



Town of Kill Devil Hills

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

PAID

MAR 20 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2019-047

PROJECT NAME: Outer Banks Brewing Station Exterior Bathrooms
SITE ADDRESS: 600 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

APPLICANT: OUTER BANKS BREWING LLC
P O BOX 2584
KILL DEVIL HILLS, NC 27948

OWNER: OUTER BANKS BREWING LLC
P O BOX 2584
KILL DEVIL HILLS, NC 27948

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

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

License: 66982
Expires: 01/01/2020

PARCEL:

PIN: 988308799003

Parcel Number: 004035000

Address: 600 CROATAN HWY S KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 68

Lot(s): BLK 68 & JIB LOTS

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Com. Building Permit Fees	\$287.20	\$0.00	Commercial Space 359 Sq. Ft.
Totals :	\$287.20	\$0.00	

PROJECT DESCRIPTION: exterior bathrooms, storage, and bar

BJ2019-047

PROJECT NAME: Outer Banks Brewing Station Exterior Bathrooms
SITE ADDRESS: 600 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

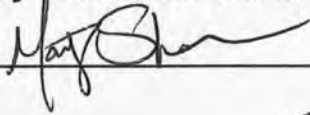
* A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).

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

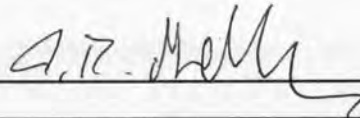
* Zoning Final Inspection is required.

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

03-20-19



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

BJ2019-064

PROJECT NAME: Kay Jones-Lifting house/remodel
SITE ADDRESS: 109 ST CLAIR ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/29/2019

EXPIRES: 09/25/2019

APPLICANT: Ives, Kay
909 Thatcher Way
CHESAPEAKE, VA 23320

OWNER: Ives, Kay
909 Thatcher Way
CHESAPEAKE, VA 23320

CONTRACTOR: PSS Construction
PO Box 713
Kill Devil Hills, NC 27948
252-202-1280

BUILDING LIMITED: PSS Construction
PO Box 713
Kill Devil Hills, NC 27948
252-202-1280

License: 57425
Expires:

PARCEL:

PIN: 988308891593

Parcel Number: 003799000

Address: 109 ST CLAIR ST E KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 32 **Lot(s):** 16

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$72.00	\$0.00	Remodel/Renovation	204 SQFT
Open Deck Fee	\$150.00	\$0.00	Covered Porches/Decks	96 SQFT
Renovation/Remodel/Relocate	\$91.80	\$0.00	Residential Heated Space	864 sq. Ft.
Res. Building Permit Fee	\$648.00	\$0.00	(.75)	
T-Pole	\$50.00	\$0.00	Open Decks	1 EA
Totals :	\$1,011.80	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Raise house, changing current bedroom to extension of living room, add new 3rd bedroom, new den, kitchen and living room and bath on new floor 1st floor

MAR 29 2019

BJ2019-064

PROJECT NAME: Kay Jones-Lifting house/remodel
 SITE ADDRESS: 109 ST CLAIR ST E KILL DEVIL HILLS

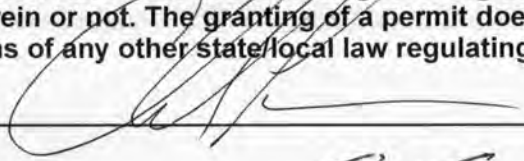
BUILDING JOINT

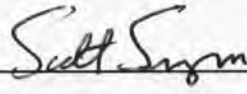
ISSUED: 03/29/2019

EXPIRES: 09/25/2019

- * 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!
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/29/19



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MAR 29 2019

Planning and Inspection Department

BJ2019-067

PROJECT NAME: Ramada/Sterling Webster
SITE ADDRESS: 1701 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/26/2019

EXPIRES: 09/22/2019

APPLICANT: O W L NEAL PARTNERSHIP
PO BOX 2716
KILL DEVIL HILLS, NC 27948

OWNER: O W L NEAL PARTNERSHIP
PO BOX 2716
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 989309154444

Parcel Number: 008235000

Address: 1701 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition: OCEAN ACRES INC

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Com. Building Permit Fees	\$1,016.00	\$0.00	Commercial Space	1270 Sq. Ft.
Renovation/Remodel/Relocate	\$1,508.40	\$0.00	Remodel/Renovation	3352 SQFT
Totals :	\$2,524.40	\$0.00		

PROJECT DESCRIPTION: Interior-Bar Removal and Buffet install, open 3 walls Exterior-Deck addition and Tiki hut frame and thatch roof



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Planning and Inspection Department

BJ2019-042	BUILDING JOINT
PROJECT NAME: T & B Homes	ISSUED: 03/20/2019
SITE ADDRESS: 3109 LEE AVE KILL DEVIL HILLS	EXPIRES: 03/17/2020

APPLICANT: T and B Homes, Inc.
 1706 Virginia Ave.
 Kill Devil Hills, NC 27948
 252-207-9837

OWNER: T and B Homes, Inc.
 1706 Virginia Ave.
 Kill Devil Hills, NC 27948
 252-207-9837

CONTRACTOR: T and B Homes, Inc.
 1706 Virginia Ave.
 Kill Devil Hills, NC 27948
 252-207-9837

License: 80069
Expires: 03/31/2020

PARCEL:

PIN: 987516923843

Parcel Number: 026688000

Address: 3109 LEE AVE KILL DEVIL HILLS

Zoning:

Addition: MOOR SHORES

Block: 0 **Lot(s):** 5

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$469.50	\$0.00	Covered Porches/Decks	626 SQFT
Pool/Hot Tub	\$200.00	\$0.00	Residential Heated Space	2282 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Res. Building Permit Fee	\$1,747.50	\$0.00	Residential Unheated (.40)	90 Sq. Ft
			# of Temporary Poles	1 EA
Totals :	\$2,467.00	\$0.00		

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

BJ2019-042

PROJECT NAME: T & B Homes

SITE ADDRESS: 3109 LEE AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 03/17/2020

REQUIRED INSPECTIONS

Piling

In-Slab Plumbing

Slab/Foundation

Sheathing

Rough In

Insulation

Final

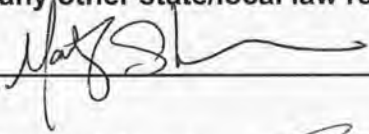
Zoning Final

T-Pole

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.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: 

Contractor or Authorized Agent:  Date: 03/20/2019



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MAR 28 2019

Planning and Inspection Department

BJ2019-050 PROJECT NAME: Sandy Bottom Homes SITE ADDRESS: 529 W Palmetto Street Kill Devil Hills	BUILDING JOINT ISSUED: 03/26/2019 EXPIRES: 09/22/2019
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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
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CONTRACTOR: Sandy Bottom Homes 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162

GENERAL BUILDING-LIMITED:	SANDY BOTTOM HOMES 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162	License: 67524 Expires: 01/01/2020
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PARCEL:			
PIN:	987408997993	Parcel Number:	
Address:	529 W Palmetto Street Kill Devil Hills	Zoning:	
Addition:		Block:	Lot(s):
Legal Description:	Lot 10R Block 75		

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$72.00	\$0.00	Residential Unheated (.40)	73 Sq. Ft
Open Deck Fee	\$150.00	\$0.00	# of Temporary Poles	1 EA
Res. Building Permit Fee	\$1,262.20	\$0.00	Residential Heated Space (.75)	1644 sq. Ft.
T-Pole	\$50.00	\$0.00	Open Decks	1 EA
Totals :	\$1,534.20	\$0.00	Covered Porches/Decks	96 SQFT

PROJECT DESCRIPTION: New 3 Bedroom 3 Bath Single Family Dwelling



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MAR 28 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2019-062

PROJECT NAME: Sandy Bottom Homes/Frank Soles
SITE ADDRESS: 519 W Aycocock Street Kill Devil Hills

BUILDING JOINT

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

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

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

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

License: 67524
Expires: 01/01/2020

PARCEL:

PIN: 987520906503
Address: 519 W Aycocock Street Kill Devil Hills

Parcel Number:

Addition:
Legal Description: Lots 11 & 12, Block 73

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

FEES:		<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$174.00	\$0.00	Covered Porches/Decks	232 SQFT	
Res. Building Permit Fee	\$1,508.35	\$0.00	Residential Unheated (.40)	109 Sq. Ft	
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1953 sq. Ft.	
Totals :	\$1,732.35	\$0.00	# of Temporary Poles	1 EA	

PROJECT DESCRIPTION: New 3 Bedroom 3 Bath Single Family Dwelling



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PAID
MAR 29 2019

Planning and Inspection Department

BJ2019-068

PROJECT NAME: Kevin Robertson New House
SITE ADDRESS: 416 BURNS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

APPLICANT: Robertson, Kevin
410 W Chowan Street
Kill Devil Hills, NC 27948

OWNER: Robertson, Kevin
410 W Chowan Street
Kill Devil Hills, NC 27948

CONTRACTOR: SHORELINE BUILDERS
6385 North Croatan Highway
Kitty Hawk, NC 27949
252-255-0829

GENERAL, UNLIMITED: SHORELINE BUILDERS
6385 N. Croatan Highway
Kitty Hawk, NC 27949
252-489-8061

License: 34433
Expires: 12/31/2019

PARCEL:

PIN: 988316832598

Parcel Number: 004970000

Address: 416 BURNS DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2

Zoning:

Block: E **Lot(s):** 20

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$81.00	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Covered Porches/Decks	108 SQFT
Res. Building Permit Fee	\$883.40	\$0.00	Residential Unheated (.40)	281 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1028 sq. Ft.
Totals :	\$1,164.40	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 2 bedroom 2 bath single family dwelling



Town of Kill Devil Hills

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FAO

MAR 20 2019

Planning and Inspection Department

BJ2019-046

PROJECT NAME: Aguirre and Robertson Investments Pool and Fence
SITE ADDRESS: 1617 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/19/2019

EXPIRES: 09/15/2019

APPLICANT: AGUIRRE & ROBERTSON INVESTMENTS
7810 FLAG TRAIL DRIVE
MIDLOTHIAN, VA 23112

OWNER: AGUIRRE & ROBERTSON INVESTMENTS
7810 FLAG TRAIL DRIVE
MIDLOTHIAN, VA 23112

CONTRACTOR: DBD SERVICES, INC.
P.O. Box 2318
Kitty Hawk, NC 27959
252-255-1192

GENERAL BUILDING - LIMITED: DBD SERVICES, INC.
P.O. Box 2318
Kitty Hawk, NC 27959
252-255-1192

License: 60217
Expires: 01/01/2020

PARCEL:

PIN: 988410463383

Parcel Number: 003136025

Address: 1617 CROATAN HWY N KILL DEVIL HILLS

Addition: DELRAY BEACH RESUBDIV

Zoning:
Block: 3 **Lot(s):** 25

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 pool fence, removal a portion of the concrete drive and replace with turfstone



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MAR 20 2019

Planning and Inspection Department

BJ2019-044

PROJECT NAME: Kellogg Renovations
SITE ADDRESS: 300 ATLANTIC ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

APPLICANT: KELLOGG SUPPLY CO
PO BOX 99
MANTEO, NC 27954

OWNER: KELLOGG SUPPLY CO
PO BOX 99
MANTEO, NC 27954

GENERAL, UNLIMITED: GIBBS BUILDING AND CONTRACTING
PO Box 39
Manns Harbor, NC 27953
252-473-2365

License: 52227
Expires: 01/01/2020

PARCEL:

PIN: 989309063742

Parcel Number: 004681000

Address: 300 ATLANTIC ST E KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

Zoning:

Block: C

Lot(s): 1-2 & 17-19 & PT

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$1,621.80	\$0.00	Remodel/Renovation 3604 SQFT
Totals :	\$1,621.80	\$0.00	

PROJECT DESCRIPTION: Renovate/relocate existing uses within the existing footprint of the first floor including the removal of several non load bearing walls and the construction of new office and storage room partitions. Project includes multiple ADA upgrades.

BJ2019-044

PROJECT NAME: Kellogg Renovations

SITE ADDRESS: 300 ATLANTIC ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	30000.00
ENGINEER AND LICENSE NUMBER	Michael Osteen 032628
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

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

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Town of Kill Devil Hills

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Planning and Inspection Department

BJ2019-043

PROJECT NAME: Susan B Miller
SITE ADDRESS: 2207 Bay Drive Kill Devil Hills

BUILDING JOINT

ISSUED: 03/13/2019

EXPIRES: 09/09/2019

PARENT PERMIT #: BJ2018-229

APPLICANT: Miller, Susan B
3800 Elijah Baum
kitty hawk, nc 27949
252-489-7543

OWNER: Miller, Susan B
3800 Elijah Baum
kitty hawk, nc 27949
252-489-7543

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987408991771

**Parcel
Number:**

Address: 2207 Bay Drive Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 1 Block 76

FEES:	Paid	Due	BUILDING AREA:	
Renovation/Remodel/Relocate	\$47.25	\$0.00	Residential Unheated (.40)	910 Sq. Ft
Res. Building Permit Fee	\$364.00	\$0.00	Remodel/Renovation	105 SQFT
Totals :	\$411.25	\$0.00		

PROJECT DESCRIPTION: Renovate first floor bath and enclose ground level for garage.

MAR 13 2019

BJ2019-043

PROJECT NAME: Susan B Miller
SITE ADDRESS: 2207 Bay Drive Kill Devil Hills

BUILDING JOINT

ISSUED: 03/13/2019

EXPIRES: 09/09/2019

* 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.

* 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).

* Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).

* THIS PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD AREA.

1. All Special Flood Hazard Areas limit the use of enclosures below the lowest floor for parking, building access and limited storage only.

2. In the VE Zone, there shall be no alteration of the sand dunes which would increase potential flood damage.

3. In the VE Zone, there shall be no fill used for structural support.

4. Elevation Certificate will be required at time of application, 21 days from the establishment of the lowest floor and at construction completion.

DEVELOPER MUST OBTAIN ALL THE NECESSARY FEDERAL, STATE AND LOCAL PERMITS BEFORE THIS PERMIT CAN BE ISSUED.

* 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.

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

* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

* Zoning Final Inspection is required.

