Steven M. Smith, President
 DN: cn=Steven M. Smith, President, o=Air-O-Smith, Inc., ou, email=stevensmith@gmail.com, c=US
 Date: 2018.08.09 11:08:53 -0400
 Signature of Licensee _____ Date _____

Buddy J. Stoltz 9-19-18
 Signature of Permit Official _____ Date _____
JY DVS

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 9/20/18
PROJECT ADDRESS 702 Ocean Blvd.
Owner Barillett
Mailing Address 153 Milltown Rd.
City, State, Zip Shiloh NC 27974
Phone _____

Permit Number 10270
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Amiel Bryan Matlin NC License/Classification 26395-U
Company Name Precise Electrical Services, Inc.
Address 534 Levels Rd. Phone (252) 796-1900
City State & zip Columbin NC 27925 Estimated Project Cost 1800.00
Description of Work: replace 400 amp meter base and fuse 200 amp disconnect

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

D. B. Matlin 9/20/18 Buckley Shepton 9-20-18
Signature of Licensee Date Signature of Permit Official Date
JM N/S



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
 www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10255

Location: 135 Chichahauk Trail
 Parcel: 005070000 PIN: 986711662509
 District: 20- SOUTHERN SHORES
 Subdivision: CHICAHAUK
 LotBlkSect: LOT: 101 BLK: SEC:

ROBINSON, GEORGE A IV EUX
 ROBINSON, AMY M EUX
 135 CHICAHAUK TRL
 KITTY HAWK NC 27949

PHONE #:

CELL #:

BUSINESS NAME: William Francis Froehlich T/A Bill Froehlich
 CONTRACTOR'S NAME: Bill Froehlich
 ADDRESS: PO Box 3337
 CITY, STATE, ZIP: Kill Devil Hills, NC 27948
 OFFICE#: 252-480-2124
 CELL#: 252-207-7999
 FAX#:
 EMAIL: billfish1969@gmail.com

NC G.C. LICENSED CONTRACTOR: YES NO
 NC G.C. LICENSE NUMBER: 62232
 LIMITATION: Limited
 CLASSIFICATION: Building
 QUALIFIER: William Francis Froehlich

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construct a new attached 316sf attached unfinished garage and install 290sf new driveway

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Addition	TYPE OF FOUNDATION: slab	PERMIT TYPE: Residential
	HEAT:	RESIDENCE/2 nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 316	INTERIOR WALLS: Fire-drywall	ZONING DISTRICT: RS-1
	EXTERIOR WALLS: cedar	ZONING PERMIT #: 2018-92
NUMBER OF STORIES: 1	FIREPLACE:	DATE ISSUED: 9/7/2018
BEDROOMS:	ROOF: metal	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
ATTACHED GARAGE: 316	DECKS (SF):	SEPTIC PERMIT #: 28042
STORAGE ENCLOSURE: POOL:	PORCHES (SF):	DATE ISSUED: 8/23/2018
FLOOD ZONE: Shaded X	WINDOWS MAKE: Anderson	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE: Awning	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$28,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)	316	X .30/sf (single family) =	\$0
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund\$10	\$
		TOTAL FEE	\$150.00

Applicant - Owner/Contractor (Please print and sign name)

Burkley Shelton

Building/Code/Zoning Official

DLNVS

9-20-18

Date Issued

9-17-18

Date Approved

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 09/19/2018
PROJECT ADDRESS 300 N DOGWOOD TRAIL
Owner LESLEY BARK & JOHN MARZEC
Mailing Address 144 DOUGLAS PLACE
City, State, Zip MOUNT VERNON, NY 10552
Phone 845-653-1262

Permit Number 10249
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH
Description of Work: CONNECTION OF MECH EQUIP BELOW

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 7077
Description of Work: C/O 3 TON 16 SEER TRANE SYSTEM WHOLE HOUSE WITH XL824 THERMOSTAT

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 09/19/2018
Signature of Licensee Date

Buddy Skelton 9-20-18
Signature of Permit Official Date

Lesley Bark Marzec (ELEC)

DJ DVS



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
 www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10264

Location: 39 Ninth Avenue
 Parcel: 029109000 PIN: 986809178207
 District: 20- SOUTHERN SHORES
 Subdivision: SO/SH BLK 60
 LotBikSect: LOT: 46 BLK: 60 SEC:

WILES THREE LLC
 181 E 6TH ST #109
 WINSTON SALEM NC 27101

PHONE #: 336-239-9273 CELL #:

BUSINESS NAME: Forrest Seal, LLC
CONTRACTOR'S NAME: Forrest Seal
ADDRESS: PO Box 2333
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#: 252-599-2521
CELL#: 252-599-2521
FAX#:
EMAIL: forrest.seal@gmail.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 57289
LIMITATION: Intermediate
CLASSIFICATION: Building
QUALIFIER: Forrest Seal

LIEN AGENT: Fidelity National Title Company, LLC Entry# 918548
 19 W. Hargett Street, Suite 507, Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a new single family dwelling with attached garage and retaining wall

SPECIAL CONDITIONS - Engineering for retaining wall required for review/approval prior to installation

