



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

BP2019-106	BUILDING
PROJECT NAME: SCHRUM DECK REBUILD	ISSUED: 05/07/2019
SITE ADDRESS: 1600 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 11/03/2019

APPLICANT: Schrum, Judith 317 Enon Church Rd. Chester, VA 00000 804-946-5333	OWNER: Schrum, Judith 317 Enon Church Rd. Chester, VA 00000 804-946-5333
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GENERAL - LIMITED:	Woodard, Earl/ Cutting Edge Craftsmen LLC 121 Coinjock Dev. RD Coinjock, NC 27923 252-256-1020	License: 72054 Expires:
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PARCEL:

PIN: 988411563222	Parcel Number: 003158000
Address: 1600 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: W R DEATON - DELRAY BEACH	Block: C Lot(s): 19
Legal Description:	

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

PROJECT DESCRIPTION: REBUILD DECK AND STAIRS ON EASTERN SIDE OF PROPERTY, SAME FOOTPRINT, NEW 8'X8' PILINGS

MAY - 7 2019

BP2019-106**PROJECT NAME:** SCHRUM DECK REBUILD
SITE ADDRESS: 1600 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 05/07/2019**EXPIRES:** 11/03/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	30
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Piling

CONDITIONS

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

BP2019-106

PROJECT NAME: SCHRUM DECK REBUILD

SITE ADDRESS: 1600 VA DARE TRL N KILL DEVIL HILLS

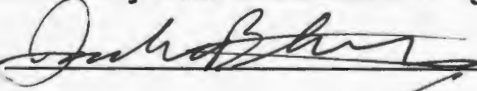
BUILDING

ISSUED: 05/07/2019

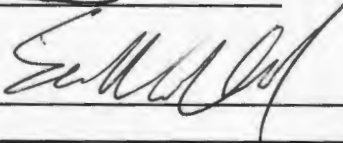
EXPIRES: 11/03/2019

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:

5/7/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-102

PROJECT NAME: HUDDLESTON DECK ADDITION
SITE ADDRESS: 110 SPORTSMAN DR E KILL DEVIL HILLS

BUILDING

ISSUED: 05/03/2019

EXPIRES: 10/30/2019

APPLICANT: Huddleston, Henry
137 Nautical Lane
currituck, nc 27929

OWNER: Huddleston, Henry
137 Nautical Lane
currituck, nc 27929

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

License: 45367
Expires: 01/01/2020

PARCEL:

PIN: 988517211016

Parcel Number: 001718000

Address: 110 SPORTSMAN DR E KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:
Block: 0 **Lot(s):** 66

Legal Description:

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

PROJECT DESCRIPTION: 8'X13' 3RD LEVEL DECK

MAY - 3 2019

BP2019-102

PROJECT NAME: HUDDLESTON DECK ADDITION
SITE ADDRESS: 110 SPORTSMAN DR E KILL DEVIL HILLS

BUILDING

ISSUED: 05/03/2019

EXPIRES: 10/30/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Addition
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	12000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

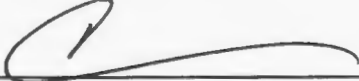
Final

CONDITIONS

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Issued By: _____

 Contractor or Authorized Agent:  _____ Date: 5/3/19



Town of Kill Devil Hills

PO BOX 1719
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Phone: 252-449-5318 Fax: 252-441-4102

Planning and Inspection Department

BP2019-100

PROJECT NAME: GOLDEN STRAND ROOF REPAIR
SITE ADDRESS: 1541 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 05/02/2019

EXPIRES: 10/29/2019

APPLICANT: Sterling Parker
1405 SOUTH Va Dare TR
Kill Devil Hills, NC 27948

OWNER: WILLIS, C LEONARD
P.O. BOX 6148
CRITTENDEN STATION
SUFFOLK, VA 23433

GENERAL BUILDING INTERMEDIATE: GALLOP ROOFING AND REMODELING, INC.
673 Old Wharf Road
Wanchese, NC 27981
252-207-7269

License: 32504
Expires: 01/01/2020

PARCEL:

PIN: 98841156728609

Parcel Number: 028051000

Address: 1541 VA DARE TRL N KILL DEVIL HILLS

Addition: GOLDEN STRAND CONDOS

Zoning:

Block: A

Lot(s): 1-5 - UNIT
C-3

Legal Description:

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

PROJECT DESCRIPTION: REMOVE EXISTING ROOF, INSTALL NEW INSULATION, MEMBRANE, AND FLASHING

MAY - 2 2019



Town of Kill Devil Hills

PO BOX 1719
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Planning and Inspection Department

BP2019-104	BUILDING
PROJECT NAME: Taylor Piling replacement	ISSUED: 05/08/2019
SITE ADDRESS: 117 HAYMAN BLVD E KILL DEVIL HILLS	EXPIRES: 11/04/2019

APPLICANT: TAYLOR, BILLIE SUE
3038 REESE DRIVE
PORTSMOUTH, VA 23703

OWNER: TAYLOR, BILLIE SUE
3038 REESE DRIVE
PORTSMOUTH, VA 23703

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: 988517122388

Parcel Number: 000438000

Address: 117 HAYMAN BLVD E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 19

Lot(s): PT 17-20

Legal Description:

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

PROJECT DESCRIPTION: Replace 6 pilings 3 at front and 3 deck piles

MAY - 9 2019

BP2019-104**PROJECT NAME:** Taylor Piling replacement
SITE ADDRESS: 117 HAYMAN BLVD E KILL DEVIL HILLS**BUILDING**

ISSUED: 05/08/2019

EXPIRES: 11/04/2019

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 #	28670
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4900.00
LOT COVERAGE	43.00
SURVEYOR NAME AND NUMBER	William S Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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



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Planning and Inspection Department

BP2019-107	BUILDING
PROJECT NAME: Hoy Pilings	ISSUED: 05/09/2019
SITE ADDRESS: 1405 WRIGHTSVILLE BLVD KILL DEVIL HILLS	EXPIRES: 11/05/2019

APPLICANT: HOY, JAMES L 7208 WILBURDALE DR ANNANDALE, VA 22003	OWNER: HOY, JAMES L 7208 WILBURDALE DR ANNANDALE, VA 22003
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RESIDENTIAL, LIMITED:	Emanuelson and Dad 6705 CROATAN HWY SOUTH 6705 S. Croatan Hwy. nags head, nc 27959 252-261-2215	License: 79801 Expires: 06/14/2019
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PARCEL:

PIN: 989309052930	Parcel Number: 004737000
Address: 1405 WRIGHTSVILLE BLVD KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL BEACH SEC 1 REVISED	Block: H Lot(s): SOUTH PT 4-5
Legal Description:	

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

PROJECT DESCRIPTION: Replace 13 house pilings and 11 deck pilings

MAY - 9 2019

BP2019-107PROJECT NAME: Hoy Pilings
SITE ADDRESS: 1405 WRIGHTSVILLE BLVD KILL DEVIL HILLS**BUILDING**

ISSUED: 05/09/2019

EXPIRES: 11/05/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	17700.00

REQUIRED INSPECTIONS

Piling Final
Zoning Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 5/9/19



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PAID

MAY 10 2019

Planning and Inspection Department

BP2019-101	BUILDING
PROJECT NAME: ROSA PILINGS AND STORAGE ROOM	ISSUED: 05/02/2019
SITE ADDRESS: 302 SHILOH ST KILL DEVIL HILLS	EXPIRES: 10/29/2019

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

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

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987516936182

Parcel Number: 000980001

Address: 302 SHILOH ST KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:

Block: 0 **Lot(s):** 40

Legal Description:

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

PROJECT DESCRIPTION: REPLACE 4"X4" ROOF PILINGS WITH 6"X6" PILINGS ATTACHED PER ENGINEERED SPECIFICATIONS, CONSTRUCT 10'X12' STORAGE ENCLOSURE UNDER EXISTING FOOTPRINT

BP2019-101**PROJECT NAME:** ROSA PILINGS AND STORAGE ROOM
SITE ADDRESS: 302 SHILOH ST KILL DEVIL HILLS**BUILDING****ISSUED:** 05/02/2019**EXPIRES:** 10/29/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* 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.

BP2019-101

PROJECT NAME: ROSA PILINGS AND STORAGE ROOM
SITE ADDRESS: 302 SHILOH ST KILL DEVIL HILLS

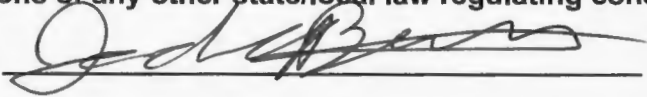
BUILDING

ISSUED: 05/02/2019

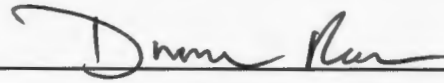
EXPIRES: 10/29/2019

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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

5/10/2019



Town of Kill Devil Hills

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MAY 10 2019

Planning and Inspection Department

BP2019-108

PROJECT NAME: PROKOP DECK AND STAIR
SITE ADDRESS: 1523 SIR WALTER RD KILL DEVIL HILLS

BUILDING

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

APPLICANT: Barry Prokop
1523 Sir Walter Rd.
Kill Devil Hills, NC 27948
703-764-9007

OWNER: Barry Prokop
1523 Sir Walter Rd.
Kill Devil Hills, NC 27948
703-764-9007

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988411554712

Parcel Number: 003184000

Address: 1523 SIR WALTER RD KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:
Block: D **Lot(s):** 29

Legal Description:

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

PROJECT DESCRIPTION: REBUILDING FRONT EXTERIOR STAIR IN SAME FOOTPRINT, REPLACING FRONT AND REAR DECK JOIST AND DECKING

BP2019-108

PROJECT NAME: PROKOP DECK AND STAIR
SITE ADDRESS: 1523 SIR WALTER RD KILL DEVIL HILLS

BUILDING

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

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	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	800.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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Kill Devil Hills, NC 27948
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Planning and Inspection Department

MAY 14 2019

BP2019-109	BUILDING
PROJECT NAME:	ISSUED: 05/10/2019
SITE ADDRESS: 114 DURHAM ST E KILL DEVIL HILLS	EXPIRES: 11/06/2019

APPLICANT: Erin Middleton, Clarence Collins 114 EAST Durham ST Kill Devil Hills, NC 27948 410-596-2010	OWNER: Erin Middleton, Clarence Collins 114 EAST Durham ST Kill Devil Hills, NC 27948 410-596-2010
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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:	988406390644	Parcel Number:	001906000
Address:	114 DURHAM ST E KILL DEVIL HILLS		
Addition:	AVALON BEACH ANNEX 1	Zoning:	
Legal Description:		Block:	0 Lot(s): 464

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

PROJECT DESCRIPTION: New rear deck and stairs.

BP2019-109

PROJECT NAME:

SITE ADDRESS: 114 DURHAM ST E KILL DEVIL HILLS

BUILDING

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3000.00
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: _____

5/14/2019



Town of Kill Devil Hills

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

MAY 14 2019

Planning and Inspection Department

BP2019-110

PROJECT NAME: Thomas Stair replacement and deck expansion
SITE ADDRESS: 2010 EDENTON ST ST KILL DEVIL HILLS

BUILDING

ISSUED: 05/13/2019

EXPIRES: 11/09/2019

APPLICANT: THOMAS, LEO
2010 EDENTON STREET
Kill Devil Hills, NC 27948

OWNER: THOMAS, LEO
2010 EDENTON STREET
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405080230

Parcel Number: 001286000

Address: 2010 EDENTON ST ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 841

Legal Description:

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

PROJECT DESCRIPTION: replace stairs as is, add 2' to side of deck

BP2019-110

PROJECT NAME: Thomas Stair replacement and deck expansion
SITE ADDRESS: 2010 EDENTON ST ST KILL DEVIL HILLS

BUILDING**ISSUED:** 05/13/2019**EXPIRES:** 11/09/2019**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 #	28680
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1800.00
LOT COVERAGE	36.56
SURVEYOR NAME AND NUMBER	William S Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-110

PROJECT NAME: Thomas Stair replacement and deck expansion
SITE ADDRESS: 2010 EDENTON ST ST KILL DEVIL HILLS

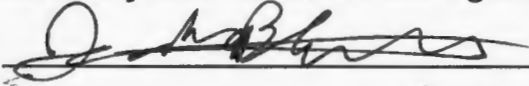
BUILDING

ISSUED: 05/13/2019


EXPIRES: 11/09/2019

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: _____

5/14/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-113

PROJECT NAME: DRAKE DECK REPAIR
SITE ADDRESS: 3000 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 05/14/2019

EXPIRES: 11/10/2019

APPLICANT: DRAKE, RAYMOND E
29071 NORTH MAIN STREET
NEWSOMS, VA 23874

OWNER: DRAKE, RAYMOND E
29071 NORTH MAIN STREET
NEWSOMS, VA 23874

GENERAL: JOHN KELLER
UNKNOWN
UNKNOWN, XX 00000
252-202-4337

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988513134278

Parcel Number: 008357000

Address: 3000 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 9 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: REPAIRING SECOND LEVEL DECK, ADDING 2 6"X6" PILINGS, REPLACING GIRDER WITH 3-2"X8", AND REPLACING RAILINGS

MAY 14 2019

BP2019-113**PROJECT NAME:** DRAKE DECK REPAIR**SITE ADDRESS:** 3000 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 05/14/2019**EXPIRES:** 11/10/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1100.00
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.

BP2019-113

PROJECT NAME: DRAKE DECK REPAIR

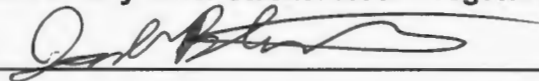
SITE ADDRESS: 3000 VA DARE TRL N KILL DEVIL HILLS

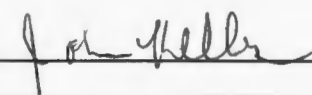
BUILDING

ISSUED: 05/14/2019

EXPIRES: 11/10/2019

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

Issued By: 

Contractor or Authorized Agent:  Date: 5-14-19



Town of Kill Devil Hills

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

PAID
WITH
CASH

MAY 15 2019

Planning and Inspection Department

BP2019-112

PROJECT NAME: ASHE DECK ADDITION
SITE ADDRESS: 113 MEADOWLARK ST E KILL DEVIL HILLS

BUILDING

ISSUED: 05/14/2019

EXPIRES: 11/10/2019

APPLICANT: ASHE, RAYMOND B SR
717 PINE TREE DRIVE
VIRGINIA BEACH, VA 23452

OWNER: ASHE, RAYMOND B SR
717 PINE TREE DRIVE
VIRGINIA BEACH, VA 23452

UNLICENSED BUILDER: DICKIE ASTLE
113 E MEADOWLARK ST
Kill Devil Hills, NC 27948
907-982-9355

License: XXXX
Expires: 05/01/2020

PARCEL:

PIN: 988308891861

Parcel Number: 003816000

Address: 113 MEADOWLARK ST E KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 33 **Lot(s):** 19

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Covered Porch Residential	\$132.83	\$0.00	Covered Porches/Decks	177 SQFT
Totals :	\$282.83	\$0.00		

PROJECT DESCRIPTION: REBUILD EXISTING DECK AND ADDING SECOND LEVEL

BP2019-112

PROJECT NAME: ASHE DECK ADDITION

SITE ADDRESS: 113 MEADOWLARK ST E KILL DEVIL HILLS

BUILDING

ISSUED: 05/14/2019

EXPIRES: 11/10/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Addition
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling Zoning Final
Final

CONDITIONS

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

BP2019-112

PROJECT NAME: ASHE DECK ADDITION

SITE ADDRESS: 113 MEADOWLARK ST E KILL DEVIL HILLS

BUILDING

ISSUED: 05/14/2019

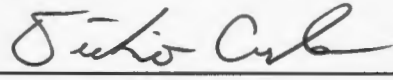
EXPIRES: 11/10/2019

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

5-15-2019



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

BP2019-114
PROJECT NAME:
SITE ADDRESS: 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BUILDING
ISSUED: 05/14/2019
EXPIRES: 11/10/2019

APPLICANT: BANKS PHASE 1
N/A
UNKNOWN, XX 00000

OWNER: BANKS PHASE 1
N/A
UNKNOWN, XX 00000

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

License: 12345
Expires:

PARCEL:

PIN: 98931313384500 Parcel Number: 005159999

Address: 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Addition: Zoning:
Block: 0 Lot(s): COMMON PROPERTY

Legal Description:

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

PROJECT DESCRIPTION: Repair/replace water damaged floor joists & exterior wall. Unit 2B

MAY 14 2019

BP2019-114

PROJECT NAME:

SITE ADDRESS: 2009 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BUILDING

ISSUED: 05/14/2019

EXPIRES: 11/10/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	24450.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

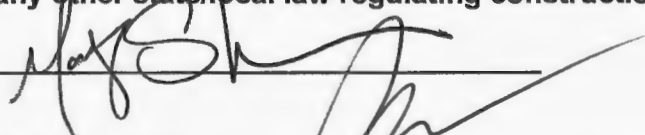
Rough In

CONDITIONS

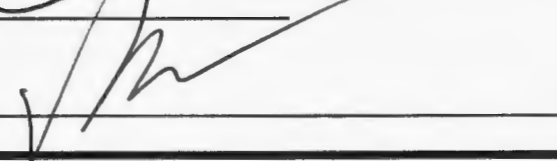
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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: _____

May 14, 19



Town of Kill Devil Hills

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

PAD

MAY 20 2019

Planning and Inspection Department

BP2019-116	BUILDING
PROJECT NAME: MARCH STAIRS AND DECKING	ISSUED: 05/20/2019
SITE ADDRESS: 2014 PHOEBUS ST KILL DEVIL HILLS	EXPIRES: 11/16/2019

APPLICANT: HUNTER MARCH 4321 VICKSBURG RD Suffolk, Va 23437 757-472-2421	OWNER: HUNTER MARCH 4321 VICKSBURG RD Suffolk, Va 23437 757-472-2421
--	--

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

PIN: 988405086647	Parcel Number: 000902002
Address: 2014 PHOEBUS ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 1165
Legal Description:	

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

PROJECT DESCRIPTION: REPLACING EXTERIOR STAIR IN SAME FOOTPRINT, REPLACE DECKING AND JOIST AS NEEDED, REPLACE SHEATHING BY DECK

BP2019-116

PROJECT NAME: MARCH STAIRS AND DECKING
SITE ADDRESS: 2014 PHOEBUS ST KILL DEVIL HILLS

BUILDING

ISSUED: 05/20/2019

EXPIRES: 11/16/2019

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	2500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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: _____

5/20/19



Town of Kill Devil Hills

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

MAY 20 2019

Planning and Inspection Department

BP2019-115	BUILDING
PROJECT NAME: Goldberg landscape wall	ISSUED: 05/20/2019
SITE ADDRESS: 1728 SOBLE DR KILL DEVIL HILLS	EXPIRES: 11/16/2019

APPLICANT: MR. ERIC J GOLDBERG
123 riverside dr
suffolk, va 23435

OWNER: MR. ERIC J GOLDBERG
123 riverside dr
suffolk, va 23435

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: 988410470412

Parcel Number: 002763000

Address: 1728 SOBLE DR KILL DEVIL HILLS

Addition: HEDRICKS ADD-PAR B CROATAN SH

Zoning:
Block: 0 **Lot(s):** 28

Legal Description:

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

PROJECT DESCRIPTION: 2' tall landscape wall 62' long, along rear of property line adjacent to pond

BP2019-115

PROJECT NAME: Goldberg landscape wall
SITE ADDRESS: 1728 SOBLE DR KILL DEVIL HILLS

BUILDING

ISSUED: 05/20/2019

EXPIRES: 11/16/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8910.00
LOT COVERAGE	35.00
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.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Zoning Final Inspection is required.

