



**Town of Kill Devil Hills**

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

**PAID**

JUL 22 2019

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

**BJ2019-135**

**PROJECT NAME:** Schumuck driveway addition and rear yard shed  
**SITE ADDRESS:** 1724 SEMINOLE ST KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/16/2019

**EXPIRES:** 01/12/2020

**APPLICANT:** Schmuck, Matthew  
379 Valley Falls Rd.  
Fairmount, WV 26554  
304-435-5474

**OWNER:** Schmuck, Matthew  
379 Valley Falls Rd.  
Fairmount, WV 26554  
304-435-5474

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

**License:** Unlicensed  
**Expires:** 12/31/2020

**PARCEL:**

**PIN:** 988410276087

**Parcel Number:** 002671000

**Address:** 1724 SEMINOLE ST KILL DEVIL HILLS

**Addition:** HIGH VIEW - HEDRICKS ADD

**Zoning:**

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

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Accessory Residential (MIN)	\$100.00	\$0.00
Driveway Permit Fee	\$50.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Add driveway addition, slab under existing deck, 12x12 shed on slab with slab extending 8x12 in front of shed



# Town of Kill Devil Hills

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## Planning and Inspection Department

<b>BJ2019-138</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Zitnik Laundry Room Addition	<b>ISSUED:</b> 07/24/2019
<b>SITE ADDRESS:</b> 408 HOLLY ST W KILL DEVIL HILLS	<b>EXPIRES:</b> 01/20/2020

<b>APPLICANT:</b> ZITNIK, JANA 408 HOLLY STREET Kill Devil Hills, NC 27948	<b>OWNER:</b> ZITNIK, JANA 408 HOLLY STREET Kill Devil Hills, NC 27948
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<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2020
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**PARCEL:**

<b>PIN:</b> 988312857302	<b>Parcel Number:</b> 008213000
<b>Address:</b> 408 HOLLY ST W KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> KILL DEVIL BEACH EXTENDED	<b>Block:</b> W <b>Lot(s):</b> 11-12
<b>Legal Description:</b>	

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

JUL 24 2019

**PROJECT DESCRIPTION:** Add a 10x13 laundry room under existing rear deck footprint on ground floor



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PAID

JUL 16 2019

## Planning and Inspection Department

<b>BJ2019-132</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Morgan Deck remodel	<b>ISSUED:</b> 07/15/2019
<b>SITE ADDRESS:</b> 1921 BAY DR KILL DEVIL HILLS	<b>EXPIRES:</b> 01/11/2020

**APPLICANT:** Christie & Brian Morgan  
608 Greysands Ln  
Purcellville, VA 20132

**OWNER:** Christie & Brian Morgan  
608 Greysands Ln  
Purcellville, VA 20132

**CONTRACTOR:** HUNTER HOMES  
121 Craigy Court  
Kill Devil Hills, NC 27948

**GENERAL:** HUNTER HOMES  
121 Craigy Court  
Kill Devil Hills, NC 27948

**License:** 16132  
**Expires:**

**PARCEL:**

**PIN:** 988409071329

**Parcel Number:** 002168000

**Address:** 1921 BAY DR KILL DEVIL HILLS

**Addition:** WRIGHT'S SHORES

**Zoning:**  
**Block:** 0 **Lot(s):** 68

**Legal Description:**

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

**PROJECT DESCRIPTION:** remove existing open deck, replace with covered porch inside side yard setbacks, remove and replace existing stairs to same deck



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PAID  
JUL 11 2019

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

**BJ2019-038**

**PROJECT NAME:** Town Of Kill Devil Hills  
**SITE ADDRESS:** 1634 CROATAN HWY N KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 03/05/2019

**EXPIRES:** 09/01/2019

**APPLICANT:** Landmark Structures  
1665 Harmon Road  
FORT WORTH, TX 76177  
817-439-8888

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

**UNLICENSED BUILDER:** Landmark Structures  
1665 Harmon Road  
FORT WORTH, TX 76177  
817-439-8888

**License:** 32290  
**Expires:**

**PARCEL:**

**PIN:** 988410369451

**Parcel Number:** 008129000

**Address:** 1634 CROATAN HWY N KILL DEVIL HILLS

**Addition:** SUBDIVISION - NONE

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

**Legal Description:**

**FEES:** Paid Due

**Totals :**

**PROJECT DESCRIPTION:** New Water Tower Construction



# Town of Kill Devil Hills

PO BOX 1719  
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JUL 10 2019

## Planning and Inspection Department

<b>BJ2019-134</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> DENNY GENERATOR INSTALLATION	<b>ISSUED:</b> 07/09/2019
<b>SITE ADDRESS:</b> 807 DURHAM ST W KILL DEVIL HILLS	<b>EXPIRES:</b> 01/05/2020

**APPLICANT:** DENNY, THERESA  
807 W. DURHAM ST.  
KILL DEVIL HILLS, NC 27948  
252-564-2710

**OWNER:** DENNY, THERESA  
807 W. DURHAM ST.  
KILL DEVIL HILLS, NC 27948  
252-564-2710

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

**PARCEL:**

**PIN:** 988405089360

**Parcel Number:** 001380000

**Address:** 807 DURHAM ST W KILL DEVIL HILLS

**Zoning:**

**Addition:** AVALON BEACH ANNEX 2 & 3

**Block:** 0 **Lot(s):** 674

**Legal Description:**

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

**PROJECT DESCRIPTION:** INSTALL 22KW GENERAC STANDBY GENERATOR

**BJ2019-134**

**PROJECT NAME:** DENNY GENERATOR INSTALLATION  
**SITE ADDRESS:** 807 DURHAM ST W KILL DEVIL HILLS

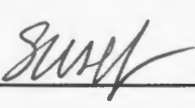
**BUILDING JOINT**

**ISSUED:** 07/09/2019

**EXPIRES:** 01/05/2020

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: 7/10/19



# Town of Kill Devil Hills

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JUL 9 2019

## Planning and Inspection Department

<b>BJ2019-133</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> PROKOP GROUND FLOOR REMOVAL	<b>ISSUED:</b> 07/09/2019
<b>SITE ADDRESS:</b> 1523 SIR WALTER RD KILL DEVIL HILLS	<b>EXPIRES:</b> 01/05/2020

**APPLICANT:** Barry Prokop  
1523 Sir Walter Rd.  
Kill Devil Hills, NC 27948  
703-426-8510

**OWNER:** Barry Prokop  
1523 Sir Walter Rd.  
Kill Devil Hills, NC 27948  
703-426-8510

**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:**

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

**PROJECT DESCRIPTION:** GROUND FLOOR BELOW B.F.E., REMOVAL OF NON FLOOD RESISTANT MATERIALS, MINI SPLIT HVAC SYSTEM, PLUMBING, AND WASHER/DRYER HOOKUPS. RE-ROUTE WASHER CONNECTION TO UPSTAIRS CLOSET. RETURN GROUND FLOOR TO GARAGE AND STORAGE ONLY.

**BJ2019-133**

**PROJECT NAME:** PROKOP GROUND FLOOR REMOVAL  
**SITE ADDRESS:** 1523 SIR WALTER RD KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/09/2019

**EXPIRES:** 01/05/2020

- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.
- \* Non- Conversion Agreement required before certificate of compliance will be issued.

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: \_\_\_\_\_





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PAID

JUL 9 2019

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

<b>BJ2019-117</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Water Oak Irrigation Water Meter--East Side	<b>ISSUED:</b> 06/25/2019
<b>SITE ADDRESS:</b> 1200 West First Street Kill Devil Hills	<b>EXPIRES:</b> 12/22/2019

<b>APPLICANT:</b> Water Oak Residential, LLC PO Box 90 Kill Devil Hills, NC 27948 252-441-9003	<b>OWNER:</b> Water Oak Residential, LLC PO Box 90 Kill Devil Hills, NC 27948 252-441-9003
<b>CONTRACTOR:</b> SAGA CONSTRUCTION INC. 1314 S Croatan Hwy, Suite 301 Kill Devil Hills, NC 27948 252-441-9003	
<b>GENERAL BUILDING - LIMITED:</b>	SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003
	<b>License:</b> 62306 <b>Expires:</b> 12/30/2019

**PARCEL:**

<b>PIN:</b> 988417126342	<b>Parcel Number:</b>
<b>Address:</b> 1200 West First Street Kill Devil Hills	<b>Zoning:</b>
<b>Addition:</b>	<b>Block:</b> <b>Lot(s):</b>
<b>Legal Description:</b> Parcel A	

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

**PROJECT DESCRIPTION:** Installation of water meter for irrigation system with solar powered irrigation controller.

**BJ2019-117**

**PROJECT NAME:** Water Oak Irrigation Water Meter—East Side  
**SITE ADDRESS:** 1200 West First Street Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 06/25/2019

**EXPIRES:** 12/22/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Accessory
CONSTRUCTION COST	15000.00
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Plumbing  
Final

Zoning Final

**CONDITIONS**

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

\* Backflow preventer 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: 7-9-19



**Town of Kill Devil Hills**

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Kill Devil Hills, NC 27948  
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JUL 9 2019

**Planning and Inspection Department**

<b>BJ2019-130</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Copeland Pool	<b>ISSUED:</b> 07/08/2019
<b>SITE ADDRESS:</b> 402 WALLACE ST KILL DEVIL HILLS	<b>EXPIRES:</b> 01/04/2020

<b>APPLICANT:</b> Copeland, Michelle 402 Wallace Street Kill Devil Hills, NC 27948 252-599-2230	<b>OWNER:</b> Copeland, Michelle 402 Wallace Street Kill Devil Hills, NC 27948 252-599-2230
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**CONTRACTOR:** RM SAUNDERS GENERAL CONTRACTORS  
PO Box 1922  
Kill Devil Hills, NC 27948  
480-9477

<b>GENERAL BUILDING - UNLIMITED:</b> SAUNDERS, R.M. P.O. box 1922 Kill Devil Hills, NC 27948 252-207-8710	<b>License:</b> 32380 <b>Expires:</b> 12/31/2019
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**PARCEL:**

<b>PIN:</b> 987516836794	<b>Parcel Number:</b> 000242000
<b>Address:</b> 402 WALLACE ST KILL DEVIL HILLS	
<b>Addition:</b> ORVILLE BEACH WEST	<b>Zoning:</b>
<b>Legal Description:</b>	<b>Block:</b> 0 <b>Lot(s):</b> 150

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

**PROJECT DESCRIPTION:** Install new pool and fence

**BJ2019-130****PROJECT NAME:** Copeland Pool  
**SITE ADDRESS:** 402 WALLACE ST KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 07/08/2019

EXPIRES: 01/04/2020

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**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	28852
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	30000.00
LOT COVERAGE	38.00
SURVEYOR NAME AND NUMBER	Jamie E Furr L-4692
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

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**REQUIRED INSPECTIONS**Pool Bonding  
Final

Zoning Final

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

**BJ2019-130**

**PROJECT NAME:** Copeland Pool  
**SITE ADDRESS:** 402 WALLACE ST KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/08/2019

**EXPIRES:** 01/04/2020

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: \_\_\_\_\_

7-9-19



# 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

**BJ2019-129**

**PROJECT NAME:** Macko Remodel  
**SITE ADDRESS:** 402 OCEAN ACRES DR W KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/05/2019

**EXPIRES:** 01/01/2020

**APPLICANT:** MACKO, JOHN A  
 127 SUNRISE LANE  
 KILL DEVIL HILLS, NC 27948

**OWNER:** MACKO, JOHN A  
 127 SUNRISE LANE  
 KILL DEVIL HILLS, NC 27948

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

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

**License:** 62049  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988316837548 **Parcel Number:** 004988000  
**Address:** 402 OCEAN ACRES DR W KILL DEVIL HILLS  
**Addition:** OCEAN ACRES TRACT 3 SEC 2 **Zoning:**  
**Block:** H **Lot(s):** 4  
**Legal Description:**

FEES:	Paid	Due	BUILDING AREA:	
<del>Building Permit Fee - Minimum Fee</del>	<del>\$150.00</del>	\$0.00	Covered Porches/Decks	140 SQFT
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Covered Porch Residential	\$105.00	\$0.00		
<b>Totals :</b>	<del>\$405.00</del> 255.00	\$0.00		

**PROJECT DESCRIPTION:** Construct new front entry, new 10x14 rear deck, remove existing stairs and rear entry  
 JUL 8 2019

**BJ2019-129**

**PROJECT NAME:** Macko Remodel

**SITE ADDRESS:** 402 OCEAN ACRES DR W KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/05/2019

**EXPIRES:** 01/01/2020

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: 07/8/19



**Town of Kill Devil Hills**

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

JUL 3 2019

**Planning and Inspection Department**

**BJ2019-126**

**PROJECT NAME:** Williams Chair Lift  
**SITE ADDRESS:** 338 BICKETT ST W KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/01/2019

**EXPIRES:** 12/28/2019

**APPLICANT:** Williams, Daniel  
338 Bickett St W  
Kill Devil Hills, NC 27948  
252-202-0646

**OWNER:** Williams, Daniel  
338 Bickett St W  
Kill Devil Hills, NC 27948  
252-202-0646

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

**PARCEL:**

**PIN:** 988517006461

**Parcel Number:** 000640000

**Address:** 338 BICKETT ST W KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES

**Zoning:**  
**Block:** 49 **Lot(s):** 39-40

**Legal Description:**

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

**PROJECT DESCRIPTION:** Install outside chair lift (42"x 49") and supporting concrete pad (66"x 66")



**BJ2019-126**

PROJECT NAME: Williams Chair Lift

SITE ADDRESS: 338 BICKETT ST W KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 07/01/2019

EXPIRES: 12/28/2019

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION TYPE	V
CONSTRUCTION COST	27000.00
LOT COVERAGE	39.98
SURVEYOR NAME AND NUMBER	Jamie Furr 6892
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Slab/Foundation	Final
Electrical	Zoning Final

**CONDITIONS**

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

**BJ2019-126**

**PROJECT NAME:** Williams Chair Lift

**SITE ADDRESS:** 338 BICKETT ST W KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/01/2019

**EXPIRES:** 12/28/2019

- \* 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.

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: David E. Williams Date: 7-3-19



**Town of Kill Devil Hills**

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

JUL *2* 2019

**Planning and Inspection Department**

<b>BJ2019-121</b> <b>PROJECT NAME:</b> Water Oaks Residentail, LLC <b>SITE ADDRESS:</b> 611 Zen Lane Kill Devil Hills	<b>BUILDING JOINT</b> <b>ISSUED:</b> 07/01/2019 <b>EXPIRES:</b> 12/28/2019
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<b>APPLICANT:</b> SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003	<b>OWNER:</b> Water Oaks Residential, LLC PO Box 90 Kill Devil Hills, NC 27948 252-441-9003
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<b>GENERAL BUILDING - LIMITED:</b> SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003	<b>License:</b> 62306 <b>Expires:</b> 12/30/2019
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**PARCEL:**

PIN: 988417223448	Parcel Number:
Address: 611 Zen Lane Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Lot 56, Phase 1, Water Oak Residential Community	

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$1,896.55	\$0.00	Covered Porches/Decks	312 SQFT
Covered Porch Residential	\$234.00	\$0.00	Residential Heated Space	2124 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
<b>Totals :</b>			Residential Heated Space	241 sq. Ft.
			(.75)	
			# of Temporary Poles	1 EA
			Residential Unheated (.40)	307 Sq. Ft

**PROJECT DESCRIPTION:** Proposed 4 bedroom SFD

Town of Kill Devil Hills  
 Water Charges

**PAID**

Water Tap #: T23032

**BJ2019-121****PROJECT NAME:** Water Oaks Residentail, LLC  
**SITE ADDRESS:** 611 Zen Lane Kill Devil Hills**BUILDING JOINT****ISSUED:** 07/01/2019**EXPIRES:** 12/28/2019

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**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	KDHHWTP
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	9.83
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	150000.00
LOT COVERAGE	39.80
LIVING SPACE (SQFT)	2124
COVERED PORCHES/DECKS (SQFT)	312
GARAGE (SQFT)	307
STORAGE (SQFT)	241
TOTAL SQUARE FOOTAGE	2984
SURVEYOR NAME AND NUMBER	Michael W. Robinson
ENGINEER AND LICENSE NUMBER	Rick House 24740
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

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**BJ2019-121**

**PROJECT NAME:** Water Oaks Residentail, LLC  
**SITE ADDRESS:** 611 Zen Lane Kill Devil Hills

**BUILDING JOINT**

**ISSUED:** 07/01/2019

**EXPIRES:** 12/28/2019

**REQUIRED INSPECTIONS**

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

**CONDITIONS**

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

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: \_\_\_\_\_

7.2.19



**Town of Kill Devil Hills**

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

JUL 3 2019

**Planning and Inspection Department**

<b>BJ2019-127</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Kim and Gregg Peck	<b>ISSUED:</b> 07/03/2019
<b>SITE ADDRESS:</b> 1815 APACHE ST KILL DEVIL HILLS	<b>EXPIRES:</b> 12/30/2019

<b>APPLICANT:</b> SOUTHERN SCAPES PO Box 359 Jarvisburg, NC 27947 252-202-1654	<b>OWNER:</b> Peck, Kimberly 10335 Crumpets Lane Richmond, VA 23235
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<b>GENERAL:</b>	SOUTHERN SCAPES PO Box 359 Jarvisburg, NC 27947 252-202-1654	<b>License:</b> 64251 <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b>	988409175107	<b>Parcel Number:</b>	027153000
<b>Address:</b>	1815 APACHE ST KILL DEVIL HILLS		
<b>Addition:</b>	SEA HOLLY RIDGE	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	E <b>Lot(s):</b> 6

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>
Pool/Hot Tub	\$200.00	\$0.00
<b>Totals :</b>	<b>\$200.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Proposed in-ground pool with concrete deck and fence

**BJ2019-127**

**PROJECT NAME:** Kim and Gregg Peck  
**SITE ADDRESS:** 1815 APACHE ST KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/03/2019

**EXPIRES:** 12/30/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	28849
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	26000.00
TOTAL SQUARE FOOTAGE	36
SURVEYOR NAME AND NUMBER	Albemarle and Associates
CULVERT	N
DRIVEWAY INVERT 2	N

**REQUIRED INSPECTIONS**

Slab/Foundation	Zoning Final
Final	Pool Bonding

**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.
- \* Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.



**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**

<b>BJ2019-125</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Reynolds addition	<b>ISSUED:</b> 07/01/2019
<b>SITE ADDRESS:</b> 1701 BELL AVE KILL DEVIL HILLS	<b>EXPIRES:</b> 12/28/2019

**APPLICANT:** Reynolds, Bill  
1701 Bell AVE  
Kill Devil Hills, NC 27948

**OWNER:** Reynolds, Bill  
1701 Bell AVE  
Kill Devil Hills, NC 27948

**CONTRACTOR:** 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:** 988316930499

**Parcel Number:** 027092000

**Address:** 1701 BELL AVE KILL DEVIL HILLS

**Addition:** OCEAN ACRES TRACT 3 SEC 1

**Zoning:**  
**Block:** G **Lot(s):** 20

**Legal Description:**

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>	<b>BUILDING AREA:</b>	
Renovation/Remodel/Relocate	\$26.10	\$0.00	Remodel/Renovation	58 SQFT
Res. Building Permit Fee	\$185.25	\$0.00	Residential Heated Space (.75)	247 sq. Ft.
<b>Totals :</b>	<b>\$211.35</b>	<b>\$0.00</b>		

**PROJECT DESCRIPTION:** Partial ground floor enclosure under existing SFD, adding game room and bathroom

JUL 3 2019



**BJ2019-125**

**PROJECT NAME:** Reynolds addition  
**SITE ADDRESS:** 1701 BELL AVE KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/01/2019

**EXPIRES:** 12/28/2019

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	42000.00
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
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.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.