TYPE OF CONSTRUCTION: New SFD	TYPE OF FOUNDATION: Piling	PERMIT TYPE: Residential
	HEAT: Heat Pump	RESIDENCE/2nd HOME/RENTAL: 2 nd Home
TOTAL HEATED/LIVING AREAS (SF): 3,111	A/C: Heat Pump	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 2,046	INTERIOR WALLS: Drywall	ZONING DISTRICT: RS-1
	EXTERIOR WALLS: Fiber Cement	ZONING PERMIT #: 2018-93
NUMBER OF STORIES: 3	FIREPLACE: Gas	DATE ISSUED: 9/21/2018
BEDROOMS: 5	ROOF: Metal	
SEPTIC CAPACITY # OF PERSONS: 10	INSULATION: Batt/Foam	CAMA PERMIT #: n/a
BATHS: 4 ½ BATHS: 1	ELEVATOR (SF): Shaft only	DATE ISSUED:
GARAGE: 537 SF STORAGE BLDG:	DECKS (SF): 1,229	SEPTIC PERMIT #: 28081
STORAGE ENCLOSURE: POOL:	PORCHES (SF): 280	DATE ISSUED: 9/18/2018
FLOOD ZONE: Shaded X	WINDOWS MAKE: Pella	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE: Double Hung	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$620,000		
HEATED/LIVING AREA (sf) (new square footage)	3,111	X .60/sf (single family) =	\$1,866.60
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)	2,046	X .30/sf (single family) =	\$613.80
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$pd
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$2,540.40

Applicant - Owner/Contractor: Bundy Shelton J. FORREST SEAL 9/21/18
 Building/Code/Zoning Official: DJ DVS (Please print and sign name) Date Issued
 Date Approved



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Phone (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #: 10268**

Location: 4 Eleventh Ave
Parcel: 025910000 PIN: 986806383809
District: 20- SOUTHERN SHORES
Subdivision: SEA CREST VILLAGE
LotBlkSect: LOT: 2 BLK: 57 SEC:

**SELIG, JULIAN WOOD JR
SELIG, BETSY B
1 COLLEY AVE APT 817
NORFOLK VA 23510**
PHONE #: 252-489-9198 **CELL #:**

BUSINESS NAME: Godfrey Construction, LLC
CONTRACTOR'S NAME: Rick Godfrey
ADDRESS: PO Box 694
CITY, STATE, ZIP: Kill Devil Hills, NC 27948
OFFICE#:
CELL#: 252-202-1469
FAX#:
EMAIL: godfreyconstruction@email.com

NC G.C. LICENSED CONTRACTOR: YES NO
NC G.C. LICENSE NUMBER: 66982
LIMITATION: Unlimited
CLASSIFICATION: Building
QUALIFIER: John R Godfrey, Jr

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Remove portion of existing deck and repair 1st and 2nd level decks

SPECIAL CONDITIONS

TYPE OF CONSTRUCTION: Repair - decks	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE OR RENTAL: 2 nd Home
NON-HEATED AREAS (SF):	A/C:	PROPERTY USE: Single family dwelling
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS-1
HABITABLE ROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: n/a
BEDROOMS:	FIREPLACE:	DATE ISSUED:
OCCUPANCY:	ROOF:	
BATHS: ½ BATHS:	INSULATION:	CAMA PERMIT #: n/a
GARAGE: SHED: STORAGE ENCLOSURE:	FLOORING:	DATE ISSUED:
FLOOD ZONE: VE	ELEVATOR (SF):	SEPTIC PERMIT #: n/a
BASE FLOOD ELEVATION: 12FT PLUS 2FT= 14Ft	WINDOWS: MAKE TYPE	DATE ISSUED: n/a

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

ESTIMATED CONSTRUCTION COST =	\$29,000		
HEATED/LIVING AREA (sf) =		X .60/sf (single family) =	
		X .75/sf (all others) =	
NON-HEATED AREA (sf) =		X .30/sf (single family) =	
		X .35/sf (all others) =	
REMODELING COST =	29,000	X \$10 per \$1,000 of cost =	290.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50.00	
		Plan Review Fee = \$150 or \$100	
		Minimum Permit Fee = \$100	
		Homeowner's Recovery Fund = \$10	\$10.00
		TOTAL FEE	\$300.00

David Rodriguez **David Rodriguez** **9-24-18**
Applicant - Owner/Contractor (Please print and sign name) Date Issued
Brady Shelton **Brady Shelton** **9-24-18**
Building/Code/Zoning Official Date Approved

N027-29

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 05/25/2018

PROJECT ADDRESS 29 E Dogwood Trail

(R-O-W)

Owner Dominion Energy (pole)
Mailing Address 120 Tredegar St
City, State, Zip Richmond, VA 23219
Phone 866-366-4357

Permit Number 10181
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Design Electrical Contractors & Engineers, Inc NC License/Classification U.15356

Company Name Design Electrical Contractors & Engineers, Inc.
Address P.O. Box 839 Phone 804-966-8300
City State & zip Quinton, VA 23141 Estimated Project Cost \$6,520.00

Description of Work: install 100 amp service for small cell wireless facility, collocation + 30 Amp feed to VZW equipment

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee

5/30/18
Date

[Signature]
Signature of Permit Official

9-24-18
~~6/22/18~~
Date

DY DVS

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 05/25/2018

PROJECT ADDRESS 8 Fifth Avenue

(R-O-W)

Owner Dominion Energy (pole)

Mailing Address 120 Tredegar St

City, State, Zip Richmond, VA 23219

Phone 866-366-4357

Permit Number 10182
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Design Electrical Contractors & Engineers, Inc. NC License/Classification U.15356

Company Name Design Electrical Contractors & Engineers, inc.

