



Town of Kill Devil Hills

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

APR - 1 2019

Planning and Inspection Department

BJ2019-061

PROJECT NAME: David Snow addition below raised house
SITE ADDRESS: 1206 FOURTH ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/01/2019

EXPIRES: 09/28/2019

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

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

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

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

License: 79801
Expires: 06/14/2019

PARCEL:

PIN: 988409071070

Parcel Number: 002285000

Address: 1206 FOURTH ST W KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES SEC 2

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$83.25	\$0.00	Covered Porches/Decks	111 SQFT
Res. Building Permit Fee	\$858.25	\$0.00	Residential Unheated (.40)	265 Sq. Ft
Totals :	\$941.50	\$0.00	Residential Heated Space (.75)	1003 sq. Ft.

PROJECT DESCRIPTION: Ground floor addition, below raised structure



Town of Kill Devil Hills

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PAID

APR 3 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2019-066

PROJECT NAME: Sarah Fletcher-Raise, move house
SITE ADDRESS: 805 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/01/2019

EXPIRES: 09/28/2019

APPLICANT: Fletcher, Sarah
206 Hinton Terrace
Newport News, VA 23601

OWNER: Fletcher, Sarah
206 Hinton Terrace
Newport News, VA 23601

CONTRACTOR: JENNINGS, DONALD
P. O. Box 1102
nags head, nc 27959
252-207-4936

RESIDENTIAL - INTERMEDIATE: JENNINGS, DONALD
P. O. Box 1102
nags head, nc 27959
252-207-4936

License: 32637
Expires: 01/01/2020

PARCEL:

PIN: 988416725795

Parcel Number: 003696000

Address: 805 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Building Permit Fee - Minimum Fee	\$150.00	\$0.00	Open Decks 2 EA
Open Deck Fee	\$300.00	\$0.00	
Totals :	\$450.00	\$0.00	

PROJECT DESCRIPTION: raise and move house to conform to current flood and zoning compliance, replace windows and doors, new siding, shingles, new metal roof, new piling foundation



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PAID
WITH
CASH

APR 12 2019

Planning and Inspection Department

BJ2018-194

PROJECT NAME: Mc Vearry pool and pool deck and repairs
SITE ADDRESS: 1509 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 10/05/2018

EXPIRES: 04/03/2019

APPLICANT: MICHAEL MCVEARRY
2508 Virginia Dare Trail
Kill Devil Hills, NC 27948
480-1991

OWNER: MICHAEL MCVEARRY
2508 Virginia Dare Trail
Kill Devil Hills, NC 27948
480-1991

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 989309054469

Parcel Number: 009179000

Address: 1509 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: Install fiberglass pool and deck, repair existing deck and steps as needed



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APR 15 2019

Planning and Inspection Department

BJ2019-078

PROJECT NAME: Pettitt Remodel
SITE ADDRESS: 1816 CREEK ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/12/2019

EXPIRES: 10/09/2019

APPLICANT: Pettitt, Patrick
1816 Creek St
Kill Devil Hills, NC 27948

OWNER: Pettitt, Patrick
1816 Creek St
Kill Devil Hills, NC 27948

CONTRACTOR: JL Firestone Construction
344 PO Box
JARVISBURG, NC 27947
252-202-2160

GENERAL BUILDING-LIMITED: J. L. FIRESTONE CONSTRUCTION
UNKNOWN
UNKNOWN, XX 00000

License: 55336
Expires: 12/31/2019

PARCEL:

PIN: 988405270595

Parcel Number: 002449000

Address: 1816 CREEK ST KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

Zoning:
Block: G **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: remodel interior of existing house, upgrade plumbing, install water heater, insulate floors and ceiling



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APR 15 2019

Planning and Inspection Department

BUILDING JOINT

ISSUED: 04/11/2019

EXPIRES: 10/08/2019

BJ2019-076

PROJECT NAME: Rhoten Remodel
SITE ADDRESS: 1740 BAY DR KILL DEVIL HILLS

APPLICANT: RHOTEN, SARA
6814 Kirkwood Street
RICHMOND, VA 23228

OWNER: RHOTEN, SARA
6814 Kirkwood Street
RICHMOND, VA 23228

CONTRACTOR: BOWLER, TIMOTHY
396 THE LANE
Wanchese, NC 27981

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988409052972

Parcel Number: 002549000

Address: 1740 BAY DR KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES INC SEC 1

Block: 21 **Lot(s):** 16

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$300.00	\$0.00	Open Decks	2 EA
Renovation/Remodel/Relocate	\$504.00	\$0.00	Remodel/Renovation	1120 SQFT
Totals :	\$804.00	\$0.00		

PROJECT DESCRIPTION: new front deck and stairs, rear deck addition, interior remodel, removing non load bearing walls



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APR 16 2019

Planning and Inspection Department

BJ2019-080

PROJECT NAME: T & B Homes
SITE ADDRESS: 3109 LEE AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/16/2019

EXPIRES: 10/13/2019

PARENT PERMIT #: BJ2019-042

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

Addition: MOOR SHORES

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

Legal Description:

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

PROJECT DESCRIPTION: Renovation to top level of new house under construction.



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APR 23 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2019-081

PROJECT NAME: Beacham Garage Addition
SITE ADDRESS: 312 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

APPLICANT: BEACHAM, CHERIE LASSITER
1716 APACHE STREET
KILL DEVIL HILLS, NC 27948

OWNER: BEACHAM, CHERIE LASSITER
1716 APACHE STREET
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988410352288

Parcel Number: 003201000

Address: 312 FIRST ST W KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 2

Zoning:

Block: 0 **Lot(s):** 200

Legal Description:

FEES:

	<u>Paid</u>	<u>Due</u>
Open Deck Fee	\$150.00	\$0.00
Renovation/Remodel/Relocate	\$260.10	\$0.00
Res. Building Permit Fee	\$127.60	\$0.00
Totals :	\$537.70	\$0.00

BUILDING AREA:

Open Decks	1 EA
Residential Unheated (.40)	319 Sq. Ft
Remodel/Renovation	578 SQFT

PROJECT DESCRIPTION: Build existing garage in front of house over existing driveway, extend open deck over existing concrete, with roof over existing deck, add bath and wetbar to existing family room



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APR 24 2019

Planning and Inspection Department

BJ2019-073

PROJECT NAME: Tesla - (8) Electric charging stations
SITE ADDRESS: 2012 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

APPLICANT: GPD Group
520 South Main Street
AKRON, OH 44301
330-572-3508

OWNER: Harris Teeter
701 Crestdale Drive
MATTHEWS, NC 28105

ELECTRICAL, UNLIMITED: MDT Electric, Inc
1230 Galleon Drive
NAPLES, FL 34102

License: 12345
Expires:

PARCEL:

PIN: 989313034150

Parcel Number: 028829000

Address: 2012 CROATAN HWY S KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

Zoning:

Block: 0

Lot(s): BLKS 3,5,7
&

Legal Description:

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

PROJECT DESCRIPTION: Install (8) electric charging stations including charging post at the head of existing parking stalls, (4) charging cabinets, (1) switchgear assembly, (4) autotransformers, (1) utility transformer.



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Planning and Inspection Department

BJ2019-079

PROJECT NAME: HAGADONE BATHROOM REMOVAL
SITE ADDRESS: 519 WAX MYRTLE CT KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/16/2019

EXPIRES: 10/13/2019

APPLICANT: HAGADONE, MATTHEW
519 WAX MYRTLE CT
Kill Devil Hills, NC 27948
252-564-4635

OWNER: HAGADONE, MATTHEW
519 WAX MYRTLE CT
Kill Devil Hills, NC 27948
252-564-4635

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988409159547

Parcel Number: 003252000

Address: 519 WAX MYRTLE CT KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VILLAGE SEC 2

Block: 0 **Lot(s):** 281

Legal Description:

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

PROJECT DESCRIPTION: REMOVE BATHROOM ADDITION AND PLUMBING FROM STORAGE SHED

PAID

APR 25 2019

TOWN OF KILL DEVIL HILLS

BJ2019-079**PROJECT NAME:** HAGADONE BATHROOM REMOVAL
SITE ADDRESS: 519 WAX MYRTLE CT KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 04/16/2019**EXPIRES:** 10/13/2019**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Contractor or Authorized Agent:  Date: 4/25/2019



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Planning and Inspection Department

BJ2019-082	BUILDING JOINT
PROJECT NAME: Bakopoulos New Single Family Dwelling	ISSUED: 04/25/2019
SITE ADDRESS: 514 EDEN STREET W Kill Devil Hills	EXPIRES: 10/22/2019

APPLICANT: BAKOPOULOS, NICHOLAS 107 ST CLAIR RD KILL DEVIL HILLS, NC 27948	OWNER: BAKOPOULOS, NICHOLAS 107 ST CLAIR RD KILL DEVIL HILLS, NC 27948
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BUILDING LIMITED:	Hughes, Ryland James 3945 Pineway Drive kitty hawk, nc 27949	License: 76503 Expires: 12/31/2019
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PARCEL:

PIN: 987520906496	Parcel Number:	
Address: 514 EDEN STREET W Kill Devil Hills	Zoning:	
Addition:	Block:	Lot(s):
Legal Description: Lot 27 and 28 Block 73		

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Residential Unheated (.40)	78 Sq. Ft
Res. Building Permit Fee	\$1,344.45	\$0.00	# of Temporary Poles	1 EA
Covered Porch Residential	\$87.75	\$0.00	Residential Heated Space	1751 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Totals :	\$1,632.20	\$0.00	Open Decks	1 EA
			Covered Porches/Decks	117 SQFT

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

PAID
 APR 25 2019



Town of Kill Devil Hills

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APR 30 2019

Planning and Inspection Department

BP2019-098	BUILDING
PROJECT NAME: Roof Repair and Replacement	ISSUED: 04/29/2019
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 10/26/2019

APPLICANT: JOHN HIGH 203 Forest Hill Ave. Rocky Mount, NC 27801	OWNER: JOHN HIGH 203 Forest Hill Ave. Rocky Mount, NC 27801
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CONTRACTOR: GALLOP ROOFING AND REMODELING, INC.
673 Old Wharf Road
Wanchese, NC 27981
252-207-7269

GENERAL BUILDING INTERMEDIATE:	GALLOP ROOFING AND REMODELING, INC. 673 Old Wharf Road Wanchese, NC 27981 252-207-7269	License: 32504 Expires: 01/01/2020
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PARCEL:

PIN: 988513035596	Parcel Number: 002991000
Address: 3105 CROATAN HWY N KILL DEVIL HILLS	
Addition: SUBDIVISION - NONE	Zoning:
Legal Description:	Block: 0 Lot(s): 0

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

PROJECT DESCRIPTION: Repair roof and replacement

BP2019-098**PROJECT NAME:** Roof Repair and Replacement
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS**BUILDING****ISSUED:** 04/29/2019**EXPIRES:** 10/26/2019**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	60457.00
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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Planning and Inspection Department

BP2019-096	BUILDING
PROJECT NAME: COCKERHAM STORAGE ROOM	ISSUED: 04/26/2019
SITE ADDRESS: 1620 MEMORIAL BLVD S KILL DEVIL HILLS	EXPIRES: 10/23/2019

APPLICANT: KIM COCKERHAM 1620 S MEMORIAL BLVD Kill Devil Hills, NC 27948 336-953-0885	OWNER: KIM COCKERHAM 1620 S MEMORIAL BLVD Kill Devil Hills, NC 27948 336-953-0885
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GENERAL:	JB UTZ CONSTRUCTION UNKNOWN UNKNOWN, XX 00000 252-475-4619	License: none Expires: 12/31/2019
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PARCEL:

PIN: 989309058019	Parcel Number: 008275000
Address: 1620 MEMORIAL BLVD S KILL DEVIL HILLS	Zoning:
Addition: OCEAN ACRES INC	Block: 0 Lot(s): 109-110
Legal Description:	

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

PROJECT DESCRIPTION: 10'X13' UNFINISHED GROUND FLOOR STORAGE ENCLOSURE

APR 26 2019

BP2019-096**PROJECT NAME:** COCKERHAM STORAGE ROOM
SITE ADDRESS: 1620 MEMORIAL BLVD S KILL DEVIL HILLS**BUILDING****ISSUED:** 04/26/2019**EXPIRES:** 10/23/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4500.00
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.
- * 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).



Town of Kill Devil Hills

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PAID

APR 30 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-093	<i>PAID WITH CASH</i>	BUILDING
PROJECT NAME: FERGUSON STAIR REBUILD		ISSUED: 04/25/2019
SITE ADDRESS: 2005 SMITHFIELD ST KILL DEVIL HILLS		EXPIRES: 10/22/2019

APPLICANT: TERRY FERGUSON 13 SMITH ST Poquoson, VA 23662	OWNER: TERRY FERGUSON 13 SMITH ST Poquoson, VA 23662
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 988405197050	Parcel Number: 001416000
Address: 2005 SMITHFIELD ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 1276
Legal Description:	

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

PROJECT DESCRIPTION: REBUILD FRONT SET OF STAIRS

BP2019-093

PROJECT NAME: FERGUSON STAIR REBUILD
SITE ADDRESS: 2005 SMITHFIELD ST KILL DEVIL HILLS

BUILDING

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

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	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1500.00
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.
 - * Must remove 50 sqft. of coverage to ensure compliance.
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BP2019-093

PROJECT NAME: FERGUSON STAIR REBUILD
SITE ADDRESS: 2005 SMITHFIELD ST KILL DEVIL HILLS

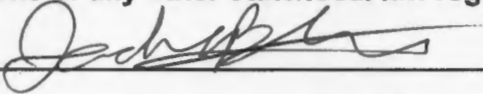
BUILDING

ISSUED: 04/25/2019

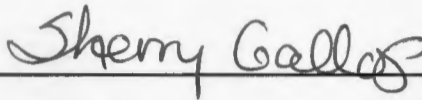
EXPIRES: 10/22/2019

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: _____

4-30-19



Town of Kill Devil Hills

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

PAID

APR 29 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-091	BUILDING
PROJECT NAME: Barden Deck Replacement	ISSUED: 04/25/2019
SITE ADDRESS: 114 FERRIS AVE KILL DEVIL HILLS	EXPIRES: 10/22/2019

APPLICANT: BARDEN, ANDY 2261 PLANTERS ROW DRIVE MIDLOTHIAN, VA 23113	OWNER: BARDEN, ANDY 2261 PLANTERS ROW DRIVE MIDLOTHIAN, VA 23113
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CONTRACTOR: TYLERBUILT CUSTOM BUILDERS INC.
2906 South Pamlico Ave
nags head, nc 27959
252-202-2080

GENERAL BUILDING, LIMITED:	TYLERBUILT CUSTOM BUILDERS INC. 2906 South Pamlico Ave nags head, nc 27959 252-202-2080	License: 46649 Expires: 12/31/2019
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PARCEL:

PIN: 988415627584	Parcel Number: 003993000
Address: 114 FERRIS AVE KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 45 Lot(s): 5
Legal Description:	

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

PROJECT DESCRIPTION: Demo upper level deck, replace decking, rails, and stairs on first level deck, replace to current footprint

BP2019-091

PROJECT NAME: Barden Deck Replacement
SITE ADDRESS: 114 FERRIS AVE KILL DEVIL HILLS

BUILDING

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

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: Andre C. Eyles Date: 4-29-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-092	BUILDING
PROJECT NAME: MO INVESTMENTS WINDOWS, SHEATHING AND DECK REPAIR	ISSUED: 04/25/2019
SITE ADDRESS: 111 COVE CT KILL DEVIL HILLS	EXPIRES: 10/22/2019

APPLICANT: MO Investments 441 Network Station # A CHESAPEAKE, VA 23320 757-403-3683	OWNER: MO Investments 441 Network Station # A CHESAPEAKE, VA 23320 757-403-3683
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 988415547893	Parcel Number: 003518000
Address: 111 COVE CT KILL DEVIL HILLS	Zoning:
Addition: LANDING SECTION 1, THE	Block: 0 Lot(s): 7
Legal Description:	

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

PROJECT DESCRIPTION: INSTALLING NEW WINDOWS ON FIRST FLOOR, REPLACING SHEATHING, SIDING, AND DECK REPAIR AS NEEDED

PAID
APR 25 2019
TOWN OF
KILL DEVIL HILLS

BP2019-092

PROJECT NAME: MO INVESTMENTS WINDOWS, SHEATHING AND
DECK REPAIR
SITE ADDRESS: 111 COVE CT KILL DEVIL HILLS

BUILDING

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

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
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

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.