BP2019-115

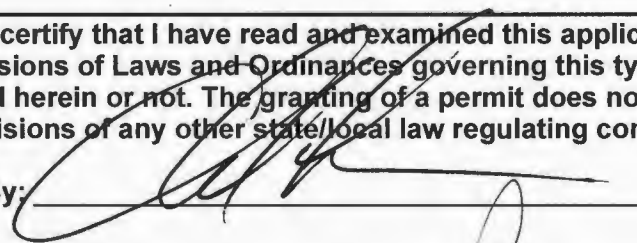
PROJECT NAME: Goldberg landscape wall
SITE ADDRESS: 1728 SOBLE DR KILL DEVIL HILLS

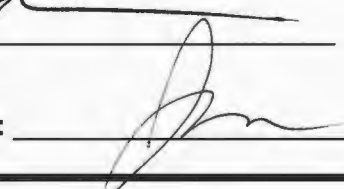
BUILDING

ISSUED: 05/20/2019

EXPIRES: 11/16/2019

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

Issued By: 

Contractor or Authorized Agent:  Date: 5/20/19



Town of Kill Devil Hills

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

PAID
MAY 22 2019

Planning and Inspection Department

BP2019-117

PROJECT NAME: RHOTEN LOAD BEARING WALLS
SITE ADDRESS: 1740 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

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

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

UNLICENSED BUILDER: TIMOTHY BOWLER
396 The Lane
Wanchese, NC 27981

License: xxx
Expires: 05/31/2020

PARCEL:

PIN: 988409052972

Parcel Number: 002549000

Address: 1740 BAY DR KILL DEVIL HILLS

Addition: CROATAN SHORES INC SEC 1

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: REMOVE LOAD BEARING WALLS, INSTALL LVL'S PER ENGINEER PLAN

BP2019-117**PROJECT NAME:** RHOTEN LOAD BEARING WALLS**SITE ADDRESS:** 1740 BAY DR KILL DEVIL HILLS**BUILDING****ISSUED:** 05/21/2019**EXPIRES:** 11/17/2019**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
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	907.00
LOT COVERAGE	22.70
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	M. DOUG STYONS L - 3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Estimated cost of construction provided and signed by owner stating cost of construction at \$23545.06. Previous building permit and original application projected construction cost of \$29907.00. All projects exceeding \$30000.00 for the purpose of rent or sale must be completed by a licensed NC general contractor. In the event cost of construction exceeds \$30000.00 it shall be the owners responsibility to comply with all rules and regulations of the NC Licensing Board for General Contractors. Attached is a copy of general contractor rules and regulations.
- * Final cost of construction required to be submitted for approval prior to final inspection and certificate of compliance.

BP2019-117

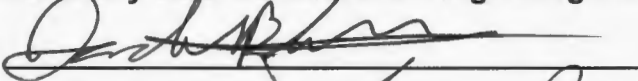
PROJECT NAME: RHOTEN LOAD BEARING WALLS
SITE ADDRESS: 1740 BAY DR KILL DEVIL HILLS

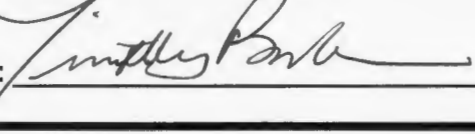
BUILDING

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

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

Issued By: 

Contractor or Authorized Agent: 

Date: May 22 2019



Town of Kill Devil Hills

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

PAID

MAY 22 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-118	BUILDING
PROJECT NAME: Willauer Deck/Stair Repair	ISSUED: 05/22/2019
SITE ADDRESS: 1310 MEMORIAL BLVD S KILL DEVIL HILLS	EXPIRES: 11/18/2019

APPLICANT: Willauer, Kathleen 126 Blazing Star Lane RUTHERFORDTON, NC 28139 570-328-9976	OWNER: Willauer, Kathleen 126 Blazing Star Lane RUTHERFORDTON, NC 28139 570-328-9976
--	--

CONTRACTOR: Awesome Remodeling
1809 Va. AVE
Kill Devil Hills, NC 27948
252-305-0636

GENERAL, UNLICENSED:	Awesome Remodeling 1809 Va. AVE Kill Devil Hills, NC 27948 252-305-0636	License: 123 Expires:
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PARCEL:

PIN: 989309062242	Parcel Number: 029630000
Address: 1310 MEMORIAL BLVD S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL BEACH, SEC 1 REVISED	Block: G Lot(s): PT 8 & 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 rear stairs and railways replace as is, replace decking on rear deck

BP2019-118

PROJECT NAME: Willauer Deck/Stair Repair

SITE ADDRESS: 1310 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
LOT COVERAGE	24.80
SURVEYOR NAME AND NUMBER	WL Norris L-4554
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.
.....

BP2019-118

PROJECT NAME: Willauer Deck/Stair Repair
SITE ADDRESS: 1310 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

5-22-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-120	BUILDING
PROJECT NAME: CLARK STAIR REPAIR	ISSUED: 05/23/2019
SITE ADDRESS: 1227 WRIGHTSVILLE BLVD KILL DEVIL HILLS	EXPIRES: 11/19/2019

APPLICANT: CLARK, JOHN E 1432 RUGBY AVENUE CHARLOTTESVILLE, VA 22903	OWNER: CLARK, JOHN E 1432 RUGBY AVENUE CHARLOTTESVILLE, VA 22903
---	---

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

PIN: 988312967855	Parcel Number: 004231016
Address: 1227 WRIGHTSVILLE BLVD KILL DEVIL HILLS	
Addition: KILL DEVIL HILLS SEC 1	Zoning:
Legal Description:	Block: 16 Lot(s): PT OF 17

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

PROJECT DESCRIPTION: BUILD FRONT SET OF STAIRS

PAID
MAY 23 2019

BP2019-120**PROJECT NAME:** CLARK STAIR REPAIR**SITE ADDRESS:** 1227 WRIGHTSVILLE BLVD KILL DEVIL HILLS**BUILDING****ISSUED:** 05/23/2019**EXPIRES:** 11/19/2019**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2300.00
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: _____

5/23/19



Town of Kill Devil Hills

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

MAY 28 2019

Town of Kill Devil Hills

Planning and Inspection Department

BP2019-119	BUILDING
PROJECT NAME: Waghalter Deck Repair	ISSUED: 05/23/2019
SITE ADDRESS: 113 COVE CT KILL DEVIL HILLS	EXPIRES: 11/19/2019

APPLICANT: WAGHALTER, MEYER
2016 AMES COURT
CHESAPEAKE, VA 23321

OWNER: WAGHALTER, MEYER
2016 AMES COURT
CHESAPEAKE, VA 23321

CONTRACTOR: RCI CUSTOM CONSTRUCTION INC
35 Skyline Rd
Kitty Hawk, NC 27949
252-202-1097

GENERAL BUILDING-LIMITED: RCI CUSTOM CONSTRUCTION INC
35 Skyline Rd
Kitty Hawk, NC 27949
252-202-1097

License: 54137
Expires: 12/31/2019

PARCEL:

PIN: 988415548879

Parcel Number: 003517000

Address: 113 COVE CT KILL DEVIL HILLS

Addition: LANDING SECTION 1, THE

Zoning:

Block: 0 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: Replace existing front deck and stairs to existing footprint

BP2019-119

PROJECT NAME: Waghalter Deck Repair
SITE ADDRESS: 113 COVE CT KILL DEVIL HILLS

BUILDING

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	12000.00
SURVEYOR NAME AND NUMBER	Martin Barnette L-3740
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

CG
PLINGS

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.

BP2019-119

PROJECT NAME: Waghalter Deck Repair
SITE ADDRESS: 113 COVE CT KILL DEVIL HILLS

BUILDING

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 5/28/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-123

PROJECT NAME: Tienken Shed
SITE ADDRESS: 1508 DOGWOOD LN KILL DEVIL HILLS

BUILDING

ISSUED: 05/29/2019

EXPIRES: 11/25/2019

APPLICANT: William Tienken
1508 Dogwood Ln.
Kill Devil Hills, NC 27948
804-651-3673

OWNER: William Tienken
1508 Dogwood Ln.
Kill Devil Hills, NC 27948
804-651-3673

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988413137782

Parcel Number: 026980000

Address: 1508 DOGWOOD LN KILL DEVIL HILLS

Addition: FIRST FLIGHT VLG PH A SEC 3

Zoning:

Block: 0 **Lot(s):** 49

Legal Description:

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

PAID
WITH
CASH

PROJECT DESCRIPTION: 10'x12' shed in rear yard

MAY 29 2019

BP2019-123

PROJECT NAME: Tienken Shed

SITE ADDRESS: 1508 DOGWOOD LN KILL DEVIL HILLS

BUILDING

ISSUED: 05/29/2019

EXPIRES: 11/25/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2800.00
LOT COVERAGE	35.00
SURVEYOR NAME AND NUMBER	William S Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-123

PROJECT NAME: Tienken Shed

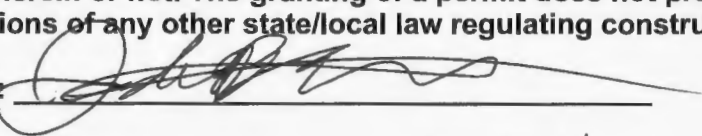
SITE ADDRESS: 1508 DOGWOOD LN KILL DEVIL HILLS

BUILDING

ISSUED: 05/29/2019

EXPIRES: 11/25/2019

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

Issued By: 

Contractor or Authorized Agent: Mal H. Usain Date: 5-29-19



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

BP2019-125

PROJECT NAME: Halbig piling replacement
SITE ADDRESS: 313 JEAN CT KILL DEVIL HILLS

BUILDING

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

APPLICANT: HALBIG, MICHAEL
46353 Pryor Sqaure
STERLING, VA 20163

OWNER: HALBIG, MICHAEL
46353 Pryor Sqaure
STERLING, VA 20163

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

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

License: LEGACY UNKNOWN
Expires: 12/30/2019

PARCEL:

PIN: 987516925685

Parcel Number: 003048000

Address: 313 JEAN CT KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:
Block: 0 **Lot(s):** 11

Legal Description:

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

PROJECT DESCRIPTION: replace 7 existing 6x6 piles with new 8x8 piles same location

PAID

MAY 31 2019

BP2019-125

PROJECT NAME: Halbig piling replacement
SITE ADDRESS: 313 JEAN CT KILL DEVIL HILLS

BUILDING

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

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	4800.00
LOT COVERAGE	21.00
SURVEYOR NAME AND NUMBER	Michael D Barr L-1756
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling Final
 Zoning Final

CONDITIONS

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

BP2019-125

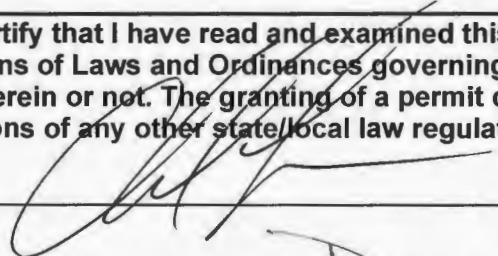
PROJECT NAME: Halbig piling replacement
SITE ADDRESS: 313 JEAN CT KILL DEVIL HILLS

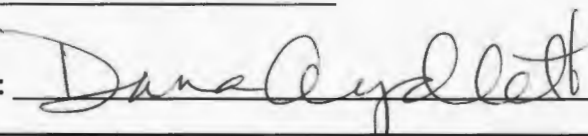
BUILDING

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

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: 5/31/19



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

BP2019-099

PROJECT NAME: OBX BREW STATION REROOFING
SITE ADDRESS: 600 CROATAN HWY S KILL DEVIL HILLS

BUILDING

ISSUED: 05/02/2019

EXPIRES: 10/29/2019

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

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

GENERAL REMODELING-UNLICENSED: Extreme Roofing
103 Marquis Ct.
Point Harbor, NC 27964
252-202-0320

License: 12356
Expires:

PARCEL:

PIN: 988308799003

Parcel Number: 004035000

Address: 600 CROATAN HWY S KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 68

Lot(s): BLK 68 & JIB LOTS

Legal Description:

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

PROJECT DESCRIPTION: REPLACING SHINGLES ON ROOF

PAID
MAY - 3 2019
TOWN OF KILL DEVIL HILLS

BP2019-099**PROJECT NAME:** OBX BREW STATION REROOFING
SITE ADDRESS: 600 CROATAN HWY S KILL DEVIL HILLS**BUILDING****ISSUED:** 05/02/2019**EXPIRES:** 10/29/2019**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
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	28000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Assembly

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: 5/3/19



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

BP2019-105	BUILDING
PROJECT NAME: PILING REPAIR	ISSUED: 05/03/2019
SITE ADDRESS: 800 VA DARE TRL S. KILL DEVIL HILLS	EXPIRES: 10/30/2019

APPLICANT: BJM 252 Woodland Dr. Kitty Hawk, NC 00000	OWNER: BJM 252 Woodland Dr. Kitty Hawk, NC 00000
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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:	988308898018	Parcel Number:	008132000
Address:	800 VA DARE TRL S. KILL DEVIL HILLS		
Addition:	SUBDIVISION - NONE	Zoning:	
Legal Description:		Block: 0	Lot(s): 0

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

PROJECT DESCRIPTION: NOTCHING REAR ROOF PILING

Value \$5000.00

PAID

MAY - 3 2019

TOWN OF
KILL DEVIL HILLS

BP2019-105

PROJECT NAME: PILING REPAIR

SITE ADDRESS: 800 VA DARE TRL S. KILL DEVIL HILLS

BUILDING

ISSUED: 05/03/2019

EXPIRES: 10/30/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	15
REAR YARD SETBACK	30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

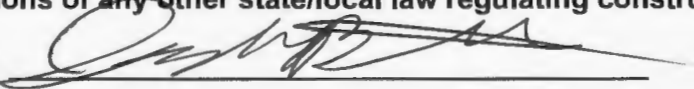
Zoning Final

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: 5/3/19



Town of Kill Devil Hills

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

PAID
MAY - 6 2019

Planning and Inspection Department

BP2019-103	BUILDING
PROJECT NAME: WYNNE DECK AND STAIR REPLACEMENT	ISSUED: 05/03/2019
SITE ADDRESS: 915 SHARON CT KILL DEVIL HILLS	EXPIRES: 10/30/2019

APPLICANT: Alton Ray Wynne JR. 902 Austin Dr. CHESAPEAKE, VA 23320 757-681-8555	OWNER: Alton Ray Wynne JR. 902 Austin Dr. CHESAPEAKE, VA 23320 757-681-8555
---	---

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

PIN: 988405076794	Parcel Number: 002189000
Address: 915 SHARON CT KILL DEVIL HILLS	Zoning:
Addition: WRIGHT'S SHORES	Block: 0 Lot(s): 93
Legal Description:	

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

PROJECT DESCRIPTION: REPLACE DECK AND STAIR ON SOUTH SIDE OF PROPERTY IN SAME FOOTPRINT

BP2019-103

PROJECT NAME: WYNNE DECK AND STAIR REPLACEMENT
SITE ADDRESS: 915 SHARON CT KILL DEVIL HILLS

BUILDING

ISSUED: 05/03/2019

EXPIRES: 10/30/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

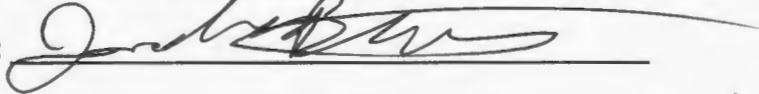
Zoning Final

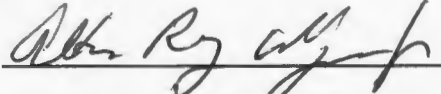
Final

CONDITIONS

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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: 5-6-19



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2019-032

PROJECT NAME: VAN LEEUWEN PATIO
SITE ADDRESS: 1817 CREEK ST KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

APPLICANT: HAROLD VAN LEEUWEN
1817 CREEK ST
Kill Devil Hills, NC 27948
252-599-7310

OWNER: HAROLD VAN LEEUWEN
1817 CREEK ST
Kill Devil Hills, NC 27948
252-599-7310

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405272643

Parcel Number: 002460000

Address: 1817 CREEK ST KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

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

Legal Description:

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

PROJECT DESCRIPTION: 12'X20' PAVER PATIO, 6" ABOVE GRADE, NORTH SIDE OF PROPERTY

MAY - 6 2019

ZP2019-032PROJECT NAME: VAN LEEUWEN PATIO
SITE ADDRESS: 1817 CREEK ST KILL DEVIL HILLS**ZONING PERMIT**

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	418.00
LOT COVERAGE	37.04
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: 5-2-2019



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

ZP2019-034	ZONING PERMIT
PROJECT NAME: HUTCHINSON FENCE	ISSUED: 05/07/2019
SITE ADDRESS: 301 AVALON DR W KILL DEVIL HILLS	EXPIRES: 11/03/2019

APPLICANT: Hutchinson, John
902 Ann St.
ROCKINGHAM, NC 28379

OWNER: Hutchinson, John
902 Ann St.
ROCKINGHAM, NC 28379

BUILDER: ALL ABOUT FENCES
UNKNOWN
UNKNOWN, XX 00000
252-473-2233

License: unlicensed
Expires: 12/30/2019

PARCEL:

PIN: 988517104285

Parcel Number: 001748000

Address: 301 AVALON DR W KILL DEVIL HILLS

Addition: AVALON-BEACH

Zoning:
Block: 0 **Lot(s):** 115

Legal Description:

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

PROJECT DESCRIPTION: FENCE ON PROPERTY LINE

PAID

MAY - 7 2019

TOWN OF
KILL DEVIL HILLS

ZP2019-034

PROJECT NAME: HUTCHINSON FENCE
SITE ADDRESS: 301 AVALON DR W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/07/2019

EXPIRES: 11/03/2019

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 Repair/Remodel
CONSTRUCTION COST	6700.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

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:** 5/7/19



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2019-035	ZONING PERMIT
PROJECT NAME:	ISSUED: 05/07/2019
SITE ADDRESS: 1302 Virginia Dare Trail Tr. S. Kill Devil Hills	EXPIRES: 11/03/2019

APPLICANT: Sanders, John & Stacy 3 Edgewater DR EARLEVILLE, MD 21919 302-438-1382	OWNER: Sanders, John & Stacy 3 Edgewater DR EARLEVILLE, MD 21919 302-438-1382
---	---

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

PIN: 989309064536	Parcel Number: 004700001
Address: 1302 Virginia Dare Trail Tr. S. Kill Devil Hills	Zoning:
Addition: KILL DEVIL BEACH SEC 1 REVISED	Block: D Lot(s): 2
Legal Description:	

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

PROJECT DESCRIPTION: New fence in rear yard.