**BJ2019-125**

**PROJECT NAME:** Reynolds addition

**SITE ADDRESS:** 1701 BELL AVE KILL DEVIL HILLS

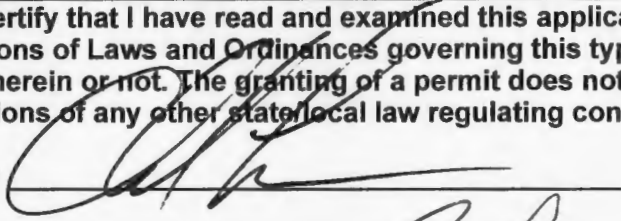
**BUILDING JOINT**

**ISSUED:** 07/01/2019

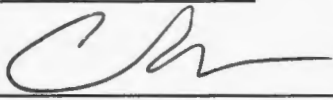
**EXPIRES:** 12/28/2019

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: \_\_\_\_\_

07/03/19



# 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

**BJ2019-128**

**PROJECT NAME:** Landing Dock Repair  
**SITE ADDRESS:** 1410 CAPTAINS CIR KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/05/2019

**EXPIRES:** 01/01/2020

**APPLICANT:** LANDING LOT OWNERS  
PO BOX 2502  
KILL DEVIL HILLS, NC 27948

**OWNER:** LANDING LOT OWNERS  
PO BOX 2502  
KILL DEVIL HILLS, NC 27948

**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:** 988413122844

**Parcel Number:** 003655001

**Address:** 1410 CAPTAINS CIR KILL DEVIL HILLS

**Addition:** LANDING SECTION 3, THE

**Zoning:**

**Block:** 0

**Lot(s):** SOUND ACCESS

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Pier/Bulkhead	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** replace pier due to storm damage

JUL 5 2019



**Town of Kill Devil Hills**

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

JUL 1 2019

**Planning and Inspection Department**

<b>BJ2019-122</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Coldwell Banker internal remodel	<b>ISSUED:</b> 07/01/2019
<b>SITE ADDRESS:</b> 2503 CROATAN HWY N KILL DEVIL HILLS	<b>EXPIRES:</b> 12/28/2019

**APPLICANT:** Jones, Gordan  
2503 N Croatan Hwy  
Kill Devil Hills, NC 27948  
252-202-1817

**OWNER:** Jones, Gordan  
2503 N Croatan Hwy  
Kill Devil Hills, NC 27948  
252-202-1817

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

**PARCEL:**

**PIN:** 988517114857

**Parcel Number:** 000444000

**Address:** 2503 CROATAN HWY N KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES

**Zoning:**  
**Block:** 21 **Lot(s):** 10-20

**Legal Description:**

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>	<b>BUILDING AREA:</b>
Renovation/Remodel/Relocate	\$0.00	\$263.70	Remodel/Renovation 586 SQFT
<b>Totals :</b>	<b>\$0.00</b>	<b>\$263.70</b>	

**PROJECT DESCRIPTION:** removal of non load bearing interior walls, new floors, replace plumbing fixtures

**BJ2019-122**

**PROJECT NAME:** Coldwell Banker internal remodel  
**SITE ADDRESS:** 2503 CROATAN HWY N KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/01/2019

**EXPIRES:** 12/28/2019

**DETAILS**

**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	44000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

**REQUIRED INSPECTIONS**

Rough In	Zoning Final
Final	

**CONDITIONS**

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

**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:** 07/01/2019



**Town of Kill Devil Hills**

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

JUL 22 2019

**Planning and Inspection Department**

<b>BP2019-164</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> Conley Deck	<b>ISSUED:</b> 07/22/2019
<b>SITE ADDRESS:</b> 319 CAMERON ST KILL DEVIL HILLS	<b>EXPIRES:</b> 01/18/2020

**APPLICANT:** Frank Conley & Kate Nesbitt  
1102 Mint Meadow Ln  
CHARLOTTEVILLE, VA 22911

**OWNER:** Frank Conley & Kate Nesbitt  
1102 Mint Meadow Ln  
CHARLOTTEVILLE, VA 22911

**UNLIMITED BUILDING:**

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

**License:** 59936  
**Expires:** 01/04/2020

**PARCEL:**

**PIN:** 987516846436

**Parcel Number:** 000159045

**Address:** 319 CAMERON ST KILL DEVIL HILLS

**Addition:** ORVILLE BEACH WEST

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** Replace upper deck on south side of house, new railings on north side

**BP2019-164**

**PROJECT NAME:** Conley Deck  
**SITE ADDRESS:** 319 CAMERON ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/22/2019

**EXPIRES:** 01/18/2020

**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	8700.00
CONSTRUCTION TYPE	V

**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: \_\_\_\_\_

7/22/19



**Town of Kill Devil Hills**

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

7-22-19

JUL 22 2019

**Planning and Inspection Department**

<b>BP2019-161</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> SAUNDERS STAIR REBUILD	<b>ISSUED:</b> 07/22/2019
<b>SITE ADDRESS:</b> 1904 VA DARE TRL S KILL DEVIL HILLS	<b>EXPIRES:</b> 01/18/2020

**APPLICANT:** RANDY M SAUNDERS  
P.O. Box 1922  
Kill Devil Hills, NC 27948

**OWNER:** RANDY M SAUNDERS  
P.O. Box 1922  
Kill Devil Hills, NC 27948

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

**License:** Unlicensed  
**Expires:** 12/31/2020

**PARCEL:**

**PIN:** 989313144499

**Parcel Number:** 008501002

**Address:** 1904 VA DARE TRL S KILL DEVIL HILLS

**Zoning:**

**Addition:** BESSIE C HARRISON&N C DOUGLAS

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** REBUILD STAIRS SAME FOOTPRINT



**BP2019-161**

**PROJECT NAME:** SAUNDERS STAIR REBUILD  
**SITE ADDRESS:** 1904 VA DARE TRL S KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/22/2019

**EXPIRES:** 01/18/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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

**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:** 7-22-19



# Town of Kill Devil Hills

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

JUL 22 2019

## Planning and Inspection Department

### BP2019-162

**PROJECT NAME:** Elliot piling replacement and front stair replacement  
**SITE ADDRESS:** 3307 BRIGGS ST KILL DEVIL HILLS

### BUILDING

**ISSUED:** 07/19/2019

**EXPIRES:** 01/15/2020

**APPLICANT:** Elliot & Associates  
11089 Lead Better Rd  
ASHLAND, VA 23005

**OWNER:** Elliot & Associates  
11089 Lead Better Rd  
ASHLAND, VA 23005

**CONTRACTOR:** BILL FROEHLICH  
UNKNOWN  
UNKNOWN, XX 00000  
207-7999

**BUILDING, REMODELING:** BILL FROEHLICH  
UNKNOWN  
UNKNOWN, XX 00000  
207-7999

**License:** 62232  
**Expires:** 12/31/2019

### PARCEL:

**PIN:** 988513040885

**Parcel Number:** 000011000

**Address:** 3307 BRIGGS ST KILL DEVIL HILLS

**Addition:** ORVILLE BEACH AMENDED BLK 3

**Zoning:**  
**Block:** 3      **Lot(s):** 12

**Legal Description:**

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

**PROJECT DESCRIPTION:** replace existing house pilings with 8x8 and front stairs as is to same footprint

**BP2019-162**

**PROJECT NAME:** Elliot piling replacement and front stair replacement  
**SITE ADDRESS:** 3307 BRIGGS ST KILL DEVIL HILLS

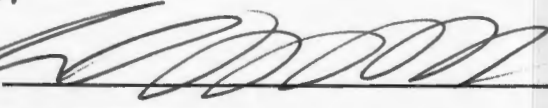
**BUILDING**

**ISSUED:** 07/19/2019

**EXPIRES:** 01/15/2020

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: 7.22.19



**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**

<b>BP2019-165</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b>	<b>ISSUED: 07/24/2019</b>
<b>SITE ADDRESS: 1500 VA DARE TRL N KILL DEVIL HILLS</b>	<b>EXPIRES: 01/20/2020</b>

<b>APPLICANT:</b> Cogsdale, Natalie W PO Box 146 Newsomes, VA 23874 757-650-8967	<b>OWNER:</b> Cogsdale, Natalie W PO Box 146 Newsomes, VA 23874 757-650-8967
---	---

<b>GENERAL:</b>	HONEY DO SERVICES 107 Fearing Place Wanchese, NC 27954 252-573-9416	<b>License:</b> unlicensed <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b>	988411558311	<b>Parcel Number:</b>	002804000
<b>Address:</b>	1500 VA DARE TRL N KILL DEVIL HILLS		
<b>Addition:</b>	CROATAN SHORES	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	D <b>Lot(s):</b> 20

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

**PROJECT DESCRIPTION:** Replace eastern stair same location.

JUL 24 2019

**BP2019-165**

**PROJECT NAME:**

**SITE ADDRESS:** 1500 VA DARE TRL N KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/24/2019

**EXPIRES:** 01/20/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 7-24-19



**Town of Kill Devil Hills**

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

PAID

JUL 26 2019

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

<b>BP2019-167</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> Cooper Deck	<b>ISSUED:</b> 07/26/2019
<b>SITE ADDRESS:</b> 113 ST CLAIR ST E KILL DEVIL HILLS	<b>EXPIRES:</b> 01/22/2020

<b>APPLICANT:</b> Cooper, Micheal 113 E St Clair St Kill Devil Hills, NC 27948 860-652-5438	<b>OWNER:</b> FLAVIN, STANLEY F JR & 3716 SURRY ROAD VIRGINIA BEACH, VA 23455
--	---

<b>UNLICENSED - REMODELING:</b>	GUNS, KENNETH W., JR. 529 Parkwood Drive Kill Devil Hills, NC 27948 252-207-9290	<b>License:</b> 00000 <b>Expires:</b> 07/30/2020
---------------------------------	---	---

**PARCEL:**

<b>PIN:</b> 988308892588	<b>Parcel Number:</b> 003800000
<b>Address:</b> 113 ST CLAIR ST E KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> KITTY HAWK SHORES - REVISED	<b>Block:</b> 32 <b>Lot(s):</b> 18
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** Rebuild deck an handrails on back and side of house, replace two sliding doors

**BP2019-167**

**PROJECT NAME:** Cooper Deck

**SITE ADDRESS:** 113 ST CLAIR ST E KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/26/2019

**EXPIRES:** 01/22/2020

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	9000.00

**REQUIRED INSPECTIONS**

Zoning Final

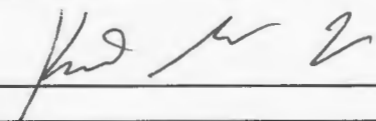
Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 7/26/19



# Town of Kill Devil Hills

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

JUL 26 2019

## Planning and Inspection Department

<b>BP2019-168</b>	PAID	<b>BUILDING</b>
<b>PROJECT NAME:</b> MIDGETTE STAIR AND LANDING REBUILD	WITH	<b>ISSUED:</b> 07/26/2019
<b>SITE ADDRESS:</b> 111 COVE CT KILL DEVIL HILLS	CASH	<b>EXPIRES:</b> 01/22/2020

<b>APPLICANT:</b> MO Investments 441 Network Station # A CHESAPEAKE, VA 23320 757-403-3683	<b>OWNER:</b> MO Investments 441 Network Station # A CHESAPEAKE, VA 23320 757-403-3683
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<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2020
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<b>PARCEL:</b>			
<b>PIN:</b>	988415547893	<b>Parcel Number:</b>	003518000
<b>Address:</b>	111 COVE CT KILL DEVIL HILLS		
<b>Addition:</b>	LANDING SECTION 1, THE	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	0 <b>Lot(s):</b> 7

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

**PROJECT DESCRIPTION:** REBUILD STAIRS, AND LANDING IN SAME FOOTPRINT



**BP2019-168****PROJECT NAME:** MIDGETTE STAIR AND LANDING REBUILD  
**SITE ADDRESS:** 111 COVE CT KILL DEVIL HILLS**BUILDING****ISSUED:** 07/26/2019**EXPIRES:** 01/22/2020

---

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
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	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

---

**REQUIRED INSPECTIONS**Zoning Final  
Final

Piling

---

**CONDITIONS**

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

**BP2019-168**

**PROJECT NAME:** MIDGETTE STAIR AND LANDING REBUILD  
**SITE ADDRESS:** 111 COVE CT KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/26/2019

**EXPIRES:** 01/22/2020

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: \_\_\_\_\_

7-26-19



**Town of Kill Devil Hills**

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

JUL 29 2019

**Planning and Inspection Department**

**BP2019-171**

**PROJECT NAME:** McDONALD STAIR REBUILD  
**SITE ADDRESS:** 100 CAMELLIA DR KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/29/2019

**EXPIRES:** 01/25/2020

**APPLICANT:** MCDONALD, FRANKLIN P  
P O BOX 746  
ELIZABETH CITY, NC 27907-0746

**OWNER:** MCDONALD, FRANKLIN P  
P O BOX 746  
ELIZABETH CITY, NC 27907-0746

**UNLICENSED BUILDER:** Melvin Todd Simpson  
604 Maple St  
ELIZABETH CITY, NC 27909  
252-799-9526

**License:** 1111  
**Expires:** 07/31/2019

**PARCEL:**

**PIN:** 988410459224

**Parcel Number:** 026946000

**Address:** 100 CAMELLIA DR KILL DEVIL HILLS

**Addition:**

**Zoning:**

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** REBUILD BOTH SETS OF EXTERIOR STEPS

**BP2019-171****PROJECT NAME:** McDONALD STAIR REBUILD  
**SITE ADDRESS:** 100 CAMELLIA DR KILL DEVIL HILLS**BUILDING****ISSUED:** 07/29/2019**EXPIRES:** 01/25/2020

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**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
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
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

---

**REQUIRED INSPECTIONS**

Zoning Final

Final

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**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.

**BP2019-171**

**PROJECT NAME:** McDONALD STAIR REBUILD  
**SITE ADDRESS:** 100 CAMELLIA DR KILL DEVIL HILLS

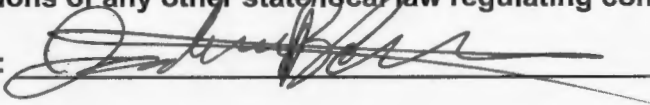
**BUILDING**

**ISSUED:** 07/29/2019

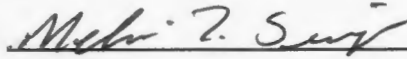
**EXPIRES:** 01/25/2020

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:

7-29-19



**Town of Kill Devil Hills**

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

JUL 30 2019

**Planning and Inspection Department**

<b>BP2019-166</b>	<b>BUILDING JOINT</b>
<b>PROJECT NAME:</b> Harheben Shed,deck and green house	<b>ISSUED:</b> 07/25/2019
<b>SITE ADDRESS:</b> 421 COOKE PL KILL DEVIL HILLS	<b>EXPIRES:</b> 01/21/2020

<b>APPLICANT:</b> Harheben, Kara 421 Cooke Place Kill Devil Hills, NC 27948 252-455-7911	<b>OWNER:</b> BLACK, HELEN O 7052 WESBEAM DRIVE MECHANICSVILLE, VA 23111-7007
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<b>CONTRACTOR:</b>	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	<b>License:</b> Same as Owner <b>Expires:</b> 12/30/2019
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**PARCEL:**

<b>PIN:</b> 988414248908	<b>Parcel Number:</b> 003381000
<b>Address:</b> 421 COOKE PL KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> FIRST FLIGHT VILLAGE SEC 1	<b>Block:</b> 0 <b>Lot(s):</b> 112
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** Construct 14'x20' shed, rebuild deck add green house and outside shower

**BP2019-166**

PROJECT NAME: Harheben Shed,deck and green house  
SITE ADDRESS: 421 COOKE PL KILL DEVIL HILLS

**BUILDING JOINT**

ISSUED: 07/25/2019

EXPIRES: 01/21/2020

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**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
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
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10000.00
ACCESSORY STRUCTURE (SQFT)	344

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**REQUIRED INSPECTIONS**

Slab/Foundation/Piling	Zoning Final
Rough In	Final

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**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).

**BP2019-166**

**PROJECT NAME:** Harheben Shed,deck and green house  
**SITE ADDRESS:** 421 COOKE PL KILL DEVIL HILLS

**BUILDING JOINT**

**ISSUED:** 07/25/2019

**EXPIRES:** 01/21/2020

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: \_\_\_\_\_

7-30-19





# 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

<b>BP2019-173</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> MIDGETT	<b>ISSUED:</b> 07/30/2019
<b>SITE ADDRESS:</b> 528 SOTHEL ST W KILL DEVIL HILLS	<b>EXPIRES:</b> 01/26/2020

<b>APPLICANT:</b> MIDGETT, NETTIE F P O BOX 3085 KILL DEVIL HILLS, NC 27948	<b>OWNER:</b> MIDGETT, NETTIE F P O BOX 3085 KILL DEVIL HILLS, NC 27948
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<b>GENERAL BUILDING INTERMEDIATE:</b> Sea Country Homes OBX, LLC 1508 Captains Ln. Kill Devil Hills, NC 27948	<b>License:</b> 73029 <b>Expires:</b> 12/31/2019
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**PARCEL:**

<b>PIN:</b> 987520818575	<b>Parcel Number:</b> 001951033
<b>Address:</b> 528 SOTHEL ST W KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> VIRGINIA DARE SHORES	<b>Block:</b> 68 <b>Lot(s):</b> 33-35
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** REBUILD STAIRS, REPLACE STAIRS AND RAILING, DECK REPAIR AS NEEDED

JUL 30 2019

**BP2019-173**

PROJECT NAME: MIDGETT

SITE ADDRESS: 528 SOTHEL ST W KILL DEVIL HILLS

**BUILDING**

ISSUED: 07/30/2019

EXPIRES: 01/26/2020

**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	10445.00
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: \_\_\_\_\_

7/30/19



# Town of Kill Devil Hills

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

JUL 19 2019

## Planning and Inspection Department

### BP2019-160

PROJECT NAME: WILLIAMS DECKING, RAILING, AND JOIST  
SITE ADDRESS: 804 FIFTH ST W KILL DEVIL HILLS

### BUILDING

ISSUED: 07/19/2019

EXPIRES: 01/15/2020

**APPLICANT:** RICHARD WILLIAMS  
319 SUSSEX CT  
SUFFOLK, VA 23434  
757-334-0097

**OWNER:** RICHARD WILLIAMS  
319 SUSSEX CT  
SUFFOLK, VA 23434  
757-334-0097

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

**License:** Unlicensed  
**Expires:** 12/31/2020

#### PARCEL:

**PIN:** 988405088183

**Parcel Number:** 002141000

**Address:** 804 FIFTH ST W KILL DEVIL HILLS

**Addition:** WRIGHT'S SHORES

**Zoning:**

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** REPLACE DECKING WITH TREX, REBUILD RAILING, REPLACE JOIST AS NEEDED.



**Town of Kill Devil Hills**

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

MAD

JUL 15 2019

**Planning and Inspection Department**

**BP2019-159**

**PROJECT NAME:** WILLIAMSON SHED  
**SITE ADDRESS:** 304 HOLLY ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/15/2019

**EXPIRES:** 01/11/2020

**APPLICANT:** WILLIAMSON, JOSEPH & FAYE  
303 SPRING LAKE RD  
FOREST, VA 24551  
804-661-5571

**OWNER:** WILLIAMSON, JOSEPH & FAYE  
303 SPRING LAKE RD  
FOREST, VA 24551  
804-661-5571

**PARCEL:**

**PIN:** 988312951508

**Parcel Number:** 008194000

**Address:** 304 HOLLY ST W KILL DEVIL HILLS

**Addition:** KILL DEVIL BEACH EXTENDED

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** 10'x14' SHED

**BP2019-159**

**PROJECT NAME:** WILLIAMSON SHED  
**SITE ADDRESS:** 304 HOLLY ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/15/2019

**EXPIRES:** 01/11/2020

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	7000.00
CONSTRUCTION TYPE	V

**REQUIRED INSPECTIONS**

Final Sheathing  
Slab/Foundation

**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: Marty Shaw

Contractor or Authorized Agent: Joseph E. Williams Date: 7/15/19



**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**

<b>BP2019-158</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b> HEINTZINGER ACCESSORY STRUCTURES	<b>ISSUED:</b> 07/11/2019
<b>SITE ADDRESS:</b> 702 CARDINAL ST KILL DEVIL HILLS	<b>EXPIRES:</b> 01/07/2020

<b>APPLICANT:</b> Heintzinger, Paul 702 Cardinal Street Kill Devil Hills, NC 27948	<b>OWNER:</b> Heintzinger, Paul 702 Cardinal Street Kill Devil Hills, NC 27948
--	--

<b>GENERAL:</b>	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2020
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<b>PARCEL:</b>			
<b>PIN:</b>	988307783078	<b>Parcel Number:</b>	004430002
<b>Address:</b>	702 CARDINAL ST KILL DEVIL HILLS		
<b>Addition:</b>	KILL DEVIL HILLS REALTY CORP	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	25 <b>Lot(s):</b> 2

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Accessory Residential (MIN)	\$100.00	\$0.00
Accessory Residential (MIN)	\$100.00	\$0.00
<b>Totals :</b>	<b>\$200.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** CONSTRUCT ONE 12X12 SHED IN REAR YARD, CONSTRUCT ONE 10X10 SHED IN REAR YARD

PAID

JUL 12 2019

TOWN OF  
KILL DEVIL HILLS

**BP2019-158**

**PROJECT NAME:** HEINTZINGER ACCESSORY STRUCTURES  
**SITE ADDRESS:** 702 CARDINAL ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/11/2019

**EXPIRES:** 01/07/2020

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**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
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	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

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**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.
- \* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- \* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- \* Zoning Final Inspection is required.

**BP2019-158**

**PROJECT NAME:** HEINTZINGER ACCESSORY STRUCTURES  
**SITE ADDRESS:** 702 CARDINAL ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/11/2019

**EXPIRES:** 01/07/2020

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

Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_





# Town of Kill Devil Hills

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

## Planning and Inspection Department

**BP2019-155**

**PROJECT NAME:** Davis Piling Sister  
**SITE ADDRESS:** 118 GREENSBORO ST KILL DEVIL HILLS

**BUILDING****ISSUED: 07/05/2019****EXPIRES: 01/01/2020**

**APPLICANT:** DAVIS, RONALD  
118 Greensboro Street  
Kill Devil Hills, NC 27948

**OWNER:** DAVIS, RONALD  
118 Greensboro Street  
Kill Devil Hills, NC 27948

**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:** 01/01/2020

**PARCEL:**

**PIN:** 988518208180

**Parcel Number:** 001868000

**Address:** 118 GREENSBORO ST KILL DEVIL HILLS

**Addition:** AVALON BEACH ANNEX 1

**Zoning:**

**Block:** 0 **Lot(s):** 422

**Legal Description:**

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

**PROJECT DESCRIPTION:** install 21 sister piles 6x6x12

JUL 8 2019

**BP2019-155**

**PROJECT NAME:** Davis Piling Sister  
**SITE ADDRESS:** 118 GREENSBORO ST KILL DEVIL HILLS

**BUILDING****ISSUED:** 07/05/2019**EXPIRES:** 01/01/2020

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**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
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 #	28796
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	12600.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

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**REQUIRED INSPECTIONS**

Zoning Final	Piling
Final	

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**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.

