



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2018-240

PROJECT NAME: 1104 NVDT LLC
SITE ADDRESS: 1104 North Virginia Dare Trail Kill Devil Hills

BUILDING JOINT

ISSUED: 12/10/2018

EXPIRES: 01/23/2020

APPLICANT: 1110 NVDT LLC
PO BOX 90
Kill Devil Hills, NC 27948
252-441-9003

OWNER: 1110 NVDT LLC
PO BOX 90
Kill Devil Hills, NC 27948
252-441-9003

GENERAL BUILDING - LIMITED: SAGA CONSTRUCTION
1314 S Croatan Hwy, Suite 301
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

License: 62306
Expires: 12/30/2019

PARCEL:

PIN: 988415636753
Address: 1104 North Virginia Dare Trail Kill Devil Hills
Addition:
Legal Description: Lot 3, Block 15, Kitty Hawk Shores Revised

Parcel
Number:

**REVISED
KDH Planning
Date:** 1/31/19

Zoning:
Block: 15 **Lot(s):** 3

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$592.50	\$0.00	Residential Unheated (.40)	38 Sq. Ft
Pool/Hot Tub	\$200.00	\$0.00	Residential Heated Space	4254 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Res. Building Permit Fee	\$3,205.70	\$0.00	Covered Porches/Decks	790 SQFT
Pool/Hot Tub	\$200.00	\$0.00	# of Temporary Poles	1 EA
Totals :				
	\$4,248.20	\$0.00		

PROJECT DESCRIPTION: Proposed 6 bedroom single family dwelling

FEB - 1 2019

BJ2018-240

PROJECT NAME: 1104 NVDT LLC

SITE ADDRESS: 1104 North Virginia Dare Trail Kill Devil Hills

BUILDING JOINT

ISSUED: 12/10/2018

EXPIRES: 01/23/2020

REQUIRED INSPECTIONS

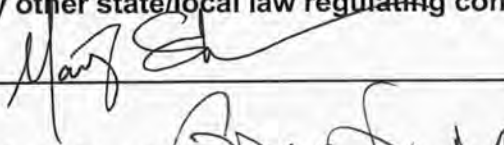
Piling	Vapor Barrier
In-Slab Plumbing	Insulation
Slab/Foundation	Pre-final
Sheathing	Final
Rough In	Zoning Final
Vapor Barrier	Pool Bonding

CONDITIONS

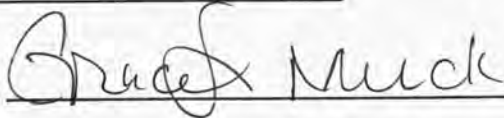
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended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

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2-1-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-016	BUILDING JOINT
PROJECT NAME:	ISSUED: 02/01/2019
SITE ADDRESS: 202 SOTHEL ST E KILL DEVIL HILLS	EXPIRES: 07/31/2019

APPLICANT: BRUCE STRAIN
202 Sothel St. E.
KDH, NC 27948

OWNER: BRUCE STRAIN
202 Sothel St. E.
KDH, NC 27948

ELECTRICAL - UNLIMITED:

KREISER ELECTRIC INC
3847 IVY LN
kitty hawk, nc 27949
252-564-2367

License: 31684
Expires:

PARCEL:

PIN: 988513122981

Parcel Number: 000412000

Address: 202 SOTHEL ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 8 **Lot(s):** PT 19-22

Legal Description:

FEES:	Paid	Due
Pool/Hot Tub	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Add hot tub under house on existing concrete carport.

PAID
FEB - 1 2019

BJ2019-016

PROJECT NAME:

SITE ADDRESS: 202 SOTHEL ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/01/2019

EXPIRES: 07/31/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	1000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

1 Feb 2019



Town of Kill Devil Hills

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

PAID

FEB - 6 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2019-017	BUILDING JOINT
PROJECT NAME:	ISSUED: 02/04/2019
SITE ADDRESS: 1513 GLIDER CT KILL DEVIL HILLS	EXPIRES: 08/03/2019

APPLICANT: Hamilton, Mike
209 E. HAYMAN ST.
KILL DEVIL HILLS, NC 27948
858-866-4970

OWNER: Hamilton, Mike
209 E. HAYMAN ST.
KILL DEVIL HILLS, NC 27948
858-866-4970

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

License: 71750
Expires: 01/01/2020

PARCEL:

PIN: 988414347755

Parcel Number: 003414000

Address: 1513 GLIDER CT KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 1

Zoning:
Block: 0 **Lot(s):** 158

Legal Description:

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

PROJECT DESCRIPTION: Install wood burning stove, chimney pipe and surround.

BJ2019-017

PROJECT NAME:

SITE ADDRESS: 1513 GLIDER CT KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/04/2019

EXPIRES: 08/03/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	2500.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Rough In

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/8/19



Town of Kill Devil Hills

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

PAID

FEB - 8 2019

Planning and Inspection Department

TOWN OF

BJ2019-020

PROJECT NAME: CHEN WALL REMOVAL AND ELECTRICAL
SITE ADDRESS: 1400 Shay St. Kill Devil Hills

BUILDING JOINT

ISSUED: 02/08/2019

EXPIRES: 08/07/2019

APPLICANT: Ji Co Chen
1236 Knights Ln.
Virginia Beach, VA 22322
757-343-5915

OWNER: Ji Co Chen
1236 Knights Ln.
Virginia Beach, VA 22322
757-343-5915

ELECTRICAL-UNLIMITED: SUBURBAN ELECTRIC CONTRACTORS OF NC INC. License: 30633-U
PO Box 925 Expires: 08/09/2019
Manteo, NC 27954
252-475-1372

PARCEL:

PIN: 988316846672

Parcel Number:

Address: 1400 Shay St. Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: PO Box 1719
102 Town Hall Drive

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

PROJECT DESCRIPTION: REMOVAL OR UN-INSPECTED, UN-PERMITTED WALLS IN LIVING ROOM. INSPECTION OF ELECTRICAL SAFETY DUE TO HOUSE FIRE

BJ2019-020

PROJECT NAME: CHEN WALL REMOVAL AND ELECTRICAL
SITE ADDRESS: 1400 Shay St. Kill Devil Hills

BUILDING JOINT

ISSUED: 02/08/2019

EXPIRES: 08/07/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	200.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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PAID

FEB - 8 2019

Planning and Inspection Department

BJ2019-019	BUILDING JOINT
PROJECT NAME: Steve Willhauk	ISSUED: 02/08/2019
SITE ADDRESS: 2035 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 08/07/2019

APPLICANT: Schrack, Kevin
110 Rondane Place
Williamsburg, Va 23188

OWNER: Willhauk, Stephen
111 Pelican Ct
Edenton, NC 27932

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 98931323283910

Parcel Number: 015101000

Address: 2035 VA DARE TRL S KILL DEVIL HILLS

Addition:

Zoning:

Block: 3

Lot(s): 9-11 PT 12
UNIT 10

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Renovation/Remodel/Relocate	\$181.80	\$0.00	Remodel/Renovation	404 SQFT
Totals :	\$181.80	\$0.00		

PROJECT DESCRIPTION: Renovation of condo, removing portion of load bearing wall, minor plumbing, electrical and mechanical

BJ2019-019

PROJECT NAME: Steve Willhauk

SITE ADDRESS: 2035 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/08/2019

EXPIRES: 08/07/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	12
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	29.03 <i>\$29,000.00</i>
ENGINEER AND LICENSE NUMBER	Johnathan Walesczyk 042390
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

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BJ2019-019

PROJECT NAME: Steve Willhauk

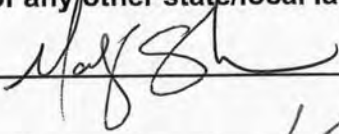
SITE ADDRESS: 2035 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/08/2019

EXPIRES: 08/07/2019

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Issued By: 

Contractor or Authorized Agent:  Date: 2/8/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-018	BUILDING JOINT
PROJECT NAME: Gulfstream Pools and Spas	ISSUED: 02/06/2019
SITE ADDRESS: 1619 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 08/05/2019

APPLICANT: DBD SERVICES, INC.
P.O. Box 2318
Kitty Hawk, NC 27959
252-255-1193

OWNER: Charles Snyder
1418 Pleasant View St.
STAUNTON, VA 24401
540-2903815

GENERAL BUILDING - LIMITED: DBD SERVICES, INC.
P.O. Box 2318
Kitty Hawk, NC 27959
252-255-1193

License: 60217
Expires: 01/01/2020

PARCEL:

PIN: 988410463349

Parcel Number: 003136026

Address: 1619 CROATAN HWY N KILL DEVIL HILLS

Addition: DELRAY BEACH RESUBDIV

Zoning:
Block: 3 **Lot(s):** 26

Legal Description:

FEES:	Paid	Due
Pool/Hot Tub	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Installation of fiberglass pool, concrete deck and fence surrounding pool

PAID
FEB - 8 2019
TOWN OF
KILL DEVIL HILLS

BJ2019-018

PROJECT NAME: Gulfstream Pools and Spas
SITE ADDRESS: 1619 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/06/2019

EXPIRES: 08/05/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	28437
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.2
PURPOSE	Residential Accessory
CONSTRUCTION COST	20234.00
LOT COVERAGE	39.90
SURVEYOR NAME AND NUMBER	M Douglas Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Pool Bonding
Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

BJ2019-018

PROJECT NAME: Gulfstream Pools and Spas
SITE ADDRESS: 1619 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/06/2019

EXPIRES: 08/05/2019

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-007

PROJECT NAME: Coastal Cottage Contracting
SITE ADDRESS: 1409 Pirates Loop Kill Devil Hills

BUILDING JOINT

ISSUED: 02/11/2019

EXPIRES: 08/10/2019

APPLICANT: Robinson, Vaughn
PO Box 433
nags head, nc 27959

OWNER: Ryan Waddell
2604 S. Memorial Blvd.
nags head, nc 27959
252-599-1611

BUILDING-UNLIMITED: Coastal Cottage Contracting
PO Box 433
nags head, nc 27959

License: 75876
Expires:

PARCEL:

PIN: 988414440091

Parcel Number: 003558000

Address: 1409 Pirates Loop Kill Devil Hills

Zoning:

Addition: LANDING SECTION 2, THE

Block: 0 **Lot(s):** 53

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$772.80	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Heated Space (.75)	672 sq. Ft.
Totals :	\$922.80	\$0.00	Residential Unheated (.40)	672 Sq. Ft

PAID

PROJECT DESCRIPTION: New 2 Bedroom 1 Bath SFD

FEB 12 2019

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T23461

BJ2019-007

PROJECT NAME: Coastal Cottage Contracting
SITE ADDRESS: 1409 Pirates Loop Kill Devil Hills

BUILDING JOINT

ISSUED: 02/11/2019

EXPIRES: 08/10/2019

- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Coastal Cottage Contracting, LLC Date: *2/11/19*

By Vaylon member



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-023	BUILDING JOINT
PROJECT NAME: David Snow	ISSUED: 02/12/2019
SITE ADDRESS: 1206 FOURTH ST W KILL DEVIL HILLS	EXPIRES: 08/11/2019

APPLICANT: Emanuelson and Dad
6705 CROATAN HWY SOUTH
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2215

OWNER: Snow, David
1206 W Fourth St
Kill Devil Hills, NC 27948
614-516-9680

RESIDENTIAL, LIMITED: Emanuelson and Dad
6705 CROATAN HWY SOUTH
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2215

License: 79801
Expires: 06/14/2019

PARCEL:

PIN: 988409071070

Parcel Number: 002285000

Address: 1206 FOURTH ST W KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES SEC 2

Block: 0 **Lot(s):** 60-61

Legal Description:

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

PROJECT DESCRIPTION: Raise House, install piles and girders, new stairs in front and rear, permit is to just raise house not enclose underneath

FEB 12 2019



Town of Kill Devil Hills

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

PAID

FEB 14 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2019-022	BUILDING JOINT
PROJECT NAME: Kevin Reilly	ISSUED: 02/11/2019
SITE ADDRESS: 305 CANAL DR KILL DEVIL HILLS	EXPIRES: 08/10/2019

APPLICANT: JB UTZ CONSTRUCTION UNKNOWN UNKNOWN, XX 00000 252-475-4619	OWNER: KEVIN REILLY 11802 Marquis Terrace Richmond, Va 23238
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GENERAL: JB UTZ CONSTRUCTION UNKNOWN UNKNOWN, XX 00000 252-475-4619	License: none Expires: 12/31/2019
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PARCEL:

PIN: 988410358133	Parcel Number: 003294000
Address: 305 CANAL DR KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 1	Block: 0 Lot(s): 3
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$258.75	\$0.00	Residential Heated Space	345 sq. Ft.
Totals :	\$258.75	\$0.00	(.75)	

PROJECT DESCRIPTION: Construct 14'22' conditioned office space under existing footprint of house

BJ2019-022

PROJECT NAME: Kevin Reilly

SITE ADDRESS: 305 CANAL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2019

EXPIRES: 08/10/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	28457
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.3
Proposed First Floor Elevation	10.30
PURPOSE	Residential Addition
CONSTRUCTION COST	24000.00
LOT COVERAGE	30.10
SURVEYOR NAME AND NUMBER	M. Douglas Styons L-3227
ENGINEER AND LICENSE NUMBER	Carlos Gomez 014071
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Floor box	Insulation
Sheathing	Final
Rough In	Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.