* 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: 3/18/19



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PAID
WITH
CASH

PAID

MAR 15 2019

Planning and Inspection Department

BJ2019-045

PROJECT NAME: Joanne Diorio Pool
SITE ADDRESS: 302 ARCH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

APPLICANT: Diorio, Joanne
3 Diorio Court
WAYNE, NJ 07470

OWNER: Diorio, Joanne
3 Diorio Court
WAYNE, NJ 07470

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988513044836

Parcel Number: 000070000

Address: 302 ARCH ST E KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 2

Zoning:
Block: 2 **Lot(s):** 13

Legal Description:

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

PROJECT DESCRIPTION: pool and fence addition

BJ2019-045

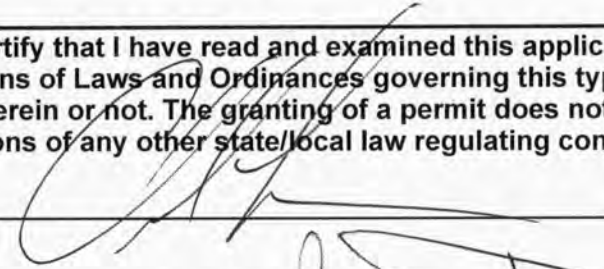
PROJECT NAME: Joanne Diorio Pool
SITE ADDRESS: 302 ARCH ST E KILL DEVIL HILLS


BUILDING JOINT

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

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: 3/15/19



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PNB
MAR 13 2019

Planning and Inspection Department

BJ2019-037	BUILDING JOINT
PROJECT NAME: Johnson bathroom	ISSUED: 03/04/2019
SITE ADDRESS: 700 K8 FIRST ST W KILL DEVIL HILLS	EXPIRES: 08/31/2019

APPLICANT: Johnson, Tammy 4721 S Cobia Way nags head, nc 27959 252-256-0150	OWNER: Johnson, Tammy 4721 S Cobia Way nags head, nc 27959 252-256-0150
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GENERAL BUILDING-LIMITED:	SANDLEWOOD CONSTRUCTION PO Box 349 Kitty Hawk, NC 27949 252-202-2214	License: 12872 Expires: 01/03/2020
----------------------------------	---	---

PARCEL:

PIN: 98841314042656	Parcel Number: 008075027
Address: 700 K8 FIRST ST W KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): UT 8 BLDG K
Legal Description:	

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

PROJECT DESCRIPTION: Remodel bath, replace 5/0 patio door



Town of Kill Devil Hills

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

PAID

MAR 13 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2019-041

PROJECT NAME: Mom's Sweet Shop
SITE ADDRESS: 3213 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/13/2019

EXPIRES: 09/09/2019

APPLICANT: Wineland, Derik and Jessica
PO Box 466
Kill Devil Hills, NC 27948
252-261-8253

OWNER: Wineland, Derik and Jessica
PO Box 466
Kill Devil Hills, NC 27948
252-261-8253

BUILDING, REMODELING: BILL FROELICH
UNKNOWN
UNKNOWN, XX 00000
207-7999

License: 62232
Expires: 12/31/2019

PARCEL:

PIN: 988513040400

Parcel Number: 000039000

Address: 3213 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition:

Block: 11 **Lot(s):** 2

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$580.50	\$0.00	Remodel/Renovation	760 SQFT
Renovation/Remodel/Relocate	\$342.00	\$0.00	Residential Heated Space	774 sq. Ft.
			(.75)	
Totals :	\$1,072.50	\$0.00		

PROJECT DESCRIPTION: Interior remodel, Second story 2 bedroom apartment addition, Associated site modifications

BJ2019-041

PROJECT NAME: Mom's Sweet Shop

SITE ADDRESS: 3213 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/13/2019

EXPIRES: 09/09/2019

DETAILS**Permit**

Name	Value
# OF DUMPSTERS	1.00
ZONING DISTRICT	C
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	28450
# PARKING SPACES/BEDROOM	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
Proposed First Floor Elevation	11.40
PURPOSE	Commercial Addition
CONSTRUCTION COST	100000.00
LOT COVERAGE	49.71
SURVEYOR NAME AND NUMBER	William S. Jones Jr.
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

BJ2019-041

PROJECT NAME: Mom's Sweet Shop
SITE ADDRESS: 3213 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/13/2019

EXPIRES: 09/09/2019

- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * 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.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Solid Waste
 1. The proposed dumpster pad on the drawings remains separated from the edge of pavement. This pad needs to be installed flushed with the existing asphalt and in accordance with the Town's One Dumpster Diagram. Planning has advised that this requirement can be a specified condition of the permit and the condition in lieu of a plan resubmittal is acceptable to Public Services.
- * A sign permit must be approved/obtained before installing any signage.
- * FIRE: Occupants in the apartment will have a fire escape plan from the rear of the apartment.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3-13-19



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

BJ2019-036

PROJECT NAME: Water damage repair
SITE ADDRESS: 700 C5 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/28/2019

EXPIRES: 08/27/2019

APPLICANT: CYNTHIA SEAMAN
700 C5 First Street
KDH, NC 27948
252-441-6211

OWNER: CYNTHIA SEAMAN
700 C5 First Street
KDH, NC 27948
252-441-6211

BUILDING LIMITED: SO NICE AGAIN
PO Box 253
kitty hawk, nc 27949
252-455-4328

License: 79762
Expires: 01/01/2020

PARCEL:

PIN: 98841314042621

Parcel Number: 008075305

Address: 700 C5 FIRST ST W KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): UT 5 BLDG
C

Legal Description:

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

PROJECT DESCRIPTION: Repairs for water damage including sub floor, insulation, drywall, flooring , plumbing and electrical.

MAR - 5 2019

BJ2019-036PROJECT NAME: Water damage repair
SITE ADDRESS: 700 C5 FIRST ST W KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 02/28/2019

EXPIRES: 08/27/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	12456.31
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS


Rough In	Final
Insulation	

CONDITIONS

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

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

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

Issued By: Contractor or Authorized Agent:  Date: 3/5/19



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

BJ2019-035	BUILDING JOINT
PROJECT NAME: Sunsations Realty La La Land	ISSUED: 02/28/2019
SITE ADDRESS: 1600 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 08/27/2019

APPLICANT: Myers, Jeffery 353 village road VIRGINIA BEACH, VA 23451 757-354-5945	OWNER: SUNSATION REALTY 353 Village Road Virginia Beach, VA 23451 757-822-8412
--	--

CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/30/2019
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PARCEL:

PIN: 989313040879	Parcel Number: 008384000
Address: 1600 CROATAN HWY S KILL DEVIL HILLS	Zoning:
Addition: OCEAN ACRES TRACT 3 SEC 1	Block: A Lot(s): 27-28
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$1,748.70	\$0.00	Remodel/Renovation 3886 SQFT
Totals :	\$1,748.70	\$0.00	

PROJECT DESCRIPTION: Remodel existing interior, adding kitchen and storage

1/13
MAR - 4 2019

BJ2019-035

PROJECT NAME: Sunsations Realty La La Land
SITE ADDRESS: 1600 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/28/2019

EXPIRES: 08/27/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
CONSTRUCTION COST	25000.00
ENGINEER AND LICENSE NUMBER	Mark Arey Kasten 7220
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

In-Slab Plumbing	Insulation
Slab/Foundation	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.

* Zoning Final Inspection is required.

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

Issued By: 

Contractor or Authorized Agent:  Date: 3-4-19



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

BJ2019-031

PROJECT NAME: Alan Tuten
SITE ADDRESS: 204 CALVIN ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/20/2019

EXPIRES: 08/19/2019

APPLICANT: TUTEN, A ALAN
389 SYLVAN DRIVE
STUARTS DRAFT, VA 24477

OWNER: TUTEN, A ALAN
389 SYLVAN DRIVE
STUARTS DRAFT, VA 24477

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

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

License: 78583
Expires:

PARCEL:

PIN: 988308972939

Parcel Number: 004226000

Address: 204 CALVIN ST KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 14 **Lot(s):** 10

Legal Description:

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

PROJECT DESCRIPTION: Installing new inground pool, concrete pad and pool fence, remove existing septic system and drain field, replace with engineered PEAT system

MAR - 4 2019
PMD

BJ2019-031

PROJECT NAME: Alan Tuten

SITE ADDRESS: 204 CALVIN ST 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	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	28434
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Accessory
CONSTRUCTION COST	60000.00
LOT COVERAGE	42.60
ENGINEER AND LICENSE NUMBER	Michael W Robinson 16994
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final Pool Bonding
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.

* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

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

BJ2019-031

PROJECT NAME: Alan Tuten

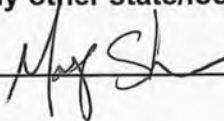
SITE ADDRESS: 204 CALVIN ST KILL DEVIL HILLS


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: 3-4-19



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

BJ2019-040

PROJECT NAME: Edwards Accessory structure
SITE ADDRESS: 200 Landing Dr. E. Kill Devil Hills

BUILDING JOINT

ISSUED: 03/07/2019

EXPIRES: 09/03/2019

APPLICANT: Edwards, Daniel M.
29232 Smith's Ferry Road
FRANKLIN, VA 23851
757-377-6741

OWNER: Edwards, Daniel M.
29232 Smith's Ferry Road
FRANKLIN, VA 23851
757-377-6741

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988411555156-7312

Parcel Number:

Address: 200 Landing Dr. E. Kill Devil Hills

Zoning:

Addition:

Block: D **Lot(s):** 40

Legal Description:

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

PROJECT DESCRIPTION: Construct an 8x7 structure

MAR -7 2019

BJ2019-040

PROJECT NAME: Edwards Accessory structure
 SITE ADDRESS: 200 Landing Dr. E. Kill Devil Hills

BUILDING JOINT

ISSUED: 03/07/2019

EXPIRES: 09/03/2019

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	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Accessory
CONSTRUCTION TYPE	V
CONSTRUCTION COST	2000.00
CULVERT	N
DRIVEWAY INVERT 2	N

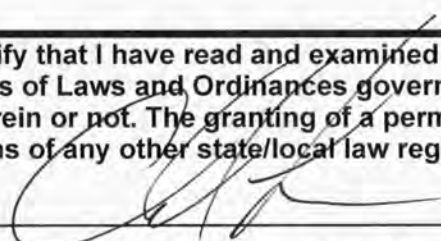
REQUIRED INSPECTIONS

Piling	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.

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: Sam M. Elwood Date: 3-7-19



Town of Kill Devil Hills

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

MAR - 6 2019

Planning and Inspection Department

BJ2019-039	BUILDING JOINT
PROJECT NAME: Fowler bathroom repair and remodel	ISSUED: 03/06/2019
SITE ADDRESS: 2407 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 09/02/2019

APPLICANT: FOWLER, KURT & MARY
1440 Old Adeline RD
PRINCE FREDERICK, MD 20678
490-535-4284

OWNER: FOWLER, KURT & MARY
1440 Old Adeline RD
PRINCE FREDERICK, MD 20678
490-535-4284

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

License: 78540
Expires: 12/31/2019

PARCEL:

PIN: 988517224155

Parcel Number: 003035000

Address: 2407 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

Zoning:
Block: 0 **Lot(s):** 39-40

Legal Description:

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

PROJECT DESCRIPTION: Replace water damaged subfloor, install tile shower, new flooring and fixtures

BJ2019-039

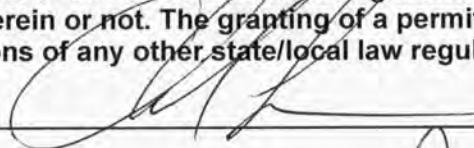
PROJECT NAME: Fowler bathroom repair and remodel
SITE ADDRESS: 2407 VA DARE TRL N KILL DEVIL HILLS

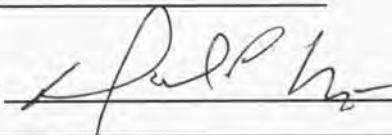
BUILDING JOINT

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

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: 3/6/19



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

BJ2019-048

PROJECT NAME: Shelley Boyer enclosure on ground level
SITE ADDRESS: 412 WALLACE ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/19/2019

EXPIRES: 09/15/2019

APPLICANT: Shelley Boyer
412 Wallace St.
Kill Devil Hills, NC 27948
252-564-5131

OWNER: Shelley Boyer
412 Wallace St.
Kill Devil Hills, NC 27948
252-564-5131

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987516833692

Parcel Number: 002963000

Address: 412 WALLACE ST KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 145

Legal Description:

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

PROJECT DESCRIPTION: Enclose two sections of the ground level under house, install mini spilt system, install lighting and outlets to NEC

MAR 19 2019

BJ2019-048

PROJECT NAME: Shelley Boyer enclosure on ground level
SITE ADDRESS: 412 WALLACE ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/19/2019

EXPIRES: 09/15/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	28534
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Addition
CONSTRUCTION COST	3000.00
LOT COVERAGE	33.90
SURVEYOR NAME AND NUMBER	W. L. Norris Jr L-4554
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.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

BJ2019-048

PROJECT NAME: Shelley Boyer enclosure on ground level
SITE ADDRESS: 412 WALLACE ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/19/2019

EXPIRES: 09/15/2019

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: _____

Shelley N Boyer

Date: _____

3/19/18



Town of Kill Devil Hills

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

PAID

MAR 21 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2019-049

PROJECT NAME: Heim Bathroom
SITE ADDRESS: 631 CANAL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

APPLICANT: HEIM, DANIEL
631 CANAL DR
Kill Devil Hills, NC 27948
252-573-1769

OWNER: HEIM, DANIEL
631 CANAL DR
Kill Devil Hills, NC 27948
252-573-1769

UNLICENSED - REMODELING: Hacadone, Matthew
5719 Wax Myrtle Ct
Kill Devil Hills, NC 27948
252-564-4635

License: 00000000
Expires: 03/31/2020

PARCEL:

PIN: 988413148990

Parcel Number: 003335000

Address: 631 CANAL DR KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 1

Zoning:
Block: 0 **Lot(s):** 52

Legal Description:

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

PROJECT DESCRIPTION: Remodel master bath, add outlet and lighting

BJ2019-049

PROJECT NAME: Heim Bathroom
 SITE ADDRESS: 631 CANAL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