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**BP2019-155**

**PROJECT NAME:** Davis Piling Sister

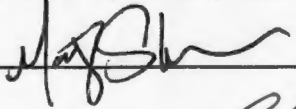
**SITE ADDRESS:** 118 GREENSBORO ST KILL DEVIL HILLS

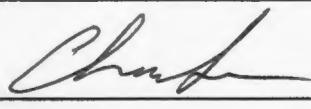
**BUILDING**

**ISSUED:** 07/05/2019

**EXPIRES:** 01/01/2020

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: 7-8-19



# 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

<b>BP2019-156</b>	<b>BUILDING</b>
<b>PROJECT NAME:</b>	<b>ISSUED: 07/03/2019</b>
<b>SITE ADDRESS: 106 GREENVILLE ST KILL DEVIL HILLS</b>	<b>EXPIRES: 12/30/2019</b>

<b>APPLICANT:</b> DRIGGS, ROBERT E 2117 ARBUTUS CIRCLE CHESAPEAKE, VA 23323	<b>OWNER:</b> DRIGGS, ROBERT E 2117 ARBUTUS CIRCLE CHESAPEAKE, VA 23323
---	---

<b>PLUMBING, CLASS I:</b>	Robert Lane Plumbing & Maintenance 4500 SOUTH Hesperides DR nags head, nc 27959 252-202-9120	<b>License:</b> 17177 <b>Expires:</b> 12/31/2019
---------------------------	---	---

<b>PARCEL:</b>			
<b>PIN:</b> 988518205106	<b>Parcel Number:</b> 001854000		
<b>Address:</b> 106 GREENVILLE ST KILL DEVIL HILLS			
<b>Addition:</b> AVALON BEACH ANNEX 1	<b>Zoning:</b>	<b>Block:</b> 0	<b>Lot(s):</b> 408
<b>Legal Description:</b>			

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

**PROJECT DESCRIPTION:** Rebuild SE deck and stairs due to fire damage.

*PAID*  
JUL 5 2019

**BP2019-156**

**PROJECT NAME:**

**SITE ADDRESS:** 106 GREENVILLE ST KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/03/2019

**EXPIRES:** 12/30/2019

**DETAILS**

**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Accessory
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	9000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Zoning Final  
Final

Piling

**CONDITIONS**

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

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: 7-5-19



**Town of Kill Devil Hills**

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

PAID  
JUL 2 2019

**Planning and Inspection Department**

**BP2019-154**

**PROJECT NAME:**  
**SITE ADDRESS:** 1002 FIFTH ST W KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/02/2019  
**EXPIRES:** 12/29/2019

**APPLICANT:** Vickhouse, Walter  
2005 Beaver Dam CT  
chesapeake, va 23322  
757-237-3321

**OWNER:** Vickhouse, Walter  
2005 Beaver Dam CT  
chesapeake, va 23322  
757-237-3321

**UNLIMITED, GENERAL BUILDING:** Joey Owens  
175 New Beach RD  
Point Harbor, NC 27964  
252-599-6929

**License:** 00010  
**Expires:**

**PARCEL:**

**PIN:** 988405074869

**Parcel Number:** 002149000

**Address:** 1002 FIFTH ST W KILL DEVIL HILLS

**Zoning:**

**Addition:** WRIGHT'S SHORES

**Block:** 0 **Lot(s):** 43

**Legal Description:**

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

**PROJECT DESCRIPTION:** Rebuild front and side decks. Existing front stair to remain. Permit DOES NOT include building new stair at rear of side deck.

**BP2019-154****PROJECT NAME:****SITE ADDRESS:** 1002 FIFTH ST W KILL DEVIL HILLS**BUILDING****ISSUED:** 07/02/2019**EXPIRES:** 12/29/2019**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

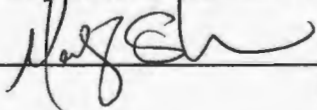
Piling

**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.

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: \_\_\_\_\_

7-2-19



**Town of Kill Devil Hills**

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

PAID  
JUL 2 2019

**Planning and Inspection Department**

**BP2019-153**

**PROJECT NAME:**

**SITE ADDRESS:** 3106 LEE AVE KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/02/2019

**EXPIRES:** 12/29/2019

**APPLICANT:** PERLINGER, JOHN  
204 RADER SCHOOL ROAD  
RENFREW, PA 16053

**OWNER:** PERLINGER, JOHN  
204 RADER SCHOOL ROAD  
RENFREW, PA 16053

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

**License:** 76990  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 987516922619

**Parcel Number:** 001051000

**Address:** 3106 LEE AVE KILL DEVIL HILLS

**Addition:** MOOR SHORES

**Zoning:**

**Block:** 0 **Lot(s):** 109

**Legal Description:**

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

**PROJECT DESCRIPTION:** Repair/replace upper level deck components as needed. Not to expand outside of existing footprint.

*\$ Value?  
\$3000.00*



**BP2019-153**

**PROJECT NAME:**

**SITE ADDRESS:** 3106 LEE AVE KILL DEVIL HILLS

**BUILDING**

**ISSUED:** 07/02/2019

**EXPIRES:** 12/29/2019

**DETAILS**

**Permit**

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

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: 

Contractor or Authorized Agent: Daniel Gtz GIBBS Date: 07-02-19



# Town of Kill Devil Hills

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

JUL 2 2019

## Planning and Inspection Department

<b>BP2019-152</b>	PAID WITH CASH	<b>BUILDING</b>
<b>PROJECT NAME:</b> Rhoten Dock		<b>ISSUED:</b> 07/01/2019
<b>SITE ADDRESS:</b> 1740 BAY DR KILL DEVIL HILLS		<b>EXPIRES:</b> 12/28/2019

<b>APPLICANT:</b> RHOTEN, SARA 6814 Kirkwood Street RICHMOND, VA 23228	<b>OWNER:</b> RHOTEN, SARA 6814 Kirkwood Street RICHMOND, VA 23228
--	--

<b>BUILDER:</b>	AFFORDABLE BILL'S 300 West Albermarle Drive nags head, nc 27959 252-480-0000	<b>License:</b> Unlicensed <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b>	988409052972	<b>Parcel Number:</b>	002549000
<b>Address:</b>	1740 BAY DR KILL DEVIL HILLS		
<b>Addition:</b>	CROATAN SHORES INC SEC 1	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	21 <b>Lot(s):</b> 16

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

**PROJECT DESCRIPTION:** Rebuild dock at end of pier.

**BP2019-152**

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

**BUILDING**

**ISSUED:** 07/01/2019

**EXPIRES:** 12/28/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
CAMA PERMIT	N
CAMA EXEMPTION	Y
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00

**REQUIRED INSPECTIONS**

Piling Final  
Zoning Final

**CONDITIONS**

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

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

**Issued By:** \_\_\_\_\_

**Contractor or Authorized Agent:** \_\_\_\_\_ **Date:** 07/02/19



# 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

**OP2019-039**

**PROJECT NAME:** Lucas Kester  
**SITE ADDRESS:** 1416 HILL ST KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 07/19/2019

**EXPIRES:**

**PARENT PERMIT #:** BJ2018-105

**APPLICANT:** LONDON, ROBERT F JR  
PO Box 785  
Kitty Hawk, NC 27949  
252-207-8644

**OWNER:** Kester, Lucas  
2094 Beautiful Run  
ARODA, VA 22709  
573-986-8231

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

**License:** 14364  
**Expires:**

**PARCEL:**

**PIN:** 988315730856

**Parcel Number:** 004842000

**Address:** 1416 HILL ST KILL DEVIL HILLS

**Addition:** KILL DEVIL BEACH EXTENDED

**Zoning:**  
**Block:** 14      **Lot(s):** 9

**Legal Description:**

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

**PROJECT DESCRIPTION:** Proposed 3 bedroom single family dwelling

**PAID**  
JUL 19 2019

**OP2019-039**

**PROJECT NAME:** Lucas Kester

**SITE ADDRESS:** 1416 HILL ST KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 07/19/2019

**EXPIRES:**

**DETAILS**

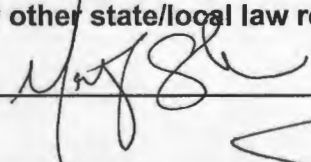
**Permit**

<b>Name</b>	<b>Value</b>
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	LI-2
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: 7/19/2019



**Town of Kill Devil Hills**

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

PAID  
JUL 22 2019

**Planning and Inspection Department**

<b>OP2019-040</b> <b>PROJECT NAME:</b> Richard Greenlee "Conditional Approval" <b>SITE ADDRESS:</b> 1404 FIRST ST W KILL DEVIL HILLS	<b>OCCUPANCY</b> <b>ISSUED:</b> 07/19/2019 <b>EXPIRES:</b>
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<b>APPLICANT:</b> SAUNDERS, KIRK Y 3708 Herbert Perry rd. Kitty Hawk, NC 27949 252-202-8418	<b>OWNER:</b> GREENLEE, RICHARD P 1402 W FIRST STREET KILL DEVIL HILLS, NC 27948
--	--

<b>GENERAL BUILDING:</b> SAUNDERS, KIRK Y 3708 Herbert Perry rd. Kitty Hawk, NC 27949 252-202-8418	<b>License:</b> 80402 <b>Expires:</b> 08/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b> 988417117707	<b>Parcel Number:</b> 004046046		
<b>Address:</b> 1404 FIRST ST W KILL DEVIL HILLS	<b>Zoning:</b>		
<b>Addition:</b> WRIGHT WOODS	<b>Block:</b> 0	<b>Lot(s):</b> 46	
<b>Legal Description:</b>			

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

**PROJECT DESCRIPTION:** Proposed 4 bedroom single family dwelling "Conditional Approval - see conditions"

**OP2019-040**

**PROJECT NAME:** Richard Greenlee "Conditional Approval"  
**SITE ADDRESS:** 1404 FIRST ST W KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 07/19/2019

**EXPIRES:**

**DETAILS**

**Permit**

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
OCCUPANCY TYPE	One & Two Family Dwelling

**CONDITIONS**

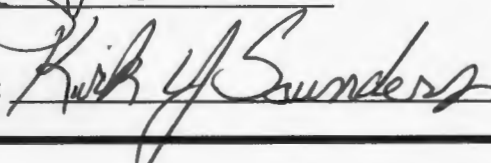
\* 7/19/19 Zoning Final Failed - Driveway/required parking does not meet town standards, site stabilization not in compliance.

ALL ITEMS ABOVE SHALL BE REMEDIED/IN COMPLIANCE BY 8/2/19

Violation of the condition listed above shall result in conditional occupancy being revoked.

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: 7/22/19



## 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

**OP2019-041**

**PROJECT NAME:** Aria Construction and Development  
**SITE ADDRESS:** 1717 MEMORIAL BLVD S KILL DEVIL HILLS

**OCCUPANCY****ISSUED: 07/19/2019****EXPIRES:****PARENT PERMIT #:** BJ2018-222

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

**OWNER:** Crutchfield, Michael  
8443 Highway 1  
South Hill, VA 27948

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

**License:** 78928  
**Expires:** 01/02/2020

**PARCEL:**

**PIN:** 989313141906

**Parcel Number:** 008294000

**Address:** 1717 MEMORIAL BLVD S KILL DEVIL HILLS

**Addition:** OCEAN ACRES INC

**Zoning:**

**Block:** 0 **Lot(s):** 157 & 158

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Certificate of Occupancy Fee	\$50.00	\$0.00
<b>Totals :</b>	<b>\$50.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** New 12 Bedroom SFD

**DETAILS****CONDITIONS**

PAID  
JUL 19 2019



**OP2019-041**

**PROJECT NAME:** Aria Construction and Development  
**SITE ADDRESS:** 1717 MEMORIAL BLVD S KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 07/19/2019

**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: \_\_\_\_\_

*Brad Alford*

7-19-19



# Town of Kill Devil Hills

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

## Planning and Inspection Department

### OP2019-042

**PROJECT NAME:** Coastal Cottage Contracting  
**SITE ADDRESS:** 1409 PIRATES LOOP KILL DEVIL HILLS

### OCCUPANCY

**ISSUED:** 07/23/2019

**EXPIRES:**

**PARENT PERMIT #:** BJ2019-007

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

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

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

**License:** 75876  
**Expires:**

### PARCEL:

**PIN:** 988414440091

**Parcel Number:** 003558000

**Address:** 1409 PIRATES LOOP KILL DEVIL HILLS

**Addition:** LANDING SECTION 2, THE

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** New 2 Bedroom 1 Bath SFD

### DETAILS

#### Permit

Name	Value
# OF TRASH CANS	1

### CONDITIONS

JUL 23 2019

**OP2019-042**

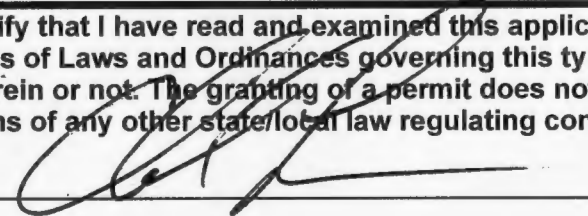
**PROJECT NAME:** Coastal Cottage Contracting  
**SITE ADDRESS:** 1409 PIRATES LOOP KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:** 07/23/2019

**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: Coastal Cottage Contracting LLC Date: 7/23/19

By Vaughn Robinson managing member



# Town of Kill Devil Hills

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

JUL 25 2019

## Planning and Inspection Department

### OP2019-044

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

### OCCUPANCY

**ISSUED:** 07/25/2019

**EXPIRES:**

**PARENT PERMIT #:** BJ2019-068

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

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

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

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

**License:** 34433  
**Expires:** 12/31/2019

### PARCEL:

**PIN:** 988316832598

**Parcel Number:** 004970000

**Address:** 416 BURNS DR KILL DEVIL HILLS

**Addition:** OCEAN ACRES TRACT 3 SEC 2

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** New 2 bedroom 2 bath single family dwelling

### DETAILS

#### Permit

Name	Value
# OF TRASH CANS	1

**OP2019-044**

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

**OCCUPANCY**

**ISSUED:** 07/25/2019

**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: \_\_\_\_\_

8/25/19



# Town of Kill Devil Hills

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

JUL 30 2019

## Planning and Inspection Department

<b>OP2019-045</b> <b>PROJECT NAME:</b> JB Sims Construction Co., Inc. <b>SITE ADDRESS:</b> 810 CEDAR DR KILL DEVIL HILLS	<b>OCCUPANCY</b> <b>ISSUED:</b> 07/29/2019 <b>EXPIRES:</b>
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PARENT PERMIT #: BJ2018-195

<b>APPLICANT:</b> JB Sims Construction Company Inc 262 Wax Myrtle Trail Southern Shores, NC 27949 757-748-2150	<b>OWNER:</b> JB Sims Construction Company Inc 262 Wax Myrtle Trail Southern Shores, NC 27949 757-748-2150
---	---

<b>CONTRACTOR:</b> JB Sims Construction Company Inc 262 Wax Myrtle Trail Southern Shores, NC 27949 757-748-2150	<b>License:</b> 39307 <b>Expires:</b>
--	--

<b>PARCEL:</b>			
<b>PIN:</b> 988413131265	<b>Parcel Number:</b>	027541000	
<b>Address:</b> 810 CEDAR DR KILL DEVIL HILLS	<b>Zoning:</b>		
<b>Addition:</b>	<b>Block:</b> 0	<b>Lot(s):</b>	145
<b>Legal Description:</b>			

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

**PROJECT DESCRIPTION:** Proposed 4 bedroom single family dwelling

### DETAILS

Permit	
Name	Value
# OF TRASH CANS	1

### CONDITIONS

**OP2019-045**

**PROJECT NAME:** JB Sims Construction Co., Inc.  
**SITE ADDRESS:** 810 CEDAR DR KILL DEVIL HILLS

**OCCUPANCY**  
**ISSUED:** 07/29/2019

**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: 7/30/19



# Town of Kill Devil Hills

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

PAID

JUL 29 2019

## Planning and Inspection Department

<b>OP2019-043</b> PROJECT NAME: Reliant Construction SITE ADDRESS: 1813 BAY DR KILL DEVIL HILLS	<b>OCCUPANCY</b> ISSUED: 07/25/2019  EXPIRES:
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PARENT PERMIT #: BJ2019-006

<b>APPLICANT:</b> RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	<b>OWNER:</b> Phillip Harrington Enterprises, LLC P.O. Box 2232 ELIZABETH CITY, NC 27909 252-312-4500
---	--

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

<b>PIN:</b> 988409062474	<b>Parcel Number:</b> 002526000
<b>Address:</b> 1813 BAY DR KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> CROATAN SHORES INC SEC 1	<b>Block:</b> 19 <b>Lot(s):</b> 14
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** New 3 Bedroom 2 Bath SFD



**OP2019-043**

**PROJECT NAME:** Reliant Construction  
**SITE ADDRESS:** 1813 BAY DR KILL DEVIL HILLS

**OCCUPANCY**  
**ISSUED:** 07/25/2019

**EXPIRES:**

**DETAILS**

**Permit**

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

**CONDITIONS**

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

Issued By: 

Contractor or Authorized Agent: 

Date: 7/22/19



# Town of Kill Devil Hills

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

PRO

JUL 15 2019

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

### OP2019-038

**PROJECT NAME:** Donald F. Jennings  
**SITE ADDRESS:** 601 West Sportsman Drive Kill Devil Hills

### OCCUPANCY

**ISSUED:** 07/15/2019

**EXPIRES:**

**PARENT PERMIT #:** BJ2018-244

**APPLICANT:** Jennings, Donald F.  
515 W. Soundside Road  
nags head, nc 27959  
252-207-4936

**OWNER:** Jennings, Donald F.  
515 W. Soundside Road  
nags head, nc 27959  
252-207-4936

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

**License:** 32637  
**Expires:** 01/01/2020

### PARCEL:

**PIN:** 988517007110

**Parcel  
Number:**

**Address:** 601 West Sportsman Drive Kill Devil Hills

**Zoning:**

**Addition:**

**Block:**

**Lot(s):**

**Legal Description:** Lot 180, Avalon Beach Subdivision

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

**PROJECT DESCRIPTION:** Proposed 3 bedroom single family dwelling

**OP2019-038**

**PROJECT NAME:** Donald F. Jennings  
**SITE ADDRESS:** 601 West Sportsman Drive Kill Devil Hills

**OCCUPANCY**

**ISSUED:** 07/15/2019

**EXPIRES:**

**DETAILS**

**Permit**

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

**CONDITIONS**

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

Issued By: 

Contractor or Authorized Agent: 

Date: 7-15-19



# 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

**OP2019-037**

**PROJECT NAME:** Sandy Bottom Homes  
**SITE ADDRESS:** 906 THIRD ST W KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:**

**EXPIRES:**

**PARENT PERMIT #:** BJ2018-173

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

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

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

**License:** 67524  
**Expires:** 01/01/2020

**PARCEL:**

**PIN:** 988409161554

**Parcel Number:** 002503004

**Address:** 906 THIRD ST W KILL DEVIL HILLS

**Addition:** CROATAN SHORES INC SEC 1

**Zoning:**

**Block:** 13 **Lot(s):** 4

**Legal Description:**

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

**PROJECT DESCRIPTION:** Proposed 4 Bedroom SFD

JUL 5 2019

**OP2019-037**

**PROJECT NAME:** Sandy Bottom Homes  
**SITE ADDRESS:** 906 THIRD ST W KILL DEVIL HILLS

**OCCUPANCY**

**ISSUED:**

**EXPIRES:**

**DETAILS**

**Permit**

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

**CONDITIONS**

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

Issued By: 

Contractor or Authorized Agent:  Date: 7-5-19



**Town of Kill Devil Hills**

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

JUL 10 2019

**Planning and Inspection Department**

<b>EG2019-007</b>	<b>EXCAVATION AND GRADING</b>
<b>PROJECT NAME:</b> Zyka Land Clearing	<b>ISSUED:</b> 07/10/2019
<b>SITE ADDRESS:</b> 0 BRIGGS ST KILL DEVIL HILLS	<b>EXPIRES:</b> 01/06/2020

<b>APPLICANT:</b> ZYKA, VLADIMIR 302 W Fil Lane Kill Devil Hills, NC 27948	<b>OWNER:</b> ZYKA, VLADIMIR 302 W Fil Lane Kill Devil Hills, NC 27948
--	--

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

<b>PIN:</b> 988513041236	<b>Parcel Number:</b> 000043000
<b>Address:</b> 0 BRIGGS ST KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> ORVILLE BEACH AMENDED BLK 12	<b>Block:</b> 12 <b>Lot(s):</b> 3&4
<b>Legal Description:</b>	

