



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

BP2019-180 PROJECT NAME: DELLINGER DECK AND STAIR SITE ADDRESS: 109 LANDING DR E KILL DEVIL HILLS	BUILDING ISSUED: 08/06/2019 EXPIRES: 02/02/2020
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APPLICANT: DELLINGER, CLARENCE H JR 107 WINDY POINT DRIVE SUFFOLK, VA 23435	OWNER: DELLINGER, CLARENCE H JR 107 WINDY POINT DRIVE SUFFOLK, VA 23435
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GENERAL, UNLICENSED: J & T Construction P. O. box 1316 Kill Devil Hills, NC 27948 252-489-3950	License: 000 Expires:
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PARCEL:			
PIN: 988415544957	Parcel Number: 003530000		
Address: 109 LANDING DR E KILL DEVIL HILLS	Zoning:		
Addition: LANDING SECTION 1, THE	Block: 0	Lot(s): 21	
Legal Description:			

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

PROJECT DESCRIPTION: REBUILD SET OF EXTERIOR STAIRS ON WEST SIDE OF PROPERTY, REPLACE DECKING, JOIST, AND RAILING ON REAR DECK, REMIANING IN SAME FOOTPRINT

AUG - 6 2019

BP2019-180

PROJECT NAME: DELLINGER DECK AND STAIR
SITE ADDRESS: 109 LANDING DR E KILL DEVIL HILLS

BUILDING

ISSUED: 08/06/2019

EXPIRES: 02/02/2020

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	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
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.

* Zoning Final Inspection is required.

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

BP2019-180

PROJECT NAME: DELLINGER DECK AND STAIR
SITE ADDRESS: 109 LANDING DR E KILL DEVIL HILLS

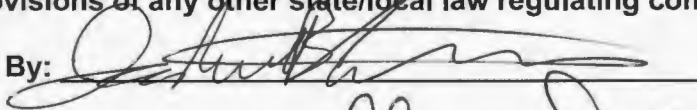
BUILDING

ISSUED: 08/06/2019

EXPIRES: 02/02/2020

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:

Clacena Dellinger

Date:

8/6/2019



Town of Kill Devil Hills

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

AUG - 6 2019

Planning and Inspection Department

BP2019-179

PROJECT NAME: McCormick windows & siding
SITE ADDRESS: 3303 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/06/2019

EXPIRES: 02/02/2020

APPLICANT: McCormick, Samuel
3303 Bay Dr
Kill Devil Hills, NC 27948

OWNER: McCormick, Samuel
3303 Bay Dr
Kill Devil Hills, NC 27948

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2020

PARCEL:

PIN: 987516831847

Parcel Number: 000202000

Address: 3303 BAY DR KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 100

Legal Description:

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

PROJECT DESCRIPTION: Replace windows and siding on south side of house

BP2019-179

PROJECT NAME: McCormick windows & siding
SITE ADDRESS: 3303 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/06/2019

EXPIRES: 02/02/2020

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	5000.00

REQUIRED INSPECTIONS

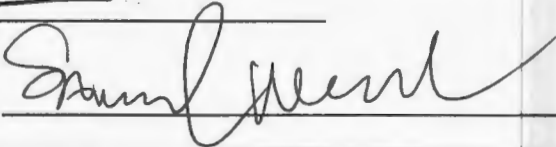
Rough In	Final
Zoning Final	

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 8/6/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-178

PROJECT NAME: Palmer steairs and handrails
SITE ADDRESS: 1610 PRINCESS ANNE DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/05/2019

EXPIRES: 02/01/2020

APPLICANT: PALMER, ROGER A
116 SHORE DRIVE
EMPORIA, VA 23847

OWNER: PALMER, ROGER A
116 SHORE DRIVE
EMPORIA, VA 23847

UNLICENSED - REMODELING: Wernock, Robert
1603 Princess Anne
Kill Devil Hills, NC 27948

License: 0000000
Expires: 02/06/2020

PARCEL:

PIN: 988410466106

Parcel Number: 003136012

Address: 1610 PRINCESS ANNE DR KILL DEVIL HILLS

Zoning:

Addition: DELRAY BEACH RESUBDIV

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

Legal Description:

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

PROJECT DESCRIPTION: Replace 2 sets of stairs and replace deck handrail

PAID
AUG - 6 2019

BP2019-178

PROJECT NAME: Palmer steairs and handrails
SITE ADDRESS: 1610 PRINCESS ANNE DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/05/2019

EXPIRES: 02/01/2020

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	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 8-16-19



Town of Kill Devil Hills

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

AUG - 6 2019

Planning and Inspection Department

BP2019-177

PROJECT NAME: Windsor Piling Replacement
SITE ADDRESS: 3305 BRIGGS ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/05/2019

EXPIRES: 02/01/2020

APPLICANT: WINDSOR, ROBERT W
8001 UNIVERSITY DR.
RICHMOND, VA 23229

OWNER: WINDSOR, ROBERT W
8001 UNIVERSITY DR.
RICHMOND, VA 23229

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: 988513041739

Parcel Number: 000010000

Address: 3305 BRIGGS ST KILL DEVIL HILLS

Addition: ORVILLE BEACH AMENDED BLK 3

Zoning:
Block: 3 **Lot(s):** 11

Legal Description:

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

PROJECT DESCRIPTION: Replace 16 pilings under house with 8x8x12

BP2019-177

PROJECT NAME: Windsor Piling Replacement
SITE ADDRESS: 3305 BRIGGS ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/05/2019

EXPIRES: 02/01/2020

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: 8/7/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-181 PROJECT NAME: TAYLOR PILING AND RAILING SITE ADDRESS: 328 SOTHEL ST W KILL DEVIL HILLS	BUILDING ISSUED: 08/07/2019 EXPIRES: 02/03/2020
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APPLICANT: TAYLOR, JAMES EARL 80 U.S. 13 SOUTH EURE, NC 27935	OWNER: TAYLOR, JAMES EARL 80 U.S. 13 SOUTH EURE, NC 27935
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:			
PIN: 987520928160	Parcel Number: 000569000		
Address: 328 SOTHEL ST W KILL DEVIL HILLS		Zoning:	
Addition: VIRGINIA DARE SHORES	Block: 42	Lot(s): 33-35	
Legal Description:			

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

PROJECT DESCRIPTION: REPLACE PILINGS SUPPORTING ROOF, REPLACE RAILINGS

AUG - 7 2019

BP2019-181**PROJECT NAME:** TAYLOR PILING AND RAILING
SITE ADDRESS: 328 SOTHEL ST W KILL DEVIL HILLS**BUILDING****ISSUED:** 08/07/2019**EXPIRES:** 02/03/2020**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10000.00
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.

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Issued By: Contractor or Authorized Agent: Date: 8/7/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-182 PROJECT NAME: TARR STAIR AND RAILING SITE ADDRESS: 1509 PRINCESS ANNE DR KILL DEVIL HILLS	BUILDING ISSUED: 08/08/2019 EXPIRES: 02/04/2020
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APPLICANT: Patricia Tarr 3301 Lawrenceville Rd. Kill Devil Hills, NC 27948 609-335-8019	OWNER: Patricia Tarr 3301 Lawrenceville Rd. Kill Devil Hills, NC 27948 609-335-8019
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:			
PIN:	988411551517	Parcel Number:	003131000
Address:	1509 PRINCESS ANNE DR KILL DEVIL HILLS		
Addition:	W R DEATON - DELRAY BEACH	Zoning:	
Legal Description:		Block:	2 Lot(s): PT 15

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

PROJECT DESCRIPTION: REBUILD STAIR AND RAILING, REPLACE DECKING

AUG - 8 2019

Printed by : Jordan Blythe on: 08/08/2019 01:02 PM Page 1 of 3

BP2019-182

PROJECT NAME: TARR STAIR AND RAILING

SITE ADDRESS: 1509 PRINCESS ANNE DR KILL DEVIL HILLS

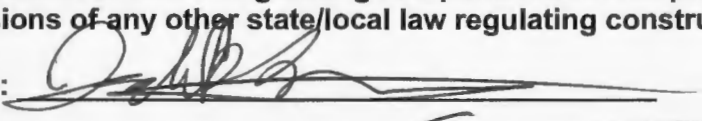
BUILDING

ISSUED: 08/08/2019

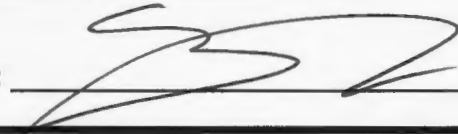
EXPIRES: 02/04/2020

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Issued By:



Contractor or Authorized Agent:



Date:

8/8/2019



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-188

PROJECT NAME: BERKLEY STAIR, DECKING, RAILING, AND PILING
SITE ADDRESS: 1712 CREEK ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/14/2019

EXPIRES: 02/10/2020

APPLICANT: KEN BERKLEY
1712 Creek St
Kill Devil Hills, NC 27948

OWNER: KEN BERKLEY
1712 Creek St
Kill Devil Hills, NC 27948

BUILDER: Professional Handyman
6442 Azalea Ln.
Manns Harbor, NC 27953
252-573-9372

License: Unlicensed
Expires:

PARCEL:

PIN: 988410266612

Parcel Number: 002683001

Address: 1712 CREEK ST KILL DEVIL HILLS

Addition: HIGH VIEW - HEDRICKS ADD

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

Legal Description:

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

PROJECT DESCRIPTION: REPLACE DECKING, REBUILD 2 SETS OF EXTERIOR STAIRS, INSTALL 6X6 ROOF PILING

AUG 14 2019

BP2019-188

PROJECT NAME: BERKLEY STAIR, DECKING, RAILING, AND
PILING
SITE ADDRESS: 1712 CREEK ST KILL DEVIL HILLS

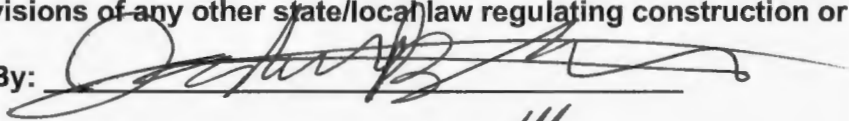
BUILDING

ISSUED: 08/14/2019

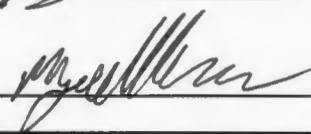
EXPIRES: 02/10/2020

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: _____

8/14/2019



Town of Kill Devil Hills

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

AUG 15 2019

Planning and Inspection Department

BP2019-183 PROJECT NAME: WALLER DECK AND STAIR SITE ADDRESS: 223 SOTHEL ST E KILL DEVIL HILLS	BUILDING ISSUED: 08/08/2019 EXPIRES: 02/04/2020
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APPLICANT: FRANCES WALLER 3511 BAINBRIDGE BLVD CHESAPEAKE, VA 23324 757-543-3228	OWNER: FRANCES WALLER 3511 BAINBRIDGE BLVD CHESAPEAKE, VA 23324 757-543-3228
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UNLICENSED BUILDER: Surfside Construction 9506 S Old Oregon Inlet Rd. nags head, nc 27959 252-548-9253	License: Unlicensed Expires: 01/26/2029
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PARCEL:			
PIN: 988513125899	Parcel Number: 000389000		
Address: 223 SOTHEL ST E KILL DEVIL HILLS	Zoning:		
Addition: VIRGINIA DARE SHORES	Block: 7	Lot(s): 5-6	
Legal Description:			