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	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	15000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Rough In

Zoning Final

Final

CONDITIONS

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

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

BJ2019-049

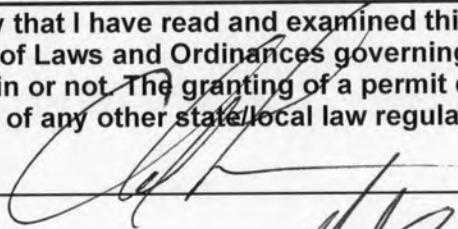
PROJECT NAME: Heim Bathroom
SITE ADDRESS: 631 CANAL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

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: 3/21/2019



Town of Kill Devil Hills

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

PAID

MAR 21 2019

Planning and Inspection Department

TOWNSHIP
KILL DEVIL HILLS

BJ2019-060	BUILDING JOINT
PROJECT NAME: Terry Markley Garage Enclosure	ISSUED: 03/20/2019
SITE ADDRESS: 600 WALKER ST W KILL DEVIL HILLS	EXPIRES: 09/16/2019

APPLICANT: Terry Markley
600 W. Walker St.
Kill Devil Hills, NC 27948
757-353-8769

OWNER: Terry Markley
600 W. Walker St.
Kill Devil Hills, NC 27948
757-353-8769

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

UNLICENSED - REMODELING: JEFF RADFORD
517 WEST ARCHDALE ST
Kill Devil Hills, NC 27948
252-207-2910

License: 0000
Expires:

PARCEL:

PIN: 987520900772

Parcel Number: 000737000

Address: 600 WALKER ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 80 **Lot(s):** 1A

Legal Description:

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

PROJECT DESCRIPTION: Enclose under existing house for 12x24 garage

BJ2019-060

PROJECT NAME: Terry Markley Garage Enclosure
SITE ADDRESS: 600 WALKER ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	28569
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	7500.00
LOT COVERAGE	35.00
SURVEYOR NAME AND NUMBER	William S Jones I-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In 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.
- * Enclose under house for garage, bath, & storage.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

BJ2019-060

PROJECT NAME: Terry Markley Garage Enclosure
SITE ADDRESS: 600 WALKER ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

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
MAR 22 2019

Planning and Inspection Department

BJ2019-063	BUILDING JOINT
PROJECT NAME: HALL GROUND LEVEL STORAGE ROOM	ISSUED: 03/21/2019
SITE ADDRESS: 206 SHILOH ST KILL DEVIL HILLS	EXPIRES: 09/17/2019

APPLICANT: Hall, Michael 14042 Erie Court Gainesville, VA 20155 703-598-9376	OWNER: Hall, Michael 14042 Erie Court Gainesville, VA 20155 703-598-9376
--	--

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: 988513021948	Parcel Number: 003046000
Address: 206 SHILOH ST KILL DEVIL HILLS	Zoning:
Addition: MOOR SHORES	Block: 0 Lot(s): 28
Legal Description:	

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

PROJECT DESCRIPTION: ADDITION OF 14'X19.8' GROUND LEVEL UNHEATED STORAGE ROOM/ WIRING NEW LIGHTS AND RECEPTACLES

BJ2019-063

PROJECT NAME: HALL GROUND LEVEL STORAGE ROOM
SITE ADDRESS: 206 SHILOH ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/21/2019

EXPIRES: 09/17/2019

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:

3/22/2019



Town of Kill Devil Hills

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

PAID

MAR 21 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2019-052

PROJECT NAME: Chisman Deck, Steps and Doors
SITE ADDRESS: 507 BURNS DR KILL DEVIL HILLS

PAID
WITH
CASH

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

APPLICANT: MAX CHISMAN
507 Burns Dr.
KDH, NC 27948
489-3558

OWNER: MAX CHISMAN
507 Burns Dr.
KDH, NC 27948
489-3558

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988316728965

Parcel Number: 005019000

Address: 507 BURNS DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: Repair/replace decking and structure as needed, replace 5/0 patio door, rebuild front steps and convert ground floor window to door. Install required light and switch.

CONFIDENTIAL

01A

MAR 5 1958

TO: DIRECTOR, FBI	FROM: SAC, [illegible]
SUBJECT: [illegible]	RE: [illegible]
DATE: [illegible]	TIME: [illegible]

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BJ2019-052

PROJECT NAME: Chisman Deck, Steps and Doors
SITE ADDRESS: 507 BURNS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

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	800.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Rough In
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.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3/21/19



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

BJ2019-065

PROJECT NAME: Lane Repair
SITE ADDRESS: 1506 CAPTAIN'S LN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/25/2019

EXPIRES: 09/21/2019

APPLICANT: LANE, JEFFREY W
1506 CAPTAINS LANE
KILL DEVIL HILLS, NC 27948

OWNER: LANE, JEFFREY W
1506 CAPTAINS LANE
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988413132460

Parcel Number: 027546153

Address: 1506 CAPTAIN'S LN KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 153

Legal Description:

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

PROJECT DESCRIPTION: Repair water damage in kitchen from broken pipe above.

MAR 25 2019

BJ2019-065

PROJECT NAME: Lane Repair
 SITE ADDRESS: 1506 CAPTAIN'S LN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/25/2019

EXPIRES: 09/21/2019

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	AE
BASE FLOOD ELEVATION	9
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	18000.00
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.

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Issued By: _____

Contractor or Authorized Agent: _____ Date: 3/25/19



Town of Kill Devil Hills

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

PAID

MAR 28 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2019-070

PROJECT NAME: MURPHY HOT TUB ACCESSORY DECK
SITE ADDRESS: 207 PALMETTO ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/27/2019

EXPIRES: 09/23/2019

APPLICANT: DENNIS MURPHY
5008 SADLER PLACE
Glenn Allen, VA 23060
804-304-7945

OWNER: MICHAEL S. HENDRICK
2708 NE 15th St.
Ft. Lauderdale, FL 33304

UNLICENSED - REMODELING: JIM HANKS
3108 BAY DR
Kill Devil Hills, NC 27948
252-457-7519

License: XXXX
Expires: 03/27/2019

PARCEL:

PIN: 988517211490

Parcel Number: 000343000

Address: 207 PALMETTO ST E KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 1 **Lot(s):** 13-14

Legal Description:

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

PROJECT DESCRIPTION: CONSTRUCTING 10'X11'2" DECK ON GRADE ANCHORED WITH 4"X4" POST W/ 4' EMBEDMENT AND CONCRETE FOOTING. HOT TUB IS PLUG AND CORD W/ RECEPTACLE MINIMUM 1' ABOVE BFE

BJ2019-070

PROJECT NAME: MURPHY HOT TUB ACCESSORY DECK
SITE ADDRESS: 207 PALMETTO ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/27/2019

EXPIRES: 09/23/2019

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: _____

3-28-19



Town of Kill Devil Hills

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

PAID

MAR 28 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2019-069

PROJECT NAME: Moore Bath Remodel
SITE ADDRESS: 815 S Virginia Dare Trl Kill Devil Hills

BUILDING JOINT

ISSUED: 03/27/2019

EXPIRES: 09/23/2019

APPLICANT: Moore, Joy
1009 Forestview Dr
Colonial Hts., Va 23834

OWNER: Moore, Joy
1009 Forestview Dr
Colonial Hts., Va 23834

UNLICENSED - REMODELING: GRAN PLAN INC.
349-C Water Plant Road
Wanchese, NC 27954
252-473-3334

License: 00000000
Expires: 12/31/2019

PARCEL:

PIN: 98830899420315

**Parcel
Number:**

Address: 815 S Virginia Dare Trl Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Unit 201

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

PROJECT DESCRIPTION: Remodel bathroom, install new fixtures and tile shower.

BJ2019-069

PROJECT NAME: Moore Bath Remodel
SITE ADDRESS: 815 S Virginia Dare Trl Kill Devil Hills

BUILDING JOINT

ISSUED: 03/27/2019

EXPIRES: 09/23/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	12430.00
CULVERT	N
DRIVEWAY INVERT 2	N

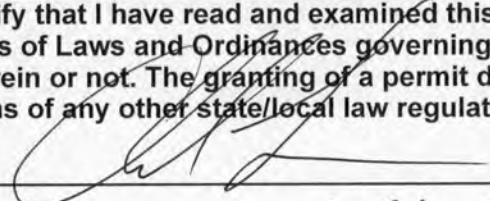
REQUIRED INSPECTIONS

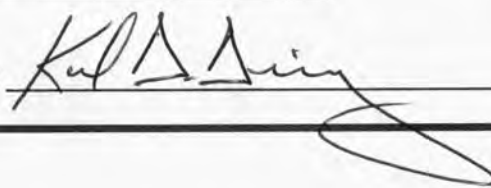
Rough In	Final
Insulation	Zoning Final

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.
- * Trade sign offs required

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/28/19



Town of Kill Devil Hills

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

PAID

MAR 28 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2019-069

PROJECT NAME: Steven Kelly-Pergola
SITE ADDRESS: 1211 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BUILDING

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

APPLICANT: Kelly, Steven
1211 Wrightsville BLVD
Kill Devil Hills, NC 27948
757-642-5190

OWNER: Kelly, Steven
1211 Wrightsville BLVD
Kill Devil Hills, NC 27948
757-642-5190

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312975169

Parcel Number: 029995000

Address: 1211 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 16 **Lot(s):** 25

Legal Description:

FEES:	Paid	Due
Accessory Residential (MIN)	\$100.00	\$0.00
Accessory Residential (MIN)	\$100.00	\$0.00
Accessory Residential (MIN)	\$100.00	\$0.00
Totals :	\$300.00	\$0.00

PROJECT DESCRIPTION: install 3 separate pergolas for the street side of the residential structure

BP2019-069

PROJECT NAME: Steven Kelly-Pergola

SITE ADDRESS: 1211 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BUILDING

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	28543
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2800.00
LOT COVERAGE	37.92
SURVEYOR NAME AND NUMBER	William S Jones
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.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

BP2019-069

PROJECT NAME: Steven Kelly-Pergola

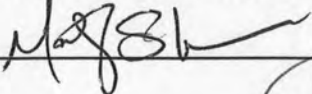
SITE ADDRESS: 1211 WRIGHTSVILLE BLVD KILL DEVIL HILLS

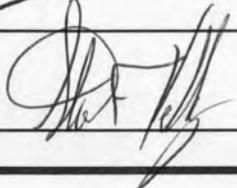
BUILDING

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

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: 28 MAR 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

BP2019-064	BUILDING
PROJECT NAME: Chung Kong-Girder replacement	ISSUED: 03/28/2019
SITE ADDRESS: 2025 HAMPTON ST KILL DEVIL HILLS	EXPIRES: 09/24/2019

APPLICANT: Kong, Chung 2025 Hampton Street Kill Devil Hills, NC 27948	OWNER: Kong, Chung 2025 Hampton Street Kill Devil Hills, NC 27948
--	--

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

PIN: 988405084822	Parcel Number: 000866000
Address: 2025 HAMPTON ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 1122
Legal Description:	

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

PAID

MAR 28 2019

PROJECT DESCRIPTION: Replace north girder per engineered plans

TOWN OF
KILL DEVIL HILLS

BP2019-064**PROJECT NAME:** Chung Kong-Girder replacement
SITE ADDRESS: 2025 HAMPTON ST KILL DEVIL HILLS**BUILDING****ISSUED:** 03/28/2019**EXPIRES:** 09/24/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Rough In

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.

BP2019-064

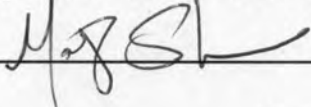
PROJECT NAME: Chung Kong-Girder replacement
SITE ADDRESS: 2025 HAMPTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

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: 3/28/19



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

BP2019-062	BUILDING
PROJECT NAME:	ISSUED: 03/22/2019
SITE ADDRESS: 804 CEDAR DR KILL DEVIL HILLS	EXPIRES: 09/18/2019

APPLICANT: CARDEN, STUART W
P O BOX 2377
KILL DEVIL HILLS, NC 27948

OWNER: CARDEN, STUART W
P O BOX 2377
KILL DEVIL HILLS, NC 27948

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

License: 12345
Expires: 06/07/2019

PARCEL:

PIN: 988413133177

Parcel Number: 012352000

Address: 804 CEDAR DR KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 142

Legal Description:

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

PROJECT DESCRIPTION: Repair/replace fence. Replace decking and guard rails on front deck.

MAR 25 2019

BP2019-062

PROJECT NAME:

SITE ADDRESS: 804 CEDAR DR KILL DEVIL HILLS

BUILDING

ISSUED: 03/22/2019

EXPIRES: 09/18/2019

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	3000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

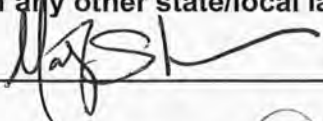
Final

Stringline

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3-25-19



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

BP2019-060

PROJECT NAME:

SITE ADDRESS: 201 SEA VILLAGE LN KILL DEVIL HILLS

BUILDING

ISSUED: 03/22/2019

EXPIRES: 09/18/2019

APPLICANT: BROWN, TIMOTHY M
PO Box 412
WARRENTON, VA 83001

OWNER: BROWN, TIMOTHY M
PO Box 412
WARRENTON, VA 83001

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: Repair/replace panelling with drywall, insulation, cabinets and trim.