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

BP2019-092

PROJECT NAME: MO INVESTMENTS WINDOWS, SHEATHING AND
DECK REPAIR
SITE ADDRESS: 111 COVE CT KILL DEVIL HILLS

BUILDING

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

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: _____

4-28-18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-071	BUILDING
PROJECT NAME: Kupetz Deck Rebuild	ISSUED: 04/01/2019
SITE ADDRESS: 113 GREENSBORO ST KILL DEVIL HILLS	EXPIRES: 09/28/2019

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

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

PIN: 988406298930	Parcel Number: 001879000
Address: 113 GREENSBORO ST KILL DEVIL HILLS	
Addition: AVALON BEACH ANNEX 1	Zoning:
Legal Description:	Block: 0 Lot(s): 435

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

PROJECT DESCRIPTION: Rebuild rear deck to 12x12

PAID
APR - 1 2019
TOWN OF
KILL DEVIL HILLS

BP2019-071

PROJECT NAME: Kupetz Deck Rebuild

SITE ADDRESS: 113 GREENSBORO ST KILL DEVIL HILLS

BUILDING

ISSUED: 04/01/2019

EXPIRES: 09/28/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	28585
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1800.00
LOT COVERAGE	28.00
SURVEYOR NAME AND NUMBER	Martin Barnette L-3740
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling Final
Zoning Final

CONDITIONS

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

BP2019-071

PROJECT NAME: Kupetz Deck Rebuild

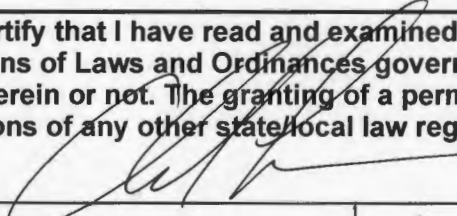
SITE ADDRESS: 113 GREENSBORO ST KILL DEVIL HILLS

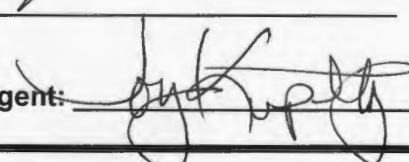
BUILDING

ISSUED: 04/01/2019

EXPIRES: 09/28/2019

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: 4-1-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-059	BUILDING
PROJECT NAME: Water Oak Walkway Addition to Pier	ISSUED: 03/20/2019
SITE ADDRESS: 1200 West First Street Kill Devil Hills	EXPIRES: 09/16/2019

APPLICANT: MILLSTONE MARINE 7000 MARITIME WOODS DR MANTEO, NC 27954 252-491-2888	OWNER: Water Oak Residential, LLC PO Box 90 Kill Devil Hills, NC 27948 252-441-9003
--	---

GENERAL:	MILLSTONE MARINE 7000 MARITIME WOODS DR MANTEO, NC 27954 252-491-2888	License: 78077 Expires: 12/30/2019
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PARCEL:			
PIN:	988417126342	Parcel Number:	
Address:	1200 West First Street Kill Devil Hills		
Addition:		Zoning:	
Legal Description:	Parcel A	Block:	Lot(s):

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

PROJECT DESCRIPTION: Contract a 195' x 6' walkway on land, addition to the constructed pier built under permit BP2018-177

APR - 2 2019

BP2019-059

PROJECT NAME: Water Oak Walkway Addition to Pier
SITE ADDRESS: 1200 West First Street Kill Devil Hills

BUILDING

ISSUED: 03/20/2019

EXPIRES: 09/16/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	19899.00

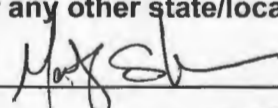
REQUIRED INSPECTIONS

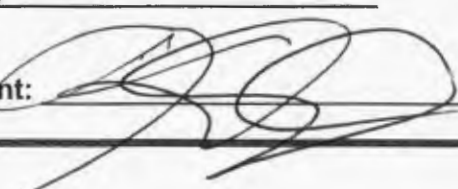
Piling	Final
Zoning Final	

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 4-2-2019



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

BP2019-076	BUILDING
PROJECT NAME: Benson Deck Remodel	ISSUED: 04/03/2019
SITE ADDRESS: 606 MARTONE LN KILL DEVIL HILLS	EXPIRES: 09/30/2019

APPLICANT: Benson, Douglas 5204 Gainsborough DR Fairfax, VA 22032 804-393-8679	OWNER: Benson, Douglas 5204 Gainsborough DR Fairfax, VA 22032 804-393-8679
--	--

CONTRACTOR: The Windward Group, LTD
301 Soundside Road
nags head, nc 27959

BUILDING LIMITED:	The Windward Group, LTD 301 Soundside Road nags head, nc 27959	License: 77700 Expires:
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PARCEL:

PIN: 988405176958	Parcel Number: 002228000
Address: 606 MARTONE LN KILL DEVIL HILLS	Zoning:
Addition: WRIGHT'S SHORES SEC 2	Block: 0 Lot(s): 110
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:
Open Deck Fee	\$150.00	\$0.00	Open Decks 1 EA
Covered Porch Residential	\$156.00	\$0.00	Covered Porches/Decks 208 SQFT.
Totals :	\$306.00	\$0.00	

PROJECT DESCRIPTION: remove and replace rear deck and stairs to smaller footprint, add covered porch over existing front deck, replace stairs to front deck

APR - 3 2019

BP2019-076

PROJECT NAME: Benson Deck Remodel
SITE ADDRESS: 606 MARTONE LN KILL DEVIL HILLS

BUILDING

ISSUED: 04/03/2019

EXPIRES: 09/30/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	30000.00
LOT COVERAGE	31.00
COVERED PORCHES/DECKS (SQFT)	208
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	William S Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final	Piling
Final	

CONDITIONS

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

BP2019-076

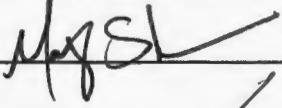
PROJECT NAME: Benson Deck Remodel
SITE ADDRESS: 606 MARTONE LN KILL DEVIL HILLS


BUILDING

ISSUED: 04/03/2019

EXPIRES: 09/30/2019

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: 3.3.19



Town of Kill Devil Hills

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

APR - 5 2019

Planning and Inspection Department

BP2019-075	BUILDING
PROJECT NAME: Bria Porch Addition	ISSUED: 04/02/2019
SITE ADDRESS: 109 FERRIS AVE KILL DEVIL HILLS	EXPIRES: 09/29/2019

APPLICANT: BRIA, LAWRENCE S 301 COACHMAN ROAD ALLISON PARK, PA 15101	OWNER: BRIA, LAWRENCE S 301 COACHMAN ROAD ALLISON PARK, PA 15101
---	---

CONTRACTOR: JB UTZ CONSTRUCTION
UNKNOWN
UNKNOWN, XX 00000
252-475-4619

GENERAL:	JB UTZ CONSTRUCTION UNKNOWN UNKNOWN, XX 00000 252-475-4619	License: none Expires: 12/31/2019
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PARCEL:

PIN: 988419627322	Parcel Number: 027568017
Address: 109 FERRIS AVE KILL DEVIL HILLS	
Addition: KITTY HAWK SHORES - REVISED	Zoning:
Legal Description:	Block: 44 Lot(s): 17

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

PROJECT DESCRIPTION: replace existing deck and stairs with new stairs and covered porch

BP2019-075

PROJECT NAME: Bria Porch Addition

SITE ADDRESS: 109 FERRIS AVE KILL DEVIL HILLS

BUILDING

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	28579
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10000.00
LOT COVERAGE	40.00
SURVEYOR NAME AND NUMBER	M Douglas Styons L-3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

PILING

Final

CONDITIONS

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

BP2019-075

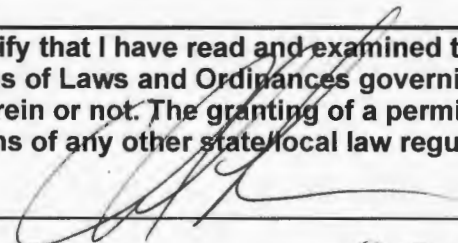
PROJECT NAME: Bria Porch Addition
SITE ADDRESS: 109 FERRIS AVE KILL DEVIL HILLS

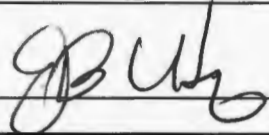
BUILDING

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

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: 4/5/19



Town of Kill Devil Hills

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

PAID

APR - 5 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-072

PROJECT NAME: Woodburn Storage Addition
SITE ADDRESS: 213 ARCHDALE ST E KILL DEVIL HILLS

BUILDING

ISSUED: 04/01/2019

EXPIRES: 09/28/2019

APPLICANT: WOODBURN, ROBERT C
4128 OLD SPRINGFIELD ROAD
GLEN ALLEN, VA 23060

OWNER: WOODBURN, ROBERT C
4128 OLD SPRINGFIELD ROAD
GLEN ALLEN, VA 23060

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517128451

Parcel Number: 000808000

Address: 213 ARCHDALE ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES AMD BLK 5

Zoning:

Block: 5 **Lot(s):** 14

Legal Description:

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

PROJECT DESCRIPTION: 11x19 storage room under existing footprint of house, raise floor to existing level. Sister three damaged pilings.



Town of Kill Devil Hills

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

PAID
APR - 5 2019

Planning and Inspection Department

BP2019-079	BUILDING
PROJECT NAME: MATTHEWS EXTERIOR STAIR	ISSUED: 04/05/2019
SITE ADDRESS: 1730 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 10/02/2019

APPLICANT: MATTHEWS, HARVEY A 904 BARBARA DRIVE SUFFOLK, VA 23434	OWNER: MATTHEWS, HARVEY A 904 BARBARA DRIVE SUFFOLK, VA 23434
--	--

UNLICENSED BUILDER: JIM NEWSOME 1730 VA DARE TRL Kill Devil Hills, NC 27948 252-489-3916	License: XXX Expires: 01/01/2020
--	---

PARCEL:

PIN: 988406475727	Parcel Number: 002884000
Address: 1730 VA DARE TRL N KILL DEVIL HILLS	
Addition: Croatan Shores Amended	Zoning: Block: H Lot(s): 4
Legal Description:	

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

PROJECT DESCRIPTION: REPLACE EXTERIOR STAIR AND UPPER LANDING JOIST/DECKING, SAME FOOTPRINT

BP2019-079

PROJECT NAME: MATTHEWS EXTERIOR STAIR
SITE ADDRESS: 1730 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 04/05/2019

EXPIRES: 10/02/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RH
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	30
STREET SIDE SETBACK	7.5
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2400.00
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: _____

4-5-19



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

BP2019-063	BUILDING
PROJECT NAME: Charles Roberts Decking and stair replacement	ISSUED: 03/25/2019
SITE ADDRESS: 3128 SEA WING CT KILL DEVIL HILLS	EXPIRES: 09/21/2019

APPLICANT: Perry, James 3118 NORTH CROATAN HWY KILL DEVIL HILLS, NC 27948 252-202-3051	OWNER: Perry, James 3118 NORTH CROATAN HWY KILL DEVIL HILLS, NC 27948 252-202-3051
--	--

CONTRACTOR: Roberts, Charles
310 Eagle Drive
Kill Devil Hills, NC 27948

BUILDING LIMITED:	Roberts, Charles 310 Eagle Drive Kill Devil Hills, NC 27948 252-480-3209	License: 8383 Expires:
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PARCEL:

PIN: 988513037971	Parcel Number: 003041000
Address: 3128 SEA WING CT KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 18
Legal Description:	

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

PROJECT DESCRIPTION: Remove existing decking and railing on 1st level deck, replace stairs to existing footprint

4/8/19
MAY 19 2020

BP2019-063

PROJECT NAME: Charles Roberts Decking and stair replacement
SITE ADDRESS: 3128 SEA WING CT KILL DEVIL HILLS

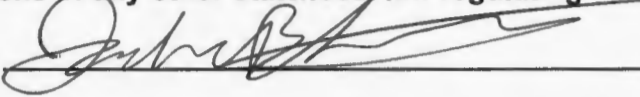
BUILDING

ISSUED: 03/25/2019

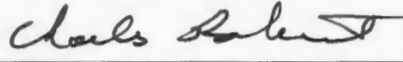
EXPIRES: 09/21/2019

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

Issued By:



Contractor or Authorized Agent:



Date:

4-8-19





Town of Kill Devil Hills

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

APR - 5 2019

Planning and Inspection Department

BJ2019-075

PROJECT NAME: Patterson Dock
SITE ADDRESS: 2016 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/05/2019

EXPIRES: 10/02/2019

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

CONTRACTOR: ALBEMARLE BULKHEADS
PO BOX 50
KILL DEVIL HILLS, NC 27948
252-256-0857

UNLICENSED BUILDER: ALBEMARLE BULKHEADS
PO BOX 50
KILL DEVIL HILLS, NC 27948
252-256-0857

License: 00000
Expires: 04/30/2019

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

PROJECT DESCRIPTION: 232' pier, 10x16 dock platform and 12x12 boat lift

BJ2019-075

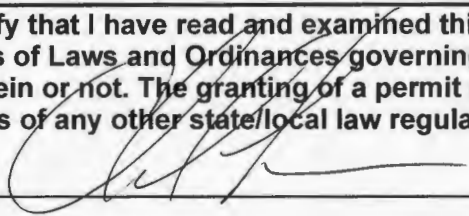
PROJECT NAME: Patterson Dock
SITE ADDRESS: 2016 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/05/2019

EXPIRES: 10/02/2019

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: Marshall Date: 4-5-19



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

BP2019-067	BUILDING
PROJECT NAME: WRB Rentals-Breakaway walls	ISSUED: 03/28/2019
SITE ADDRESS: 1011 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 09/24/2019

APPLICANT: WRB RENTALS INC P O BOX 607 MURFREESBORO, NC 27855	OWNER: WRB RENTALS INC P O BOX 607 MURFREESBORO, NC 27855
--	--

CONTRACTOR: Aria Construction and Development, Inc
PO Box 321
CRESWELL, NC 27928
252-796-7737

BUILDING-UNLIMITED:	Aria Construction and Development, Inc PO Box 321 CRESWELL, NC 27928 252-796-7737	License: 78928 Expires: 01/02/2020
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PARCEL:

PIN: 988415732472	Parcel Number: 003705001
Address: 1011 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 11 Lot(s): 2
Legal Description:	

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

PROJECT DESCRIPTION: Replace siding, replace garage doors with breakaway walls, repair stairs

PAID

APR - 8 2020

rk

BP2019-067

PROJECT NAME: WRB Rentals-Breakaway walls
SITE ADDRESS: 1011 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/28/2019

EXPIRES: 09/24/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	100000.00
SURVEYOR NAME AND NUMBER	M Douglas Styons L- 3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Zoning Final
Insulation	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.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

BP2019-067

PROJECT NAME: WRB Rentals-Breakaway walls
SITE ADDRESS: 1011 VA DARE TRL N 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: Brad Aleband Date: 4-8-19



Town of Kill Devil Hills

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

PAID
APR - 2 2019

Planning and Inspection Department

BP2019-073	BUILDING
PROJECT NAME:	ISSUED: 04/02/2019
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill	EXPIRES: 09/29/2019

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

GENERAL BUILDING-LIMITED:	PITTS, ADRIAN DEAN 1807 Bay Drive Kill Devil Hills, NC 27948	License: 48669 Expires: 12/30/2019
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PARCEL:

PIN: 9876543210	Parcel Number: 23
Address: 102 Town Hall Dr Kill Devil Hill	Zoning: LIGHT INDUSTRIAL 2
Addition:	Block: blk Lot(s): lot
Legal Description: This is the legal description test	

FEES:	Paid	Due
Totals :	0.00	

PROJECT DESCRIPTION: Replace 4 windows.