BJ2019-022

PROJECT NAME: Kevin Reilly

SITE ADDRESS: 305 CANAL DR KILL DEVIL HILLS

BUILDING JOINT

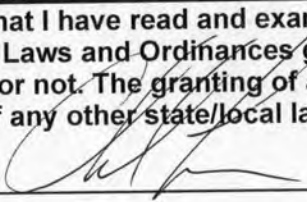
ISSUED: 02/11/2019

EXPIRES: 08/10/2019

* A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).

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

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Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 2/14/19



Town of Kill Devil Hills

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Phone: 252-449-5318 Fax: 252-441-4102

PAID

FEB 15 2019

Planning and Inspection Department

TOWNSHIP

BJ2019-027	BUILDING JOINT
PROJECT NAME: Hvozdovic Kitchen	ISSUED: 02/15/2019
SITE ADDRESS: 707 SPORTSMAN DR W KILL DEVIL HILLS	EXPIRES: 08/14/2019

APPLICANT: Hvozdovic, Jerome & Lori
707 W Sportsman St
Kill Devil Hills, NC 27948
252-564-5049

OWNER: Hvozdovic, Jerome & Lori
707 W Sportsman St
Kill Devil Hills, NC 27948
252-564-5049

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405093960

Parcel Number: 001576000

Address: 707 SPORTSMAN DR W KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 **Lot(s):** 218

Legal Description:

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

PROJECT DESCRIPTION: Remodel kitchen, add circuits for diswasher & microwave additional outlets. Install plumbing for adding dishwasher.

BJ2019-027

PROJECT NAME: Hvozdovic Kitchen

SITE ADDRESS: 707 SPORTSMAN DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/15/2019

EXPIRES: 08/14/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	49000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Rough In

Final

Insulation

Zoning Final

CONDITIONS

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

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-15-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-026

PROJECT NAME: Anderson attic alterations and HVAC
SITE ADDRESS: 106 ASHVILLE DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/13/2019

EXPIRES: 08/12/2019

APPLICANT: ANDERSON, SHANE
8524 Hampton Crossing PL
CHESTERFIELD, VA 23832
804-339-3392

OWNER: ANDERSON, SHANE
8524 Hampton Crossing PL
CHESTERFIELD, VA 23832
804-339-3392

GENERAL BUILDING-LIMITED: MOYE, CHRISTOPHER A
432 Colington Drive
PO Box 3067
Kill Devil Hills, NC 27948
252-216-8155

License: 76610
Expires: 12/31/2019

PARCEL:

PIN: 988415539686

Parcel Number: 003508000

Address: 106 ASHVILLE DR KILL DEVIL HILLS

Addition: MEMORIAL OVERLOOK

Zoning:

Block: 0 **Lot(s):** 50-51

Legal Description:

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

PROJECT DESCRIPTION: Alter existing attic trusses to accomodate airhandler, install HVAC

FEB 13 2019

BJ2019-026

PROJECT NAME: Anderson attic alterations and HVAC
SITE ADDRESS: 106 ASHVILLE DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/13/2019

EXPIRES: 08/12/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-13-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-024	BUILDING JOINT
PROJECT NAME: Mack Construction	ISSUED: 02/13/2019
SITE ADDRESS: 2106 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 08/12/2019

APPLICANT: MACKO CONSTRUCTION (T/A, SMS CONSTRUCTION INC.)
P.O. Box 3689
Kill Devil Hills, NC 27948
252-480-6411

OWNER: Willowbrook Estates, LLC
PO Box 1653
Kill Devil Hills, NC 27948

UNLIMITED, GENERAL BUILDING:

MACKO CONSTRUCTION (T/A, SMS CONSTRUCTION INC.)
P.O. Box 3689
Kill Devil Hills, NC 27948
252-480-6411

License: 62049
Expires: 12/31/2019

PARCEL:

PIN: 988518216261

Parcel Number: 003075000

Address: 2106 VA DARE TRL N KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:

Block: 0

Lot(s): 11,12 & 30' OF 10

Legal Description:

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

PROJECT DESCRIPTION: Installation of new freezer, freezer equipment and platform

PAID
FEB 13 2019



Town of Kill Devil Hills

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

PAID

FEB 19 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2019-029	BUILDING JOINT
PROJECT NAME: Anthony Tesoriero	ISSUED: 02/19/2019
SITE ADDRESS: 2056 BAY DR KILL DEVIL HILLS	EXPIRES: 08/18/2019

APPLICANT: TESORIERO, ORLANDO TRUSTEES 2056 BAY DRIVE KILL DEVIL HILLS, NC 27948	OWNER: Tesoriero, Anthony 15787 Shorebird Lane WINTER GARDEN, FL 34787
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 987408982983	Parcel Number: 001977000
Address: 2056 BAY DR KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 1000
Legal Description:	

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

PROJECT DESCRIPTION: Move drain, hot and cold water supply and electrical outlet for washer and dryer from ground level to existing room on first floor

BJ2019-029

PROJECT NAME: Anthony Tesoriero
SITE ADDRESS: 2056 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1000.00
SURVEYOR NAME AND NUMBER	Micheal D Barr L-1756
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

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

BJ2019-029

PROJECT NAME: Anthony Tesoriero
SITE ADDRESS: 2056 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2/19/2019



Town of Kill Devil Hills

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

PAID

FEB 15 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2019-021

PROJECT NAME: David Bramwell
SITE ADDRESS: 112 MEADOWLARK ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/15/2019

EXPIRES: 08/14/2019

APPLICANT: Bramwell, David
112 E Meadowlark Street
Kill Devil Hills, NC 27948

OWNER: Bramwell, David
112 E Meadowlark Street
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988308890986

Parcel Number: 003822000

Address: 112 MEADOWLARK ST E KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 34 **Lot(s):** 6

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$225.75	\$0.00	Residential Unheated (.40)	360 Sq. Ft
Totals :	\$375.75	\$0.00	Residential Heated Space (.75)	109 sq. Ft.

PROJECT DESCRIPTION: Rebuild decks, front porch enclosure, and storage underneath house

BJ2019-021

PROJECT NAME: David Bramwell

SITE ADDRESS: 112 MEADOWLARK ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/15/2019

EXPIRES: 08/14/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	28435
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	7.00
PURPOSE	Residential Addition
CONSTRUCTION COST	29000.00
LOT COVERAGE	37.80
SURVEYOR NAME AND NUMBER	JH Miller Jr L-4958
ENGINEER AND LICENSE NUMBER	Barrett C Cook 027540
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

BJ2019-021

PROJECT NAME: David Bramwell

SITE ADDRESS: 112 MEADOWLARK ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/15/2019

EXPIRES: 08/14/2019

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

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

* Enclose under house for garage, bath, & storage.

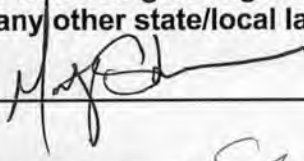
* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.

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

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

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2-15-19



Town of Kill Devil Hills

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

PAID
 FEB 21 2019

Planning and Inspection Department

BJ2019-028 PROJECT NAME: Fred Niethamer SITE ADDRESS: 107 WOODMERE AVE KILL DEVIL HILLS	BUILDING JOINT ISSUED: 02/21/2019 EXPIRES: 08/20/2019
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APPLICANT: Pain Construction Company 407 Raceview CT nags head, nc 27959 256-1055	OWNER: NIETHAMER, FREDERICK J JR 4904 ASQUITH CT. FAIRFAX, VA 22032
---	--

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

PIN: 988415625563	Parcel Number: 004003000
Address: 107 WOODMERE AVE KILL DEVIL HILLS	
Addition: KITTY HAWK SHORES - REVISED	Zoning: Block: 45 Lot(s): 16
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$68.25	\$0.00	Remodel/Renovation	132 SQFT
Open Deck Fee	\$300.00	\$0.00	Residential Heated Space	629 sq. Ft.
Renovation/Remodel/Relocate	\$59.40	\$0.00	(.75)	
Res. Building Permit Fee	\$502.15	\$0.00	Covered Porches/Decks	91 SQFT
T-Pole	\$50.00	\$0.00	Residential Unheated (.40)	76 Sq. Ft
			Open Decks	2 EA
			# of Temporary Poles	1 EA
Totals :	\$979.80	\$0.00		

PROJECT DESCRIPTION: Raise House, set new pilings, set upper part of house on new pilings, frame in new living area under house and add new dining room in upper part of house

BJ2019-028

PROJECT NAME: Fred Niethamer

SITE ADDRESS: 107 WOODMERE AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	28409
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	11.77
PURPOSE	Residential Addition
CONSTRUCTION COST	175000.00
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L-2592
ENGINEER AND LICENSE NUMBER	Michael Osteen 0326628
CULVERT	N
DRIVEWAY INVERT 2	N
NC POWER TEMPORARY #	10273840
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling	Rough In
Floor box	Insulation
Slab/Foundation	Final
Sheathing	Zoning Final

CONDITIONS

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

BJ2019-028

PROJECT NAME: Fred Niethamer

SITE ADDRESS: 107 WOODMERE AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.

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

Issued By: _____

Contractor or Authorized Agent: Chris J. Parr Date: 2/21/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-032

PROJECT NAME: Outer Banks Homebuilders
SITE ADDRESS: 105 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

APPLICANT: OUTER BANKS HOME BUILDERS
P O BOX 398
KITTY HAWK, NC 27949

OWNER: OUTER BANKS HOME BUILDERS
P O BOX 398
KITTY HAWK, NC 27949

CONTRACTOR: HADDON HOMES, INC.
PO Box 1868
Nags Head, NC 27959
267-2287

CONTRACTOR: HADDON HOMES, INC.
PO Box 1868
Nags Head, NC 27959
267-2287

License: 55566
Expires: 01/05/2020

PARCEL:

PIN: 988312877258

Parcel Number: 009166000

Address: 105 AIRSTRIP RD W KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 8 **Lot(s):** 6-7

Legal Description:

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

PROJECT DESCRIPTION: Add covered front entrance, and two exterior shutters, remove portion of concrete sidewalk

PAID

FEB 20 2019

TOWN OF
KILL DEVIL HILLS

BJ2019-032PROJECT NAME: Outer Banks Homebuilders
SITE ADDRESS: 105 AIRSTRIP RD W KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	28417
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	8000.00
LOT COVERAGE	52.57
ENGINEER AND LICENSE NUMBER	James L Overton 15202
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

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

CONDITIONS

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

BJ2019-032

PROJECT NAME: Outer Banks Homebuilders
SITE ADDRESS: 105 AIRSTRIP RD W KILL DEVIL HILLS

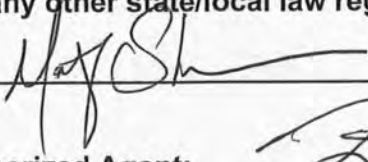
BUILDING JOINT

ISSUED: 02/20/2019

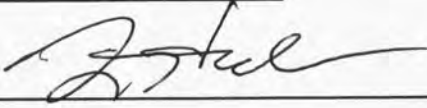
EXPIRES: 08/19/2019

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/20/2019



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-033	BUILDING JOINT
PROJECT NAME: Hallford Kitchen	ISSUED: 02/20/2019
SITE ADDRESS: 906 SWAN ST KILL DEVIL HILLS	EXPIRES: 08/19/2019

APPLICANT: Hallford, Jaycee
906 Swan St
Kill Devil Hills, NC 27948

OWNER: Hallford, Jaycee
906 Swan St
Kill Devil Hills, NC 27948

GENERAL BUILDING - UNLIMITED: OVERTON CORPORATION
1703 Harbour View Drive
PO Box 3989
Kill Devil Hills, NC 27948

License: 54642
Expires: 12/31/2019

PARCEL:

PIN: 988312765976

Parcel Number: 004474000

Address: 906 SWAN ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 33 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: Remodel kitchen install gas tankless water heater

FEB 20 2019

BJ2019-033PROJECT NAME: Hallford Kitchen
SITE ADDRESS: 906 SWAN ST KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	35000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Rough In

Zoning Final

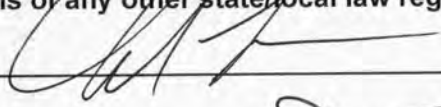

Final

CONDITIONS

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

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

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

Issued By: Contractor or Authorized Agent:  Date: 2/20/19



Town of Kill Devil Hills

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

PAID

FEB 26 2019

Planning and Inspection Department

BJ2019-034

PROJECT NAME: Blair Removal of unpermitted work
SITE ADDRESS: 1205B SEVENTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/26/2019

EXPIRES: 08/25/2019

APPLICANT: Blair, Russ
1205 Seventh Ave B
Kill Devil Hills, NC 27948
252-581-0079

OWNER: Blair, Russ
1205 Seventh Ave B
Kill Devil Hills, NC 27948
252-581-0079

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312758550

Parcel Number: 004536000

Address: 1205B SEVENTH AVE KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 42

Lot(s): PTS OF 2,3,6,7

Legal Description:

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

PROJECT DESCRIPTION: Remove newly constructed walls, bathroom fixtures, and have licensed plumber remove new plumbing from interior as well as from storage shed.