PAID

MAR 26 2019

TOWN OF
KILL DEVIL HILLS

BP2019-060

PROJECT NAME:

SITE ADDRESS: 201 SEA VILLAGE LN KILL DEVIL HILLS

BUILDING

ISSUED: 03/22/2019

EXPIRES: 09/18/2019

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	28000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Insulation


Final

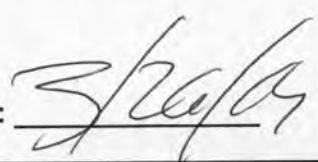
CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 



Town of Kill Devil Hills

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

PAYD

MAR 27 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-065

PROJECT NAME: RAM STAIR REPLACEMENT
SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 03/25/2019

EXPIRES: 09/21/2019

APPLICANT: VANGALA RAM
Unit 61307
APO, NY 09803

OWNER: VANGALA RAM
Unit 61307
APO, NY 09803

UNLICENSED BUILDER: Bell, Scott
206 W Lakeside Dr.
nags head, nc 27959
252-564-5645

License: Unlicensed
Expires: 10/31/2019

PARCEL:

PIN: 987408990170

Parcel Number: 003064004

Address: 2100 BAY DR KILL DEVIL HILLS

Addition: KITTY HAWK BAY CLUB

Zoning:

Block: 0

Lot(s): UNIT 4 LOT
4

Legal Description:

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

PROJECT DESCRIPTION: REPLACE BOTH SET OF EXTERIOR STAIRS

BP2019-065PROJECT NAME: RAM STAIR REPLACEMENT
SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS**BUILDING**

ISSUED: 03/25/2019

EXPIRES: 09/21/2019

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	4000.00
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 all aspects 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: 3-27-19



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

MAR 27 2019

BP2019-066

PROJECT NAME: WRIGHT LOT CLEARING AND SHED
SITE ADDRESS: 518 QUAIL LN KILL DEVIL HILLS

TOWN OF
KILL DEVIL HILLS
BUILDING
ISSUED: 03/27/2019
EXPIRES: 09/23/2019

APPLICANT: Ron Wright
518 Quali Ln
Kill Devil Hills, NC 27948

OWNER: Ron Wright
518 Quali Ln
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988315732546

Parcel Number: 004890317

Address: 518 QUAIL LN KILL DEVIL HILLS

Zoning:

Addition: WHISPERING PINES SEC 2 & 3

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

Legal Description:

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

PROJECT DESCRIPTION: PROVIDE STABILIZATION FOR CLEARED LOT, CONSTRUCTION OF 12'X20' SHED WITH REQUIRED FOUNDATION

BP2019-066

PROJECT NAME: WRIGHT LOT CLEARING AND SHED
SITE ADDRESS: 518 QUAIL LN KILL DEVIL HILLS

BUILDING

ISSUED: 03/27/2019

EXPIRES: 09/23/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final
Final

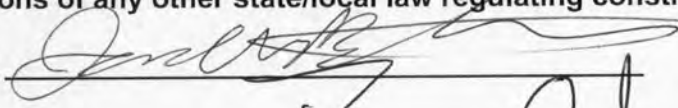
Land Disturbing

CONDITIONS

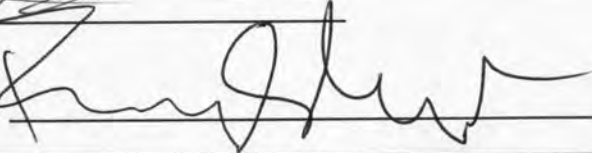
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.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

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

Issued By:



Contractor or Authorized Agent:



Date:

3/29/19



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

MAR 27 2019

BP2019-068

PROJECT NAME: PFENDLER STAIR AND RAILING REPLACEMENT
SITE ADDRESS: 402 LANDING DR W KILL DEVIL HILLS

Town of Kill Devil Hills
BUILDING
ISSUED: 03/27/2019
EXPIRES: 09/23/2019

APPLICANT: PFENDLER, ROGER D
21 FAYETTE STREET
CAMDEN, NY 13316

OWNER: PFENDLER, ROGER D
21 FAYETTE STREET
CAMDEN, NY 13316

GENERAL: BALLANCE, RONNIE EARL
412 W. Sothel Street
Kitty Hawk, NC 27949

License: 11375
Expires:

PARCEL:

PIN: 988414333739

Parcel Number: 003594000

Address: 402 LANDING DR W KILL DEVIL HILLS

Zoning:

Addition: LANDING SECTION 2, THE

Block: 0 **Lot(s):** 139

Legal Description:

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

PROJECT DESCRIPTION: REPLACING EXTERIOR STAIR IN SAME FOOTPRINT

BP2019-068

PROJECT NAME: PFENDLER STAIR AND RAILING REPLACEMENT
SITE ADDRESS: 402 LANDING DR W KILL DEVIL HILLS

BUILDING

ISSUED: 03/27/2019

EXPIRES: 09/23/2019

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.
- * Construction must meet all aspects of 2018 NCBC.
- * 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: 3/27/19



Town of Kill Devil Hills

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

PAID

MAR 20 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2019-058	BUILDING
PROJECT NAME:	ISSUED: 03/20/2019
SITE ADDRESS: 538 Aycock St. KILL DEVIL HILLS	EXPIRES: 09/16/2019

APPLICANT: Gowen, Lori
PO Box 17
kitty hawk, nc 27949
252-326-1187

OWNER: Gowen, Lori
PO Box 17
kitty hawk, nc 27949
252-326-1187

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

License: Unlicensed
Expires: 12/31/2020

UNLICENSED - REMODELING: Econo Cleaning Service, INC
615 Canal DR
Kill Devil Hills, NC 27948
252-256-3707

License: 0
Expires:

PARCEL:

PIN: 987520903505

Parcel Number: 000724039

Address: 538 Aycock St. KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 72 **Lot(s):** 39 & 40

Legal Description:

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

PROJECT DESCRIPTION: Repair/replace lower front steps from landing to grade.

BP2019-058

PROJECT NAME:

SITE ADDRESS: 538 Aycock St. KILL DEVIL HILLS

BUILDING

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

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	500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

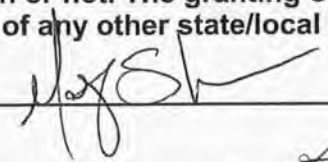
Zoning Final

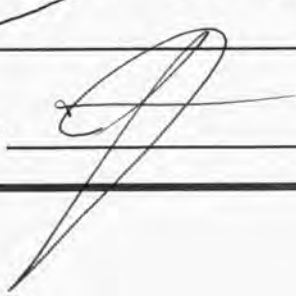
Final

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: 3-20-19



Town of Kill Devil Hills

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

PAID

MAR 19 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-057

PROJECT NAME: Pool barrier replacement
SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS

BUILDING
ISSUED: 03/19/2019
EXPIRES: 09/15/2019

APPLICANT:	HIGH DUNES CONDOMINIUM ASSOCIATION INC C/O CAPE MANAGEMENT INC 1410 SO. VIRGINIA DARE TRL KILL DEVIL HILLS, NC 27948 252-480-2700	OWNER:	HIGH DUNES CONDOMINIUM ASSOCIATION INC C/O CAPE MANAGEMENT INC 1410 SO. VIRGINIA DARE TRL KILL DEVIL HILLS, NC 27948 252-480-2700
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UNLICENSED BUILDER:	Sterling Parker 1405 SOUTH Va Dare TR Kill Devil Hills, NC 27948	License: 033033 Expires:
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PARCEL:

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

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

PROJECT DESCRIPTION: Repair/replace North and East portions of existing pool barrier.

BP2019-057

PROJECT NAME: Pool barrier replacement
SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 03/19/2019

EXPIRES: 09/15/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 3-19-19



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

BP2019-056	BUILDING
PROJECT NAME: SAVAGE PORCH REPAIR	ISSUED: 03/18/2019
SITE ADDRESS: 2043 NORFOLK ST KILL DEVIL HILLS	EXPIRES: 09/14/2019

APPLICANT: Savage, Ken
334 Wallace Street
Kill Devil Hills, NC 27948
252-489-1178

OWNER: Savage, Ken
334 Wallace Street
Kill Devil Hills, NC 27948
252-489-1178

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517106098

Parcel Number: 001243000

Address: 2043 NORFOLK ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 790

Legal Description:

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

PROJECT DESCRIPTION: REPLACING ROOF PILINGS ATTACHED TO SLAB AND RAFTERS PER ENGINEERED SPECIFICATIONS

MAR 18 2019

2019-03-18 03:33 PM

BP2019-056

PROJECT NAME: SAVAGE PORCH REPAIR
SITE ADDRESS: 2043 NORFOLK ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/18/2019

EXPIRES: 09/14/2019

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	1000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

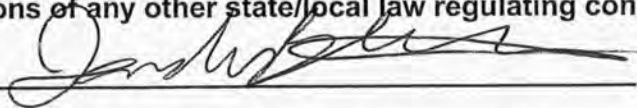
CONDITIONS

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

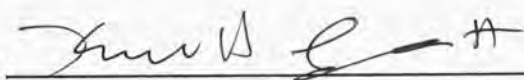
* Construction must comply with engineer's specifications.

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

Issued By:



Contractor or Authorized Agent:



Date:

3-18-19



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

BP2019-055

PROJECT NAME: HEUNEMAN UNHEATED STORAGE ROOM
SITE ADDRESS: 814 FRANCES LN KILL DEVIL HILLS

BUILDING

ISSUED: 03/18/2019

EXPIRES: 09/14/2019

APPLICANT: HEUNEMAN, JOSEPH P
814 FRANCES LANE
KILL DEVIL HILLS, NC 27948

OWNER: HEUNEMAN, JOSEPH P
814 FRANCES LANE
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405171516

Parcel Number: 002305000

Address: 814 FRANCES LN KILL DEVIL HILLS

Addition: WRIGHT'S SHORES SEC 2

Zoning:

Block: 0 **Lot(s):** 90

Legal Description:

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

PROJECT DESCRIPTION: 8'X5' STORAGE ADDITION ON WESTERN SIDE OF HOME

HWO

MAR 18 2019

TOWN OF
KILL DEVIL HILLS

BP2019-055

PROJECT NAME: HEUNEMAN UNHEATED STORAGE ROOM
SITE ADDRESS: 814 FRANCES LN KILL DEVIL HILLS

BUILDING

ISSUED: 03/18/2019

EXPIRES: 09/14/2019

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	700.00
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.
- * Construction must comply with engineer's specifications.

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

Issued By:

Contractor or Authorized Agent:

Date:

3-18-19



Town of Kill Devil Hills

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

MAR 12 2019

Planning and Inspection Department

BP2019-054

PROJECT NAME: GARRETT PILING REPLACEMENT
SITE ADDRESS: 2034 PORTSMOUTH ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

APPLICANT: JAMES GARRETT
11109 KIMBERLY CT
CHESAPEAKE, VA 23320
757-646-0361

OWNER: JAMES GARRETT
11109 KIMBERLY CT
CHESAPEAKE, VA 23320
757-646-0361

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987408989930

Parcel Number: 012570000

Address: 2034 PORTSMOUTH ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 883

Legal Description:

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

PROJECT DESCRIPTION: REPLACING PILING ON NORTH EAST CORNER OF DECK W/ 6"X6"X18' PILING W/ 8' EMBEDMENT AND 2-5/8" THROUGH BOLTS

BP2019-054

PROJECT NAME: GARRETT PILING REPLACEMENT
SITE ADDRESS: 2034 PORTSMOUTH ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

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	400.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final
Final

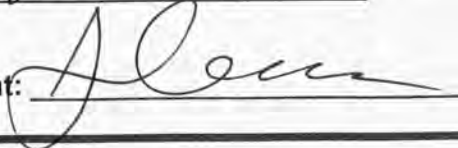
Piling

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.
- * Piling requires minimum 8ft. embedment.
- * Must comply with provisions 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: 3-12-19



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

BP2019-053

PROJECT NAME: HOCKADAY ACCESSORY STRUCTURE
SITE ADDRESS: 1605 CROATAN HWY N KILL DEVIL HILLS

BUILDING

ISSUED: 03/11/2019

EXPIRES: 09/07/2019

APPLICANT: DOUGLAS HOCKADAY
735 BELLWOOD RD
HAMPTON, VA 23666
757-880-6319

OWNER: DOUGLAS HOCKADAY
735 BELLWOOD RD
HAMPTON, VA 23666
757-880-6319

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988410455969

Parcel Number: 003136019

Address: 1605 CROATAN HWY N KILL DEVIL HILLS

Addition: DELRAY BEACH RESUBDIV

Zoning:
Block: 3 **Lot(s):** 19

Legal Description:

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

PROJECT DESCRIPTION: ACCESSORY STRUCTURE OVER POOL EQUIPMENT

PAID

MAR 11 2019

BP2019-053

PROJECT NAME: HOCKADAY ACCESSORY STRUCTURE
SITE ADDRESS: 1605 CROATAN HWY N KILL DEVIL HILLS

BUILDING

ISSUED: 03/11/2019

EXPIRES: 09/07/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RH
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
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.