Flood zone
value → *\$14,900.00*

BP2019-073

PROJECT NAME:

SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

BUILDING

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	G&I Public
PURPOSE	Commercial Repair/Remodel
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

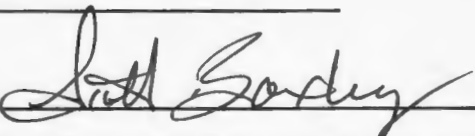
Rough In

CONDITIONS

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

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

Issued By: 

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



Town of Kill Devil Hills

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

APR - 2 2019

Planning and Inspection Department

BP2019-074

PROJECT NAME:

SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

BUILDING

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

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

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

GENERAL BUILDING-LIMITED: PITTS, ADRIAN DEAN
1807 Bay Drive
Kill Devil Hills, NC 27948

License: 48669
Expires: 12/30/2019

PARCEL:

PIN: 9876543210

Parcel Number: 23

Address: 102 Town Hall Dr Kill Devil Hill

Zoning: LIGHT INDUSTRIAL 2

Addition:

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

Legal Description: This is the legal description test

FEES:	Paid	Due
Totals :	0.00	

PROJECT DESCRIPTION: Replace restroom counter tops.

*Value \$7,400.00
Flood zone X*

BP2019-074

PROJECT NAME:

SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

BUILDING

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	G&I Public
PURPOSE	Commercial Repair/Remodel
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: 

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



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

BP2019-082	BUILDING
PROJECT NAME: FLETCHER PILING REPLACEMENT	ISSUED: 04/09/2019
SITE ADDRESS: 2012 NEW BERN ST KILL DEVIL HILLS	EXPIRES: 10/06/2019

APPLICANT: FLETCHER, JOHN S II P O BOX 267 SWAN QUARTER, NC 27885	OWNER: FLETCHER, JOHN S II P O BOX 267 SWAN QUARTER, NC 27885
--	--

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

PIN: 988406391833	Parcel Number: 001893000
Address: 2012 NEW BERN ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 1	Block: 0 Lot(s): 450
Legal Description:	

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

PROJECT DESCRIPTION: REPLACING ROOF PILING WITH 6"X6" STRAPPED AND BOLTED

PAID
APR - 9 2020
TOWN OF
KILL DEVIL HILLS

BP2019-082**PROJECT NAME:** FLETCHER PILING REPLACEMENT
SITE ADDRESS: 2012 NEW BERN ST KILL DEVIL HILLS**BUILDING****ISSUED:** 04/09/2019**EXPIRES:** 10/06/2019**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3500.00
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: _____

3/9/18



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-083	BUILDING
PROJECT NAME: BROWN SIDING, SOFIT, SHEATHING, AND PAINT	ISSUED: 04/09/2019
SITE ADDRESS: 1015 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 10/06/2019

APPLICANT: KIRBY BROWN LLC P.O. BOX 607 Murfreesboro, NC 27855 252398-7202	OWNER: BARTLETT, FORREST L 153 MILLTOWN RD SHILOH, NC 27974
--	--

BUILDING-UNLIMITED:	Aria Construction and Development, Inc PO Box 321 CRESWELL, NC 27928 252-796-7737	License: 78928 Expires: 01/02/2020
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PARCEL:

PIN: 988415732408	Parcel Number: 003706001
Address: 1015 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 11 Lot(s): 4
Legal Description:	

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

PROJECT DESCRIPTION: REPLACING SIDING, SOFIT, AND SHEATHING WHERE NECESSARY. REPAINTING

PAID
APR 10 2019
TOWN OF
KILL DEVIL HILLS

BP2019-083**PROJECT NAME:** BROWN SIDING, SOFIT, SHEATHING, AND PAINT
SITE ADDRESS: 1015 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 04/09/2019**EXPIRES:** 10/06/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	80000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Sheathing

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 replaced sheathing must be inspected prior to covering.

BP2019-083

PROJECT NAME: BROWN SIDING, SOFIT, SHEATHING, AND PAINT
SITE ADDRESS: 1015 VA DARE TRL N KILL DEVIL HILLS

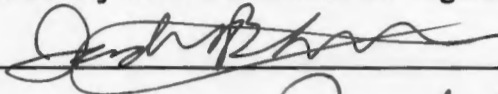
BUILDING

ISSUED: 04/09/2019

EXPIRES: 10/06/2019

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

4-10-19



Town of Kill Devil Hills

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

APR 11 2019

Planning and Inspection Department

BP2019-070	BUILDING
PROJECT NAME: For the Dogs OBX/Simpleside Construction-Covered Entry	ISSUED: 03/28/2019
SITE ADDRESS: 2407 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 09/24/2019

APPLICANT: Smith, Grant
308 W. Helga Street
Kill Devil Hills, NC 27948
252-564-8307

OWNER: For The Dogs OBX LLC
308 W Helga Street
Kill Devil Hills, NC 27948

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

License: 78583
Expires:

PARCEL:

PIN: 988517115645

Parcel Number: 003038000

Address: 2407 CROATAN HWY N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORE AMD BLK 22

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

Legal Description:

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

PROJECT DESCRIPTION: remove and replace front covered entry. New roof 4/12 hip roof. Exposed rafters and new front porch replacing existing one

BP2019-070

PROJECT NAME: For the Dogs OBX/Simpleside Construction-Covered

Entry

SITE ADDRESS: 2407 CROATAN HWY N 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: _____

4-11-19



Town of Kill Devil Hills

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

PAID

APR 12 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2019-084	BUILDING
PROJECT NAME: Leonard Pilings	ISSUED: 04/11/2019
SITE ADDRESS: 2407 BAY DR KILL DEVIL HILLS	EXPIRES: 10/08/2019

APPLICANT: Cliff Leonard
2407 Bay Dr.
Kill Devil Hills, NC 27948
252-202-1981

OWNER: Cliff Leonard
2407 Bay Dr.
Kill Devil Hills, NC 27948
252-202-1981

UNLICENSED - REMODELING: Brown, Steven
118 Par 4 Dr
GRANDY, NC 27934
252-455-0715

License: 00000000
Expires: 04/30/2020

PARCEL:

PIN: 987520809292

Parcel Number: 000730000

Address: 2407 BAY DR KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 78 **Lot(s):** 1

Legal Description:

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

PROJECT DESCRIPTION: Replace 5-6x6 pilings with 8x8's

BP2019-084

PROJECT NAME: Leonard Pilings

SITE ADDRESS: 2407 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 04/11/2019

EXPIRES: 10/08/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-087	BUILDING
PROJECT NAME: BROWN WINDOWS AND PARKING	ISSUED: 04/16/2019
SITE ADDRESS: 201 WILKENSON KILL DEVIL HILLS	EXPIRES: 10/13/2019

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
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PARCEL:

PIN: 988513130179	Parcel Number: 029606000
Address: 201 WILKENSON KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	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: INSTALL NEW WINDOWS ON SCREENED IN PORCH, ADD ADDITIONAL 10'X20' PARKING SPACE IN COMPLIANCE WITH ZONING

PAID
APR 16 2019

BP2019-087**PROJECT NAME:** BROWN WINDOWS AND PARKING
SITE ADDRESS: 201 WILKENSON KILL DEVIL HILLS**BUILDING****ISSUED:** 04/16/2019**EXPIRES:** 10/13/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	9000.00
LOT COVERAGE	36.20
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-087

PROJECT NAME: BROWN WINDOWS AND PARKING
SITE ADDRESS: 201 WILKENSON KILL DEVIL HILLS

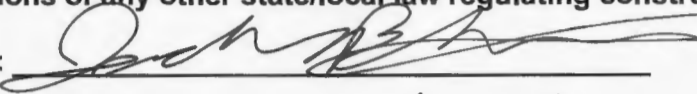
BUILDING

ISSUED: 04/16/2019

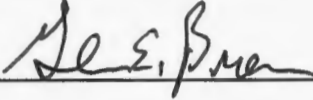
EXPIRES: 10/13/2019

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

Issued By:



Contractor or Authorized Agent:



Date:

4-16-2019



Town of Kill Devil Hills

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

PAID

APR 16 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-086	BUILDING
PROJECT NAME: Cubine Shed	ISSUED: 04/15/2019
SITE ADDRESS: 1703 WYANDOTTE ST KILL DEVIL HILLS	EXPIRES: 10/12/2019

APPLICANT: CUBINE, CARRIE E 2029 NEWPORT NEWS ST KILL DEVIL HILLS, NC 27948	OWNER: CUBINE, CARRIE E 2029 NEWPORT NEWS ST 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: 988409263185	Parcel Number: 002695000
Address: 1703 WYANDOTTE ST KILL DEVIL HILLS	Zoning:
Addition: HIGH VIEW - HEDRICKS ADD	Block: D Lot(s): 12
Legal Description:	

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

PROJECT DESCRIPTION: Shed in rear yard

BP2019-086

PROJECT NAME: Cubine Shed

SITE ADDRESS: 1703 WYANDOTTE ST KILL DEVIL HILLS

BUILDING

ISSUED: 04/15/2019

EXPIRES: 10/12/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	28600
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
LOT COVERAGE	25.00
SURVEYOR NAME AND NUMBER	Martin Barnette L-3740
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.
- * Ground anchors at the four corners required at final inspection.

BP2019-086

PROJECT NAME: Cubine Shed

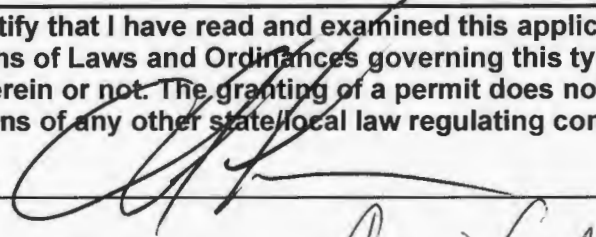
SITE ADDRESS: 1703 WYANDOTTE ST KILL DEVIL HILLS

BUILDING

ISSUED: 04/15/2019

EXPIRES: 10/12/2019

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

Issued By: 

Contractor or Authorized Agent: Amie Culvin Date: 4/16/19



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

APR 16 2019

BP2019-080	BUILDING
PROJECT NAME: Kelley-deck and stair replacement	ISSUED: 04/09/2019
SITE ADDRESS: 1709 Wyandotte St. Kill Devil Hills	EXPIRES: 10/06/2019

APPLICANT: Kelley, William 107 Allen Harris Drive YORKTOWN, VA 23692	OWNER: Kelley, William 107 Allen Harris Drive YORKTOWN, VA 23692
---	---

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

PIN: 988409263301	Parcel Number: 002693000
Address: 1709 Wyandotte St. Kill Devil Hills	
Addition: HIGH VIEW - HEDRICKS ADD	Zoning:
Legal Description:	Block: D Lot(s): 9

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

PROJECT DESCRIPTION: remove and replace decking and railing, sister 2x10 joists to cantilever 2'

BP2019-080

PROJECT NAME: Kelley-deck and stair replacement

SITE ADDRESS: 1709 Wyandotte St. Kill Devil Hills

BUILDING

ISSUED: 04/09/2019

EXPIRES: 10/06/2019

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	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
LOT COVERAGE	36.50
SURVEYOR NAME AND NUMBER	William S Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

BP2019-080

PROJECT NAME: Kelley-deck and stair replacement

SITE ADDRESS: 1709 Wyandotte St. Kill Devil Hills

BUILDING

ISSUED: 04/09/2019

EXPIRES: 10/06/2019

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

Issued By: MS

Contractor or Authorized Agent: William Kelley Date: 4/16/19



Town of Kill Devil Hills

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

APR 16 2019

Planning and Inspection Department

T.M.S.
10/1/13

BP2019-078	BUILDING
PROJECT NAME: Fowler Deck/Stair Replacement	ISSUED: 04/05/2019
SITE ADDRESS: 2010 ELIZABETH CITY ST KILL DEVIL HILLS	EXPIRES: 10/02/2019

APPLICANT: JOHN FOWLER 2010 Elizabeth City St. KDH, NC 27948 757-297-6092	OWNER: JOHN FOWLER 2010 Elizabeth City St. KDH, NC 27948 757-297-6092
---	---

CONTRACTOR: Pfeiffer, Eric
165 Riverlane Road
JARVISBURG, NC 27947
252-202-8258

UNLICENSED - REMODELING:	Pfeiffer, Eric 165 Rivershore Road JARVISBURG, NC 27947	License: 00000 Expires:
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PARCEL:

PIN: 988405292402	Parcel Number: 001198000
Address: 2010 ELIZABETH CITY ST KILL DEVIL HILLS	
Addition: AVALON BEACH ANNEX 2 & 3	Zoning:
Legal Description:	Block: 0 Lot(s): 741

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

PROJECT DESCRIPTION: Replace front stairs and landing, replace back deck and stairs same footprint



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

BP2019-085	BUILDING JOINT
PROJECT NAME: Steedley Addition	ISSUED: 04/16/2019
SITE ADDRESS: 1223B VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 10/13/2019

APPLICANT: JOHN STEEDLEY 3884 Jessies LN CHARLOTTESVILLE, VA 22911 434-973-3700	OWNER: JOHN STEEDLEY 3884 Jessies LN CHARLOTTESVILLE, VA 22911 434-973-3700
---	---

CONTRACTOR: KEN GREEN AND ASSOCIATES
P.O. Box 372
Harbinger, NC 27941
252-491-8127

GENERAL:	KEN GREEN AND ASSOCIATES P.O. Box 372 Harbinger, NC 27941 252-491-8127	License: 68343 Expires: 01/01/2020
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PARCEL:

PIN: 989309074255	Parcel Number: 004869000
Address: 1223B VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition:	Block: A Lot(s): PT B
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Res. Building Permit Fee	\$213.20	\$0.00	Residential Unheated (.40)	533 Sq. Ft
Renovation/Remodel/Relocate	\$88.20	\$0.00	Remodel/Renovation	196 SQFT
Totals :	\$301.40	\$0.00		

PROJECT DESCRIPTION: 2nd floor addition creating unfinished attic

PAID

APR 17 2019

TOWN OF
KILL DEVIL HILLS

BP2019-085

PROJECT NAME: Steedley Addition

SITE ADDRESS: 1223B VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 04/16/2019

EXPIRES: 10/13/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	51000.00
LOT COVERAGE	50.30
STORAGE (SQFT)	533
COVERED PORCHES/DECKS (SQFT)	196
SURVEYOR NAME AND NUMBER	M Douglas Styons
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final	Insulation
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.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * 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.

BP2019-085

PROJECT NAME: Steedley Addition

SITE ADDRESS: 1223B VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

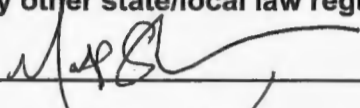
ISSUED: 04/16/2019

EXPIRES: 10/13/2019

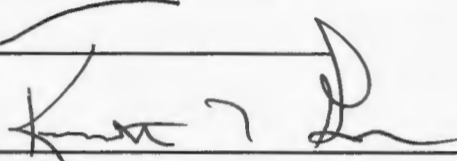
* Total project cost must stay below \$52750.00 to not be considered a substantial improvement. The current building permit is for creating unconditioned attic space above existing single family dwelling. Any additional work cannot be done to the structure for 365 days from the date of issuance of the certificate of compliance.