BJ2019-034

PROJECT NAME: Blair Removal of unpermitted work
SITE ADDRESS: 1205B SEVENTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/26/2019

EXPIRES: 08/25/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	LI-2
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	2000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Plumbing
Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Zoning Final Inspection is required.
- * Must remove all unpermitted work to convert structure back to original 4 bedroom 2 bathroom state.
- * Storage shed must be converted back to accessory structure permitted for storage only.
- * Plumbing must be done by and signed off on by licensed plumber.

BJ2019-034

PROJECT NAME: Blair Removal of unpermitted work
SITE ADDRESS: 1205B SEVENTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/26/2019

EXPIRES: 08/25/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/26/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-047

PROJECT NAME: Lang deck repair
SITE ADDRESS: 1807 APACHE ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/27/2019

EXPIRES: 08/26/2019

APPLICANT: Stafford Lang
1807 Apache St
Kill Devil Hills, NC 27948
252-207-3779

OWNER: Stafford Lang
1807 Apache St
Kill Devil Hills, NC 27948
252-207-3779

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988409166916

Parcel Number: 002417000

Address: 1807 APACHE ST KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

Zoning:
Block: E **Lot(s):** 2

Legal Description:

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

PROJECT DESCRIPTION: Making changes to deck joist, girders, and bands according to engineer Michael O'steen's letter.

PAID

FEB 27 2019

TOWNSHIP
KILL DEVIL HILLS

BP2019-047

PROJECT NAME: Lang deck repair
SITE ADDRESS: 1807 APACHE ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/27/2019

EXPIRES: 08/26/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* Permit is for recommendations addressed in the engineer's letter only.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/27/2019



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-042	BUILDING
PROJECT NAME: Buxton Pilings	ISSUED: 02/26/2019
SITE ADDRESS: 112 AVALON DR E KILL DEVIL HILLS	EXPIRES: 08/25/2019

APPLICANT: BUXTON, ANNA D
15B PARK VILLAGE LANE
GREENSBORO, NC 27455

OWNER: BUXTON, ANNA D
15B PARK VILLAGE LANE
GREENSBORO, NC 27455

CONTRACTOR: LIGHTING MARINE
803 W Martin St
Kill Devil Hills, NC 27948
252-202-7713

License: LEGACY UNKNOWN
Expires: 12/30/2019

PARCEL:

PIN: 988517202887

Parcel Number: 001699000

Address: 112 AVALON DR E KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 **Lot(s):** 45

Legal Description:

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

PROJECT DESCRIPTION: Sister 11 existing pilings

PAID

FEB 27 2019

BP2019-042

PROJECT NAME: Buxton Pilings

SITE ADDRESS: 112 AVALON DR E KILL DEVIL HILLS

BUILDING

ISSUED: 02/26/2019

EXPIRES: 08/25/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	7730.00

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2/27/19



Town of Kill Devil Hills

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

PAID

FEB 27 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-045

PROJECT NAME: ROWE STAIR REPLACEMENT
SITE ADDRESS: 906 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/27/2019

EXPIRES: 08/26/2019

APPLICANT: ROWE, CHARLES B
P O BOX 99
COURTLAND, VA 23837

OWNER: ROWE, CHARLES B
P O BOX 99
COURTLAND, VA 23837

GENERAL-LIMITED: ALL COUNTY BUILDERS LLC
205 West Morning Dove
NAGS HEAD, NC 27959
252-475-4047

License: 59306
Expires: 01/11/2020

PARCEL:

PIN: 988415721815

Parcel Number: 003721001

Address: 906 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 19 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: REPLACING BOTTOM AND UPPER LEVEL STAIRS

BP2019-045

PROJECT NAME: ROWE STAIR REPLACEMENT
SITE ADDRESS: 906 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/27/2019

EXPIRES: 08/26/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	13000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

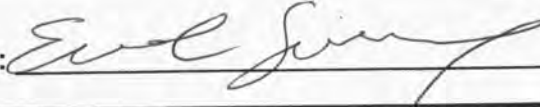
Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As built survey required if stairs are not within original footprint.
- * Final inspection must must show stairs meet 8" setback.
- * Stairs must comply with section R311 of 2018 NCBC

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/27/2019



Town of Kill Devil Hills

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

PAID

FEB 27 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-044

PROJECT NAME: Johnson strap installation
SITE ADDRESS: 207 FOURTH ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/27/2019

EXPIRES: 08/26/2019

APPLICANT: Jeff Johnson
207 W 4th St
Kill Devil Hills, NC 27948
757-944-0931

OWNER: OWENS, DENVER O
2632 N ELIZABETH HARBOR
DRIVE
CHESAPEAKE, VA 23321

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988406286154

Parcel Number: 002213000

Address: 207 FOURTH ST W KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES SEC 2

Block: 0 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: Installing straps with 5/8" through bolts from 6"x6" to 8"x8" deck pilings

Cost \$1,000.00

BP2019-044

PROJECT NAME: Johnson strap installation
SITE ADDRESS: 207 FOURTH ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/27/2019

EXPIRES: 08/26/2019

DETAILS

Permit

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

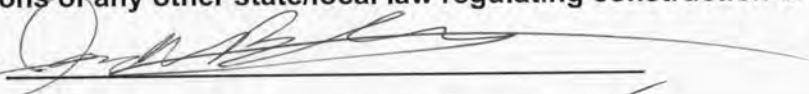
REQUIRED INSPECTIONS

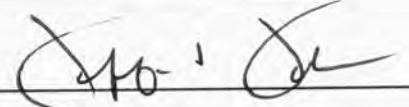
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 2/27/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-043	BUILDING
PROJECT NAME: Huffman Storage	ISSUED: 02/26/2019
SITE ADDRESS: 1926 FIFTH ST W KILL DEVIL HILLS	EXPIRES: 08/25/2019

APPLICANT: ROGER HUFFMAN 1926 Fifth St Kill Devil Hills, NC 27948 252-256-0328	OWNER: ROGER HUFFMAN 1926 Fifth St Kill Devil Hills, NC 27948 252-256-0328
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 987412977372	Parcel Number: 002162061
Address: 1926 FIFTH ST W KILL DEVIL HILLS	Zoning:
Addition: WRIGHT'S SHORES	Block: 0 Lot(s): 60 & 61
Legal Description:	

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

PROJECT DESCRIPTION: Construct 210 sq ft storage area under house

PAID
FEB 26 2019

BP2019-043PROJECT NAME: Huffman Storage
SITE ADDRESS: 1926 FIFTH ST W KILL DEVIL HILLS**BUILDING**

ISSUED: 02/26/2019

EXPIRES: 08/25/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1545.00
STORAGE (SQFT)	210

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-041

PROJECT NAME: DEMATTEO ACCESSORY STRUCTURE
SITE ADDRESS: 115 AVALON DR E KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2019

EXPIRES: 08/21/2019

APPLICANT: JOSEPH DEMATTEO
24534 BOWS AND ARROWS RD
Zuni, VA 23898
757-876-5187

OWNER: JOSEPH DEMATTEO
24534 BOWS AND ARROWS RD
Zuni, VA 23898
757-876-5187

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517204707

Parcel Number: 001689001

Address: 115 AVALON DR E KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 **Lot(s):** 34

Legal Description:

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

PROJECT DESCRIPTION: STAND ALONE ACCESSORY STRUCTURE (5'X6.5') IN SOUTHEAST CORNER OF LOT. 5' FROM PROPERTY LINE AND SEPTIC.

FEB 22 2019

BP2019-041

PROJECT NAME: DEMATTEO ACCESSORY STRUCTURE
SITE ADDRESS: 115 AVALON DR E KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2019

EXPIRES: 08/21/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Accessory
FRONT YARD SETBACK	15
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	600.00
LOT COVERAGE	41.20
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final
Final

Plumbing

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Accessory structure must be structurally independent from existing accessory structure and must show adequate anchoring to resist the force of flood waters.

BP2019-041

PROJECT NAME: DEMATTEO ACCESSORY STRUCTURE
SITE ADDRESS: 115 AVALON DR E KILL DEVIL HILLS

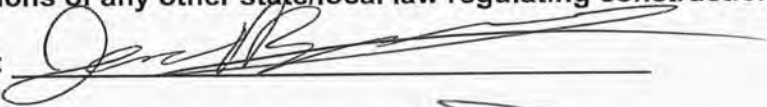
BUILDING

ISSUED: 02/22/2019

EXPIRES: 08/21/2019

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/22/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-039

PROJECT NAME: Kearney Pilings and Stairs
SITE ADDRESS: 207 ATLANTIC ST E KILL DEVIL HILLS

BUILDING

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

APPLICANT: KEARNEY, ROSS A II
10 WEBER LANE
HAMPTON, VA 23663
757-268-4081

OWNER: KEARNEY, ROSS A II
10 WEBER LANE
HAMPTON, VA 23663
757-268-4081

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 989309061319

Parcel Number: 004731000

Address: 207 ATLANTIC ST E KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL BEACH SEC 1 REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: Sister Pilings with 6x6 pilings bolted with 3-5/8" bolts. Replacings stairs in same location on east side of house. Extending stairs by 1' in length and 1' in width

FEB 20 2019

BP2019-039

PROJECT NAME: Kearney Pilings and Stairs
SITE ADDRESS: 207 ATLANTIC ST E KILL DEVIL HILLS

BUILDING

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling

Zoning Final

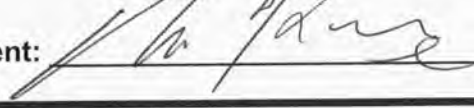
Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Pilings will require minimum 8' embedment

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/20/19



Town of Kill Devil Hills

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

PAID

FEB 21 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-040

PROJECT NAME: Town of Kill Devil Hills
SITE ADDRESS: 103 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

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

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

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

License: 75144
Expires: 12/31/2019

PARCEL:

PIN: 988420808780

Parcel Number: 003666099

Address: 103 VA DARE TRL S KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block:

Lot(s):

Legal Description:

FEES: Paid Due

Totals :

PROJECT DESCRIPTION: Handicap Beach Access Walkway

BP2019-040

PROJECT NAME: Town of Kill Devil Hills
SITE ADDRESS: 103 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Commercial Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	12
REAR YARD SETBACK	CAMA
HEALTH DEPARTMENT PERMIT #	28482
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	35000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Michael Osteen 032628

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-040

PROJECT NAME: Town of Kill Devil Hills

SITE ADDRESS: 103 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/21/19



Town of Kill Devil Hills

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

PAID

FEB 15 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-033

PROJECT NAME: Thornbrough Foundation Footers
SITE ADDRESS: 713 FIRST ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

APPLICANT: MATTHEW & LAURA THORNBROUGH
713 W. First St.
K D H, NC 27948

OWNER: MATTHEW & LAURA THORNBROUGH
713 W. First St.
K D H, NC 27948

GENERAL: TO THE T CONSTRUCTION
100 Inge Drive
Manteo, NC 27954
252-216-8991

License: 63750
Expires: 01/15/2020

PARCEL:

PIN: 988413145089

Parcel Number: 027546085

Address: 713 FIRST ST W KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 85

Legal Description:

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

PROJECT DESCRIPTION: Repair/replace 3 interior foundation piers, footers and girders

BP2019-033

PROJECT NAME: Thornbrough Foundation Footers
SITE ADDRESS: 713 FIRST ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6000.00

REQUIRED INSPECTIONS

Slab/Foundation Final
 Zoning Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2/15/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-036

PROJECT NAME: VAN BEELEN DECK PILING REPLACEMENT
SITE ADDRESS: 118 WILSON ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

APPLICANT: VAN BEELEN, JAN
BLVD. 85 2225HA KATWIJK
2225HA
NETHERLANDS

OWNER: VAN BEELEN, JAN
BLVD. 85 2225HA KATWIJK
2225HA
NETHERLANDS

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

License: 75144
Expires: 12/31/2019

PARCEL:

PIN: 988518205743

Parcel Number: 001811000

Address: 118 WILSON ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 1

Block: 0 **Lot(s):** 362

Legal Description:

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

PROJECT DESCRIPTION: REPLACING DECK RAILPOST/ROOF SUPPORT FROM 4"X4" TO 6"X6"

FEB 19 2019

BP2019-036

PROJECT NAME: VAN BEELEN DECK PILING REPLACEMENT
SITE ADDRESS: 118 WILSON ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

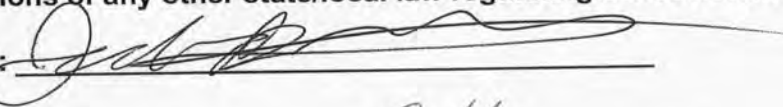
Final

CONDITIONS

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Issued By:



Contractor or Authorized Agent:



Date:

2/19/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-037	BUILDING
PROJECT NAME: Ocean East Condos	ISSUED: 02/21/2019
SITE ADDRESS: 103 MEMORIAL BLVD N KILL DEVIL HILLS	EXPIRES: 08/20/2019

APPLICANT: OCEAN EAST PROPERTY OWNERS
14200 Long Gate Rd
Midlothian, VA 23112

OWNER: ROACH, RUTH V
521 KERRY LAKE DRIVE
NEWPORT NEWS, VA 23602

CONTRACTOR: MACKO CONSTRUCTION (T/A, SMS
CONSTRUCTION INC.)
P.O. Box 3689
Kill Devil Hills, NC 27948
252-480-6411

UNLIMITED, GENERAL BUILDING: MACKO CONSTRUCTION (T/A, SMS
CONSTRUCTION INC.)
P.O. Box 3689
Kill Devil Hills, NC 27948
252-480-6411

License: 62049
Expires: 12/31/2019

PARCEL:

PIN: 98842070987103 **Parcel Number:** 0037719999

Address: 103 MEMORIAL BLVD N KILL DEVIL HILLS

Addition: OCEANS EAST CONDOS **Zoning:** **Block:** 27 **Lot(s):** PT 7&8 STUDIO APT

Legal Description:

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

PROJECT DESCRIPTION: Replace southwest decks and stair system

FEB 21 2019

PAID

BP2019-037

PROJECT NAME: Ocean East Condos

SITE ADDRESS: 103 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	22925.00
LOT COVERAGE	73.30
SURVEYOR NAME AND NUMBER	William Yetzer L-5274
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Decks, Stairs, and and Bench Cantilevers must be re-built to current footprint.