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Land Disturbing	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** land disturbance on two parcels of land Lots 3 & 4 Block 11, Lots 3 & 4 Block 12

SET 17 CPI  
Town of Kill Devil Hills 44  
PLANNING  
Date / Time : 07/11/19 13:58  
Payment : \$ 100.00  
Receipt #: 581318  
Check/Credit Card #: MULTIPLE  
Clerk : 981msnyd  
Paid By : VLADIMIR ZYKA/EDLR



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**EG2019-005**

**PROJECT NAME:** D&E Investments clearing  
**SITE ADDRESS:** 607 WALKER ST W KILL DEVIL HILLS

**EXCAVATION AND GRADING**

**ISSUED:** 07/01/2019

**EXPIRES:** 12/28/2019

**APPLICANT:** D & E Investments LLC  
605 W. Archdale St.  
Kill Devil Hills, NC 27948  
261-0702

**OWNER:** D & E Investments LLC  
605 W. Archdale St.  
Kill Devil Hills, NC 27948  
261-0702

**CONTRACTOR:** 2 GUYS SERVICES  
605 W. Archdale St.  
Kill Devil Hills, NC 27948  
252-489-8753

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

**License:** 75144  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 987520900563

**Parcel Number:** 026681000

**Address:** 607 WALKER ST W KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES

**Zoning:**  
**Block:** 79 **Lot(s):** 8

**Legal Description:**

<b>FEES:</b>	<b>Paid</b>	<b>Due</b>
Land Disturbing	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Clear and Fill Lot

8 2019



SET 17 CPI  
Town of Kill Devil Hills 4400  
PLAINING  
Date / Time : 07/09/19 09:28  
Payment : \$ 100.00  
Receipt # : 58136  
Check/Credit Card #: 170253  
Clerk : 981msnyd  
Paid By : 2 GUYS SERVICES



**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**

<b>EG2019-006</b>	<b>EXCAVATION AND GRADING</b>
<b>PROJECT NAME:</b> Moody Land Disturbing	<b>ISSUED:</b> 07/01/2019
<b>SITE ADDRESS:</b> 2056 VA DARE TRAIL NORTH KILL DEVIL HILLS	<b>EXPIRES:</b> 12/28/2019

<b>APPLICANT:</b> MOODY, WILLARD J 120 RIVERPOINT CRESCENT PORTSMOUTH, VA 23707	<b>OWNER:</b> MOODY, WILLARD J 120 RIVERPOINT CRESCENT PORTSMOUTH, VA 23707
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**PARCEL:**

PIN: 988518208856	Parcel Number:
Address: 2056 VA DARE TRAIL NORTH KILL DEVIL HILLS	Zoning:
Addition:	Block: Lot(s):
Legal Description: Lot 16A	

FEES:	Paid	Due
Land Disturbing	\$100.00	\$0.00
<b>Totals :</b>	<b>\$100.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** Land disturbing

**DETAILS**

Permit	Name	Value	PAID WITH CASH
	CAMA PERMIT	N	JUL 1 2019

**REQUIRED INSPECTIONS**

Final *Value #*

**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.

SET\_17\_CPI  
Town of Kill Devil Hills  
PLANNING  
Date / Time : 07/01/19 14:19  
Payment : \$ 100.00  
Receipt # : 580553  
Check/Credit Card # :  
Clerk : 981msnyd  
Paid By : WILLARD WOODY



**Town of Kill Devil Hills**

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

JUL 3 2019

**Planning and Inspection Department**

<b>ZP2019-056</b>	<b>ZONING PERMIT</b>
<b>PROJECT NAME:</b> SAGA Fence	<b>ISSUED:</b> 07/03/2019
<b>SITE ADDRESS:</b> 2031 VA DARE TRL S KILL DEVIL HILLS	<b>EXPIRES:</b> 12/30/2019

<b>APPLICANT:</b>	SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003	<b>OWNER:</b>	SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003
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<b>GENERAL BUILDING - LIMITED:</b>	SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003	<b>License:</b> 62306 <b>Expires:</b> 12/30/2019
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**PARCEL:**

<b>PIN:</b>	989313231979	<b>Parcel Number:</b>	008505000
<b>Address:</b>	2031 VA DARE TRL S KILL DEVIL HILLS		
<b>Addition:</b>	NAGS HEAD SHORES AMENDED SEC 4	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	3 <b>Lot(s):</b> 7

<b>FEES:</b>	<u>Paid</u>	<u>Due</u>
<b>Totals :</b>		100.00

**PROJECT DESCRIPTION:** Fence along North East side of property

SET\_17\_CPI  
Town of Kill Hill 4900  
PLANNING  
Date / Time : 07/02/19 14:14  
Payment : \$ 100.00  
Receipt # : 590784  
Check/Credit Card #: 038462  
Clerk : 981msyd  
Paid By : SIMPLE SIDE CONSTR



**Town of Kill Devil Hills**

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

PAID  
WITH  
CASH

JUL 18 2019

**Planning and Inspection Department**

**ZP2019-057**

**PROJECT NAME:** Lynda F. O'Neal  
**SITE ADDRESS:** 1613 SIR WALTER RD KILL DEVIL HILLS

**ZONING PERMIT**

**ISSUED:** 07/18/2019

**EXPIRES:** 01/14/2020

**APPLICANT:** O'Neal, Lynda F.  
1613 Sir Walter Rd.  
Kill Devil Hills, NC 27948  
352-464-4368

**OWNER:** O'Neal, Lynda F.  
1613 Sir Walter Rd.  
Kill Devil Hills, NC 27948  
352-464-4368

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

**PARCEL:**

**PIN:** 988411560377

**Parcel Number:** 003169000

**Address:** 1613 SIR WALTER RD KILL DEVIL HILLS

**Addition:** W R DEATON - DELRAY BEACH

**Zoning:**

**Block:** C **Lot(s):** 32-34

**Legal Description:**

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

**PROJECT DESCRIPTION:** Fence

SET 17 CPI  
Town of Kill Devil Hills  
PLANNING  
Date / Time : 07/19/19 09:49  
Payment : \$ 100.00  
Receipt # : 582165  
Check/Credit Card # :  
Clerk : 981msnyd  
Paid By : LYNDIA O'NEAL



**Town of Kill Devil Hills**

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

JUL 1 2019

**Planning and Inspection Department**

**SG2019-015**

**PROJECT NAME:** Pacific OBX Beach and Surf Shop  
**SITE ADDRESS:** 1222 CROATAN HWY S KILL DEVIL HILLS

**SIGN**

**ISSUED:** 06/21/2019

**EXPIRES:** 12/18/2019

**APPLICANT:** ADLIGHT SIGNS  
600 West Boundry Street  
Kill Devil Hills, NC 27948  
252-449-2800

**OWNER:** WOODCAT, LLC  
P.O. Box 1532  
Kill Devil Hills, NC 27948

**CONTRACTOR:** ADLIGHT SIGNS  
600 West Boundry Street  
Kill Devil Hills, NC 27948  
252-449-2800

**License:** LEGACY UNKNOWN  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988312963344

**Parcel Number:** 028269000

**Address:** 1222 CROATAN HWY S KILL DEVIL HILLS

**Addition:** KILL DEVIL BEACH SEC 1 REVISED

**Zoning:**

**Block:** M **Lot(s):** 3,4,5,8,9 & PT 2,6&

**Legal Description:**

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

**PROJECT DESCRIPTION:** Free-standing sign





**SG2019-015**

**PROJECT NAME:** Pacific OBX Beach and Surf Shop  
**SITE ADDRESS:** 1222 CROATAN HWY S KILL DEVIL HILLS


**SIGN**

**ISSUED:** 06/21/2019

**EXPIRES:** 12/18/2019

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: 7.1.19

SET 19 1917  
Town of XIII South Hills 4403  
PLANNING  
Date / Time \* 07/01/19 09:129  
Payment \* \$ 100.00  
Receipt # \* 580333  
Check/Credit Card #  
Clerk \* 83129694  
Paid By \*



**Town of Kill Devil Hills**

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

PAID  
JUL 1 2019

**Planning and Inspection Department**

**SG2019-013**

**PROJECT NAME:** Khan's Mongolian Grill  
**SITE ADDRESS:** 101 E. Atlantic St. KILL DEVIL HILLS

**SIGN**

**ISSUED:** 06/21/2019

**EXPIRES:** 12/18/2019

**APPLICANT:** ADLIGHT SIGNS  
600 West Boundry Street  
Kill Devil Hills, NC 27948  
252-449-2800

**OWNER:** IG HOLDING, LLC  
P. O. Box 120  
Kitty Hawk, NC 27949

**CONTRACTOR:** ADLIGHT SIGNS  
600 West Boundry Street  
Kill Devil Hills, NC 27948  
252-449-2800

**License:** LEGACY UNKNOWN  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988312967138

**Parcel Number:** 004750000

**Address:** 101 E. Atlantic St. KILL DEVIL HILLS

**Addition:** KILL DEVIL BEACH SEC 1 REVISED

**Zoning:**

**Block:** J **Lot(s):** 3-5

**Legal Description:**

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

**PROJECT DESCRIPTION:** Free-standing sign



**SG2019-013**

**PROJECT NAME:** Khan's Mongolian Grill  
**SITE ADDRESS:** 101 E. Atlantic St. KILL DEVIL HILLS

**SIGN**

**ISSUED:** 06/21/2019

**EXPIRES:** 12/18/2019

**DETAILS**

**Permit**

Name	Value
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	60.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	6500.00
FLOOD ZONE	AE

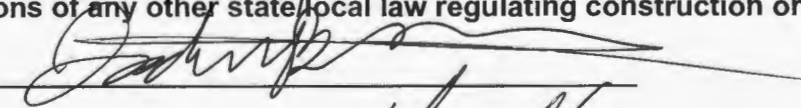
**REQUIRED INSPECTIONS**

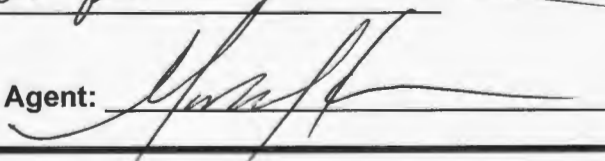
Final

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 7.1.19

SET 17 CPI  
Town of Kill Devil Hills 4490  
PLANNING  
Date / Time : 07/01/19 09:29  
Payment : \$ 100.00  
Receipt # : 580356  
Check/Credit Card # : 613906  
Clerk : 981msnyd  
Paid By : ADLIGHT SIGNS



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**SG2019-017**

**PROJECT NAME:** Ashley's Espresso Parlour  
**SITE ADDRESS:** 100 HELGA ST E KILL DEVIL HILLS

**SIGN**

**ISSUED:** 07/12/2019

**EXPIRES:** 01/08/2020

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

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

**CONTRACTOR:** SAME AS OWNER  
UNKNOWN  
UNKNOWN, XX 00000

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

**PARCEL:**

**PIN:** 988513041146

**Parcel Number:** 000042000

**Address:** 100 HELGA ST E KILL DEVIL HILLS

**Addition:** ORVILLE BEACH AMENDED BLK 12

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** Sign on the building

JUL 12 2019





Item	Description	Quantity	Unit Price	Total Price
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**SG2019-017**

**PROJECT NAME:** Ashley's Espresso Parlour  
**SITE ADDRESS:** 100 HELGA ST E KILL DEVIL HILLS

**SIGN**

**ISSUED:** 07/12/2019

**EXPIRES:** 01/08/2020

**DETAILS**

**Permit**

Name	Value
# OF SIGNS	1
SIGN- WALL PROPOSED (SQ FT)	30.38
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	1500.00
FLOOD ZONE	AE

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

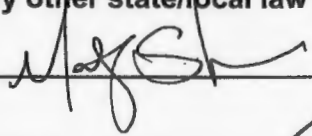
No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).

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:  Date: 7/12/19



[Faint, mostly illegible text and lines, likely a header or form area containing names and addresses.]

SET\_17\_CPI  
 Town of Kill Devil Hills 4900  
 PLANNING  
 Date / Time : 07/15/19 10:51  
 Payment : \$ 100.00  
 Receipt # : 581447  
 Check/Credit Card #: 027696  
 Clerk : 981msnyd  
 Paid By : ERIK LINNEKIN



# Town of Kill Devil Hills

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

## Planning and Inspection Department

**SG2019-012**

**PROJECT NAME:** Jim Rose  
**SITE ADDRESS:** 802 AIRSTRIP RD W KILL DEVIL HILLS

**SIGN**

**ISSUED:** 06/17/2019

**EXPIRES:** 12/14/2019

**APPLICANT:** ITAC 409 LLC  
353 SANDVIEW DR  
Kill Devil Hills, NC 27948  
252-202-1292

**OWNER:** ITAC 409 LLC  
353 SANDVIEW DR  
Kill Devil Hills, NC 27948  
252-202-1292

**CONTRACTOR:** ADLIGHT SIGNS  
600 West Boundry Street  
Kill Devil Hills, NC 27948  
252-449-2800

**License:** LEGACY UNKNOWN  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988311750771

**Parcel Number:** 004587000

**Address:** 802 AIRSTRIP RD W KILL DEVIL HILLS

**Addition:** KILL DEVIL HILLS REALTY CORP

**Zoning:**

**Block:** 51 **Lot(s):** 5

**Legal Description:**

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

**PROJECT DESCRIPTION:** Sign for townhouses

PAID WITH CASH

JUL 17 2019

Form of Kill Devil Hills

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Planning and Construction

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**SG2019-012**

**PROJECT NAME:** Jim Rose

**SITE ADDRESS:** 802 AIRSTRIP RD W KILL DEVIL HILLS

**SIGN**

**ISSUED:** 06/17/2019

**EXPIRES:** 12/14/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
# OF SIGNS	1
SIGN - FREE STANDING PROPOSED (SQ FT)	10.85
ZONING DISTRICT	LI-2
PURPOSE	Commercial Accessory
CONSTRUCTION COST	3500.00
FLOOD ZONE	X

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

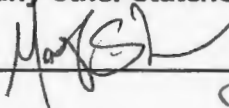
Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.

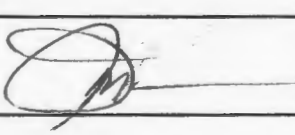
\* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

\* Zoning Final Inspection is required.

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

**Issued By:** 

**Contractor or Authorized Agent:** 

**Date:** 7-17-19

SET\_17\_CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/17/19 13:36  
Payment : \$ 100.00  
Receipt # : 582076  
Check/Credit Card # :  
Clerk : 981msnyd  
Paid By : JIM ROSE



**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**

JUL 30 2019

<b>SG2019-018</b>	<b>SIGN</b>
<b>PROJECT NAME:</b> A Peace of the Pie	<b>ISSUED:</b> 07/29/2019
<b>SITE ADDRESS:</b> 1731 CROATAN HWY S KILL DEVIL HILLS	<b>EXPIRES:</b> 01/25/2020

<b>APPLICANT:</b> ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	<b>OWNER:</b> 7 X Down 8 Up, LLC 1714 Wrightsville Blvd. Kill Devil Hills, NC 27948 252-202-1656
--	---

<b>CONTRACTOR:</b> ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	<b>License:</b> LEGACY UNKNOWN <b>Expires:</b> 12/31/2019
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**PARCEL:**

<b>PIN:</b> 989313046558	<b>Parcel Number:</b> 008242000
<b>Address:</b> 1731 CROATAN HWY S KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> OCEAN ACRES INC	<b>Block:</b> 0 <b>Lot(s):</b> 26-35
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** Free-standing sign





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Faint, illegible text in the upper left quadrant.

Faint, illegible text in the middle left section.

Faint, illegible text in the middle right section.

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**SG2019-018**

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

**SIGN**

**ISSUED:** 07/29/2019

**EXPIRES:** 01/25/2020

**DETAILS**

**Permit**

Name	Value
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	63.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	5000.00
FLOOD ZONE	AE

**REQUIRED INSPECTIONS**

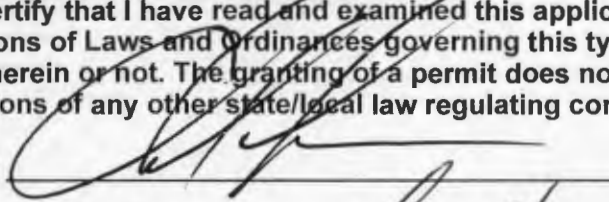
Final

**CONDITIONS**

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

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

Issued By:



Contractor or Authorized Agent:



Date: 7.30.19

SET\_17\_CPI  
Town of Kill Devil Hills 4900  
PLANNING  
Date / Time : 07/30/19 12:32  
Payment : \$ 100.00  
Receipt # : 583569  
Check/Credit Card # :  
Clerk : 981msnyd  
Paid By :



07/30/2019  
12:32:32  
CPI\_17



# Town of Kill Devil Hills

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

JUL 30 2019

## Planning and Inspection Department

<b>SG2019-019</b> <b>PROJECT NAME:</b> Round Pie, LLC dba Max's Pizza <b>SITE ADDRESS:</b> 1700 CROATAN HWY N KILL DEVIL HILLS	<b>SIGN</b> <b>ISSUED:</b> 07/30/2019 <b>EXPIRES:</b> 01/26/2020
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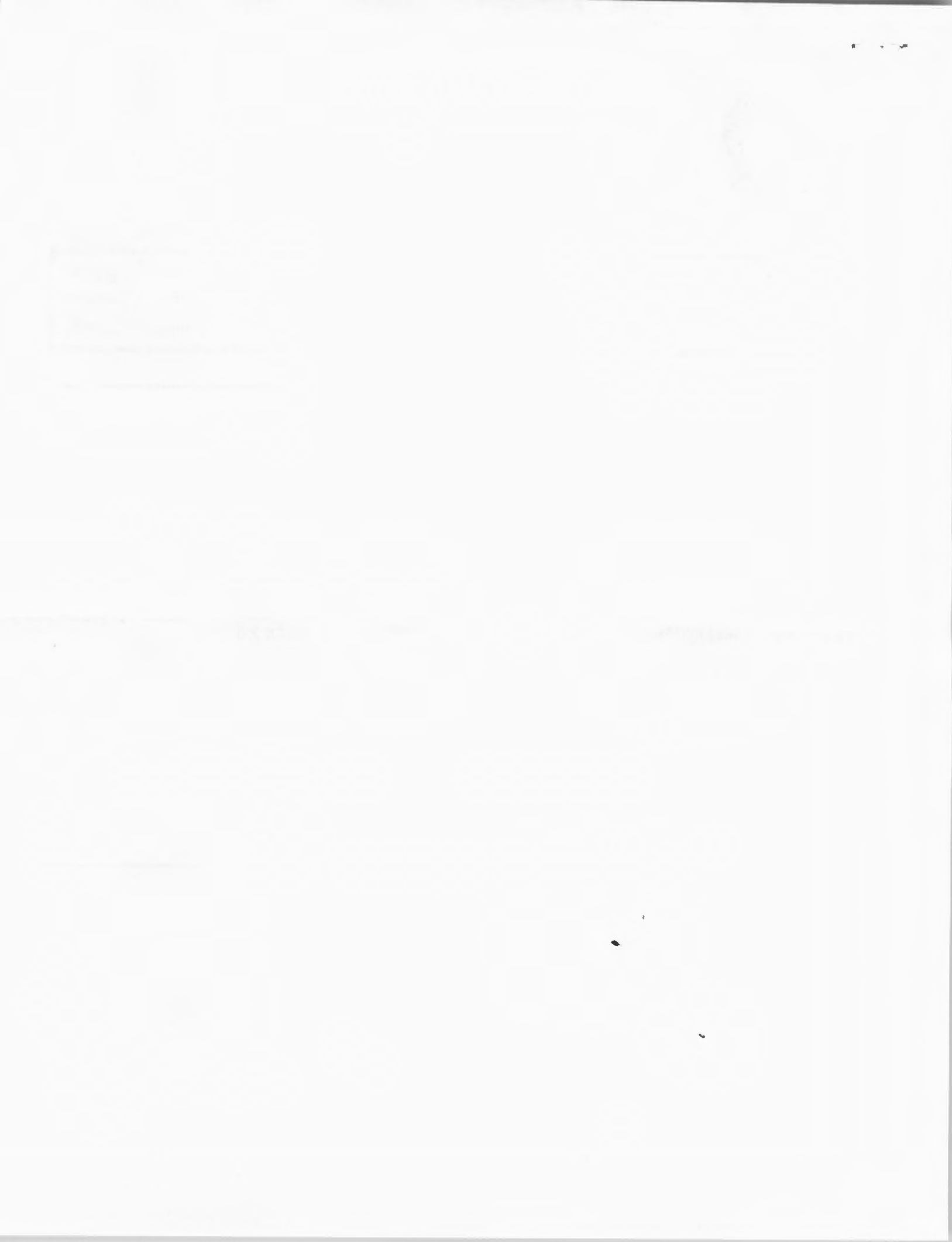
<b>APPLICANT:</b> ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	<b>OWNER:</b> OLIVOLA, MARK NANCY O WALTON P O BOX 364 KILL DEVIL HILLS, NC 27948
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<b>CONTRACTOR:</b> ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	<b>License:</b> LEGACY UNKNOWN <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b> 988410374122	<b>Parcel Number:</b> 002739000		
<b>Address:</b> 1700 CROATAN HWY N KILL DEVIL HILLS			
<b>Addition:</b> HEDRICKS ADDITION - CROATAN SH	<b>Zoning:</b>	<b>Block:</b> 0	<b>Lot(s):</b> 0
<b>Legal Description:</b>			

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

**PROJECT DESCRIPTION:** Sign on the building



**SG2019-019**

**PROJECT NAME:** Round Pie, LLC dba Max's Pizza  
**SITE ADDRESS:** 1700 CROATAN HWY N KILL DEVIL HILLS

**SIGN**

**ISSUED:** 07/30/2019

**EXPIRES:** 01/26/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
# OF SIGNS	1
SIGN - WALL PERMITTED (SQFT)	50.00
SIGN- WALL PROPOSED (SQ FT)	37.76
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	5000.00
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.
- \* Window signs cannot exceed 25% of the gross glazing area of the building and cannot be separately illuminated or backlit by lighting installed for that purpose.
- \* Zoning Final Inspection is required.