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

PROJECT DESCRIPTION: REBUILD REAR DECK AND STAIR IN SAME FOOTPRINT

BP2019-183

PROJECT NAME: WALLER DECK AND STAIR
SITE ADDRESS: 223 SOTHEL ST E KILL DEVIL HILLS

BUILDING

ISSUED: 08/08/2019

EXPIRES: 02/04/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

BP2019-183

PROJECT NAME: WALLER DECK AND STAIR
SITE ADDRESS: 223 SOTHEL ST E KILL DEVIL HILLS

BUILDING

ISSUED: 08/08/2019

EXPIRES: 02/04/2020

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: _____

8/15/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-190	BUILDING
PROJECT NAME: GRADNEY STAIRS AND RAILING	ISSUED: 08/21/2019
SITE ADDRESS: 2041 EDENTON ST ST KILL DEVIL HILLS	EXPIRES: 02/17/2020

APPLICANT: JUNIUS GRADNEY 2806 Hollister Avenue Norfolk, Va 23504	OWNER: JUNIUS GRADNEY 2806 Hollister Avenue Norfolk, Va 23504
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CONTRACTOR: FIVE STAR CONSTRUCTION 1004 INDIAN DR Kill Devil Hills, NC 27948 252-489-1252	
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GENERAL, UNLICENSED: FIVE STAR CONSTRUCTION 1004 INDIAN DR Kill Devil Hills, NC 27948 252-489-1252	License: XXX Expires:
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PARCEL:			
PIN: 987408987978	Parcel Number:	001260000	
Address: 2041 EDENTON ST ST KILL DEVIL HILLS	Zoning:		
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0	Lot(s):	810
Legal Description:			

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

PROJECT DESCRIPTION: REPLACE DECKING AND RAILING, REBUILD STAIRS IN SAME FOOTPRINT

PAID

AUG 21 2019

BP2019-190**PROJECT NAME:** GRADNEY STAIRS AND RAILING
SITE ADDRESS: 2041 EDENTON ST ST KILL DEVIL HILLS**BUILDING****ISSUED:** 08/21/2019**EXPIRES:** 02/17/2020**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
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:** 8-21-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-189 PROJECT NAME: Dorman windows and siding SITE ADDRESS: 502 NIXONTON ST KILL DEVIL HILLS	BUILDING ISSUED: 08/21/2019 EXPIRES: 02/17/2020
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APPLICANT: DORMAN, ROBIN 502 Nixonton St Kill Devil Hills, NC 27948 906-430-1717	OWNER: DORMAN, ROBIN 502 Nixonton St Kill Devil Hills, NC 27948 906-430-1717
--	--

CONTRACTOR: SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2020
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PARCEL:	
PIN: 987520826398	Parcel Number: 001012000
Address: 502 NIXONTON ST KILL DEVIL HILLS	Zoning:
Addition: MOOR SHORES	Block: 0 Lot(s): 64
Legal Description:	

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

PROJECT DESCRIPTION: Remove and replace windows and siding

PAID

AUG 21 2019

TOWN OF KILL DEVIL HILLS

BP2019-189PROJECT NAME: Dorman windows and siding
SITE ADDRESS: 502 NIXONTON ST KILL DEVIL HILLS**BUILDING**

ISSUED: 08/21/2019

EXPIRES: 02/17/2020

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
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	30000.00

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

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

Issued By: Contractor or Authorized Agent: 

Date: 8/21/2019



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-186 PROJECT NAME: Peggy Lee SITE ADDRESS: 306 FRESH POND DR E KILL DEVIL HILLS	BUILDING ISSUED: 08/13/2019 EXPIRES: 02/09/2020
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APPLICANT: Simple Side Construction 308 W. Helga St. Kill Devil Hills, NC 27948 252-564-8307	OWNER: Peggy Lee 451 Honey Locust Way CHESAPEAKE, VA 23320 757-436-8308
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BUILDING LIMITED: Simple Side Construction 308 W. Helga St. Kill Devil Hills, NC 27948 252-564-8307	License: 78583 Expires:
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PARCEL:			
PIN: 989313143442	Parcel Number: 004959000		
Address: 306 FRESH POND DR E KILL DEVIL HILLS			
Addition: LAKE DRIVE DEVELOPMENT SEC 2	Zoning:	Block: 0	Lot(s): 33
Legal Description:			

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

PROJECT DESCRIPTION: Add deck to side of house

AUG 20 2019

BP2019-186

PROJECT NAME: Peggy Lee

SITE ADDRESS: 306 FRESH POND DR E KILL DEVIL HILLS

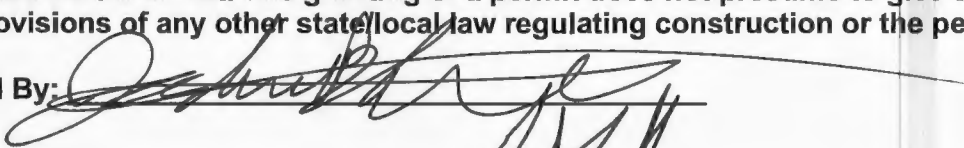
BUILDING

ISSUED: 08/13/2019

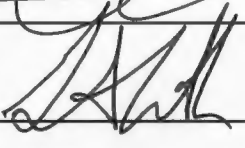
EXPIRES: 02/09/2020

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: _____

8-20-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-191

PROJECT NAME: Foster Pilings
SITE ADDRESS: 2003 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/23/2019

EXPIRES: 02/19/2020

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

OWNER: FOSTER, KAREN LEE
2003 BAY DRIVE
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: 988405070746

Parcel Number: 002023000

Address: 2003 BAY DR KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

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

Legal Description:

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

PROJECT DESCRIPTION: Replace 2 pilings under house

AUG 26 2019

BP2019-191**PROJECT NAME:** Foster Pilings**SITE ADDRESS:** 2003 BAY DR KILL DEVIL HILLS**BUILDING****ISSUED:** 08/23/2019**EXPIRES:** 02/19/2020**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
HEALTH DEPARTMENT PERMIT #	28975
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2640.00
LOT COVERAGE	24.00
SURVEYOR NAME AND NUMBER	Kirk R. Foreman L-2801
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Zoning Final	

CONDITIONS

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

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

BP2019-191

PROJECT NAME: Foster Pilings

SITE ADDRESS: 2003 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 08/23/2019

EXPIRES: 02/19/2020

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: _____

Chad
8/26/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-194	BUILDING
PROJECT NAME: Chambers stair replacement	ISSUED: 08/26/2019
SITE ADDRESS: 103 Aviation Ave. E. Kill Devil Hills	EXPIRES: 02/22/2020

APPLICANT: Chambers, Scott E. 112 Deer Run Road TOWNSEND, DE 19734 302-242-8658	OWNER: Chambers, Scott E. 112 Deer Run Road TOWNSEND, DE 19734 302-242-8658
CONTRACTOR: Gibbs, Clarence Po Box 2387 Manteo, NC 27954	
BUILDING UNLIMITED: Gibbs, Clarence Po Box 2387 Manteo, NC 27954	License: 76990 Expires: 12/31/2019

PARCEL:			
PIN: 988419703837	Parcel Number:	003893001	
Address: 103 Aviation Ave. E. Kill Devil Hills	Zoning:		
Addition: Kltty Hawk Shores Revised	Block: 38	Lot(s): 14	
Legal Description:			

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

PROJECT DESCRIPTION: remove and replace rear stairs to crows nest

AUG 27 2019

BP2019-194

PROJECT NAME: Chambers stair replacement
SITE ADDRESS: 103 Aviation Ave. E. Kill Devil Hills

BUILDING

ISSUED: 08/26/2019

EXPIRES: 02/22/2020

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: 8-27-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-196

PROJECT NAME: DOMINGUEZ STAIRS AND DECKING
SITE ADDRESS: 2010 HIGHVIEW ST KILL DEVIL HILLS

BUILDING

ISSUED: 08/27/2019

EXPIRES: 02/23/2020

APPLICANT: MARCELO DOMINGUEZ
PO BOX 304 NAGS HEAD
nags head, nc 27959
252-489-1252

OWNER: ROSS, STEPHEN W
1123 PARRISH DRIVE
ROCKVILLE, MD 00000

GENERAL, UNLICENSED: FIVE STAR CONSTRUCTION
1004 INDIAN DR
Kill Devil Hills, NC 27948
252-489-1252

License: XXX
Expires:

PARCEL:

PIN: 988405089609

Parcel Number: 000911000

Address: 2010 HIGHVIEW ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1183

Legal Description:

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

PROJECT DESCRIPTION: REPLACE DECKING, RAILINGS, AND TWO SETS OF EXTERIOR STEPS

PAID
WITH CASH
AUG 27 2019

BP2019-196PROJECT NAME: DOMINGUEZ STAIRS AND DECKING
SITE ADDRESS: 2010 HIGHVIEW ST KILL DEVIL HILLS**BUILDING**

ISSUED: 08/27/2019

EXPIRES: 02/23/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
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: _____

8-27-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-193	BUILDING
PROJECT NAME: Nature Conservancy Shed	ISSUED: 08/26/2019
SITE ADDRESS: 1200 BOUNDARY ST W KILL DEVIL HILLS	EXPIRES: 02/22/2020

APPLICANT: NATURE CONSERVANCY 6114 FAYETTEVILLE RD SUITE 109 DURHAM, NC 27713	OWNER: NATURE CONSERVANCY 6114 FAYETTEVILLE RD SUITE 109 DURHAM, NC 27713
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GENERAL, UNLICENSED: Ryan Waddell 2604 S. Memorial Blvd. nags head, nc 27959 252-599-1611	License: 1234 Expires:
---	---

PARCEL:			
PIN: 988315644679	Parcel Number:	004889000	
Address: 1200 BOUNDARY ST W KILL DEVIL HILLS	Zoning:		
Addition: JESSE E BAUM JR ESTATE	Block: 0	Lot(s):	PT 6
Legal Description:			

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

PROJECT DESCRIPTION: 20'x22' open walled shed

AUG 29 2019

BP2019-193

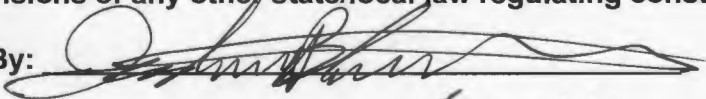
PROJECT NAME: Nature Conservancy Shed
SITE ADDRESS: 1200 BOUNDARY ST W KILL DEVIL HILLS


BUILDING

ISSUED: 08/26/2019

EXPIRES: 02/22/2020

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: 8/29/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-197

PROJECT NAME: HY-TECH new windows and cedar shakes
SITE ADDRESS: 1940 FIFTH ST W KILL DEVIL HILLS

BUILDING

ISSUED: 08/28/2019
EXPIRES: 02/24/2020

APPLICANT: HY-TECH Svices LLC
4025 W Soundside RD
nags head, nc 27959
252-715-3990

OWNER: HY-TECH Svices LLC
4025 W Soundside RD
nags head, nc 27959
252-715-3990

CONTRACTOR: JB UTZ CONSTRUCTION
2719 S Wrightsville Ave
nags head, nc 27959
252-475-4619