BP2019-037

PROJECT NAME: Ocean East Condos

SITE ADDRESS: 103 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-038	BUILDING
PROJECT NAME: Maureen Welch	ISSUED: 02/21/2019
SITE ADDRESS: 613 KELLY CT KILL DEVIL HILLS	EXPIRES: 08/20/2019

APPLICANT: LOWDERMILK, MAUREEN WELCH 613 KELLY CT KILL DEVIL HILLS, NC 27948	OWNER: LOWDERMILK, MAUREEN WELCH 613 KELLY CT KILL DEVIL HILLS, NC 27948
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 988405185034	Parcel Number: 002091000
Address: 613 KELLY CT KILL DEVIL HILLS	Zoning:
Addition: WRIGHT'S SHORES	Block: 0 Lot(s): 128
Legal Description:	

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

PROJECT DESCRIPTION: 8x8 Storage under house within current footprint

PAID
FEB 21 2019

BP2019-038

PROJECT NAME: Maureen Welch
SITE ADDRESS: 613 KELLY CT KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1700.00
LOT COVERAGE	20.00
SURVEYOR NAME AND NUMBER	Kirk R Foreman L-2801
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As built survey will be required if the project does not match proposed site plan at Final Zoning Inspection.

BP2019-038

PROJECT NAME: Maureen Welch
SITE ADDRESS: 613 KELLY CT KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

PAID
FEB 19 2019
TOWN OF KILL DEVIL HILLS

Planning and Inspection Department

BP2019-032	BUILDING
PROJECT NAME: Bunch Exterior Remodel	ISSUED: 02/13/2019
SITE ADDRESS: 1207 MEMORIAL BLVD S KILL DEVIL HILLS	EXPIRES: 08/12/2019

APPLICANT: RODNEY BUNCH
700 E Main St Apt 202
ELIZABETH CITY, NC 27909

OWNER: RODNEY BUNCH
700 E Main St Apt 202
ELIZABETH CITY, NC 27909

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

License: 75144
Expires: 12/31/2019

PARCEL:

PIN: 988312978403

Parcel Number: 004282022

Address: 1207 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 6 **Lot(s):** 22

Legal Description:

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

PROJECT DESCRIPTION: New windows, siding, decking and handrails

BP2019-032PROJECT NAME: Bunch Exterior Remodel
SITE ADDRESS: 1207 MEMORIAL BLVD S KILL DEVIL HILLS**BUILDING**

ISSUED: 02/13/2019

EXPIRES: 08/12/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	80000.00

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/28/19



Town of Kill Devil Hills

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

PAID

FEB 15 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-026

PROJECT NAME: Brown Window Replacement
SITE ADDRESS: 201 SEA VILLAGE LN KILL DEVIL HILLS

BUILDING

ISSUED: 02/07/2019

EXPIRES: 08/06/2019

APPLICANT: BROWN, TIMOTHY M
144 WATERLOO ST
WARRENTON, VA 00000

OWNER: BROWN, TIMOTHY M
144 WATERLOO ST
WARRENTON, VA 00000

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

License: 00000
Expires:

PARCEL:

PIN: 988513039438

Parcel Number: 002977000

Address: 201 SEA VILLAGE LN KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 26

Legal Description:

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

PROJECT DESCRIPTION: Replacing windows

BP2019-026

PROJECT NAME: Brown Window Replacement
SITE ADDRESS: 201 SEA VILLAGE LN KILL DEVIL HILLS

BUILDING

ISSUED: 02/07/2019

EXPIRES: 08/06/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	15000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

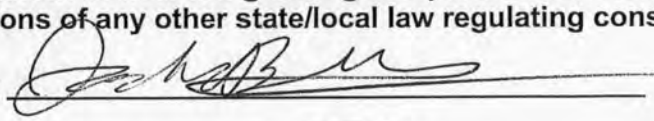
Final

CONDITIONS

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

Issued By:



Contractor or Authorized Agent:



Date:

2/15/19



Town of Kill Devil Hills

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

PAID

FEB 19 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2019-022	BUILDING
PROJECT NAME:	ISSUED: 02/04/2019
SITE ADDRESS: 3140 BAY DR KILL DEVIL HILLS	EXPIRES: 08/03/2019

APPLICANT: JAMES BYRUM 106 Egret Ct. Yorktown, Va 23692 757-869-4507	OWNER: JAMES BYRUM 106 Egret Ct. Yorktown, Va 23692 757-869-4507
--	--

CONTRACTOR: HADDON HOMES, INC. PO Box 1868 Nags Head, NC 27959 267-2287	License: 55566 Expires: 01/05/2020
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PARCEL:

PIN: 987516822727	Parcel Number: 001065000
Address: 3140 BAY DR KILL DEVIL HILLS	Zoning:
Addition: MOOR SHORES	Block: 0 Lot(s): 129
Legal Description:	

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

PROJECT DESCRIPTION: Replace siding/railings/decking/exterior stair.

BP2019-022

PROJECT NAME:

SITE ADDRESS: 3140 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/04/2019

EXPIRES: 08/03/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	104205.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

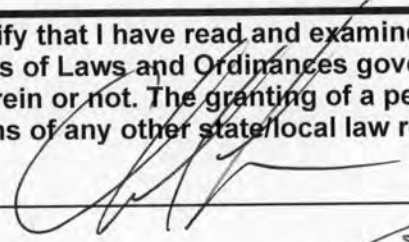
Zoning Final

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/19/2019



Town of Kill Devil Hills

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

PAID

FEB 19 2019

Planning and Inspection Department

BP2019-035

PROJECT NAME: Jay Scribner
SITE ADDRESS: 105 PINEHURST AVE KILL DEVIL HILLS

BUILDING

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

APPLICANT: WRIGHTWAY BUILDING AND DESIGN
903 Indian Drive
Kill Devil Hills, NC 27948

OWNER: Wright On LLC
26 Paddock Lane
HAMPTON, VA 23669

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

License: 50178
Expires: 12/31/2019

PARCEL:

PIN: 988419712143

Parcel Number: 003910000

Address: 105 PINEHURST AVE KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 39

Lot(s): 15 & PT 14

Legal Description:

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

PROJECT DESCRIPTION: Remove existing front decks and rebuild front deck behind 30' setback, add 8x20 deck on east side of existing structure

BP2019-035

PROJECT NAME: Jay Scribner

SITE ADDRESS: 105 PINEHURST AVE KILL DEVIL HILLS

BUILDING

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	28466
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	29072.00
LOT COVERAGE	27.40
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

PLING

Final

CONDITIONS

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

BP2019-035

PROJECT NAME: Jay Scribner

SITE ADDRESS: 105 PINEHURST AVE KILL DEVIL HILLS

BUILDING

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2/19/19



Town of Kill Devil Hills

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

PAID
FEB 14 2019

Planning and Inspection Department

BP2019-003	BUILDING
PROJECT NAME: Karpal Deck Construction	ISSUED: 02/13/2019
SITE ADDRESS: 1521 SIR WALTER RD KILL DEVIL HILLS	EXPIRES: 08/12/2019

APPLICANT: RAYMOND KARPAL
10912 Montgomery Rd.
Beltsville, MD 20705

OWNER: RAYMOND KARPAL
10912 Montgomery Rd.
Beltsville, MD 20705

BUILDING UNLIMITED: Gibbs, Clarence
Po Box 2387
Manteo, NC 27954

License: 76990
Expires: 12/31/2019

PARCEL:

PIN: 988411554648

Parcel Number: 003185000

Address: 1521 SIR WALTER RD KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:

Block: D **Lot(s):** 30

Legal Description:

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

PROJECT DESCRIPTION: Rebuild crow's nest upper level deck and stairs.

BP2019-003**PROJECT NAME:** Karpal Deck Construction**SITE ADDRESS:** 1521 SIR WALTER RD KILL DEVIL HILLS**BUILDING****ISSUED:** 02/13/2019**EXPIRES:** 08/12/2019**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5600.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

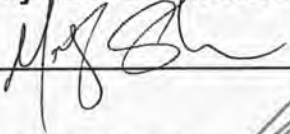
Zoning Final


Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2-14-19



Town of Kill Devil Hills

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

PAID

FEB 14 2019

Planning and Inspection Department

BP2019-024

PROJECT NAME: Holden Deck Repair
SITE ADDRESS: 108 GODDARD AVE E KILL DEVIL HILLS

BUILDING

ISSUED: 02/06/2019

EXPIRES: 08/05/2019

APPLICANT: HOLDEN, O ALLEN JR
113 ADAMS DRIVE
NEWPORT NEWS, VA 23601

OWNER: HOLDEN, O ALLEN JR
113 ADAMS DRIVE
NEWPORT NEWS, VA 23601

UNLICENSED - REMODELING: RUSSEL KISSEL
1004 CARDINAL ST
Kill Devil Hills, NC 27948
252-207-3584

License: 000
Expires: 01/01/2050

PARCEL:

PIN: 988308892444

Parcel Number: 010921000

Address: 108 GODDARD AVE E KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 32 **Lot(s):** 7

Legal Description:

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

PROJECT DESCRIPTION: Replace side deck on existing pilings w. additional 6x6 pilings added, replacing stairs withing same footprint

BP2019-024

PROJECT NAME: Holden Deck Repair

SITE ADDRESS: 108 GODDARD AVE E KILL DEVIL HILLS

BUILDING

ISSUED: 02/06/2019

EXPIRES: 08/05/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8900.00
LOT COVERAGE	38.12
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-024

PROJECT NAME: Holden Deck Repair

SITE ADDRESS: 108 GODDARD AVE E KILL DEVIL HILLS

BUILDING

ISSUED: 02/06/2019

EXPIRES: 08/05/2019

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

Issued By:



Contractor or Authorized Agent:

Russell Russell

Date:

2-14-18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-031	BUILDING
PROJECT NAME: LECLAIR STAIR REPLACEMENT	ISSUED: 02/12/2019
SITE ADDRESS: 2038 ELIZABETH CITY ST KILL DEVIL HILLS	EXPIRES: 08/11/2019

APPLICANT: LECLAIR, JAMIE 7748 BURNET LANE NEW PORT RICHEY, FL 34654 727-744-5388	OWNER: LECLAIR, JAMIE 7748 BURNET LANE NEW PORT RICHEY, FL 34654 727-744-5388
---	---

UNLICENSED BUILDER:	OBX Deck PO Box 1734 Kill Devil Hills, NC 27948 305-6000	License: Unlicensed Expires: 09/26/2019
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PARCEL:

PIN: 988517108064	Parcel Number: 001173000
Address: 2038 ELIZABETH CITY ST KILL DEVIL HILLS	
Addition: AVALON BEACH ANNEX 2 & 3	Zoning:
Legal Description:	Block: 0 Lot(s): 713

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

PROJECT DESCRIPTION: REPLACING GROUND, MID, AND TOP STAIRCASES IN EXACT FOOTPRINT WITH 2X12 STRINGERS. 2X6 TREADS, 1X8 RISERS, AND 2X4 RAILING. SHALL COMPLY WITH 2018 NCBC

FEB 12 2019

BP2019-031

PROJECT NAME: LECLAIR STAIR REPLACEMENT
SITE ADDRESS: 2038 ELIZABETH CITY ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/12/2019

EXPIRES: 08/11/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* MUST COMPLY WITH 2018 NORTH CAROLINA RESIDENTIAL CODE

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/12/19



Town of Kill Devil Hills

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

PAID

FEB 14 2019

Planning and Inspection Department

BP2019-034

PROJECT NAME: Jeff Farlow
SITE ADDRESS: 2507 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

APPLICANT: FARLOW, JEFFREY C
4713 HARLEQUIN WAY
CHESAPEAKE, VA 23321

OWNER: FARLOW, JEFFREY C
4713 HARLEQUIN WAY
CHESAPEAKE, VA 23321

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987520809427

Parcel Number: 001954000

Address: 2507 BAY DR KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 79 **Lot(s):** 1

Legal Description:

FEES:	Paid	Due
Accessory Residential (MIN)	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Moving storage shed to rear of lot within setbacks, set sheds without permit