Address P.O. Box 839

Phone 804-966-8300

City State & zip Quinton, VA 23141

Estimated Project Cost \$6,520.00

Description of Work: install 100 amp service for small cell wireless facility collocation + 30amp fed to VZW equipment

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____

Phone _____

City State & zip _____

Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____

Phone _____

City State & zip _____

Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____

Phone _____

City State & zip _____

Estimated Project Cost _____

Description of Work: _____

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____

Phone _____

City State & zip _____

Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee

5/30/18
Date

Buddy Shelton
Signature of Permit Official
DJ DS

9-24-18
~~6-24-18~~
Date

NO26

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 05/25/2018

PROJECT ADDRESS 8 Hickory Trail

(R-O-W)

Owner Dominion Energy (pole)
Mailing Address 120 Tredegar St
City, State, Zip Richmond, VA 23219
Phone 866-366-4357

Permit Number 10183
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Design Electrical Contractors & Engineers, Inc NC License/Classification U.15356

Company Name Design Electrical Contractors & Engineers, Inc.
Address P.O. Box 839 Phone 804-966-8300
City State & zip Quinton, VA 23141 Estimated Project Cost \$6,520.00

Description of Work: install 100 amp service for small cell wireless facility collocation & 30amp feed to VZW equipment

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee
5/30/18
Date

Buddy Shelton
Signature of Permit Official
9-24-18
Date
DVDVS

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 05/25/2018
PROJECT ADDRESS 10 Eighth Avenue (R-O-W)
Owner Dominion Energy (pole)
Mailing Address 120 Tredegar St
City, State, Zip Richmond, VA 23219
Phone 866-366-4357

Permit Number 10184
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Design Electrical Contractor & Engineers, Inc. NC License/Classification U.15356

Company Name Design Electrical Contractors & Engineers, Inc.
Address P.O. Box 839 Phone 804-966-8300
City State & zip Quinton, VA 23141 Estimated Project Cost \$6,520.00

Description of Work:
Wire for 1 - 100A Service & 1-30A feed to VZW equipment. Proper grounding & Telco

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work:

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work:

MECHANICAL = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work:

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____

Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____

Description of Work:

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee
5/28/18
Date

[Signature]
Signature of Permit Official
9-24-18
Date
J. NIS



**TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT**
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

**RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10271**

Location: 146 Crooked Back Loop
Parcel: 022383178 PIN: 986711658621
District: 20- SOUTHERN SHORES
Subdivision: CHICHAUK
LotBlkSect: LOT: 178 BLK: SEC:

**NEEDHAM, DAVID B EUX
NEEDHAM, CHERYL H EUX
146 CROOKED BACK LOOP
SOUTHERN SHORES NC 27949**

PHONE #: 252-599-2773 CELL #:

BUSINESS NAME:
CONTRACTOR'S NAME: Property Owner
ADDRESS:
CITY, STATE, ZIP:
OFFICE#:
CELL#:
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR: ___ YES ___ NO
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a 12' x 14' accessory storage building with associated electrical

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory - Storage Building	TYPE OF FOUNDATION: HEAT: A/C:	PERMIT TYPE: Residential RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	ZONING DISTRICT: RS-1
NUMBER OF STORIES:	FIREPLACE:	ZONING PERMIT #: 2018-94
BEDROOMS:	ROOF:	DATE ISSUED: 9/24/2018
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #:
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG: 168sf	DECKS (SF):	SEPTIC PERMIT #:
STORAGE ENCLOSURE:	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE:	
BASE FLOOD ELEVATION: PLUS 2FT=	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$20,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund\$10	\$
		TOTAL FEE	\$150.00

10 DAVID B. NEEDHAM 9-25-2018
 Applicant - Owner/Contractor (Please print and sign name) Date Issued
Buddy Salton
 Building/Code/Zoning Official Date Approved
J. D. S.



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
 www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10272

Location: 11 Ninth Avenue

Parcel: 021203000 PIN: 986806372770
District: 20- SOUTHERN SHORES
Subdivision: SEA CREST VILLAGE
LotBlkSect: LOT: 6 BLK: 54 SEC:

CORDERO, VICENTE S EUX
CORDERO, ANNE D EUX
2721 JETERS CHAPEL RD
VINTON VA 24179
PHONE #: 540-890-8666 **CELL #:**

BUSINESS NAME: Cas and Cals Services
CONTRACTOR'S NAME: Brant Honeycutt
ADDRESS: PO Box 1770
CITY, STATE, ZIP: Kitty Hawk, NC 27949
OFFICE#:
CELL#: 252-573-0458 **2**
FAX#:
EMAIL: casandcalservices@gmail.com

NC G.C. LICENSED CONTRACTOR: ___YES X___NO
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK -- (Any deviation from the Building Plan or Site Plan requires prior approval): Replace pool only – no change to pool deck or barrier fence

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Repair	TYPE OF FOUNDATION:	PERMIT TYPE: Repair
	HEAT:	RESIDENCE/2 nd HOME/RENTAL: Residence
TOTAL HEATED/LIVING AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	ZONING DISTRICT: RS-1
	EXTERIOR WALLS:	ZONING PERMIT #: n/a
NUMBER OF STORIES:	FIREPLACE:	DATE ISSUED:
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	CAMA PERMIT #: n/a
BATHS: ½ BATHS:	ELEVATOR (SF):	DATE ISSUED:
GARAGE: STORAGE BLDG:	DECKS (SF):	SEPTIC PERMIT #: n/a
STORAGE ENCLOSURE: POOL: same footprint	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: AE	WINDOWS MAKE:	
BASE FLOOD ELEVATION: 9FT PLUS 2FT= 11FT	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$28,495		
HEATED/LIVING AREA (sf) (new square footage)	X .60/sf (single family) =		\$
	X .75/sf (all others) =		\$
NON-HEATED AREA (sf) (new square footage)	X .30/sf (single family) =		\$
	X .35/sf (all others) =		\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	X \$10 per \$1,000 of cost =		\$
	Pool = \$125		\$125.00
	Zoning Permit Fee = \$50		\$
	Plan Review Fee = \$150 or \$100		\$
	Minimum Permit Fee = \$100		\$
	Homeowner's Recovery Fund \$10		\$
	TOTAL FEE		\$125.00