GENERAL: JB UTZ CONSTRUCTION
2719 S Wrightsville Ave
nags head, nc 27959
252-475-4619

License: none
Expires: 12/31/2019

PARCEL:

PIN: 987408979640

Parcel Number: 028428000

Address: 1940 FIFTH ST W KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES

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

Legal Description:

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

PROJECT DESCRIPTION: replace 5 windows and cedar shakes

AUG 28 2019

BP2019-197

PROJECT NAME: HY-TECH new windows and cedar shakes
SITE ADDRESS: 1940 FIFTH ST W KILL DEVIL HILLS

BUILDING

ISSUED: 08/28/2019

EXPIRES: 02/24/2020

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
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6500.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2019-197

PROJECT NAME: HY-TECH new windows and cedar shakes
SITE ADDRESS: 1940 FIFTH ST W KILL DEVIL HILLS

BUILDING

ISSUED: 08/28/2019

EXPIRES: 02/24/2020

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

BP2019-185 PROJECT NAME: Poland Deck Replacement SITE ADDRESS: 2904 VA DARE TRL N KILL DEVIL HILLS	BUILDING ISSUED: 08/28/2019 EXPIRES: 02/24/2020
---	--

APPLICANT: ROBERT V POLAND P O BOX 364 BOYKINS, VA 23827	OWNER: ROBERT V POLAND P O BOX 364 BOYKINS, VA 23827
---	---

CONTRACTOR: HONEY DO SERVICES 107 Fearing Place Wanchese, NC 27954 252-573-9416	
---	--

GENERAL:	HONEY DO SERVICES 107 Fearing Place Wanchese, NC 27954 252-573-9416	License: unlicensed Expires: 12/31/2019
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PARCEL:			
PIN:	988513135154	Parcel Number:	000402000
Address:	2904 VA DARE TRL N KILL DEVIL HILLS		
Addition:	VIRGINIA DARE SHORES	Zoning:	
Legal Description:		Block:	8 Lot(s): 2

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

PROJECT DESCRIPTION: replace deck band, joist, handrails and stairs to same footprint

AUG 29 2019

BP2019-185

PROJECT NAME: Poland Deck Replacement
SITE ADDRESS: 2904 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 08/28/2019

EXPIRES: 02/24/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	13000.00
LOT COVERAGE	34.60
SURVEYOR NAME AND NUMBER	WL Norris L-4554
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-185

PROJECT NAME: Poland Deck Replacement

SITE ADDRESS: 2904 VA DARE TRL N KILL DEVIL HILLS

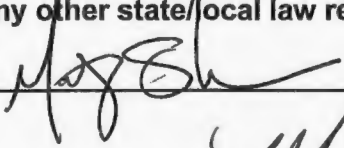
BUILDING

ISSUED: 08/28/2019

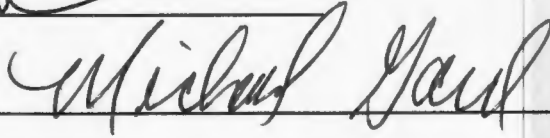
EXPIRES: 02/24/2020

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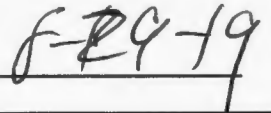
Issued By: _____



Contractor or Authorized Agent: _____



Date: _____





Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-192 PROJECT NAME: LADD-BONE STAIR AND LANDING SITE ADDRESS: 203 WOODMERE AVE KILL DEVIL HILLS	BUILDING ISSUED: 08/23/2019 EXPIRES: 02/19/2020
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APPLICANT: LADD-BONE, MYRA S 4729 N CROATAN HIGHWAY KITTY HAWK, NC 27949	OWNER: LADD-BONE, MYRA S 4729 N CROATAN HIGHWAY KITTY HAWK, NC 27949
---	---

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

PARCEL:			
PIN: 988415720738	Parcel Number:	003722000	
Address: 203 WOODMERE AVE KILL DEVIL HILLS	Zoning:		
Addition: KITTY HAWK SHORES - REVISED	Block: 19	Lot(s):	PT 5 & 6
Legal Description:			

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

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR AND LANDING ON WEST SIDE OF PROPERTY

PAID
AUG 28 2019
TOWN OF KILL DEVIL HILLS

BP2019-192

PROJECT NAME: LADD-BONE STAIR AND LANDING
SITE ADDRESS: 203 WOODMERE AVE KILL DEVIL HILLS

BUILDING

ISSUED: 08/23/2019

EXPIRES: 02/19/2020

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	3000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

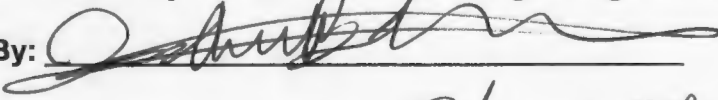
Zoning Final

Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 9/28/19



Town of Kill Devil Hills

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

AUG - 6 2019

Planning and Inspection Department

DW2019-013

PROJECT NAME: Car Quest Parking Lot repaving
SITE ADDRESS: 1704 CROATAN HWY S KILL DEVIL HILLS

DRIVEWAY

ISSUED: 08/06/2019

EXPIRES: 02/02/2020

APPLICANT: Murray, Nancy
PO Box 875
Wanchese, NC 27954

OWNER: Murray, Nancy
PO Box 875
Wanchese, NC 27954

CONTRACTOR: HATCHELL CONCRETE INC
P O BOX 2405
MANTEO, NC 27954

GENERAL, UNLIMITED-UNCLASSIFIED: HATCHELL CONCRETE, INC.
PO Box 2405
Manteo, NC 27954
252-202-1501

License: 34205
Expires: 12/31/2019

PARCEL:

PIN: 989313042591

Parcel Number: 008446000

Address: 1704 CROATAN HWY S KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

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

Legal Description:

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

PROJECT DESCRIPTION: replace existing asphalt parking lot with concrete, add handicap compliant ramp and parking space

DW2019-013

PROJECT NAME: Car Quest Parking Lot repaving
SITE ADDRESS: 1704 CROATAN HWY S KILL DEVIL HILLS

DRIVEWAY

ISSUED: 08/06/2019

EXPIRES: 02/02/2020

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	Michael D. Barr L-1756
ZONING DISTRICT	C
CONSTRUCTION COST	50000.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * 1 ADA Compliant Parking Space and ADA Compliant Route required to be added to existing parking lot and site.
- * Parking Lot must be re-striped to match Site Plan dated 3/3/77
- * Sidewalks along property line abutting Highway US-158 must not be damaged, any damage must be repaired and restored to current existing state.
- * Parking Lot must meet setbacks of 3 feet off of front and side property lines, as shown on proposed site plan of said property dated 3/3/77.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 8/6/19



Town of Kill Devil Hills

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

Planning and Inspection Department

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

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

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

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

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

AUG - 7 2019

DM2019-006

PROJECT NAME: Hale Demo

SITE ADDRESS: 206 BICKETT ST E KILL DEVIL HILLS

DEMOLITION

ISSUED: 07/29/2019

EXPIRES: 01/25/2020

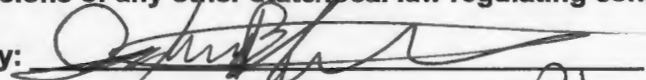
REQUIRED INSPECTIONS

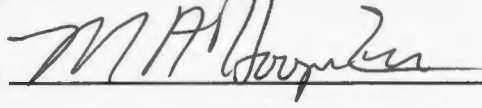
Final

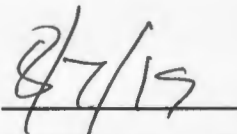
CONDITIONS

- * 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: 

Date: 



Town of Kill Devil Hills

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

JUL 31 2019

Planning and Inspection Department

MC2019-232	MECHANICAL
PROJECT NAME: Gallop HVAC	ISSUED: 07/31/2019
SITE ADDRESS: 1717 SUNSET AVE KILL DEVIL HILLS	EXPIRES: 01/27/2020

APPLICANT: Gallop, Courtney 6917 S Croatan Hwy nags head, nc 27959	OWNER: Gallop, Courtney 6917 S Croatan Hwy nags head, nc 27959
---	---

MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949	License: 13056 Expires: 12/31/2019
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PARCEL:			
PIN:	988409059804	Parcel Number:	002599000
Address:	1717 SUNSET AVE KILL DEVIL HILLS		
Addition:	CROATAN SHORES SUBDIV	Zoning:	
Legal Description:		Block:	18 Lot(s): 14

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

MC2019-232

PROJECT NAME: Gallop HVAC

SITE ADDRESS: 1717 SUNSET AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 07/31/2019

EXPIRES: 01/27/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5828.00
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: 2/31/19



Town of Kill Devil Hills

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

AUG - 2 2019

Planning and Inspection Department

MC2019-236 PROJECT NAME: Zhou HVAC SITE ADDRESS: 417 AYCOCK ST W KILL DEVIL HILLS	MECHANICAL ISSUED: 08/02/2019 EXPIRES: 01/29/2020
--	--

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

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

PIN: 988517001801	Parcel Number: 000649000
Address: 417 AYCOCK ST W KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 52 Lot(s): 11,12,13
Legal Description:	

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC System

MC2019-236

PROJECT NAME: Zhou HVAC
SITE ADDRESS: 417 AYCOCK ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/02/2019

EXPIRES: 01/29/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6887.00
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: 8/2/19



Town of Kill Devil Hills

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

AUG - 1 2019

Planning and Inspection Department

MC2019-233	MECHANICAL
PROJECT NAME:	ISSUED: 08/01/2019
SITE ADDRESS: 100 FIRST ST E KILL DEVIL HILLS	EXPIRES: 01/28/2020

APPLICANT: Armstrong, Stephen & Tammy 4000 Monaco CT CHESAPEAKE, VA 23321 757-582-1152	OWNER: Armstrong, Stephen & Tammy 4000 Monaco CT CHESAPEAKE, VA 23321 757-582-1152
--	--

MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949	License: 13056 Expires: 12/31/2019
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PARCEL:			
PIN:	988410455899	Parcel Number:	003136018
Address:	100 FIRST ST E KILL DEVIL HILLS		
Addition:	DELRAY BEACH RESUBDIV	Zoning:	
Legal Description:		Block:	3 Lot(s): 18

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

PROJECT DESCRIPTION: HVAC changout

MC2019-233

PROJECT NAME:

SITE ADDRESS: 100 FIRST ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/01/2019

EXPIRES: 01/28/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6588.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 8/1/19



Town of Kill Devil Hills

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

Planning and Inspection Department

AUG - 2 2019

MC2019-237 PROJECT NAME: HUGGINS HVAC SITE ADDRESS: 201 FOURTH ST W KILL DEVIL HILLS	MECHANICAL ISSUED: 08/02/2019 EXPIRES: 01/29/2020
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APPLICANT: Huggins, Haley 201 WEST Fourth ST Kill Devil Hills, NC 27948	OWNER: Huggins, Haley 201 WEST Fourth ST Kill Devil Hills, NC 27948
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MECHANICAL:	ALL SEASONS HEATING & COOLING P.O. Box 244 Point Harbor, NC 27964 491-9232	License: 19091 Expires: 12/31/2019
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PARCEL:			
PIN:	988406288233	Parcel Number:	002210000
Address:	201 FOURTH ST W KILL DEVIL HILLS		
Addition:	WRIGHT'S SHORES SEC 2	Zoning:	
Legal Description:		Block:	0 Lot(s): 1