PAID
MAY - 7 2019
TOWN OF
KILL DEVIL HILLS

ZP2019-035

PROJECT NAME:

SITE ADDRESS: 1302 Virginia Dare Trail Tr. S. Kill Devil Hills

ZONING PERMIT

ISSUED: 05/07/2019

EXPIRES: 11/03/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	500.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

Issued By: [Signature]

Contractor or Authorized Agent: [Signature] Date: 5/7/19



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2019-033	ZONING PERMIT
PROJECT NAME: BEASLEY FENCE	ISSUED: 05/07/2019
SITE ADDRESS: 2003 BAY DR KILL DEVIL HILLS	EXPIRES: 11/03/2019

APPLICANT: FOSTER, KAREN LEE
2003 BAY DRIVE
KILL DEVIL HILLS, NC 27948

OWNER: FOSTER, KAREN LEE
2003 BAY DRIVE
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405070746

Parcel Number: 002023000

Address: 2003 BAY DR KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 1053

Legal Description:

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

PROJECT DESCRIPTION: REPLACING PANELS ON EXISTING FENCE, EXTENDING BY 30' ON SOUTH PROPERTY LINE

PAID

MAY - 7 2019

ZP2019-033

PROJECT NAME: BEASLEY FENCE

SITE ADDRESS: 2003 BAY DR KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/07/2019

EXPIRES: 11/03/2019

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	8.00
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1800.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

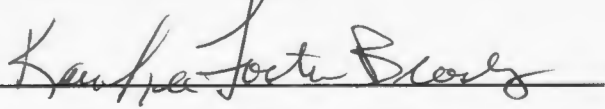
Final

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: 5/7/19



Town of Kill Devil Hills

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

PAID
MAY 13 2019

Planning and Inspection Department

ZP2019-036

PROJECT NAME: Stephanie Hall
SITE ADDRESS: 410 WILKINSON ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/13/2019

EXPIRES: 11/09/2019

APPLICANT: Hall, Stephanie
410 WILKINSON ST
KILL DEVIL HILLS, NC 27948

OWNER: Hall, Stephanie
410 WILKINSON ST
KILL DEVIL HILLS, NC 27948

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 987520921288-5968

Parcel Number: 000681000

Address: 410 WILKINSON ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 59 **Lot(s):** 26-28

Legal Description:

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

PROJECT DESCRIPTION: Add pavers to existing driveway on property

ZP2019-036

PROJECT NAME: Stephanie Hall
SITE ADDRESS: 410 WILKINSON ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/13/2019

EXPIRES: 11/09/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	600.00
SURVEYOR NAME AND NUMBER	Robert Moore Land Surveying
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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: [Signature]

Date: 5/13/19



Town of Kill Devil Hills

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

PAID
WITH
CASH

MAY 14 2019

Planning and Inspection Department

ZP2019-037	ZONING PERMIT
PROJECT NAME: Briggs Fence	ISSUED: 05/14/2019
SITE ADDRESS: 1507 GLIDER CT KILL DEVIL HILLS	EXPIRES: 11/10/2019

APPLICANT: Briggs, Robin Lee
1507 Glider Ct
Kill Devil Hills, NC 27948
252-564-2664

OWNER: Briggs, Robin Lee
1507 Glider Ct
Kill Devil Hills, NC 27948
252-564-2664

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988414346564

Parcel Number: 003417000

Address: 1507 GLIDER CT KILL DEVIL HILLS

Addition: FIRST FLIGHT VILLAGE SEC 1

Zoning:
Block: 0 **Lot(s):** 161

Legal Description:

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

PROJECT DESCRIPTION: Construct 6' privacy fence around property

LP2019-037

PROJECT NAME: Briggs Fence
SITE ADDRESS: 1507 GLIDER CT KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/14/2019

EXPIRES: 11/10/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
PURPOSE	Residential Accessory
CONSTRUCTION COST	2500.00
SURVEYOR NAME AND NUMBER	William Jones L-2532
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: Rellon J Burgess Date: 5/14/19



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2019-038	ZONING PERMIT
PROJECT NAME: Michael E. Bailey	ISSUED: 05/20/2019
SITE ADDRESS: 100 TANYA DR KILL DEVIL HILLS	EXPIRES: 11/16/2019

APPLICANT: Bailey, Michael E. 1604 Rechter Court VIRGINIA BEACH, VA 23454 757-404-3333	OWNER: Bailey, Michael E. 1604 Rechter Court VIRGINIA BEACH, VA 23454 757-404-3333
--	--

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

PIN: 988415545057	Parcel Number: 003475000
Address: 100 TANYA DR KILL DEVIL HILLS	Zoning:
Addition: MEMORIAL OVERLOOK	Block: 0 Lot(s): 14
Legal Description:	

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

PAID
W/
CLERK

MAY 20 2019

PROJECT DESCRIPTION: Fence

ZP2019-038

PROJECT NAME: Michael E. Bailey
SITE ADDRESS: 100 TANYA DR KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/20/2019

EXPIRES: 11/16/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
PURPOSE	Residential Accessory
CONSTRUCTION COST	250.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

Issued By: Donna Elliott

Contractor or Authorized Agent: Michael E Bailey Date: 5-20-19



Town of Kill Devil Hills

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

PAID

MAY 22 2019

Planning and Inspection Department

ZP2019-039

PROJECT NAME: CLARK FENCE
SITE ADDRESS: 528 PARKWOOD DR KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

APPLICANT: CLARK, CRAIG T
528 PARKWOOD DRIVE
KILL DEVIL HILLS, NC 27948

OWNER: CLARK, CRAIG T
528 PARKWOOD DRIVE
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988418227467

Parcel Number: 004046009

Address: 528 PARKWOOD DR KILL DEVIL HILLS

Addition: WRIGHT WOODS

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: 4' FENCE ALONG REAR PROPERTY LINE, TIED INTO EXISTING FENCE

ZP2019-039

PROJECT NAME: CLARK FENCE

SITE ADDRESS: 528 PARKWOOD DR KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
PURPOSE	Residential Accessory
CONSTRUCTION COST	3800.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

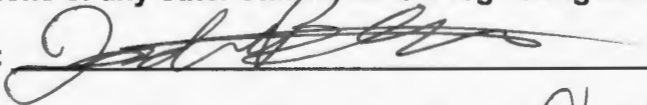
Final

CONDITIONS

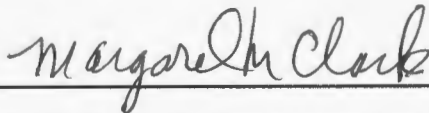
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Issued By:



Contractor or Authorized Agent:



Date:

5/22/19



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

ZP2019-042	ZONING PERMIT
PROJECT NAME: Williams fence	ISSUED: 05/30/2019
SITE ADDRESS: 705 FOURTH ST W KILL DEVIL HILLS	EXPIRES: 11/26/2019

APPLICANT: Jones, William
303 W Archdale Street
2609 PILOT LANE
Kill Devil Hills, NC 27948

OWNER: Jones, William
303 W Archdale Street
2609 PILOT LANE
Kill Devil Hills, NC 27948

CONTRACTOR: Fine Finish Construction and Design
1603 Sand Dollar Circle
kitty hawk, nc 27949
252-202-0635

License: 79316
Expires:

PARCEL:

PIN: 988405175524

Parcel Number: 002251000

Address: 705 FOURTH ST W KILL DEVIL HILLS

Addition: WRIGHT'S SHORES SEC 2

Zoning:
Block: 0 **Lot(s):** 23

Legal Description:

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

PROJECT DESCRIPTION: Construct fence around rear of property

MAY 30 2019

ZP2019-042

PROJECT NAME: Williams fence
SITE ADDRESS: 705 FOURTH ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	3000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ Date: 5/30/19



Town of Kill Devil Hills

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

PAID

MAY 30 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

ZP2019-044	<i>PAID</i>	ZONING PERMIT ISSUED: 05/30/2019 EXPIRES: 11/26/2019
PROJECT NAME: DENNY RETAINING WALL	WITH	
SITE ADDRESS: 1738 BAY DR KILL DEVIL HILLS	<i>CASH</i>	

APPLICANT: Denny, Michael 1738 Bay Dr. Kill Devil Hills, NC 27948 261-8448	OWNER: Denny, Michael 1738 Bay Dr. Kill Devil Hills, NC 27948 261-8448
--	--

BUILDER:	AFFORDABLE BILL'S 300 West Albermarle Drive nags head, nc 27959 252-480-0000	License: Unlicensed Expires: 12/31/2019
-----------------	---	--

PARCEL:

PIN: 988409053816	Parcel Number: 002550000
Address: 1738 BAY DR KILL DEVIL HILLS	Zoning:
Addition: CROATAN SHORES INC SEC 1	Block: 21 Lot(s): 17-18
Legal Description:	

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

PROJECT DESCRIPTION: BUILD 2' RETAINING WALL, 170' ALONG NORTH PROPERTY LINE

ZP2019-044

PROJECT NAME: DENNY RETAINING WALL
SITE ADDRESS: 1738 BAY DR KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
PURPOSE	Residential Accessory
CONSTRUCTION COST	6000.00
CULVERT	N
DRIVEWAY INVERT 2	N

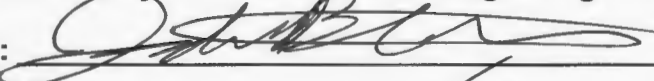
REQUIRED INSPECTIONS

Final Stringline
Zoning Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 05/30/19



Town of Kill Devil Hills

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

MAY 30 2019

Planning and Inspection Department

ZP2019-043

PROJECT NAME: ZELLMER FENCE
SITE ADDRESS: 601 WILKINSON ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

APPLICANT: Dan Osman
P. O. Box 7403
Kill Devil Hills, NC 27948
202-4599

OWNER: DAVID ZELLMER
601 W WALKER ST
Kill Devil Hills, NC 27948
540-336-4970

GENERAL BUILDING: Dan Osman
P. O. Box 7403
Kill Devil Hills, NC 27948
252-202-4599

License: 76259
Expires: 12/31/2019

PARCEL:

PIN: 987520901558

Parcel Number:

Address: 601 WILKINSON ST W KILL DEVIL HILLS

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Recombination - Lot 12R, Block 79, Virginia Dare Shores S/D

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

PROJECT DESCRIPTION: FENCE ON WESTERN PROPERTY LINE RETURN TO HOME/ 5' SEPARATION FROM SEPTIC

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 05/08/19 12:51
Payment : \$ 100.00
Receipt # : 574538
Check/Credit Card #: 592
Clerk : 981msnyd
Paid By : KAREN BEASLEY

ZP2019-043

PROJECT NAME: ZELLMER FENCE

SITE ADDRESS: 601 WILKINSON ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
PURPOSE	Residential Accessory
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N

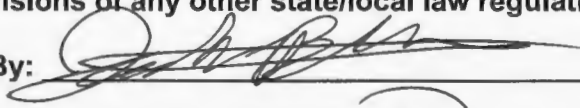
REQUIRED INSPECTIONS

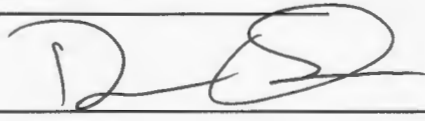
Final Stringline
Zoning Final

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: 5-30-19



Town of Kill Devil Hills

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



MAY 30 2019

Planning and Inspection Department

ZP2019-041

PROJECT NAME: HUTCHINS FENCE
SITE ADDRESS: 1716 SIOUX ST. KILL DEVIL HILLS

PAID
WITH
CASH

ZONING PERMIT

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

APPLICANT: HUTCHINS, THOMAS
4709 FELDSPAR QUAY
CHESAPEAKE, VA 23321
757-465-7825

OWNER: HUTCHINS, THOMAS
4709 FELDSPAR QUAY
CHESAPEAKE, VA 23321
757-465-7825

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

License: 000
Expires: 01/01/2050

PARCEL:

PIN: 002701022
Address: 1716 SIOUX ST. KILL DEVIL HILLS
Addition:
Legal Description: SINGLE FAMILY

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

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

PROJECT DESCRIPTION: REPLACE FENCE SAME FOOT PRINT

ZP2019-041

PROJECT NAME: HUTCHINS FENCE
SITE ADDRESS: 1716 SIOUX ST. KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

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	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2000.00
CULVERT	N
DRIVEWAY INVERT 2	N

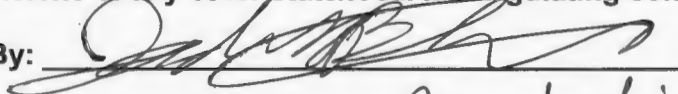
REQUIRED INSPECTIONS

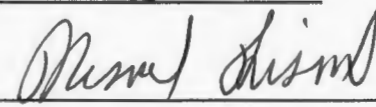
Final Stringline
Zoning Final

CONDITIONS

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

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: 5-30-19



Town of Kill Devil Hills

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

MAY 30 2019

Planning and Inspection Department

ZP2019-040	ZONING PERMIT
PROJECT NAME: Flores Fence	ISSUED: 05/23/2019
SITE ADDRESS: 600 HOLLY ST W KILL DEVIL HILLS	EXPIRES: 11/19/2019

APPLICANT: Flores, Jose
1103 Swan St.
KILL DEVIL HILLS, NC 27948
252-256-0460

OWNER: Flores, Jose
1103 Swan St.
KILL DEVIL HILLS, NC 27948
252-256-0460

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

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

License: 78583
Expires:

PARCEL:

PIN: 988312853280

Parcel Number: 008228000

Address: 600 HOLLY ST W KILL DEVIL HILLS

Addition: KILL DEVIL BEACH EXTENDED

Zoning:

Block: AA **Lot(s):** 6 & PT 7

Legal Description:

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

PROJECT DESCRIPTION: Side and rear yard fence

ZP2019-040

PROJECT NAME: Flores Fence
SITE ADDRESS: 600 HOLLY ST W KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	10000.00
SURVEYOR NAME AND NUMBER	William S Jones L-2532
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

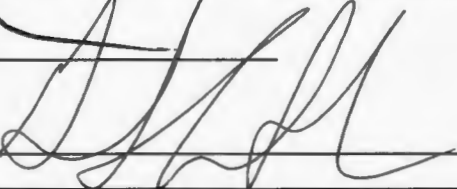
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Issued By:



Contractor or Authorized Agent:



Date:

5/30/19



Town of Kill Devil Hills

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

MAY 15 2019

Planning and Inspection Department

BJ2019-092	BUILDING JOINT
PROJECT NAME: Sandy Bottom Homes	ISSUED: 05/15/2019
SITE ADDRESS: 1513 DOGWOOD LN KILL DEVIL HILLS	EXPIRES: 11/11/2019

APPLICANT: FRANK SOLES/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: 988413138997

Parcel Number: 026983000

Address: 1513 DOGWOOD LN KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VLG PH A SEC 3

Block: 0 **Lot(s):** 57

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$56.25	\$0.00	Covered Porches/Decks	75 SQFT
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$1,349.25	\$0.00	Residential Heated Space	1799 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Totals :	\$1,605.50	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: 23549

160

BJ2019-092**PROJECT NAME:** Sandy Bottom Homes**SITE ADDRESS:** 1513 DOGWOOD LN KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 05/15/2019**EXPIRES:** 11/11/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	28701
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	10.50
CONSTRUCTION COST	180000.00
LOT COVERAGE	27.60
LIVING SPACE (SQFT)	1799
COVERED PORCHES/DECKS (SQFT)	75
OPEN DECK (SQFT)	131
TOTAL SQUARE FOOTAGE	2005
SURVEYOR NAME AND NUMBER	Seaboard Surveying
ENGINEER AND LICENSE NUMBER	Mike O'Steen 032628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y

BJ2019-092

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 1513 DOGWOOD LN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/15/2019

EXPIRES: 11/11/2019

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

Issued By: _____ *[Signature]*

Contractor or Authorized Agent: _____ *[Signature]* **Date:** 5-15-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-083	BUILDING JOINT
PROJECT NAME: O'Hara New Hoouse	ISSUED: 05/02/2019
SITE ADDRESS: 305 QUAIL LN KILL DEVIL HILLS	EXPIRES: 04/28/2020

APPLICANT: O'HARA, JACQUELINE A 2002 NEPTUNE WAY KITTY HAWK, NC 27949	OWNER: O'HARA, JACQUELINE A 2002 NEPTUNE WAY KITTY HAWK, NC 27949
--	--

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

BUILDING LIMITED: Simple Side Construction 308 W. Helga St. Kill Devil Hills, NC 27948 252-564-8307	License: 78583 Expires:
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PARCEL:

PIN: 988316849371	Parcel Number: 027010000
Address: 305 QUAIL LN KILL DEVIL HILLS	
Addition: WHISPERING PINES SEC 2 & 3	Zoning: Block: F Lot(s): 3
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$232.50	\$0.00	Covered Porches/Decks	310 SQFT
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
T-Pole	\$50.00	\$0.00	Residential Unheated (.40)	495 Sq. Ft
Res. Building Permit Fee	\$1,371.75	\$0.00	Residential Heated Space (.75)	1565 sq. Ft.
Totals :	\$1,804.25	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 3 Bedroom 2 Bath Single Family Dwelling

MAY - 6 2019

Town of Kill Devil Hills
 Water Charges
PAID
 Water Tap #: T23547

160

BJ2019-083

PROJECT NAME: O'Hara New Hoise
SITE ADDRESS: 305 QUAIL LN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/02/2019

EXPIRES: 04/28/2020

REQUIRED INSPECTIONS

Piling	Insulation
In-Slab Plumbing	Final
Slab/Foundation	Zoning Final
Sheathing	T-Pole
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.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Zoning Final Inspection is required.
- * 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.

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: 5-6-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-095	BUILDING JOINT
PROJECT NAME: Phillip Harrington	ISSUED: 05/20/2019
SITE ADDRESS: 1919 GEORGIA LN KILL DEVIL HILLS	EXPIRES: 11/16/2019

APPLICANT: RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	OWNER: Harrington, Phillip PO Box 2232 ELIZABETH CITY, NC 27909 252-312-4500
---	--

GENERAL, UNLIMITED:	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	License: 62339 Expires: 12/30/2019
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PARCEL:

PIN: 988405182169	Parcel Number: 002086000
Address: 1919 GEORGIA LN KILL DEVIL HILLS	Zoning:
Addition: WRIGHT'S SHORES	Block: 0 Lot(s): 122
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$1,059.80	\$0.00	Covered Porches/Decks	208 SQFT
Covered Porch Residential	\$156.00	\$0.00	Residential Unheated (.40)	92 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1364 sq. Ft.
Totals :	\$1,265.80	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling 128

MAY 21 2019

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T 23586

BJ2019-095

PROJECT NAME: Phillip Harrington

SITE ADDRESS: 1919 GEORGIA LN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/20/2019

EXPIRES: 11/16/2019

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 5/21/19



Town of Kill Devil Hills

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

PAS

MAY - 2 2019

Planning and Inspection Department

BJ2019-088	BUILDING JOINT
PROJECT NAME: Alexander Remodel	ISSUED: 05/02/2019
SITE ADDRESS: 1000 FOX ST KILL DEVIL HILLS	EXPIRES: 10/29/2019

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

OWNER: 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

PARCEL:

PIN: 988312871259

Parcel Number: 004407000

Address: 1000 FOX ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 22 **Lot(s):** 1

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Renovation/Remodel/Relocate	\$388.80	\$0.00	Remodel/Renovation	864 SQFT
Totals :	\$388.80	\$0.00		

PROJECT DESCRIPTION: remodel single family dwelling, siding, electrical, plumbing, interior framing, insulation, hvac, window replacement and flooring

BJ2019-088**PROJECT NAME:** Alexander Remodel**SITE ADDRESS:** 1000 FOX ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 05/02/2019**EXPIRES:** 10/29/2019**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
# PARKING SPACES/BEDROOM	2
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	III
CONSTRUCTION COST	29252.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

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

* Zoning Final Inspection is required.

* Total Cost of Project must stay under \$35500 to not be considered a substantial improvement per Town of Kill Devil Hills Zoning Regulation 153.053 (A).