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

BP2019-053

PROJECT NAME: HOCKADAY ACCESSORY STRUCTURE
SITE ADDRESS: 1605 CROATAN HWY N KILL DEVIL HILLS

BUILDING

ISSUED: 03/11/2019

EXPIRES: 09/07/2019

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: _____

3-11-19



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

BP2019-052

PROJECT NAME: PAUL GLENN
SITE ADDRESS: 219 SOTHEL ST W KILL DEVIL HILLS

BUILDING

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

APPLICANT: GLENN, PAUL
219 WEST SOTHEL
Kill Devil Hills, NC 27948

OWNER: GLENN, PAUL
219 WEST SOTHEL
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517025218

Parcel Number: 000510000

Address: 219 SOTHEL ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 31 Lot(s): 13-15

Legal Description:

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

PROJECT DESCRIPTION: 5'X6' ACCESSORY STRUCTURE

MAR - 6 2019

BP2019-052

PROJECT NAME: PAUL GLENN

SITE ADDRESS: 219 SOTHEL ST W KILL DEVIL HILLS

BUILDING

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	300.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

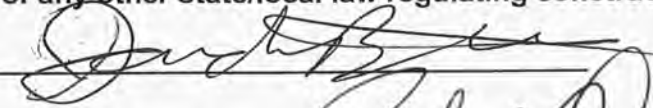
Zoning Final

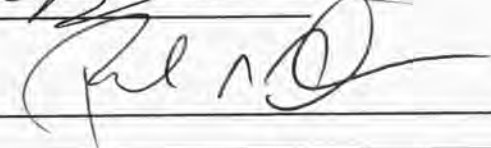
Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * 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: 3-6-19



Town of Kill Devil Hills

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

MAR - 6 2019

Planning and Inspection Department

BP2019-051

PROJECT NAME: Stanley Story-Deck
SITE ADDRESS: 110 Ashville Drive Kill Devil Hills

BUILDING

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

APPLICANT: Story, Stanley
4425 Wellington Farms Drive
chester, va 23831

OWNER: Story, Stanley
4425 Wellington Farms Drive
chester, va 23831

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

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

License: unlicensed
Expires: 12/01/2020

PARCEL:

PIN: 988415630794

Parcel Number:

Address: 110 Ashville Drive Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 48, Memorial Overlook

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

PROJECT DESCRIPTION: Replace wood decking, replace handrails, cover deckbands, replace stair stringers, install composite treads

BP2019-051

PROJECT NAME: Stanley Story-Deck
SITE ADDRESS: 110 Ashville Drive Kill Devil Hills

BUILDING

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

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
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	17000.00
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.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

BP2019-051

PROJECT NAME: Stanley Story-Deck
SITE ADDRESS: 110 Ashville Drive Kill Devil Hills

BUILDING

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

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: 3-6-18



Town of Kill Devil Hills

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

BAD
MAR - 4 2019

Planning and Inspection Department

BP2019-049	BUILDING
PROJECT NAME: BROWN EXTERIOR DECK STAIR	ISSUED: 03/04/2019
SITE ADDRESS: 201 WILKENSON KILL DEVIL HILLS	EXPIRES: 08/31/2019

APPLICANT: GLENN BROWN
504 HULEN DR
CHESAPEAKE, VA 23323
757-287-7392

OWNER: GLENN BROWN
504 HULEN DR
CHESAPEAKE, VA 23323
757-287-7392

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988513130179

Parcel Number: 029606000

Address: 201 WILKENSON KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 9

Lot(s): PT 15-18

Legal Description:

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

PROJECT DESCRIPTION: REPLACING EXTERIOR STAIR ON WEST SIDE OF PROPERTY

BP2019-049PROJECT NAME: BROWN EXTERIOR DECK STAIR
SITE ADDRESS: 201 WILKENSON KILL DEVIL HILLS**BUILDING**

ISSUED: 03/04/2019

EXPIRES: 08/31/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	200.00
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: _____

3-4-2019



Town of Kill Devil Hills

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

PND
WIL
CASE

PAID

MAR - 5 2019

Planning and Inspection Department

BP2019-050

PROJECT NAME: POWELL DECK AND STAIRS
SITE ADDRESS: 3101 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/05/2019

EXPIRES: 09/01/2019

APPLICANT: POWELL, STEPHEN G
ROUTE 1 BOX 2170
TROY, VA 22974

OWNER: POWELL, STEPHEN G
ROUTE 1 BOX 2170
TROY, VA 22974

CONTRACTOR: HANDYMAN SERVICES
229 Eagle Dr.
Kill Devil Hills, NC 27948
252-202-5712

License: LEGACY UNKNOWN
Expires: 12/30/2019

PARCEL:

PIN: 988513136615

Parcel Number: 003032000

Address: 3101 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

Zoning:

Block: 0 **Lot(s):** 9-11

Legal Description:

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

PROJECT DESCRIPTION: REMOVING NORTH SET OF STAIRS AND REPLACING SOUTHERN SET. REPLACING HANDRAILS AND DECKING, REPLACING BAD DECK JOIST IN ACCORDANCE WITH 2018 NCBC

BP2019-050

PROJECT NAME: POWELL DECK AND STAIRS
SITE ADDRESS: 3101 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/05/2019

EXPIRES: 09/01/2019

DETAILS

Permit	
Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6500.00
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.
- * All construction must comply with provisions of the 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:** 3-5-19



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

BP2019-048

PROJECT NAME: Novak Storage Room
SITE ADDRESS: 211 BURNS DR KILL DEVIL HILLS

BUILDING

ISSUED: 03/01/2019

EXPIRES: 08/28/2019

APPLICANT: WILLIAM NOVAK
1209 Wormington Dr.
Chesapeake, VA 23322
757-373-4744

OWNER: WILLIAM NOVAK
1209 Wormington Dr.
Chesapeake, VA 23322
757-373-4744

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988316947503

Parcel Number: 008394000

Address: 211 BURNS DR KILL DEVIL HILLS

Zoning:

Addition: OCEAN ACRES TRACT 3 SEC 1

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Building Permit Fee - Minimum Fee	\$150.00	\$0.00	Residential Unheated (.40)	154 Sq. Ft
Totals :	\$150.00	\$0.00		

PROJECT DESCRIPTION: Unheated 11'x14' Storage Room in Existing Footprint, 3'x6' concrete pad

MAR - 1 2019

BP2019-048

PROJECT NAME: Novak Storage Room
SITE ADDRESS: 211 BURNS DR KILL DEVIL HILLS

BUILDING

ISSUED: 03/01/2019

EXPIRES: 08/28/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

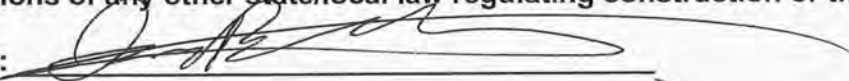
Zoning Final
Final

Rough In

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Construction must comply with 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: 3-1-2019



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

BP2019-046

PROJECT NAME: Vaughan Robinson Coastal Cottage Contracting
SITE ADDRESS: 2017 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/28/2019

EXPIRES: 08/27/2019

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

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

BUILDING-UNLIMITED: Coastal Cottage Contracting
PO Box 433
nags head, nc 27959
252-715-2576

License: 75876
Expires:

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
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: add 208 sq ft of deck on north side of existing deck for hot tub

MAR - 5 2019

BP2019-046

PROJECT NAME: Vaughan Robinson Coastal Cottage Contracting
SITE ADDRESS: 2017 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/28/2019

EXPIRES: 08/27/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	12
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10000.00
LOT COVERAGE	27.13
SURVEYOR NAME AND NUMBER	Gloria J Rogers
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.

* THIS PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD AREA.

1. All Special Flood Hazard Areas limit the use of enclosures below the lowest floor for parking, building access and limited storage only.
2. In the VE Zone, there shall be no alteration of the sand dunes which would increase potential flood damage.
3. In the VE Zone, there shall be no fill used for structural support.
4. Elevation Certificate will be required at time of application, 21 days from the establishment of the lowest floor and at construction completion.

DEVELOPER MUST OBTAIN ALL THE NECESSARY FEDERAL, STATE AND LOCAL PERMITS BEFORE THIS PERMIT CAN BE ISSUED.

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

BP2019-046

PROJECT NAME: Vaughan Robinson Coastal Cottage Contracting
SITE ADDRESS: 2017 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/28/2019

EXPIRES: 08/27/2019

* Provide plates as required at piling to girder connections for pilings notched more than 50% as required by 2018 NC Residential Building Code R4603.6

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 Date: 3/5/19
JRC

By  member/manager



Town of Kill Devil Hills

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

PAID

MAR 22 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

DW2019-007
PROJECT NAME: DUPREE DRIVEWAY
SITE ADDRESS: 904 CARDINAL ST KILL DEVIL HILLS

DRIVEWAY
ISSUED: 03/22/2019
EXPIRES: 09/18/2019

APPLICANT: DUPREE, WILLIAM ROBERT
904-CARDINAL STREET
KILL DEVIL HILLS, NC 27948

OWNER: DUPREE, WILLIAM ROBERT
904-CARDINAL STREET
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312777370

Parcel Number: 004442000

Address: 904 CARDINAL ST KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 27 **Lot(s):** 3

Legal Description:

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

PROJECT DESCRIPTION: REPLACING DRIVEWAY, SAME FOOTPRINT

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
ZONING DISTRICT	RL
CONSTRUCTION COST	3700.00
FLOOD ZONE	X

DW2019-007

PROJECT NAME: DUPREE DRIVEWAY
SITE ADDRESS: 904 CARDINAL ST KILL DEVIL HILLS

DRIVEWAY

ISSUED: 03/22/2019

EXPIRES: 09/18/2019

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

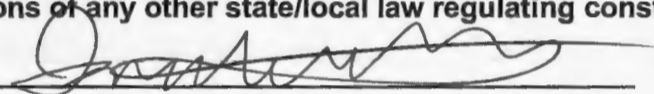
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

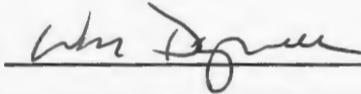
* Must install 1.0" to 2.0" unvert 6 to 8 feet back from edge of pavement falling to the South. The first 3 feet from the edge of pavement will need to be at least 6 inches thick.

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

3-22-19



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

DW2019-005	DRIVEWAY
PROJECT NAME: SCANGO DRIVEWAY ADDITION	ISSUED: 03/18/2019
SITE ADDRESS: 1412 FIRST ST W KILL DEVIL HILLS	EXPIRES: 09/14/2019

APPLICANT: SCANGO, DAVID E CATHERINE SCANGO 4233 BERRITT STREET FAIRFAX, VA 22030	OWNER: SCANGO, DAVID E CATHERINE SCANGO 4233 BERRITT STREET FAIRFAX, VA 22030
---	---



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

PIN: 988417117476	Parcel Number: 004046042
Address: 1412 FIRST ST W KILL DEVIL HILLS	Zoning:
Addition: WRIGHT WOODS	Block: 0 Lot(s): 42
Legal Description:	

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

PROJECT DESCRIPTION: POURING NEW CONCRETE TURN AROUND ADDITION ON EXISTING DRIVEWAY


 MAR 18 2019


DW2019-005

PROJECT NAME: SCANGO DRIVEWAY ADDITION
SITE ADDRESS: 1412 FIRST ST W KILL DEVIL HILLS

DRIVEWAY

ISSUED: 03/18/2019

EXPIRES: 09/14/2019

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
ZONING DISTRICT	RL
CONSTRUCTION COST	1250.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00

REQUIRED INSPECTIONS

Zoning Final

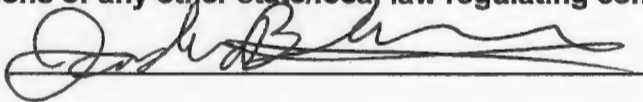
Final

CONDITIONS

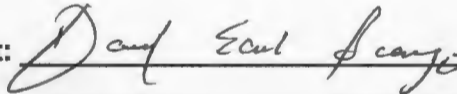
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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:

3/18/19



Town of Kill Devil Hills

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

MAR 12 2019

Planning and Inspection Department

DW2019-004

PROJECT NAME: SCULLIN DRIVEWAY
SITE ADDRESS: 2020 NEW BERN ST KILL DEVIL HILLS

DRIVEWAY

ISSUED: 03/11/2019

EXPIRES: 09/07/2019

APPLICANT: Scullin, Elizabeth
7403 Admiral Dr.
ALEXANDRIA, VA 22307
703-768-3258

OWNER: Scullin, Elizabeth
7403 Admiral Dr.
ALEXANDRIA, VA 22307
703-768-3258

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

License: 123456
Expires: 04/29/2020

PARCEL:

PIN: 988518300040

Parcel Number: 001875000

Address: 2020 NEW BERN ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:
Block: 0 **Lot(s):** 431

Legal Description:

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

PROJECT DESCRIPTION: TEARING OUT EXISTING DRIVEWAY AND REPLACING PER PUB. SERV. INSTRUCTIONS

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
ZONING DISTRICT	C
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00

Value \$1,000⁰⁰

DW2019-004

PROJECT NAME: SCULLIN DRIVEWAY

SITE ADDRESS: 2020 NEW BERN ST KILL DEVIL HILLS

DRIVEWAY

ISSUED: 03/11/2019

EXPIRES: 09/07/2019

REQUIRED INSPECTIONS

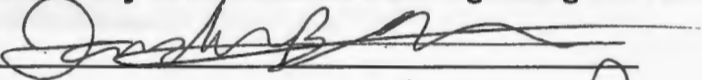
Zoning Final

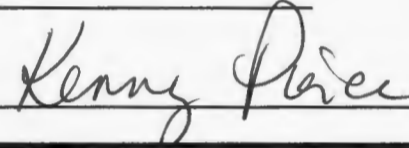
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 3.12.19



Town of Kill Devil Hills

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

027

MAR - 7 2019

Planning and Inspection Department

DM2019-001

PROJECT NAME: Imperial Investments Obx LLC
SITE ADDRESS: 1206 W Boundary St Kill Devil Hills

DEMOLITION

ISSUED: 02/14/2019

EXPIRES: 08/13/2019

APPLICANT: Neal Contracting/ Matt Neal
P.O. Box 637
Kill Devil Hills, NC 27948
252-599-6232

OWNER: Imperial Investments OBX, LLC
307 woodard drive
kitty hawk, nc 27949

GENERAL BUILDING: Neal Contracting/ Matt Neal
P.O. Box 637
Kill Devil Hills, NC 27948
252-599-6232

License: 66561
Expires:

PARCEL:

PIN: 988312759304

Parcel Number: 004533000

Address: 1206 W Boundary St Kill Devil Hills

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 42 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: remove existing mobile homes

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FLOOD ZONE	X
CONSTRUCTION COST	5000.00



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

EG2019-003

PROJECT NAME: HUGHS LAND DISTURBANCE
SITE ADDRESS: 402 PINE CONE CT KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 03/26/2019

EXPIRES: 09/22/2019

APPLICANT: Joyce Hughs
P.O. Box 280181
BROOKLYN, NY 11228
718-614-3992

OWNER: Joyce Hughs
P.O. Box 280181
BROOKLYN, NY 11228
718-614-3992

GENERAL: LONDON, ROBERT F. JR.
Rt 1 Box 30
Harbinger, NC 27941
252-207-8644

License: 14364
Expires:

PARCEL:

PIN: 988316739849

Parcel Number: 004890304

Address: 402 PINE CONE CT KILL DEVIL HILLS

Zoning:

Addition: WHISPERING PINES SEC 2 & 3

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

Legal Description:

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

PROJECT DESCRIPTION: STABILIZE CLEARED SITE FOR NEW HOME CONSTRUCTION

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	5800.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	X

PAID
WITH
CASH

MAR 26 2019



Town of Kill Devil Hills

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

MAR 13 2019

Planning and Inspection Department

EG2019-002

EXCAVATION AND GRADING

PROJECT NAME: DUKISSIS LAND DISTURBANCE
SITE ADDRESS: 221 OCEAN ACRES DR W KILL DEVIL HILLS

ISSUED: 03/13/2019

EXPIRES: 09/09/2019

APPLICANT: DUKISSIS, MICHAEL G
924 LYN HAN CT
BEL AIR, MD 21014

OWNER: DUKISSIS, MICHAEL G
924 LYN HAN CT
BEL AIR, MD 21014

BUILDING LIMITED: C & T CONTRACTING
1700 Bell Ave.
Kill Devil Hills, NC 27948
252-202-9943

License: 45367
Expires: 01/01/2020

PARCEL:

PIN: 988316946007

Parcel Number: 008427000

Address: 221 OCEAN ACRES DR W KILL DEVIL HILLS

Zoning:

Addition: OCEAN ACRES TRACT 3 SEC 1

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

Legal Description:

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

PROJECT DESCRIPTION: LAND DISTURBING: PROVIDE PERMANENT STABILIZATION OF SITE W/ LANDSCAPING

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	1200.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	X

EG2019-002

PROJECT NAME: DUKISSIS LAND DISTURBANCE
SITE ADDRESS: 221 OCEAN ACRES DR W KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 03/13/2019

EXPIRES: 09/09/2019

REQUIRED INSPECTIONS

Final

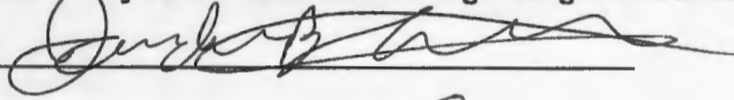
CONDITIONS

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

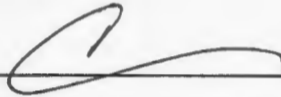
* Certification of Compliance will be issued after re-inspection after 6-months to determine permanent stabilization.