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

PROJECT DESCRIPTION: INSTALL 2-TON SPLIT SYSTEM

MC2019-237

PROJECT NAME: HUGGINS HVAC

SITE ADDRESS: 201 FOURTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/02/2019

EXPIRES: 01/29/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5170.00
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:

8-2-19



Town of Kill Devil Hills

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

PAID

AUG - 2 2019

Planning and Inspection Department

TO INCH
KILL DEVIL HILLS

MC2019-235	MECHANICAL
PROJECT NAME:	ISSUED: 08/02/2019
SITE ADDRESS: 2035 YORKTOWN KILL DEVIL HILLS	EXPIRES: 01/29/2020

APPLICANT: HOLDERMAN, MICHAEL D 4744 CONDOR DR. CHESAPEAKE, VA 23321	OWNER: HOLDERMAN, MICHAEL D 4744 CONDOR DR. CHESAPEAKE, VA 23321
---	---

MECHANICAL:	ALL SEASONS HEATING & COOLING P.O. Box 244 Point Harbor, NC 27964 491-9232	License: 19091 Expires: 12/31/2019
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PARCEL:			
PIN:	988405099451	Parcel Number:	001472000
Address:	2035 YORKTOWN KILL DEVIL HILLS		
Addition:	AVALON BEACH ANNEX 2 & 3	Zoning:	
Legal Description:		Block:	0 Lot(s): 1344

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

PROJECT DESCRIPTION: HVAC changout

MC2019-235

PROJECT NAME:

SITE ADDRESS: 2035 YORKTOWN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/02/2019

EXPIRES: 01/29/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6380.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 8-2-19



Town of Kill Devil Hills

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

AUG - 6 2019

Planning and Inspection Department

MC2019-240 PROJECT NAME: GOLASA HVAC SITE ADDRESS: 3122 BATH ST KILL DEVIL HILLS	MECHANICAL ISSUED: 08/06/2019 EXPIRES: 02/02/2020
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APPLICANT: Golasa Holdings, LLC PO Box 120 kitty hawk, nc 27949 252-480-0009 ex.21	OWNER: Golasa Holdings, LLC PO Box 120 kitty hawk, nc 27949 252-480-0009 ex.21
--	--

MECHANICAL H-3: ARMSTRONG AND SON 3978 Albermarle Curch rd. Columbia, NC 27925 252-394-5316	License: 22516 Expires: 12/31/2019
---	---

PARCEL:			
PIN: 987516825878	Parcel Number:	001022000	
Address: 3122 BATH ST KILL DEVIL HILLS			
Addition: MOOR SHORES	Zoning:		
Legal Description:	Block: 0	Lot(s): 77	

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2019-240

PROJECT NAME: GOLASA HVAC

SITE ADDRESS: 3122 BATH ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/06/2019

EXPIRES: 02/02/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

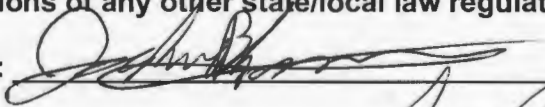
Final

CONDITIONS

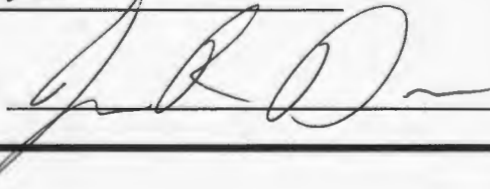
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Issued By:



Contractor or Authorized Agent:



Date:

8-6-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-238 PROJECT NAME: Cole HVAC SITE ADDRESS: 406 PALMETTO ST W KILL DEVIL HILLS	MECHANICAL ISSUED: 08/02/2019 EXPIRES: 01/29/2020
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APPLICANT: Cole, Donald 249 W Freemason St #224 NORFOLK, VA 23510	OWNER: Cole, Donald 249 W Freemason St #224 NORFOLK, VA 23510
--	--

H3, CLASS 1:	OUTER BANKS HEATING AND COOLING P.O. Box 1415 Nags Head, NC 27959 441-1740	License: 12643 Expires: 12/31/2019
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PARCEL:			
PIN:	988517003439	Parcel Number:	026660021
Address:	406 PALMETTO ST W KILL DEVIL HILLS		
Addition:	VIRGINIA DARE SHORES	Zoning:	
Legal Description:		Block:	51 Lot(s): 21-24

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC System

PAID
AUG - 7 2019

MC2019-238

PROJECT NAME: Cole HVAC

SITE ADDRESS: 406 PALMETTO ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/02/2019

EXPIRES: 01/29/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6457.55
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: 8-7-19



Town of Kill Devil Hills

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

AUG - 9 2019

Planning and Inspection Department

MC2019-242 PROJECT NAME: Samford HVAC SITE ADDRESS: 314 AYCOCK ST W KILL DEVIL HILLS	MECHANICAL ISSUED: 08/09/2019 EXPIRES: 02/05/2020
---	--

APPLICANT: CYNTHIA SAMFORD 149 Moycok Landind DR Moyock, NC 27958 757-297-6871	OWNER: CYNTHIA SAMFORD 149 Moycok Landind DR Moyock, NC 27958 757-297-6871
--	--

MECHANICAL, H-2, H-3:	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	License: 11618 Expires: 12/31/2019
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PARCEL:			
PIN:	988517015245	Parcel Number:	000593000
Address:	314 AYCOCK ST W KILL DEVIL HILLS		
Addition:	VIRGINIA DARE SHORES	Zoning:	
Legal Description:		Block:	46 Lot(s): 26-28

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

MC2019-242

PROJECT NAME: Samford HVAC

SITE ADDRESS: 314 AYCOCK ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/09/2019

EXPIRES: 02/05/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4950.00
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: 8/9/19



Town of Kill Devil Hills

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

AUG 12 2019

Planning and Inspection Department

MC2019-244 PROJECT NAME: HESSON HVAC SITE ADDRESS: 1803 VA DARE TRL N KILL DEVIL HILLS	MECHANICAL ISSUED: 08/12/2019 EXPIRES: 02/08/2020
---	--

APPLICANT: HESSON, LAREN R SHARON L HOUSLEY 2600 DEERFIELD CRES CHESAPEAKE, VA 23321	OWNER: HESSON, LAREN R SHARON L HOUSLEY 2600 DEERFIELD CRES CHESAPEAKE, VA 23321
--	--

PLUMBING, MECHANICAL:	NORRIS MECHANICAL P.O. Box 217 HARBINGER, NC 27941 252-491-2673	License: 11100 Expires: 12/31/2019
------------------------------	--	---

PARCEL:			
PIN:	988406485482C5	Parcel Number:	028038000
Address:	1803 VA DARE TRL N KILL DEVIL HILLS		
Addition:	CASA DEL SOL CONDOS	Zoning:	
Legal Description:		Block:	D Lot(s): UT 5 LTS 12-13 PT 1

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2019-244

PROJECT NAME: HESSON HVAC

SITE ADDRESS: 1803 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/12/2019

EXPIRES: 02/08/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5750.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

8-12-19



Town of Kill Devil Hills

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

PAID

AUG 12 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2019-234	MECHANICAL
PROJECT NAME:	ISSUED: 08/01/2019
SITE ADDRESS: 528 Archdale St. Kill Devil Hills	EXPIRES: 01/28/2020

APPLICANT: Veazey, Linda Barnes
Po Box 145
Colonial Hts., Va 23834

OWNER: Veazey, Linda Barnes
Po Box 145
Colonial Hts., Va 23834

MECHANICAL: ALL IN ONE MECHANICAL
PO BOX 3392
KITTY HAWK, NC 27949
252-619-0049

License: 27675
Expires: 12/31/2019

PARCEL:

PIN: 987520911077

Parcel Number: 000715003

Address: 528 Archdale St. Kill Devil Hills

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 70 **Lot(s):** 33,34,35

Legal Description:

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

PROJECT DESCRIPTION: HVAC changout



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

MC2019-246

PROJECT NAME: KAM-MAK HVAC
SITE ADDRESS: 509 MUSTIAN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/13/2019

EXPIRES: 02/09/2020

APPLICANT: KAM-MAK PROPERTIES LLC
PO BOX 281
Kill Devil Hills, NC 27948

OWNER: KAM-MAK PROPERTIES LLC
PO BOX 281
Kill Devil Hills, NC 27948

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988308796131

Parcel Number: 029822071

Address: 509 MUSTIAN ST KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 67 **Lot(s):** 11&12

Legal Description:

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

PROJECT DESCRIPTION: TOP LEVEL HVAC CHANGE OUT

AUG 13 2019

MC2019-246

PROJECT NAME: KAM-MAK HVAC

SITE ADDRESS: 509 MUSTIAN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/13/2019

EXPIRES: 02/09/2020

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5583.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

8-13-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-245

PROJECT NAME:

SITE ADDRESS: 3128 SEA WING CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/13/2019

EXPIRES: 02/09/2020

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

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

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

License: 29031
Expires: 12/31/2019

PARCEL:

PIN: 988513037971

Parcel Number: 003041000

Address: 3128 SEA WING CT KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 18

Legal Description:

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

PROJECT DESCRIPTION: HVAC changout

PAID

AUG 13 2019

TOWN OF
KILL DEVIL HILLS

MC2019-245

PROJECT NAME:

SITE ADDRESS: 3128 SEA WING CT KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/13/2019

EXPIRES: 02/09/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5400.00
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: _____

Will Creech

Date: _____

Aug 13



Town of Kill Devil Hills

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

830
AUG 14 2019

Planning and Inspection Department

MC2019-250 PROJECT NAME: WHITLEY HVAC SITE ADDRESS: 707 AVALON DR W KILL DEVIL HILLS	MECHANICAL ISSUED: 08/14/2019 EXPIRES: 02/10/2020
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APPLICANT: Whitley, Wayne 44 Spindrift Trl kitty hawk, nc 27949	OWNER: Whitley, Wayne 44 Spindrift Trl kitty hawk, nc 27949
--	--

ELECTRICAL, PLUMBING AND HEATING: NORTH BEACH SERVICES P.O. Box 181 Kitty Hawk, NC 27949 252-491-2878	License: 24744-SP-PH Expires: 04/23/2020
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PARCEL:

PIN: 988405094689	Parcel Number: 003061000
Address: 707 AVALON DR W KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH	Block: 0 Lot(s): 197&198
Legal Description:	

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2019-250

PROJECT NAME: WHITLEY HVAC

SITE ADDRESS: 707 AVALON DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/14/2019

EXPIRES: 02/10/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5900.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

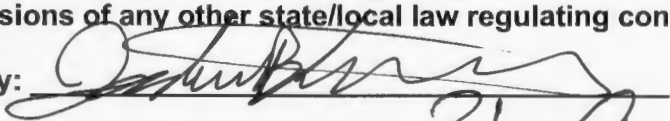
Final

CONDITIONS

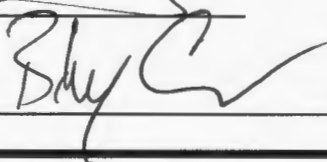
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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:

8/14/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-247	MECHANICAL
PROJECT NAME: IHLE HVAC	ISSUED: 08/13/2019
SITE ADDRESS: 1522 KETCH LN KILL DEVIL HILLS	EXPIRES: 02/09/2020

APPLICANT: JUDY IHLE 1522 Ketch Ln. KILL DEVIL HILLS, NC 27948	OWNER: JUDY IHLE 1522 Ketch Ln. KILL DEVIL HILLS, NC 27948
---	---

CONTRACTOR: GREGORY MECHANICAL UNKNOWN UNKNOWN, XX 00000 252-202-4329	License: 21287 Expires: 12/31/2019
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PARCEL:

PIN: 988413149116	Parcel Number: 026985000
Address: 1522 KETCH LN KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VLG PH A SEC 3	Block: 0 Lot(s): 60
Legal Description:	

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

PAID
AUG 13 2019
TOWN OF
KILL DEVIL HILLS

MC2019-247

PROJECT NAME: IHLE HVAC

SITE ADDRESS: 1522 KETCH LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/13/2019

EXPIRES: 02/09/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

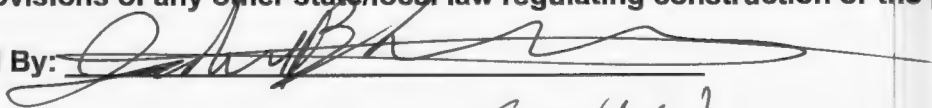
Final

CONDITIONS

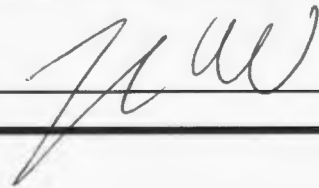
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Issued By:



Contractor or Authorized Agent:



Date:

13/aug/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-241

PROJECT NAME:

SITE ADDRESS: 1507 KETCH LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/08/2019

EXPIRES: 02/04/2020

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

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

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

License: 19091
Expires: 12/31/2019

PARCEL:

PIN: 988414236809

Parcel Number: 026961000

Address: 1507 KETCH LN KILL DEVIL HILLS

Addition: FIRST FLIGHT VLG PH A SEC 3

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC changout

PAID

AUG 13 2019

TOWNSHIP
KILL DEVIL HILLS

MC2019-241

PROJECT NAME:

SITE ADDRESS: 1507 KETCH LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/08/2019

EXPIRES: 02/04/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5270.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

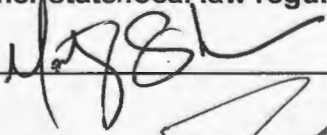
Final

CONDITIONS

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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

8-13-19



Town of Kill Devil Hills

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

PAID

AUG 14 2019

Planning and Inspection Department

MC2019-248	MECHANICAL
PROJECT NAME: MILTEER HVAC	ISSUED: 08/14/2019
SITE ADDRESS: 402 HELGA ST W KILL DEVIL HILLS	EXPIRES: 02/10/2020

APPLICANT: MILTEER, MICHAEL A 413 MEADOW LANE FRANKLIN, VA 23851	OWNER: MILTEER, MICHAEL A 413 MEADOW LANE FRANKLIN, VA 23851
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PLUMBING, MECHANICAL:	NORRIS MECHANICAL P.O. Box 217 HARBINGER, NC 27941 252-491-2673	License: 11100 Expires: 12/31/2019
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PARCEL:			
PIN:	987516837486	Parcel Number:	000277000
Address:	402 HELGA ST W KILL DEVIL HILLS		
Addition:	ORVILLE BEACH WEST	Zoning:	
Legal Description:		Block:	0 Lot(s): 192

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2019-248

PROJECT NAME: MILTEER HVAC

SITE ADDRESS: 402 HELGA ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/14/2019

EXPIRES: 02/10/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7000.00
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: 8-14-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-252 PROJECT NAME: SOLTZ HVAC SITE ADDRESS: 1706 APACHE ST KILL DEVIL HILLS	MECHANICAL ISSUED: 08/16/2019 EXPIRES: 02/12/2020
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APPLICANT: SOLTZ, JOSEPH 1706 APACHE STREET KILL DEVIL HILLS, NC 00000	OWNER: SOLTZ, JOSEPH 1706 APACHE STREET KILL DEVIL HILLS, NC 00000
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MECHANICAL, H-3, I:	MASTER HEATING AND COOLING P.O. Box 707 Kitty Hawk, NC 27949 255-0095	License: 18066 Expires: 12/31/2019
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PARCEL:			
PIN: 988409159921	Parcel Number:	002360011	
Address: 1706 APACHE ST KILL DEVIL HILLS	Zoning:		
Addition: APACHE STREET	Block: 0	Lot(s):	9
Legal Description:			

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

AUG 16 2019



Town of Kill Devil Hills

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

AUG 15 2019

Planning and Inspection Department

MC2019-249 PROJECT NAME: REMUS HVAC SITE ADDRESS: 541 PARKWOOD DR KILL DEVIL HILLS	MECHANICAL ISSUED: 08/14/2019 EXPIRES: 02/10/2020
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APPLICANT: BRADLEY REMUS 299 KIRE LANE GOLD BOND, VA 24150 252-256-2041	OWNER: BRADLEY REMUS 299 KIRE LANE GOLD BOND, VA 24150 252-256-2041
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MECHANICAL, H-2, H-3:	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	License: 11618 Expires: 12/31/2019
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PARCEL:			
PIN:	988417223076	Parcel Number:	004046033
Address:	541 PARKWOOD DR KILL DEVIL HILLS		
Addition:	WRIGHT WOODS	Zoning:	
Legal Description:		Block:	0 Lot(s): 33

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2019-249

PROJECT NAME: REMUS HVAC

SITE ADDRESS: 541 PARKWOOD DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/14/2019

EXPIRES: 02/10/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4990.00
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: _____

8/15/19



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

MC2019-253 PROJECT NAME: EYE MINI SPLIT SITE ADDRESS: 115 OCEAN BAY BLVD KILL DEVIL HILLS	MECHANICAL ISSUED: 08/16/2019 EXPIRES: 02/12/2020
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APPLICANT: ALLEN EYE 3997 DIXIE RIDGE RUN PENN LAIRD, VA 22846	OWNER: ALLEN EYE 3997 DIXIE RIDGE RUN PENN LAIRD, VA 22846
---	---

H-3, CLASS I:	ISLAND HEATING AND COOLING UNKNOWN UNKNOWN, XX 00000	License: 22354 Expires: 12/31/2019
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PARCEL:

PIN: 988420708542	Parcel Number: 003863000
Address: 115 OCEAN BAY BLVD KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 36 Lot(s): 20
Legal Description:	

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

PROJECT DESCRIPTION: INSTALL MIN SPLIT SYSTEM UPPER FLOOR

PAID
AUG 16 2019
TOWN OF
KILL DEVIL HILLS

MC2019-253

PROJECT NAME: EYE MINI SPLIT

SITE ADDRESS: 115 OCEAN BAY BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/16/2019

EXPIRES: 02/12/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1930.00
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:

8-16-19



Town of Kill Devil Hills

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

PAID

AUG 22 2019

Planning and Inspection Department

MC2019-257

PROJECT NAME: Crain HVAC
SITE ADDRESS: 1207 EIGHTH AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/21/2019

EXPIRES: 02/17/2020

APPLICANT: Crain, Kevin
 8134 Crandleberry Drive
 MECHANICSVILLE, VA 23111

OWNER: Crain, Kevin
 8134 Crandleberry Drive
 MECHANICSVILLE, VA 23111

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: 988312756170

Parcel Number:

Address: 1207 EIGHTH AVE KILL DEVIL HILLS

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Eight Avenue Townhomes Unit C

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC System

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6171.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2019-257

PROJECT NAME: Crain HVAC

SITE ADDRESS: 1207 EIGHTH AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/21/2019

EXPIRES: 02/17/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 8-22-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-255 PROJECT NAME: Wilk HVAC SITE ADDRESS: 700 H5 FIRST ST W KILL DEVIL HILLS	MECHANICAL ISSUED: 08/21/2019 EXPIRES: 02/17/2020
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APPLICANT: Wilk, David 2699 Cardinals Ridge Rd Charlottesville, VA 22901	OWNER: Wilk, David 2699 Cardinals Ridge Rd Charlottesville, VA 22901
---	---

MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949	License: 13056 Expires: 12/31/2019
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PARCEL:			
PIN:	988413140426AX	Parcel Number:	008075089
Address:	700 H5 FIRST ST W KILL DEVIL HILLS		
Addition:	Zoning:	Block:	Lot(s):
		0	UT 5 BLDG H
Legal Description:			

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

AUG 21 2019

MC2019-255

PROJECT NAME: Wilk HVAC

SITE ADDRESS: 700 H5 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/21/2019

EXPIRES: 02/17/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

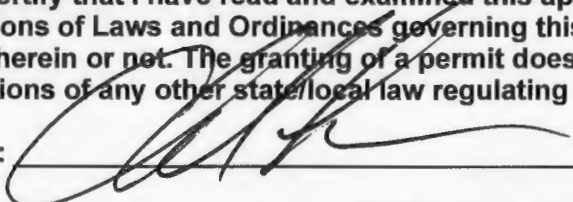
REQUIRED INSPECTIONS

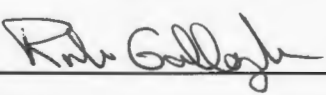
Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 8/21/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-258	MECHANICAL
PROJECT NAME:	ISSUED: 08/21/2019
SITE ADDRESS: 2010 VA DARE TRL S Kill Devil Hills	EXPIRES: 02/17/2020

APPLICANT: Shelton, Michael PO BOX 622 nags head, nc 27959	OWNER: Shelton, Michael PO BOX 622 nags head, nc 27959
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MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949	License: 13056 Expires: 12/31/2019
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PARCEL:		
PIN: 98931314404709	Parcel Number:	
Address: 2010 VA DARE TRL S Kill Devil Hills	Zoning:	
Addition:	Block:	Lot(s):
Legal Description: Hughes Retreat Condo, Unit 301		

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

PROJECT DESCRIPTION: HVAC changeout

MC2019-258

PROJECT NAME:

SITE ADDRESS: 2010 VA DARE TRL S Kill Devil Hills

MECHANICAL

ISSUED: 08/21/2019

EXPIRES: 02/17/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

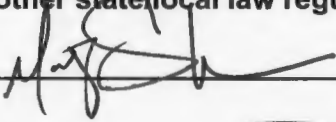
REQUIRED INSPECTIONS

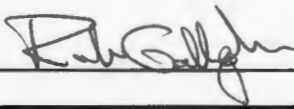
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CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 8-21-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-259

PROJECT NAME: DEAL HEAT PUMP REPLACEMENT
SITE ADDRESS: 1700 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/26/2019

EXPIRES: 02/22/2020

APPLICANT: CAROL AND DAVIS DEAL
2001 BANDENTON WAY
APEX, NC 27502

OWNER: CAROL AND DAVIS DEAL
2001 BANDENTON WAY
APEX, NC 27502

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: 988410478172

Parcel Number: 002892000

Address: 1700 VA DARE TRL N KILL DEVIL HILLS

Addition: CROATAN SHORES

Zoning:

Block: H **Lot(s):** PT 18 & 19

Legal Description:

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

PROJECT DESCRIPTION: Replace heat pump system

AUG 26 2019

MC2019-259

PROJECT NAME: DEAL HEAT PUMP REPLACEMENT
SITE ADDRESS: 1700 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/26/2019

EXPIRES: 02/22/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3400.00
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: 8-26-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-260 PROJECT NAME: Vollbrecht HVAC SITE ADDRESS: 107 AVALON DR E KILL DEVIL HILLS	MECHANICAL ISSUED: 08/27/2019 EXPIRES: 02/23/2020
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APPLICANT: Robert Vollbrecht
414 Mowbray Arch
NORFOLK, VA 23507
757-621-2796

OWNER: Robert Vollbrecht
414 Mowbray Arch
NORFOLK, VA 23507
757-621-2796

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

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

PARCEL:

PIN: 988517202617

Parcel Number: 001693000

Address: 107 AVALON DR E KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:
Block: 0 **Lot(s):** 38

Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC System

PAID

AUG 28 2019

TOWN OF
KILL DEVIL HILLS

MC2019-260

PROJECT NAME: Vollbrecht HVAC

SITE ADDRESS: 107 AVALON DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/27/2019

EXPIRES: 02/23/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6575.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 8-28-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-262	MECHANICAL
PROJECT NAME:	ISSUED: 08/28/2019
SITE ADDRESS: 800 FRANCES LN KILL DEVIL HILLS	EXPIRES: 02/24/2020

APPLICANT: RALPH W LEARY 800 Frances Ln Kill Devil Hills, NC 27948	OWNER: RALPH W LEARY 800 Frances Ln Kill Devil Hills, NC 27948
---	---

H-3, CLASS I:	AIR-O-SMITH 330 North Dogwood Trail Southern Shores, NC 27949 252-261-5238	License: 30070 Expires: 12/31/2019
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PARCEL:			
PIN: 988405172597	Parcel Number: 028433000		
Address: 800 FRANCES LN KILL DEVIL HILLS			
Addition: WRIGHT'S SHORES SEC 2	Zoning:	Block: 0	Lot(s): 97
Legal Description:			

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

PROJECT DESCRIPTION: Install mini-split system.

AUG 28 2019

MC2019-262

PROJECT NAME:

SITE ADDRESS: 800 FRANCES LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/28/2019

EXPIRES: 02/24/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9600.00
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: 8/28/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-261 PROJECT NAME: SITE ADDRESS: 312 ST LOUIS ST KILL DEVIL HILLS	MECHANICAL ISSUED: 08/28/2019 EXPIRES: 02/24/2020
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APPLICANT: PAGE, DANNY P 1317 WHISPER DRIVE VIRGINIA BEACH, VA 23454	OWNER: PAGE, DANNY P 1317 WHISPER DRIVE VIRGINIA BEACH, VA 23454
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MECHANICAL, H-2, H-3:	ATLANTIC HEATING AND COOLING P.O. Box 132 Kill Devil Hills, NC 27948 441-7642	License: 11618 Expires: 12/31/2019
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PARCEL:			
PIN:	987516848442	Parcel Number:	002955000
Address:	312 ST LOUIS ST KILL DEVIL HILLS		
Addition:	ORVILLE BEACH WEST	Zoning:	
Legal Description:		Block:	0 Lot(s): 72

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

PROJECT DESCRIPTION: HVAC changeout

AUG 28 2019

MC2019-261

PROJECT NAME:

SITE ADDRESS: 312 ST LOUIS ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/28/2019

EXPIRES: 02/24/2020

DETAILS

Permit

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

REQUIRED INSPECTIONS

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: 8/28/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-263 PROJECT NAME: DUVALL HVAC SITE ADDRESS: 503 QUAIL LN KILL DEVIL HILLS	MECHANICAL ISSUED: 08/29/2019 EXPIRES: 02/25/2020
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APPLICANT: DUVALL, DOUG 503 QUAIL LANE KILL DEVIL HILLS, NC 27948	OWNER: DUVALL, DOUG 503 QUAIL LANE KILL DEVIL HILLS, NC 27948
--	--

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
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PARCEL:			
PIN:	988315734244	Parcel Number:	004890004
Address:	503 QUAIL LN KILL DEVIL HILLS		
Addition:		Zoning:	
Legal Description:		Block:	G Lot(s): 4

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

PROJECT DESCRIPTION: HVAC CHANGE OUT	AUG 29 2019
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MC2019-263

PROJECT NAME: DUVALL HVAC

SITE ADDRESS: 503 QUAIL LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 08/29/2019

EXPIRES: 02/25/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	11000.00
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: 8/29/19



Town of Kill Devil Hills

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

AUG 14 2019

Planning and Inspection Department

OP2019-049 PROJECT NAME: Jimmy Rivera SITE ADDRESS: 503 THIRD ST W KILL DEVIL HILLS	OCCUPANCY ISSUED: 08/13/2019 EXPIRES:
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PARENT PERMIT #: BJ2018-243

APPLICANT: Rivera, Jimmy 425 Linda Drive WASHINGTON, NC 27889 252-423-1043	OWNER: Rivera, Jimmy 425 Linda Drive WASHINGTON, NC 27889 252-423-1043
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:			
PIN:	988409263969	Parcel Number:	024057000
Address:	503 THIRD ST W KILL DEVIL HILLS		
Addition:	CROATAN SHORES INC SEC 1	Zoning:	
Legal Description:		Block:	6 Lot(s): 2

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

PROJECT DESCRIPTION: New 4 Bedroom SFD

OP2019-049

PROJECT NAME: Jimmy Rivera

SITE ADDRESS: 503 THIRD ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/13/2019

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: Jimmy Rivera

Date: 8-14-19



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2019-050

PROJECT NAME: John and Mary Bartell
SITE ADDRESS: 234 EDEN ST ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/20/2019

EXPIRES:

PARENT PERMIT #: BJ2018-066

APPLICANT: FRANK SOLES/SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

OWNER: Bartell, John
PO Box 742
Manteo, NC 27954
252-489-1875

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

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

License: 67524
Expires: 01/01/2020

PARCEL:

PIN: 988517019136

Parcel Number: 000472000

Address: 234 EDEN ST ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 27 **Lot(s):** 37-38

Legal Description:

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

AUG 20 2019

OP2019-050

PROJECT NAME: John and Mary Bartell
SITE ADDRESS: 234 EDEN ST ST W KILL DEVIL HILLS

OCCUPANCY
ISSUED: 08/20/2019

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: Ma Sh Date: 8-20-19



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2019-051

PROJECT NAME: Carl Worsley New SFD
SITE ADDRESS: 2703 BAY DR KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/20/2019

EXPIRES:

PARENT PERMIT #: BJ2019-071

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

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

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

License: 58569
Expires: 12/31/2019

PARCEL:

PIN: 987520807889

Parcel Number: 016626004

Address: 2703 BAY DR KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 81 **Lot(s):** 3

Legal Description:

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

PROJECT DESCRIPTION: New 4 Bedroom single family dwelling

AUG 20 2019

OP2019-051

PROJECT NAME: Carl Worsley New SFD
SITE ADDRESS: 2703 BAY DR KILL DEVIL HILLS

OCCUPANCY
ISSUED: 08/20/2019

EXPIRES:

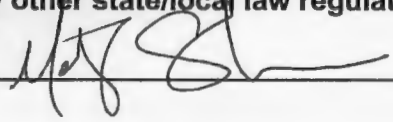
DETAILS

Permit

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

CONDITIONS

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

Issued By:  _____

Contractor or Authorized Agent: _____ Date: _____



Town of Kill Devil Hills

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

PAID

AUG 22 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2019-052

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

OCCUPANCY

ISSUED: 08/22/2019

EXPIRES:

PARENT PERMIT #: BJ2019-062

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

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

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

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

License: 67524
Expires: 01/01/2020

PARCEL:

PIN: 987520906503
Address: 519 W Aycock Street Kill Devil Hills
Addition:
Legal Description: Lots 11 & 12, Block 73

Parcel Number:

Zoning:
Block:

Lot(s):

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

PROJECT DESCRIPTION: New 3 Bedroom 3 Bath Single Family Dwelling

OP2019-052

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

OCCUPANCY
ISSUED: 08/22/2019

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 8-22-19



Town of Kill Devil Hills

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

PAID

AUG 14 2019

Planning and Inspection Department

OP2019-048

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 907 THIRD ST W KILL DEVIL HILLS

OCCUPANCY
ISSUED: 08/12/2019

EXPIRES:

PARENT PERMIT #: BJ2018-087

APPLICANT: FRANK SOLES
400 Da Vinci 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: 988409162338

Parcel Number: 002564000

Address: 907 THIRD ST W KILL DEVIL HILLS

Addition: CROATAN SHORES SUBDIV

Zoning:
Block: 14 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

OP2019-048

PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 907 THIRD ST W KILL DEVIL HILLS

OCCUPANCY
ISSUED: 08/12/2019

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 8-14-19



Town of Kill Devil Hills

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

AUG - 8 2019

Planning and Inspection Department

OP2019-019 PROJECT NAME: C&T Contracting SITE ADDRESS: 306 QUAIL LN KILL DEVIL HILLS	OCCUPANCY ISSUED: 05/23/2019 EXPIRES:
---	--

PARENT PERMIT #: BJ2018-204

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

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

PARCEL:			
PIN:	988316847471	Parcel Number:	027004008
Address:	306 QUAIL LN KILL DEVIL HILLS		
Addition:	WHISPERING PINES SEC 2 & 3	Zoning:	
Legal Description:		Block:	E Lot(s): 8

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

PROJECT DESCRIPTION: Proposed 4 Bedroom SFD

DETAILS

Permit

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

OP2019-019

PROJECT NAME: C&T Contracting
SITE ADDRESS: 306 QUAIL LN KILL DEVIL HILLS

OCCUPANCY
ISSUED: 05/23/2019

EXPIRES:

CONDITIONS

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

Issued By:  _____

Contractor or Authorized Agent:  _____

Date: 05/31/19



Town of Kill Devil Hills

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

AUG - 6 2019

Planning and Inspection Department

OP2019-046

PROJECT NAME: Richard Greenlee
SITE ADDRESS: 1404 FIRST ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/01/2019

EXPIRES:

APPLICANT: SAUNDERS, KIRK Y
3708 Herbert Perry rd.
Kitty Hawk, NC 27949
252-202-8418

OWNER: GREENLEE, RICHARD P
1402 W FIRST STREET
KILL DEVIL HILLS, NC 27948

GENERAL BUILDING: SAUNDERS, KIRK Y
3708 Herbert Perry rd.
Kitty Hawk, NC 27949
252-202-8418

License: 80402
Expires: 08/31/2019

PARCEL:

PIN: 988417117707

Parcel Number: 004046046

Address: 1404 FIRST ST W KILL DEVIL HILLS

Addition: WRIGHT WOODS

Zoning:
Block: 0 **Lot(s):** 46

Legal Description:

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

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

OP2019-046

PROJECT NAME: Richard Greenlee
SITE ADDRESS: 1404 FIRST ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/01/2019

EXPIRES:

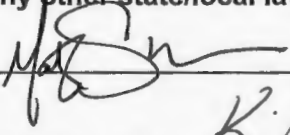
DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
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: 8/6/19