BJ2019-088

PROJECT NAME: Alexander Remodel

SITE ADDRESS: 1000 FOX ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/02/2019

EXPIRES: 10/29/2019

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: Bud Alefanch Date: 5-19-19



Town of Kill Devil Hills

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

MAY - 1 2019

Planning and Inspection Department

BJ2019-086

PROJECT NAME: Lane enclosure and driveway addition
SITE ADDRESS: 1003 CARDINAL ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/01/2019

EXPIRES: 10/28/2019

APPLICANT: LANE, DEREK
1003 CARDINAL STREET
Kill Devil Hills, NC 27948

OWNER: LANE, DEREK
1003 CARDINAL STREET
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312870181

Parcel Number: 004412000

Address: 1003 CARDINAL ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$525.00	\$0.00	Residential Heated Space	700 sq. Ft.
Totals :	\$525.00	\$0.00	(.75)	

PROJECT DESCRIPTION: close in underneath existing dwelling for recreation room and bathroom, driveway addition to making parking compliant

BJ2019-086

PROJECT NAME: Lane enclosure and driveway addition
SITE ADDRESS: 1003 CARDINAL ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/01/2019

EXPIRES: 10/28/2019

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: 5/1/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-087	BUILDING JOINT
PROJECT NAME: FERNANDEZ RENOVATION	ISSUED: 05/01/2019
SITE ADDRESS: 304 FIRST ST W KILL DEVIL HILLS	EXPIRES: 10/28/2019

APPLICANT: CARLOS FERNANDEZ
302 W First St
Kill Devil Hills, NC 27948

OWNER: CARLOS FERNANDEZ
302 W First St
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988410355367

Parcel Number: 003197000

Address: 304 FIRST ST W KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VILLAGE SEC 2

Block: 0 **Lot(s):** 196

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Renovation/Remodel/Relocate	\$421.20	\$0.00	Remodel/Renovation	936 SQFT
Totals :	\$421.20	\$0.00		

PROJECT DESCRIPTION: RELOCATE PLUMBING AND ELECTRICAL FIXTURES, INSTALL NEW INSULATION, FLOORING AND DECKING, INSTALL NEW HVAC

MAY - 1 2019

BJ2019-087

PROJECT NAME: FERNANDEZ RENOVATION
SITE ADDRESS: 304 FIRST ST W KILL DEVIL HILLS

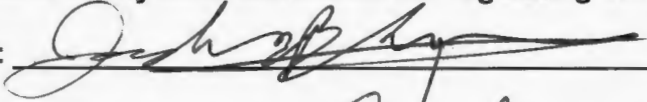
BUILDING JOINT

ISSUED: 05/01/2019

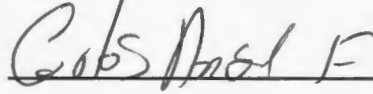
EXPIRES: 10/28/2019

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:

5-1-19



Town of Kill Devil Hills

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

PAID

MAY - 9 2019

Planning and Inspection Department

BJ2019-091	BUILDING JOINT
PROJECT NAME:	ISSUED: 05/09/2019
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill	EXPIRES: 11/05/2019

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

ELECTRICAL - UNLIMITED:	Branham Electrical Corp. 4113 s. Military Hwy CHESAPEAKE, VA 23321 757-487-6024	License: 24959 U Expires:
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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	

PROJECT DESCRIPTION: Install new lights at skate park.

"X"
Flood
Zone

BJ2019-091

PROJECT NAME:

SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

BUILDING JOINT

ISSUED: 05/09/2019

EXPIRES: 11/05/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	G&I Public
CAMA PERMIT	N
CAMA EXEMPTION	N
CONSTRUCTION COST	38800.00
ENGINEER AND LICENSE NUMBER	Kyle G Lachina 039346
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Slab/Foundation

Zoning Final

Final

CONDITIONS

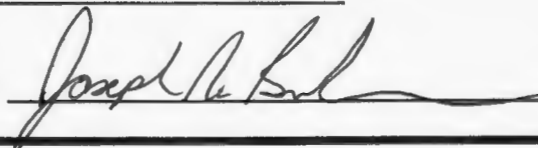
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

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:

5/9/2019



Town of Kill Devil Hills

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

STIM WARDEN
TOWN OF

MAY 13 2019

Planning and Inspection Department

BJ2019-093

PROJECT NAME: Peace of the Pie
SITE ADDRESS: 1731 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 05/10/2019
EXPIRES: 11/06/2019

APPLICANT: Gold KDH, LLC
PO Box 1745
Kill Devil Hills, NC 27948
252-202-1656

OWNER: Gold KDH, LLC
PO Box 1745
Kill Devil Hills, NC 27948
252-202-1656

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

License: 73029
Expires: 12/31/2019

PARCEL:

PIN: 989313046558

Parcel Number: 008242000

Address: 1731 CROATAN HWY S KILL DEVIL HILLS

Addition: OCEAN ACRES INC

Zoning:
Block: 0 **Lot(s):** 26-35

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$1,710.90	\$0.00	Remodel/Renovation 3802 SQFT
Totals :	\$1,710.90	\$0.00	

PROJECT DESCRIPTION: Remodel existing restaurant: Replace HVAC, repair plumbing, repair insulation, add new bar, and ADA improvements for total site.

BJ2019-093

PROJECT NAME: Peace of the Pie

SITE ADDRESS: 1731 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

DETAILS**Permit**

Name	Value
# OF DUMPSTERS	3.00
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
# PARKING SPACES/BEDROOM	61
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	203885.00
LOT COVERAGE	95.00
SURVEYOR NAME AND NUMBER	M. Douglas Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

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

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

BJ2019-093

PROJECT NAME: Peace of the Pie

SITE ADDRESS: 1731 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Prior to parking lot being re striped a zoning inspection is required.
- * Fire:
 - The Occupancy Load shall be posted
 - Any type of cooking that produces grease laden vapors is required to have a Type I fire hood suppression system
 - The plans for the fire hood suppression system shall be submitted for prior approval before installation
 - The installation of the fire hood suppression system shall fall under the building permit
- The pizza oven hood system is classified a type II and is required for that application and shows that on the plans

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: 5/13/19



Town of Kill Devil Hills

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

PAID

MAY 14 2019

Planning and Inspection Department

BJ2019-094	BUILDING JOINT
PROJECT NAME: DOMAZOS REMOVAL AND RELOCATION	ISSUED: 05/14/2019
SITE ADDRESS: 109 GREENVILLE ST KILL DEVIL HILLS	EXPIRES: 11/10/2019

APPLICANT: Domazos, Frank 1472 Lake James Drive Virginia Beach, VA 23464 757-343-5895	OWNER: Domazos, Frank 1472 Lake James Drive Virginia Beach, VA 23464 757-343-5895
---	---

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

PIN: 988518206026	Parcel Number: 001863000
Address: 109 GREENVILLE ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 1	Block: 0 Lot(s): 417
Legal Description:	

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

PROJECT DESCRIPTION: REMOVING UNPERMITTED ELECTRICAL AND PLUMBING TO RETURN GROUND LEVEL TO STORAGE ONLY, RELOCATE WASHER AND DRYER TO UPSTAIRS HALL CLOSET

BJ2019-094**PROJECT NAME:** DOMAZOS REMOVAL AND RELOCATION
SITE ADDRESS: 109 GREENVILLE ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 05/14/2019**EXPIRES:** 11/10/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
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 Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Zoning Final Inspection is required.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.

BJ2019-094

PROJECT NAME: DOMAZOS REMOVAL AND RELOCATION
SITE ADDRESS: 109 GREENVILLE ST KILL DEVIL HILLS

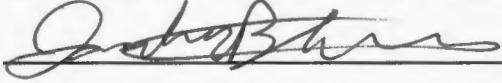
BUILDING JOINT

ISSUED: 05/14/2019

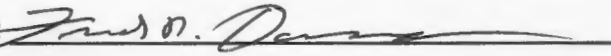
EXPIRES: 11/10/2019

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

Issued By:



Contractor or Authorized Agent:



Date:

5-14-19



Town of Kill Devil Hills

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

PAID

MAY 17 2019

Planning and Inspection Department

BJ2019-089

PROJECT NAME: Locascio Pool
SITE ADDRESS: 3309 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/09/2019

EXPIRES: 11/05/2019

APPLICANT: MR. THEODORE J LOCASCIO
1008 Delaware Ave.
Suffolk, Va 23434

OWNER: MR. THEODORE J LOCASCIO
1008 Delaware Ave.
Suffolk, Va 23434

CONTRACTOR: IN SEA, POOLS AND SPAS
1007 Suffolk St
Kill Devil Hills, NC 27948
202-9194

POOL: IN SEA, POOLS AND SPAS
1007 Suffolk St
Kill Devil Hills, NC 27948
202-9194

License: LEGACY UNKNOWN
Expires: 12/30/2025

PARCEL:

PIN: 987516840038

Parcel Number: 000170000

Address: 3309 BAY DR KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 59

Legal Description:

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

PROJECT DESCRIPTION: Fiberglass pool with concrete pool deck, wood fence for pool, wood stand for pool equipment

BJ2019-089

PROJECT NAME: Locascio Pool

SITE ADDRESS: 3309 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/09/2019

EXPIRES: 11/05/2019

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	28653
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	35000.00
LOT COVERAGE	39.00
SURVEYOR NAME AND NUMBER	WC Owen L-3216
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final Pool Bonding
 Zoning Final

CONDITIONS

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

BJ2019-089

PROJECT NAME: Locascio Pool

SITE ADDRESS: 3309 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/09/2019

EXPIRES: 11/05/2019

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

Issued By: _____

Contractor or Authorized Agent: J.A. Locascio Date: 5-17-19



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

MAY 17 2019

BJ2019-025	BUILDING JOINT
PROJECT NAME: Chris Lilliston pool	ISSUED: 05/14/2019
SITE ADDRESS: 1409 Lake Ridge Court Kill Devil Hills	EXPIRES: 11/10/2019

APPLICANT: Lilliston, Chris
426 Kitty Hawk Bay Drive
Kill Devil Hills, NC 27948
252-256-0800

OWNER: Lilliston, Chris
426 Kitty Hawk Bay Drive
Kill Devil Hills, NC 27948
252-256-0800

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988315638365

Parcel Number:

Address: 1409 Lake Ridge Court Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 5, Lake Ridge Estates Subdivision

FEES:	Paid	Due	BUILDING AREA:
Open Deck Fee	\$150.00	\$0.00	Open Decks
Pool/Hot Tub	\$200.00	\$0.00	1 EA
Totals :	\$350.00	\$0.00	

PROJECT DESCRIPTION: In-Ground Pool with wood deck surrounding, stairs from 2nd level to ground, vinyl pool fence

BJ2019-025

PROJECT NAME: Chris Lilliston pool
SITE ADDRESS: 1409 Lake Ridge Court Kill Devil Hills

BUILDING JOINT

ISSUED: 05/14/2019

EXPIRES: 11/10/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	MFED
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	20
HEALTH DEPARTMENT PERMIT #	28462
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Accessory
CONSTRUCTION COST	30000.00
LOT COVERAGE	11.00
SURVEYOR NAME AND NUMBER	Carlos Gomez L-3241
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Pool Bonding	Final
Piling	Zoning Final
Rough In	

CONDITIONS

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

BJ2019-025

PROJECT NAME: Chris Lilliston pool
SITE ADDRESS: 1409 Lake Ridge Court Kill Devil Hills

BUILDING JOINT

ISSUED: 05/14/2019

EXPIRES: 11/10/2019

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

Issued By: _____

Contractor or Authorized Agent: C. Lilliston Date: 5/17/19



Town of Kill Devil Hills

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

PAID

MAY 16 2019

Planning and Inspection Department

BJ2019-084	BUILDING JOINT
PROJECT NAME: Public Services Complex Phase 3	ISSUED: 05/15/2019
SITE ADDRESS: 701 Bermuda Bay Blvd. KILL DEVIL HILLS	EXPIRES: 11/11/2019

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, UNLIMITED:	CHESSON, A. R. 315 W Main St Williamston, NC 27892 252-792-4486	License: 13540 Expires: 12/31/2019
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PARCEL:

PIN: 988307582495	Parcel Number: 008165001
Address: 701 Bermuda Bay Blvd. KILL DEVIL HILLS	Zoning:
Addition: SUBDIVISION - NONE	Block: 0 Lot(s): 0
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Com. Building Permit Fees	\$0.00	\$0.00	Remodel/Renovation	6693 SQFT
Renovation/Remodel/Relocate	\$0.00	\$0.00	Commercial Space	9290 Sq. Ft.
Totals :	\$0.00	\$0.00		

PROJECT DESCRIPTION: Final Phase (3) of construction for KDH Public Works Complex: Solid waste addition and remodel, new animal control administration building and remodel of existing buildings, new restrooms for solid waste yard.

BJ2019-084

PROJECT NAME: Public Services Complex Phase 3
SITE ADDRESS: 701 Bermuda Bay Blvd. KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/15/2019

EXPIRES: 11/11/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	G&I Public
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Commercial Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	1261000.00
# OF UNITS	3
TOTAL SQUARE FOOTAGE	1713
SURVEYOR NAME AND NUMBER	J. Delucia 16759
ENGINEER AND LICENSE NUMBER	DJG 51864, 50864, 33493
ARCHITECT NAME AND LICENSE NUMBER	D. Booth 9877
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Storage

REQUIRED INSPECTIONS

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

CONDITIONS

- * Pavement markings reading "Fire Lane-No Parking" shall be installed in appropriate locations as approved by the Fire Marshall before CO.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

BJ2019-084

PROJECT NAME: Public Services Complex Phase 3
SITE ADDRESS: 701 Bermuda Bay Blvd. KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/15/2019

EXPIRES: 11/11/2019

- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Zoning Final Inspection is required.
- * Fire:
 - Fire Hydrant flow test shall be completed to determine fire flow requirement for fire suppression
 - The fire sprinkler and fire alarm plans shall be submitted for prior approval and installation
 - The fire sprinkler and fire alarm installation shall fall under the building permit
 - Fire sprinklers shall be designed to cover the area under open garage doors
 - Containment requirement for oil tanks shall be determined before tanks are installed

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: _____

5/16/19



Town of Kill Devil Hills

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

MAY 21 2019

Planning and Inspection Department

BJ2019-096

PROJECT NAME: Creekmur Remodel
SITE ADDRESS: 1513 SIR WALTER RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

APPLICANT: CREEKMUR, ADAM
101 McStay Lane
Newport News, VA 23606

OWNER: CREEKMUR, ADAM
101 McStay Lane
Newport News, VA 23606

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

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

License: 78540
Expires: 12/31/2019

PARCEL:

PIN: 988411555530

Parcel Number: 003189000

Address: 1513 SIR WALTER RD KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:
Block: D **Lot(s):** 34

Legal Description:

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

PROJECT DESCRIPTION: Roof replacement, replace deck boards and rails on rear deck, remove storage space below half of house underneath, remove and replace front deck and relocate stairs with landing

BJ2019-096**PROJECT NAME:** Creekmur Remodel**SITE ADDRESS:** 1513 SIR WALTER RD KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 05/21/2019**EXPIRES:** 11/17/2019**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
# PARKING SPACES/BEDROOM	2
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	45654.00
LOT COVERAGE	23.47
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
ENGINEER AND LICENSE NUMBER	Barrett Crook 027540
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

BJ2019-096

PROJECT NAME: Creekmur Remodel

SITE ADDRESS: 1513 SIR WALTER RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Reconstructed front stairs cannot extend past the front of the deck , no more than 10' off the front of the single family dwelling.

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: _____

5/21/19



Town of Kill Devil Hills

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

MAY 21 2019

Planning and Inspection Department

BJ2019-097	BUILDING JOINT
PROJECT NAME: IG HOLDINGS RESTAURANT(CHANGE OF USE/REMODEL)	ISSUED: 05/20/2019
SITE ADDRESS: 101 E. Atlantic St. KILL DEVIL HILLS	EXPIRES: 11/16/2019

APPLICANT: IG HOLDING, LLC P. O. Box 120 Kitty Hawk, NC 27949	OWNER: IG HOLDING, LLC P. O. Box 120 Kitty Hawk, NC 27949
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GENERAL, UNLIMITED:	CHESSON, A. R. 315 W Main St Williamston, NC 27892 252-792-4486	License: 13540 Expires: 12/31/2019
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PARCEL:

PIN: 988312967138	Parcel Number: 004750000
Address: 101 E. Atlantic St. KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL BEACH SEC 1 REVISED	Block: J Lot(s): 3-5
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$1,120.05	\$0.00	Remodel/Renovation 2489 SQFT
Totals :	\$1,120.05	\$0.00	

PROJECT DESCRIPTION: 3000 SF 100 SEAT RESTAURANT (CHANGE OF USE/REMODEL and MINOR SITE MODIFICATIONS))

Town of Kill Devil Hills
Water Charges
PAID
Water Tap #: T23246

BJ2019-097

PROJECT NAME: IG HOLDINGS RESTAURANT(CHANGE OF
USE/REMODEL)
SITE ADDRESS: 101 E. Atlantic St. KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/20/2019

EXPIRES: 11/16/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
PURPOSE	Commercial New
CONSTRUCTION TYPE	II
CONSTRUCTION COST	584593.00
LOT COVERAGE	54.80
LIVING SPACE (SQFT)	3000
COVERED PORCHES/DECKS (SQFT)	1029
TOTAL SQUARE FOOTAGE	4029
SURVEYOR NAME AND NUMBER	ALBEMARLE ENGINEERING 028572
ARCHITECT NAME AND LICENSE NUMBER	MARK KASTEN 7220
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

In-Slab Plumbing	Insulation
Slab/Foundation	Pre-final
Slab/Foundation	Final
Sheathing	Zoning Final
Rough In	Electrical

BJ2019-097

PROJECT NAME: IG HOLDINGS RESTAURANT(CHANGE OF USE/REMODEL)
SITE ADDRESS: 101 E. Atlantic St. KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/20/2019

EXPIRES: 11/16/2019

CONDITIONS

- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * 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.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * No outdoor seating was proposed on the site plan that was approved by the Board of Commissioners on June 11, 2018. Full service outdoor seating is considered "floor area, gross" by our ordinance and requires additional parking. Applicant's Engineer's Response: "In response to your comment in 1c, of the building permit review letter, the seating on the front porch is not for full service outdoor seating. That was intended as a waiting / smoking area or an area that people could dine with carry out food."
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Zoning Final Inspection is required.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Fire:
 - Occupancy load shall be posted
 - The Mongolian BBQ Range shall be required to have a fire hood suppression system due to producing grease and smoke
 - The plans for the kitchen and BBQ range fire hood suppression systems shall be submitted for prior approval before installation

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: Douglas R. Cooper Date: 5-21-2019



Town of Kill Devil Hills

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

Planning and Inspection Department

MAY 28 2019

BJ2019-101	BUILDING JOINT
PROJECT NAME: Bakopoulos New Single Family Dwelling	ISSUED: 05/28/2019
SITE ADDRESS: 514 WEST EDEN STREET Kill Devil Hills	EXPIRES: 11/24/2019

PARENT PERMIT #: BJ2019-082

APPLICANT: BAKOPOULOS, NICHOLAS
107 ST CLAIR RD
KILL DEVIL HILLS, NC 27948

OWNER: BAKOPOULOS, NICHOLAS
107 ST CLAIR RD
KILL DEVIL HILLS, NC 27948

BUILDING LIMITED: Hughes, Ryland James
3945 Pineway Drive
kitty hawk, nc 27949

License: 76503
Expires: 12/31/2019

PARCEL:

PIN: 987520906496
Address: 514 WEST EDEN STREET Kill Devil Hills
Addition:
Legal Description: Lot 27 and 28 Block 73

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

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

PROJECT DESCRIPTION: ADD 8'X9' STORAGE ROOM ON GROUND FLOOR

BJ2019-101

PROJECT NAME: Bakopoulos New Single Family Dwelling
SITE ADDRESS: 514 WEST EDEN STREET Kill Devil Hills

BUILDING JOINT

ISSUED: 05/28/2019

EXPIRES: 11/24/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	28633
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	9.30
PURPOSE	Residential New
CONSTRUCTION COST	400.00
LOT COVERAGE	39.60
SURVEYOR NAME AND NUMBER	M Douglas Styons L-3227
ENGINEER AND LICENSE NUMBER	John Delucia
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Zoning Final Inspection is required.