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: 7.30.19

SET\_17\_CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/30/19 12:33  
Payment : \$ 100.00  
Receipt # : 583571  
Check/Credit Card # : 925956  
Clerk : 981msnyd  
Paid By : ADLIGT SIGNS



**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**

<b>DW2019-012</b> <b>PROJECT NAME:</b> Loftis Driveway Addition <b>SITE ADDRESS:</b> 908 Fifth St. W KILL DEVIL HILLS	<b>DRIVEWAY</b> <b>ISSUED:</b> 07/12/2019 <b>EXPIRES:</b> 01/08/2020
---	--

<b>APPLICANT:</b> Loftis, James 908 W Fifth Street Kill Devil Hills, NC 27948	<b>OWNER:</b> Loftis, James 908 W Fifth Street Kill Devil Hills, NC 27948
---	---

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

<b>PIN:</b> 988405075955	<b>Parcel Number:</b> 002147000
<b>Address:</b> 908 Fifth St. W KILL DEVIL HILLS	
<b>Addition:</b> WRIGHT'S SHORES	<b>Zoning:</b>
<b>Legal Description:</b>	<b>Block:</b> 0 <b>Lot(s):</b> 41

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

**PROJECT DESCRIPTION:** Add driveway addition

15/101

JUL 12 2019

TOWN OF  
KILL DEVIL HILLS



Form of 10/15/1917

1917

Department of the Interior



MASSACHUSETTS  
COUNTY OF WORCESTER  
TOWN OF UPHAM

1917

NOTICE OF THE DEPARTMENT OF THE INTERIOR

10/15/1917

**DW2019-012**

**PROJECT NAME:** Loftis Driveway Addition  
**SITE ADDRESS:** 908 Fifth St. W KILL DEVIL HILLS

**DRIVEWAY**

**ISSUED:** 07/12/2019

**EXPIRES:** 01/08/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	William S Jones
ZONING DISTRICT	RL
CONSTRUCTION COST	1000.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
LOT COVERAGE	39.90

**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.
- \* 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.

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: \_\_\_\_\_

7/12/19

SET 17 CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/15/19 10:52  
Payment : \$ 50.00  
Receipt # : 581448  
Check/Credit Card #: 512172  
Clerk : 981msnyd  
Paid By : JAMES LOFTIS



# Town of Kill Devil Hills

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

PAD  
JUL 15 2019

## Planning and Inspection Department

<b>DW2019-011</b>	<b>DRIVEWAY</b>
<b>PROJECT NAME:</b> Ashe Driveway addition	<b>ISSUED:</b> 07/02/2019
<b>SITE ADDRESS:</b> 322 TERN CT KILL DEVIL HILLS	<b>EXPIRES:</b> 12/29/2019

<b>APPLICANT:</b> ASHE, JAMES W 322 TERN COURT KILL DEVIL HILLS, NC 27948	<b>OWNER:</b> ASHE, JAMES W 322 TERN COURT KILL DEVIL HILLS, NC 27948
---	---

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

<b>PIN:</b> 988410352978	<b>Parcel Number:</b> 003231000
<b>Address:</b> 322 TERN CT KILL DEVIL HILLS	
<b>Addition:</b> FIRST FLIGHT VILLAGE SEC 2	<b>Zoning:</b>
<b>Legal Description:</b>	<b>Block:</b> 0 <b>Lot(s):</b> 243

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

**PROJECT DESCRIPTION:** Enlarge driveway

P

STATE OF NEW YORK



July 12, 1912

Department of Public Health

OFFICE OF THE COMMISSIONER OF HEALTH  
ALBANY, N. Y.

TO THE COMMISSIONER OF HEALTH  
ALBANY, N. Y.

FROM THE COMMISSIONER OF HEALTH  
ALBANY, N. Y.

RE: [Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

**DW2019-011**

**PROJECT NAME:** Ashe Driveway addition  
**SITE ADDRESS:** 322 TERN CT KILL DEVIL HILLS

**DRIVEWAY**

**ISSUED:** 07/02/2019

**EXPIRES:** 12/29/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	JH Miller Jr L-4958
HEALTH DEPARTMENT PERMIT #	28848
ZONING DISTRICT	RL
CONSTRUCTION COST	2500.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
LOT COVERAGE	30.00

**REQUIRED INSPECTIONS**

Zoning Final

Final

**CONDITIONS**

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

\* 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:** 7/15/19

DRIVEWAY  
10000  
10000

WORTH 2000 WEST 1000

SET 17.CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/15/19 10:50  
Payment : \$ 50.00  
Receipt # : 581446  
Check/Credit Card #: 4482  
Clerk : 981msnyd  
Paid By : JAMES ASHE



# Town of Kill Devil Hills

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

PAID  
JUL 29 2019

## Planning and Inspection Department

TOWN OF  
KILL DEVIL HILLS

<b>DM2019-006</b>	PAID WITH CAS	<b>DEMOLITION</b>
<b>PROJECT NAME:</b> Hale Demo		<b>ISSUED:</b> 07/29/2019
<b>SITE ADDRESS:</b> 206 BICKETT ST E KILL DEVIL HILLS		<b>EXPIRES:</b> 01/25/2020

<b>APPLICANT:</b> HALE, CECIL M III PO Box 1497 Kill Devil Hills, NC 27948 252-449-2242	<b>OWNER:</b> HALE, CECIL M III PO Box 1497 Kill Devil Hills, NC 27948 252-449-2242
--	--

<b>CONTRACTOR:</b> SAME AS APPLICANT 0000000 00000000, nc 00000	<b>License:</b> 123456 <b>Expires:</b> 04/30/2020
---	--

**PARCEL:**

<b>PIN:</b> 988517212341	<b>Parcel Number:</b> 000347000
<b>Address:</b> 206 BICKETT ST E KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> VIRGINIA DARE SHORES	<b>Block:</b> 1 <b>Lot(s):</b> 23-24
<b>Legal Description:</b>	

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
<b>Totals :</b>	<del>\$150.00</del> 100.00	\$0.00

**PROJECT DESCRIPTION:** Demo existing building on property

### DETAILS

Permit	
Name	Value
ZONING DISTRICT	C
FLOOD ZONE	AE
CONSTRUCTION COST	9000.00



John of Kilt Devil Hills



Library and Information Department

Form with fields for 'NAME', 'ADDRESS', and 'CITY'. The text is faint and mostly illegible.

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**DM2019-006**

**PROJECT NAME:** Hale Demo

**SITE ADDRESS:** 206 BICKETT ST E KILL DEVIL HILLS

**DEMOLITION**

**ISSUED:** 07/29/2019

**EXPIRES:** 01/25/2020

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

- \* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- \* Must use a North Carolina accredited contractor to remove and dispose of all asbestos material.

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: Cecil M. Hale III

Date: 7-29-19

SET 17 CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/30/19 10:48  
Payment : \$ 100.00  
Receipt # : 583270  
Check/Credit Card # :  
Clerk : 981msnyd  
Paid By : CECIL HALE



# Town of Kill Devil Hills

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

PAID

JUL 24 2019

## Planning and Inspection Department

### DM2019-005

PROJECT NAME: WEAVER DEMO  
SITE ADDRESS: 305 SPORTSMAN DR W KILL DEVIL HILLS

**DEMOLITION**  
ISSUED: 07/23/2019  
EXPIRES: 01/19/2020

**APPLICANT:** DANA WEAVER  
9106 SOUTHWESTERN BLVD.  
Suffolk, Va 23437  
757-377-7018

**OWNER:** DANA WEAVER  
9106 SOUTHWESTERN BLVD.  
Suffolk, Va 23437  
757-377-7018

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

**License:** 63750  
**Expires:** 01/15/2020

### PARCEL:

**PIN:** 988517102472

**Parcel Number:** 001767000

**Address:** 305 SPORTSMAN DR W KILL DEVIL HILLS

**Addition:** AVALON BEACH

**Zoning:**  
**Block:** 0 **Lot(s):** 137

**Legal Description:**

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

**PROJECT DESCRIPTION:** DEMO HOUSE, SEPTIC, AND DRIVEWAY. ADD FILL TO LEVEL

### DETAILS

#### Permit

Name	Value
ZONING DISTRICT	RL
FLOOD ZONE	AE
CONSTRUCTION COST	8.00

*Value \$12,000.00*

1954-1955

JUNE 1955

1954-1955

RECEIVED  
JUN 10 1955  
FEDERAL BUREAU OF INVESTIGATION

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C.

1954-1955

**DM2019-005**

**PROJECT NAME:** WEAVER DEMO

**SITE ADDRESS:** 305 SPORTSMAN DR W KILL DEVIL HILLS

**DEMOLITION**

**ISSUED:** 07/23/2019

**EXPIRES:** 01/19/2020

**REQUIRED INSPECTIONS**

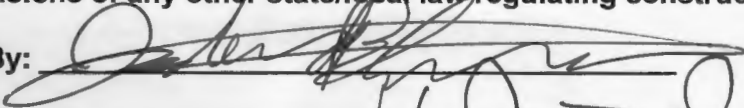
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**CONDITIONS**

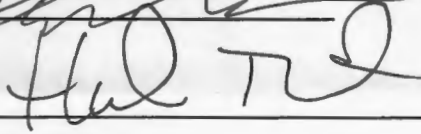
\* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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:

7-24-19

02/10/19  
10:00 AM  
10:00 AM

RECEIVED

02/10/19

100

SET 17 CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/24/19 08:39  
Payment : \$ 150.00  
Receipt # : 582528  
Check/Credit Card #: 8219  
Clerk : 981msnyd  
Paid By : TO THE I CONSTRUCTI



# 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

**MC2019-218**

**PROJECT NAME:**

**SITE ADDRESS:** 1809 BAY DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/17/2019

**EXPIRES:** 01/13/2020

**APPLICANT:** HERBERT R. DONOFRIO  
712 Dickens Road  
Cheaspeake, VA 23322

**OWNER:** HERBERT R. DONOFRIO  
712 Dickens Road  
Cheaspeake, VA 23322

**MECHANICAL H-3, CLASS 1:**

Anderson Heating and Cooling Co., LLC  
PO Box 396  
Kitty Hawk, NC 27949  
252-619-3105

**License:** 31438  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988409063313

**Parcel Number:** 002524010

**Address:** 1809 BAY DR KILL DEVIL HILLS

**Addition:** CROATAN SHORES INC SEC 1

**Zoning:**

**Block:** 19 **Lot(s):** 10

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC changout

JUL 23 2019



SET 17.CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/23/19 13:26  
Payment : \$ 150.00  
Receipt # : 582486  
Check/Credit Card #: 3872  
Clerk : 981msnyd  
Paid By : ANDERSON HEATING AN



**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**

<b>MC2019-221</b> <b>PROJECT NAME:</b> Mairs HVAC <b>SITE ADDRESS:</b> 214 QUAIL LN KILL DEVIL HILLS	<b>MECHANICAL</b> <b>ISSUED:</b> 07/22/2019 <b>EXPIRES:</b> 01/18/2020
--	--

<b>APPLICANT:</b> Nancy, Mair 11808 Crown Prince Cir Richmond, Va 23238 804-741-3233	<b>OWNER:</b> Nancy, Mair 11808 Crown Prince Cir Richmond, Va 23238 804-741-3233
---	---

<b>H-3, CLASS I:</b>	Beach Air Heating and Cooling PO Box 1047 Manteo, NC 27954 252-216-7544	<b>License:</b> 29768 <b>Expires:</b> 12/31/2019
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**PARCEL:**

PIN:	988316942727	Parcel Number:	005118000
Address:	214 QUAIL LN KILL DEVIL HILLS		
Addition:	WHISPERING PINES SEC 1	Zoning:	
Legal Description:		Block:	B Lot(s): 7&8

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

**PROJECT DESCRIPTION:** C/O 2 Ton HVAC System Unit #1

**DETAILS**

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5636.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

JUL 23 2019

1912



THE UNIVERSITY OF CHICAGO  
LIBRARY

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TOTAL

**MC2019-221**

**PROJECT NAME:** Mairs HVAC

**SITE ADDRESS:** 214 QUAIL LN KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/22/2019

**EXPIRES:** 01/18/2020

**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: \_\_\_\_\_

SET\_17\_CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/23/19 13:58  
Payment : \$ 150.00  
Receipt # : 582490  
Check/Credit Card #: 5732  
Clerk : 981msnyd  
Paid By : LEACH AIR HEATING &



# Town of Kill Devil Hills

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

JUL 22 2019

## Planning and Inspection Department

**MC2019-222**

**PROJECT NAME:** Unit 203

**SITE ADDRESS:** 201 OCEAN BAY BLVD E. KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/22/2019

**EXPIRES:** 01/18/2020

**APPLICANT:** BYERS, THOMAS A  
3900 TARCKLE RIDGE RD.  
Kitty Hawk, NC 27948  
252-256-0920

**OWNER:** BYERS, THOMAS A  
3900 TARCKLE RIDGE RD.  
Kitty Hawk, NC 27948  
252-256-0920

**H-3, CLASS I:** AIR-O-SMITH  
330 North Dogwood Trail  
Southern Shores, NC 27949  
252-261-5238

**License:** 30070  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988420800674

**Parcel Number:** 027635000

**Address:** 201 OCEAN BAY BLVD E. KILL DEVIL HILLS

**Addition:** KITTY HAWK SHORES - REVISED

**Zoning:**  
**Block:** 28      **Lot(s):** PT 5 & 6

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC changout

SET 17 CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/23/19 11:06  
Payment : \$ 150.00  
Receipt # : 582436  
Check/Credit Card #: 873193  
Clerk : 981msnyd  
Paid By : SMITH, STEVEN M



**Town of Kill Devil Hills**

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

PAID

JUL 24 2019

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

<b>MC2019-223</b> <b>PROJECT NAME:</b> Bill-Mar HVAC <b>SITE ADDRESS:</b> 1517 NORTH VIRGINIA DARE TRAIL KILL DEVIL HILLS	<b>MECHANICAL</b> <b>ISSUED:</b> 07/24/2019 <b>EXPIRES:</b> 01/20/2020
---	--

<b>APPLICANT:</b> BILL-MAR PROPERTIES, LLC 1824 RIVERSHORE RD ELIZABETH CITY, NC 27909 252-333-5666	<b>OWNER:</b> BILL-MAR PROPERTIES, LLC 1824 RIVERSHORE RD ELIZABETH CITY, NC 27909 252-333-5666
--	--

<b>MECHANICAL, H-2, H-3:</b>	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	<b>License:</b> 11618 <b>Expires:</b> 12/31/2019
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**PARCEL:**

<b>PIN:</b> 002768000	<b>Parcel Number:</b>
<b>Address:</b> 1517 NORTH VIRGINIA DARE TRAIL KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b>	<b>Block:</b> Lot(s):
<b>Legal Description:</b> CROATAN SHORES, LOT: 12-13 BLK: A SEC 1	

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

**PROJECT DESCRIPTION:** C/O 2.5 Ton HVAC System



Law of the State of New York



Chapter 100

Section 100

Section 100. The State Board of Education shall have the honor and pleasure of presenting to the Legislature the report of the State Board of Education for the year ending on the 31st day of June, 1900.

Section 101. The State Board of Education shall have the honor and pleasure of presenting to the Legislature the report of the State Board of Education for the year ending on the 31st day of June, 1900.

Section 102. The State Board of Education shall have the honor and pleasure of presenting to the Legislature the report of the State Board of Education for the year ending on the 31st day of June, 1900.

Section 103. The State Board of Education shall have the honor and pleasure of presenting to the Legislature the report of the State Board of Education for the year ending on the 31st day of June, 1900.

Section 104. The State Board of Education shall have the honor and pleasure of presenting to the Legislature the report of the State Board of Education for the year ending on the 31st day of June, 1900.

**MC2019-223**

**PROJECT NAME:** Bill-Mar HVAC

**SITE ADDRESS:** 1517 NORTH VIRGINIA DARE TRAIL KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/24/2019

**EXPIRES:** 01/20/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 7/24/19

THE CHIEF OF POLICE  
TOWN OF KILL DEVIL HILLS  
PLANNING  
4400  
Date / Time : 07/25/19 14:16  
Payment : \$ 150.00  
Receipt # : 582705  
Check/Credit Card #: 024472  
Clerk : 981msnyd  
Paid By : ATLANTIC HEATING &

SET\_17\_CPT  
Town of Kill Devil Hills  
PLANNING  
4400



**Town of Kill Devil Hills**

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

JUL 26 2019

**Planning and Inspection Department**

<b>MC2019-226</b> PROJECT NAME: Roosters HVAC SITE ADDRESS: 804 CROATAN HWY S KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 07/26/2019 EXPIRES: 01/22/2020
--	--

<b>APPLICANT:</b> WP804, LLC P.O. Box 1636 Kill Devil Hills, NC 27948	<b>OWNER:</b> WP804, LLC P.O. Box 1636 Kill Devil Hills, NC 27948
---	---

<b>H3, CLASS 1:</b>	OUTER BANKS HEATING AND COOLING P.O. Box 1415 Nags Head, NC 27959 441-1740	<b>License:</b> 12643 <b>Expires:</b> 12/31/2019
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**PARCEL:**

<b>PIN:</b> 988308881477	<b>Parcel Number:</b> 028225000
<b>Address:</b> 804 CROATAN HWY S KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> KILL DEVIL HILLS REALTY CORP	<b>Block:</b> 11 <b>Lot(s):</b> 9-10, PTS 8 1 2 3
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** C/O 7.5Ton HVAC System

THE UNIVERSITY OF CHICAGO  
11 MAY 1971  
SOUTH EAST ASIAN  
INSTITUTE

THE UNIVERSITY OF CHICAGO  
SOUTH EAST ASIAN  
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THE UNIVERSITY OF CHICAGO  
SOUTH EAST ASIAN  
INSTITUTE

**MC2019-226**

**PROJECT NAME:** Roosters HVAC

**SITE ADDRESS:** 804 CROATAN HWY S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/26/2019

**EXPIRES:** 01/22/2020

**DETAILS**

**Permit**

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	10000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
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: \_\_\_\_\_

*Donald M. [Signature]*  
7-26-19

Date: 7-26-19

MECHANICAL  
 HEATING & AIR  
 CONDITIONING

7/26/19

Bill To:

PLANNING  
 TOWN OF KILL DEVIL HILLS  
 4400

ACCOUNT INFORMATION

DATE

7/26/19

7-26-19  
 7-26-19  
 7-26-19

SET 17 OF 1  
 TOWN OF KILL DEVIL HILLS 4400  
 PLANNING  
 Date / Time : 07/26/19 15:01  
 Payment : \$ 150.00  
 Receipt # : 582834  
 Check/Credit Card #: 1199  
 Clerk : 981msnyd  
 Paid By : OUTER BANKS HEATING



**Town of Kill Devil Hills**

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

**PAID**

JUL 29 2019

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

<b>MC2019-227</b> PROJECT NAME: SITE ADDRESS: 409 HELGA ST W KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 07/29/2019 EXPIRES: 01/25/2020
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<b>APPLICANT:</b> Denise Arditti 409 W Helga St Kill Devil Hills, NC 27948	<b>OWNER:</b> Denise Arditti 409 W Helga St Kill Devil Hills, NC 27948
--	--

<b>MECHANICAL:</b>	American Refrigeration P.O. Box 835 nags head, nc 27959 252-305-5320	<b>License:</b> 29031 <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b>	987516836283	<b>Parcel Number:</b>	000304000
<b>Address:</b>	409 HELGA ST W KILL DEVIL HILLS		
<b>Addition:</b>	ORVILLE BEACH WEST	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	0 <b>Lot(s):</b> 224

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

**PROJECT DESCRIPTION:** HVAC changout



1928

[Faint, illegible text, possibly bleed-through from the reverse side of the page. The text is too light to transcribe accurately.]

**MC2019-227**

**PROJECT NAME:**

**SITE ADDRESS:** 409 HELGA ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/29/2019

**EXPIRES:** 01/25/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5320.00
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.