Town of Kill Devil Hills

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

AUG - 1 2019

Planning and Inspection Department

OP2019-047

PROJECT NAME: C&T Contracting
SITE ADDRESS: 1715 APACHE ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 08/01/2019

EXPIRES:

PARENT PERMIT #: BJ2018-203

APPLICANT: Olds, Howard
139 Holly Crescent
GRANDY, NC 27939
757-784-0936

OWNER: Olds, Howard
139 Holly Crescent
GRANDY, NC 27939
757-784-0936

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

License: 45367
Expires: 01/01/2020

PARCEL:

PIN: 988409169353

Parcel Number: 002705006

Address: 1715 APACHE ST KILL DEVIL HILLS

Addition: HIGH VIEW - HEDRICKS ADD

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

Legal Description:

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

PROJECT DESCRIPTION: Proposed 4 Bedroom SFD

DETAILS

Permit

Name	Value
# OF TRASH CANS	1

CONDITIONS

OP2019-047

PROJECT NAME: C&T Contracting
SITE ADDRESS: 1715 APACHE ST KILL DEVIL HILLS

OCCUPANCY
ISSUED: 08/01/2019

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: 8/1/19



Town of Kill Devil Hills

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

PAID
AUG 23 2019

Planning and Inspection Department

OP2019-053

PROJECT NAME: Run Hill Garage Building 6
SITE ADDRESS: 1001 Run Hill Court Kill Devil Hills

OCCUPANCY

ISSUED: 08/23/2019

EXPIRES:

PARENT PERMIT #: BJ2018-184

APPLICANT: Run Hill Apartments, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

OWNER: Run Hill Apartments, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

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

License: 62306
Expires: 12/30/2019

PARCEL:

PIN: 988306486111509

**Parcel
Number:**

Address: 1001 Run Hill Court Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Run Hill Garage Building 1, Bermuda Bay, Building 509

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

PROJECT DESCRIPTION: 8 unit garage w/ storage

OP2019-053

PROJECT NAME: Run Hill Garage Building 6
SITE ADDRESS: 1001 Run Hill Court Kill Devil Hills

OCCUPANCY
ISSUED: 08/23/2019

EXPIRES:

DETAILS

Permit

Name	Value
# OF TRASH CANS	0
PURPOSE	Residential New
ZONING DISTRICT	G&I Public
FLOOD ZONE	X
OCCUPANCY TYPE	Residential

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: 8/27/19



Town of Kill Devil Hills

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

PAID

AUG 23 2019

Planning and Inspection Department

TOWN OF

OP2019-055

PROJECT NAME: Run Hill Apartments Building 501
SITE ADDRESS: 1000 Run Hill Ct Kill Devil Hills

OCCUPANCY

ISSUED: 08/23/2019

EXPIRES:

PARENT PERMIT #: BJ2018-185

APPLICANT: Run Hill Apartments, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

OWNER: Run Hill Apartments, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

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

License: 62306
Expires: 12/30/2019

PARCEL:

PIN: 988306486111502

**Parcel
Number:**

Address: 1000 Run Hill Ct Kill Devil Hills

Addition:

Zoning:

Block:

Lot(s):

Legal Description: Run Hill Apartments, Bermuda Bay, Garage 4

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

PROJECT DESCRIPTION: 32 unit, 4-story apartment building.

DETAILS

CONDITIONS

OP2019-055

PROJECT NAME: Run Hill Apartments Building 501
SITE ADDRESS: 1000 Run Hill Ct Kill Devil Hills

OCCUPANCY
ISSUED: 08/23/2019

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: WC Tate

Contractor or Authorized Agent: [Signature] Date: 8/23/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-175	BUILDING
PROJECT NAME: HITE WINDOW REPLACEMENT	ISSUED: 08/01/2019
SITE ADDRESS: 102 AVALON DR W KILL DEVIL HILLS	EXPIRES: 01/28/2020

APPLICANT: HITE, LYNETTE J
P O BOX 426
CLARKSVILLE, VA 23927

OWNER: HITE, LYNETTE J
P O BOX 426
CLARKSVILLE, VA 23927

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517107690

Parcel Number: 001728000

Address: 102 AVALON DR W KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 **Lot(s):** 86

Legal Description:

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

PROJECT DESCRIPTION: REPLACE WINDOWS AND SHEATHING

AUG - 1 2019



Town of Kill Devil Hills

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

AUG - 1 2019

Planning and Inspection Department

BP2019-174	BUILDING
PROJECT NAME: Tienken Deck and Stair replacement	ISSUED: 07/31/2019
SITE ADDRESS: 1508 DOGWOOD LN KILL DEVIL HILLS	EXPIRES: 01/27/2020

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

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: 988413137782	Parcel Number:	026980000	
Address: 1508 DOGWOOD LN KILL DEVIL HILLS	Zoning:		
Addition: FIRST FLIGHT VLG PH A SEC 3	Block: 0	Lot(s):	49
Legal Description:			

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

PROJECT DESCRIPTION: replace deck floorboards, replace pickets and stairs to same footprint



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-176 PROJECT NAME: DANIEL STAIR REBUILD SITE ADDRESS: 1207 WRIGHTSVILLE BLVD KILL DEVIL HILLS	BUILDING ISSUED: 08/01/2019 EXPIRES: 01/28/2020
--	--

APPLICANT: SHARON DANIEL 1207 WRIGHTSVILLE BLVD Kill Devil Hills, NC 27948 540-241-2156	OWNER: SHARON DANIEL 1207 WRIGHTSVILLE BLVD Kill Devil Hills, NC 27948 540-241-2156
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:			
PIN:	988312975218	Parcel Number:	004231027
Address:	1207 WRIGHTSVILLE BLVD KILL DEVIL HILLS		
Addition:	KILL DEVIL HILLS SEC 1	Zoning:	
Legal Description:		Block:	16 Lot(s): 27

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

PROJECT DESCRIPTION: REBUILD STAIRS ON NORTH END OF PROPERTY

AUG - 1 2019

BP2019-176**PROJECT NAME:** DANIEL STAIR REBUILD**SITE ADDRESS:** 1207 WRIGHTSVILLE BLVD KILL DEVIL HILLS**BUILDING****ISSUED:** 08/01/2019**EXPIRES:** 01/28/2020**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	800.00
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: _____

8-1-19



Town of Kill Devil Hills

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

AUG - 2 2019

Planning and Inspection Department

BP2019-170

PROJECT NAME: Collins Deck and Stair repair
SITE ADDRESS: 338 CHOWAN ST W KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2019

EXPIRES: 01/25/2020

APPLICANT: Collins, Pamela
990-9 Springfield Drive
ELLCOTT CITY, MD 21041

OWNER: Collins, Pamela
990-9 Springfield Drive
ELLCOTT CITY, MD 21041

CONTRACTOR: Perrin, Jay - OBX Deck
PO Box 1734
Kill Devil Hills, NC 27948
252-305-6000

CONTRACTOR: Perrin, Jay - OBX Deck
PO Box 1734
Kill Devil Hills, NC 27948
252-305-6000

License: 1234567
Expires: 05/31/2025

PARCEL:

PIN: 987520926227

Parcel Number: 000558000

Address: 338 CHOWAN ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 41 **Lot(s):** 38-40

Legal Description:

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

PROJECT DESCRIPTION: Replace existing deck and rails, replace stairs both to same footprint

BP2019-170

PROJECT NAME: Collins Deck and Stair repair
SITE ADDRESS: 338 CHOWAN ST W KILL DEVIL HILLS

BUILDING

ISSUED: 07/29/2019

EXPIRES: 01/25/2020

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
HEALTH DEPARTMENT PERMIT #	28910
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	12500.00
LOT COVERAGE	33.00
SURVEYOR NAME AND NUMBER	William S Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.



Town of Kill Devil Hills

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



AUG - 2 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2019-169	BUILDING
PROJECT NAME: Flythe Deck and stair replacement	ISSUED: 07/30/2019
SITE ADDRESS: 2036 ELIZABETH CITY ST KILL DEVIL HILLS	EXPIRES: 01/26/2020

APPLICANT: FLYTHE, GEORGE W RT 2 BOX 308 CONWAY, NC 27820	OWNER: FLYTHE, GEORGE W RT 2 BOX 308 CONWAY, NC 27820
--	--

CONTRACTOR: Perrin, Jay - OBX Deck PO Box 1734 Kill Devil Hills, NC 27948 252-305-6000	
--	--

CONTRACTOR: Perrin, Jay - OBX Deck PO Box 1734 Kill Devil Hills, NC 27948 252-305-6000	License: 1234567 Expires: 05/31/2025
--	---

PARCEL:			
PIN: 988517108080	Parcel Number:	001175000	
Address: 2036 ELIZABETH CITY ST KILL DEVIL HILLS			
Addition: AVALON BEACH ANNEX 2 & 3	Zoning:	Block: 0	Lot(s): 715
Legal Description:			

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

PROJECT DESCRIPTION: Replace existing decking and rails, replace stairs both to same footprint

BP2019-169**PROJECT NAME:** Flythe Deck and stair replacement**SITE ADDRESS:** 2036 ELIZABETH CITY ST 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	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	28911
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	7500.00
LOT COVERAGE	34.00
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L- 2592
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-169

PROJECT NAME: Flythe Deck and stair replacement
SITE ADDRESS: 2036 ELIZABETH CITY ST KILL DEVIL HILLS

BUILDING

ISSUED: 07/30/2019

EXPIRES: 01/26/2020

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: 8-2-19



Town of Kill Devil Hills

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

PAID

AUG - 5 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2019-142

PROJECT NAME:
SITE ADDRESS: 1724 UPPER DUNE RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/02/2019

EXPIRES: 01/29/2020

APPLICANT: Paul & Mary Stea
6537 Seapearl Ln.
Columbia, MD 21045-4634
252-449-4423

OWNER: Paul & Mary Stea
6537 Seapearl Ln.
Columbia, MD 21045-4634
252-449-4423

GENERAL BUILDING, LIMITED: Pitts, Adrian/ADP Swimming Pools & Construction
801 Indian DR
Kill Devil Hills, NC 27948
305-8088

License: 53785
Expires:

PARCEL:

PIN: 988409164318

Parcel Number: 002565000

Address: 1724 UPPER DUNE RD KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES SUBDIV

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

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Building Permit Fee - Minimum Fee	\$150.00	\$0.00	Remodel/Renovation	205 SQFT
Totals :	\$150.00	\$0.00		

PROJECT DESCRIPTION: Remodel kitchen. Relocate plumbing and electrical as needed.