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

4-17-19



Town of Kill Devil Hills

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

APR 18 2019

Planning and Inspection Department

BP2019-088	BUILDING
PROJECT NAME: Faulkner Dune Deck Replacement	ISSUED: 04/18/2019
SITE ADDRESS: 1919 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 10/15/2019

APPLICANT: FAULKNER, PATRICK 18920 TETTINGTON LN CHARLES CITY, VA 23030	OWNER: FAULKNER, PATRICK 18920 TETTINGTON LN CHARLES CITY, VA 23030
--	--

CONTRACTOR: H & W SERVICES GROUP
1053 MARTINS POINT RD.
kitty hawk, nc 27949
252-423-0744

BUILDER:	H & W SERVICES GROUP 1053 MARTINS POINT RD. kitty hawk, nc 27949 252-423-0744	License: 12345 Expires:
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PARCEL:

PIN: 988406490430	Parcel Number: 002811010
Address: 1919 VA DARE TRL N KILL DEVIL HILLS	
Addition: Croatan Shores Amended	Zoning:
Legal Description:	Block: E Lot(s): 10

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

PROJECT DESCRIPTION: replace existing dune deck same location, same footprint, replace 2 flights of stairs

BP2019-088**PROJECT NAME:** Faulkner Dune Deck Replacement
SITE ADDRESS: 1919 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 04/18/2019**EXPIRES:** 10/15/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	19435.00
SURVEYOR NAME AND NUMBER	CP Lewis Jr L-2441
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final	Piling
Zoning Final	

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

BP2019-088

PROJECT NAME: Faulkner Dune Deck Replacement
SITE ADDRESS: 1919 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 04/18/2019

EXPIRES: 10/15/2019

* 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.

* Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4-18-19



Town of Kill Devil Hills

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

APR 18 2019

Planning and Inspection Department

BP2019-077	BUILDING
PROJECT NAME: KELLY EXTERIOR STAIR	ISSUED: 04/03/2019
SITE ADDRESS: 211 SEA VILLAGE LN KILL DEVIL HILLS	EXPIRES: 09/30/2019

APPLICANT: SUSANNE D KELLY P O BOX 743 Kitty Hawk, NC 27949	OWNER: SUSANNE D KELLY P O BOX 743 Kitty Hawk, NC 27949
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GENERAL LIMITED:	B. R. Neier Construction 208 Barco Rd. Barco, NC 27917 207-8236	License: 60862 Expires:
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PARCEL:

PIN: 988513132529	Parcel Number: 000973000
Address: 211 SEA VILLAGE LN KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 31
Legal Description:	

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

PROJECT DESCRIPTION: CONSTRUCT NEW SET OF EXTERIOR STAIRS IN REAR YARD

BP2019-077**PROJECT NAME:** KELLY EXTERIOR STAIR**SITE ADDRESS:** 211 SEA VILLAGE LN KILL DEVIL HILLS**BUILDING****ISSUED:** 04/03/2019**EXPIRES:** 09/30/2019**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	425.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4-18-19



Town of Kill Devil Hills

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

PAID
APR 24 2019

Planning and Inspection Department

BP2019-090	BUILDING
PROJECT NAME: Bouker Porch Roof	ISSUED: 04/24/2019
SITE ADDRESS: 1406 CAPTAINS CIR KILL DEVIL HILLS	EXPIRES: 10/21/2019

APPLICANT: BOUKER, NICOLE
1406 CAPTAINS LANE
Kill Devil Hills, NC 27948

OWNER: BOUKER, NICOLE
1406 CAPTAINS LANE
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988413123713

Parcel Number: 003656000

Address: 1406 CAPTAINS CIR KILL DEVIL HILLS

Addition: LANDING SECTION 3, THE

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: redo the existing decking, add roof over existing portion of deck for screened porch

BP2019-090**PROJECT NAME:** Bouker Porch Roof**SITE ADDRESS:** 1406 CAPTAINS CIR KILL DEVIL HILLS**BUILDING****ISSUED:** 04/24/2019**EXPIRES:** 10/21/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
HEALTH DEPARTMENT PERMIT #	28663
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
LOT COVERAGE	30.00
SURVEYOR NAME AND NUMBER	Michael Robinson L- 3154
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.

BP2019-090

PROJECT NAME: Bouker Porch Roof

SITE ADDRESS: 1406 CAPTAINS CIR KILL DEVIL HILLS

BUILDING

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/24/19



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

BP2019-089

PROJECT NAME: Rafino Storage
SITE ADDRESS: 305 WALLACE ST KILL DEVIL HILLS

BUILDING

ISSUED: 04/29/2019

EXPIRES: 10/26/2019

APPLICANT: SWEET LIFE LLC
po box 7141
kill devil hills, nc 27948

OWNER: Rafino, Alex
405 WALLACE STREET
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987516933840

Parcel Number: 000253000

Address: 305 WALLACE ST KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:

Block: 0 **Lot(s):** 165

Legal Description:

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

PROJECT DESCRIPTION: storage under existing footprint of house

APR 29 2019

BP2019-089**PROJECT NAME:** Rafino Storage**SITE ADDRESS:** 305 WALLACE ST KILL DEVIL HILLS**BUILDING****ISSUED:** 04/29/2019**EXPIRES:** 10/26/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2300.00
STORAGE (SQFT)	311
SURVEYOR NAME AND NUMBER	William T Robbins L- 2677
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.
- * 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.
- * Enclose under house for garage & storage.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

BP2019-089

PROJECT NAME: Rafino Storage

SITE ADDRESS: 305 WALLACE ST KILL DEVIL HILLS

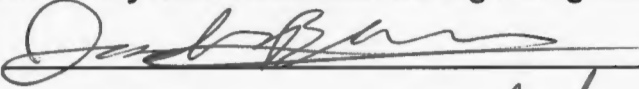
BUILDING

ISSUED: 04/29/2019

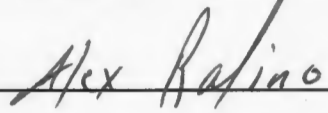
EXPIRES: 10/26/2019

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:

4-29-19



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

MC2019-093	MECHANICAL
PROJECT NAME: Calhoun HVAC	ISSUED: 04/25/2019
SITE ADDRESS: 1702 SEMINOLE ST KILL DEVIL HILLS	EXPIRES: 10/22/2019

APPLICANT: Calhoun, Shirley 1756 Feather Rd VINTON, VA 24179	OWNER: Calhoun, Shirley 1756 Feather Rd VINTON, VA 24179
---	---

MECHANICAL, H-3, I:	MASTER HEATING AND COOLING P.O. Box 707 Kitty Hawk, NC 27949 255-0095	License: 18066 Expires: 12/31/2019
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PARCEL:

PIN: 988410360419	Parcel Number: 002661001
Address: 1702 SEMINOLE ST KILL DEVIL HILLS	Zoning:
Addition: HIGH VIEW - HEDRICKS ADD	Block: B Lot(s): 15
Legal Description:	

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC System

APR 29 2019

MC2019-093

PROJECT NAME: Calhoun HVAC

SITE ADDRESS: 1702 SEMINOLE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5950.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/29/19



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

MC2019-091

PROJECT NAME: Baer Hvac
SITE ADDRESS: 1701 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

APPLICANT: TOMMY & ELIZABETH BAER
14010 Harbour Pt. Rd.
Midlothian, VA 23112

OWNER: TOMMY & ELIZABETH BAER
14010 Harbour Pt. Rd.
Midlothian, VA 23112

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: 98841157138105

Parcel Number: 028089000

Address: 1701 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: C

Lot(s): UNIT 2B LT
17-19

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5428.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

APR 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

MC2019-089	MECHANICAL
PROJECT NAME: Cathey HVAC	ISSUED: 04/24/2019
SITE ADDRESS: 402 Walker St. Kill Devil Hills	EXPIRES: 10/21/2019

APPLICANT: MARGARET CATHEY 402 Walker St. KDH, nc 27948 804-436-6230	OWNER: MARGARET CATHEY 402 Walker St. KDH, nc 27948 804-436-6230
--	--

MECHANICAL, H-3, I:	MASTER HEATING AND COOLING P.O. Box 707 Kitty Hawk, NC 27949 255-0095	License: 18066 Expires: 12/31/2019
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PARCEL:

PIN: 988517010266	Parcel Number: 000657002
Address: 402 Walker St. Kill Devil Hills	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 54 Lot(s): 21 and 22
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 Ton HVAC System

PAID
APR 29 2019

MC2019-089

PROJECT NAME: Cathey HVAC

SITE ADDRESS: 402 Walker St. Kill Devil Hills

MECHANICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6750.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/29/19



Town of Kill Devil Hills

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

PAID
APR 30 2019

Planning and Inspection Department

MC2019-100	MECHANICAL
PROJECT NAME:	ISSUED: 04/30/2019
SITE ADDRESS: 120 PORTHOLE CT KILL DEVIL HILLS	EXPIRES: 10/27/2019

APPLICANT: Jimenez, Richard & Deborah 2028 Martins Point RD kitty hawk, nc 27949 252-722-1086	OWNER: Jimenez, Richard & Deborah 2028 Martins Point RD kitty hawk, nc 27949 252-722-1086
---	---

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

PIN: 988414447661	Parcel Number: 003547000
Address: 120 PORTHOLE CT KILL DEVIL HILLS	Zoning:
Addition: LANDING SECTION 1, THE	Block: 0 Lot(s): 41
Legal Description:	

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-100

PROJECT NAME:

SITE ADDRESS: 120 PORTHOLE CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/30/2019

EXPIRES: 10/27/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5631.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: [Signature]

Contractor or Authorized Agent: [Signature] Date: 4/30/19



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

MC2019-096	MECHANICAL
PROJECT NAME: Zhou HVAC	ISSUED: 04/25/2019
SITE ADDRESS: 417 AYCOCK ST W KILL DEVIL HILLS	EXPIRES: 10/22/2019

APPLICANT: Zhou, Rui
417 W Aycock St
Kill Devil Hills, NC 27948

OWNER: Zhou, Rui
417 W Aycock St
Kill Devil Hills, NC 27948

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988517001801

Parcel Number: 000649000

Address: 417 AYCOCK ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 52 **Lot(s):** 11,12,13

Legal Description:

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

PROJECT DESCRIPTION: C/O 1.5 Ton HVAC System

APR 26 2019

MC2019-096

PROJECT NAME: Zhou HVAC

SITE ADDRESS: 417 AYCOCK ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6161.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

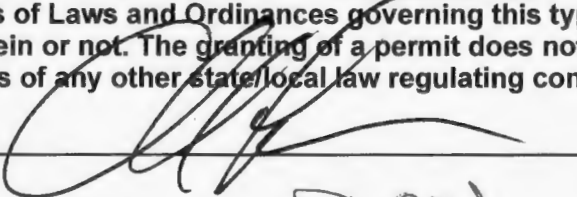
REQUIRED INSPECTIONS

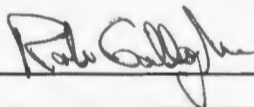
Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 4-26-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-097	MECHANICAL
PROJECT NAME: PEELE HVAC	ISSUED: 04/26/2019
SITE ADDRESS: 406 FIFTH ST W KILL DEVIL HILLS	EXPIRES: 10/23/2019

APPLICANT: PEELE, ELMO JAMES
303 NANTUCKET CT
WINTERVILLE, NC 28590

OWNER: PEELE, ELMO JAMES
303 NANTUCKET CT
WINTERVILLE, NC 28590

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988405188626

Parcel Number: 002068000

Address: 406 FIFTH ST W KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES

Block: 0 **Lot(s):** 14

Legal Description:

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

PROJECT DESCRIPTION: HVAC C/O W/ DUCT WORK

APR 26 2019

MC2019-097

PROJECT NAME: PEELE HVAC

SITE ADDRESS: 406 FIFTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/26/2019

EXPIRES: 10/23/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Accessory
CONSTRUCTION COST	11403.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4-26-19



Town of Kill Devil Hills

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

PAID

APR 30 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-099	MECHANICAL
PROJECT NAME:	ISSUED: 04/30/2019
SITE ADDRESS: 503 LANDING DR W KILL DEVIL HILLS	EXPIRES: 10/27/2019

APPLICANT: DELIGIO, LESLIE S
503 LANDING RD
KILL DEVIL HILLS, NC 27948
252-202-1574

OWNER: DELIGIO, LESLIE S
503 LANDING RD
KILL DEVIL HILLS, NC 27948
252-202-1574

MECHANICAL H-3: DUSTY RHOADS HEATING AND AIR
CONDITIONING, INC
P.O. Box 444
Kitty Hawk, NC 27949
252-202-6852

License: 21691
Expires: 12/31/2019

PARCEL:

PIN: 988414331499

Parcel Number: 003581000

Address: 503 LANDING DR W KILL DEVIL HILLS

Zoning:

Addition: LANDING SECTION 2, THE

Block: 0 **Lot(s):** 76

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT UPPER LEVEL

MC2019-099

PROJECT NAME:

SITE ADDRESS: 503 LANDING DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/30/2019

EXPIRES: 10/27/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4900.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

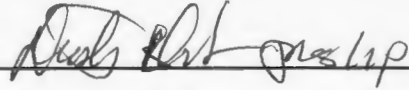
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 4-30-19



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

MC2019-092

PROJECT NAME:

SITE ADDRESS: 1901 South Virginia Dare Trail Kill Devil Hills

MECHANICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

APPLICANT: Monteiro, Dennis
1901 SOUTH Virginia Dare TR SOUTH 1901
1977 Beaver Mill Road
Chester Springs, PA 19425

OWNER: Monteiro, Dennis
1901 SOUTH Virginia Dare TR SOUTH 1901
1977 Beaver Mill Road
Chester Springs, PA 19425

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

License: 29031
Expires: 12/31/2019

PARCEL:

PIN: 989313147866

**Parcel
Number:**

Address: 1901 South Virginia Dare Trail Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot E1, Over Run Beach Subdivision

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

PWD

APR 26 2019

MC2019-092

PROJECT NAME:

SITE ADDRESS: 1901 South Virginia Dare Trail Kill Devil Hills

MECHANICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5671.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Robert V. Reed Date: 4/26/19



Town of Kill Devil Hills

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

PAID

APR 24 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-090

PROJECT NAME: Munday HVAC
SITE ADDRESS: 716 CANAL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

APPLICANT: MS. BARBARA MUNDAY
716 Canal Dr
Kill Devil Hills, NC 27948

OWNER: MS. BARBARA MUNDAY
716 Canal Dr
Kill Devil Hills, NC 27948

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988409154205

Parcel Number: 028417000

Address: 716 CANAL DR KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 2

Zoning:

Block: 0 **Lot(s):** 307

Legal Description:

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

PROJECT DESCRIPTION: C/O 3 Ton HVAC System

MC2019-090

PROJECT NAME: Munday HVAC

SITE ADDRESS: 716 CANAL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6850.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 4-24-19



Town of Kill Devil Hills

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

PAID

APR 24 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-088

PROJECT NAME:

SITE ADDRESS: 201 WILKENSON KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

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

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

PLUMBING, MECHANICAL: NORRIS MECHANICAL
P.O. Box 217
HARBINGER, NC 27941
252-491-2673

License: 11100
Expires: 12/31/2019

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-088

PROJECT NAME:

SITE ADDRESS: 201 WILKENSON KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

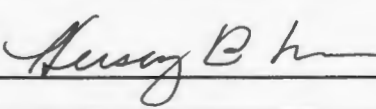
Final

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Issued By: 

Contractor or Authorized Agent:  Date: 4-24-19



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

MC2019-094

PROJECT NAME:
SITE ADDRESS: 700 D12 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

APPLICANT: Celaj, Alex & Emiljana
700 WEST First ST D12
Kill Devil Hills, NC 27948

OWNER: Celaj, Alex & Emiljana
700 WEST First ST D12
Kill Devil Hills, NC 27948

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

PARCEL:

PIN: 98841314042636

Parcel Number: 008075412

Address: 700 D12 FIRST ST W KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): UT 12 BLDG
D

Legal Description:

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

PROJECT DESCRIPTION: Replace 200A electrical panel.