BP2019-034

PROJECT NAME: Jeff Farlow

SITE ADDRESS: 2507 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	28416
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	100.00
LOT COVERAGE	31.00
SURVEYOR NAME AND NUMBER	M Douglas Styons L-3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-034

PROJECT NAME: Jeff Farlow

SITE ADDRESS: 2507 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-030

PROJECT NAME: Cindy Bierman
SITE ADDRESS: 408 ST LOUIS ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/11/2019

EXPIRES: 08/10/2019

APPLICANT: KJ CONSTRUCTION & REMODELING
PO BOX 242
kitty hawk, nc 27949
252-207-6589

OWNER: Cynthia Bierman
408 St. Louis St.
102 Town Hall Drive
Kill Devil Hills, NC 27948
757-681-1697

UNLIMITED BUILDING:

KJ CONSTRUCTION & REMODELING
PO BOX 242
kitty hawk, nc 27949
252-207-6589

License: 59936
Expires: 01/04/2020

PARCEL:

PIN: 987516842291

Parcel Number: 008523000

Address: 408 ST LOUIS ST KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:

Block: 0 **Lot(s):** 63

Legal Description:

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

PROJECT DESCRIPTION: Replace existing decking and railings to code, one new 6x6 piling for small landing

PAID

FEB 11 2019

TOWN OF
KILL DEVIL HILLS

BP2019-030

PROJECT NAME: Cindy Bierman

SITE ADDRESS: 408 ST LOUIS ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/11/2019

EXPIRES: 08/10/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	17500.00
LOT COVERAGE	37.70
SURVEYOR NAME AND NUMBER	John M Hurdle L-5209
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling Final
Zoning Final

CONDITIONS

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

BP2019-030

PROJECT NAME: Cindy Bierman
SITE ADDRESS: 408 ST LOUIS ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/11/2019

EXPIRES: 08/10/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

PAID

Planning and Inspection Department

FEB - 8 2019

BP2019-029

PROJECT NAME: James Clark
SITE ADDRESS: 302 CLARK ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/08/2019

EXPIRES: 08/07/2019

APPLICANT: CLARK, JAMES N
1508 SMALL PLACE
KILL DEVIL HILLS, NC 27948

OWNER: CLARK, JAMES N
1508 SMALL PLACE
KILL DEVIL HILLS, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312779390

Parcel Number: 004403000

Address: 302 CLARK ST W KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 21 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: 10x20 storage shed

BP2019-029

PROJECT NAME: James Clark

SITE ADDRESS: 302 CLARK ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/08/2019

EXPIRES: 08/07/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	28448
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3000.00
LOT COVERAGE	19.90
STORAGE (SQFT)	120
ACCESSORY STRUCTURE (SQFT)	120
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	M Douglas Styons L-3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

BP2019-029

PROJECT NAME: James Clark

SITE ADDRESS: 302 CLARK ST W KILL DEVIL HILLS

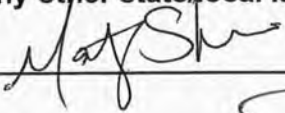
BUILDING

ISSUED: 02/08/2019

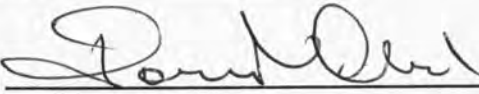
EXPIRES: 08/07/2019

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2-8-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-023

PROJECT NAME: Delores Nester
SITE ADDRESS: 2023 NEW BERN ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/06/2019

EXPIRES: 08/05/2019

APPLICANT: DELORES K NESTER
2023 New Bern Street
KILL DEVIL HILLS, NC 27948

OWNER: DELORES K NESTER
2023 New Bern Street
KILL DEVIL HILLS, NC 27948

CONTRACTOR: NOEL MARCHANT BASNIGHT
131 Steve Basnight Road
MANTEO, NC 27954

CONTRACTOR: NOEL MARCHANT BASNIGHT
131 Steve Basnight Road
MANTEO, NC 27954

License: 70822
Expires: 12/31/2019

PARCEL:

PIN: 988518301121

Parcel Number: 001797000

Address: 2023 NEW BERN ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:
Block: 0 **Lot(s):** 348

Legal Description:

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

PROJECT DESCRIPTION: Change existing "office" to "bedroom #4", house constructed in 2011. No additional construction is taking place.

PAID

FEB 13 2019

TOWN OF
KILL DEVIL HILLS

BP2019-023

PROJECT NAME: Delores Nester

SITE ADDRESS: 2023 NEW BERN ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/06/2019

EXPIRES: 08/05/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	19268
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.2
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	200.00
SURVEYOR NAME AND NUMBER	William S Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-023

PROJECT NAME: Delores Nester

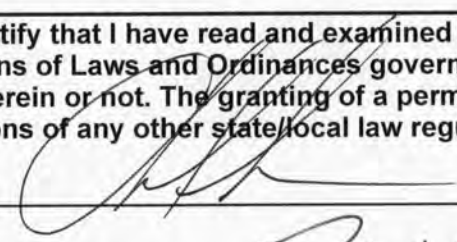
SITE ADDRESS: 2023 NEW BERN ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/06/2019

EXPIRES: 08/05/2019

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 2-13-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-020	BUILDING
PROJECT NAME:	ISSUED: 01/31/2019
SITE ADDRESS: 2054 BAY DR KILL DEVIL HILLS	EXPIRES: 07/30/2019

APPLICANT: Hale, James & Tabitha 6347 Myston LN HUNTERSVILLE, NC 28078 301-606-0543	OWNER: Hale, James & Tabitha 6347 Myston LN HUNTERSVILLE, NC 28078 301-606-0543
---	---

RESIDENTIAL, LIMITED:	Emanuelson and Dad 6705 CROATAN HWY SOUTH 6705 S. Croatan Hwy. nags head, nc 27959 252-261-2215	License: 79801 Expires: 06/14/2019
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PARCEL:

PIN: 987408982898	Parcel Number: 001978000
Address: 2054 BAY DR KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 1002
Legal Description:	

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

PROJECT DESCRIPTION: Repair/replace damaged portions of pier and rear stairs. New fence in rear yard.

FEB - 1 2019

BP2019-020

PROJECT NAME:

SITE ADDRESS: 2054 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 01/31/2019

EXPIRES: 07/30/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6013.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Piling

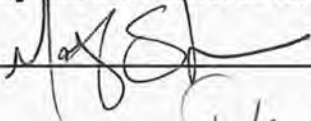
Final

Stringline

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: J. Lewis for Emergent Sun Dad Date: 2-1-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-028	BUILDING
PROJECT NAME: SMITH STAIR REPLACEMENT	ISSUED: 02/07/2019
SITE ADDRESS: 3213 BAY DR KILL DEVIL HILLS	EXPIRES: 08/06/2019

APPLICANT: KENT SMITH
871 Garrow Rd.
NEWPORT NEWS, VA 23608

OWNER: KENT SMITH
871 Garrow Rd.
NEWPORT NEWS, VA 23608

GENERAL BUILDING INTERMEDIATE: Sea Country Homes OBX, LLC
1508 Captains Ln.
Kill Devil Hills, NC 27948

License: 73029
Expires: 12/31/2019

PARCEL:

PIN: 987516832626

Parcel Number: 000238000

Address: 3213 BAY DR KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 141

Legal Description:

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

PROJECT DESCRIPTION: REPLACING TWO SETS OF STRINGERS, TREADS, AND RISERS. STAIRS WITHING EXISTING FOOTPRINT

PAID
FEB - 7 2019
TOWN OF
KILL DEVIL HILLS

cost?
2,000.00

BP2019-028

PROJECT NAME: SMITH STAIR REPLACEMENT
SITE ADDRESS: 3213 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/07/2019

EXPIRES: 08/06/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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Issued By:



Contractor or Authorized Agent:



Date:

2/7/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-027	BUILDING
PROJECT NAME: MCGUIRE DECK, SHEATHING, AND STAIRS	ISSUED: 02/07/2019
SITE ADDRESS: 232 WILKINSON ST W KILL DEVIL HILLS	EXPIRES: 08/06/2019

APPLICANT: DENISE MCGUIRE 232 W WILKINSON ST. Kill Devil Hills, NC 27948 252-573-8349	OWNER: MCGUIRE, JACK W 114C FOREST PINES RD FRANKLIN, VA 23851
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 988513020728	Parcel Number: 000543000
Address: 232 WILKINSON ST W KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 34 Lot(s): 37-38
Legal Description:	

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

PROJECT DESCRIPTION: REPLACING EXTERIOR STAIRS, 3 - 6X6 PILINGS, AND STRUCTURAL DECK REPAIRS AS STATED IN ENGINEERED LETTER.

PAID
FEB - 7 2019
TOWN OF
KILL DEVIL HILLS

BP2019-027

PROJECT NAME: MCGUIRE DECK, SHEATHING, AND STAIRS
SITE ADDRESS: 232 WILKINSON ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/07/2019

EXPIRES: 08/06/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/7/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-021

PROJECT NAME: McPherson Steps
SITE ADDRESS: 2050 NEW BERN ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/01/2019

EXPIRES: 07/31/2019

APPLICANT: McPherson Holdings, LLC
108 Brittany Lane
suffolk, va 23435
757-630-2861

OWNER: McPherson Holdings, LLC
108 Brittany Lane
suffolk, va 23435
757-630-2861

GENERAL: PRUITT, ERIC GLADSTONE
2055 New Bern Street
Kill Devil Hills, NC 27948

License: 21008
Expires: 01/01/2020

PARCEL:

PIN: 988518206682

Parcel Number: 001819000

Address: 2050 NEW BERN ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:
Block: 0 **Lot(s):** 371

Legal Description:

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

PROJECT DESCRIPTION: Replace front steps as is where is

PAID

FEB - 1 2019

TOWNSHIP
PLANNING DEPARTMENT

BP2019-021

PROJECT NAME: McPherson Steps

SITE ADDRESS: 2050 NEW BERN ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/01/2019

EXPIRES: 07/31/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/1/19



Town of Kill Devil Hills

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

PAID

FEB - 7 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2019-025	BUILDING
PROJECT NAME: McKee Investments LLC	ISSUED: 02/07/2019
SITE ADDRESS: 502 AIRSTRIP RD W KILL DEVIL HILLS	EXPIRES: 08/06/2019

APPLICANT: Ware, Mark Po Box 1263 Wanchese, NC 27954	OWNER: MCKEE INVESTMENTS 502 West Airstrip KDH, NC 27948 757-754-4951
---	---

GENERAL:	Empire Construction Services LLC PO Box 1263 Wanchese, NC 27954	License: unlicensed Expires:
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PARCEL:

PIN: 988312767489	Parcel Number: 004481000
Address: 502 AIRSTRIP RD W KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 34 Lot(s): 5
Legal Description:	

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

PROJECT DESCRIPTION: Replace handrails to code, bring deck joist and bolts to code, replace missing siding and soffit

BP2019-025

PROJECT NAME: McKee Investments LLC

SITE ADDRESS: 502 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING

ISSUED: 02/07/2019

EXPIRES: 08/06/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6000.00
SURVEYOR NAME AND NUMBER	Kirk R Foreman L-2801
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Piling

Final

CONDITIONS

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

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

BP2019-025

PROJECT NAME: McKee Investments LLC

SITE ADDRESS: 502 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING

ISSUED: 02/07/2019

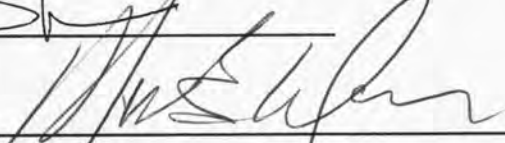
EXPIRES: 08/06/2019

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/7/19



Town of Kill Devil Hills

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

PAID
FEB - 4 2019

Planning and Inspection Department

0000000000

DW2019-001	DRIVEWAY
PROJECT NAME: Duane Rosa	ISSUED: 01/22/2019
SITE ADDRESS: 302 SHILOH ST KILL DEVIL HILLS	EXPIRES: 07/21/2019

APPLICANT: Duane Rosa 495 Quail Run Rd. SUMMIT POINT, WV 25446 571-233-0578	OWNER: Duane Rosa 495 Quail Run Rd. SUMMIT POINT, WV 25446 571-233-0578
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 987516936182	Parcel Number: 000980001
Address: 302 SHILOH ST KILL DEVIL HILLS	Zoning:
Addition: MOOR SHORES	Block: 0 Lot(s): 40
Legal Description:	

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

PROJECT DESCRIPTION: Driveway addition 30x12 ft

DW2019-001

PROJECT NAME: Duane Rosa

SITE ADDRESS: 302 SHILOH ST KILL DEVIL HILLS

DRIVEWAY

ISSUED: 01/22/2019

EXPIRES: 07/21/2019

DETAILS**Permit**

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	Martin Barnette L-3740
ZONING DISTRICT	RL
CONSTRUCTION COST	5000.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
LOT COVERAGE	28.00

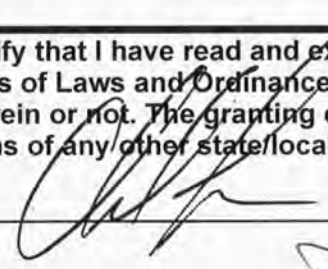
REQUIRED INSPECTIONS

Slab/Foundation Final
 Zoning Final

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

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

Issued By: 