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

Issued By:



Contractor or Authorized Agent:



Date:

3/13/19



Town of Kill Devil Hills

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

PAID

MAR - 7 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2019-022	ELECTRICAL
PROJECT NAME: Moongate LLC Electric	ISSUED: 03/01/2019
SITE ADDRESS: 905 AVALON DR W KILL DEVIL HILLS	EXPIRES: 08/28/2019

APPLICANT: Moongate LLC 120 Lee Ct Kill Devil Hills, NC 27948	OWNER: Moongate LLC 120 Lee Ct 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: 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
Temporary Electric Service Fee (PreFinal)	\$0.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Overhead service and meter base C/O



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

EL2019-021	ELECTRICAL
PROJECT NAME: Eure Service Change out	ISSUED: 02/28/2019
SITE ADDRESS: 104 OREGON AVE E KILL DEVIL HILLS	EXPIRES: 08/27/2019

APPLICANT: EURE, ROBERT M
9411 Wells Parkway
NORFOLK, VA 23503
757-647-5815

OWNER: EURE, ROBERT M
9411 Wells Parkway
NORFOLK, VA 23503
757-647-5815

ELECTRICAL-LIMITED: COASTAL ELECTRIC
P.O. box 1952
Kill Devil Hills, NC 27948
252-207-4663

License: 24242
Expires: 07/31/2019

PARCEL:

PIN: 988420707099

Parcel Number: 003838000

Address: 104 OREGON AVE E KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 35 **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: C/O and upgrade service

PAID

FEB 28 2019

TOWN OF KILL DEVIL HILLS

EL2019-021

PROJECT NAME: Eure Service Change out
SITE ADDRESS: 104 OREGON AVE E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/28/2019

EXPIRES: 08/27/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1500.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8

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: 2/19/2019



Town of Kill Devil Hills

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

MAR 28 2019

Planning and Inspection Department

EL2019-036

PROJECT NAME: PATTERSON CIRCUIT REMOVAL
SITE ADDRESS: 2016 BAY DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

APPLICANT: PATTERSON, CHASE & LINDSEY
4212 IVY LN
kitty hawk, nc 27949
252-489-3748

OWNER: PATTERSON, CHASE & LINDSEY
4212 IVY LN
kitty hawk, nc 27949
252-489-3748

ELECTRICAL - LIMITED: Barkley Electric
102 Darcel Lane
Point Harbor, NC 27964

License: 29199-L
Expires:

PARCEL:

PIN: 987408976996

Parcel Number: 002010000

Address: 2016 BAY DR KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 1040

Legal Description:

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

PROJECT DESCRIPTION: REMOVAL OF ELECTRICAL WORK BELOW BFE TO THE PANEL BOX.

EL2019-036

PROJECT NAME: PATTERSON CIRCUIT REMOVAL
SITE ADDRESS: 2016 BAY DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
OCCUPANCY TYPE	One & Two Family Dwelling

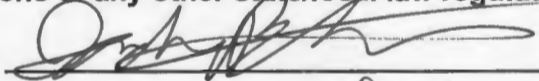
REQUIRED INSPECTIONS

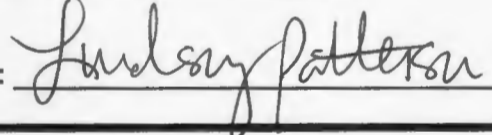
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 3/28/19



Town of Kill Devil Hills

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

MAR 22 2019

Planning and Inspection Department

EL2019-032	ELECTRICAL
PROJECT NAME: KELK METER BASE CHANGE OUT	ISSUED: 03/21/2019
SITE ADDRESS: 3116 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 09/17/2019

APPLICANT: BELINDA S KELK 909 Willow Point Newport News, Va 23602	OWNER: BELINDA S KELK 909 Willow Point Newport News, Va 23602
--	--

ELECTRICAL - LIMITED:	J Pugh Services PO Box 204 Jarvisburg, NC 27947 252-202-4611	License: 29815 Expires: 07/26/2019
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PARCEL:

PIN: 988513140094	Parcel Number: 000855000
Address: 3116 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 1
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 CHANGE OUT

EL2019-032

PROJECT NAME: KELK METER BASE CHANGE OUT
SITE ADDRESS: 3116 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL
ISSUED: 03/21/2019
EXPIRES: 09/17/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1150.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
OCCUPANCY TYPE	One & Two Family Dwelling

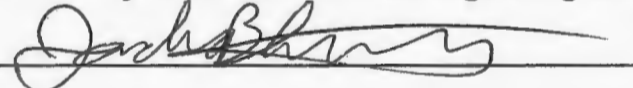
REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 3/22/19



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

EL2019-028	ELECTRICAL
PROJECT NAME: Cambridge Hot Tub	ISSUED: 03/13/2019
SITE ADDRESS: 1120 F Cambridge Road Kill Devil Hills	EXPIRES: 09/09/2019

APPLICANT: BB Cambridge Cove LLC
1314 SOUTH Croatan HWY
Kill Devil Hills, NC 27948

OWNER: BB Cambridge Cove LLC
1314 SOUTH Croatan HWY
Kill Devil Hills, NC 27948

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: 98830648123870 **Parcel Number:**

Address: 1120 F Cambridge Road Kill Devil Hills

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

Legal Description: Single family townhome

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

PROJECT DESCRIPTION: Wiring for hot tub on ground floor patio

DETAILS

Permit	
Name	Value
ZONING DISTRICT	G&I Private
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	500.00
FLOOD ZONE	X

PAID
MAR 14 2019
TOWN OF KILL DEVIL HILLS

EL2019-028

PROJECT NAME: Cambridge Hot Tub
SITE ADDRESS: 1120 F Cambridge Road Kill Devil Hills

ELECTRICAL

ISSUED: 03/13/2019

EXPIRES: 09/09/2019

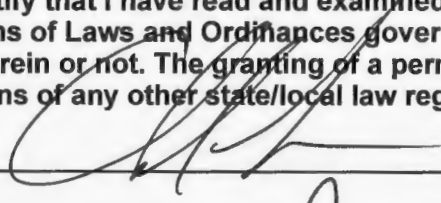
REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By:  _____

Contractor or Authorized Agent: Green Muck Date: 3-13-19



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

EL2019-027	ELECTRICAL
PROJECT NAME: Cambridge Hot Tub	ISSUED: 03/13/2019
SITE ADDRESS: 1120 E Cambridge Road Kill Devil Hills	EXPIRES: 09/09/2019

APPLICANT: BB Cambridge Cove LLC
1314 SOUTH Croatan HWY
Kill Devil Hills, NC 27948

OWNER: BB Cambridge Cove LLC
1314 SOUTH Croatan HWY
Kill Devil Hills, NC 27948

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: 98830678123869

Parcel Number:

Address: 1120 E Cambridge Road Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Single family townhome.

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

PROJECT DESCRIPTION: Wiring for hot tub on ground floor patio

DETAILS

Permit

Name	Value
ZONING DISTRICT	G&I Private
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	500.00
FLOOD ZONE	X

MAR 14 2019

EL2019-027

PROJECT NAME: Cambrige Hot Tub
SITE ADDRESS: 1120 E Cambridge Road Kill Devil Hills

ELECTRICAL

ISSUED: 03/13/2019

EXPIRES: 09/09/2019

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: _____

3-13-19



Town of Kill Devil Hills

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

PAID

MAR 15 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2019-030

PROJECT NAME: BITTLE SERVICE CHANGE OUT
SITE ADDRESS: 200 DURHAM ST W KILL DEVIL HILLS

PAID
WITH
CASH

ELECTRICAL

ISSUED: 03/15/2019

EXPIRES: 09/11/2019

APPLICANT: Glynn Bittle
200 W Durham
Kill Devil Hills, NC 27948
757-254-7987

OWNER: Glynn Bittle
200 W Durham
Kill Devil Hills, NC 27948
757-254-7987

PARCEL:

PIN: 988405293223

Parcel Number: 001327000

Address: 200 DURHAM ST W KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0

Lot(s): 607 & PT
609

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: SERVICE CHANGE OUT

EL2019-030

PROJECT NAME: BITTLE SERVICE CHANGE OUT
SITE ADDRESS: 200 DURHAM ST W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/15/2019

EXPIRES: 09/11/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
OCCUPANCY TYPE	One & Two Family Dwelling

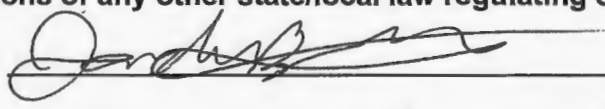
REQUIRED INSPECTIONS

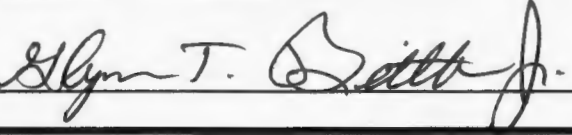
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 3-15-19



Town of Kill Devil Hills

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

PAID

MAR 18 2019

PAID
WITH
CASH

Planning and Inspection Department

EL2019-031

PROJECT NAME: BROWN METER BASE CHANGE OUT
SITE ADDRESS: 201 SEA VILLAGE LN KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/18/2019

EXPIRES: 09/14/2019

APPLICANT: BROWN, TIMOTHY M
PO Box 412
WARRENTON, VA 83001

OWNER: BROWN, TIMOTHY M
PO Box 412
WARRENTON, VA 83001

ELECTRICAL, LIMITED:

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

License: 6341-L
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:	<u>Paid</u>	<u>Due</u>
Temporary Electric Service Fee (PreFinal)	\$0.00	\$0.00
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: CHANGE OUT METER BASE, ADD SMOKE DETECTORS, CHANGE 200 AMP SERVICE PANEL

EL2019-031

PROJECT NAME: BROWN METER BASE CHANGE OUT
SITE ADDRESS: 201 SEA VILLAGE LN KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/18/2019

EXPIRES: 09/14/2019

DETAILS

Permit

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

REQUIRED INSPECTIONS

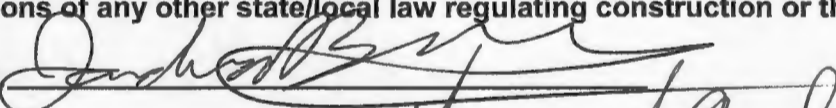
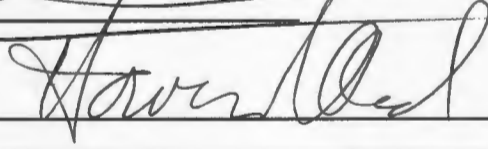
Final

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: Mar 18, 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

EL2019-029

PROJECT NAME:

SITE ADDRESS: 2916 Bay Dr. Kill Devil Hills

ELECTRICAL

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

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

ELECTRICAL: SHORELINE ELECTRIC
300 Ascension Drive
Kitty Hawk, NC 27949
252-599-1967

License: 09716-U
Expires: 10/24/2019

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
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Repairs to electrical wiring & components at pier.

MAR 14 2019

EL2019-029

PROJECT NAME:

SITE ADDRESS: 2916 Bay Dr. Kill Devil Hills

ELECTRICAL

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	850.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3/14/2019



Town of Kill Devil Hills

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

MAR 11 2019

Planning and Inspection Department

EL2019-026

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

ELECTRICAL
ISSUED: 03/11/2019
EXPIRES: 09/07/2019

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

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

ELECTRICAL, LIMITED: SPARKZ ELECTRIC
UNKNOWN
UNKNOWN, XX 00000

License: 27837-L
Expires: 07/03/2019

PARCEL:

PIN: 988308892444

Parcel Number: 010921000

Address: 108 GODDARD AVE E KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: Add light on exterior stairs.