PAID

APR 25 2019

TOWN OF
KILL DEVIL HILLS

MC2019-094

PROJECT NAME:

SITE ADDRESS: 700 D12 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

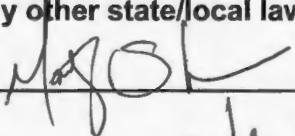
REQUIRED INSPECTIONS

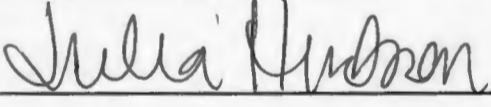
Final

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Issued By: 

Contractor or Authorized Agent:  Date: 04/25/19



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

MC2019-083	MECHANICAL
PROJECT NAME: Bagley HVAC	ISSUED: 04/23/2019
SITE ADDRESS: 207 DURHAM ST W KILL DEVIL HILLS	EXPIRES: 10/20/2019

APPLICANT: BAGLEY, ROBERT G 1548 WATERSIDE DRIVE N CHESAPEAKE, VA 23320	OWNER: BAGLEY, ROBERT G 1548 WATERSIDE DRIVE N CHESAPEAKE, VA 23320
--	--

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

PIN: 988405292053	Parcel Number: 001332000
Address: 207 DURHAM ST W KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 614 & 616
Legal Description:	

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

PROJECT DESCRIPTION: C/O 3.5Ton HVAC System

APR 23 2019

MC2019-083

PROJECT NAME: Bagley HVAC

SITE ADDRESS: 207 DURHAM ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6057.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 4-22-19



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

MC2019-086	MECHANICAL
PROJECT NAME: JK'S HVAC	ISSUED: 04/23/2019
SITE ADDRESS: 1106 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 10/20/2019

APPLICANT: JK'S
1106 S. Croatan Hwy.
Kill Devil Hills, NC 27948

OWNER: JK'S
1106 S. Croatan Hwy.
Kill Devil Hills, NC 27948

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988312878183

Parcel Number: 004337000

Address: 1106 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 8

Lot(s): 8-10 & PT 1-3

Legal Description:

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

PROJECT DESCRIPTION: Install 5 Ton HVAC system

PAYED

APR 23 2019

TOWN OF KILL DEVIL HILLS

MC2019-086

PROJECT NAME: JK'S HVAC

SITE ADDRESS: 1106 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	8519.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

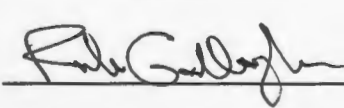
Final

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Issued By: 

Contractor or Authorized Agent:  Date: 4.22.19



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

MC2019-085

PROJECT NAME: Blankenship HVAC
SITE ADDRESS: 1306 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

APPLICANT: Blankenship, Randall
84 Cumberland Ave
NEW CASTLE, VA 24127
540-266-4420

OWNER: Blankenship, Randall
84 Cumberland Ave
NEW CASTLE, VA 24127
540-266-4420

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988312968196

Parcel Number: 004751000

Address: 1306 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

APR 23 2019

MC2019-085

PROJECT NAME: Blankenship HVAC

SITE ADDRESS: 1306 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7100.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

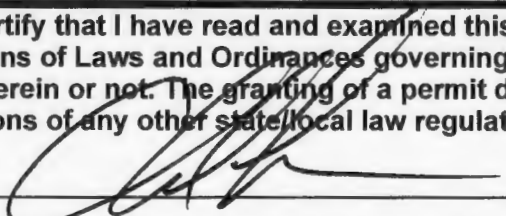
REQUIRED INSPECTIONS

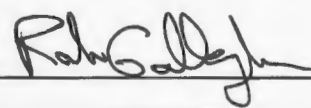
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Issued By: 

Contractor or Authorized Agent:  Date: 4.22.19



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

MC2019-087	MECHANICAL
PROJECT NAME:	ISSUED: 04/23/2019
SITE ADDRESS: 318 OCEAN ACRES DR W KILL DEVIL HILLS	EXPIRES: 10/20/2019

APPLICANT: RAYMOND HAMM 25 Open Meadow Court Elkton, MD 21921 443-206-2716	OWNER: RAYMOND HAMM 25 Open Meadow Court Elkton, MD 21921 443-206-2716
--	--

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

PIN: 988316839712	Parcel Number: 008478000
Address: 318 OCEAN ACRES DR W KILL DEVIL HILLS	
Addition: OCEAN ACRES TRACT 3 SEC 1	Zoning:
Legal Description:	Block: F Lot(s): 20

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

PAID
APR 23 2019

MC2019-087

PROJECT NAME:

SITE ADDRESS: 318 OCEAN ACRES DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8853.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 4.23.19



Town of Kill Devil Hills

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

APR 23 2019

Planning and Inspection Department

MC2019-081

PROJECT NAME: Long HVAC
SITE ADDRESS: 801 SWAN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/22/2019

EXPIRES: 10/19/2019

APPLICANT: Long, Jody
801 Swan St
Kill Devil Hills, NC 27948

OWNER: Long, Jody
801 Swan St
Kill Devil Hills, NC 27948

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

License: 16445
Expires: 10/31/2019

H-1, H-2, H-3, CLASS I: POP'S REPAIR
PO Box 1130
Kill Devil Hills, NC 27948

License: 34144
Expires: 12/31/2019

PARCEL:

PIN: 988307774700

Parcel Number: 004438010

Address: 801 SWAN ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 26 **Lot(s):** 10

Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC System

MC2019-081

PROJECT NAME: Long HVAC

SITE ADDRESS: 801 SWAN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/22/2019

EXPIRES: 10/19/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5700.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

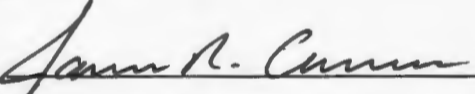
Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 4/23/19



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

MC2019-084

PROJECT NAME: Yarrington HVAC Duct work
SITE ADDRESS: 3322 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

APPLICANT: PHILLIP & SHERI YARRINGTON
231 Chickamauga Pike
HAMPTON, VA 23669

OWNER: PHILLIP & SHERI YARRINGTON
231 Chickamauga Pike
HAMPTON, VA 23669

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 987516746331

Parcel Number: 000330000

Address: 3322 BAY DR KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 253

Legal Description:

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

PROJECT DESCRIPTION: Replace duct work in attic

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2204.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

APR 23 2019

MC2019-084

PROJECT NAME: Yarrington HVAC Duct work
SITE ADDRESS: 3322 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4-22-19



Town of Kill Devil Hills

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

APR 23 2019

Planning and Inspection Department

MC2019-082

PROJECT NAME: Tyler HVAC
SITE ADDRESS: 810 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

APPLICANT: TYLER, TINA
810 SOUTH MEMORIAL BLVD
Kill Devil Hills, NC 27948
252-216-8521

OWNER: TYLER, TINA
810 SOUTH MEMORIAL BLVD
Kill Devil Hills, NC 27948
252-216-8521

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

License: 16445
Expires: 10/31/2019

H-1, H-2, H-3, CLASS I: POP'S REPAIR
PO Box 1130
Kill Devil Hills, NC 27948

License: 34144
Expires: 12/31/2019

PARCEL:

PIN: 988308888854

Parcel Number: 004210000

Address: 810 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 12 **Lot(s):** 8A

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

MC2019-082

PROJECT NAME: Tyler HVAC

SITE ADDRESS: 810 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/23/19



Town of Kill Devil Hills

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

PAID
APR 23 2019

Planning and Inspection Department

MC2019-075	MECHANICAL
PROJECT NAME: KDH Record storage building HVAC	ISSUED: 04/17/2019
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill	EXPIRES: 10/14/2019

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

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

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: 9876543210

Parcel Number: 23

Address: 102 Town Hall Dr Kill Devil Hill

Zoning: LIGHT INDUSTRIAL 2

Addition:

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

Legal Description: This is the legal description test

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

PROJECT DESCRIPTION: C/O 1.5 Ton HVAC System

MC2019-075

PROJECT NAME: KDH Record storage building HVAC
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

MECHANICAL

ISSUED: 04/17/2019

EXPIRES: 10/14/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/23/19



Town of Kill Devil Hills

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

APR 23 2019

Planning and Inspection Department

MC2019-074

PROJECT NAME: Police Dept Conference room HVAC
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

MECHANICAL

ISSUED: 04/17/2019

EXPIRES: 10/14/2019

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

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

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: 9876543210

Parcel Number: 23

Address: 102 Town Hall Dr Kill Devil Hill

Zoning: LIGHT INDUSTRIAL 2

Addition:

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

Legal Description: This is the legal description test

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

MC2019-074

PROJECT NAME: Police Dept Conference room HVAC
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

MECHANICAL

ISSUED: 04/17/2019

EXPIRES: 10/14/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5850.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/23/19



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

MC2019-080

PROJECT NAME: Urch HVAC
SITE ADDRESS: 1502 VILLAGE LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/22/2019

EXPIRES: 10/19/2019

APPLICANT: Urch, Elizabeth
519 Elm Ct.
Kill Devil Hills, NC 27948
252-202-0514

OWNER: Urch, Elizabeth
519 Elm Ct.
Kill Devil Hills, NC 27948
252-202-0514

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: 988414246583

Parcel Number: 003352000

Address: 1502 VILLAGE LN KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VILLAGE SEC 1

Block: 0 **Lot(s):** 72

Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5 ton 14 seer HVAC system

APR 22 2019

MC2019-080

PROJECT NAME: Urch HVAC

SITE ADDRESS: 1502 VILLAGE LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/22/2019

EXPIRES: 10/19/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5426.04
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

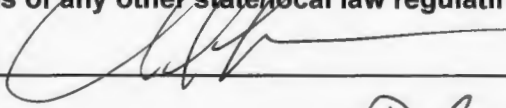
REQUIRED INSPECTIONS

Final

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Issued By: 

Contractor or Authorized Agent: 

Date: 4-22-19



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

MC2019-077

PROJECT NAME:

SITE ADDRESS: 802 CLAM SHELL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/18/2019

EXPIRES: 10/15/2019

APPLICANT: STANLEY AKINS
3 Fisher's Landing
Newport News, VA 23606
757-930-1716

OWNER: STANLEY AKINS
3 Fisher's Landing
Newport News, VA 23606
757-930-1716

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: 988409172277

Parcel Number: 012356000

Address: 802 CLAM SHELL DR KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

PAID
APR 22 2019
TOWN OF
KILL DEVIL HILLS

MC2019-077

PROJECT NAME:

SITE ADDRESS: 802 CLAM SHELL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/18/2019

EXPIRES: 10/15/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5439.30
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: _____



Town of Kill Devil Hills

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

APR 23 2019

Planning and Inspection Department

MC2019-076

PROJECT NAME:

SITE ADDRESS: 535 CHOWAN ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/17/2019

EXPIRES: 10/14/2019

APPLICANT: COPELAND, TIMOTHY
535 CHOWAN ST
KILL DEVIL HILLS, NC 27948

OWNER: COPELAND, TIMOTHY
535 CHOWAN ST
KILL DEVIL HILLS, NC 27948

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

License: 33023
Expires: 12/31/2019

PARCEL:

PIN: 987520817537

Parcel Number: 028450000

Address: 535 CHOWAN ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 68 **Lot(s):** 1-3

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-076

PROJECT NAME:

SITE ADDRESS: 535 CHOWAN ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/17/2019

EXPIRES: 10/14/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5136.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

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Contractor or Authorized Agent: 

Date: 4/23/19



Town of Kill Devil Hills

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

PAD

APR 16 2019

Planning and Inspection Department

MC2019-071

PROJECT NAME:

SITE ADDRESS: 1632 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/12/2019

EXPIRES: 10/09/2019

APPLICANT: Wilson, Kevin
311 Irenie WAY
STEVENSVILLE, MD 21666
410-490-8950

OWNER: Wilson, Kevin
311 Irenie WAY
STEVENSVILLE, MD 21666
410-490-8950

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

License: 22516
Expires: 12/31/2019

PARCEL:

PIN: 988410469954

Parcel Number: 002819000

Address: 1632 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES

Block: C **Lot(s):** 3 & PT 2

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

MC2019-071

PROJECT NAME:

SITE ADDRESS: 1632 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/12/2019

EXPIRES: 10/09/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8900.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

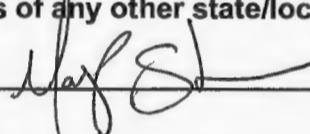
Final

CONDITIONS

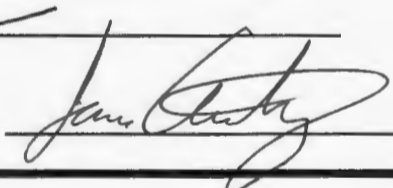
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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

16
5-10-19



Town of Kill Devil Hills

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

PAID

APR 22 2019

Planning and Inspection Department

MC2019-078

PROJECT NAME:

SITE ADDRESS: 2044 ELIZABETH CITY ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/22/2019

EXPIRES: 10/19/2019

APPLICANT: PAUL SHADE
P. O. Box 32
Sharpsburg, MD 21782
301-739-8435

OWNER: PAUL SHADE
P. O. Box 32
Sharpsburg, MD 21782
301-739-8435

H-3: GEORGE & CO.
105 Beau Pkwy
Elizabeth City, NC 27909
335-2596

License: 31510
Expires: 12/31/2019

PARCEL:

PIN: 988517107186

Parcel Number: 001959000

Address: 2044 ELIZABETH CITY ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 707

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-078

PROJECT NAME:

SITE ADDRESS: 2044 ELIZABETH CITY ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/22/2019

EXPIRES: 10/19/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3900.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

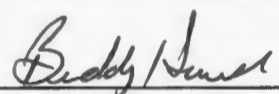
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CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 4/22/19



Town of Kill Devil Hills

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

PAID

APR 22 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-079

PROJECT NAME:

SITE ADDRESS: 424 BURNS DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/22/2019

EXPIRES: 10/19/2019

APPLICANT: Smith, Wilma
PO Box 3754
Kill Devil Hills, NC 27948
252-207-1349

OWNER: Smith, Wilma
PO Box 3754
Kill Devil Hills, NC 27948
252-207-1349

H-3: GEORGE & CO.
105 Beau Pkwy
Elizabeth City, NC 27909
335-2596

License: 31510
Expires: 12/31/2019

PARCEL:

PIN: 988316831403

Parcel Number: 004974000

Address: 424 BURNS DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2

Zoning:

Block: E **Lot(s):** 24

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

MC2019-079

PROJECT NAME:

SITE ADDRESS: 424 BURNS DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/22/2019

EXPIRES: 10/19/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4850.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

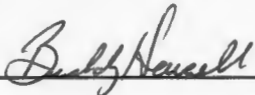
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Issued By: 

Contractor or Authorized Agent:  Date: 4/22/19



Town of Kill Devil Hills

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

PAID

APR 11 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-070

PROJECT NAME: BALDWIN HVAC C/O
SITE ADDRESS: 115 MEADOWLARK ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/11/2019

EXPIRES: 10/08/2019

APPLICANT: Baldwin Holdings, LLC
115 W. Meadowlark St.
Kill Devil Hills, NC 27948
252-202-6834