CB Honeycutt *CB Honeycutt Jr* *9/25/18*
 Applicant - Owner/Contractor (Please print and sign name) Date Issued
Brendy Sheehan *9-24-18*
 Building/Code/Zoning Official Date Approved
JW NKS

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 09/25/2018
PROJECT ADDRESS 24 SPINDRIFT TRAIL
Owner MICHAEL CALLAGHAN
Mailing Address 24 SPINDRIFT TRAIL
City, State, Zip SOUTHERN SHORES, NC 27949
Phone 252-261-0375

Permit Number 10273
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH
Description of Work: CONNECTION OF MECH EQUIP BELOW

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 5488
Description of Work: C/O 1.5 TON 16 SEER TRANE SYSTEM MID LEVEL WITH T6 WIFI THERMOSTAT

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 09/25/2018
Signature of Licensee Date

Buddy Shelton 9-25-18
Signature of Permit Official Date

Frederick Marklin (ELEC)

JL DVS

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 281-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date September 18, 2018

PROJECT ADDRESS 244 N Dogwood Trail

Owner Don Pratt
Mailing Address 244 N Dogwood Trail
City, State, Zip Southern Shores NC 27949
Phone 703-835-3572

Permit Number 10266
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name Henry J Liverman NC License/Classification 11618 / H2, H3-I
Company Name Atlantic Heating & Cooling, Ltd.
Address 904 Eighth Avenue (P O Box 132) Phone 252-441-7642
City State & zip Kill Devil Hills NC 27948 Estimated Project Cost \$5,000
Description of Work: Remove & replace the indoor & outdoor sections of the HVAC system for the main zone using a 14 SEER R410A 5 ton Goodman heat pump & a matching Goodman air handler.

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Henry J Liverman 9/18/18
Signature of Licensee Date

Brendy Shelton 9/18/18
Signature of Permit Official Date

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 09/26/2018
PROJECT ADDRESS 243 OCEAN BLVD
Owner BARBARA BEYNA
Mailing Address 6014 HAWTHORNE STREET
City, State, Zip CHEVERLY, MD 20785
Phone 252-261-7542

Permit Number 10275
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD
Company Name R A HOY HEATING & A/C INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH
Description of Work: CONNECTION OF MECH EQUIP BELOW

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1
Company Name R A HOY HEATING & A/C INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 5993
Description of Work: C/O 2 TON 16 SEER TRANE SYSTEM TOP LEVEL WITH XL624 TSTAT

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 09/26/2018
Signature of Licensee Date
Frederick Marklin (ELEC)

Buddy Speltin 9-27-18
Signature of Permit Official Date
DJ DJS

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT

5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 9-25-2018

PROJECT ADDRESS 246 N WOODLAND DR

Owner GERALD DORMAN
Mailing Address 246 N WOODLAND DR
City, State, Zip SOUTHERN SHORES, NC 27949
Phone _____

Permit Number 10274
Fee \$ 100.00

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name TIMOTHIE GRIFFITHS NC License/Classification 28180 - UL
Company Name GRIFFITHS ELECTRICAL
Address P.O. BOX 82 Phone 252-599-7891
City State & zip HARBINGER, NC 27941 Estimated Project Cost 250⁰⁰
Description of Work: LINE AND LOW VOLTAGE WIRING

Timothy Griffiths 9-25-18

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name STEVE SMITH NC License/Classification 30070
Company Name AIR-O-SMITH, INC.
Address 330 N. DOGWOOD TRAIL Phone 252-261-5238
City State & zip SOUTHERN SHORES, NC 27949 Estimated Project Cost 7,800.00
Description of Work: REPLACE EXSITING SYSTEM W/ 3-TON, R410A, 22 SEER DUCTLESS SYSTEM WITH (1) ONE 18,000 BTU & (1) 9,000 BTU WALL MOUNTED AIR HANDLERS

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Steven M. Smith,
President
Signature of Licensee

Digitally signed by Steven M. Smith, President
DN: cn=Steven M. Smith, President, o=Air-O-Smith, Inc., ou, email=stevesm@air-osmith.com, c=US
Date: 2018.09.25 14:01:50 -0400

Date

Bundy Shegaw 9-27-18
Signature of Permit Official Date
Ju DS

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 9-27-18
PROJECT ADDRESS 180 Duck Rd.
Owner Vanderspiegel
Mailing Address 180 Duck Rd.
City, State, Zip Southern Shores
Phone 757-403-8089

Permit Number 10278
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name Wayne Rutsch NC License/Classification Elect 24239
Company Name Waynes Wacky Wires
Address 137 Pinto Dr. Phone 252-435
City State & zip Moyock NC 27958 Estimated Project Cost 200
Description of Work: wire air handler + heat pump

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name Kenny Copley NC License/Classification H3 TT 28652
Company Name Comfort Zone
Address 1709 Lexington Dr. Phone 252-267-1479
City State & zip Elizabeth City, NC 27809 Estimated Project Cost 4500
Description of Work: 1st Floor Changeout 2 TON heat pump system