BJ2019-101

PROJECT NAME: Bakopoulos New Single Family Dwelling
SITE ADDRESS: 514 WEST EDEN STREET Kill Devil Hills

BUILDING JOINT

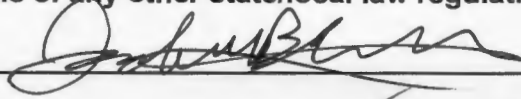
ISSUED: 05/28/2019

EXPIRES: 11/24/2019

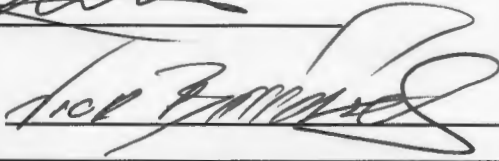
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * 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).

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: _____

5.28.19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-098

PROJECT NAME: Chen addition
SITE ADDRESS: 1400 Shay St. Kill Devil Hills

BUILDING JOINT

ISSUED: 05/24/2019

EXPIRES: 11/20/2019

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

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

CONTRACTOR: Creekmore Construction
102 Colleton Ln.
Kill Devil Hills, NC 27948
252-202-1213

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988316846672

**Parcel
Number:**

Address: 1400 Shay St. Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: PO Box 1719
102 Town Hall Drive

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Renovation/Remodel/Relocate	\$541.80	\$0.00	Remodel/Renovation	1204 SQFT
Totals :	\$541.80	\$0.00		

PROJECT DESCRIPTION: Adding two bedrooms, finishing downstairs, driveway addition, reconfigure front stairs

PAID

MAY 24 2019

BJ2019-098

PROJECT NAME: Chen addition

SITE ADDRESS: 1400 Shay St. Kill Devil Hills

BUILDING JOINT

ISSUED: 05/24/2019

EXPIRES: 11/20/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	28675
# PARKING SPACES/BEDROOM	5
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	41000.00
LOT COVERAGE	33.40
ENGINEER AND LICENSE NUMBER	Mike Robinson18994
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing	Insulation
Slab/Foundation	Final
Sheathing	Zoning 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.

* Zoning Final Inspection is required.

BJ2019-098

PROJECT NAME: Chen addition

SITE ADDRESS: 1400 Shay St. Kill Devil Hills

BUILDING JOINT

ISSUED: 05/24/2019

EXPIRES: 11/20/2019

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

* If pea gravel is used for the driveway it must be bordered by concrete or salt treated timbers in a manner which retains the stone in the driveway or parking area

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: 5/24/19



Town of Kill Devil Hills

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

PAD
MAY 31 2019

Planning and Inspection Department

BJ2019-104	BUILDING JOINT
PROJECT NAME: Davenport building & electric	ISSUED: 05/31/2019
SITE ADDRESS: 204 WILKINSON ST W KILL DEVIL HILLS	EXPIRES: 11/27/2019

APPLICANT: Davenport, William 117 Rachel Ln Powels Point, NC 27966	OWNER: Davenport, William 117 Rachel Ln Powels Point, NC 27966
---	---

ELECTRICAL, LIMITED:	THE WORKS UNKNOWN UNKNOWN, XX 00000 252-202-4162	License: 29254 Expires: 04/20/2020
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PARCEL:

PIN: 988513023926	Parcel Number: 000537000
Address: 204 WILKINSON ST W KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 34 Lot(s): 23-24
Legal Description:	

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

PROJECT DESCRIPTION: Remove all unpermitted elec, plumbing, HVAC, disconnect lower level sub panel. Remove all non flood resistant materials and install flood vents.

BJ2019-104

PROJECT NAME: Davenport building & electric
SITE ADDRESS: 204 WILKINSON ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/31/2019

EXPIRES: 11/27/2019

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	8.3
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Rough In
Final

Zoning Final

CONDITIONS

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

BJ2019-104

PROJECT NAME: Davenport building & electric
SITE ADDRESS: 204 WILKINSON ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/31/2019

EXPIRES: 11/27/2019

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: _____

5/31/19



Town of Kill Devil Hills

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

PAID

MAY 31 2019

Planning and Inspection Department

BJ2019-102	BUILDING JOINT
PROJECT NAME: Hall Renovation mixed use	ISSUED: 05/31/2019
SITE ADDRESS: 103 CLARK ST E KILL DEVIL HILLS	EXPIRES: 11/27/2019

APPLICANT: Herman Hall 1407 Percy St. Kill Devil Hills, NC 27948 305-7082	OWNER: Herman Hall 1407 Percy St. Kill Devil Hills, NC 27948 305-7082
---	---

CONTRACTOR: ERIC PRUITT
UNKNOWN
UNKNOWN, XX 00000

GENERAL:	PRUITT, ERIC GLADSTONE 2055 New Bern Street Kill Devil Hills, NC 27948	License: 21008 Expires: 01/01/2020
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PARCEL:

PIN: 988308888078	Parcel Number: 008134000
Address: 103 CLARK ST E KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 4 Lot(s): 1
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Renovation/Remodel/Relocate	\$668.25	\$0.00	Remodel/Renovation 1485 SQFT
Totals :	\$668.25	\$0.00	

PROJECT DESCRIPTION: Remodel existing office space in 1st floor into 2 residential dwelling units, 1 bedroom and a 2 bedroom unit, top floor will remain office space

BJ2019-102

PROJECT NAME: Hall Renovation mixed use
SITE ADDRESS: 103 CLARK ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/31/2019

EXPIRES: 11/27/2019

DETAILS**Permit**

Name	Value
# OF DUMPSTERS	1.00
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	8.70
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	35750.00
LOT COVERAGE	92.30
LIVING SPACE (SQFT)	1485
SURVEYOR NAME AND NUMBER	M Douglas Styons L-3227
ENGINEER AND LICENSE NUMBER	Michael D. Osteen 032628
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

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

CONDITIONS

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

BJ2019-102

PROJECT NAME: Hall Renovation mixed use
SITE ADDRESS: 103 CLARK ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/31/2019

EXPIRES: 11/27/2019

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * 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: Marty Shaw

Contractor or Authorized Agent: Keller Date: 3/31/19



Town of Kill Devil Hills

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

PAID

MAY - 6 2019

Planning and Inspection Department

BJ2019-090	BUILDING JOINT
PROJECT NAME: SAVAGE 3'X6' ACCESSORY STRUCTURE	ISSUED: 05/06/2019
SITE ADDRESS: 2043 NORFOLK ST KILL DEVIL HILLS	EXPIRES: 11/02/2019

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

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: 3'X6' ACCESSORY STRUCTURE

BJ2019-090**PROJECT NAME:** SAVAGE 3'X6' ACCESSORY STRUCTURE
SITE ADDRESS: 2043 NORFOLK ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 05/06/2019**EXPIRES:** 11/02/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
PURPOSE	Residential Accessory
CONSTRUCTION TYPE	V
CONSTRUCTION COST	400.00
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.

BJ2019-090

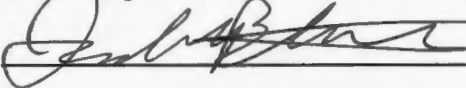
PROJECT NAME: SAVAGE 3'X6' ACCESSORY STRUCTURE
SITE ADDRESS: 2043 NORFOLK ST KILL DEVIL HILLS

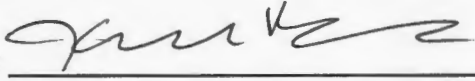
BUILDING JOINT

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

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

Issued By: 

Contractor or Authorized Agent:  Date: 5-6-19



Town of Kill Devil Hills

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

MAY - 6 2019

Planning and Inspection Department

BJ2019-085 PROJECT NAME: Glass Lift House and addition SITE ADDRESS: 435 CHOWAN ST W KILL DEVIL HILLS	PAID WITH CASH	BUILDING JOINT ISSUED: 05/06/2019 EXPIRES: 11/02/2019
--	----------------------	--

APPLICANT: Amber Glass 435 W Chowan St. Kill Devil Hills, NC 27948 252-489-0622	OWNER: Amber Glass 435 W Chowan St. Kill Devil Hills, NC 27948 252-489-0622
---	---

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

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

PIN: 987520912815	Parcel Number:	000665000
Address: 435 CHOWAN ST W KILL DEVIL HILLS	Zoning:	
Addition: VIRGINIA DARE SHORES	Block: 57	Lot(s): 1-3
Legal Description:		

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$112.50	\$0.00	Covered Porches/Decks	150 SQFT
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Renovation/Remodel/Relocate	\$68.40	\$0.00	Remodel/Renovation	152 SQFT
Res. Building Permit Fee	\$1,055.65	\$0.00	Residential Unheated (.40)	631 Sq. Ft
Totals :	\$1,386.55	\$0.00	Residential Heated Space (.75)	1071 sq. Ft.

PROJECT DESCRIPTION: raise existing structure add second floor with new kitchen, bedroom and bathroom on 2nd floor

BJ2019-085

PROJECT NAME: Glass Lift House and addition

SITE ADDRESS: 435 CHOWAN ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	10.00
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	50000.00
LOT COVERAGE	34.00
SURVEYOR NAME AND NUMBER	Jamie Furr L-4692
ENGINEER AND LICENSE NUMBER	Fredrick A House 24740
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Piling	Insulation
Slab/Foundation	Final
Sheathing	Zoning Final
Rough In	

CONDITIONS

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

BJ2019-085

PROJECT NAME: Glass Lift House and addition
SITE ADDRESS: 435 CHOWAN ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

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

Contractor or Authorized Agent: Omni Plan Date: 5-6-2019



Town of Kill Devil Hills

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

MAY 10 2019

Planning and Inspection Department

EL2019-050	ELECTRICAL
PROJECT NAME:	ISSUED: 05/06/2019
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill	EXPIRES: 11/02/2019

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

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

PIN: 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:	<u>Paid</u>	<u>Due</u>
Totals :	0.00	

PROJECT DESCRIPTION: Add 100A sub panel in traffic island. Re-purpose generator feed from Public Services building to Admin. building.

DETAILS

Permit		<i>"X" zone</i>
Name	Value	
ZONING DISTRICT	G&I Public	
PURPOSE	Commercial Repair/Remodel	
CONSTRUCTION COST	1500.00	
CONSTRUCTION TYPE	V	

EL2019-050

PROJECT NAME:

SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

ELECTRICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

REQUIRED INSPECTIONS

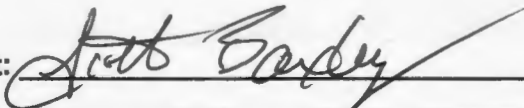
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: _____



Town of Kill Devil Hills

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

MAY 30 2019

Planning and Inspection Department

EL2019-051

PROJECT NAME: Glass t-pole
SITE ADDRESS: 435 CHOWAN ST W KILL DEVIL HILLS

ELECTRICAL
ISSUED: 05/30/2019

EXPIRES: 11/26/2019

PARENT PERMIT #: BJ2019-085

APPLICANT: Amber Glass
435 W Chowan St.
Kill Devil Hills, NC 27948
252-489-0622

OWNER: Amber Glass
435 W Chowan St.
Kill Devil Hills, NC 27948
252-489-0622

ELECTRICAL-LIMITED: William Farrell Electric LLC
5224 Lunar Drive
Kitty Hawk, NC 27949
252-475-7084

License: 30086-L
Expires: 12/01/2019

PARCEL:

PIN: 987520912815

Parcel Number: 000665000

Address: 435 CHOWAN ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 57 **Lot(s):** 1-3

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
T-Pole	\$50.00	\$0.00	# of Temporary Poles 1 EA
Totals :	\$50.00	\$0.00	

PROJECT DESCRIPTION: t-pole

EL2019-051

PROJECT NAME: Glass t-pole

SITE ADDRESS: 435 CHOWAN ST W KILL DEVIL HILLS

ELECTRICAL

ISSUED: 05/30/2019

EXPIRES: 11/26/2019

DETAILS**Permit**

Name	Value
# OF TEMP POLES	1
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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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

OP2019-014	OCCUPANCY
PROJECT NAME: C & T Contracting	ISSUED:
SITE ADDRESS: 1005 FOX ST KILL DEVIL HILLS	EXPIRES:

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

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

PARCEL:

PIN: 988312873362	Parcel Number: 004378000
Address: 1005 FOX ST KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 16 Lot(s): 8-9
Legal Description:	

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

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

PAID
MAY - 2 2019

OP2019-014

PROJECT NAME: C & T Contracting
SITE ADDRESS: 1005 FOX ST KILL DEVIL HILLS

OCCUPANCY

ISSUED:

EXPIRES:

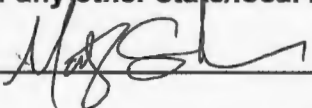
DETAILS

Permit

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

CONDITIONS

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: 5/2/19



Town of Kill Devil Hills

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

PAID

MAY - 1 2019

Planning and Inspection Department

OP2019-018	OCCUPANCY
PROJECT NAME: Conway Construction	ISSUED: 04/30/2019
SITE ADDRESS: 319 BURNS DR KILL DEVIL HILLS	EXPIRES:

PARENT PERMIT #: BJ2018-220

APPLICANT: MATT CONWAY
208 Shiloh Street
Kill Devil Hills, NC 27948

OWNER: Jones, William
303 W Archdale Street
2609 PILOT LANE
Kill Devil Hills, NC 27948

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

License: 57214
Expires: 01/01/2020

PARCEL:

PIN: 988316838830

Parcel Number: 008477000

Address: 319 BURNS DR KILL DEVIL HILLS

Zoning:

Addition: OCEAN ACRES TRACT 3 SEC 1

Block: F₁ **Lot(s):** 19

Legal Description:

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 3 Bedroom SFD

OP2019-018

PROJECT NAME: Conway Construction
SITE ADDRESS: 319 BURNS DR KILL DEVIL HILLS

OCCUPANCY

ISSUED: 04/30/2019

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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: 5-1-19



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

OP2019-021 PROJECT NAME: M.H. Kight SITE ADDRESS: 423 West Hayman Blvd. Kill Devil Hills	OCCUPANCY ISSUED: 05/24/2019 EXPIRES:
---	--

PARENT PERMIT #: BJ2017-229

APPLICANT: KIGHT, KURTIS LEE 1300 WEST ROAD CHESAPEAKE, VA 23323	OWNER: KURTIS KIGHT PO Box 1531 Kill Devil Hills, NC 27948
---	---

CONTRACTOR:	SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2020
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PARCEL:

PIN: 987520916477	Parcel Number:
Address: 423 West Hayman Blvd. Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Lots 9-11, Block 55, Virginia Dare Shores	

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

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling, Not to be rented or sold for the period of 1 year after Occupancy Permit is issued.

DETAILS	
Permit	Value
Name	
# OF TRASH CANS	1

PAID

MAY 24 2019

CONDITIONS

OP2019-021

PROJECT NAME: M.H. Kight

SITE ADDRESS: 423 West Hayman Blvd. Kill Devil Hills

OCCUPANCY

ISSUED: 05/24/2019

EXPIRES:

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

PAID

MAY 30 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2019-020

PROJECT NAME: Jose and Nasmin Flores
SITE ADDRESS: 600 HOLLY ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 05/23/2019

EXPIRES:

PARENT PERMIT #: BJ2018-035

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

OWNER: Flores, Jose
1103 Swan St.
KILL DEVIL HILLS, NC 27948
252-256-0460

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

License: 78583
Expires:

PARCEL:

PIN: 988312853280

Parcel Number: 008228000

Address: 600 HOLLY ST W KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL BEACH EXTENDED

Block: AA **Lot(s):** 6 & PT 7

Legal Description:

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

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	X

OP2019-020

PROJECT NAME: Jose and Nasmin Flores
SITE ADDRESS: 600 HOLLY ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 05/23/2019

EXPIRES:

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

5-30-19



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

PL2019-007	PLUMBING
PROJECT NAME: Matyiko Water Heater	ISSUED: 05/02/2019
SITE ADDRESS: 1812 BAY DR KILL DEVIL HILLS	EXPIRES: 10/29/2019

APPLICANT: MATYIKO, ISABELL H 448 BLACKWATER ROAD VA. BEACH, VA 23457	OWNER: MATYIKO, ISABELL H 448 BLACKWATER ROAD VA. BEACH, VA 23457
--	--

PLUMBING CLASS I:	OBX Plumbing 1417 Mollie St. Kill Devil Hills, NC 27948 252-715-2626	License: 28776 Expires: 12/31/2019
--------------------------	---	---

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

PROJECT DESCRIPTION: Move water heater from ground floor to first floor

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1200.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9

PAID

MAY - 2 2019

PL2019-007

PROJECT NAME: Matyiko Water Heater
SITE ADDRESS: 1812 BAY DR KILL DEVIL HILLS

PLUMBING

ISSUED: 05/02/2019

EXPIRES: 10/29/2019

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: _____



Town of Kill Devil Hills

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

PAID

MAY - 8 2019

Planning and Inspection Department

DM2019-002	DEMOLITION
PROJECT NAME:	ISSUED: 05/08/2019
SITE ADDRESS: 503 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 11/04/2019

APPLICANT: Kies, Kenneth & Kathleen 6109 RD MCLEAN, VA 22101	OWNER: Kies, Kenneth & Kathleen 6109 RD MCLEAN, VA 22101
---	---

GENERAL - UNLIMITED:	SAUNDERS, RM / R M SAUNDERS GENERAL CONTRACTORS INC PO Box 1922 Kill Devil Hills, NC 27948 252-207-8710	License: 32380 Expires: 01/01/2020
-----------------------------	--	---

PARCEL:

PIN: 988308990919	Parcel Number: 004232000
Address: 503 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS SEC 1	Block: 1 Lot(s): 1-2
Legal Description:	

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

PROJECT DESCRIPTION: Demolition of existing home and driveway.