**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:** 7/29/19

AMERICAN REFRI  
GERAT

11

SET 17 GPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/29/19 09:19  
Payment : \$ 150.00  
Receipt # : 582854  
Check/Credit Card #: 843676  
Clerk : 901msnyd  
Paid By : AMERICAN REFRI  
GERAT



**Town of Kill Devil Hills**

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

PAID

JUL 29 2019

**Planning and Inspection Department**

**MC2019-228**  
PROJECT NAME:  
SITE ADDRESS: 1728A BAY DR KILL DEVIL HILLS

**MECHANICAL**  
ISSUED: 07/29/2019  
EXPIRES: 01/25/2020

**APPLICANT:** RYAN, THOMAS JOSEPH JR  
P O BOX 44  
NAGS HEAD, NC 27959

**OWNER:** RYAN, THOMAS JOSEPH JR  
P O BOX 44  
NAGS HEAD, NC 27959

**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:** 98840905359801

**Parcel Number:** 002548001

**Address:** 1728A BAY DR KILL DEVIL HILLS

**Addition:** CROATAN SHORES INC SEC 1

**Zoning:**

**Block:** 21 **Lot(s):** UT 1728A

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC changout

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**MC2019-228**

**PROJECT NAME:**

**SITE ADDRESS:** 1728A BAY DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/29/2019

**EXPIRES:** 01/25/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5910.00
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: Marty Shaw

Contractor or Authorized Agent: David Beck

Date: 7/29/19

MECHANICAL  
WORKS  
CORPORATION

55  
10/11/19

STATE

PLANNING

Town of Kill Devil Hills

PLANNING  
Town of Kill Devil Hills  
4400

SET 17 CPI  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/29/19 09:47  
Payment : \$ 150.00  
Receipt # : 582865  
Check/Credit Card #: 029319  
Clerk : 981msnyd  
Paid By : ATLANTIC HEATING &



**Town of Kill Devil Hills**

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

JUL 30 2019

**Planning and Inspection Department**

<b>MC2019-230</b> PROJECT NAME: Vuchevska HVAC SITE ADDRESS: 700 K2 FIRST ST W KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 07/30/2019 EXPIRES: 01/26/2020
---	--

<b>APPLICANT:</b> Vuchevska, Ljupka 700 W First St Unit K2 Kill Devil Hills, NC 27948	<b>OWNER:</b> Vuchevska, Ljupka 700 W First St Unit K2 Kill Devil Hills, NC 27948
--	--

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

**PARCEL:**

<b>PIN:</b> 98841314042650	<b>Parcel Number:</b> 008075021
<b>Address:</b> 700 K2 FIRST ST W KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b>	<b>Block:</b> 0 <b>Lot(s):</b> UT 2 BLDG K
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** C/O 2 Ton HVAC system



STATE OF NEW YORK

1897

IN SENATE

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
MAY 1, 1896

ALBANY: PUBLISHED BY THE STATE PRINTING OFFICE  
1897

THE COMMISSIONERS OF THE LAND OFFICE  
ALBANY, N. Y.

ALBANY: PUBLISHED BY THE STATE PRINTING OFFICE  
1897

ALBANY: PUBLISHED BY THE STATE PRINTING OFFICE  
1897

**MC2019-230**

**PROJECT NAME:** Vuchevska HVAC

**SITE ADDRESS:** 700 K2 FIRST ST W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/30/2019

**EXPIRES:** 01/26/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8191.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
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: \_\_\_\_\_

7/30/19

18704-ABC-230  
11/10/19 14:17  
150.00

SET 17 CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/30/19 14:17  
Payment : \$ 150.00  
Receipt # : 583654  
Check/Credit Card #: 24085  
Clerk : 981msnyd  
Paid By : MASTERS HEATING AND



# Town of Kill Devil Hills

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

JUL 30 2019

## Planning and Inspection Department

<b>MC2019-229</b> PROJECT NAME: DUNKIN DONUTS HVAC SITE ADDRESS: 3210 Croatan HWY N. KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 07/30/2019 EXPIRES: 01/26/2020
---	--

<b>APPLICANT:</b> Island Land Center Condo Association 3210 N. Croatan Hwy Kill Devil Hills, NC 27948	<b>OWNER:</b> Island Land Center Condo Association 3210 N. Croatan Hwy Kill Devil Hills, NC 27948
---	---

<b>MECHANICAL:</b> Trademark Heating & Cooling PO Box 2554 Kill Devil Hills, NC 27948	<b>License:</b> 31311 <b>Expires:</b> 12/31/2019
---	---

<b>PARCEL:</b>			
<b>PIN:</b> 987516947201	<b>Parcel Number:</b> 000048002		
<b>Address:</b> 3210 Croatan HWY N. KILL DEVIL HILLS			
<b>Addition:</b> ORVILLE BEACH AMENDED BLK 15	<b>Zoning:</b>	<b>Block:</b> 15	<b>Lot(s):</b> 6
<b>Legal Description:</b>			

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

**PROJECT DESCRIPTION:** HVAC CHANGE OUT

100

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
CHICAGO, ILLINOIS

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**MC2019-229****PROJECT NAME:** DUNKIN DONUTS HVAC  
**SITE ADDRESS:** 3210 Croatan HWY N. KILL DEVIL HILLS**MECHANICAL****ISSUED:** 07/30/2019**EXPIRES:** 01/26/2020**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	4485.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

Issued By: Contractor or Authorized Agent: 

Date: 7/30/19

SET\_17\_CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/30/19 10:41  
Payment : \$ 150.00  
Receipt # : 583265  
Check/Credit Card #: 2878  
Clerk : 981msnyd  
Paid By : TRADEMARK HEATING &



**Town of Kill Devil Hills**

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

JUL 30 2019

**Planning and Inspection Department**

<b>MC2019-231</b> PROJECT NAME: Pier HVAC SITE ADDRESS: 2111 VA DARE TRL N KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 07/30/2019 EXPIRES: 01/26/2020
---	--

<b>APPLICANT:</b> DARE RESORTS INC P O BOX 348 KILL DEVIL HILLS, NC 27948	<b>OWNER:</b> DARE RESORTS INC P O BOX 348 KILL DEVIL HILLS, NC 27948
---	---

<b>H-3, CLASS I:</b>	HERITAGE HTG. & CLG. 209 W MORNING DOVE LN nags head, nc 27959 252-489-3319	<b>License:</b> 22994 <b>Expires:</b> 12/31/2019
----------------------	--	---

**PARCEL:**

<b>PIN:</b> 988518219309	<b>Parcel Number:</b> 003070000
<b>Address:</b> 2111 VA DARE TRL N KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> AVALON BEACH	<b>Block:</b> 0 <b>Lot(s):</b> 3-6 & LOT &
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** Install multi-head 5Ton mini split system

**DETAILS**

<b>Permit</b>	
<b>Name</b>	<b>Value</b>
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	10000.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N



11

THE UNIVERSITY OF CHICAGO  
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**MC2019-231**

**PROJECT NAME:** Pier HVAC

**SITE ADDRESS:** 2111 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/30/2019

**EXPIRES:** 01/26/2020

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

7-30-19

SET\_17\_CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/31/19 08:37  
Payment : \$ 150.00  
Receipt # : 583716  
Check/Credit Card #: 3133  
Clerk : 981msnyd  
Paid By : HERITAGE HEATING &



# 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

**MC2019-220**

**PROJECT NAME:**

**SITE ADDRESS:** 2503 CROATAN HWY N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/19/2019

**EXPIRES:** 01/15/2020

**APPLICANT:** Jones, Gordan  
2503 N Croatan Hwy  
Kill Devil Hills, NC 27948  
252-202-1817

**OWNER:** Jones, Gordan  
2503 N Croatan Hwy  
Kill Devil Hills, NC 27948  
252-202-1817

**PARCEL:**

**PIN:** 988517114857

**Parcel Number:** 000444000

**Address:** 2503 CROATAN HWY N KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORES

**Zoning:**  
**Block:** 21 **Lot(s):** 10-20

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC changout

### DETAILS

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	6500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

JUL 19 2019

Town of Killdeer Hills

10000 10th Street  
Killdeer, ND 58801

Planning and Development Department



PROJECT NO.	055-220
PROJECT NAME	10000 10th Street
PROJECT ADDRESS	10000 10th Street

APPLICANT NAME	10000 10th Street
APPLICANT ADDRESS	10000 10th Street
APPLICANT CITY	10000 10th Street

PROJECT TYPE	10000 10th Street
PROJECT DESCRIPTION	10000 10th Street
PROJECT STATUS	10000 10th Street

PROJECT OWNER	10000 10th Street
PROJECT CONTACT	10000 10th Street
PROJECT PHONE	10000 10th Street

PROJECT DATE	10000 10th Street
PROJECT TIME	10000 10th Street
PROJECT LOCATION	10000 10th Street

PROJECT AREA	10000 10th Street
PROJECT ZONE	10000 10th Street
PROJECT PERMIT	10000 10th Street

PROJECT DATE	10000 10th Street
PROJECT TIME	10000 10th Street
PROJECT LOCATION	10000 10th Street

PROJECT AREA	10000 10th Street
PROJECT ZONE	10000 10th Street
PROJECT PERMIT	10000 10th Street

PROJECT DATE	10000 10th Street
PROJECT TIME	10000 10th Street
PROJECT LOCATION	10000 10th Street

**MC2019-220**

**PROJECT NAME:**

**SITE ADDRESS:** 2503 CROATAN HWY N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/19/2019

**EXPIRES:** 01/15/2020

**REQUIRED INSPECTIONS**

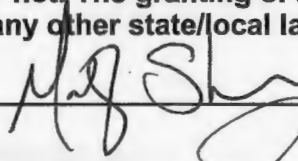
Final

**CONDITIONS**

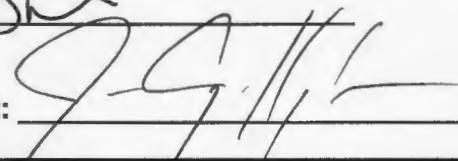
\* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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Issued By: \_\_\_\_\_



Contractor or Authorized Agent: \_\_\_\_\_



Date: \_\_\_\_\_

7/19/19

WORLD OF HEATING & AIR CONDITIONING  
1000 W. 10TH ST. SUITE 100  
DENVER, CO 80202

303-733-1100  
303-733-1101

WORLD OF HEATING & AIR CONDITIONING

WORLD OF HEATING & AIR CONDITIONING

WORLD OF HEATING & AIR CONDITIONING  
1000 W. 10TH ST. SUITE 100  
DENVER, CO 80202  
303-733-1100  
303-733-1101

SET\_17\_CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/19/19 14:15  
Payment : \$ 150.00  
Receipt # : 582227  
Check/Credit Card #: 24079  
Clerk : 981msnyd  
Paid By : MASTER HEATING & CO



# 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

**MC2019-219**  
**PROJECT NAME:**  
**SITE ADDRESS:** 1202 FOX ST KILL DEVIL HILLS

**MECHANICAL**  
**ISSUED:** 07/19/2019  
**EXPIRES:** 01/15/2020

**APPLICANT:** FAISON, GENE  
1202 FOX STREET  
Kill Devil Hills, NC 27948

**OWNER:** FAISON, GENE  
1202 FOX STREET  
Kill Devil Hills, NC 27948

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

**License:** 13056  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988312866403

**Parcel Number:** 004419000

**Address:** 1202 FOX ST KILL DEVIL HILLS

**Addition:** KILL DEVIL HILLS REALTY CORP

**Zoning:**

**Block:** 24 **Lot(s):** 2

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC changout

PASO  
JUL 19 2019

TOWN OF  
KILL DEVIL HILLS



Town of Willard Hills

1000 Willard Hills Blvd  
Willard, OH 44094

Planning and Inspection Department



MECHANICAL	1000 Willard Hills Blvd	Willard, OH 44094
ISSUED - 07/19/2010		
PROJECT NUMBER		

DATE	TIME	LOCATION	STATUS

PROJECT NAME	PROJECT NUMBER	PROJECT ADDRESS

DATE	TIME	LOCATION	STATUS

JUL 19 2010

**MC2019-219**

**PROJECT NAME:**

**SITE ADDRESS:** 1202 FOX ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/19/2019

**EXPIRES:** 01/15/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3813.00
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: Marty Shaw

Contractor or Authorized Agent: [Signature] Date: 7-19-19

SET 17 GP1  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/19/19 14:38  
Payment : \$ 150.00  
Receipt # : 582231  
Check/Credit Card #: 5195  
Clerk : 981msnyd  
Paid By : R A HOY HEATING



# Town of Kill Devil Hills

*Called*

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

## Planning and Inspection Department

<b>MC2019-066</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> Werkheiser HVAC	<b>ISSUED:</b> 04/05/2019
<b>SITE ADDRESS:</b> 206 South Virginia Dare Trail KILL DEVIL HILLS	<b>EXPIRES:</b> 10/02/2019

<b>APPLICANT:</b> WERKHEISER, STEVE 106 RACHEL DR BEAR, DE 19701	<b>OWNER:</b> WERKHEISER, STEVE 106 RACHEL DR BEAR, DE 19701
--	--

<b>MECHANICAL H-3, CLASS 1:</b>	Anderson Heating and Cooling Co., LLC PO Box 396 Kitty Hawk, NC 27949 252-619-3105	<b>License:</b> 31438 <b>Expires:</b> 12/31/2019
---------------------------------	---	---

**PARCEL:**

<b>PIN:</b> 988420804319	<b>Parcel Number:</b> 003774001
<b>Address:</b> 206 South Virginia Dare Trail KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> MOHAMAD A AFIFY DIVISION	<b>Block:</b> 0 <b>Lot(s):</b> 1A
<b>Legal Description:</b>	

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

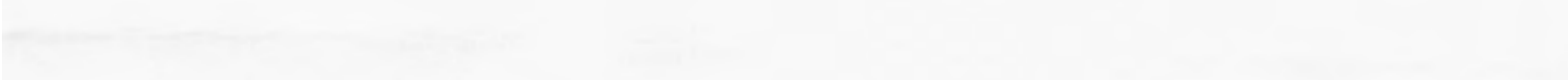
**PROJECT DESCRIPTION:** C/O 2.5 Ton HVAC System

*120*  
JUL 19 2019

Handwritten mark or signature at the top left.



Faint, illegible text or markings in the upper left quadrant.



**MC2019-066**

**PROJECT NAME:** Werkheiser HVAC

**SITE ADDRESS:** 206 South Virginia Dare Trail KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 04/05/2019

**EXPIRES:** 10/02/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6056.00
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: \_\_\_\_\_

SET\_17\_CPI  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/19/19 14:06  
Payment : \$ 150.00  
Receipt # : 582226  
Check/Credit Card #: 3864  
Clerk : 981msnyd  
Paid By : ANDERSON HEATING &

5/11/2019

2/19/2019



# Town of Kill Devil Hills

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

JUL 17 2019

TOWN OF  
KILL DEVIL HILLS

## Planning and Inspection Department

**MC2019-217**

**PROJECT NAME:** MAKO MIKE'S  
**SITE ADDRESS:** 1630 CROATAN HWY N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/17/2019

**EXPIRES:** 01/13/2020

**APPLICANT:** Conch Street Endeavors Inc.  
PO Box 1089  
nags head, nc 27959

**OWNER:** Conch Street Endeavors Inc.  
PO Box 1089  
nags head, nc 27959

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

**License:** 13056  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988410460072

**Parcel Number:** 002741002

**Address:** 1630 CROATAN HWY N KILL DEVIL HILLS

**Addition:**

**Zoning:**  
**Block:** 0      **Lot(s):** 1 & 2, PT DRAINAGE

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC changout - NORTH DINING AREA - SUSPENDED AIR HANDLER



Town of (18) Down Falls

1891

1891



RECEIVED TOWN OF (18) DOWN FALLS 1891	1891 1891
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**MC2019-217**

**PROJECT NAME:** MAKO MIKE'S

**SITE ADDRESS:** 1630 CROATAN HWY N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/17/2019

**EXPIRES:** 01/13/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	21730.00
CONSTRUCTION TYPE	III
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Assembly

**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: 7/17/19

SET 17 CP1  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/18/19 08:32  
Payment : \$ 150.00  
Receipt # : 582084  
Check/Credit Card #: 5191  
Clerk : 981msnyd  
Paid By : R A HOY HEATING & C



**Town of Kill Devil Hills**

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

JUL 17 2019

**Planning and Inspection Department**

<b>MC2019-216</b> <b>PROJECT NAME:</b> Fraancis HVAC <b>SITE ADDRESS:</b> 403 TRUXTON ST KILL DEVIL HILLS	<b>MECHANICAL</b> <b>ISSUED:</b> 07/16/2019 <b>EXPIRES:</b> 01/12/2020
---	--

<b>APPLICANT:</b> Vernie Francis Jr. P. O. Box 362 COURTLAND, VA 23837 757-653-8183	<b>OWNER:</b> Vernie Francis Jr. P. O. Box 362 COURTLAND, VA 23837 757-653-8183
--	--

<b>H3, CLASS 1:</b>	OUTER BANKS HEATING AND COOLING P.O. Box 1415 Nags Head, NC 27959 441-1740	<b>License:</b> 12643 <b>Expires:</b> 12/31/2019
---------------------	---	---

**PARCEL:**

<b>PIN:</b> 987516839080	<b>Parcel Number:</b> 001046000
<b>Address:</b> 403 TRUXTON ST KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> MOOR SHORES	<b>Block:</b> 0 <b>Lot(s):</b> 102
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** C/O 2 Ton HVAC System

**DETAILS**

<b>Permit</b>	
<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6151.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

Town of Mill Creek

Office of the  
Town Engineer  
1234 Main Street  
Mill Creek, WI 53025



Planning & Development Department

PROJECT NO.	123456789
PROJECT NAME	123456789
PROJECT ADDRESS	123456789

DATE	12/31/2023
TIME	10:00 AM
LOCATION	123456789

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123456789

123456789

123456789

123456789	123456789	123456789
123456789	123456789	123456789

123456789

123456789	123456789	123456789
123456789	123456789	123456789
123456789	123456789	123456789

123456789

**MC2019-216**

**PROJECT NAME:** Fraancis HVAC

**SITE ADDRESS:** 403 TRUXTON ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/16/2019

**EXPIRES:** 01/12/2020

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

SET 17.CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/17/19 14:49  
Payment : \$ 150.00  
Receipt # : 582078  
Check/Credit Card # :  
Clerk : 981msnyd  
Paid By :



**Town of Kill Devil Hills**

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

JUL 17 2019

**Planning and Inspection Department**

**MC2019-215**  
PROJECT NAME:  
SITE ADDRESS: 314 ST LOUIS ST KILL DEVIL HILLS

**MECHANICAL**  
ISSUED: 07/15/2019  
EXPIRES: 01/11/2020

**APPLICANT:** CURNUTT, ROBERT M  
314 ST LOUIS ST  
KILL DEVIL HILLS, NC 27948

**OWNER:** CURNUTT, ROBERT M  
314 ST LOUIS ST  
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:** 987516847389

**Parcel Number:** 000179000

**Address:** 314 ST LOUIS ST KILL DEVIL HILLS

**Addition:** ORVILLE BEACH WEST

**Zoning:**  
**Block:** 0 **Lot(s):** 71

**Legal Description:**

<b>FEE:</b>	<b>Paid</b>	<b>Due</b>
Mechanical Permit Fee	\$150.00	\$0.00
<b>Totals :</b>	<b>\$150.00</b>	<b>\$0.00</b>

**PROJECT DESCRIPTION:** HVAC changout



1954

Department of Chemistry

MEMORANDUM FOR THE RECORD  
DATE: 10/15/54  
TO: [Illegible]  
FROM: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

**MC2019-215**

**PROJECT NAME:**

**SITE ADDRESS:** 314 ST LOUIS ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/15/2019

**EXPIRES:** 01/11/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6918.00
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: 7-17-19

MICROFILMED  
SERIALS SECTION  
UNIVERSITY OF MICHIGAN

DATE  
TIME

DATE

TIME

DATE

PLANNING  
Town of Kill Devil Hills  
4400

SET 17.CPI  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/17/19 14:50  
Payment : \$ 150.00  
Receipt # : 582079  
Check/Credit Card #: 185  
Clerk : 981msnyd  
Paid By : OUTER BANKS HEATING



**Town of Kill Devil Hills**

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

PAID

JUL 15 2019

**Planning and Inspection Department**

TOWN OF  
KILL DEVIL HILLS

<b>MC2019-180</b> PROJECT NAME: Rhoten HVAC SITE ADDRESS: 1740 BAY DR KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 06/10/2019 EXPIRES: 12/07/2019
--	--

<b>APPLICANT:</b> RHOTEN, SARA 6814 Kirkwood Street RICHMOND, VA 23228	<b>OWNER:</b> RHOTEN, SARA 6814 Kirkwood Street RICHMOND, VA 23228
--	--

<b>MECHANICAL, H-2, H-3:</b>	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	<b>License:</b> 11618 <b>Expires:</b> 12/31/2019
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**PARCEL:**

<b>PIN:</b> 988409052972	<b>Parcel Number:</b> 002549000
<b>Address:</b> 1740 BAY DR KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> CROATAN SHORES INC SEC 1	<b>Block:</b> 21 <b>Lot(s):</b> 16
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** Replace damaged HVAC supply lines, vent bathroom exhaust fans.