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature] 9-27-18
Signature of Licensee Date

[Signature] 9-27-18
Signature of Permit Official Date
By: WH

TOWN OF
SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 09/27/2018
PROJECT ADDRESS 340 N DOGWOOD TRAIL
Owner JASON BOONE / HEATHER MURPHY
Mailing Address 340 N DOGWOOD TRAIL
City, State, Zip KITTY HAWK, NC 27949
Phone 301-331-7360

Permit Number 10277
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH
Description of Work: CONNECTION OF MECH EQUIP BELOW

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1
Company Name R A HOY HEATING & A/C, INC
Address P O BOX 179 Phone (252) 261-2008
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 6770
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 09/27/2018
Signature of Licensee Date
Heather John Murphy (ELEC)

Buddy Shepton
Signature of Permit Official Date
09/27/2018

TOWN OF SOUTHERN SHORES
PLANNING AND CODE
ENFORCEMENT
5375 N Virginia Dare Trl
Southern Shores NC 27949
(252) 261-2394 ext 4 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 9/28/18

PROJECT ADDRESS 104 High Dune Loop

Owner Jason Worthy
Mailing Address 104 High Dune Loop
City, State, Zip Southern Shores NC 27949
Phone 252-489-3807

Permit Number 10280
Fee \$ 100

EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) _____

ELECTRICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name Kenneth Long NC License/Classification P1 #30190
Company Name Absolute Plumbing
Address 110 Quarter Landing Ct Phone 252-489-1439
City State & zip Harbinger NC 27941 Estimated Project Cost \$773.00
Description of Work: Replace water service

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

FIRE SPRINKLER = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee

9/28/18
Date

[Signature] 9-28-18
Signature of Permit Official Date

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



Date 9-28-18
PROJECT ADDRESS 10 Kingfisher Trl
Owner Yvonne Duiker
Mailing Address _____
City, State, Zip _____
Phone _____

Permit Number 10281

Fee \$ 100.00

EXISTING Building Permit Number _____ NO FEE _____

ELECTRICAL = Licensee Name GEORGE P VIAL NC License/Classification 23856-6/
Company Name NORTH CAROLINA AIR COND
Address PO Box 2209 Phone 261-3013
City State & zip Kitty Hawk, NC 27949 Estimated Project Cost _____
Description of Work: _____

PLUMBING = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____
Company Name _____
Address _____ Phone _____
City State & zip _____ Estimated Project Cost _____
Description of Work: _____

MECHANICAL = Licensee Name JOHN W. PUGH NC License/Classification 19037/4-1-1, H2 H3
Company Name NORTH CAROLINA AIR COND.
Address PO Box 2209 Phone 261-3013
City State & zip Kitty Hawk, NC 27949 Estimated Project Cost 6200.00
Description of Work: replacement of upper level HVAC system with 3 Ton 14 seer system - Inzone equipment

hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]
Signature of Licensee
9/28/18
Date

[Signature]
Signature of Permit Official
9-28-18
Date



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
 www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10231

Location: 137 Beech Tree Trail
 Parcel: 022028000 PIN: 986706386998
 District: 20- SOUTHERN SHORES
 Subdivision: SO/SH SOUNDSIDE BLK 107
 LotBlkSect: LOT: 24 BLK: 107 SEC:

COSGROVE, GARY A
 P O BOX 943
 KITTY HAWK NC 27949

PHONE #: _____ CELL #: 252-207-5736

BUSINESS NAME:
CONTRACTOR'S NAME: Property Owner
ADDRESS:
CITY, STATE, ZIP:
OFFICE#:
CELL#:
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR: YES NO
 NC G.C. LICENSE NUMBER:
 LIMITATION:
 CLASSIFICATION:
 QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a 105 lf bulkhead – 79 lf x 4' dock and 28' x 4' landward boardwalk & 12'x12' Boatlift

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
TOTAL HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL NON-HEATED AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS-1
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: 2018-80
SEPTIC CAPACITY # OF PERSONS:	FIREPLACE:	DATE ISSUED: 9/25/2018
BATHS: ½ BATHS:	ROOF:	CAMA PERMIT #: General 71415A - Modification
POOL:	INSULATION:	DATE ISSUED: 8/10/18 & 9/24/18
FLOOD ZONE: AE	ELEVATOR (SF): n/a	SEPTIC PERMIT #:
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	DECKS (SF):	DATE ISSUED:
	PORCHES (SF):	
	WINDOWS MAKE:	
	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$25,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$pd
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund\$10	\$
		TOTAL FEE	\$150.00

Dary Cosgrove Applicant - Owner/Contractor
 (Please print and sign name) **Gary Cosgrove**
Buddy Shelton Building/Code/Zoning Official
 (Please print and sign name) **Buddy Shelton**
 Date Issued **9-28-18**
 Date Approved **9-25-18**



TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
 5375 N Virginia Dare Trail, Southern Shores, NC 27949
 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
 www.southernshores-nc.gov

RESIDENTIAL
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT
BUILDING PERMIT #10276

Location: 60 E Dogwood Trl
Parcel: 022188000 PIN: 986818313146
District: 20- SOUTHERN SHORES
Subdivision: SO/SH SOUNDSTIDE BLK 95
LotBlkSect: LOT: 30 BLK: 95 SEC:

COLLINS, JENNIE L
 60 E DOGWOOD TRL
 SOUTHERN SHORES NC 27949

PHONE #: 252-473-8711 **CELL #:**

BUSINESS NAME:
CONTRACTOR'S NAME: Property Owner
ADDRESS:
CITY, STATE, ZIP:
OFFICE#:
CELL#:
FAX#:
EMAIL:

NC G.C. LICENSED CONTRACTOR: ___ YES ___ NO
NC G.C. LICENSE NUMBER:
LIMITATION:
CLASSIFICATION:
QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Installation of a 10' x 20' accessory storage building – non heated/unfinished

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory – Storage Building	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
TOTAL HEATED/LIVING AREAS (SF):	HEAT:	RESIDENCE/2nd HOME/RENTAL: Residence
TOTAL NON-HEATED AREAS (SF):	A/C:	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS-1
BEDROOMS:	EXTERIOR WALLS:	ZONING PERMIT #: 2018-96
SEPTIC CAPACITY # OF PERSONS:	FIREPLACE:	DATE ISSUED: 9/27/2018
BATHS: ½ BATHS:	ROOF:	CAMA PERMIT #: n/a
GARAGE: STORAGE BLDG: 10x20	INSULATION:	DATE ISSUED:
STORAGE ENCLOSURE: POOL:	ELEVATOR (SF):	SEPTIC PERMIT #: n/a
FLOOD ZONE: Shaded X	DECKS (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: PLUS 2FT=	PORCHES (SF):	
	WINDOWS MAKE:	
	TYPE:	

***The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$6,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permt Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund\$10	\$
		TOTAL FEE	\$150.00

Jennie Collins 9/28/18
 Applicant - Owner/Contractor (Please print and sign name) Date Issued

Buddy Shelton 9-27-18
 Building/Code/Zoning Official Date Approved

DJ DS



BUILDING PERMIT

PERMIT NUMBER: 41000

DATE: August 30, 2018

OWNER: Stephen and Tracy Benkusky
ADDRESS: 816 Back Bay Road
CITY: Manteo STATE: NC ZIP: 27954

BUILDER: JOHN ROBBINS CONSTRUCTION & PLANNING LLC
CONTRACTOR LICENSE #: 76961
ADDRESS: PO Box 1415
CITY: Manteo STATE: NC ZIP: 27954
PHONE: 252.423.0516

LOCATION OF BUILDING SITE: 812 Back Bay Road ZONING DISTRICT: R-5
PARCEL NUMBER: 025709012 FLOOD ZONE: AE BFE: 8.2 FFE: 10.2
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: X ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: 2,708 UNHEATED SPACE: 549
NUMBER OF STORIES: 2 ROOMS: 10 BATHS: 3.5 FIREPLACES: 1
FINISHES:
EXTERIOR WALLS: Cement Fiber INTERIOR WALLS: Dyrwall ROOF TYPE AND MATERIAL: Asphalt
HEAT TYPE: Electric INSULATION & R VALUE: Code FLOORING: Wood/Tile/Carpet
FOOTING: Wood Pile FOUNDATION: Wood Pile

ADDITIONAL NOTES: 4 bedrooms (2 bedrooms have been paid for at time of subdivision permitting)
PLANS HAVE BEEN ENGINEERED (HAL GOODMAN)
OPEN WEB FLOOR TRUSSES WILL SEPARATE 1ST & 2ND FLOORS
WILL SUBMIT ENG. LATER

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$484K

Permit Cost: \$1,491.25

Seals: [Signature]
Applicant

Date of Issuance: _____
[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



DEMOLITION PERMIT

PERMIT NUMBER: 4602

DATE: 9/7/18

OWNER: Dare County
ADDRESS: 217 Budleigh St.
Manteo, NC 27954
PHONE: _____

CONTRACTOR: East Coast
ADDRESS: The Windchaser Way
Moyock, NC 27958
PHONE: 252-232-7740

LOCATION OF DEMOLITION SITE: Old Dare County Administration
Site.

PARCEL NUMBER OF DEMOLITION SITE: 024570000

DESCRIPTION OF WORK: Demolish old Dare County Administration
building (Fort Raleigh Hotel) and old library house
(Edna Evans Bell House)

Dustin Peek
CONTRACTOR/OWNER SIGNATURE

9-7-18
DATE

lllll ID for Fred Featherstone
BUILDING INSPECTOR

9/7/18
DATE

dustin.peek@
darenc.com

COMMENTS: This property requires a 90-day
public notice for demolition as
required by Sec 3-14 (b) (8) i of zoning
code, Town of Manteo. See attached
90 day notice from date of issuance
is December 6, 2018.

COST OF PERMIT: N/A



BUILDING PERMIT

PERMIT NUMBER: 4603

DATE: 9/7/18

OWNER: David & Deborah Dunn
ADDRESS: 807 Queen E 77 Unit 12
CITY: Manteo STATE: NC ZIP: 27954

BUILDER: Harold "T" Wyant
CONTRACTOR LICENSE #: 63750
ADDRESS: 100 Inge Drive
CITY: Manteo STATE: NC ZIP: 27954
PHONE: _____

LOCATION OF BUILDING SITE: _____ ZONING DISTRICT: _____
PARCEL NUMBER: 024780012 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____
NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____
FINISHES: _____
EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: repairs