Contractor or Authorized Agent:  Date: 2/4/19



Town of Kill Devil Hills

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

PAID

FEB 15 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

DW2019-002

PROJECT NAME: DOBIE DRIVEWAY
SITE ADDRESS: 507 AIRSTRIP RD W KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

APPLICANT: Dobie, Seth
24 Marshall Rd.
NATICK, MA 01760
781-941-4565

OWNER: Dobie, Seth
24 Marshall Rd.
NATICK, MA 01760
781-941-4565

GENERAL, UNLICENSED: Kenny Pierce Concrete
Sixth Street
Kill Devil Hills, NC 27948
252-480-5779

License: 123456
Expires: 04/29/2020

PARCEL:

PIN: 988312767280

Parcel Number: 004489000

Address: 507 AIRSTRIP RD W KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 35 **Lot(s):** 7

Legal Description:

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

PROJECT DESCRIPTION: POURING DRIVE APRON FROM STREET TO PROPERTY ON EAST SIDE AND LANDING RAMP TO EXISTING CARPORT

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	Y
CULVERT	N
ZONING DISTRICT	RL
CONSTRUCTION COST	3000.00
FLOOD ZONE	X

DW2019-002

PROJECT NAME: DOBIE DRIVEWAY

SITE ADDRESS: 507 AIRSTRIP RD W KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Contact the Public Services Department for a driveway frame up inspection before they will be able to pour concrete. Your driveway will need to be inverted for drainage. You will need to install a 1.5" to 2.0" invert 6 to 8 feet back from edge of pavement falling to the West.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

DW2019-003

PROJECT NAME: John Hamilton
SITE ADDRESS: 421 SOTHEL ST W KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/22/2019

EXPIRES: 08/21/2019

APPLICANT: Hamilton, John
421 W Sothel Street
Kill Devil Hills, NC 27948

OWNER: Hamilton, John
421 W Sothel Street
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987520915743

Parcel Number: 000659000

Address: 421 SOTHEL ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 56 **Lot(s):** 10-12

Legal Description:

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

PROJECT DESCRIPTION: Driveway addition in the right of way

FEB 22 2019

DW2019-003

PROJECT NAME: John Hamilton
SITE ADDRESS: 421 SOTHEL ST W KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/22/2019

EXPIRES: 08/21/2019

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	Martin Barnette L-3740
ZONING DISTRICT	RL
CONSTRUCTION COST	2500.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
LOT COVERAGE	30.00

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 2/22/2019



Town of Kill Devil Hills

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

FEB 27 2019

Planning and Inspection Department

MC2019-041

PROJECT NAME: Roller HVAC
SITE ADDRESS: 609 KELLY CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/27/2019

EXPIRES: 08/26/2019

APPLICANT: Roller, Eric
1681 Ritter Rd
HUNTINGTON, WV 25701

OWNER: Roller, Eric
1681 Ritter Rd
HUNTINGTON, WV 25701

MECHANICAL: DELTA T
162 Yaupon Tr.
Kitty Hawk, NC 27949
256-2436

License: 23299
Expires: 12/31/2019

PARCEL:

PIN: 988405186122

Parcel Number: 002092130

Address: 609 KELLY CT KILL DEVIL HILLS

Addition: WRIGHT'S SHORES

Zoning:
Block: 0 **Lot(s):** 130

Legal Description:

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

PROJECT DESCRIPTION: C/O upper level 1.5 ton HVAC system

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4500.00
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2019-041

PROJECT NAME: Roller HVAC

SITE ADDRESS: 609 KELLY CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/27/2019

EXPIRES: 08/26/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/27/19



Town of Kill Devil Hills

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

PAID
FEB 26 2019

Planning and Inspection Department

MC2019-040	MECHANICAL
PROJECT NAME: EPC NC 103 LLC	ISSUED: 02/26/2019
SITE ADDRESS: 905 Virginia Dare Tr. S. Kill Devil Hills	EXPIRES: 08/25/2019

APPLICANT: EPC NC 103 LLC
629 Potomac River Rd
MCLEAN, VA 22101

OWNER: EPC NC 103 LLC
629 Potomac River Rd
MCLEAN, VA 22101

BUILDING UNLIMITED: R A Hoy Heating & Air
PO Box 235
kitty hawk, nc 27949
252-261-2008

License: 18132
Expires: 12/31/2019

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988308985965

Parcel Number: 004250002

Address: 905 Virginia Dare Tr. S. Kill Devil Hills

Addition: Kill Devil Hills

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

Legal Description:

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

PROJECT DESCRIPTION: C/O 5 HVAC System, duct replacement on top level

MC2019-040

PROJECT NAME: EPC NC 103 LLC

SITE ADDRESS: 905 Virginia Dare Tr. S. Kill Devil Hills

MECHANICAL

ISSUED: 02/26/2019

EXPIRES: 08/25/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	33000.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS


Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 2-26-19



Town of Kill Devil Hills

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

FEB 21 2019

Planning and Inspection Department

MC2019-039	MECHANICAL
PROJECT NAME: Akers HVAC	ISSUED: 02/21/2019
SITE ADDRESS: 222 WILKINSON ST E KILL DEVIL HILLS	EXPIRES: 08/20/2019

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

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

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988513132448

Parcel Number: 030834000

Address: 222 WILKINSON ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

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

Legal Description:

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

PROJECT DESCRIPTION: Replace duct work on top floor

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2317.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

MC2019-039

PROJECT NAME: Akers HVAC

SITE ADDRESS: 222 WILKINSON ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-21-19



Town of Kill Devil Hills

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

FEB 21 2019

Planning and Inspection Department

MC2019-038	MECHANICAL
PROJECT NAME: Edman HVAC	ISSUED: 02/21/2019
SITE ADDRESS: 1806 SIOUX ST KILL DEVIL HILLS	EXPIRES: 08/20/2019

APPLICANT: Edman, John
1806 Sioux St
Kill Devil Hills, NC 27948

OWNER: Edman, John
1806 Sioux St
Kill Devil Hills, NC 27948

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988409179175

Parcel Number: 002439000

Address: 1806 SIOUX ST KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

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

Legal Description:

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

PROJECT DESCRIPTION: C/O 3.5 Ton HVAC system

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6100.00
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2019-038

PROJECT NAME: Edman HVAC
SITE ADDRESS: 1806 SIOUX ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-21-19



Town of Kill Devil Hills

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

PAID

FEB 21 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-036	MECHANICAL
PROJECT NAME:	ISSUED: 02/20/2019
SITE ADDRESS: 2001 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 08/19/2019

APPLICANT: MR. GREGORY A HONEYCUTT
PO Box 838
Ocracoke, NC 27960

OWNER: MR. GREGORY A HONEYCUTT
PO Box 838
Ocracoke, NC 27960

MECHANICAL, H-2, H-3:

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

License: 11618
Expires: 12/31/2019

PARCEL:

PIN: 989313130902

Parcel Number: 004946000

Address: 2001 CROATAN HWY S KILL DEVIL HILLS

Addition: LAKE DRIVE DEVELOPMENT SEC 2

Zoning:

Block: 0

Lot(s): 16-19

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGOUT

MC2019-036

PROJECT NAME:

SITE ADDRESS: 2001 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	3400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/21/19



Town of Kill Devil Hills

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

3710
FEB 20 2019

Planning and Inspection Department

MC2019-034

PROJECT NAME:

SITE ADDRESS: 1637 SIR WALTER RD KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

APPLICANT: MURPHY, MARY LYNN
128 NELSON DRIVE
NEWPORT NEWS, VA 23601

OWNER: MURPHY, MARY LYNN
128 NELSON DRIVE
NEWPORT NEWS, VA 23601

MECHANICAL, PLUMBING, ELECTRICAL: CHRIS'S ELECTRICAL AND MECHANICAL, LLC
2039 Newbern St.
Kill Devil Hills,, NC 27948
480-0738

License: 20044 H-3, P, 22217-L
Expires: 12/31/2019

PARCEL:

PIN: 988410467982

Parcel Number: 003159000

Address: 1637 SIR WALTER RD KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:

Block: C **Lot(s):** 20-21

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC

MC2019-034

PROJECT NAME:

SITE ADDRESS: 1637 SIR WALTER RD KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5527.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: [Signature] Date: 2-20-19



Town of Kill Devil Hills

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

PAID

FEB 21 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-037	MECHANICAL
PROJECT NAME: Buchanan HVAC	ISSUED: 02/21/2019
SITE ADDRESS: 902 CLAM SHELL DR KILL DEVIL HILLS	EXPIRES: 08/20/2019

APPLICANT: BUCHANAN, JUDITH
3726 Spring Garden St
PHILADELPHIA, PA 19104
216-470-3842

OWNER: BUCHANAN, JUDITH
3726 Spring Garden St
PHILADELPHIA, PA 19104
216-470-3842

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988409170103

Parcel Number: 002366000

Address: 902 CLAM SHELL DR KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

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

Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8450.00
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2019-037

PROJECT NAME: Buchanan HVAC

SITE ADDRESS: 902 CLAM SHELL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/21/2019

EXPIRES: 08/20/2019

REQUIRED INSPECTIONS


Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2-21-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-033	MECHANICAL
PROJECT NAME: Brumbeloe HVAC	ISSUED: 02/19/2019
SITE ADDRESS: 1507 KETCH LN KILL DEVIL HILLS	EXPIRES: 08/18/2019

APPLICANT: BRUMBELOE, JAMES T
1507 KETCH LANE
KILL DEVIL HILLS, NC 27948-8435

OWNER: BRUMBELOE, JAMES T
1507 KETCH LANE
KILL DEVIL HILLS, NC 27948-8435

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

License: 19091
Expires: 12/31/2019

PARCEL:

PIN: 988414236809

Parcel Number: 026961000

Address: 1507 KETCH LN KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VLG PH A SEC 3

Block: 0 **Lot(s):** 19

Legal Description:

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

PROJECT DESCRIPTION: Install 9000 BTU heat pump and ductless air handler

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3720.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

FEB 19 2019

MC2019-033

PROJECT NAME: Brumbeloe HVAC
SITE ADDRESS: 1507 KETCH LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-19-19



Town of Kill Devil Hills

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

PAID
FEB 21 2019

Planning and Inspection Department

MC2019-035	MECHANICAL
PROJECT NAME:	ISSUED: 02/20/2019
SITE ADDRESS: 106 ASHVILLE DR KILL DEVIL HILLS	EXPIRES: 08/19/2019

APPLICANT: ANDERSON, SHANE
8524 Hampton Crossing PL
CHESTERFIELD, VA 23832
804-339-3392

OWNER: ANDERSON, SHANE
8524 Hampton Crossing PL
CHESTERFIELD, VA 23832
804-339-3392

MECHANICAL, H-2, H-3:

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

License: 11618
Expires: 12/31/2019

PARCEL:

PIN: 988415539686

Parcel Number: 003508000

Address: 106 ASHVILLE DR KILL DEVIL HILLS

Zoning:

Addition: MEMORIAL OVERLOOK

Block: 0 **Lot(s):** 50-51

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-035

PROJECT NAME:

SITE ADDRESS: 106 ASHVILLE DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6350.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS


Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/21/19



Town of Kill Devil Hills

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

FEB 19 2019

Planning and Inspection Department

MC2019-032

PROJECT NAME: Kupetz HVAC
SITE ADDRESS: 113 GREENSBORO ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

APPLICANT: KUPETZ, BETTY JOY
PO BOX 1165
kitty hawk, nc 27949
252-305-9223

OWNER: KUPETZ, BETTY JOY
PO BOX 1165
kitty hawk, nc 27949
252-305-9223

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

License: 29031
Expires: 12/31/2019

PARCEL:

PIN: 988406298930

Parcel Number: 001879000

Address: 113 GREENSBORO ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:
Block: 0 **Lot(s):** 435

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5920.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

MC2019-032

PROJECT NAME: Kupetz HVAC

SITE ADDRESS: 113 GREENSBORO ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

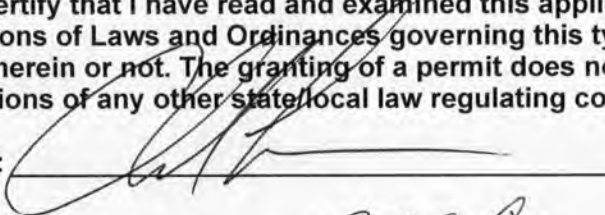
REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 2/19/19



Town of Kill Devil Hills

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

FEB 19 2019

Planning and Inspection Department

MC2019-031

PROJECT NAME: Delapaz HVAC
SITE ADDRESS: 1007 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

APPLICANT: DFLP 1007, LLC
PO Box 1986
LA PLATA, MD 20646

OWNER: DFLP 1007, LLC
PO Box 1986
LA PLATA, MD 20646

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

License: 29031
Expires: 12/31/2019

PARCEL:

PIN: 988415733245

Parcel Number: 003704001

Address: 1007 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 10 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: C/O 14Seer HVAC system

DETAILS

Permit

Name	Value
CONSTRUCTION COST	6420.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

MC2019-031

PROJECT NAME: Delapaz HVAC

SITE ADDRESS: 1007 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/19/2019

EXPIRES: 08/18/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/19/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-030

PROJECT NAME: LOST POND CONDO HVAC
SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/12/2019