OWNER: Baldwin Holdings, LLC
115 W. Meadowlark St.
Kill Devil Hills, NC 27948
252-202-6834

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: 988307794452

Parcel Number: 011714000

Address: 115 MEADOWLARK ST W KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 66 **Lot(s):** 8-10

Legal Description:

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

PROJECT DESCRIPTION: REMOVE AND REPLACE SECTIONS OF INDDOR AND OUTDOOR DOWNSTAIRS HVAC SYSTEM

MC2019-070

PROJECT NAME: BALDWIN HVAC C/O
SITE ADDRESS: 115 MEADOWLARK ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/11/2019

EXPIRES: 10/08/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5630.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

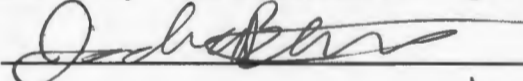
REQUIRED INSPECTIONS

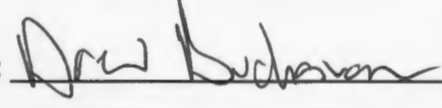
Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 4/11/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-072

PROJECT NAME: Akers HVAC
SITE ADDRESS: 700 H11 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/12/2019

EXPIRES: 10/09/2019

APPLICANT: Akers, Catherine
700 W First St.
Unit H-11
Kill Devil Hills, NC 27948

OWNER: Akers, Catherine
700 W First St.
Unit H-11
Kill Devil Hills, NC 27948

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988413140426BD

Parcel Number: 008075095

Address: 700 H11 FIRST ST W KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): UT 11 BLDG
H

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

PAID

APR 12 2019

MC2019-072

PROJECT NAME: Akers HVAC

SITE ADDRESS: 700 H11 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/12/2019

EXPIRES: 10/09/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	12558.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 4-12-19



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

MC2019-073	MECHANICAL
PROJECT NAME: Titmus HVAC	ISSUED: 04/12/2019
SITE ADDRESS: 2031 PORTSMOUTH ST KILL DEVIL HILLS	EXPIRES: 10/09/2019

APPLICANT: Titmus, George
4105 Vancouver Ave
PRINCE GEORGE, VA 23875

OWNER: Titmus, George
4105 Vancouver Ave
PRINCE GEORGE, VA 23875

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988405081833

Parcel Number: 001107000

Address: 2031 PORTSMOUTH ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 892

Legal Description:

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

PROJECT DESCRIPTION: C/O 1.5 & 2 Ton HVAC systems

APR 12 2019

MC2019-073

PROJECT NAME: Titmus HVAC

SITE ADDRESS: 2031 PORTSMOUTH ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/12/2019

EXPIRES: 10/09/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	13398.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

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Issued By: 

Contractor or Authorized Agent:  Date: 4.12.19



Town of Kill Devil Hills

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

PAID

APR 11 2019

Planning and Inspection Department

MC2019-068	MECHANICAL
PROJECT NAME: Winton HVAC	ISSUED: 04/09/2019
SITE ADDRESS: 1223 WINDSONG WAY KILL DEVIL HILLS	EXPIRES: 10/06/2019

APPLICANT: WINTON, JOSEPH E
1223 Windsong Way
Kill Devil Hills, NC 27948

OWNER: WINTON, JOSEPH E
1223 Windsong Way
Kill Devil Hills, NC 27948

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: 988415647419

Parcel Number: 004073000

Address: 1223 WINDSONG WAY KILL DEVIL HILLS

Zoning:

Addition:

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

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 - 1.5 Ton HVAC Systems

MC2019-068

PROJECT NAME: Winton HVAC

SITE ADDRESS: 1223 WINDSONG WAY KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/09/2019

EXPIRES: 10/06/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10820.00
CONSTRUCTION TYPE	V
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: 4/11/19



Town of Kill Devil Hills

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

PAID

APR 11 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-069	MECHANICAL
PROJECT NAME: Roebuck HVAC	ISSUED: 04/09/2019
SITE ADDRESS: 1523 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 10/06/2019

APPLICANT: ROEBUCK, J S 1816 RIVERSHORE ROAD ELIZABETH CITY, NC 27909	OWNER: ROEBUCK, J S 1816 RIVERSHORE ROAD ELIZABETH CITY, NC 27909
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H3, CLASS 1:	OUTER BANKS HEATING AND COOLING P.O. Box 1415 Nags Head, NC 27959 441-1740	License: 12643 Expires: 12/31/2019
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PARCEL:

PIN: 988411559984	Parcel Number: 002767000
Address: 1523 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: Croatan Shores Amended	Block: A Lot(s): 10-11
Legal Description:	

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

PROJECT DESCRIPTION: Replace outdoor heatpump only

MC2019-069

PROJECT NAME: Roebuck HVAC

SITE ADDRESS: 1523 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/09/2019

EXPIRES: 10/06/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3591.80
CONSTRUCTION TYPE	V
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: 4-11-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-067	MECHANICAL
PROJECT NAME: Pettitt HVAC	ISSUED: 04/08/2019
SITE ADDRESS: 1816 CREEK ST KILL DEVIL HILLS	EXPIRES: 10/05/2019

APPLICANT: Pettitt, Patrick
1816 Creek St
Kill Devil Hills, NC 27948

OWNER: Pettitt, Patrick
1816 Creek St
Kill Devil Hills, NC 27948

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

License: 29031
Expires: 12/31/2019

PARCEL:

PIN: 988405270595

Parcel Number: 002449000

Address: 1816 CREEK ST KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

Block: G **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

DETAILS

Permit

Name	Value
CONSTRUCTION COST	5600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

APR - 8 2020

MC2019-067

PROJECT NAME: Pettitt HVAC

SITE ADDRESS: 1816 CREEK ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/08/2019

EXPIRES: 10/05/2019

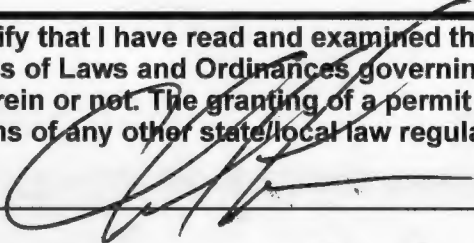
REQUIRED INSPECTIONS

Final

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Issued By: 

Contractor or Authorized Agent: Pettitt 2 lead Date: 4/8/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-065	MECHANICAL
PROJECT NAME: Sotingfong HVAC	ISSUED: 04/03/2019
SITE ADDRESS: 100 SECOND ST E KILL DEVIL HILLS	EXPIRES: 09/30/2019

APPLICANT: Soting Fong
8221 Hemlock Ridge Rd.
FAIRFAX STATION, VA 22039
703-477-8250

OWNER: Soting Fong
8221 Hemlock Ridge Rd.
FAIRFAX STATION, VA 22039
703-477-8250

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: 988410461754

Parcel Number: 003136040

Address: 100 SECOND ST E KILL DEVIL HILLS

Zoning:

Addition: DELRAY BEACH RESUBDIV

Block: 11 **Lot(s):** 4

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 2.5Ton HVAC System

DETAILS

Permit

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

APR 10 2020

MC2019-065

PROJECT NAME: Sotingfong HVAC

SITE ADDRESS: 100 SECOND ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/03/2019

EXPIRES: 09/30/2019

REQUIRED INSPECTIONS

Final

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/10/19



Town of Kill Devil Hills

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

APR - 2 2019

Planning and Inspection Department

MC2019-064

PROJECT NAME: HOFLEH HVAC CHANGE OUT
SITE ADDRESS: 1114 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

APPLICANT: JAMES HOFLEH
539 NC 32 South
Sunbury, NC 27979

OWNER: JAMES HOFLEH
539 NC 32 South
Sunbury, NC 27979

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: 988415634856-1056 **Parcel Number:** 003713005

Address: 1114 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED **Zoning:**
Block: 14 **Lot(s):** 3

Legal Description:

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

PROJECT DESCRIPTION: CHANGE OUT AIR HANDLER AND HEAT PUMP

MC2019-064

PROJECT NAME: HOFLEER HVAC CHANGE OUT
SITE ADDRESS: 1114 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6313.44
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

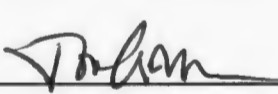
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Issued By: 

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



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

MC2019-063	MECHANICAL
PROJECT NAME: Huffman HVAC	ISSUED: 04/02/2019
SITE ADDRESS: 707 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 09/29/2019

APPLICANT: BRAD AND ANDREA HUFFMAN 21 River Rd Newport News, VA 23601 252-473-3312	OWNER: BRAD AND ANDREA HUFFMAN 21 River Rd Newport News, VA 23601 252-473-3312
--	--

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: 988308992544	Parcel Number: 008144000
Address: 707 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: SUBDIVISION - NONE	Block: 0 Lot(s): 0
Legal Description:	

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

PROJECT DESCRIPTION: C/O ground floor heat pump

DETAILS

Permit	Name	Value
	CONSTRUCTION COST	4976.00
	FLOOD ZONE	AE
	BASE FLOOD ELEVATION	8
	NATURAL GAS SIGNOFF	N

PAID
APR - 2 2019
TOWN OF
KILL DEVIL HILLS

MC2019-063

PROJECT NAME: Huffman HVAC

SITE ADDRESS: 707 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/2/19



Town of Kill Devil Hills

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

APR - 1 2019

Planning and Inspection Department

MC2019-061	MECHANICAL
PROJECT NAME:	ISSUED: 04/01/2019
SITE ADDRESS: 201 SEA VILLAGE LN KILL DEVIL HILLS	EXPIRES: 09/28/2019

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

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

MECHANICAL H2 AND H3:

DAVID ARMSTRONG SERVICES
Rt. 2, box 2-1A
Creswell, NC 27928

License: 21460
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
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace all HVAC duct work.

MC2019-061

PROJECT NAME:

SITE ADDRESS: 201 SEA VILLAGE LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/01/2019

EXPIRES: 09/28/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: David Cronstrom Date: 4-1-19



Town of Kill Devil Hills

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

APR 23 2019

Planning and Inspection Department

OP2019-015

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 509 W Palmetto Street Kill Devil Hills

OCCUPANCY

ISSUED: 04/17/2019

EXPIRES:

PARENT PERMIT #: BJ2018-205

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: 987520909062

Parcel Number:

Address: 509 W Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 13R Block 75

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

PROJECT DESCRIPTION: Proposed 3 Bedroom SFD

DETAILS

Permit

Name	Value
# OF TRASH CANS	1

AE Flood Zone



Town of Kill Devil Hills

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

PAID
APR - 5 2019

Planning and Inspection Department

EL2019-039

PROJECT NAME: Angeloff Panel
SITE ADDRESS: 402 CAMERON ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/05/2019

EXPIRES: 10/02/2019

APPLICANT: Angeloff, Mark
285 S Rebecca St
SAXONBURG, PA 16056

OWNER: Angeloff, Mark
285 S Rebecca St
SAXONBURG, PA 16056

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

PARCEL:

PIN: 987516844517 **Parcel Number:** 000141000
Address: 402 CAMERON ST KILL DEVIL HILLS
Addition: ORVILLE BEACH WEST **Zoning:**
Block: 0 **Lot(s):** 25
Legal Description:

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

PROJECT DESCRIPTION: Replace 200amp main house panel

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	800.00
FLOOD ZONE	X

EL2019-039

PROJECT NAME: Angeloff Panel

SITE ADDRESS: 402 CAMERON ST KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/05/2019

EXPIRES: 10/02/2019

REQUIRED INSPECTIONS

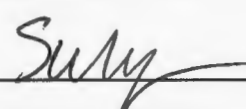
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Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 4/5/19

OP2019-015

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 509 W Palmetto Street Kill Devil Hills

OCCUPANCY

ISSUED: 04/17/2019

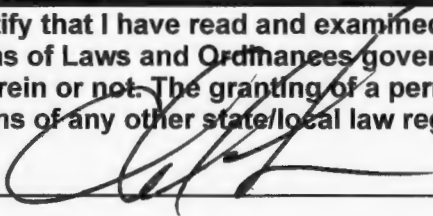
EXPIRES:

REQUIRED INSPECTIONS

Final

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: 4-23-19



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2019-017

PROJECT NAME: Carl Worsley
SITE ADDRESS: 905 Wrightsville Blvd Kill Devil Hills

OCCUPANCY

ISSUED: 04/24/2019

EXPIRES:

PARENT PERMIT #: BJ2018-213

APPLICANT: CARL WORSLEY
PO Box 188
Nags Head, NC 27959
252-441-0500

OWNER: CARL WORSLEY
PO Box 188
Nags Head, NC 27959
252-441-0500

GENERAL, UNLIMITED: CARL WORSLEY & ASSOCIATES
PO Box 188
Nags Head, NC 27959
252-423-0445

License: 58569
Expires: 12/31/2019

PARCEL:

PIN: 98830888583
Address: 905 Wrightsville Blvd Kill Devil Hills
Addition:
Legal Description: Lot 5R, Block 13, Section 1

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

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: New 4 Bedroom SFD

OP2019-017

PROJECT NAME: Carl Worsley

SITE ADDRESS: 905 Wrightsville Blvd Kill Devil Hills

OCCUPANCY

ISSUED: 04/24/2019

EXPIRES:

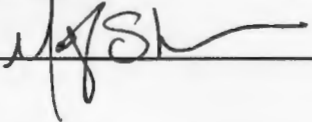
DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	C
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: _____



Town of Kill Devil Hills

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

PAID

APR 24 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2019-016

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 534 W. Palmetto Street Kill Devil Hills

OCCUPANCY

ISSUED: 04/24/2019

EXPIRES:

PARENT PERMIT #: BJ2018-121

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

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

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

License: 67524
Expires: 01/01/2020

PARCEL:

PIN: 987520906102

**Parcel
Number:**

Address: 534 W. Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 37R, Block 74

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 SFD

OP2019-016

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 534 W. Palmetto Street Kill Devil Hills

OCCUPANCY
ISSUED: 04/24/2019

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Zh SL Date: 4-24-19



Town of Kill Devil Hills

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

APR 4 2019

Planning and Inspection Department

PL2019-005

PROJECT NAME: Sims Water
SITE ADDRESS: 1731 SOBLE DR KILL DEVIL HILLS

PLUMBING

ISSUED: 04/04/2019

EXPIRES: 10/01/2019

APPLICANT: LANE, AMOS W
1832 HEAD OF RIVER ROAD
CHESAPEAKE, VA 23322

OWNER: LANE, AMOS W
1832 HEAD OF RIVER ROAD
CHESAPEAKE, VA 23322

PLUMBING CLASS I, UNLIMITED: Shawn the Plumber
149 OLD COUNTY RD
MANTEO, NC 27954
252-473-8141

License: 31614
Expires: 12/31/2019

PARCEL:

PIN: 988406471546

Parcel Number: 002919000

Address: 1731 SOBLE DR KILL DEVIL HILLS

Addition: HEDRICKS ADD-PAR B CROATAN SH

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

Legal Description:

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

PROJECT DESCRIPTION: Install water supply line from meter to shut off valve.