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$110,965.78

Review fee 150
Permit Cost 1,109.60

Date of Issuance: 9/7/18

Seals: [Signature]
Applicant

[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



BUILDING PERMIT

PERMIT NUMBER: 4604

DATE: 9/7/18

OWNER: Daniel & Rebecca Costello BUILDER: Hardin T. Wyant

ADDRESS: 207 Quakerite, Unit 29 CONTRACTOR LICENSE #: 63750

CITY: Manteo STATE: NC ZIP: 27954 ADDRESS: 100 Inge Drive

CITY: Manteo STATE: NC ZIP: 27954

PHONE: _____

LOCATION OF BUILDING SITE: _____ ZONING DISTRICT: _____

PARCEL NUMBER: 024780029 FLOOD ZONE: _____ BFE: _____ FFE: _____

NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____

ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____

NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____

FINISHES: _____

EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____

HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____

FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: repairs

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED
- NC LIEN AGENT FORM

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Review fee: \$150

Permit Cost: \$1,550.00

Estimated or Contract Cost: \$155,500.02

Date of Issuance: 9/7/18

Seals: Mark G. [Signature]
Applicant

[Signature] Fred Featherstone
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



BUILDING PERMIT

PERMIT NUMBER: 4605

DATE: 9/7/18

OWNER: David Nicholas
ADDRESS: 207 Queen St E unit 14
CITY: Manteo STATE: NC ZIP: 27954

BUILDER: Hardin "T" Wyant
CONTRACTOR LICENSE #: 103700
ADDRESS: 100 Inyx Drive
CITY: Manteo STATE: NC ZIP: 27954
PHONE: _____

LOCATION OF BUILDING SITE: _____ ZONING DISTRICT: _____
PARCEL NUMBER: 024780014 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____
NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____
FINISHES: _____
EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: repairs

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED
- NC LIEN AGENT FORM

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Review fee: \$50
Permit Cost: \$218.60

Estimated or Contract Cost: \$21,860.23

Date of issuance: 9/7/18

Seals: [Signature]
Applicant

[Signature] for Fred Featherstone
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



MECHANICAL PERMIT

PERMIT NUMBER: 4606

DATE: 09/18/2018

OWNER: SANDRA MILLER
ADDRESS: PO BOX 598
CITY: ANSTEAD STATE: WV ZIP: 25812
PHONE: 304-640-8255
LOCATION: 707 WINGINA AVENUE
BUILDER: RA HOY HEATING & AIR CONDITIONING

CONTRACTOR: RA HOY HEATING & A/C, INC
ADDRESS: P O BOX #179
CITY: KITTY HAWK STATE: NC ZIP: 27949
PHONE: (252) 261-2008

NUMBER OF HEATING UNITS: 1
NUMBER OF B.T.U.'S: _____
LICENSE NUMBER: 13056
COST: \$5164

NUMBER OF REGISTERS: _____
TONNAGE: _____
WORK ORDER NUMBER: _____
Permit Cost: 150.00

If repairing or altering, please describe work: C/O 2 TON 14 SEER TRANE SYSTEM MAIN LEVEL WITH T6 THERMOSTAT

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS

DATE OF ISSUANCE: 9/20/18 SEALS: [Signature]
(Applicant)

[Signature]
(Inspector)

024503000



APY 5
Call-hat

BUILDING PERMIT

PERMIT NUMBER: 4607

DATE: 9/18/2018

OWNER: OUTER BANKS INSURANCE BUILDER: SELF
ADDRESS: 300 SIR WALTER RALEIGH ST. CONTRACTOR LICENSE #: _____
CITY: MANTEO STATE: NC ZIP: 27954 ADDRESS: 300 SIR WALTER RALEIGH ST.
CITY: MANTEO STATE: NC ZIP: 27954
PHONE: 252-305-8596

LOCATION OF BUILDING SITE: 101 BUDLEIGH STREET ZONING DISTRICT: _____
PARCEL NUMBER: 024585000 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: 1507 UNHEATED SPACE: _____
NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____

FINISHES: _____
EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: NEW BATHROOM IN EXISTING UNIT New apt

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED
- NC LIEN AGENT FORM

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$12,375 Permit Cost: 173.75
Date of Issuance: 9/25/18

Seals: [Signature]
Applicant

[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



maway gregg @ yahoo .a

BUILDING PERMIT

PERMIT NUMBER: 41207-A

DATE: 9/25/18

OWNER: Greg & Marty Powell
ADDRESS: 510 Sun Forest Way
CITY: Chapel Hill STATE: NC ZIP: 27517

BUILDER: Cecil Breer
CONTRACTOR LICENSE #: 63826
ADDRESS: 5257 Sorbin Rd
CITY: Burlington STATE: NC ZIP: 27217
PHONE: 919 697 0668 cell

LOCATION OF BUILDING SITE: 101 Bellest Point Manteo ZONING DISTRICT: _____
PARCEL NUMBER: 025694443 FLOOD ZONE: AE BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: 2434 UNHEATED SPACE: 0
NUMBER OF STORIES: 2 ROOMS: 7 BATHS: 3 FIREPLACES: 0

FINISHES:
EXTERIOR WALLS: 2x4 INTERIOR WALLS: 2x4 ROOF TYPE AND MATERIAL: _____
HEAT TYPE: Heat Pump INSULATION & R VALUE: _____ FLOORING: Tile
FOOTING: Pilings FOUNDATION: Pilings

ADDITIONAL NOTES: Application also approved by Pirates Cove Homeowners Assn.