Form of RFP/RFQ

Rev. 1/15/03

Form of RFP/RFQ

Item No.	Description	Quantity	Unit Price	Total Price

Item No.	Description	Quantity	Unit Price	Total Price

Item No.	Description	Quantity	Unit Price	Total Price

Item No.	Description	Quantity	Unit Price	Total Price

Item No.	Description	Quantity	Unit Price	Total Price

**MC2019-180**

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

**MECHANICAL**

**ISSUED:** 06/10/2019

**EXPIRES:** 12/07/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	825.00
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: 6/15/19

RECEIVED  
TOWN OF KILL DEVIL HILLS  
PLANNING  
4400  
TOWN OF KILL DEVIL HILLS  
PLANNING  
4400

SET\_17.CPI  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/15/19 10:49  
Payment : \$ 150.00  
Receipt # : 581445  
Check/Credit Card #: 071445  
Clerk : 981msnyd  
Paid By : ATLANTIC HEATING AN



**Town of Kill Devil Hills**

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

JUL 12 2019

**Planning and Inspection Department**

<b>MC2019-214</b> <b>PROJECT NAME:</b> Kirchmier HVAC <b>SITE ADDRESS:</b> 508 BURNS DR KILL DEVIL HILLS	<b>MECHANICAL</b> <b>ISSUED:</b> 07/12/2019 <b>EXPIRES:</b> 01/08/2020
--	--

<b>APPLICANT:</b> JOHN J III KIRCHMIER 508 Burns Dr KILL DEVIL HILLS, NC 27948	<b>OWNER:</b> JOHN J III KIRCHMIER 508 Burns Dr KILL DEVIL HILLS, NC 27948
--	--

<b>MECHANICAL, H-2, H-3:</b>	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	<b>License:</b> 11618 <b>Expires:</b> 12/31/2019
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**PARCEL:**

<b>PIN:</b> 988315724886	<b>Parcel Number:</b> 005095000
<b>Address:</b> 508 BURNS DR KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b>	<b>Block:</b> 0 <b>Lot(s):</b> 6
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** C/O 1.5 Ton HVAC System

**DETAILS**

<b>Permit</b>	
<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5050.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N



Town of Hill District

1911



MECHANICAL  
ELECTRICAL  
PLUMBING

1911

1911

1911

1911

1911

1911

1911

**MC2019-214**

**PROJECT NAME:** Kirchmier HVAC  
**SITE ADDRESS:** 508 BURNS DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/12/2019

**EXPIRES:** 01/08/2020

**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: \_\_\_\_\_

7/12/19

RECEIVED  
TOWN OF KILL DEVIL HILLS  
PLANNING DEPARTMENT  
4400  
07/12/19 11:11

RECEIVED  
TOWN OF KILL DEVIL HILLS  
PLANNING DEPARTMENT  
4400  
07/12/19 11:11

SET 17 CP1  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/12/19 11:11  
Payment : \$ 150.00  
Receipt # : 581333  
Check/Credit Card # : 012844  
Clerk : 981msnyd  
Paid By : ATLANTIC HEATING AN



**Town of Kill Devil Hills**

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

PAD  
JUL 12 2019

**Planning and Inspection Department**

<b>MC2019-213</b> PROJECT NAME: 5 guys - upper apartments. SITE ADDRESS: 1203 CROATAN HWY S KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 07/11/2019 EXPIRES: 01/07/2020
--	--

<b>APPLICANT:</b> GEORGE & CATHERINE DROSOS 10910 Watermill Oakton, VA 22124	<b>OWNER:</b> GEORGE & CATHERINE DROSOS 10910 Watermill Oakton, VA 22124
--	--

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

<b>PIN:</b> 988312963918	<b>Parcel Number:</b> 004327000
<b>Address:</b> 1203 CROATAN HWY S KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> KILL DEVIL HILLS REALTY CORP	<b>Block:</b> 6 <b>Lot(s):</b> PT 4, PT 5, 14,15
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** HVAC changout

Form of PIN Card

WILSON  
10101  
10101

Planning and Inspection Department



THE UNIVERSITY OF TEXAS AT AUSTIN PLANNING AND INSPECTION DEPARTMENT	PIN CARD NO. 10101 EXPIRES 12/31/78
--	--

NAME: [Faint text] ADDRESS: [Faint text]	PHONE: [Faint text] OFFICE: [Faint text]
---	---

DEPARTMENT: [Faint text] POSITION: [Faint text]	EMPLOYEE ID: [Faint text] SOCIAL SECURITY: [Faint text]
--	--

SIGNATURE: [Faint text] DATE: [Faint text]	APPROVED: [Faint text] DATE: [Faint text]
---	--

COMMENTS: [Faint text]	[Faint text]
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**MC2019-213**

**PROJECT NAME:** 5 guys - upper apartments.  
**SITE ADDRESS:** 1203 CROATAN HWY S KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/11/2019

**EXPIRES:** 01/07/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5490.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: \_\_\_\_\_

Contractor or Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

7/12/19

SET 17 CPI  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/12/19 11:08  
Payment : \$ 150.00  
Receipt # : 581330  
Check/Credit Card #: 6845  
Clerk : 981msnyd  
Paid By : ALL SEASONS HEATING

*[Faint, illegible text, possibly a signature or stamp]*

CONDITIONS

WE TURNED OVER THE

*[Faint, illegible text]*

DATE

*[Faint, illegible text]*



**Town of Kill Devil Hills**

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

JUL 10 2019

TOWN OF  
KILL DEVIL HILLS

**Planning and Inspection Department**

<b>MC2019-211</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> Morris HVAC	<b>ISSUED:</b> 07/10/2019
<b>SITE ADDRESS:</b> 3200 VA DARE TRL N KILL DEVIL HILLS	<b>EXPIRES:</b> 01/06/2020

<b>APPLICANT:</b> MORRIS, Frances 1711 Bellevue Ave Apt 107D RICHMOND, VA 23227	<b>OWNER:</b> MORRIS, Frances 1711 Bellevue Ave Apt 107D RICHMOND, VA 23227
--	--

<b>MECHANICAL:</b>	R A HOY PO Box 265 Kitty Hawk, NC 27949	<b>License:</b> 13056 <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b>	988513048419	<b>Parcel Number:</b>	000085000
<b>Address:</b>	3200 VA DARE TRL N KILL DEVIL HILLS		
<b>Addition:</b>	ORVILLE BEACH BLK 5	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	5 <b>Lot(s):</b> 8

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

**PROJECT DESCRIPTION:** C/O 2.5 Ton HVAC System



John of the Land Hills

10/20/19

Planning and Development



MECHANICAL	10/20/19
PLUMBING	10/20/19
ELECTRICAL	10/20/19

10/20/19	10/20/19
10/20/19	10/20/19
10/20/19	10/20/19

10/20/19	10/20/19
10/20/19	10/20/19
10/20/19	10/20/19

10/20/19	10/20/19
10/20/19	10/20/19
10/20/19	10/20/19

10/20/19	10/20/19
10/20/19	10/20/19
10/20/19	10/20/19

**MC2019-211**

**PROJECT NAME:** Morris HVAC

**SITE ADDRESS:** 3200 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/10/2019

**EXPIRES:** 01/06/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5712.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

**REQUIRED INSPECTIONS**

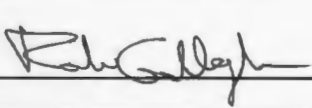
Final

**CONDITIONS**

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 7/10/19

TECHNICAL  
BOARD OF  
EXAMINERS

DEPT. OF

RETURN TO

Handwritten notes and signatures in a rectangular box.

SET 17 CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/10/19 13:29  
Payment : \$ 150.00  
Receipt # : 581221  
Check/Credit Card #: 5183  
Clerk : 981msnyd  
Paid By : R A HOY HEATING & A



**Town of Kill Devil Hills**

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

PAID

JUL 10 2019

**Planning and Inspection Department**

<b>MC2019-212</b> <b>PROJECT NAME:</b> <b>SITE ADDRESS:</b> 2807 VA DARE TRL N KILL DEVIL HILLS	<b>MECHANICAL</b> <b>ISSUED:</b> 07/10/2019 <b>EXPIRES:</b> 01/06/2020
---	--

<b>APPLICANT:</b> DANA REISSE 211 Kinnakeet Run Yorktown, VA 23693	<b>OWNER:</b> DANA REISSE 211 Kinnakeet Run Yorktown, VA 23693
--	--

<b>MECHANICAL:</b>	RA HOY PO Box 265 Kitty Hawk, NC 27949	<b>License:</b> 13056 <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b>	988513139121	<b>Parcel Number:</b>	000826000
<b>Address:</b>	2807 VA DARE TRL N KILL DEVIL HILLS		
<b>Addition:</b>	VIRGINIA DARE SHORES PLAT B	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	0 <b>Lot(s):</b> 21

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

**PROJECT DESCRIPTION:** HVAC changout

Town of Kill Devil Hills



July 10, 1913

Respectfully,  
The Board of Health  
of the Town of Kill Devil Hills

MECHANICAL  
BOARD OF HEALTH  
TOWN OF KILL DEVIL HILLS

RESOLUTION  
WHEREAS  
AND WHEREAS  
NOW, therefore, be it resolved

That the Board of Health  
do hereby order  
that the following  
be and the same shall be  
the health regulations  
of the Town of Kill Devil Hills

**MC2019-212**

**PROJECT NAME:**

**SITE ADDRESS:** 2807 VA DARE TRL N KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/10/2019

**EXPIRES:** 01/06/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6969.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	14
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: \_\_\_\_\_ Date: 7/10/19

MECHANICAL  
TOWN OF KILL DEVI HILLS  
4400

DETAILS

DATE	DESCRIPTION	AMOUNT
07/10/19	PLANNING	150.00

PLANNING  
TOWN OF KILL DEVI HILLS  
4400

SET\_17\_CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/10/19 13:28  
Payment : \$ 150.00  
Receipt # : 581220  
Check/Credit Card #: 5184  
Clerk : 981msnyd  
Paid By : R A HOY HEATING & A



# Town of Kill Devil Hills

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

JUL 9 2019

## Planning and Inspection Department

<b>MC2019-207</b> PROJECT NAME: Via HVAC SITE ADDRESS: 2603 BAY DR KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 07/08/2019 EXPIRES: 01/04/2020
---	--

<b>APPLICANT:</b> VIA, WILLIAM G 206 Granville Dr. Newport News, VA 23606	<b>OWNER:</b> VIA, WILLIAM G 206 Granville Dr. Newport News, VA 23606
---	---

<b>MECHANICAL, H-2, H-3:</b>	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	<b>License:</b> 11618 <b>Expires:</b> 12/31/2019
------------------------------	--	---

**PARCEL:**

<b>PIN:</b> 987520808674	<b>Parcel Number:</b> 000734003
<b>Address:</b> 2603 BAY DR KILL DEVIL HILLS	<b>Zoning:</b>
<b>Addition:</b> VIRGINIA DARE SHORES	<b>Block:</b> 80 <b>Lot(s):</b> 3
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** C/O 2.5Ton HVAC System

### DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5400.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N



Form of 100 (Rev. 11/11)

Department of the Treasury  
Internal Revenue Service



Employer's Federal Tax Identification Number

MECHANICAL  
New York, NY  
10001

NAME OF THE EMPLOYEE  
ADDRESS  
CITY  
STATE  
ZIP

EMPLOYEE'S SOCIAL SECURITY NUMBER  
EMPLOYEE'S FEDERAL TAX IDENTIFICATION NUMBER  
EMPLOYEE'S MARITAL STATUS  
EMPLOYEE'S DEPENDENT INFORMATION

EMPLOYEE'S SIGNATURE  
DATE  
EMPLOYER'S SIGNATURE  
DATE

**MC2019-207**

**PROJECT NAME:** Via HVAC

**SITE ADDRESS:** 2603 BAY DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/08/2019

**EXPIRES:** 01/04/2020

**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: \_\_\_\_\_

7/9/19

MECHANICAL  
REPAIRS  
KILLER HILLS

1111  
KILLER HILLS  
KILLER HILLS

RECEIPT

DATE

AMOUNT PAID

DESCRIPTION OF WORK  
PLANNING  
TOWN OF KILLER HILLS  
4400

SET 17 CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/09/19 09:23  
Payment : \$ 150.00  
Receipt # : 581130  
Check/Credit Card #: 009216  
Clerk : 981msyd  
Paid By : ATLANTIC HEATING AM



**Town of Kill Devil Hills**

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

PAID  
JUL 9 2019  
TOWNSHIP OF KILL DEVIL HILLS

**Planning and Inspection Department**

<b>MC2019-210</b> PROJECT NAME: SITE ADDRESS: 903 SIXTH AVE KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 07/09/2019 EXPIRES: 01/05/2020
--	--

<b>APPLICANT:</b> Sowell, Hayden & Barbara PO Box 490 CHESAPEAKE BEACH, MD 20732	<b>OWNER:</b> Sowell, Hayden & Barbara PO Box 490 CHESAPEAKE BEACH, MD 20732
--	--

<b>MECHANICAL:</b>	DELTA T 162 Yaupon Tr. Kitty Hawk, NC 27949 256-2436	<b>License:</b> 23299 <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b>	988311764917	<b>Parcel Number:</b>	009171000
<b>Address:</b>	903 SIXTH AVE KILL DEVIL HILLS		
<b>Addition:</b>	KILL DEVIL HILLS REALTY CORP	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	33 <b>Lot(s):</b> 9

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

**PROJECT DESCRIPTION:** HVAC changout

Town of Danvers



Planning and Zoning Department

PROJECT NO.	123456789
PROJECT NAME	123 Main Street
APPLICANT	ABC Company

DATE	12/15/2023
TIME	10:00 AM
LOCATION	123 Main Street
ATTENDEES	John Doe, Jane Smith

AGENDA	1. Welcome
	2. Presentation
	3. Public Comments
	4. Discussion
	5. Decision

DATE	12/15/2023
TIME	10:00 AM
LOCATION	123 Main Street

AGENDA	1. Welcome
	2. Presentation
	3. Public Comments
	4. Discussion
	5. Decision

**MC2019-210**

**PROJECT NAME:**

**SITE ADDRESS:** 903 SIXTH AVE KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/09/2019

**EXPIRES:** 01/05/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6300.00
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: 9 JUL 19

SET 17 CPI  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/09/19 10:06  
Payment : \$ 150.00  
Receipt # : 581147  
Check/Credit Card #: 8751  
Clerk : 981msnyd  
Paid By : DELTA I



# Town of Kill Devil Hills

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

JUL 9 2019

## Planning and Inspection Department

<b>MC2019-209</b> PROJECT NAME: SITE ADDRESS: 3112 BAY DR KILL DEVIL HILLS	<b>MECHANICAL</b> ISSUED: 07/09/2019 EXPIRES: 01/05/2020
--	--

<b>APPLICANT:</b> JOHN KING 3112 Bay Drive KDH, NC 27948	<b>OWNER:</b> JOHN KING 3112 Bay Drive KDH, NC 27948
--	--

<b>MECHANICAL:</b>	DELTA T 162 Yaupon Tr. Kitty Hawk, NC 27949 256-2436	<b>License:</b> 23299 <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b>	987520811974	<b>Parcel Number:</b>	001077000
<b>Address:</b>	3112 BAY DR KILL DEVIL HILLS		
<b>Addition:</b>	MOOR SHORES	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	0 <b>Lot(s):</b> 142

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

**PROJECT DESCRIPTION:** HVAC changout



Town of Hill-Down Hills

1000 Main Street  
Hill-Down Hills, MA 01903  
Tel: 508-548-1111



Department of Public Works

MECHANICAL	PLUMBING	ELECTRICAL	PAINTING	ROOFING	CONCRETE	ASBESTOS	DEMOLITION	LANDSCAPE	SEWER	WATER	TRUCKS	HAZARDOUS WASTE	WIND	SOIL	ENVIRONMENTAL	OTHER
------------	----------	------------	----------	---------	----------	----------	------------	-----------	-------	-------	--------	-----------------	------	------	---------------	-------

1. Name of Contractor	2. License No.	3. State	4. Address	5. City	6. State	7. Zip	8. Phone	9. Fax	10. E-mail	11. Website	12. Description of Work	13. Estimated Cost	14. Start Date	15. End Date	16. Status	17. Notes
-----------------------	----------------	----------	------------	---------	----------	--------	----------	--------	------------	-------------	-------------------------	--------------------	----------------	--------------	------------	-----------

18. Name of Inspector	19. License No.	20. State	21. Address	22. City	23. State	24. Zip	25. Phone	26. Fax	27. E-mail	28. Website	29. Description of Work	30. Estimated Cost	31. Start Date	32. End Date	33. Status	34. Notes
-----------------------	-----------------	-----------	-------------	----------	-----------	---------	-----------	---------	------------	-------------	-------------------------	--------------------	----------------	--------------	------------	-----------

35. Name of Owner	36. License No.	37. State	38. Address	39. City	40. State	41. Zip	42. Phone	43. Fax	44. E-mail	45. Website	46. Description of Work	47. Estimated Cost	48. Start Date	49. End Date	50. Status	51. Notes
-------------------	-----------------	-----------	-------------	----------	-----------	---------	-----------	---------	------------	-------------	-------------------------	--------------------	----------------	--------------	------------	-----------

**MC2019-209**

**PROJECT NAME:**

**SITE ADDRESS:** 3112 BAY DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/09/2019

**EXPIRES:** 01/05/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent: [Signature] Date: 9 Jul 19

MECHANICAL  
 SERVICE - 8125  
 4400  
 OCT 21 1997

OCT 21 1997

SEMPER PARATUS

CONDITION

4400  
 OCT 21 1997

SET 17 CPI  
 Town of Kill Devil Hills  
 PLANNING  
 Date / Time : 07/09/19 10:05  
 Payment : \$ 150.00  
 Receipt # : 581146  
 Check/Credit Card #: 8752  
 Clerk : 981msnyd  
 Paid By : DELTA I



# Town of Kill Devil Hills

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

PAD  
JUL 9 2019

## Planning and Inspection Department

Town of  
Kill Devil Hills

**MC2019-208**

**PROJECT NAME:** Abbitt HVAC  
**SITE ADDRESS:** 106 CARLOW AVE KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/09/2019

**EXPIRES:** 01/05/2020

**APPLICANT:** Abbitt, Madeline  
8043 Old Courthouse Rd  
Appomattox, VA 24522

**OWNER:** Abbitt, Madeline  
8043 Old Courthouse Rd  
Appomattox, VA 24522

**MECHANICAL:** North Carolina Air Cond.  
PO Box 2209  
kitty hawk, nc 27949  
261-3013

**License:** 19037  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988419619776

**Parcel Number:** 003950000

**Address:** 106 CARLOW AVE KILL DEVIL HILLS

**Addition:** KITTY HAWK SHORES - REVISED

**Zoning:**  
**Block:** 42 **Lot(s):** 9

**Legal Description:**

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

**PROJECT DESCRIPTION:** C/O 2T HVAC System

Tests of Hill Descent

1965-66  
in which the  
test was conducted

11. 9. 66

11. 9. 66



MECHANICAL	11. 9. 66
11. 9. 66	11. 9. 66
11. 9. 66	11. 9. 66

11. 9. 66	11. 9. 66	11. 9. 66
11. 9. 66	11. 9. 66	11. 9. 66
11. 9. 66	11. 9. 66	11. 9. 66

11. 9. 66	11. 9. 66	11. 9. 66
11. 9. 66	11. 9. 66	11. 9. 66
11. 9. 66	11. 9. 66	11. 9. 66

11. 9. 66

11. 9. 66

11. 9. 66

**MC2019-208**

**PROJECT NAME:** Abbbitt HVAC

**SITE ADDRESS:** 106 CARLOW AVE KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/09/2019

**EXPIRES:** 01/05/2020

**DETAILS**

**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4875.00
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: 7/9/19

WELLS FARGO BANK, N.A.      07/19/19

STATEMENTS

PLANNING

Account Information:      Account # 4400      Branch 0000

Statement Period:      07/01/19 - 07/31/19

Balance Forward:      \$ 150.00

Payments:      \$ 150.00

Receipts:      \$ 0.00

Ending Balance:      \$ 0.00

SET\_17\_CPI  
Town of Kill Devil Hills  
PLANNING  
Date / Time : 07/09/19 09:20  
Payment : \$ 150.00  
Receipt # : 581128  
Check/Credit Card #: 15552  
Clerk : 981msnyd  
Paid By : NORTH CAROLINA AIR



**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**

**MC2019-206**

**PROJECT NAME:** Unit 13  
**SITE ADDRESS:** 800 Eighth Ave. KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/05/2019

**EXPIRES:** 01/01/2020

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

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

**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:** 988311665602

**Parcel Number:** 008165014

**Address:** 800 Eighth Ave. KILL DEVIL HILLS

**Zoning:**

**Addition:**

**Block:**

**Lot(s):** 2B

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC changout

PAID

JUL 5 2019



State of New York

County of ...

...

...

...

...

...