DETAILS

Permit

Name	Value
CONSTRUCTION COST	400.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8

PL2019-005

PROJECT NAME: Sims Water

SITE ADDRESS: 1731 SOBLE DR KILL DEVIL HILLS

PLUMBING

ISSUED: 04/04/2019

EXPIRES: 10/01/2019

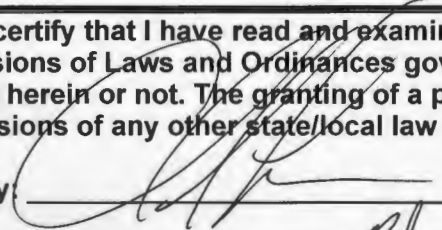
REQUIRED INSPECTIONS

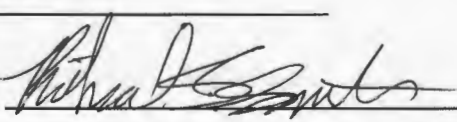
Final

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: 4-4-19



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

PL2019-006	PLUMBING
PROJECT NAME: COMFORT INN DRAIN LINE REPAIR	ISSUED: 04/08/2019
SITE ADDRESS: 1601 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 10/05/2019

APPLICANT: COMFORT INN
1632 SPRING HOUSE TRAIL
VIRGINIA BEACH, VA 23455
441-6333

OWNER: COMFORT INN
1632 SPRING HOUSE TRAIL
VIRGINIA BEACH, VA 23455
441-6333

PLUMBING CLASS I: ABSOLUTE PLUMBING
101 Quarter Landing
Harbinger, NC 27941
252-489-1439

License: 30190
Expires: 12/31/2019

PARCEL:

PIN: 989309153607

Parcel Number: 008301000

Address: 1601 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition: OCEAN ACRES INC

Block: 0 **Lot(s):** 191-200

Legal Description:

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

PROJECT DESCRIPTION: REPAIR DRAIN LINE

PAID
APR - 8 2020

PL2019-006

PROJECT NAME: COMFORT INN DRAIN LINE REPAIR
SITE ADDRESS: 1601 VA DARE TRL S KILL DEVIL HILLS

PLUMBING

ISSUED: 04/08/2019

EXPIRES: 10/05/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	3400.00
CONSTRUCTION TYPE	III
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12.00
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4-8-19



Town of Kill Devil Hills

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

APR 11 2019

Planning and Inspection Department

SG2019-006	SIGN
PROJECT NAME: For the Dogs OBX LLC	ISSUED: 04/03/2019
SITE ADDRESS: 2407 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 09/30/2019

APPLICANT: For The Dogs OBX LLC
308 W Helga Street
Kill Devil Hills, NC 27948

OWNER: For The Dogs OBX LLC
308 W Helga Street
Kill Devil Hills, NC 27948

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

License: 78583
Expires:

PARCEL:

PIN: 988517115645

Parcel Number: 003038000

Address: 2407 CROATAN HWY N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORE AMD BLK 22

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

Legal Description:

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

PROJECT DESCRIPTION: Free-standing sign

SG2019-006

PROJECT NAME: For the Dogs OBX LLC
SITE ADDRESS: 2407 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 04/03/2019

EXPIRES: 09/30/2019

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	64.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	2000.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS


Final

CONDITIONS

- * Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.
- No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).
- Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Free-standing sign cannot exceed 20 feet in elevation above street grade measured from ground elevation to the top of the sign structure. Sign cannot overhang into the right of way.
- * Zoning Final Inspection is required.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 4-11-19



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

SG2019-009

PROJECT NAME: Jubilee Music Store
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 04/17/2019

EXPIRES: 10/14/2019

APPLICANT: JOHN HIGH
203 Forest Hill Ave.
Rocky Mount, NC 27801

OWNER: JOHN HIGH
203 Forest Hill Ave.
Rocky Mount, NC 27801

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2020

PARCEL:

PIN: 988513035596

Parcel Number: 002991000

Address: 3105 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition: SUBDIVISION - NONE

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

Legal Description:

FEES:	Paid	Due
Sign Permit Fee	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Sign on the building

Value \$500.00

PAID
WITH
CASH

APR 17 2019

3

SG2019-009

PROJECT NAME: Jubilee Music Store

SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 04/17/2019

EXPIRES: 10/14/2019

DETAILS

Permit

Name	Value
# OF SIGNS	2
SIGN - WALL PERMITTED (SQFT)	50.00
SIGN- WALL PROPOSED (SQ FT)	37.20
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

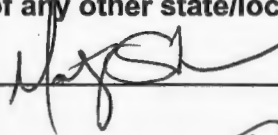
Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.

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

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

* Zoning Final Inspection is required.

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Issued By: 

Contractor or Authorized Agent: Ronna Swain

Date: 4-17-19



Town of Kill Devil Hills

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

APR 18 2019

Planning and Inspection Department

SG2019-008	SIGN
PROJECT NAME: First Flight Hotel, LLC	ISSUED: 04/17/2019
SITE ADDRESS: 2028 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 10/14/2019

APPLICANT: First Flight Hotel, LLC
1880 Richmond Road
WILLIAMSBURG, VA 23185
757-218-3888

OWNER: First Flight Hotel, LLC
1880 Richmond Road
WILLIAMSBURG, VA 23185
757-218-3888

BUILDING: Access Design
~~3809 NORTH GREATAN HWY~~ 115 W. Main St
kitty hawk, nc 27949 KDH, NC
202-8194 27946
449-4444

PARCEL:

PIN: 989313137856 **Parcel Number:** 005153000

Address: 2028 VA DARE TRL S KILL DEVIL HILLS

Addition: SUBDIVISION - NONE **Zoning:**

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

Legal Description:

FEES:	Paid	Due
Sign Permit Fee	\$300.00	\$0.00
Totals :	\$300.00	\$0.00

PROJECT DESCRIPTION: Free-standing sign and signs on the building

SG2019-008

PROJECT NAME: First Flight Hotel, LLC
SITE ADDRESS: 2028 VA DARE TRL S KILL DEVIL HILLS

SIGN

ISSUED: 04/17/2019

EXPIRES: 10/14/2019

DETAILS**Permit**

Name	Value
# OF SIGNS	3
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	36.00
SIGN - WALL PERMITTED (SQFT)	940.00
SIGN- WALL PROPOSED (SQ FT)	145.60
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	11500.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Slab/Foundation	Final
Piling	

CONDITIONS

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

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

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

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

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

* Zoning Final Inspection is required.

SG2019-008

PROJECT NAME: First Flight Hotel, LLC
SITE ADDRESS: 2028 VA DARE TRL S KILL DEVIL HILLS

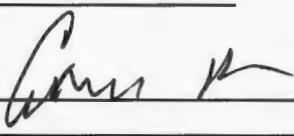
SIGN

ISSUED: 04/17/2019

EXPIRES: 10/14/2019

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: 4-18-19



Town of Kill Devil Hills

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

APR 3 2019

Planning and Inspection Department

ZP2019-022

PROJECT NAME: OPUS LLC Fence
SITE ADDRESS: 100 HELGA ST E KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

APPLICANT: OPUS LLC
3909 TARKLERIDGE RD
kitty hawk, nc 27949
252-489-0648

OWNER: OPUS LLC
3909 TARKLERIDGE RD
kitty hawk, nc 27949
252-489-0648

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988513041146

Parcel Number: 000042000

Address: 100 HELGA ST E KILL DEVIL HILLS

Addition: ORVILLE BEACH AMENDED BLK 12

Zoning:
Block: 12 **Lot(s):** 2

Legal Description:

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

PROJECT DESCRIPTION: Wood Screen for trash cans, screen for hvac, Fence around rear of property between rear parking lot and bypass side of yard. 4' on parking lot side, 6' on west side of property

ZP2019-022

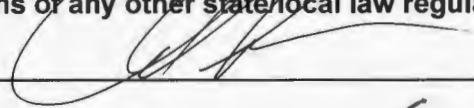
PROJECT NAME: OPUS LLC Fence
SITE ADDRESS: 100 HELGA ST E KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

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: 4/3/19



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

ZP2019-023

PROJECT NAME: Perry Fence
SITE ADDRESS: 106 PINEHURST AVE KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/12/2019

EXPIRES: 10/09/2019

APPLICANT: PERRY, JONATHAN
541 Okisko Road
ELIZABETH CITY, NC 27909

OWNER: PERRY, JONATHAN
541 Okisko Road
ELIZABETH CITY, NC 27909

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988419712320

Parcel Number: 003919009

Address: 106 PINEHURST AVE KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 40 **Lot(s):** 9

Legal Description:

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

PROJECT DESCRIPTION: Fence along North East side of property

PAID
APR 12 2019

ZP2019-023**PROJECT NAME:** Perry Fence**SITE ADDRESS:** 106 PINEHURST AVE KILL DEVIL HILLS**ZONING PERMIT****ISSUED:** 04/12/2019**EXPIRES:** 10/09/2019**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Accessory
CONSTRUCTION COST	500.00
SURVEYOR NAME AND NUMBER	M Douglas Styons
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

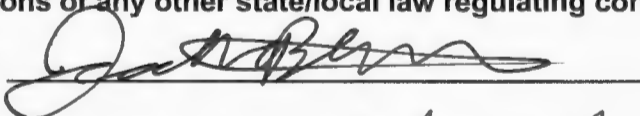
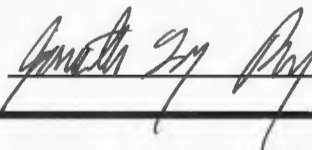
Stringline

Zoning Final

CONDITIONS

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

Issued By:

Contractor or Authorized Agent:

Date:

4-12-2019



Town of Kill Devil Hills

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

APR 16 2019

Planning and Inspection Department

ZP2019-025

PROJECT NAME: Bonner Fence
SITE ADDRESS: 506 Aycock St. Kill Devil Hills

ZONING PERMIT

ISSUED: 04/16/2019

EXPIRES: 10/13/2019

APPLICANT: Bonner, Jenna
506 WEST AYCOCK ST
Kill Devil Hills, NC 27948

OWNER: Bonner, Jenna
506 WEST AYCOCK ST
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987520906754

Parcel Number: 000724023

Address: 506 Aycock St. Kill Devil Hills

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 72 **Lot(s):** 23 & 24

Legal Description:

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

PROJECT DESCRIPTION: Construct fence around backyard.

ZP2019-025

PROJECT NAME: Bonner Fence
SITE ADDRESS: 506 Aycock St. Kill Devil Hills

ZONING PERMIT

ISSUED: 04/16/2019

EXPIRES: 10/13/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Accessory
CONSTRUCTION COST	2000.00
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.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/16/19



Town of Kill Devil Hills

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

APR 18 2019

Planning and Inspection Department

ZP2019-026

PROJECT NAME: Dare County Special Olympics
SITE ADDRESS: 100 Veterans Drive KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/18/2019

EXPIRES: 10/15/2019

APPLICANT: DARE COUNTY BD OF ED
P O BOX 640
MANTEO, NC 27954

OWNER: DARE COUNTY BD OF ED
P O BOX 640
MANTEO, NC 27954

CONTRACTOR: METRO RENTAL
UNKNOWN
Kill Devil Hills, NC 27948

License: LEGACY UNKNOWN
Expires: 12/31/2019

PARCEL:

PIN: 988307587884

Parcel Number: 008165005

Address: 100 Veterans Drive KILL DEVIL HILLS

Zoning: G&I

Addition: SUBDIVISION - NONE

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

Legal Description: NEW HIGH SCHOOL PROPERTY

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

PROJECT DESCRIPTION: 2 tents

DETAILS

Permit

Name	Value
ZONING DISTRICT	G&I Public
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
CULVERT	N
DRIVEWAY INVERT 2	N

ZP2019-026

PROJECT NAME: Dare County Special Olympics
SITE ADDRESS: 100 Veterans Drive KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/18/2019

EXPIRES: 10/15/2019

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

* Zoning Final Inspection is required.

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

Issued By:

Donna Elliott

Contractor or Authorized Agent:

Kathleen Morgan

Date:

4/18/2019



Town of Kill Devil Hills

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

PAID

APR 23 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2019-027

PROJECT NAME: Johnson Fence
SITE ADDRESS: 2006 YORKTOWN KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

APPLICANT: Johnson, Charmaine
2006 Yorktown Street
Kill Devil Hills, NC 27948

OWNER: Johnson, Charmaine
2006 Yorktown Street
Kill Devil Hills, NC 27948

CONTRACTOR: WINGO, RICHARD
PO BOX 2667
kitty hawk, nc 27949

UNLICENSED BUILDER: Wingo, Richard
PO BOX 2667
kitty hawk, nc 27949

License: 12345
Expires:

PARCEL:

PIN: 988405181762

Parcel Number: 001479001

Address: 2006 YORKTOWN KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 1353

Legal Description:

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

PROJECT DESCRIPTION: removal of old 3' fence, replacing with 6' fence in rear yard

ZP2019-027

PROJECT NAME: Johnson Fence

SITE ADDRESS: 2006 YORKTOWN KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/23/2019

EXPIRES: 10/20/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	2000.00
SURVEYOR NAME AND NUMBER	William S Jones L-2532
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Zoning Final

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/23/19



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

ZP2019-029	ZONING PERMIT
PROJECT NAME: SAVAGE FENCE	ISSUED: 04/26/2019
SITE ADDRESS: 2043 NORFOLK ST KILL DEVIL HILLS	EXPIRES: 10/23/2019

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
Fence	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: FENCE OFF OF NORTH SIDE OF PORCH

APR 26 2019

ZP2019-029

PROJECT NAME: SAVAGE FENCE

SITE ADDRESS: 2043 NORFOLK ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/26/2019

EXPIRES: 10/23/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
PURPOSE	Residential Accessory
CONSTRUCTION COST	400.00
CULVERT	N
DRIVEWAY INVERT 2	N


REQUIRED INSPECTIONS

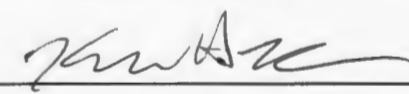
Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 4-26-19



Town of Kill Devil Hills

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

PAID
WITH
CASH

PAID

APR 30 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2019-031

PROJECT NAME:

SITE ADDRESS: 1200 FOX ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/30/2019

EXPIRES: 10/27/2019

APPLICANT: Daphne DeGabrielle
121 Craigy Ct
Kill Devil Hills, NC 27948

OWNER: Daphne DeGabrielle
121 Craigy Ct
Kill Devil Hills, NC 27948

UNLICENSED - REMODELING: Banks, Brad
267 HWY 158
ELIZABETH CITY, NC 27909
252-202-6215

License: unlicensed
Expires: 11/07/2030

PARCEL:

PIN: 988312865570

Parcel Number: 004418000

Address: 1200 FOX ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 24 **Lot(s):** 1

Legal Description:

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

PROJECT DESCRIPTION: New fence along property lines returning to main structure.

"X" Flood Zone

ZP2019-031

PROJECT NAME:

SITE ADDRESS: 1200 FOX ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/30/2019

EXPIRES: 10/27/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Stringline

CONDITIONS

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

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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: 4-30-19  Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2019-030

PROJECT NAME: Butler Fence
SITE ADDRESS: 218 ARCHDALE ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/29/2019

EXPIRES: 10/26/2019

APPLICANT: KATHY BUTLER JONES
1604 Blue Heron Ct.
Chesapeake, VA 23321

OWNER: KATHY BUTLER JONES
1604 Blue Heron Ct.
Chesapeake, VA 23321

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517017956

Parcel Number: 000500000

Address: 218 ARCHDALE ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 30 **Lot(s):** 12-13

Legal Description:

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

PROJECT DESCRIPTION: 4' picket fence at rear of lot

APR 29 2019

PAID
WITH
CASH

ZP2019-030

PROJECT NAME: Butler Fence

SITE ADDRESS: 218 ARCHDALE ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 04/29/2019

EXPIRES: 10/26/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Accessory
CONSTRUCTION COST	450.00
LOT COVERAGE	36.60
SURVEYOR NAME AND NUMBER	William S Jones L-2532
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

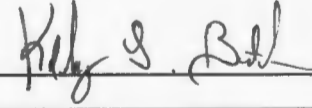
Zoning Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 4/29/19

EL2019-038

PROJECT NAME: Floan Service Feeder
SITE ADDRESS: 800 CLAM SHELL DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/03/2019

EXPIRES: 09/30/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 4/3/19



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

EL2019-047

PROJECT NAME: Verizon antenna
SITE ADDRESS: ROW 802 West Durham Street Kill Devil Hills

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

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

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

GENERAL, UNLICENSED:

VERIZON WIRELESS
4435 WATERFRONT DR 100
Glenn Allen, VA 23060
804-892-0310

License: 0000000
Expires: 03/01/2024

PARCEL:

PIN: ROW-9488

Parcel Number:

Address: ROW 802 West Durham Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: ROW 802 West Durham Street

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

PROJECT DESCRIPTION: Install omni-directional antenna at top of existing power pole in town ROW.