DETAILS

Permit	
Name	Value
ZONING DISTRICT	OIR
FLOOD ZONE	VE
CONSTRUCTION COST	38000.00

DM2019-002

PROJECT NAME:

SITE ADDRESS: 503 VA DARE TRL S KILL DEVIL HILLS

DEMOLITION

ISSUED: 05/08/2019

EXPIRES: 11/04/2019

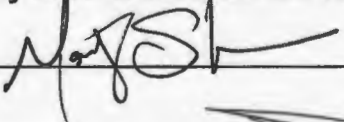
REQUIRED INSPECTIONS

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: 5-8-19



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

DW2019-008

PROJECT NAME: INTERFAITH PARKING LOT
SITE ADDRESS: 115 MUSTIAN ST KILL DEVIL HILLS

DRIVEWAY

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

APPLICANT: Interfaith Community Outreach
PO Box 87
nags head, nc 27959
252-619-1618

OWNER: Interfaith Community Outreach
PO Box 87
nags head, nc 27959
252-619-1618

UNLICENSED BUILDER: ALM Concrete, LLC
PO Box 205
kitty hawk, nc 27949

License: 1234
Expires: 04/30/2020

PARCEL:

PIN: 988307791889

Parcel Number: 029822009

Address: 115 MUSTIAN ST KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 64 **Lot(s):** 9,10

Legal Description:

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

PROJECT DESCRIPTION: TEAR OUT EXISTING PARKING LOT AND REPLACE, NO CHANGES PERMITTED

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
ZONING DISTRICT	C
CONSTRUCTION COST	2600.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00

MAY 23 2019

DW2019-008

PROJECT NAME: INTERFAITH PARKING LOT
SITE ADDRESS: 115 MUSTIAN ST KILL DEVIL HILLS

DRIVEWAY

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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: 5/23/19



Town of Kill Devil Hills

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

PAID

APR 30 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

SG2019-005

PROJECT NAME: McDonalds Drive-thru board replacement
SITE ADDRESS: 1619 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 04/02/2019

EXPIRES: 09/29/2019

APPLICANT: FRANCHISE REALTY
TANDEM ADM
P O BOX 709
ELIZABETH CITY, NC 27907

OWNER: FRANCHISE REALTY
TANDEM ADM
P O BOX 709
ELIZABETH CITY, NC 27907

CONTRACTOR: Superior Signs
10390 Alpharetta Street
ROSWELL, GA 30075

SIGN CONTRACTOR: Superior Signs
10390 Alpharetta Street
ROSWELL, GA 30075

License: 602620
Expires:

PARCEL:

PIN: 989313044858

Parcel Number: 008238000

Address: 1619 CROATAN HWY S KILL DEVIL HILLS

Addition: OCEAN ACRES INC

Zoning:
Block: 0 **Lot(s):** 11-19 & 44-51

Legal Description:

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

PROJECT DESCRIPTION: Replace both drive-thru sign boards.

SG2019-005**PROJECT NAME:** McDonalds Drive-thru board replacement
SITE ADDRESS: 1619 CROATAN HWY S KILL DEVIL HILLS**SIGN****ISSUED:** 04/02/2019**EXPIRES:** 09/29/2019**DETAILS****Permit**

Name	Value
# OF SIGNS	2
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	4500.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9

REQUIRED INSPECTIONS

Slab/Foundation

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.

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: *Alan Paas* 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

MAY 21 2019

Planning and Inspection Department

SG2019-011	SIGN
PROJECT NAME: Nikolaos Louvros/NI3 Vapor	ISSUED: 05/21/2019
SITE ADDRESS: 2401 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 11/17/2019

APPLICANT: Louvros, Nikolaos 134 W. Windjammer Rd. nags head, nc 27959 252-923-8273	OWNER: Blue Anchor Partners, LLC 23 Meredith Ct. Monmouth, NJ 07750 201-660-4212
---	--

CONTRACTOR:	SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2020
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PARCEL:

PIN: 988517115597	Parcel Number: 003037000
Address: 2401 CROATAN HWY N KILL DEVIL HILLS	
Addition: VIRGINIA DARE SHORE AMD BLK 22	Zoning: Block: 22 Lot(s): 6-8 SUR DB 128/460
Legal Description:	

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

PROJECT DESCRIPTION: Sign on the building

SG2019-011

PROJECT NAME: Nikolaos Louvros/NI3 Vapor
SITE ADDRESS: 2401 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN - WALL PERMITTED (SQFT)	36.00
SIGN- WALL PROPOSED (SQ FT)	32.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	1598.00
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.

* 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: Bobbie Lou

Date: 5/21/19



Town of Kill Devil Hills

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

MAY 22 2019

Planning and Inspection Department

SG2019-010	SIGN
PROJECT NAME: Ramada Tiki Hut Sign	ISSUED: 05/21/2019
SITE ADDRESS: 1701 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 11/17/2019

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

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

BUILDING: Access Design
3809 NORTH Croatan HWY
kitty hawk, nc 27949
202-8194

License: 0
Expires:

PARCEL:

PIN: 989309154444

Parcel Number: 008235000

Address: 1701 VA DARE TRL S KILL DEVIL HILLS

Addition: OCEAN ACRES INC

Zoning:

Block: 0

Lot(s): C & D

Legal Description:

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

PROJECT DESCRIPTION: 6 sq ft sign on exisiting freestanding sign, below main signage

SG2019-010

PROJECT NAME: Ramada Tiki Hut Sign
SITE ADDRESS: 1701 VA DARE TRL S KILL DEVIL HILLS

SIGN

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	56.00
ZONING DISTRICT	OIR
PURPOSE	Commercial Addition
CONSTRUCTION COST	3000.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.0

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

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: 5-22



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

MC2019-117	MECHANICAL
PROJECT NAME:	ISSUED: 05/06/2019
SITE ADDRESS: 508 CANAL DR KILL DEVIL HILLS	EXPIRES: 11/02/2019

APPLICANT: Cahill 508 Canal Dr. Kill Devil Hills, NC 27948 252-256-3858	OWNER: Cahill 508 Canal Dr. Kill Devil Hills, NC 27948 252-256-3858
---	---

H-3, CLASS 2:	OBX Air Pro's Heating and Cooling 197 WEST MOBILE HARBINGER, NC 27941 252-435-8782	License: 29480 Expires:
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PARCEL:

PIN: 988414341178	Parcel Number: 003394000
Address: 508 CANAL DR KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 1	Block: 0 Lot(s): 132
Legal Description:	

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

PROJECT DESCRIPTION: Install new mini-split system in FROG.

MAY - 6 2019

MC2019-117

PROJECT NAME:

SITE ADDRESS: 508 CANAL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

* Trap or check valve required per 307.2.4.1

Water level monitoring device required as per M1411.3.1.1

Disconnect at interior unit required as per manufacturer's installation instructions. Provide instructions at final inspection for review.

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: _____

5-6-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-116

PROJECT NAME:

SITE ADDRESS: 212 CHOWAN ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

APPLICANT: BURBAGE, ELBERT JORDAN
4404 SEA GROVE ROAD
PORTSMOUTH, VA 23703

OWNER: BURBAGE, ELBERT JORDAN
4404 SEA GROVE ROAD
PORTSMOUTH, VA 23703

H-3, CLASS 2:

OBX Air Pro's Heating and Cooling
197 WEST MOBILE
HARBINGER, NC 27941
252-435-8782

License: 29480
Expires:

PARCEL:

PIN: 988513133201

Parcel Number: 009099000

Address: 212 CHOWAN ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 9 **Lot(s):** 27-29

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MAY - 6 2019

MC2019-116

PROJECT NAME:

SITE ADDRESS: 212 CHOWAN ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9000.00
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: _____

5-6-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-115

PROJECT NAME:

SITE ADDRESS: 1407 North Virginia Dare Trail Kill Devil Hills

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

APPLICANT: Anukash, LLC
4003 River Park DR
suffolk, va 23435

OWNER: Anukash, LLC
4003 River Park DR
suffolk, va 23435

H-3, CLASS 2:

OBX Air Pro's Heating and Cooling
197 WEST MOBILE
HARBINGER, NC 27941
252-435-8782

License: 29480
Expires:

PARCEL:

PIN: 988411653314

Parcel Number: 002757001

Address: 1407 North Virginia Dare Trail Kill Devil Hills

Addition: Birdsong Subdivision

Zoning:

Block: Lot(s): 2A

Legal Description: 2A, The Birdsong Subdivision

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MAY - 6 2019

MC2019-115

PROJECT NAME:

SITE ADDRESS: 1407 North Virginia Dare Trail Kill Devil Hills

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	16000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
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: [Signature]

Contractor or Authorized Agent: [Signature] Date: 5-6-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-107

PROJECT NAME:

SITE ADDRESS: 3308 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

APPLICANT: KIM GARMIRE
233 W Chestnut St
KINGSTON, NY 12401
845-399-0241

OWNER: KIM GARMIRE
233 W Chestnut St
KINGSTON, NY 12401
845-399-0241

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

License: 19091
Expires: 12/31/2019

PARCEL:

PIN: 987516738921

Parcel Number: 000324000

Address: 3308 BAY DR KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:

Block: 0 **Lot(s):** 246

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MAY - 7 2019

MC2019-107

PROJECT NAME:

SITE ADDRESS: 3308 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4930.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
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.

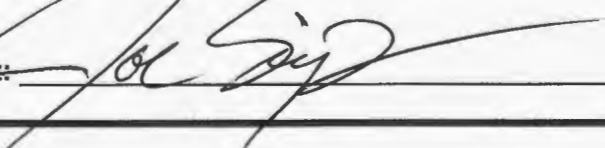
* Provide trap or check valve for interior unit per 307.2.4.1

* Provide water-level monitoring device as required by M1411.3.1.1 of the 2018 NCRC.

* Have the manufacturer's installation instructions available at final inspection to verify the requirements of an interior disconnect.

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: 5-7-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-104	MECHANICAL
PROJECT NAME: Ducharme HVAC	ISSUED: 05/02/2019
SITE ADDRESS: 304 AIRSTRIP RD W KILL DEVIL HILLS	EXPIRES: 10/29/2019

APPLICANT: Ducharme, Richard PO Box 2045 CARY, NC 27512	OWNER: Ducharme, Richard PO Box 2045 CARY, NC 27512
--	--

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: 988312862915	Parcel Number: 027087000
Address: 304 AIRSTRIP RD W KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 22 Lot(s): 6
Legal Description:	

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

PROJECT DESCRIPTION: C/O 2.5Ton Air handler

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2810.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MAY - 3 2019

MC2019-104

PROJECT NAME: Ducharme HVAC

SITE ADDRESS: 304 AIRSTRIP RD W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/02/2019

EXPIRES: 10/29/2019

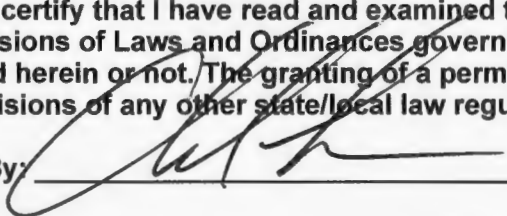
REQUIRED INSPECTIONS

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: 5-3-19



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

MC2019-105	MECHANICAL
PROJECT NAME: Pendleton HVAC	ISSUED: 05/02/2019
SITE ADDRESS: 805 EIGHTH AVE KILL DEVIL HILLS	EXPIRES: 10/29/2019

APPLICANT: Pendleton, Shawn 805 Eighth Ave Kill Devil Hills, NC 27948	OWNER: Pendleton, Shawn 805 Eighth Ave 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
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PARCEL:

PIN: 988311667759	Parcel Number: 030497000
Address: 805 EIGHTH AVE KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS RLTY CORP ADD	Block: 44 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
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5894.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MAY - 3 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

MC2019-098	MECHANICAL
PROJECT NAME: Marks HVAC	ISSUED: 04/29/2019
SITE ADDRESS: 1801 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 10/26/2019

APPLICANT: Marks, Robert
12605 Wildelake Ct
RICHMOND, VA 23233

OWNER: Marks, Robert
12605 Wildelake Ct
RICHMOND, VA 23233

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: 989309155170C3

Parcel Number: 028133000

Address: 1801 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** A, UNIT 3

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

MAY - 3 2019

MC2019-098

PROJECT NAME: Marks HVAC

SITE ADDRESS: 1801 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/29/2019

EXPIRES: 10/26/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6276.47
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

5-3-19



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

MC2019-103

PROJECT NAME: Kwedar HAVC
SITE ADDRESS: 804 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/02/2019

EXPIRES: 10/29/2019

APPLICANT: Kwedar, Charles
PO Box 185
Kill Devil Hills, NC 27948

OWNER: Kwedar, Charles
PO Box 185
Kill Devil Hills, NC 27948

MECHANICAL, H-2, H-3:

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

License: 11618
Expires: 12/31/2019

PARCEL:

PIN: 98830899011016

Parcel Number: 008147208

Address: 804 MEMORIAL BLVD S KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): UNIT 2-H

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

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6400.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

MAY - 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

MC2019-102	MECHANICAL
PROJECT NAME: Fey HVAC	ISSUED: 05/02/2019
SITE ADDRESS: 1633 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 10/29/2019

APPLICANT: Fey, Kathleen 6113 Westover Dr MECHANICSBURG, PA 17050	OWNER: Fey, Kathleen 6113 Westover Dr MECHANICSBURG, PA 17050
--	--

ELECTRICAL, PLUMBING AND HEATING: AIR HANDLERS OBX 8788 Caratoke Hwy Harbinger, NC 27941 252-216-8945	License: 32935 Expires: 01/30/2020
---	---

PARCEL:

PIN: 98841157320003	Parcel Number: 027590000
Address: 1633 VA DARE TRL N KILL DEVIL HILLS	
Addition:	Zoning: Block: B Lot(s): UNIT A-3 LT 1,2,PT3
Legal Description:	

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

PROJECT DESCRIPTION: C/O Heat pump

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3777.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N

MAY - 2 2019

MC2019-102

PROJECT NAME: Fey HVAC

SITE ADDRESS: 1633 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/02/2019

EXPIRES: 10/29/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 5/2/19



Town of Kill Devil Hills

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

PAID

MAY - 1 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-095

PROJECT NAME: Anderson HVAC
SITE ADDRESS: 903 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 04/25/2019

EXPIRES: 10/22/2019

APPLICANT: Anderson, Sharon
903 W First St
Kill Devil Hills, NC 27948

OWNER: Anderson, Sharon
903 W First St
Kill Devil Hills, NC 27948

H-3, CLASS I: HERITAGE HTG. & CLG.
209 W MORNING DOVE LN
nags head, nc 27959
252-489-3319

License: 22994
Expires: 12/31/2019

PARCEL:

PIN: 988413138133

Parcel Number: 003621000

Address: 903 FIRST ST W KILL DEVIL HILLS

Addition: LANDING SECTION 3, THE

Zoning:
Block: 0 **Lot(s):** 105

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 with attic duct work

MC2019-095

PROJECT NAME: Anderson HVAC
SITE ADDRESS: 903 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	7000.00
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: 5-1-19



Town of Kill Devil Hills

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

MAY - 8 2019

Planning and Inspection Department

MC2019-120	MECHANICAL
PROJECT NAME:	ISSUED: 05/08/2019
SITE ADDRESS: 408 HELGA ST W KILL DEVIL HILLS	EXPIRES: 11/04/2019

APPLICANT: Schmidt, Mark & Diane 17094 Coral DR SUMMERLAND KEY, FL 33042	OWNER: Schmidt, Mark & Diane 17094 Coral DR SUMMERLAND KEY, FL 33042
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MECHANICAL H-3, CLASS 1:	Land and Sea Mech Michael Brynteson 128 Oberlin Rd Wanchese, NC 27981 252-473-7585	License: 33550 Expires: 12/31/2019
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PARCEL:

PIN: 987516836400	Parcel Number: 000274000
Address: 408 HELGA ST W KILL DEVIL HILLS	Zoning:
Addition: ORVILLE BEACH WEST	Block: 0 Lot(s): 189
Legal Description:	

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-120

PROJECT NAME:

SITE ADDRESS: 408 HELGA ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/08/2019

EXPIRES: 11/04/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

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Issued By: 

Contractor or Authorized Agent: 

Date: 5-8-19



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

MC2019-114

PROJECT NAME: MAY HVAC CHANGE OUT
SITE ADDRESS: 119 GREENSBORO ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

APPLICANT: ROBERT MAY
3036 PRINCESS ANNE CRESCENT
CHESAPEAKE, VA 23321
757-435-2615

OWNER: ROBERT MAY
3036 PRINCESS ANNE CRESCENT
CHESAPEAKE, VA 23321
757-435-2615

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

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

PARCEL:

PIN: 988406299968

Parcel Number: 001876000

Address: 119 GREENSBORO ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:

Block: 0 **Lot(s):** 432

Legal Description:

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

PROJECT DESCRIPTION: REPLACE DOWNSTAIRS HVAC SYSTEM

MAY - 9 2019

MC2019-114**PROJECT NAME:** MAY HVAC CHANGE OUT
SITE ADDRESS: 119 GREENSBORO ST KILL DEVIL HILLS**MECHANICAL****ISSUED:** 05/06/2019**EXPIRES:** 11/02/2019**DETAILS****Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

5/9/19



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

MC2019-113

PROJECT NAME: FITZGERALD HVAC CHANGEOUT
SITE ADDRESS: 300 AYCOCK ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

APPLICANT: FITZGERALD, JOEL EDWARD
457 DUNMORE DRIVE
NEWPORT NEWS, VA 23602

OWNER: FITZGERALD, JOEL EDWARD
457 DUNMORE DRIVE
NEWPORT NEWS, VA 23602

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

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

PARCEL:

PIN: 988517016361

Parcel Number: 011038000

Address: 300 AYCOCK ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 46 **Lot(s):** 21-22

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

MAY - 9 2019

MC2019-113

PROJECT NAME: FITZGERALD HVAC CHANGEOUT
SITE ADDRESS: 300 AYCOCK ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

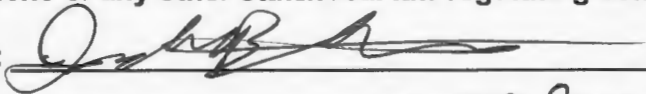
REQUIRED INSPECTIONS

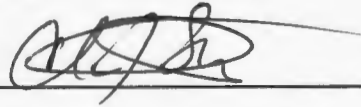
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 5/9/19



Town of Kill Devil Hills

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

PAID

MAY - 8 2019

Planning and Inspection Department

MC2019-119	MECHANICAL
PROJECT NAME: THOBURN HVAC CHANGE OUT	ISSUED: 05/08/2019
SITE ADDRESS: 402 AIRSTRIP RD W KILL DEVIL HILLS	EXPIRES: 11/04/2019

APPLICANT: CHRIS THOBURN 402 Airstrip W. Kill Devil Hills, NC 27948 252-305-3908	OWNER: CHRIS THOBURN 402 Airstrip W. Kill Devil Hills, NC 27948 252-305-3908
--	--

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
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PARCEL:

PIN: 988312860726	Parcel Number: 027923000
Address: 402 AIRSTRIP RD W KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 28 Lot(s): 5
Legal Description:	

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

PROJECT DESCRIPTION: Replace HVAC Systems

MC2019-119

PROJECT NAME: THOBURN HVAC CHANGE OUT
SITE ADDRESS: 402 AIRSTRIP RD W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/08/2019

EXPIRES: 11/04/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4950.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

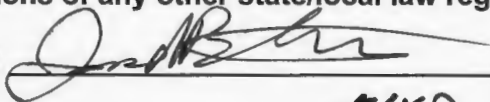
Final

CONDITIONS

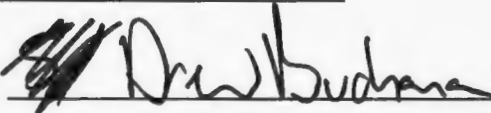
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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

5/8/19



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

MC2019-122	MECHANICAL
PROJECT NAME: OLSON HVAC CHANGE OUT	ISSUED: 05/09/2019
SITE ADDRESS: 1511 WRIGHTSVILLE BLVD KILL DEVIL HILLS	EXPIRES: 11/05/2019

APPLICANT: MICHAEL OLSON 11913 DUNNOTTAR TERRACE CHESTERFIELD, VA 23838 804-389-3349	OWNER: MICHAEL OLSON 11913 DUNNOTTAR TERRACE CHESTERFIELD, VA 23838 804-389-3349
--	--