**MC2019-206**

**PROJECT NAME:** Unit 13

**SITE ADDRESS:** 800 Eighth Ave. KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/05/2019

**EXPIRES:** 01/01/2020

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4444.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

**REQUIRED INSPECTIONS**

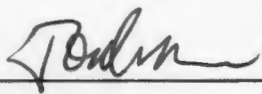
Final

**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: 7-5-19

MECHANICAL  
PLUMBING  
ELECTRICAL

RECEIPT

SET 17 CP1  
Town of Kill Devil Hills  
4400  
PLANNING  
Date / Time : 07/05/19 15:03  
Payment : \$ 150.00  
Receipt # : 580944  
Check/Credit Card #: 1164  
Clerk : 981rfarl  
Paid By : ORHC, INS



# 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

**MC2019-205**

**PROJECT NAME:**

**SITE ADDRESS:** 2300 RAYMOND Ave. KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/05/2019

**EXPIRES:** 01/01/2020

**APPLICANT:** Love, David & Carla  
3052 Lake Cahoon RD  
Suffolk, VA 23434  
757-423-0019

**OWNER:** Love, David & Carla  
3052 Lake Cahoon RD  
Suffolk, VA 23434  
757-423-0019

**PARCEL:**

**PIN:** 988517118398

**Parcel Number:** 000791000

**Address:** 2300 RAYMOND Ave. KILL DEVIL HILLS

**Addition:** VIRGINIA DARE SHORE AMD BLK 23

**Zoning:**  
**Block:** 23 **Lot(s):** 4

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC changout

### DETAILS

**Permit**

<b>Name</b>	<b>Value</b>
<b>PURPOSE</b>	Residential Repair/Remodel
<b>CONSTRUCTION COST</b>	11376.00
<b>CONSTRUCTION TYPE</b>	V
<b>FLOOD ZONE</b>	AE
<b>BASE FLOOD ELEVATION</b>	9
<b>NATURAL GAS SIGNOFF</b>	N
<b>OCCUPANCY TYPE</b>	One & Two Family Dwelling

JUL 5 2019

Town of Mill River Hills

100 Mill River Hills  
Mill River Hills, VT 05475  
Phone: 802-253-1234



Planning and Public Works Department

MECHANICAL	450018-500
PLUMBING	450018-500
ELECTRICAL	450018-500

100 Mill River Hills	100 Mill River Hills
Mill River Hills, VT 05475	Mill River Hills, VT 05475







**MC2019-205**

**PROJECT NAME:**

**SITE ADDRESS:** 2300 RAYMOND Ave. KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/05/2019

**EXPIRES:** 01/01/2020

**REQUIRED INSPECTIONS**

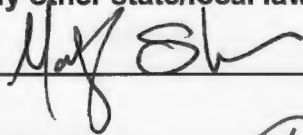
Final

**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: \_\_\_\_\_

7.5.19

SET 17 CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/05/19 15:02  
Payment : \$ 150.00  
Receipt # : 580943  
Check/Credit Card #: 981rfart  
Clerk :  
Paid By :



# Town of Kill Devil Hills

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

PAID

JUL 3 2019

## Planning and Inspection Department

**MC2019-204**

**PROJECT NAME:**

**SITE ADDRESS:** 1718 SOBLE DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/03/2019

**EXPIRES:** 12/30/2019

**APPLICANT:** ZIMMERMAN, ROBERT W  
1718 SOBEL DRIVE  
KILL DEVIL HILLS, NC 27948

**OWNER:** ZIMMERMAN, ROBERT W  
1718 SOBEL DRIVE  
KILL DEVIL HILLS, NC 27948

**H-3, CLASS I:** Beach Air Heating and Cooling  
PO Box 1047  
Manteo, NC 27954  
252-216-7544

**License:** 29768  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 988410471222

**Parcel Number:** 028424000

**Address:** 1718 SOBLE DR KILL DEVIL HILLS

**Addition:** HEDRICKS ADD-PAR B CROATAN SH

**Zoning:**

**Block:** 0

**Lot(s):** 23 & PT 24

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC changout



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**MC2019-204**

**PROJECT NAME:**

**SITE ADDRESS:** 1718 SOBLE DR KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/03/2019

**EXPIRES:** 12/30/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5245.00
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.

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: Cato Glen Date: 7-3-19

SET 17 PFI  
Town of Will Devil Hills 4400  
PLANNING  
Date / Time : 07/03/19 14:18  
Payment : \$ 150.00  
Receipt # : 580825  
Check/Credit Card #: 5724  
Clerk : 981msnyd  
Paid By : BEACH AIR HEATING &



# Town of Kill Devil Hills

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

JUL 2 2019

## Planning and Inspection Department

<b>MC2019-203</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b>	<b>ISSUED: 07/02/2019</b>
<b>SITE ADDRESS:</b> 525 Archdale St. W. Kill Devil Hills	<b>EXPIRES: 12/29/2019</b>

<b>APPLICANT:</b> Prentice, David 525 W Archdale Street Kill Devil Hills, NC 27948 252-441-4244	<b>OWNER:</b> Prentice, David 525 W Archdale Street Kill Devil Hills, NC 27948 252-441-4244
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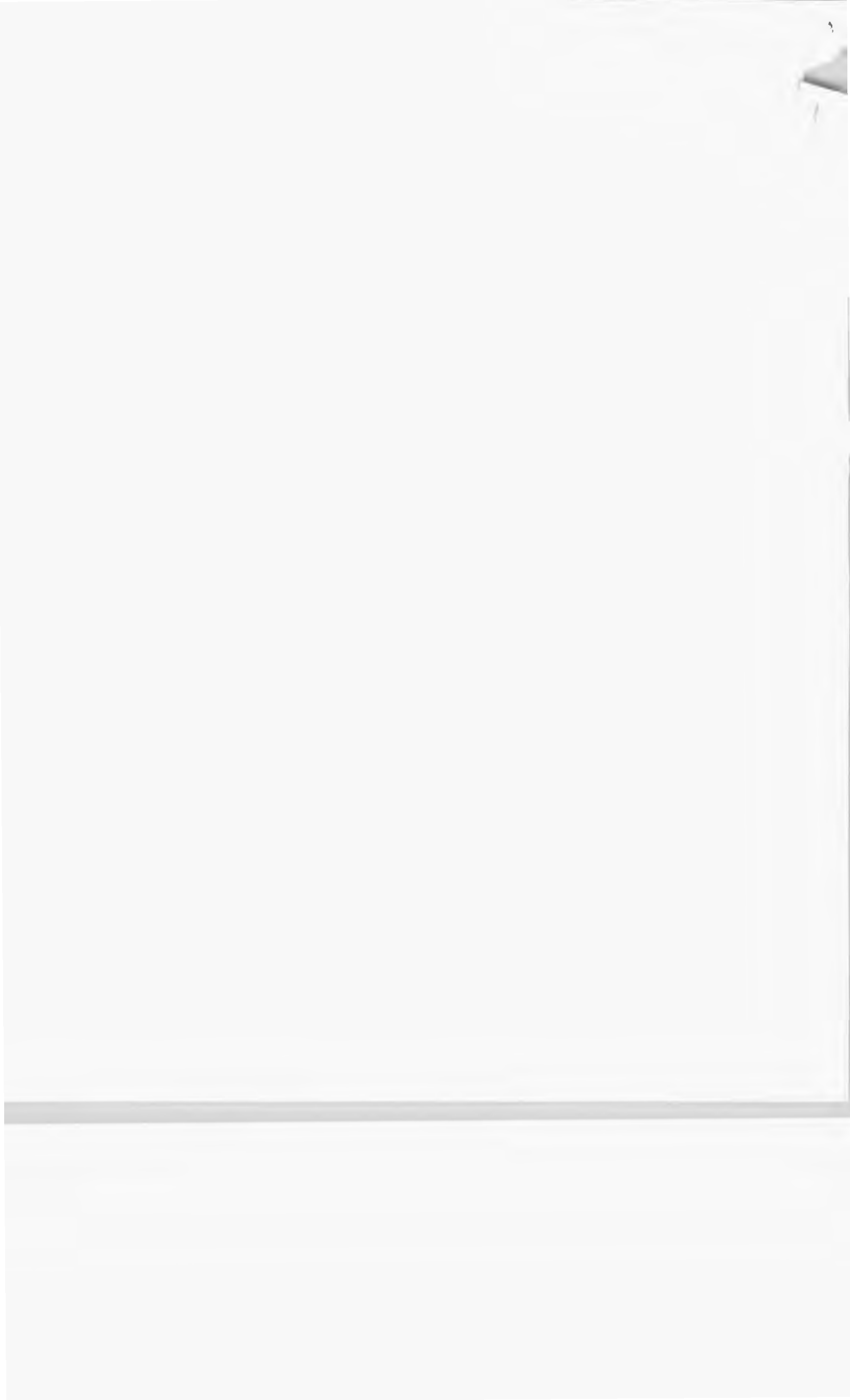
<b>MECHANICAL, H-3, I:</b>	<b>MASTER HEATING AND COOLING</b> P.O. Box 707 Kitty Hawk, NC 27949 255-0095	<b>License:</b> 18066 <b>Expires:</b> 12/31/2019
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**PARCEL:**

<b>PIN:</b> 987520902987	<b>Parcel Number:</b> 000717008
<b>Address:</b> 525 Archdale St. W. Kill Devil Hills	<b>Zoning:</b>
<b>Addition:</b> VIRGINIA DARE SHORES	<b>Block:</b> 71 <b>Lot(s):</b> 8-10
<b>Legal Description:</b>	

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

**PROJECT DESCRIPTION:** HVAC changout



**MC2019-203**

**PROJECT NAME:**

**SITE ADDRESS:** 525 Archdale St. W. Kill Devil Hills

**MECHANICAL**

**ISSUED:** 07/02/2019

**EXPIRES:** 12/29/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6900.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

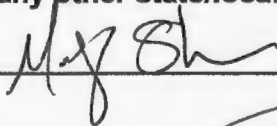
Final

**CONDITIONS**

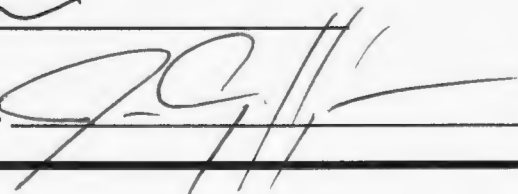
\* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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Issued By: \_\_\_\_\_



Contractor or Authorized Agent: \_\_\_\_\_



Date: \_\_\_\_\_

7/2/19

SET 17.CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/03/19 12:46  
Payment : \$ 150.00  
Receipt # : 580812  
Check/Credit Card #: 24038  
Clerk : 981men/d  
Paid By : MASTER HEATING & CO



# Town of Kill Devil Hills

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

JUL 2 2019

## Planning and Inspection Department

<b>MC2019-201</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b>	<b>ISSUED: 07/02/2019</b>
<b>SITE ADDRESS: 1425 SHAY ST KILL DEVIL HILLS</b>	<b>EXPIRES: 12/29/2019</b>

<b>APPLICANT:</b> CHAMBERS, ROBERT LEE 1425 SHAY STREET KILL DEVIL HILLS, NC 27948-2043	<b>OWNER:</b> CHAMBERS, ROBERT LEE 1425 SHAY STREET KILL DEVIL HILLS, NC 27948-2043
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<b>MECHANICAL:</b>	R A HOY PO Box 265 Kitty Hawk, NC 27949	<b>License:</b> 13056 <b>Expires:</b> 12/31/2019
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**PARCEL:**

<b>PIN:</b> 988316841191	<b>Parcel Number:</b> 005713000
<b>Address:</b> 1425 SHAY ST KILL DEVIL HILLS	
<b>Addition:</b> WHISPERING PINES SEC 2 & 3	<b>Zoning:</b>
<b>Legal Description:</b>	<b>Block:</b> D <b>Lot(s):</b> 13

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

**PROJECT DESCRIPTION:** HVAC changout



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**MC2019-201**

**PROJECT NAME:**

**SITE ADDRESS:** 1425 SHAY ST KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/02/2019

**EXPIRES:** 12/29/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

**REQUIRED INSPECTIONS**

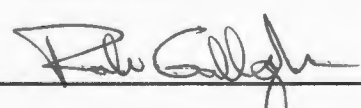
Final

**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: 7-2-19

SET\_17\_CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/02/19 14:03  
Payment : \$ 150.00  
Receipt # : 580721  
Check/Credit Card # :  
Clerk : 981msnyd  
Paid By :



**Town of Kill Devil Hills**

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

PAID

JUL 2 2019

**Planning and Inspection Department**

<b>MC2019-202</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b>	<b>ISSUED: 07/02/2019</b>
<b>SITE ADDRESS: 1406 PIRATES LOOP KILL DEVIL HILLS</b>	<b>EXPIRES: 12/29/2019</b>

<b>APPLICANT:</b> Johnson, Damon Scott 210 Tinkham RD Eure, NC 27935 252-209-6330	<b>OWNER:</b> Johnson, Damon Scott 210 Tinkham RD Eure, NC 27935 252-209-6330
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<b>MECHANICAL:</b>	R A HOY PO Box 265 Kitty Hawk, NC 27949	<b>License:</b> 13056 <b>Expires:</b> 12/31/2019
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<b>PARCEL:</b>			
<b>PIN:</b>	988414347065	<b>Parcel Number:</b>	003570000
<b>Address:</b>	1406 PIRATES LOOP KILL DEVIL HILLS		
<b>Addition:</b>	LANDING SECTION 2, THE	<b>Zoning:</b>	
<b>Legal Description:</b>		<b>Block:</b>	0 <b>Lot(s):</b> 65

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

**PROJECT DESCRIPTION:** HVAC changout

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**MC2019-202**

**PROJECT NAME:**

**SITE ADDRESS:** 1406 PIRATES LOOP KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/02/2019

**EXPIRES:** 12/29/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5671.00
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: 7/2/19

SET\_17\_EPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/02/19 14:04  
Payment : \$ 150.00  
Receipt # : 580722  
Check/Credit Card #: 5173  
Clerk : 981msnyd  
Paid By : R A HOY HEATING & A



**Town of Kill Devil Hills**

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

**PAID**  
JUL 1 2019

**Planning and Inspection Department**

**MC2019-199**

**PROJECT NAME:** ROLLER HVAC  
**SITE ADDRESS:** 1101 SPORTSMAN DR W KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 06/28/2019

**EXPIRES:** 12/25/2019

**APPLICANT:** ERIC ROLLER  
1681 RITTER BLVD  
HUNTINGTON, WV 25701  
304-416-1232

**OWNER:** ERIC ROLLER  
1681 RITTER BLVD  
HUNTINGTON, WV 25701  
304-416-1232

**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:** 987408996429

**Parcel Number:** 001648000

**Address:** 1101 SPORTSMAN DR W KILL DEVIL HILLS

**Addition:** AVALON BEACH

**Zoning:**  
**Block:** 0 **Lot(s):** 295

**Legal Description:**

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

**PROJECT DESCRIPTION:** HVAC CHANGE OUT



1900-1901  
1902-1903  
1904-1905

C. H. T.

**MC2019-199**

PROJECT NAME: ROLLER HVAC

SITE ADDRESS: 1101 SPORTSMAN DR W KILL DEVIL HILLS

**MECHANICAL**

ISSUED: 06/28/2019

EXPIRES: 12/25/2019

**DETAILS****Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8475.00
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: 7/1/19

SET\_17\_CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/01/19 09:31  
Payment : \$ 150.00  
Receipt # : 580357  
Check/Credit Card #: 001685  
Clerk : 981msnyd  
Paid By : ATLANTIC HEATING AN



**Town of Kill Devil Hills**

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

PAID  
JUL 1 2019

**Planning and Inspection Department**

<b>MC2019-200</b>	<b>MECHANICAL</b>
<b>PROJECT NAME:</b> Rienrth HVAC	<b>ISSUED:</b> 07/01/2019
<b>SITE ADDRESS:</b> 1309 WRIGHTSVILLE BLVD KILL DEVIL HILLS	<b>EXPIRES:</b> 12/28/2019

**APPLICANT:** RANDALL V. RIENERTH  
1309 Wrightsville Ave  
Kill Devil Hills, NC 27948

**OWNER:** RANDALL V. RIENERTH  
1309 Wrightsville Ave  
Kill Devil Hills, NC 27948

**MECHANICAL:** Comfort First Heating & Cooling  
148 IRIE LANE  
Powels Point, NC 27966

**License:** 33486  
**Expires:** 12/31/2019

**PARCEL:**

**PIN:** 989309060260

**Parcel Number:** 027656013

**Address:** 1309 WRIGHTSVILLE BLVD KILL DEVIL HILLS

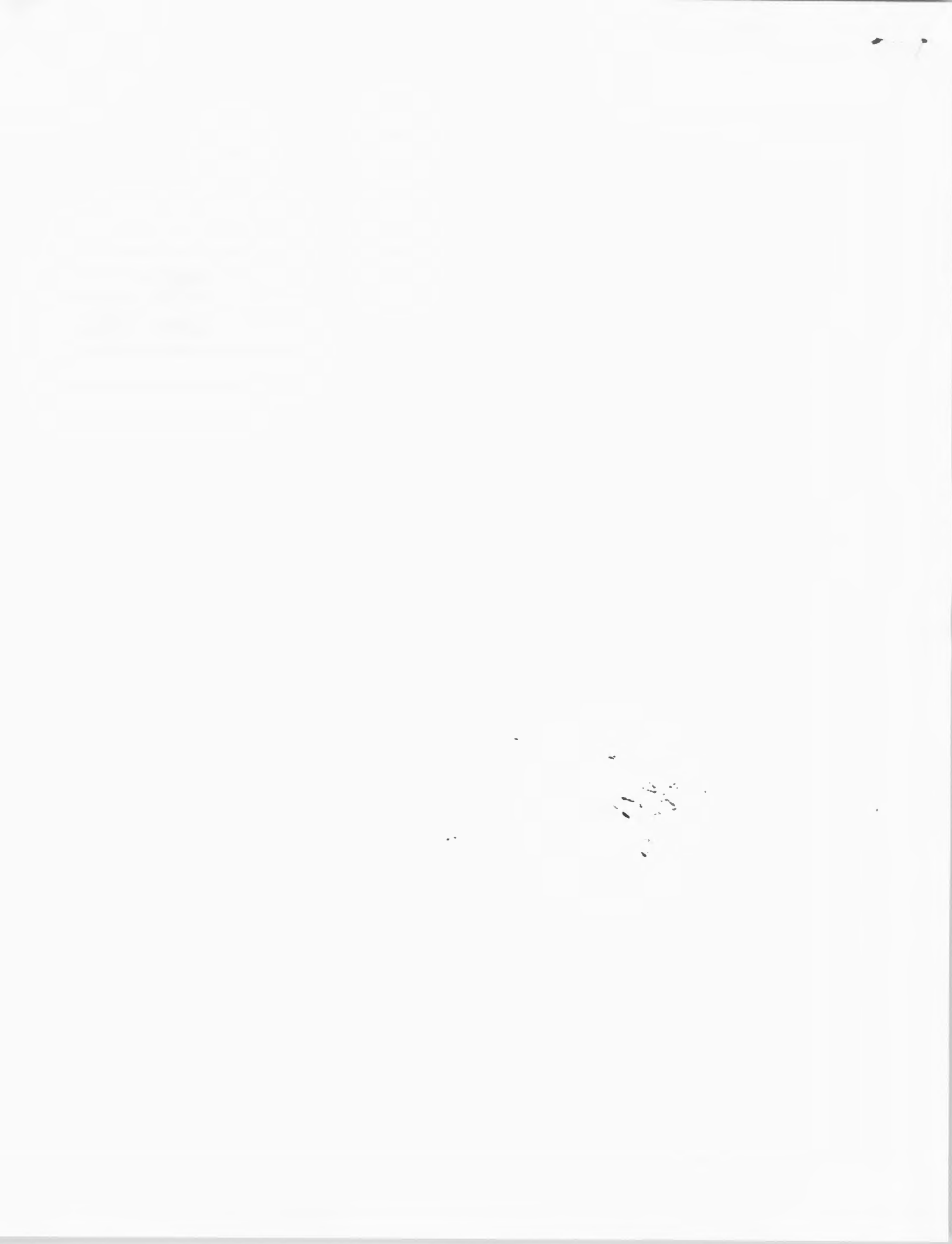
**Addition:** KILL DEVIL BEACH SEC 1 REVISED

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

**Legal Description:**

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

**PROJECT DESCRIPTION:** C/O 2.5Ton HVAC System



**MC2019-200**

**PROJECT NAME:** Rienerth HVAC

**SITE ADDRESS:** 1309 WRIGHTSVILLE BLVD KILL DEVIL HILLS

**MECHANICAL**

**ISSUED:** 07/01/2019

**EXPIRES:** 12/28/2019

**DETAILS**

**Permit**

<b>Name</b>	<b>Value</b>
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2257.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

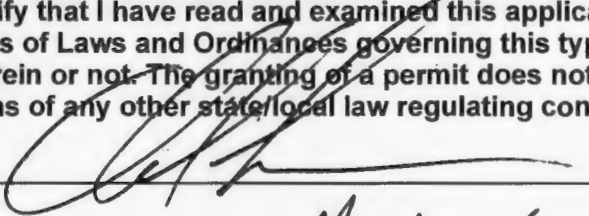
**REQUIRED INSPECTIONS**

Final

**CONDITIONS**

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Issued By: 

Contractor or Authorized Agent: 

Date: 7-1-19

SET 17.CPI  
Town of Kill Devil Hills 4400  
PLANNING  
Date / Time : 07/01/19 11:19  
Payment : \$ 150.00  
Receipt # : 580443  
Check/Credit Card #: 729426  
Clerk : 981msnyd  
Paid By : COMFORT FIRST HEATI