EL2019-026

PROJECT NAME:

SITE ADDRESS: 108 GODDARD AVE E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/11/2019

EXPIRES: 09/07/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	350.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 3-11-19



Town of Kill Devil Hills

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

570

MAR 22 2019

Planning and Inspection Department

MC2019-058

PROJECT NAME:

SITE ADDRESS: 1217B VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/22/2019

EXPIRES: 09/18/2019

APPLICANT: Ward, Betty
PO Box 4
Edenton, NC 27932
252-261-2008

OWNER: Ward, Betty
PO Box 4
Edenton, NC 27932
252-261-2008

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 989309073413

Parcel Number: 004875000

Address: 1217B VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-058

PROJECT NAME:

SITE ADDRESS: 1217B VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/22/2019

EXPIRES: 09/18/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10397.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

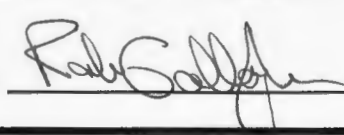
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 3-22-19



Town of Kill Devil Hills

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

MAR 25 2019

Planning and Inspection Department

MC2019-057

PROJECT NAME: *Gammon HVAC*
SITE ADDRESS: 1909 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/22/2019

EXPIRES: 09/18/2019

APPLICANT: GAMMON, GREGG N
4504 CROWN HILL ROAD
MECHANICSVILLE, VA 23111

OWNER: GAMMON, GREGG N
4504 CROWN HILL ROAD
MECHANICSVILLE, VA 23111

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: 989313148626

Parcel Number: 005177001

Address: 1909 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-057

PROJECT NAME:

SITE ADDRESS: 1909 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/22/2019

EXPIRES: 09/18/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5741.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 3/28/19



Town of Kill Devil Hills

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

PAID
MAR 27 2019

Planning and Inspection Department

MC2019-059	MECHANICAL
PROJECT NAME:	ISSUED: 03/27/2019
SITE ADDRESS: 209 ATLANTIC ST W KILL DEVIL HILLS	EXPIRES: 09/23/2019

APPLICANT: CAROLYN HAMPTON 209 West Atlantic St. KDH, NC 27948	OWNER: CAROLYN HAMPTON 209 West Atlantic St. KDH, NC 27948
---	---

MECHANICAL:	ALL SEASONS HEATING & COOLING P.O. Box 244 Point Harbor, NC 27964 491-9232	License: 19091 Expires: 12/31/2019
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PARCEL:

PIN: 988312951879	Parcel Number: 008178000
Address: 209 ATLANTIC ST W KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL BEACH EXTENDED	Block: R Lot(s): 5
Legal Description:	

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

PROJECT DESCRIPTION: HVAC REPLACEMENT



Town of Kill Devil Hills

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

MAR 22 2019

Planning and Inspection Department

MC2019-056	MECHANICAL
PROJECT NAME: HAYHURST HVAC REPLACEMENT	ISSUED: 03/21/2019
SITE ADDRESS: 1508 SMALL PL KILL DEVIL HILLS	EXPIRES: 09/17/2019

APPLICANT: Hayhurst, Arley 1508 Small Court KILL DEVIL HILLS, NC 27948 252-715-4917	OWNER: Hayhurst, Arley 1508 Small Court KILL DEVIL HILLS, NC 27948 252-715-4917
---	---

MECHANICAL:	American Refrigeration P.O. Box 835 nags head, nc 27959 252-305-5320	License: 29031 Expires: 12/31/2019
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PARCEL:

PIN: 988413244580	Parcel Number: 003350000
Address: 1508 SMALL PL KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 1	Block: 0 Lot(s): 69
Legal Description:	

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

PROJECT DESCRIPTION: REPLACE HEAT PUMP AND AIR HANDLER WITH AMER. STANDARD 3 TON



Town of Kill Devil Hills

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

PAID
MAR 20 2019

Planning and Inspection Department

MC2019-050	MECHANICAL
PROJECT NAME: Savannah HVAC	ISSUED: 03/13/2019
SITE ADDRESS: 2037 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 09/09/2019

APPLICANT: Savannah Land Company, LLC
6912 Golden Rain Ct
Charlotte, NC 28277

OWNER: Savannah Land Company, LLC
6912 Golden Rain Ct
Charlotte, NC 28277

MECHANICAL, H-3, I:

MASTER HEATING AND COOLING
P.O. Box 707
Kitty Hawk, NC 27949
255-0095

License: 18066
Expires: 12/31/2019

PARCEL:

PIN: 988518303669

Parcel Number: 002326000

Address: 2037 VA DARE TRL N KILL DEVIL HILLS

Addition: MILES CLARK

Zoning:

Block: 0

Lot(s): 19 & PT 21

Legal Description:

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

PROJECT DESCRIPTION: C/O 3Ton HVAC system

DETAILS

Permit

Name	Value
CONSTRUCTION COST	6500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N



Town of Kill Devil Hills

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

MAR 20 2019

Planning and Inspection Department

MC2019-054

PROJECT NAME: Baxter HVAC
SITE ADDRESS: 1205 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/18/2019

EXPIRES: 09/14/2019

APPLICANT: Rickie Thomas and Mary Baxter
1696 Dey Cove Dr
VIRGINIA BEACH, VA 23454
804-405-2414

OWNER: Rickie Thomas and Mary Baxter
1696 Dey Cove Dr
VIRGINIA BEACH, VA 23454
804-405-2414

H3, CLASS 1:

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

License: 12643
Expires: 12/31/2019

PARCEL:

PIN: 989305072732

Parcel Number: 004272001

Address: 1205 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 5 **Lot(s):** 3

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



Town of Kill Devil Hills

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

PAID

MAR 19 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2019-055

PROJECT NAME: SHELNUTT HVAC REPLACEMENT
SITE ADDRESS: 1803 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/19/2019

EXPIRES: 09/15/2019

APPLICANT: THOMAS SHELNUTT
7584 STONEY LICK RD
Mt. Crawford, VA 22841

OWNER: THOMAS SHELNUTT
7584 STONEY LICK RD
Mt. Crawford, VA 22841

H-3: POP'S REPAIR
UNKNOWN
UNKNOWN, XX 00000

License: 18937
Expires: 12/31/2019

PARCEL:

PIN: 988406485482C1

Parcel Number: 027988000

Address: 1803 VA DARE TRL N KILL DEVIL HILLS

Addition: CASA DEL SOL CONDOS

Zoning:

Block: D

Lot(s): UT 1 LTS 12-13 PT 1

Legal Description:

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

PROJECT DESCRIPTION: REPLACING HVAC SYSTEM WITH 2 TON 14 SEER



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

MC2019-053

PROJECT NAME:

SITE ADDRESS: 103 SPORTSMAN DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/15/2019

EXPIRES: 09/11/2019

APPLICANT: Dadisman, David & Becky
1091 Scenic DR
WILLIAMSTON, NC 27892
252-217-4260

OWNER: Dadisman, David & Becky
1091 Scenic DR
WILLIAMSTON, NC 27892
252-217-4260

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988517200813

Parcel Number: 001712000

Address: 103 SPORTSMAN DR E KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

PAID

MAR 15 2019

TOWN OF
KILL DEVIL HILLS

MC2019-053

PROJECT NAME:

SITE ADDRESS: 103 SPORTSMAN DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/15/2019

EXPIRES: 09/11/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6484.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

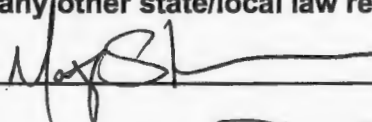
REQUIRED INSPECTIONS

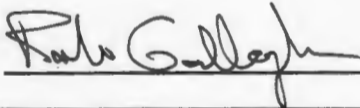
Final

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Issued By: 

Contractor or Authorized Agent:  Date: 3.15.19



Town of Kill Devil Hills

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

MAR 14 2019

Planning and Inspection Department

MC2019-051

PROJECT NAME: Ernst HVAC
SITE ADDRESS: 1711 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

APPLICANT: Ernst, Ina
PO Box 517
Wanchese, NC 27954

OWNER: Ernst, Ina
PO Box 517
Wanchese, NC 27954

ELECTRICAL, PLUMBING AND HEATING: AIR HANDLERS OBX
8788 Caratoke Hwy
Harbinger, NC 27941
252-216-8945

License: 32935
Expires: 01/30/2020

MECHANICAL H2 AND H3: AIR HANDLERS OBX
8788 Caratoke Hwy
Harbinger, NC 27941
252-216-8945

License: 29480
Expires: 12/31/2019

PARCEL:

PIN: 98841157140607

Parcel Number: 002792007

Address: 1711 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: C

Lot(s): UT 307
LT15,16,&PT
1

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

MC2019-051

PROJECT NAME: Ernst HVAC

SITE ADDRESS: 1711 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 3/14/19



Town of Kill Devil Hills

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

PAID

MAR 14 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-052

PROJECT NAME:

SITE ADDRESS: 504 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

APPLICANT: Thompson, Monte
106 Williams LN
HARRELLSVILLE, NC 27942
252-356-2233

OWNER: Thompson, Monte
106 Williams LN
HARRELLSVILLE, NC 27942
252-356-2233

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988409253283

Parcel Number: 003260000

Address: 504 FIRST ST W KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VILLAGE SEC 2

Block: 0 **Lot(s):** 293

Legal Description:

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

PROJECT DESCRIPTION: HVAC changout

MC2019-052

PROJECT NAME:

SITE ADDRESS: 504 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/14/2019

EXPIRES: 09/10/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8602.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

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Issued By: _____

Contractor or Authorized Agent: _____ Date: 3-14-19



Town of Kill Devil Hills

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

PAID

MAR 12 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-048

PROJECT NAME: Carney HVAC
SITE ADDRESS: 1709 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

APPLICANT: CARNEY, ROBERT V
P O BOX 28
LANGHORNE, PA 19047

OWNER: CARNEY, ROBERT V
P O BOX 28
LANGHORNE, PA 19047

ELECTRICAL, PLUMBING AND HEATING: AIR HANDLERS OBX
8788 Caratoke Hwy
Harbinger, NC 27941
252-216-8945

License: 32935
Expires: 01/30/2020

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: 98841157140605

Parcel Number: 002792005

Address: 1709 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: C

Lot(s): UT 305
LT15,16&PT
14

Legal Description:

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

PROJECT DESCRIPTION: C/O HVAC system

MC2019-048

PROJECT NAME: Carney HVAC

SITE ADDRESS: 1709 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7958.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: ADW Date: 3/12/19



Town of Kill Devil Hills

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

PAD

MAR 12 2019

Planning and Inspection Department

MC2019-049	MECHANICAL
PROJECT NAME:	ISSUED: 03/12/2019
SITE ADDRESS: 411 NIXONTON ST KILL DEVIL HILLS	EXPIRES: 09/08/2019

APPLICANT: WILLIAMS, ROBERT GORDON
411 NIXONTON STREET
KILL DEVIL HILLS, NC 27948

OWNER: WILLIAMS, ROBERT GORDON
411 NIXONTON STREET
KILL DEVIL HILLS, NC 27948

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: 987520920367

Parcel Number: 028663000

Address: 411 NIXONTON ST KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:

Block: 0 **Lot(s):** 52

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

7
MC2019-049

PROJECT NAME:

SITE ADDRESS: 411 NIXONTON ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6675.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3/12/19



Town of Kill Devil Hills

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

PAID

MAR 11 2019

Planning and Inspection Department

MC2019-045

PROJECT NAME: Gaither Building HVAC
SITE ADDRESS: 2705 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

APPLICANT: GAITHER, FRANCES A
108 Cobblestone Ct
Rocky Mount, NC 27804

OWNER: GAITHER, FRANCES A
108 Cobblestone Ct
Rocky Mount, NC 27804

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: 988517121361

Parcel Number: 003000000

Address: 2705 CROATAN HWY N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 19 **Lot(s):** 10-16

Legal Description:

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

PROJECT DESCRIPTION: C/O rooftop package unit with heat pump and air handler

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	6500.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

MC2019-045

PROJECT NAME: Gaither Building HVAC
SITE ADDRESS: 2705 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

REQUIRED INSPECTIONS

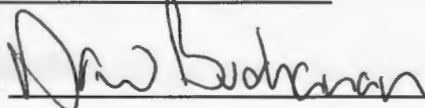
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3/11/19



Town of Kill Devil Hills

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

MAD

MAR - 6 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-046

PROJECT NAME: Morrison HVAC
SITE ADDRESS: 1633 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

APPLICANT: Morrison, David
721 CANAL DR
KILL DEVIL HILLS, NC 27948

OWNER: Morrison, David
721 Canal Dr
Kill Devil Hills, NC 27948

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

License: 23299
Expires: 12/31/2019

PARCEL:

PIN: 98841157320016

Parcel Number: 027602000

Address: 1633 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: B

Lot(s): UNIT F-1 LT
1,2,PT3

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Tonn HVAC System

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4500.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

MC2019-046

PROJECT NAME: Morrison HVAC

SITE ADDRESS: 1633 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/06/2019

EXPIRES: 09/02/2019

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: _____

6 mar 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

MC2019-044

PROJECT NAME: Coney HVAC
SITE ADDRESS: 401 HOLLY ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/04/2019

EXPIRES: 08/31/2019

APPLICANT: Coneys, Matt
344 W Palmyra Dr
Virginia Beach, Va 23462
757-348-2825

OWNER: Coneys, Matt
344 W Palmyra Dr
Virginia Beach, Va 23462
757-348-2825

MECHANICAL: Trademark Heating & Cooling
PO Box 2554
Kill Devil Hills, NC 27948

License: 31311
Expires: 12/31/2019

PARCEL:

PIN: 988312950330

Parcel Number: 008215000

Address: 401 HOLLY ST W KILL DEVIL HILLS

Addition: KILL DEVIL BEACH EXTENDED

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

Legal Description:

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

PROJECT DESCRIPTION: C/O top level HVAC system & add dampers

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7109.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

3103
MAR - 4 2019

MC2019-044

PROJECT NAME: Coney HVAC

SITE ADDRESS: 401 HOLLY ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/04/2019

EXPIRES: 08/31/2019

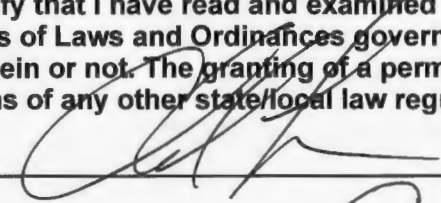
REQUIRED INSPECTIONS

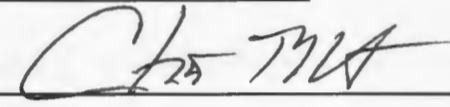
Final

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: 3/4/19



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

MC2019-043	MECHANICAL
PROJECT NAME: BOSWELL HVAC REPLACEMENT	ISSUED: 03/01/2019
SITE ADDRESS: 304 LAKE DR E KILL DEVIL HILLS	EXPIRES: 08/28/2019