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: 989309054497	Parcel Number: 008253000
Address: 1511 WRIGHTSVILLE BLVD KILL DEVIL HILLS	Zoning:
Addition: OCEAN ACRES INC	Block: 0 Lot(s): 64
Legal Description:	

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

PROJECT DESCRIPTION: REPLACE HVAC W/ 14 SEER 2TON SYSTEM

MAY - 9 2019

MC2019-122

PROJECT NAME: OLSON HVAC CHANGE OUT
SITE ADDRESS: 1511 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/09/2019

EXPIRES: 11/05/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5349.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS


Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 5-9-19



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

MC2019-123	MECHANICAL
PROJECT NAME: JAMISON HVAC CHANGE OUT	ISSUED: 05/09/2019
SITE ADDRESS: 1217 WINDSONG WAY KILL DEVIL HILLS	EXPIRES: 11/05/2019

APPLICANT: JAMISON, BERNARD F TRUSTEES 60 RIVERSIDE DRIVE SMITHFIELD, VA 23430	OWNER: JAMISON, BERNARD F TRUSTEES 60 RIVERSIDE DRIVE SMITHFIELD, VA 23430
---	---

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: 988415649542	Parcel Number: 004075000
Address: 1217 WINDSONG WAY KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 7
Legal Description:	

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

PROJECT DESCRIPTION: REPLACE W/ 14 SEER 3TON SYSTEM

MAY - 9 2019

MC2019-123**PROJECT NAME:** JAMISON HVAC CHANGE OUT
SITE ADDRESS: 1217 WINDSONG WAY KILL DEVIL HILLS**MECHANICAL****ISSUED:** 05/09/2019**EXPIRES:** 11/05/2019**DETAILS****Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4181.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

5-9-19



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

MC2019-121

PROJECT NAME: SHECKELLS HVAC CHANGE OUT
SITE ADDRESS: 3118 LEE AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/08/2019

EXPIRES: 11/04/2019

APPLICANT: DANIEL SHECKELLS
783 OAK STUMP DR
Millersville, MD 21108
443-688-6439

OWNER: DANIEL SHECKELLS
783 OAK STUMP DR
Millersville, MD 21108
443-688-6439

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: 987516930043

Parcel Number: 001047000

Address: 3118 LEE AVE KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:

Block: 0 **Lot(s):** 103

Legal Description:

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

PROJECT DESCRIPTION: REPLACE HVAC W/ 14 SEER 2 1/2 TON

MAY - 9 2019

MC2019-121

PROJECT NAME: SHECKELLS HVAC CHANGE OUT
SITE ADDRESS: 3118 LEE AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/08/2019

EXPIRES: 11/04/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5505.21
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

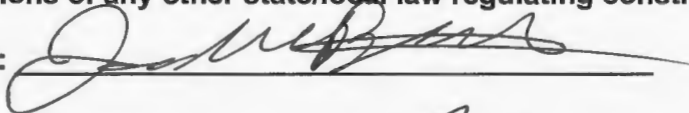
Final

CONDITIONS

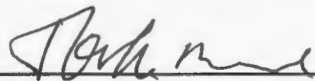
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Issued By:



Contractor or Authorized Agent:



Date:

5-9-19



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

MC2019-124	MECHANICAL
PROJECT NAME: Kozak HVAC	ISSUED: 05/09/2019
SITE ADDRESS: 2026 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 11/05/2019

APPLICANT: KOZAK, WARREN D 3133 Riveredge Dr PORTSMOUTH, VA 23703	OWNER: KOZAK, WARREN D 3133 Riveredge Dr PORTSMOUTH, VA 23703
--	--

PLUMBING, MECHANICAL:	NORRIS MECHANICAL P.O. Box 217 HARBINGER, NC 27941 252-491-2673	License: 11100 Expires: 12/31/2019
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PARCEL:

PIN: 988518301286	Parcel Number: 030652000
Address: 2026 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): 32 & 32A
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

MAY - 9 2019

MC2019-124

PROJECT NAME: Kozak HVAC

SITE ADDRESS: 2026 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/09/2019

EXPIRES: 11/05/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

5-9-19



Town of Kill Devil Hills

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

PAID

MAY 10 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-127	MECHANICAL
PROJECT NAME:	ISSUED: 05/10/2019
SITE ADDRESS: 509 MUSTIAN ST KILL DEVIL HILLS	EXPIRES: 11/06/2019

APPLICANT: KAM-MAK PROPERTIES LLC PO BOX 281 Kill Devil Hills, NC 27948	OWNER: KAM-MAK PROPERTIES LLC PO BOX 281 Kill Devil Hills, NC 27948
--	--

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

PIN: 988308796131	Parcel Number: 029822071
Address: 509 MUSTIAN ST KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 67 Lot(s): 11&12
Legal Description:	

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-127

PROJECT NAME:

SITE ADDRESS: 509 MUSTIAN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5666.00
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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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: 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

MAY 10 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-126	MECHANICAL
PROJECT NAME:	ISSUED: 05/10/2019
SITE ADDRESS: 223 Hayman Blvd. W KILL DEVIL HILLS	EXPIRES: 11/06/2019

APPLICANT: Mark Cutler
223 Hayman Blvd W.
102 Town Hall Drive
Kill Devil Hills, NC 27948
489-8209

OWNER: Mark Cutler
223 Hayman Blvd W.
102 Town Hall Drive
Kill Devil Hills, NC 27948
489-8209

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988517016816

Parcel Number: 000502000

Address: 223 Hayman Blvd. W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 30 **Lot(s):** 18

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-126

PROJECT NAME:

SITE ADDRESS: 223 Hayman Blvd. W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5944.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 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
MAY - 9 2019

Planning and Inspection Department

MC2019-125 PROJECT NAME: Ford HVAC SITE ADDRESS: 317 ST LOUIS ST KILL DEVIL HILLS	MECHANICAL ISSUED: 05/09/2019 EXPIRES: 11/05/2019
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APPLICANT: Ford, Rodney
356 N Overlook Dr
MARION, VA 24354

OWNER: Ford, Rodney
356 N Overlook Dr
MARION, VA 24354

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

License: 29031
Expires: 12/31/2019

PARCEL:

PIN: 987516847281

Parcel Number: 000191000

Address: 317 ST LOUIS ST KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 87

Legal Description:

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

PROJECT DESCRIPTION: C/O 3Ton Air handler

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2019-129

PROJECT NAME: Burell HVAC

SITE ADDRESS: 2035 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7593.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 5-10-19



Town of Kill Devil Hills

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

MAY 15 2019

Planning and Inspection Department

MC2019-131

PROJECT NAME: WHEELER HVAC
SITE ADDRESS: 3119 SEAGATE CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/15/2019

EXPIRES: 11/11/2019

APPLICANT: Wheeler, Deborah
11112 Fox Meadow Dr
Henrico, VA 23233

OWNER: Wheeler, Deborah
11112 Fox Meadow Dr
Henrico, VA 23233

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: 988513130718

Parcel Number: 003039000

Address: 3119 SEAGATE CT KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 12

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-131

PROJECT NAME: WHEELER HVAC

SITE ADDRESS: 3119 SEAGATE CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/15/2019

EXPIRES: 11/11/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5625.04
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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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

MAY 15 2019

Planning and Inspection Department

MC2019-130

PROJECT NAME: WOOD HVAC
SITE ADDRESS: 208 FRESH POND DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/15/2019

EXPIRES: 11/11/2019

APPLICANT: WOOD, MILTON J
MILDRED G CREIGHTON
706 SOUTH DOGWOOD COURT
STERLING, VA 22170

OWNER: WOOD, MILTON J
MILDRED G CREIGHTON
706 SOUTH DOGWOOD COURT
STERLING, VA 22170

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: 989313141298

Parcel Number: 004942000

Address: 208 FRESH POND DR E KILL DEVIL HILLS

Addition: LAKE DRIVE DEVELOPMENT SEC 2

Zoning:
Block: 0 **Lot(s):** 29

Legal Description:

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

PROJECT DESCRIPTION: REPLACE HVAC SYSTEM

2019-130

PROJECT NAME: WOOD HVAC
SITE ADDRESS: 208 FRESH POND DR E KILL DEVIL HILLS

MECHANICAL
ISSUED: 05/15/2019
EXPIRES: 11/11/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4173.63
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

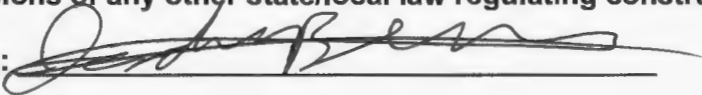
REQUIRED INSPECTIONS

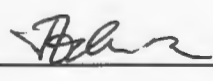
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 5-15-19



Town of Kill Devil Hills

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

PAID

MAY 16 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-133 PROJECT NAME: Ferguson HVAC SITE ADDRESS: 1225 WINDSONG WAY KILL DEVIL HILLS	MECHANICAL ISSUED: 05/16/2019 EXPIRES: 11/12/2019
--	--

APPLICANT: FERGUSON, JANET M
645 IVY LANE
CHARLOTTESVILLE, VA 22901

OWNER: FERGUSON, JANET M
645 IVY LANE
CHARLOTTESVILLE, VA 22901

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988415646444

Parcel Number: 004072000

Address: 1225 WINDSONG WAY KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 3

Legal Description:

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

PROJECT DESCRIPTION: C/O two HVAC systems

MC2019-133

PROJECT NAME: Fergeson HVAC

SITE ADDRESS: 1225 WINDSONG WAY KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/16/2019

EXPIRES: 11/12/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	17184.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

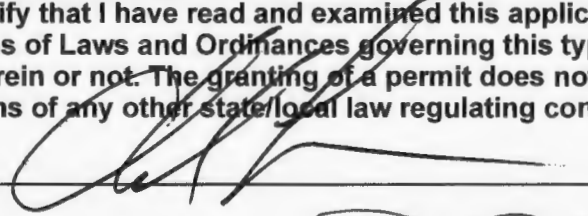
REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 5/16/19



Town of Kill Devil Hills

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

MAY 15 2019

Planning and Inspection Department

MC2019-132	MECHANICAL
PROJECT NAME: ROOSTERS HVAC	ISSUED: 05/15/2019
SITE ADDRESS: 804 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 11/11/2019

APPLICANT: WP804, LLC
P.O. Box 1636
Kill Devil Hills, NC 27948

OWNER: WP804, LLC
P.O. Box 1636
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: 988308881477

Parcel Number: 028225000

Address: 804 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 11 **Lot(s):** 9-10, PTS 8
1 2 3

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2019-132

PROJECT NAME: ROOSTERS HVAC

SITE ADDRESS: 804 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/15/2019

EXPIRES: 11/11/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	7357.79
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Assembly

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: 5-15-19



Town of Kill Devil Hills

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

MAY 17 2019

Planning and Inspection Department

MC2019-134	MECHANICAL
PROJECT NAME: Locascio HVAC	ISSUED: 05/17/2019
SITE ADDRESS: 3309 BAY DR KILL DEVIL HILLS	EXPIRES: 11/13/2019

APPLICANT: MR. THEODORE J LOCASCIO
1008 Delaware Ave.
Suffolk, Va 23434

OWNER: MR. THEODORE J LOCASCIO
1008 Delaware Ave.
Suffolk, Va 23434

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 987516840038

Parcel Number: 000170000

Address: 3309 BAY DR KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 59

Legal Description:

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

PROJECT DESCRIPTION: C/O 4 Ton HVAC System

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7788.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2019-134

PROJECT NAME: Locascio HVAC

SITE ADDRESS: 3309 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/17/2019

EXPIRES: 11/13/2019

REQUIRED INSPECTIONS

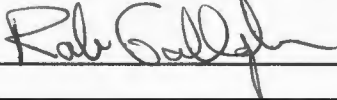
Final

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: 5/17/19



Town of Kill Devil Hills

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

PAID

MAY 20 2019

Planning and Inspection Department

MC2019-135	MECHANICAL
PROJECT NAME: Schiavello HVAC	ISSUED: 05/20/2019
SITE ADDRESS: 537 HAYMAN BLVD W KILL DEVIL HILLS	EXPIRES: 11/16/2019

APPLICANT: Schiavello, Maria 537 W HaymanBlvd KILL DEVIL HILLS, NC 27948	OWNER: Schiavello, Maria 537 W HaymanBlvd KILL DEVIL HILLS, NC 27948
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ELECTRICAL, PLUMBING AND HEATING: AIR HANDLERS OBX 8788 Caratoke Hwy Harbinger, NC 27941 252-216-8945	License: 32935 Expires: 01/30/2020
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PARCEL:

PIN: 987520819098	Parcel Number: 000710000
Address: 537 HAYMAN BLVD W KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 70 Lot(s): 1-2
Legal Description:	

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

PROJECT DESCRIPTION: C/O 1.5 Ton HVAC System

MC2019-135

PROJECT NAME: Schiavello HVAC

SITE ADDRESS: 537 HAYMAN BLVD W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/20/2019

EXPIRES: 11/16/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5515.00
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: 5/20/19



Town of Kill Devil Hills

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

MAY 21 2019

Planning and Inspection Department

MC2019-138

PROJECT NAME: KELLY HVAC
SITE ADDRESS: 1211 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

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

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

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988312975169 **Parcel Number:** 029995000

Address: 1211 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

2019-138

PROJECT NAME: KELLY HVAC

SITE ADDRESS: 1211 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	13311.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

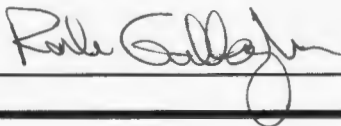
CONDITIONS

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Issued By: 

Contractor or Authorized Agent:



Date:

5/21/19



Town of Kill Devil Hills

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

MAY 21 2019

Planning and Inspection Department

MC2019-137

PROJECT NAME: PENLAND HVAC CHANGE OUT
SITE ADDRESS: 1201 CLAM SHELL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

APPLICANT: PENLAND, THOMAS D
P O BOX 1734
KILL DEVIL HILLS, NC 27948

OWNER: PENLAND, THOMAS D
P O BOX 1734
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: 988409063549

Parcel Number: 002527000

Address: 1201 CLAM SHELL DR KILL DEVIL HILLS

Addition: CROATAN SHORES INC SEC 1

Zoning:
Block: 19 **Lot(s):** 15

Legal Description:

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

PROJECT DESCRIPTION: REPLACE HVAC SYSTEM

MC2019-137

PROJECT NAME: PENLAND HVAC CHANGE OUT
SITE ADDRESS: 1201 CLAM SHELL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

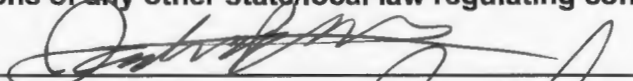
REQUIRED INSPECTIONS

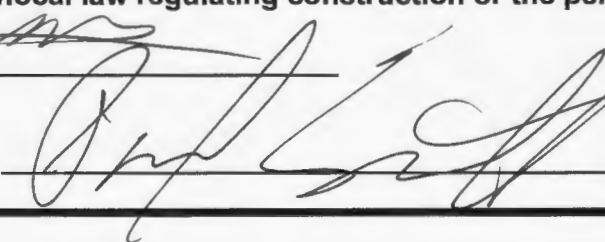
Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 5-21-19



Town of Kill Devil Hills

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

MAY 21 2019

Planning and Inspection Department

MC2019-136	MECHANICAL
PROJECT NAME: DAVIS HVAC CHANGE OUT	ISSUED: 05/20/2019
SITE ADDRESS: 114 SPORTSMAN DR E KILL DEVIL HILLS	EXPIRES: 11/16/2019

APPLICANT: DAVIS, MARGARET W 1 FRAILEY PLACE PORTSMOUTH, VA 23702	OWNER: DAVIS, MARGARET W 1 FRAILEY PLACE PORTSMOUTH, VA 23702
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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: 988517212101	Parcel Number: 001716000
Address: 114 SPORTSMAN DR E KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH	Block: 0 Lot(s): 64
Legal Description:	

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

PROJECT DESCRIPTION: REPLACE HVAC SYSTEM

MC2019-136

PROJECT NAME: DAVIS HVAC CHANGE OUT
SITE ADDRESS: 114 SPORTSMAN DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/20/2019

EXPIRES: 11/16/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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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

MAY 21 2019

Planning and Inspection Department

MC2019-140

PROJECT NAME: 17th St Surf HVAC
SITE ADDRESS: 1007 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

APPLICANT: KDHCO, LLC
2561 Horse Pasture Rd
VIRGINIA BEACH, VA 23453

OWNER: KDHCO, LLC
2561 Horse Pasture Rd
VIRGINIA BEACH, VA 23453

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: 988308879747

Parcel Number: 004324000

Address: 1007 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 4

Lot(s): 4-6 & PT 7 &

Legal Description:

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

PROJECT DESCRIPTION: C/O 5 Ton HVAC System

MC2019-140

PROJECT NAME: 17th St Surf HVAC

SITE ADDRESS: 1007 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	6800.00
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: _____

5/21/19



Town of Kill Devil Hills

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

MAY 21 2019

Planning and Inspection Department

MC2019-139	MECHANICAL
PROJECT NAME: Obner HVAC	ISSUED: 05/21/2019
SITE ADDRESS: 207 FRESH POND DR E KILL DEVIL HILLS	EXPIRES: 11/17/2019

APPLICANT: OBNER, ALFRED G 373 SHERWOOD ROAD UNION, NJ 07083	OWNER: OBNER, ALFRED G 373 SHERWOOD ROAD UNION, NJ 07083
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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
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PARCEL:

PIN: 989313142153	Parcel Number: 004942011
Address: 207 FRESH POND DR E KILL DEVIL HILLS	
Addition: LAKE DRIVE DEVELOPMENT SEC 2	Zoning: Block: 0 Lot(s): 11
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	5390.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10
NATURAL GAS SIGNOFF	N

MC2019-139

PROJECT NAME: Obner HVAC

SITE ADDRESS: 207 FRESH POND DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/21/2019

EXPIRES: 11/17/2019

REQUIRED INSPECTIONS

Final

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

Drew Buchanan
5/21/19



Town of Kill Devil Hills

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

MAY 22 2019

Planning and Inspection Department

MC2019-144	MECHANICAL
PROJECT NAME: McDowell HVAC	ISSUED: 05/22/2019
SITE ADDRESS: 1221 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 11/18/2019

APPLICANT: McDowell, Ann
6025 Martins Point Rd
kitty hawk, nc 27949

OWNER: McDowell, Ann
6025 Martins Point Rd
kitty hawk, nc 27949

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

License: 32935
Expires: 01/30/2020

PARCEL:

PIN: 989309073323A1

Parcel Number: 028967000

Address: 1221 VA DARE TRL S KILL DEVIL HILLS

Addition:

Zoning:

Block: 5

Lot(s): UNIT A-1 LT
11-12

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

MC2019-144

PROJECT NAME: McDowell HVAC

SITE ADDRESS: 1221 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4279.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 5/22/19



Town of Kill Devil Hills

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

MAY 22 2019

Planning and Inspection Department

MC2019-143	MECHANICAL
PROJECT NAME: McPherson HVAC	ISSUED: 05/22/2019
SITE ADDRESS: 2050 NEW BERN ST KILL DEVIL HILLS	EXPIRES: 11/18/2019

APPLICANT: McPherson Holdings, LLC 108 Brittany Lane suffolk, va 23435 757-630-2861	OWNER: McPherson Holdings, LLC 108 Brittany Lane suffolk, va 23435 757-630-2861
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MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949	License: 13056 Expires: 12/31/2019
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PARCEL:

PIN: 988518206682	Parcel Number: 001819000
Address: 2050 NEW BERN ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 1	Block: 0 Lot(s): 371
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

MC2019-143

PROJECT NAME: McPherson HVAC

SITE ADDRESS: 2050 NEW BERN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6818.00
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: 5/22/19



Town of Kill Devil Hills

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

PAID
MAY 22 2019

Planning and Inspection Department

MC2019-142	MECHANICAL
PROJECT NAME: Golden Strand Mini Split	ISSUED: 05/22/2019
SITE ADDRESS: 1541 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 11/18/2019

APPLICANT: LIFESTYLE HOMES INC P O BOX 1917 KILL DEVIL HILLS, NC 27948	OWNER: LIFESTYLE HOMES INC P O BOX 1917 KILL DEVIL HILLS, NC 27948
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MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949	License: 13056 Expires: 12/31/2019
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PARCEL:

PIN: 98841156728601	Parcel Number: 028041000
Address: 1541 VA DARE TRL N KILL DEVIL HILLS	
Addition: GOLDEN STRAND CONDOS	Zoning: Block: A Lot(s): 1-5 - 21 TSHARE UTS
Legal Description:	

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

PROJECT DESCRIPTION: Install mini split system in south laundry room

MC2019-142

PROJECT NAME: Golden Strand Mini Split
SITE ADDRESS: 1541 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	4576.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	14
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 5/22/19



Town of Kill Devil Hills

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

PAID

MAY 22 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-141

PROJECT NAME: WOOD HVAC CHANGE OUT
SITE ADDRESS: 1404 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

APPLICANT: ENVIROMENTAL PROFESSIONALS
1404 S. VA. Dare Tr.
Kill Devil Hills, NC 27948

OWNER: ENVIROMENTAL PROFESSIONALS
1404 S. VA. Dare Tr.
Kill Devil Hills, NC 27948

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: 989309066161

Parcel Number: 004706000

Address: 1404 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC Systems

MC2019-141

PROJECT NAME: WOOD HVAC CHANGE OUT
SITE ADDRESS: 1404 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

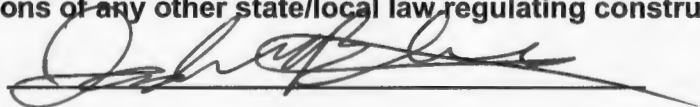
Final

CONDITIONS

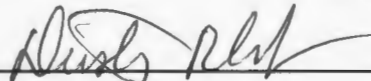
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Issued By:



Contractor or Authorized Agent:



Date:

5-22-19



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

MC2019-145	MECHANICAL
PROJECT NAME: NORDSVEN HVAC CHANGE OUT	ISSUED: 05/22/2019
SITE ADDRESS: 713 CANAL DR KILL DEVIL HILLS	EXPIRES: 11/18/2019

APPLICANT: Ryan Nordsven 713 Canal Dr. Kill Devil Hills, NC 27948 207-1259	OWNER: Ryan Nordsven 713 Canal Dr. Kill Devil Hills, NC 27948 207-1259
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MECHANICAL H-3:	AMERICAN HOME SERVICE, INC P.O. Box 2703 Kill Devil Hills, NC 27948 252-480-3400	License: 27257 Expires: 12/31/2019
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PARCEL:

PIN: 988409153063	Parcel Number: 003278000
Address: 713 CANAL DR KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 2	Block: 0 Lot(s): 313
Legal Description:	

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

PROJECT DESCRIPTION: Replace HVAC Systems

MAY 23 2019

MC2019-145

PROJECT NAME: NORDSVEN HVAC CHANGE OUT
SITE ADDRESS: 713 CANAL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/22/2019

EXPIRES: 11/18/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5510.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
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: 5.23.19



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

MC2019-148	MECHANICAL
PROJECT NAME: JETER HVAC CHANGE OUT	ISSUED: 05/23/2019
SITE ADDRESS: 518 Aycock St. Kill Devil Hills	EXPIRES: 11/19/2019

APPLICANT: CONNIE JETER 17506 CHEMIN RD PETERSBURG, VA 23803 804-481-1429	OWNER: CONNIE JETER 17506 CHEMIN RD PETERSBURG, VA 23803 804-481-1429
---	---

PLUMBING, MECHANICAL:	NORRIS MECHANICAL P.O. Box 217 HARBINGER, NC 27941 252-491-2673	License: 11100 Expires: 12/31/2019
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PARCEL:

PIN: 987520905627	Parcel Number: 000724029
Address: 518 Aycock St. Kill Devil Hills	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 72 Lot(s): 29&30
Legal Description:	

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

PROJECT DESCRIPTION: Replace HVAC Systems

PAID
MAY 23 2019
TOWN OF KILL DEVIL HILLS

MC2019-148PROJECT NAME: JETER HVAC CHANGE OUT
SITE ADDRESS: 518 Aycocock St. Kill Devil Hills**MECHANICAL**

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

DETAILS**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6700.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
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: 5-23-19



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

MC2019-147

PROJECT NAME: TILLERY HVAC CHANGE OUT
SITE ADDRESS: 402 Palmetto St. Kill Devil Hills

MECHANICAL

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

APPLICANT: MR. TERRY N TILLERY
402 Palmetto St.
Kill Devil Hills, NC 27948

OWNER: MR. TERRY N TILLERY
402 Palmetto St.
Kill Devil Hills, NC 27948

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

License: 23299
Expires: 12/31/2019

PARCEL:

PIN: 988517004549

Parcel Number: 026660021

Address: 402 Palmetto St. Kill Devil Hills

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 51 **Lot(s):** 21 & 22

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC Systems

PAID

MAY 23 2019

MC2019-147

PROJECT NAME: TILLERY HVAC CHANGE OUT
SITE ADDRESS: 402 Palmetto St. Kill Devil Hills

MECHANICAL

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

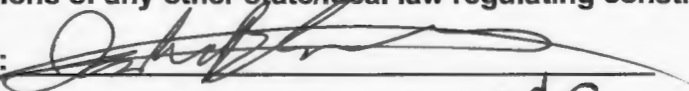
Final

CONDITIONS

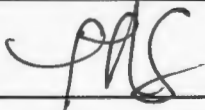
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Issued By:



Contractor or Authorized Agent:



Date:

23 May 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

MC2019-149

PROJECT NAME: BENZ HVAC CHANGE OUT
SITE ADDRESS: 402 ARCH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

APPLICANT: LEROY BENZ
1045 ESTATES CT
PORTSMOUTH, VA 23703

OWNER: LEROY BENZ
1045 ESTATES CT
PORTSMOUTH, VA 23703

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

PARCEL:

PIN: 987516845081

Parcel Number: 000210000

Address: 402 ARCH ST W KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 108

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC Systems

PAID

MAY 23 2019

MC2019-149PROJECT NAME: BENZ HVAC CHANGE OUT
SITE ADDRESS: 402 ARCH ST W KILL DEVIL HILLS**MECHANICAL**

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

DETAILS**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7730.00
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: _____

5/23/19



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

MC2019-151	MECHANICAL
PROJECT NAME: Pulley HVAC	ISSUED: 05/24/2019
SITE ADDRESS: 1237B South Virginia Dare Trail Kill Devil Hills	EXPIRES: 11/20/2019

APPLICANT: Pulley, John
3813 7th St. S
ARLINGTON, VA 22204

OWNER: Pulley, John
3813 7th St. S
ARLINGTON, VA 22204

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

License: 33023
Expires: 12/31/2019

PARCEL:

PIN: 989309066923

Parcel Number:

Address: 1237B South Virginia Dare Trail Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 2, Block A, Sec. 1, Kill Devil Beach Subdivision Sec. 1 Lots 9-10

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6316.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

MAY 24 2019

MC2019-151

PROJECT NAME: Pulley HVAC

SITE ADDRESS: 1237B South Virginia Dare Trail Kill Devil Hills

MECHANICAL

ISSUED: 05/24/2019

EXPIRES: 11/20/2019

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-150

PROJECT NAME: Capel HVAC
SITE ADDRESS: 3314 RAYMOND AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/24/2019

EXPIRES: 11/20/2019

APPLICANT: BARNES, RACHEL F
555 Blackwell Stephenson Rd
Garysburg, nc 27831

OWNER: BARNES, RACHEL F
555 Blackwell Stephenson Rd
Garysburg, nc 27831

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988509050118

Parcel Number: 000001000

Address: 3314 RAYMOND AVE KILL DEVIL HILLS

Addition: ORVILLE BEACH AMENDED BLK 3

Zoning:
Block: 3 **Lot(s):** 1-2

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

PAID

MAY 24 2019

MC2019-150

PROJECT NAME: Capel HVAC

SITE ADDRESS: 3314 RAYMOND AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/24/2019

EXPIRES: 11/20/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7176.00
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: _____

5/23/19



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

MC2019-146

PROJECT NAME: WATSON HVAC CHANGE OUT
SITE ADDRESS: 111 CARLTON AVE W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

APPLICANT: PATRICIA WATSON
PO BOX 2768
kitty hawk, nc 27949
252-255-5655

OWNER: PATRICIA WATSON
PO BOX 2768
kitty hawk, nc 27949
252-255-5655

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

License: 33023
Expires: 12/31/2019

PARCEL:

PIN: 988307792982

Parcel Number: 029822007

Address: 111 CARLTON AVE W KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 64 **Lot(s):** 7,8

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC Systems

MAY 24 2019

Value \$ 5,000.00

MC2019-146

PROJECT NAME: WATSON HVAC CHANGE OUT
SITE ADDRESS: 111 CARLTON AVE W KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/23/2019

EXPIRES: 11/19/2019

DETAILS

Permit

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

REQUIRED INSPECTIONS

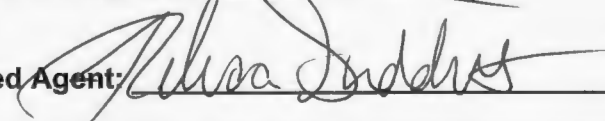
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 5/29/19



Town of Kill Devil Hills

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

MAY 28 2019

Planning and Inspection Department

MC2019-152

PROJECT NAME: TACKNEY HVAC CHANGE OUT
SITE ADDRESS: 1822 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/28/2019

EXPIRES: 11/24/2019

APPLICANT: MARCIA TACKNEY
1820 N VA DARE TRL, UNIT B
PORT JERVIS, NY 12771
252-441-3904

OWNER: MARCIA TACKNEY
1820 N VA DARE TRL, UNIT B
PORT JERVIS, NY 12771
252-441-3904

MECHANICAL H-3, CLASS 1: AIR HANDLERS OBX
8788 Caratoke Hwy
Harbinger, NC 27941
252-216-8945

License: 26599
Expires: 12/31/2019

PARCEL:

PIN: 98840648148602

Parcel Number: 030215000

Address: 1822 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: G

Lot(s): UT 1820 (B)
LOT 9

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC System

MC2019-152

PROJECT NAME: TACKNEY HVAC CHANGE OUT
SITE ADDRESS: 1822 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/28/2019

EXPIRES: 11/24/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3334.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
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: 5/28/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MAY 28 2019

BP2019-121	BUILDING
PROJECT NAME: SAWYER STAIR REBUILD	ISSUED: 05/24/2019
SITE ADDRESS: 109 SPORTSMAN DR E KILL DEVIL HILLS	EXPIRES: 11/20/2019

APPLICANT: SAWYER, CHARLES C JR
203 WILLIAMSON RD
PORTSMOUTH, VA 23707

OWNER: SAWYER, CHARLES C JR
203 WILLIAMSON RD
PORTSMOUTH, VA 23707

GENERAL REMODELING-UNLICENSED: Sealevel Siding
101 Azelea Ct.
kitty hawk, nc 27949
207-2075

License: 456
Expires:

PARCEL:

PIN: 988517201941

Parcel Number: 001710000

Address: 109 SPORTSMAN DR E KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 **Lot(s):** 57

Legal Description:

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

PROJECT DESCRIPTION: REBUILD STAIRS IN SAME FOOTPRINT, DECKING AND RAILINGS

BP2019-121PROJECT NAME: SAWYER STAIR REBUILD
SITE ADDRESS: 109 SPORTSMAN DR E KILL DEVIL HILLS**BUILDING**

ISSUED: 05/24/2019

EXPIRES: 11/20/2019

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

5-28-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-112

PROJECT NAME: SHUTTERS MINI SPLIT
SITE ADDRESS: 405 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

APPLICANT: ON TRADING CORP.
P. O. Box 389
Kill Devil Hills, NC 27959

OWNER: ON TRADING CORP.
P. O. Box 389
Kill Devil Hills, NC 27959

MECHANICAL: B&M Contractors, Inc.
790 Pitts Chapel Road
Elizabeth City, NC 27909

License: 30322
Expires:

PARCEL:

PIN: 988420809320L1

Parcel Number: 008118000

Address: 405 VA DARE TRL S KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

Zoning:

Block: 0

Lot(s): PAR. 2 & 3 & UNBRD.

Legal Description:

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

PROJECT DESCRIPTION: INSTALL DUCTLESS MINI SPLIT IN LAUNDRY ROOM

PAID WITH CASH

MAY 30 2019

MC2019-112**PROJECT NAME:** SHUTTERS MINI SPLIT**SITE ADDRESS:** 405 VA DARE TRL S KILL DEVIL HILLS**MECHANICAL****ISSUED:** 05/06/2019**EXPIRES:** 11/02/2019**DETAILS****Permit**

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	7250.00
CONSTRUCTION TYPE	IV
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Contractor or Authorized Agent: Date: 5/30/19



Town of Kill Devil Hills

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

MAY 31 2019

Planning and Inspection Department

MC2019-153	MECHANICAL
PROJECT NAME: Maher HVAC	ISSUED: 05/31/2019
SITE ADDRESS: 2027 PORTSMOUTH ST KILL DEVIL HILLS	EXPIRES: 11/27/2019

APPLICANT: Maher, Bryan
2027 Portsmouth Street
Kill Devil Hills, NC 27948
252-722-6727

OWNER: Maher, Bryan
2027 Portsmouth Street
Kill Devil Hills, NC 27948
252-722-6727

H-3, CLASS 1: Air Benders
121 Ferry Dock Road
Knotts Island, NC 27950
252-423-8043

License: 34076
Expires: 12/31/2019

PARCEL:

PIN: 988405081784

Parcel Number: 001105000

Address: 2027 PORTSMOUTH ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 888

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

MC2019-153

PROJECT NAME: Maher HVAC

SITE ADDRESS: 2027 PORTSMOUTH ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/31/2019

EXPIRES: 11/27/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5916.09
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: _____

5-31-19



Town of Kill Devil Hills

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

MAY - 6 2019

Planning and Inspection Department

MC2019-111	MECHANICAL
PROJECT NAME:	ISSUED: 05/06/2019
SITE ADDRESS: 1803 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 11/02/2019

APPLICANT: Vink, William
1803 UT 3 N Va Dare Trl
Kill Devil Hills, NC 27948

OWNER: Vink, William
1803 UT 3 N Va Dare Trl
Kill Devil Hills, NC 27948

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

License: 11100
Expires: 12/31/2019

PARCEL:

PIN: 988406485482C3

Parcel Number: 028036000

Address: 1803 VA DARE TRL N KILL DEVIL HILLS

Addition: CASA DEL SOL CONDOS

Zoning:

Block: D

Lot(s): UT 3 LTS 12-13 PT 1

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2019-111
PROJECT NAME:
SITE ADDRESS: 1803 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 05/06/2019
EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 5/6/19



Town of Kill Devil Hills

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

MAY - 5 2019
MAY - 6 2019

Planning and Inspection Department

MC2019-110

PROJECT NAME: BEACHAM HVAC CHANGEOUT
SITE ADDRESS: 1504 PRINCESS ANNE DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

APPLICANT: R&C BEACHAM INVESTMENTS, INC.
1716 APACHE ST
KILL DEVIL HILLS, NC 27948

OWNER: R&C BEACHAM INVESTMENTS, INC.
1716 APACHE 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: 988411550372

Parcel Number: 003141000

Address: 1504 PRINCESS ANNE DR KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:
Block: 4 **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGEOUT

MC2019-110

PROJECT NAME: BEACHAM HVAC CHANGEOUT

SITE ADDRESS: 1504 PRINCESS ANNE DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
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: _____

CS-10



Town of Kill Devil Hills

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

330
MAY - 6 2019

Planning and Inspection Department

MC2019-109	MECHANICAL
PROJECT NAME: ANGELOS HVAC CHANGE OUT	ISSUED: 05/06/2019
SITE ADDRESS: 909 FOX ST KILL DEVIL HILLS	EXPIRES: 11/02/2019

APPLICANT: ANGELOS, CAROL A
P O BOX 2517
KILL DEVIL HILLS, NC 27948

OWNER: ANGELOS, CAROL A
P O BOX 2517
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: 988308872650

Parcel Number: 004368000

Address: 909 FOX ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 15 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2019-109

PROJECT NAME: ANGELOS HVAC CHANGE OUT
SITE ADDRESS: 909 FOX ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4700.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

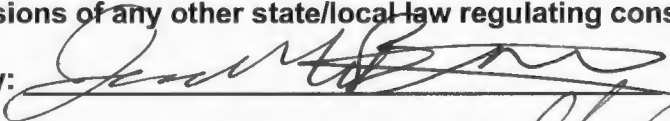
Final

CONDITIONS

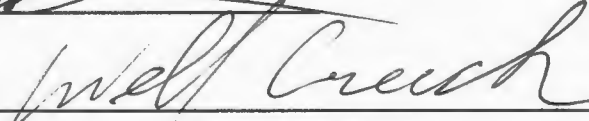
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Issued By:



Contractor or Authorized Agent:



Date:

5-5-19



Town of Kill Devil Hills

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

PAID

MAY - 6 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-108	MECHANICAL
PROJECT NAME:	ISSUED: 05/06/2019
SITE ADDRESS: 2706 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 11/02/2019

APPLICANT: Abenante, Mike
716 WOODSTOCK ROAD
VIRGINIA BEACH, VA 23464
757-286-8044

OWNER: Abenante, Mike
716 WOODSTOCK ROAD
VIRGINIA BEACH, VA 23464
757-286-8044

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: 988513128700

Parcel Number: 000780000

Address: 2706 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES AMD BLK 6

Zoning:

Block: 6 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: UPPER LEVEL HVAC REPLACEMENT

MC2019-108

PROJECT NAME:

SITE ADDRESS: 2706 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
CONSTRUCTION COST	6100.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* 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: Susan Pritchett **Date:** 5/6/19



Town of Kill Devil Hills

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

PAID

MAY - 6 2019

Planning and Inspection Department

MC2019-106

PROJECT NAME: HINES HVAC CHANGE OUT
SITE ADDRESS: 1906 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

APPLICANT: C & S REALTY CORPORATION
P O BOX 3323
DANVILLE, VA 24543-3323

OWNER: C & S REALTY CORPORATION
P O BOX 3323
DANVILLE, VA 24543-3323

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

License: 23299
Expires: 12/31/2019

PARCEL:

PIN: 988406388989

Parcel Number: 002856000

Address: 1906 VA DARE TRL N KILL DEVIL HILLS

Addition: Croatan Shores Amended

Zoning:

Block: F **Lot(s):** 15 & 16

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC System

MC2019-106

PROJECT NAME: HINES HVAC CHANGE OUT
SITE ADDRESS: 1906 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/06/2019

EXPIRES: 11/02/2019

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	4500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
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: _____

6 May 19