DETAILS

Permit

Name	Value
PURPOSE	Commercial Addition
CONSTRUCTION COST	10000.00
OCCUPANCY TYPE	Business

PAID
APR 25 2019

EL2019-047

PROJECT NAME: Verizon antenna

SITE ADDRESS: ROW 802 West Durham Street Kill Devil Hills

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

REQUIRED INSPECTIONS

Pre-final

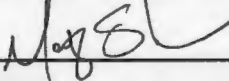
Final

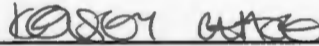
CONDITIONS

* Ground rod inspection required before covering with back fill.

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 4-26-19



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2019-048	ELECTRICAL
PROJECT NAME: Verizon antenna	ISSUED: 04/24/2019
SITE ADDRESS: ROW 2042 New Bern Street Kill Devil Hills	EXPIRES: 10/21/2019

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

GENERAL, UNLICENSED:	VERIZON WIRELESS 4435 WATERFRONT DR 100 Glenn Allen, VA 23060 804-892-0310	License: 0000000 Expires: 03/01/2024
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PARCEL:

PIN: ROW-7475 Address: ROW 2042 New Bern Street Kill Devil Hills Addition: Legal Description: ROW 2042 New Bern Street	Parcel Number: Zoning: Block: Lot(s):
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FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Install omni-directional antenna at top of existing power pole in town ROW.

DETAILS

Permit	APR 25 2019
Name	Value
PURPOSE	Commercial Addition
CONSTRUCTION COST	10000.00
OCCUPANCY TYPE	Business

EL2019-048

PROJECT NAME: Verizon antenna

SITE ADDRESS: ROW 2042 New Bern Street Kill Devil Hills

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

REQUIRED INSPECTIONS

Pre-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.

* Ground rod inspection required before covering with back fill.

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 4-26-19



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

EL2019-045

PROJECT NAME: Verizon antenna
SITE ADDRESS: ROW 1009 Wrightsville Blvd Kill Devil Hills

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

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

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

GENERAL, UNLICENSED:

VERIZON WIRELESS
4435 WATERFRONT DR 100
Glenn Allen, VA 23060
804-892-0310

License: 0000000
Expires: 03/01/2024

PARCEL:

PIN: ROW-1024

Parcel Number:

Address: ROW 1009 Wrightsville Blvd Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: ROW 1009 Wrightsville Blvd

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

PROJECT DESCRIPTION: Install omni-directional antenna at top of existing power pole in town ROW.

DETAILS

Permit

Name	Value
PURPOSE	Commercial Addition
CONSTRUCTION COST	10000.00
OCCUPANCY TYPE	Business

APR 25 2019

EL2019-045

PROJECT NAME: Verizon antenna

SITE ADDRESS: ROW 1009 Wrightsville Blvd Kill Devil Hills

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

REQUIRED INSPECTIONS

Pre-final

Final

CONDITIONS

* Ground rod inspection required before covering with back fill.

* 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: MSH

Contractor or Authorized Agent: KRISTEN ALLEN Date: 4-26-19



Town of Kill Devil Hills

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

Planning and Inspection Department

EL2019-044

PROJECT NAME: Verizon antenna
SITE ADDRESS: ROW 303 East Helga Street Kill Devil Hills

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

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

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

GENERAL, UNLICENSED: VERIZON WIRELESS
4435 WATERFRONT DR 100
Glenn Allen, VA 23060
804-892-0310

License: 0000000
Expires: 03/01/2024

PARCEL:

PIN: ROW-7350

Parcel Number:

Address: ROW 303 East Helga Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: ROW 303 East Helga Street

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

PROJECT DESCRIPTION: Install omni-directional antenna at top of existing power pole in town ROW.

DETAILS

Permit

Name	Value
PURPOSE	Commercial Addition
CONSTRUCTION COST	10000.00
OCCUPANCY TYPE	Business

APR 25 2019

EL2019-044

PROJECT NAME: Verizon antenna

SITE ADDRESS: ROW 303 East Helga Street Kill Devil Hills

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

REQUIRED INSPECTIONS

Pre-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.

* Ground rod inspection required before covering with back fill.

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

Issued By: 

Contractor or Authorized Agent:  Date: 4.26.19



Town of Kill Devil Hills

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

PAID
APR 24 2019

Planning and Inspection Department

EL2019-043	ELECTRICAL
PROJECT NAME: Davenport HVAC	ISSUED: 04/24/2019
SITE ADDRESS: 204 WILKINSON ST W KILL DEVIL HILLS	EXPIRES: 10/21/2019

APPLICANT: Davenport, William
117 Rachel Ln
Powels Point, NC 27966

OWNER: Davenport, William
117 Rachel Ln
Powels Point, NC 27966

ELECTRICAL - LIMITED: Lawrence Cooper Barnes
136 SCHOOLHOUSE RD
Kill Devil Hills, NC 27948
252-202-4162

License: 29254
Expires: 04/26/2020

PARCEL:

PIN: 988513023926

Parcel Number: 000537000

Address: 204 WILKINSON ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 34 **Lot(s):** 23-24

Legal Description:

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

PROJECT DESCRIPTION: Remove ground floor range circuit, inspect wiring

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	450.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8

EL2019-043

PROJECT NAME: Davenport HVAC
SITE ADDRESS: 204 WILKINSON ST W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

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: _____

4/24/19



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

EL2019-049

PROJECT NAME:

SITE ADDRESS: 2018 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

APPLICANT: Haney, Dale
PSC 473
Box 5336
FPO, AP 96349

OWNER: Haney, Dale
PSC 473
Box 5336
FPO, AP 96349

ELECTRICAL, LIMITED:

PAUL KING ELECTRIC
PO Box 7304
Kill Devil Hills, NC 27948
207-5438

License: 26212
Expires: 05/23/2019

PARCEL:

PIN: 988405293682

Parcel Number: 001304000

Address: 2018 CROATAN HWY N KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 538

Legal Description:

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

PROJECT DESCRIPTION: Relocate meter base & install new disconnect.

PAID

APR 25 2019

TOWN OF
KILL DEVIL HILLS

PAID
WITH
CASH

EL2019-049

PROJECT NAME:

SITE ADDRESS: 2018 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
OCCUPANCY TYPE	One & Two Family Dwelling

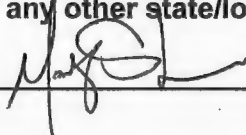
REQUIRED INSPECTIONS

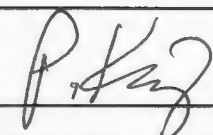
Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 4-24-19



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

EL2019-046

PROJECT NAME: Verizon antenna
SITE ADDRESS: ROW 2044 Edenton Street Kill Devil Hills

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

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

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

GENERAL, UNLICENSED:

VERIZON WIRELESS
4435 WATERFRONT DR 100
Glenn Allen, VA 23060
804-892-0310

License: 0000000
Expires: 03/01/2024

PARCEL:

PIN: ROW-5998

Parcel Number:

Address: ROW 2044 Edenton Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: ROW 2044 Edenton Street

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

PROJECT DESCRIPTION: Install omni-directional antenna at top of existing power pole in town ROW.

DETAILS

Permit

Name	Value
PURPOSE	Commercial Addition
CONSTRUCTION COST	10000.00
OCCUPANCY TYPE	Business

APR 25 2019

EL2019-046

PROJECT NAME: Verizon antenna

SITE ADDRESS: ROW 2044 Edenton Street Kill Devil Hills

ELECTRICAL

ISSUED: 04/24/2019

EXPIRES: 10/21/2019

REQUIRED INSPECTIONS

Pre-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.

* Ground rod inspection required before covering with back fill.

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

Issued By: Marty Shaw

Contractor or Authorized Agent: BOB GLASS Date: 4-26-19



Town of Kill Devil Hills

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

PAID

APR - 5 2019

Planning and Inspection Department

EL2019-033

PROJECT NAME: Cambridge Hot Tub
SITE ADDRESS: 1120 D Cambridge Road #309-D Kill Devil Hills

ELECTRICAL

ISSUED: 03/27/2019

EXPIRES: 09/23/2019

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: 98830648123868

Parcel Number:

Address: 1120 D Cambridge Road #309-D Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Townhome

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

PROJECT DESCRIPTION: Install hot tub on rear concrete patio

DETAILS

Permit

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

EL2019-033

PROJECT NAME: Cambridge Hot Tub

SITE ADDRESS: 1120 D Cambridge Road #309-D Kill Devil Hills

ELECTRICAL

ISSUED: 03/27/2019

EXPIRES: 09/23/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: Grace Muck

Date: 4-5-19



Town of Kill Devil Hills

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

PAID

APR 11 2019

Planning and Inspection Department

EL2019-040

PROJECT NAME: MATYIKO ELECTRICIAN VERIFICATION
SITE ADDRESS: 1812 BAY DR KILL DEVIL HILLS

ELECTRICAL
ISSUED: 04/11/2019
EXPIRES: 10/08/2019

APPLICANT: MATYIKO, ISABELL H
448 BLACKWATER ROAD
VA. BEACH, VA 23457

OWNER: MATYIKO, ISABELL H
448 BLACKWATER ROAD
VA. BEACH, VA 23457

ELECTRICAL-LIMITED: BRS ELECTRICAL SERVICES
1607 Sir Walter Rd.
Kill Devil Hills, NC 27948
252-207-5334

License: 23077
Expires: 07/31/2019

PARCEL:

PIN: 988409060298

Parcel Number: 002542000

Address: 1812 BAY DR KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES INC SEC 1

Block: 21 **Lot(s):** 8

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: HURRICANE MICHAEL WATER DAMAGE- ELECTRICIAN VERIFICATION

EL2019-040

PROJECT NAME: MATYIKO ELECTRICIAN VERIFICATION
SITE ADDRESS: 1812 BAY DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/11/2019

EXPIRES: 10/08/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	250.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
OCCUPANCY TYPE	One & Two Family Dwelling

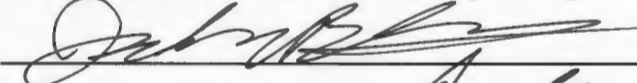
REQUIRED INSPECTIONS

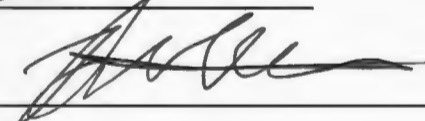
Final

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Issued By: 

Contractor or Authorized Agent: 

Date: 4/11/19



Town of Kill Devil Hills

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

PAID

APR 11 2019

Planning and Inspection Department

EL2019-042

PROJECT NAME: Greene Panel C/O
SITE ADDRESS: 1807 UPPER DUNE RD KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/11/2019

EXPIRES: 10/08/2019

APPLICANT: Greene, Terry
104 Run Hill Ct
Apt 222
Kill Devil Hills, NC 27948

OWNER: Greene, Terry
104 Run Hill Ct
Apt 222
Kill Devil Hills, NC 27948

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

PARCEL:

PIN: 988409163852 **Parcel Number:** 002382000
Address: 1807 UPPER DUNE RD KILL DEVIL HILLS
Addition: SEA HOLLY RIDGE **Zoning:**
Block: D **Lot(s):** 2
Legal Description:

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

PROJECT DESCRIPTION: Replace 200 amp panel box

EL2019-042

PROJECT NAME: Greene Panel C/O
SITE ADDRESS: 1807 UPPER DUNE RD KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/11/2019

EXPIRES: 10/08/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X

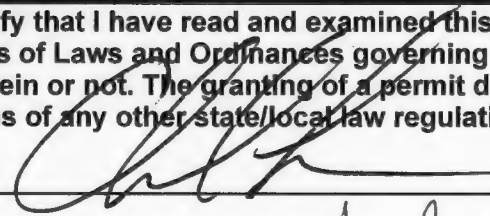
REQUIRED INSPECTIONS

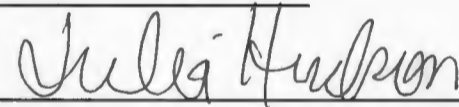
Final

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Issued By: 

Contractor or Authorized Agent:  Date: 4-11-19



Town of Kill Devil Hills

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

PAID

APR 15 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2019-041	ELECTRICAL
PROJECT NAME:	ISSUED: 04/11/2019
SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 10/08/2019

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
--	--

ELECTRICAL-LIMITED:	BRS ELECTRICAL SERVICES 1607 Sir Walter Rd. Kill Devil Hills, NC 27948 252-207-5334	License: 23077 Expires: 07/31/2019
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PARCEL:

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

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

PROJECT DESCRIPTION: Provide service & wiring for new lift station.

EL2019-041

PROJECT NAME:

SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/11/2019

EXPIRES: 10/08/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

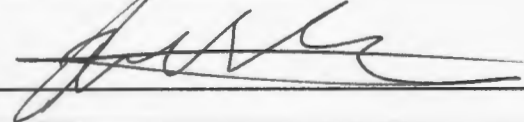
Final

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Issued By: 

Contractor or Authorized Agent:  Date: 4/15/19



Town of Kill Devil Hills

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

APR - 1 2019

Planning and Inspection Department

EL2019-037	ELECTRICAL
PROJECT NAME: GARRISON DOCK ELECTRICAL	ISSUED: 04/01/2019
SITE ADDRESS: 2014 BAY DR KILL DEVIL HILLS	EXPIRES: 09/28/2019

APPLICANT: CHRISTINE GARRISON 2014 BAY DR Kill Devil Hills, NC 27948 252-449-5316	OWNER: CHRISTINE GARRISON 2014 BAY DR Kill Devil Hills, NC 27948 252-449-5316
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ELECTRICAL, LIMITED:	GRAYHOUND ELECTRIC, LLC 310 Shiloh St. Kill Devil Hills, NC 27948 252-202-1211	License: 25915 -SPSFD Expires: 10/06/2019
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PARCEL:

PIN: 987408977911	Parcel Number: 002012000
Address: 2014 BAY DR KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 1042
Legal Description:	

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

PROJECT DESCRIPTION: DISCONNECT POWER TO UNSAFE ELECTRICAL ON DOCK

EL2019-037

PROJECT NAME: GARRISON DOCK ELECTRICAL
SITE ADDRESS: 2014 BAY DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/01/2019

EXPIRES: 09/28/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	250.00
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: _____

4-1-2019



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

APR - 3 2019

EL2019-038

PROJECT NAME: Floan Service Feeder
SITE ADDRESS: 800 CLAM SHELL DR KILL DEVIL HILLS

ELECTRICAL

ISSUED: 04/03/2019

EXPIRES: 09/30/2019

APPLICANT: FLOAN, MARJORIE KAY
P O BOX 1971
KILL DEVIL HILLS, NC 27948

OWNER: FLOAN, MARJORIE KAY
P O BOX 1971
KILL DEVIL HILLS, NC 27948

ELECTRICAL - UNLIMITED:

SEABREEZE ELECTRIC & LIGHTING INC
136 CAROLINA CT WEST
MANTEO, NC 27954
(252) 654-2094

License: 30079
Expires: 04/05/2019

PARCEL:

PIN: 988409173330

Parcel Number: 002371000

Address: 800 CLAM SHELL DR KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

Zoning:
Block: A **Lot(s):** 12

Legal Description:

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

PROJECT DESCRIPTION: Rplace service feeder from meter to panel

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	650.00
FLOOD ZONE	X