EXPIRES: 08/11/2019

APPLICANT: LOST POND LLC
43333 BURKE DALE ST
SOUTH RIDING, VA 20152
703-803-0370

OWNER: LOST POND LLC
43333 BURKE DALE ST
SOUTH RIDING, VA 20152
703-803-0370

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 98841156647301

Parcel Number: 002781001

Address: 1601 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: B

Lot(s): UT 101 16-20

Legal Description:

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

PROJECT DESCRIPTION: CHANGE OUT 4 TON 16 SEER TRANE SYSTEM CONDO WITH T6 THERMOSTAT

FEB 13 2019

MC2019-030

PROJECT NAME: LOST POND CONDO HVAC
SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/12/2019

EXPIRES: 08/11/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7578.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

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Issued By: 

Contractor or Authorized Agent:  Date: 2-13-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-027	MECHANICAL
PROJECT NAME: Kill Devil Grill HVAC	ISSUED: 01/31/2019
SITE ADDRESS: 2008 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 07/30/2019

APPLICANT: Grace Lane Holdings LLC PO Box 53 Kill Devil Hills, NC 27948 252-449-8181	OWNER: Grace Lane Holdings LLC PO Box 53 Kill Devil Hills, NC 27948 252-449-8181
--	--

PLUMBING, MECHANICAL:	NORRIS MECHANICAL P.O. Box 217 HARBINGER, NC 27941 252-441-4102	License: 11100 Expires: 12/31/2019
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PARCEL:

PIN: 989313144114	Parcel Number: 005151001
Address: 2008 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: SUBDIVISION - NONE	Block: 0 Lot(s): PARCEL A
Legal Description:	

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

PROJECT DESCRIPTION: C/O 7.5 Ton HVAC system

DETAILS

PAID

FEB 11 2019

11:00 AM '19

Permit	
Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	12960.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10
NATURAL GAS SIGNOFF	N

MC2019-027

PROJECT NAME: Kill Devil Grill HVAC

SITE ADDRESS: 2008 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/31/2019

EXPIRES: 07/30/2019

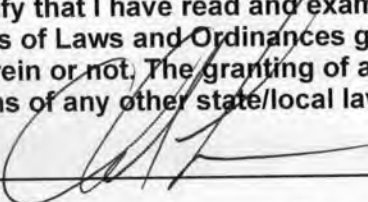
REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By:  _____

Contractor or Authorized Agent:  _____

Date: 2/11/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-029	MECHANICAL
PROJECT NAME: Gaca HVAC	ISSUED: 02/06/2019
SITE ADDRESS: 1002 FOX ST KILL DEVIL HILLS	EXPIRES: 08/05/2019

APPLICANT: GACA, JOSEPH 1002 FOX ST Kill Devil Hills, NC 27948 252-305-9334	OWNER: GACA, JOSEPH 1002 FOX ST Kill Devil Hills, NC 27948 252-305-9334
---	---

MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949	License: 13056 Expires: 12/31/2019
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PARCEL:

PIN: 988312871293	Parcel Number: 004408000	
Address: 1002 FOX ST KILL DEVIL HILLS	Zoning:	
Addition: KILL DEVIL HILLS REALTY CORP	Block: 22	Lot(s): 2
Legal Description:		

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

PROJECT DESCRIPTION: C/O 1.5 ton HVAC sytem

DETAILS

Permit	Name	Value
PURPOSE	Residential Repair/Remodel	
CONSTRUCTION COST		4972.00
FLOOD ZONE	AE	
BASE FLOOD ELEVATION	9	
NATURAL GAS SIGNOFF	N	

PAID

FEB - 6 2019

TOWN OF KILL DEVIL HILLS

MC2019-029

PROJECT NAME: Gaca HVAC

SITE ADDRESS: 1002 FOX ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/06/2019

EXPIRES: 08/05/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: Rob Gallego Date: 2-6-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-028

PROJECT NAME:

SITE ADDRESS: 1008 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/05/2019

EXPIRES: 08/04/2019

APPLICANT: Shaud, Karen
300 Salisbury St.
REHOBOTH BEACH, DE 19971
302-423-3328

OWNER: Shaud, Karen
300 Salisbury ST
REHOBOTH BEACH, DE 19971
302-423-3328

MECHANICAL H-3, CLASS 1:

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

License: 26599
Expires: 12/31/2019

PARCEL:

PIN: 988308982130

Parcel Number: 027640000

Address: 1008 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 14 **Lot(s):** 7

Legal Description:

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

PROJECT DESCRIPTION: HVAC changout

PAYD

FEB - 6 2019

WILLIAM
10/15/13

MC2019-028

PROJECT NAME:

SITE ADDRESS: 1008 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/05/2019

EXPIRES: 08/04/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-6-19



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2019-019

PROJECT NAME: Murray Electrical
SITE ADDRESS: 104 ST CLAIR ST E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

APPLICANT: Murray, Philip
783 Stagecoach Cir
SANTA FE, NM 87501

OWNER: Murray, Philip
783 Stagecoach Cir
SANTA FE, NM 87501

ELECTRICAL, LIMITED: J. Allen Electrical Svcs.
PO Box 837
kitty hawk, nc 27949
252-573-8047

License: 25618
Expires: 04/01/2019

PARCEL:

PIN: 988308890633

Parcel Number: 003808000

Address: 104 ST CLAIR ST E KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 33 **Lot(s):** 10

Legal Description:

FEES:	Paid	Due
Temporary Electric Service Fee (PreFinal)	\$0.00	\$0.00
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Meter base and panel C/O

FEB 20 2019

EL2019-019

PROJECT NAME: Murray Electrical
SITE ADDRESS: 104 ST CLAIR ST E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1200.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8

REQUIRED INSPECTIONS

Pre-final

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 2/20/19



Town of Kill Devil Hills

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

FEB 15 2019

Planning and Inspection Department

EL2019-018	ELECTRICAL
PROJECT NAME: Millers Lighting	ISSUED: 02/15/2019
SITE ADDRESS: 1520 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 08/14/2019

APPLICANT: MILLER, MAC EDWARD P O BOX 1756 KILL DEVIL HILLS, NC 27948	OWNER: MILLER, MAC EDWARD P O BOX 1756 KILL DEVIL HILLS, NC 27948
--	--

ELECTRICAL, UNLIMITED:	LOWIRE TECHNOLOGIES PO Box 2751 Kill Devil Hills, NC 27948 252-449-4690	License: 19403 Expires: 10/02/2019
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PARCEL:

PIN: 989309058689	Parcel Number: 022894000
Address: 1520 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: OCEAN ACRES INC	Block: 0 Lot(s): 184-190
Legal Description:	

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Temporary Electric Service Fee (PreFinal)	\$0.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace lighting

EL2019-018

PROJECT NAME: Millers Lighting
SITE ADDRESS: 1520 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/15/2019

EXPIRES: 08/14/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	2800.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8

REQUIRED INSPECTIONS

Final

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Issued By: _____

Contractor or Authorized Agent: _____

Edus Pan

Date: _____

2/15/19



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2019-020

PROJECT NAME:

SITE ADDRESS: 2017 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/28/2019

EXPIRES: 08/27/2019

APPLICANT: Fennell, James
2334 Mt Tabor Road
GAMBRILLS, MD 21054

OWNER: Fennell, James
2334 Mt Tabor Road
GAMBRILLS, MD 21054

ELECTRICAL-UNLIMITED:

SUBURBAN ELECTRIC CONTRACTORS OF NC INC.
PO Box 925
Manteo, NC 27954
252-475-1372

License: 30633-U
Expires: 08/09/2019

PARCEL:

PIN: 988518306215

Parcel Number: 002347000

Address: 2017 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: MILES CLARK

Block: 0 **Lot(s):** 39 & 41

Legal Description:

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

PROJECT DESCRIPTION: Replace meter base and disconnect

PAID

FEB 28 2019

EL2019-020

PROJECT NAME:

SITE ADDRESS: 2017 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/28/2019

EXPIRES: 08/27/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
OCCUPANCY TYPE	One & Two Family Dwelling

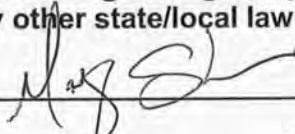
REQUIRED INSPECTIONS

Final

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Issued By: 

Contractor or Authorized Agent:  Date: 2/28/19



Town of Kill Devil Hills

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

PAID
FEB 15 2019

Planning and Inspection Department

EL2019-017

PROJECT NAME: American Pie Lighting
SITE ADDRESS: 1602 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/15/2019

EXPIRES: 08/14/2019

APPLICANT: OBX Ellie Mae, LLC
3045 Creek Rd
kitty hawk, nc 27949

OWNER: OBX Ellie Mae, LLC
3045 Creek Rd
kitty hawk, nc 27949

ELECTRICAL, UNLIMITED:

LOWIRE TECHNOLOGIES
PO Box 2751
Kill Devil Hills, NC 27948
252-449-4690

License: 19403
Expires: 10/02/2019

PARCEL:

PIN: 989309150433

Parcel Number: 008299000

Address: 1602 VA DARE TRL S KILL DEVIL HILLS

Addition: OCEAN ACRES INC

Zoning:

Block: 0

Lot(s): 176-179

Legal Description:

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Temporary Electric Service Fee (PreFinal)	\$0.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace existing lighting fixtures inside & out

EL2019-017

PROJECT NAME: American Pie Lighting
SITE ADDRESS: 1602 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/15/2019

EXPIRES: 08/14/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	6800.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 2/15/19



Town of Kill Devil Hills

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

PAID

FEB 15 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2019-014

PROJECT NAME: Fire Station Generator
SITE ADDRESS: 1634 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL
ISSUED: 02/14/2019
EXPIRES: 08/13/2019

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

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

ELECTRICAL, UNLIMITED:

LOWIRE TECHNOLOGIES
PO Box 2751
Kill Devil Hills, NC 27948
252-449-4690

License: 19403
Expires: 10/02/2019

PARCEL:

PIN: 988410369451

Parcel Number: 008129000

Address: 1634 CROATAN HWY N KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

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

Legal Description:

FEES:	Paid	Due
Electrical Permit Fee	\$0.00	\$0.00
Temporary Electric Service Fee (PreFinal)	\$0.00	\$0.00
Totals :	\$0.00	\$0.00

PROJECT DESCRIPTION: Install 150kw generator and 600amp autotransfer switch

EL2019-014

PROJECT NAME: Fire Station Generator

SITE ADDRESS: 1634 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	55371.23
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/15/19



Town of Kill Devil Hills

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

PAID

FEB 15 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2019-015

PROJECT NAME: Ground Floor Dishwasher
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

ELECTRICAL

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

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

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

ELECTRICAL, UNLIMITED:

LOWIRE TECHNOLOGIES
PO Box 2751
Kill Devil Hills, NC 27948
252-449-4690

License: 19403
Expires: 10/02/2019

PARCEL:

PIN: 9876543210

Parcel Number: 23

Address: 102 Town Hall Dr Kill Devil Hill

Zoning: LIGHT INDUSTRIAL 2

Addition:

Block: blk **Lot(s):** lot

Legal Description: This is the legal description test

FEES:	Paid	Due
Temporary Electric Service Fee (PreFinal)	\$0.00	\$0.00
Electrical Permit Fee	\$0.00	\$0.00
Totals :	\$0.00	\$0.00

PROJECT DESCRIPTION: Install outlet for dishwasher downstairs

EL2019-015

PROJECT NAME: Ground Floor Dishwasher
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

ELECTRICAL

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	300.00
FLOOD ZONE	X

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/15/19



Town of Kill Devil Hills

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

PAID

FEB 14 2019

Planning and Inspection Department

EL2019-016	ELECTRICAL
PROJECT NAME:	ISSUED: 02/14/2019
SITE ADDRESS: 114 AVALON DR E KILL DEVIL HILLS	EXPIRES: 08/13/2019

APPLICANT: Seal, John Forrest PO BOX 2333 kitty hawk, nc 27949	OWNER: Seal, John Forrest PO BOX 2333 kitty hawk, nc 27949
---	---

ELECTRICAL-UNLIMITED:	DAVCO ELECTRIC INC. 406 W Lake Drive Kill Devil Hills, NC 27948 441-4106	License: 04354 Expires: 02/28/2019
------------------------------	---	---

PARCEL:

PIN: 988517203829	Parcel Number: 001698000
Address: 114 AVALON DR E KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH	Block: 0 Lot(s): 44
Legal Description:	

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

PROJECT DESCRIPTION: Replace service cable and meter base.