APPLICANT: BOSWELL, LYNNE J RT 2, BOX 94 BURKEVILLE, VA 23922	OWNER: BOSWELL, LYNNE J RT 2, BOX 94 BURKEVILLE, VA 23922
--	--

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

PARCEL:

PIN: 989313141645	Parcel Number: 028430000
Address: 304 LAKE DR E KILL DEVIL HILLS	Zoning:
Addition: LAKE DRIVE DEVELOPMENT	Block: 0 Lot(s): 9
Legal Description:	

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

PROJECT DESCRIPTION: CHANGE OUT 2.5 TON 16 SEER TRANE SYSTEM TOP/MID LEVEL WITH XL824 THERMOSTAT

PWD
MAR - 1 2019
TOWN OF
KILL DEVIL HILLS

MC2019-043

PROJECT NAME: BOSWELL HVAC REPLACEMENT
SITE ADDRESS: 304 LAKE DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/01/2019

EXPIRES: 08/28/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7395.68
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

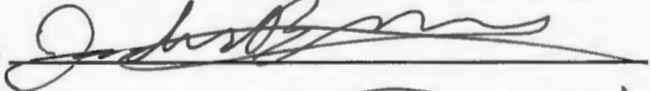
REQUIRED INSPECTIONS

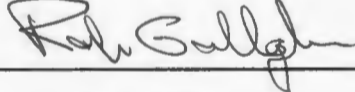
Final

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: 3-1-19

EL2019-024

PROJECT NAME:

SITE ADDRESS: 2032 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/07/2019

EXPIRES: 09/03/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/7/19



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

MAR - 5 2019

OP2019-010

PROJECT NAME: OBX Cottages, LLC
SITE ADDRESS: 523 West Eden Street Kill Devil Hills

OCCUPANCY

ISSUED: 03/05/2019

EXPIRES:

PARENT PERMIT #: BJ2018-179

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

OWNER: Bailey, Larry
4019 Smith Street North
kitty hawk, nc 27949
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: 987520906288

Parcel Number:

Address: 523 West Eden Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 9R, Block 74, Virginia Dare Shores S/D

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

OP2019-010

PROJECT NAME: OBX Cottages, LLC
SITE ADDRESS: 523 West Eden Street Kill Devil Hills

OCCUPANCY
ISSUED: 03/05/2019

EXPIRES:

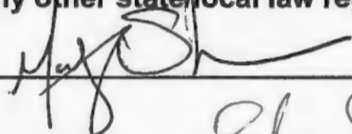
DETAILS

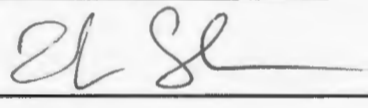
Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 3-5-19



Town of Kill Devil Hills

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

PAD

MAR 27 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2019-012

PROJECT NAME: 1108 NVDT LLC
SITE ADDRESS: 1108 N Virginia Dare Trl Kill Devil Hills

OCCUPANCY
ISSUED: 03/27/2019

EXPIRES:

PARENT PERMIT #: BJ2018-176

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: 988415636811

Parcel Number:

Address: 1108 N Virginia Dare Trl Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Formerly part of Salem Ave., Kitty Hawk Shores Rev. Blk. 15

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$320.25	\$0.00
Totals :	\$370.25	\$0.00

PROJECT DESCRIPTION: Proposed 6 bedroom single family dwelling

OP2019-012

PROJECT NAME: 1108 NVDT LLC

SITE ADDRESS: 1108 N Virginia Dare Trl Kill Devil Hills

OCCUPANCY

ISSUED: 03/27/2019

EXPIRES:

DETAILS

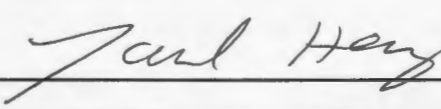
Permit

Name	Value
# OF TRASH CANS	3
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/27/19



Town of Kill Devil Hills

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

PAID

MAR 15 2019

Planning and Inspection Department

OP2019-011	OCCUPANCY
PROJECT NAME: 111 Carolyn, LLC	ISSUED: 03/14/2019
SITE ADDRESS: 111 Carolyn Dr. Kill Devil Hills	EXPIRES:

APPLICANT: 111 Carolyn, LLC 102 Pan Ridge Ct Point Harbor, NC 27964 252-449-9348	OWNER: 111 Carolyn, LLC 102 Pan Ridge Ct Point Harbor, NC 27964 252-449-9348
--	--

UNLIMITED BUILDING:	OBRC, LLC PO Box 1916 Kill Devil Hills, NC 27948 252-305-4856	License: 78540 Expires: 12/31/2019
----------------------------	--	---

PARCEL:

PIN: 989313049631	Parcel Number:
Address: 111 Carolyn Dr. Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Units A,B,C,D,E	

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

PROJECT DESCRIPTION: 5 Unit Townhome

DETAILS

Permit	
Name	Value
PURPOSE	Residential New
ZONING DISTRICT	C
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
OCCUPANCY TYPE	Residential

OP2019-011

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

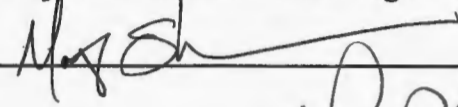
OCCUPANCY

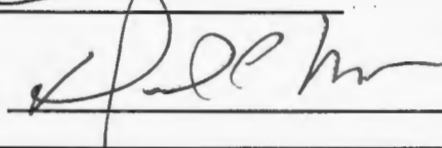
ISSUED: 03/14/2019

EXPIRES:

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/15/19



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

PL2019-004

PROJECT NAME: DOLLARD WATER HEATER
SITE ADDRESS: 306 VA DARE TRL N KILL DEVIL HILLS

PLUMBING

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

APPLICANT: STORCK, ERIC G
C/O BLADE RUNNER INC
3150 DRAPER DRIVE BAY #7
FAIRFAX, VA 22031

OWNER: STORCK, ERIC G
C/O BLADE RUNNER INC
3150 DRAPER DRIVE BAY #7
FAIRFAX, VA 22031

UNLICENSED - REMODELING: Heath, Wayne
302 North Virginia Dare Trail
Kill Devil Hills, NC 27948
252-207-5468

License: 000000000
Expires:

PARCEL:

PIN: 988420718447

Parcel Number: 003754000

Address: 306 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 25 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: BURY GAS TANK AND RUN LINE TO HOME, INSTALL ON DEMAND HOT WATER HEATER, REMOVING UNPERMITTED GAS LINE TO DOWNSTAIRS KITCHEN

PAID

MAR 12 2019

KILL DEVIL HILLS

PL2019-004

PROJECT NAME: DOLLARD WATER HEATER
SITE ADDRESS: 306 VA DARE TRL N KILL DEVIL HILLS

PLUMBING

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
OCCUPANCY TYPE	One & Two Family Dwelling

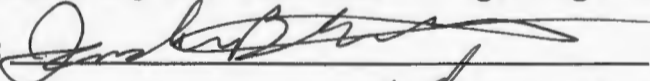
REQUIRED INSPECTIONS

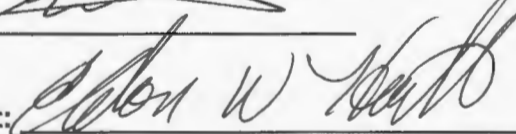
Final	Electrical
Plumbing	Mechanical

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 install carbon monoxide detectors in adjacent room and on floor above.
- * Work requires trade sign off from licensed electrician.
- * Work requires trade sign off from licensed plumber.
- * Work requires trade sign off from licensed fuel and gas contractor.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3-12-19



Town of Kill Devil Hills

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

MAR 12 2019

Planning and Inspection Department

PL2019-003

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

PLUMBING

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

APPLICANT: BROWN, TIMOTHY M
PO Box 412
WARRENTON, VA 83001

OWNER: BROWN, TIMOTHY M
PO Box 412
WARRENTON, VA 83001

PLUMBING: Outer Banks Plumbing LLC
3869 Oneal In
kitty hawk, nc 27949
252-305-0832

License: 33439
Expires: 12/31/2019

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
Plumbing Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Fixture replacement and relocate water heater to lower level

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3085.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9

PL2019-003

PROJECT NAME: Brown Plumbing

SITE ADDRESS: 201 SEA VILLAGE LN KILL DEVIL HILLS

PLUMBING

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

REQUIRED INSPECTIONS

Rough In

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.

* 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: 3-12-19



Town of Kill Devil Hills

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

PAID

MAR 28 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2019-021

PROJECT NAME: Crowson Fence
SITE ADDRESS: 200 Ocean Acres Dr. Kill Devil Hills

ZONING PERMIT

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

APPLICANT: Crowson, Cameron
200 W Ocean Acres Drive
Kill Devil Hills, NC 27948

OWNER: Crowson, Cameron
200 W Ocean Acres Drive
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 989313040612

**Parcel
Number:**

Address: 200 Ocean Acres Dr. Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 2, Block B, Section 1, Tract 3, Ocean Acres

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

PROJECT DESCRIPTION: Fence partially around property

ZP2019-021

PROJECT NAME: Crowson Fence
SITE ADDRESS: 200 Ocean Acres Dr. Kill Devil Hills

ZONING PERMIT

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

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	2500.00
LOT COVERAGE	28.67
SURVEYOR NAME AND NUMBER	William S Jones
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final Stringline
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.
-

ZP2019-021


PROJECT NAME: Crowson Fence
SITE ADDRESS: 200 Ocean Acres Dr. Kill Devil Hills

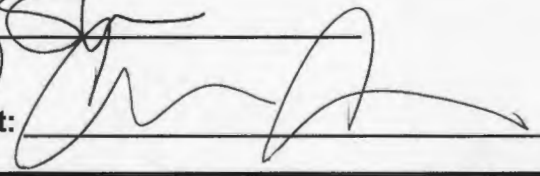
ZONING PERMIT

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

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: 3/28/19



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

ZP2019-019

PROJECT NAME: UMPHLETT PERIMETER FENCE
SITE ADDRESS: 308 ATLANTIC ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 03/21/2019

EXPIRES: 09/17/2019

APPLICANT: Umphlett, Emily
308 W Atlantic St.
Kill Devil Hills, NC 27948
757-477-8727

OWNER: Umphlett, Emily
308 W Atlantic St.
Kill Devil Hills, NC 27948
757-477-8727

GENERAL REMODELING-UNLICENSED: Lat. 35 Property Services
1004 W. Dean St.
Kill Devil Hills, NC 27948
207-9446

License: 222222
Expires:

PARCEL:

PIN: 988312858931

Parcel Number: 008202000

Address: 308 ATLANTIC ST W KILL DEVIL HILLS

Addition: KILL DEVIL BEACH EXTENDED

Zoning:

Block: V **Lot(s):** 4-5

Legal Description:

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

PROJECT DESCRIPTION: FENCE ON PERIMETER OF PROPERTY

PAID

MAR 21 2019

TOWN OF
KILL DEVIL HILLS

ZP2019-019

PROJECT NAME: UMPHLETT PERIMETER FENCE
SITE ADDRESS: 308 ATLANTIC ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 03/21/2019

EXPIRES: 09/17/2019

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

Stringline 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: 3-21-2019



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

ZP2019-018

PROJECT NAME: HUDSPETH FENCE
SITE ADDRESS: 1309 PERCY ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

APPLICANT: DREW HUDSPETH
1309 PERCY ST
Kill Devil Hills, NC 27948
252-453-0266

OWNER: DREW HUDSPETH
1309 PERCY ST
Kill Devil Hills, NC 27948
252-453-0266

UNLICENSED - REMODELING: SHAWN PENDLETON
805 EIGHT AVE
Kill Devil Hills, NC 27948
252-256-1775

License: 0000000
Expires: 03/12/2019

PARCEL:

PIN: 988312759062

Parcel Number: 004767000

Address: 1309 PERCY ST KILL DEVIL HILLS

Addition: KILL DEVIL BEACH EXTENDED

Zoning:
Block: 1 **Lot(s):** 9

Legal Description:

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

PROJECT DESCRIPTION: CONSTRUCTING FENCE ALONG PROPERTY LINE

MAR 12 2019
PAID
WITH
CASH

ZP2019-018

PROJECT NAME: HUDSPETH FENCE
SITE ADDRESS: 1309 PERCY ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 03/12/2019

EXPIRES: 09/08/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3100.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

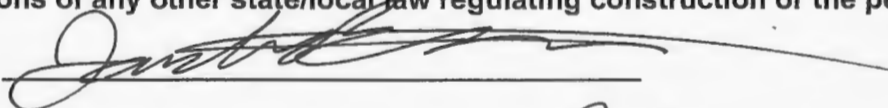
CONDITIONS

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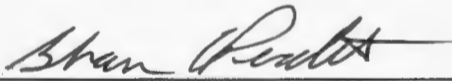
* Zoning Final Inspection is required.

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

Issued By:



Contractor or Authorized Agent:



Date:

3-12-19



Town of Kill Devil Hills

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

MAR 22 2019

Planning and Inspection Department

ZP2019-020	ZONING PERMIT
PROJECT NAME: Micheal Thompson-Fence	ISSUED: 03/22/2019
SITE ADDRESS: 1424 SHAY ST KILL DEVIL HILLS	EXPIRES: 09/18/2019

APPLICANT: Thompson, Michael
1424 Shay Street
Kill Devil Hills, NC 27948

OWNER: Thompson, Michael
1424 Shay Street
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988316749087

Parcel Number: 004890302

Address: 1424 SHAY ST KILL DEVIL HILLS

Addition: WHISPERING PINES SEC 2 & 3

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

Legal Description:

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

PROJECT DESCRIPTION: Fence inside of rear, side and front yard

ZP2019-020

PROJECT NAME: Micheal Thompson-Fence
SITE ADDRESS: 1424 SHAY ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 03/22/2019

EXPIRES: 09/18/2019

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
CONSTRUCTION COST	2000.00
LOT COVERAGE	26.50
SURVEYOR NAME AND NUMBER	M Douglas Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

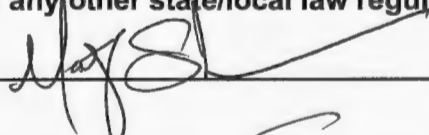
Stringline


CONDITIONS

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* Zoning Final Inspection is required.

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/22/19