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS N/A
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

4 bedrooms

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$250,000

Permit Cost: \$1,217

Date of Issuance: 9/25/18

Seals: _____
Applicant

[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



BUILDING PERMIT

PERMIT NUMBER: 4610

DATE: 9/28/18

OWNER: DWIGHT & RHONDA AYSCUE BUILDER: RENAISSANCE CONSTRUCTION
ADDRESS: 1076 Cabin Creek Rd ADDRESS: P.O. BOX
CITY: Oxford STATE: NC ZIP: 27965 CITY: MANTEO STATE: NC ZIP: 27954
PHONE: 252-767-3523 PHONE: 252-473-3312

LOCATION OF BUILDING SITE: 207 Devon Street ZONING DISTRICT: _____

FLOOD ZONE: AE BASE FLOOD ELEVATION: 8.2 plus 1' FINISHED FLOOR ELEVATION: 9.5 to 10.0

ERECT: ALTER: REPAIR:

SQUARE FOOTAGE OF: HEATED SPACE: 3635 UNHEATED SPACE: 2336

NUMBER OF: STORIES: 2 ROOMS: 8 BATHS: 2 FIREPLACES: 6AS

EXTERIOR WALLS: Smart Siding FINISH: _____ INTERIOR WALLS: DRYWALL ROOF TYPE AND MATERIAL: Gable/Asphalt
HEAT TYPE: Heat pump INSULATION & R VALUE: R-19 R-30 FLOORING: wood/ceramic
FOOTING: concrete FOUNDATION: pilings

ADDITIONAL NOTES:

Detached Garage

EACH APPLICATION MUST BE ACCOMPANIED BY:

- Site Plan showing actual dimensions of the lot, all structures driveways and parking
- A set of working drawings
- Elevation of site
- Approximate setbacks of all buildings on adjoining lots
- Restaurants: Health Department Approvals
- CAMA permit if required

024706000

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of the State of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification and approval of the Planning Department and the Building Inspector.

ESTIMATED OF CONTRACT COST: \$600,000.00 Permit Cost: \$1,875.90

SEALS: [Signature]
(Applicant)

DATE OF ISSUANCE: 10/2/2018
[Signature]
(Inspector)

[Signature]
(Zoning Official)

CONDITIONS OF PERMIT: _____



Joe Trentzsch
cell (757) 761-0103
office (252) 305-8067

BUILDING PERMIT

PERMIT NUMBER: 4611

DATE: 9/27/18

OWNER: Chris Brogden
ADDRESS: 60 Village Landing/Ballast Pt
CITY: Manteo STATE: NC ZIP: 27954

BUILDER: Premiere Coastal Contracting
CONTRACTOR LICENSE #: 78086
ADDRESS: PO Box 2359
CITY: Manteo STATE: NC ZIP: 27954

LOCATION OF BUILDING SITE: 60 Ballast Pt ZONING DISTRICT: _____
PARCEL NUMBER: 025694426 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: 1309^{Added} sqft UNHEATED SPACE: _____
NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____

FINISHES: _____
EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: Frame in covered porch and add windows to extend Master bedroom. New tile showers (2), replace 3 rotten windows, new floors, new kitchen, same set up and foot print

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: 110K

Date of Issuance: 10/3/18

Permit Cost: 1,100^{0%}/100

Seals: [Signature]
Applicant

[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____



MECHANICAL PERMIT

PERMIT NUMBER: 4611-A

DATE: 10/4/18

OWNER: Charles and Susan Caple
ADDRESS: 68 Ballast Point Drive
CITY: Manteo STATE: NC ZIP: 27954
PHONE: _____

CONTRACTOR: Beach Air Heating and Cooling
ADDRESS: 551 NC 345
CITY: Manteo STATE: NC ZIP: 27954
PHONE: 473-1995

LOCATION: 68 Ballast Point Drive Manteo NC 27954 PARCEL NUMBER: 25694440
BUILDER: _____

NUMBER OF HEATING UNITS: 1
NUMBER OF REGISTERS: _____
LICENSE NUMBER: 29768
COST: \$6,855.00

NUMBER OF AIR HANDLERS: 1
TONNAGE: 3
WORK ORDER NUMBER: _____
Permit Cost: 150.00

If repairing or altering, please describe work: remove 3 ton air handler and heat pump,
install 3 ton air handler and heat pump

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS

DATE OF ISSUANCE: 10-4-18 SEALS: Cate Jordan
(Applicant)

[Signature]
(Inspector)

(UPDATED 7/2017)



BUILDING PERMIT

PERMIT NUMBER: 4612

DATE: 10/9/18

OWNER: Paul Mascia
ADDRESS: 35 Ballast Point Dr
CITY: Manteo STATE: NC ZIP: 27954

BUILDER: Albemarle Bulkheads
CONTRACTOR LICENSE #: _____
ADDRESS: Po Box 50
CITY: KDH STATE: NC ZIP: 27948
PHONE: 252-261-7400

LOCATION OF BUILDING SITE: 161 Ballast Point Dr ZONING DISTRICT: _____
PARCEL NUMBER: 026094427 FLOOD ZONE: _____ BFE: _____ FFE: _____
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____
ERECT: _____ ALTER: _____ REPAIR: _____

SQUARE FOOTAGE OF HEATED SPACE: _____ UNHEATED SPACE: _____
NUMBER OF STORIES: _____ ROOMS: _____ BATHS: _____ FIREPLACES: _____
FINISHES: _____
EXTERIOR WALLS: _____ INTERIOR WALLS: _____ ROOF TYPE AND MATERIAL: _____
HEAT TYPE: _____ INSULATION & R VALUE: _____ FLOORING: _____
FOOTING: _____ FOUNDATION: _____

ADDITIONAL NOTES: installing 49' of vinyl Bulkhead

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: 11,700.00

Permit Cost: 99.00

Date of Issuance: 10/9/18

Seals: W. Patterson
Applicant

[Signature]
Inspector

[Signature]
Zoning Official

Conditions of Permit: _____