EL2019-016

PROJECT NAME:

SITE ADDRESS: 114 AVALON DR E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	750.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
OCCUPANCY TYPE	One & Two Family Dwelling


REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 2-14-19



Town of Kill Devil Hills

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

PAID

FEB 15 2019

Planning and Inspection Department

EL2019-013	ELECTRICAL
PROJECT NAME:	ISSUED: 02/14/2019
SITE ADDRESS: 219 BURNS DR KILL DEVIL HILLS	EXPIRES: 08/13/2019

APPLICANT: ERICK E BOUGHN
219 Burns Drive
Kill Devil Hills, NC 27948
252-207-2694

OWNER: ERICK E BOUGHN
219 Burns Drive
Kill Devil Hills, NC 27948
252-207-2694

ELECTRICAL - LIMITED: Power Home Solar
919 N. Main St.
MOORESVILLE, NC 28115
704-582-3251

License: 60946
Expires:

PARCEL:

PIN: 988316945328

Parcel Number: 008402000

Address: 219 BURNS DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

Zoning:

Block: B **Lot(s):** 19

Legal Description:

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

PROJECT DESCRIPTION: Solar panels on roof

EL2019-013

PROJECT NAME:

SITE ADDRESS: 219 BURNS DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	21649.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: Michelle Knight Date: 2-15-19



Town of Kill Devil Hills

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

FEB 15 2019

Planning and Inspection Department

EL2019-012	ELECTRICAL
PROJECT NAME: KDH Fire Dept Generator	ISSUED: 02/07/2019
SITE ADDRESS: 1634 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 08/06/2019

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

ELECTRICAL, UNLIMITED:	LOWIRE TECHNOLOGIES PO Box 2751 Kill Devil Hills, NC 27948 252-449-4690	License: 19403 Expires: 10/02/2019
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PARCEL:

PIN: 988410369451	Parcel Number: 008129000
Address: 1634 CROATAN HWY N KILL DEVIL HILLS	Zoning:
Addition: SUBDIVISION - NONE	Block: 0 Lot(s): 0
Legal Description:	

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

PROJECT DESCRIPTION: Replace generator

EL2019-012

PROJECT NAME: KDH Fire Dept Generator
SITE ADDRESS: 1634 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/07/2019

EXPIRES: 08/06/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	200.00
CONSTRUCTION TYPE	III
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/15/19



Town of Kill Devil Hills

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

PAID

FEB - 7 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

EL2018-097	ELECTRICAL
PROJECT NAME:	ISSUED: 02/07/2019
SITE ADDRESS: 905 AVALON DR W KILL DEVIL HILLS	EXPIRES: 08/06/2019

APPLICANT: MoonGate LLC. 120 Lee Ct. Kill Devil Hills, NC 27948	OWNER: BOB EVANS 105 SCARBOROUGH LN. KITTY HAWK, NC 27949 261-1140
--	--

ELECTRICAL, UNLIMITED:	LOWIRE TECHNOLOGIES PO Box 2751 Kill Devil Hills, NC 27948 252-449-4690	License: 19403 Expires: 10/02/2019
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PARCEL:

PIN: 988405090496	Parcel Number: 001594000
Address: 905 AVALON DR W KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH	Block: 0 Lot(s): 237
Legal Description:	

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

PROJECT DESCRIPTION: Re-wire hot tub with cord and plug disconnect.

EL2018-097

PROJECT NAME:

SITE ADDRESS: 905 AVALON DR W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/07/2019

EXPIRES: 08/06/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/7/19



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2019-011	ELECTRICAL
PROJECT NAME: Gassner Meter Base Change Out	ISSUED: 02/07/2019
SITE ADDRESS: 501 AVALON DR W KILL DEVIL HILLS	EXPIRES: 08/06/2019

APPLICANT: GASSNER, CHRISTINA 5101 ESSEX CT. Williamsburg, Va 23188	OWNER: GASSNER, JOHN F 137 RONDA CIRCLE NEWPORT NEWS, VA 23602
--	---

ELECTRICAL - LIMITED:	J Pugh Services 105 NewBern Rd Jarvisburg, NC 27947 252-202-4611	License: 29815 Expires: 07/26/2019
------------------------------	---	---

PARCEL:

PIN: 988517100040	Parcel Number: 001523000
Address: 501 AVALON DR W KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH	Block: 0 Lot(s): 155
Legal Description:	

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

PROJECT DESCRIPTION: Replace meter base. Increase Service amp fro 125 to 200. Install new service disconnect. Replace service entrance cable to panel board. Install washer/dryer circuit tin storage room under house.

PAID
FEB - 7 2019
TOWN OF
KILL DEVIL HILLS

EL2019-011

PROJECT NAME: Gassner Meter Base Change Out
SITE ADDRESS: 501 AVALON DR W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/07/2019

EXPIRES: 08/06/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 2-7-19



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2019-007	OCCUPANCY
PROJECT NAME: OBX Cottages	ISSUED: 02/08/2019
SITE ADDRESS: 537 W. Palmetto St. KILL DEVIL HILLS	EXPIRES:

PARENT PERMIT #: BJ2018-151

APPLICANT: OBX COTTAGES LLC
200 EAST BLACKMAN ST
Kill Devil Hills, NC 27948
252-207-5475

OWNER: OBX COTTAGES LLC
200 EAST BLACKMAN ST
Kill Devil Hills, NC 27948
252-207-5475

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

License: 67524
Expires: 01/01/2020

PARCEL:

PIN: 987408996988

Parcel Number:

Address: 537 W. Palmetto St. KILL DEVIL HILLS

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 2R, Block 75

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

PROJECT DESCRIPTION: Proposed 4 Bedroom SFD

PAID
FEB 14 2019
TOWN OF
KILL DEVIL HILLS

OP2019-007

PROJECT NAME: OBX Cottages

SITE ADDRESS: 537 W. Palmetto St. KILL DEVIL HILLS

OCCUPANCY

ISSUED: 02/08/2019

EXPIRES:

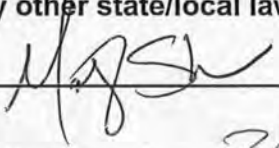
DETAILS

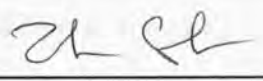
Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 2-14-19



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2019-009	OCCUPANCY
PROJECT NAME: PRY Investments	ISSUED: 02/26/2019
SITE ADDRESS: 1003 Fox Street Kill Devil Hills	EXPIRES:

PARENT PERMIT #: BJ2018-187

APPLICANT: C & T CONTRACTING 1700 Bell Ave. Kill Devil Hills, NC 27948 252-202-9943	OWNER: Olds, Howard 139 Holly Crescent GRANDY, NC 27939 757-784-0936
---	--

BUILDING LIMITED:	C & T CONTRACTING 1700 Bell Ave. Kill Devil Hills, NC 27948 252-202-9943	License: 45367 Expires: 01/01/2020
--------------------------	---	---

PARCEL:

PIN: 988312873328	Parcel Number:
Address: 1003 Fox Street Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Lot 9, Block 16, Kill Devil Hills Realty Corp. S/D	

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

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

PAID
FEB 28 2019

OP2019-009

PROJECT NAME: PRY Investments
SITE ADDRESS: 1003 Fox Street Kill Devil Hills

OCCUPANCY

ISSUED: 02/26/2019

EXPIRES:

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 2/26/19



Town of Kill Devil Hills

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

PAID
FEB 20 2019

Planning and Inspection Department

ZP2019-017

PROJECT NAME: Fulcher Fence
SITE ADDRESS: 314 REMELE PL KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

APPLICANT: Shree Fulcher
314 Remle Pl
Kill Devil Hills, NC 27948
804-366-7076

OWNER: Shree Fulcher
314 Remle Pl
Kill Devil Hills, NC 27948
804-366-7076

UNLICENSED BUILDER: D and B Bulkheads
1105 Swordfish Way
Kitty HAWk, nc 27949

License: Unlicensed
Expires: 02/01/2021

PARCEL:

PIN: 988414344862

Parcel Number: 013312000

Address: 314 REMELE PL KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 1

Zoning:
Block: 0 **Lot(s):** 178

Legal Description:

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

PROJECT DESCRIPTION: Fence as according to Health Dept Appvl

ZP2019-017

PROJECT NAME: Fulcher Fence

SITE ADDRESS: 314 REMELE PL KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
PURPOSE	Residential Accessory
CONSTRUCTION COST	900.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

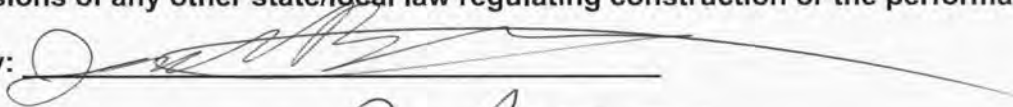
Zoning Final

CONDITIONS

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Issued By:



Contractor or Authorized Agent:



Date:

2-28-19



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2019-016

PROJECT NAME: Brian Maratellos
SITE ADDRESS: 1503 GOLDIE ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/01/2019

EXPIRES: 07/31/2019

APPLICANT: Maratellos, Brian
1503 Goldie Street
Kill Devil Hills, NC 27948

OWNER: Maratellos, Brian
1503 Goldie Street
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312956118

Parcel Number: 005099000

Address: 1503 GOLDIE ST KILL DEVIL HILLS

Addition: WHISPERING PINES SEC 1

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: Redo Fence along side and rear property line

PAID
WITH
CASH

FEB -1 2019

ZP2019-016PROJECT NAME: Brian Maratellos
SITE ADDRESS: 1503 GOLDIE ST KILL DEVIL HILLS**ZONING PERMIT**

ISSUED: 02/01/2019

EXPIRES: 07/31/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	4000.00
LOT COVERAGE	28.16
SURVEYOR NAME AND NUMBER	William S Jones L-2532
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Stringline

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2019-014	ZONING PERMIT
PROJECT NAME:	ISSUED: 02/01/2019
SITE ADDRESS: 2916 Bay Dr. Kill Devil Hills	EXPIRES: 07/31/2019

APPLICANT: Russ Jenkins 18623 Blueridge Mountain Rd. Calverton, VA 20138 703-906-3252	OWNER: Russ Jenkins 18623 Blueridge Mountain Rd. Calverton, VA 20138 703-906-3252
---	---

RESIDENTIAL, LIMITED:	Emanuelson and Dad 6705 CROATAN HWY SOUTH 6705 S. Croatan Hwy. nags head, nc 27959 252-261-2215	License: 79801 Expires: 06/14/2019
------------------------------	---	---

PARCEL:

PIN: 987520813460	Parcel Number: 029612002
Address: 2916 Bay Dr. Kill Devil Hills	Zoning: RL
Addition: VIRGINIA DARE SHORES	Block: 88 Lot(s): 17 - 18
Legal Description:	

FEES:	Paid	Due
Accessory Residential (MIN)	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Pier/dock repairs

2019

FEB - 1 2019

2019

ZP2019-014

PROJECT NAME:

SITE ADDRESS: 2916 Bay Dr. Kill Devil Hills

ZONING PERMIT

ISSUED: 02/01/2019

EXPIRES: 07/31/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	Y
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	14000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final Piling
Zoning Final

CONDITIONS

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

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Issued By: 

Contractor or Authorized Agent: Thomas E. Eversman & Dad Date: 2.1.19



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2019-013

PROJECT NAME: Southern Cottage Fence
SITE ADDRESS: 1719 WYANDOTTE ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/01/2019

EXPIRES: 07/31/2019

APPLICANT: Nelson, Ben/Southern Cottage Realty, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27949
252-207-9837

OWNER: Nelson, Ben/Southern Cottage Realty, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27949
252-207-9837

CONTRACTOR: Nelson, Ben/Southern Cottage Realty, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27949
252-207-9837

License: 80428
Expires: 10/31/2019

PARCEL:

PIN: 988409261557

Parcel Number: 002691000

Address: 1719 WYANDOTTE ST KILL DEVIL HILLS

Addition: HIGH VIEW - HEDRICKS ADD

Zoning:
Block: D **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: Construct fence around rear of property

FEB - 1 2019

ZP2019-013

PROJECT NAME: Southern Cottage Fence
 SITE ADDRESS: 1719 WYANDOTTE ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 02/01/2019

EXPIRES: 07/31/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	4000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 2/01/19



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2019-015	ZONING PERMIT
PROJECT NAME: John Harris	ISSUED: 02/01/2019
SITE ADDRESS: 3103 LEE AVE KILL DEVIL HILLS	EXPIRES: 07/31/2019

APPLICANT: HARRIS, JOHN W 429 SHORELINE DRIVE HAMPTON, VA 23669 757-927-4290	OWNER: HARRIS, JOHN W 429 SHORELINE DRIVE HAMPTON, VA 23669 757-927-4290
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 987516924633	Parcel Number: 026687000
Address: 3103 LEE AVE KILL DEVIL HILLS	Zoning:
Addition: MOOR SHORES	Block: 0 Lot(s): 2
Legal Description:	

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

PROJECT DESCRIPTION: Fence along property line

1110

FEB - 1 2019

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ZP2019-015

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ZONING PERMIT

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DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	28425
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
CONSTRUCTION COST	2100.00
SURVEYOR NAME AND NUMBER	Gloria J Rogers L-3531
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Zoning Final

Final

CONDITIONS

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

ZP2019-015

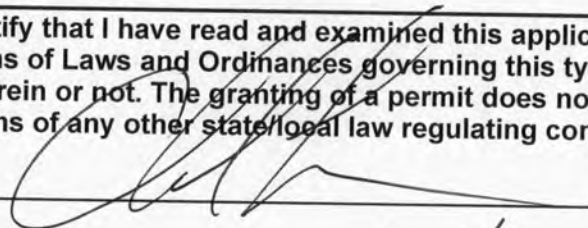
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ZONING PERMIT

ISSUED: 02/01/2019

EXPIRES: 07/31/2019

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

Issued By: 

Contractor or Authorized Agent: John Harris Date: Feb 1, 2019