BJ2019-142

PROJECT NAME:

SITE ADDRESS: 1724 UPPER DUNE RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/02/2019

EXPIRES: 01/29/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	40000.00
TOTAL SQUARE FOOTAGE	205
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Rough In	Final
Insulation	

CONDITIONS

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

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 8-5-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-145 PROJECT NAME: Britt Repair SITE ADDRESS: 904 MEMORIAL BLVD N KILL DEVIL HILLS	BUILDING JOINT ISSUED: 08/07/2019 EXPIRES: 02/03/2020
---	--

APPLICANT: BRITT AND BRITT PROPERTIES, LLC 12033 Hamden Oakton, VA 22124 703-629-7194	OWNER: BRITT AND BRITT PROPERTIES, LLC 12033 Hamden Oakton, VA 22124 703-629-7194
---	---

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

PARCEL:

PIN: 988415628624	Parcel Number: 028672000
Address: 904 MEMORIAL BLVD N KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 45 Lot(s): 2
Legal Description:	

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

PROJECT DESCRIPTION: Repair water damage including plumbing, insulation and drywall

AUG - 7 2019

BJ2019-145

PROJECT NAME: Britt Repair
SITE ADDRESS: 904 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/07/2019

EXPIRES: 02/03/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Rough In	Final
Insulation	

CONDITIONS

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

BJ2019-145

PROJECT NAME: Britt Repair
SITE ADDRESS: 904 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/07/2019

EXPIRES: 02/03/2020

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

AUG - 8 2019

Planning and Inspection Department

BJ2019-143 PROJECT NAME: Bakopoulos New SFD SITE ADDRESS: 518 Eden Street W Kill Devil Hills	BUILDING JOINT ISSUED: 08/08/2019 EXPIRES: 02/04/2020
---	--

APPLICANT: NICHOLAS BAKOPOULOS 107 St. Clair Street Kill Devil Hills, NC 27948	OWNER: NICHOLAS BAKOPOULOS 107 St. Clair Street Kill Devil Hills, NC 27948
---	---

CONTRACTOR: Hughes, Ryland James 3945 Pine Way Drive Kitty hawk, nc 27949	
--	--

BUILDING LIMITED: Hughes, Ryland James 3945 Pineway Drive Kitty hawk, nc 27949		License: 76503 Expires: 12/31/2019
---	--	---

PARCEL:			
PIN:	987520906454	Parcel Number:	
Address:	518 Eden Street W Kill Devil Hills		
Addition:	Zoning:	Block:	Lot(s):
Legal Description:	Lots 29 and 30 Block 73 Virginia Dare Shores		

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$87.00	\$0.00	Covered Porches/Decks	116 SQFT
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$1,465.85	\$0.00	Residential Unheated (.40)	149 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1875 sq. Ft.
Totals :	\$1,752.85	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 3 Bedroom SFD

Town of Kill Devil Hills
Water Charges
PAID
Water Tag #: T23670

BJ2019-143

PROJECT NAME: Bakopoulos New SFD
SITE ADDRESS: 518 Eden Street W Kill Devil Hills

BUILDING JOINT

ISSUED: 08/08/2019

EXPIRES: 02/04/2020

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: 8-8-19



Town of Kill Devil Hills

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

AUG - 9 2019

Planning and Inspection Department

BJ2019-141	BUILDING JOINT
PROJECT NAME: 2 Guys Services New House	ISSUED: 08/08/2019
SITE ADDRESS: 613 WALKER ST W KILL DEVIL HILLS	EXPIRES: 02/04/2020

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: 987520900510	Parcel Number:	001946000	
Address: 613 WALKER ST W KILL DEVIL HILLS	Zoning:		
Addition: VIRGINIA DARE SHORES	Block: 79	Lot(s):	5-7
Legal Description:			

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$1,636.90	\$0.00	# of Temporary Poles	1 EA
Covered Porch Residential	\$216.75	\$0.00	Covered Porches/Decks	289 SQFT
Pool/Hot Tub	\$200.00	\$0.00	Residential Unheated (.40)	496 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space	1918 sq. Ft.
Totals :	\$2,103.65	\$0.00	(.75)	

PROJECT DESCRIPTION: New 3 Bedroom SFD

Town of Kill Devil Hills
Water Charges
PAID
Water Tap #: T23669

BJ2019-141

PROJECT NAME: 2 Guys Services New House
SITE ADDRESS: 613 WALKER ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/08/2019

EXPIRES: 02/04/2020

CONDITIONS

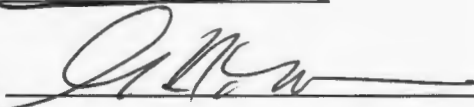
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * **NOTICE:** Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * 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.
- * **THIS PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD AREA.**
 1. All Special Flood Hazard Areas limit the use of enclosures below the lowest floor for parking, building access and limited storage only.
 2. In the VE Zone, there shall be no alteration of the sand dunes which would increase potential flood damage.
 3. In the VE Zone, there shall be no fill used for structural support.
 4. Elevation Certificate will be required at time of application, 21 days from the establishment of the lowest floor and at construction completion.

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

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 8/9/19



Town of Kill Devil Hills

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

PAID
AUG 12 2019

Planning and Inspection Department

BP2019-184	BUILDING
PROJECT NAME: PALUMBO STAIR REBUILD	ISSUED: 08/12/2019
SITE ADDRESS: 806 CEDAR DR KILL DEVIL HILLS	EXPIRES: 02/08/2020

APPLICANT: Alder, Rebecca 806 Cedar Drive Kill Devil Hills, NC 27948 276-492-1847	OWNER: Alder, Rebecca 806 Cedar Drive Kill Devil Hills, NC 27948 276-492-1847
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:			
PIN: 988413132194	Parcel Number: 016560000		
Address: 806 CEDAR DR KILL DEVIL HILLS		Zoning:	
Addition:		Block: 0	Lot(s): 143
Legal Description:			

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

PROJECT DESCRIPTION: REBUILD FRONT EXTERIOR STAIR

BP2019-184**PROJECT NAME:** PALUMBO STAIR REBUILD
SITE ADDRESS: 806 CEDAR DR KILL DEVIL HILLS**BUILDING****ISSUED:** 08/12/2019**EXPIRES:** 02/08/2020

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	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1000.00
LOT COVERAGE	22.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	MARTIN BARNETTE
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2019-184

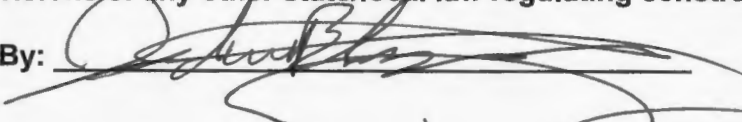
PROJECT NAME: PALUMBO STAIR REBUILD
SITE ADDRESS: 806 CEDAR DR KILL DEVIL HILLS

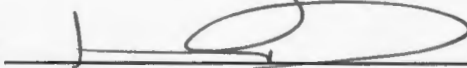
BUILDING

ISSUED: 08/12/2019

EXPIRES: 02/08/2020

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: 8/12/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-150

PROJECT NAME: Combs Pool Install
SITE ADDRESS: 810 CEDAR DR KILL DEVIL HILLS

BUILDING JOIN

ISSUED: 08/12/20

EXPIRES: 02/08/20

APPLICANT: Combs, Robert W
4740 Black Hollow Heights
Dublin, VA 24084

OWNER: Combs, Robert W
4740 Black Hollow Heights
Dublin, VA 24084

CONTRACTOR: CARRIBEAN POOLS & SPAS
PO BOX 65
kitty hawk, nc 27949
252-207-1773

GENERAL: CARRIBEAN POOLS & SPAS
PO BOX 65
kitty hawk, nc 27949
252-207-1773

License: 48519
Expires: 12/30/2019

PARCEL:

PIN: 988413131265

Parcel Number: 027541000

Address: 810 CEDAR DR KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): 145

Legal Description:

FEES:	Paid	Due
Pool/Hot Tub	\$200.00	\$0.00
Pool/Hot Tub	\$200.00	\$0.00
Totals :	\$400.00	\$0.00

PROJECT DESCRIPTION: In ground pool and hot tub installation

PAID

AUG 13 2019

TOWN OF
KILL DEVIL HILLS

BJ2019-150

PROJECT NAME: Combs Pool Install
SITE ADDRESS: 810 CEDAR DR KILL DEVIL HILLS

BUILDING JOIN

ISSUED: 08/12/20

EXPIRES: 02/08/20

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	28940
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	50874.00
LOT COVERAGE	37.00
SURVEYOR NAME AND NUMBER	Martin Barnette L-3740
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	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.

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

* Zoning Final Inspection is required.

BJ2019-150

PROJECT NAME: Combs Pool Install
SITE ADDRESS: 810 CEDAR DR KILL DEVIL HILLS


BUILDING JOIN

ISSUED: 08/12/20

EXPIRES: 02/08/20

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

Issued By: 

Contractor or Authorized Agent: 

Date: 8-13-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-136

PROJECT NAME: PRY Investments Inc.
SITE ADDRESS: 1717 APACHE ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/12/2019

EXPIRES: 02/08/2020

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

OWNER: PRY Investments, INC.
116 Discovery Lane
WILLIAMSBURG, VA 23185
757-784-0936

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

License: 45367
Expires: 01/01/2020

PARCEL:

PIN: 988409169328

Parcel Number: 002705005

Address: 1717 APACHE ST KILL DEVIL HILLS

Addition: HIGH VIEW - HEDRICKS ADD

Zoning:

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Covered Porch Residential	\$168.00	\$0.00	Residential Heated Space	1513 sq. Ft.
Res. Building Permit Fee	\$1,134.75	\$0.00	(.75)	
Totals :	\$1,352.75	\$0.00	Covered Porches/Decks	224 SQFT

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T23673

AUG 12 2019

BJ2019-136

PROJECT NAME: PRY Investments Inc.
SITE ADDRESS: 1717 APACHE ST KILL DEVIL HILLS

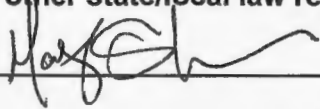
BUILDING JOINT


ISSUED: 08/12/2019

EXPIRES: 02/08/2020

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 8/12/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-187	BUILDING
PROJECT NAME: Szymanski Stairs	ISSUED: 08/13/2019
SITE ADDRESS: 214 PALMETTO ST W KILL DEVIL HILLS	EXPIRES: 02/09/2020

APPLICANT: Szymanski, Stephen 214 W Palmetto Street Kill Devil Hills, NC 27948	OWNER: Szymanski, Stephen 214 W Palmetto Street Kill Devil Hills, NC 27948
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:			
PIN: 988517112098	Parcel Number:	000465000	
Address: 214 PALMETTO ST W KILL DEVIL HILLS	Zoning:		
Addition: VIRGINIA DARE SHORES	Block: 26	Lot(s):	23-28
Legal Description:			

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

PROJECT DESCRIPTION: replace front stairs to same footprint

AUG 13 2019

BP2019-187

PROJECT NAME: Szymanski Stairs

SITE ADDRESS: 214 PALMETTO ST W KILL DEVIL HILLS

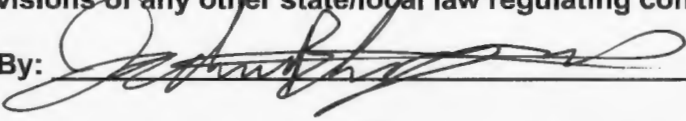
BUILDING

ISSUED: 08/13/2019

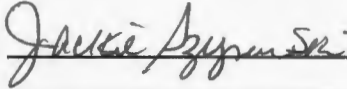
EXPIRES: 02/09/2020

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:

8/13/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-146 PROJECT NAME: Lane Investment Properties NC, LLC SITE ADDRESS: 1536 N. Virginia Dare Trail Kill Devil Hills	BUILDING JOINT ISSUED: 08/15/2019 EXPIRES: 08/12/2020
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APPLICANT: EAST COAST CONSTRUCTION GROUP PO Box 329 KILL DEVIL HILLS, NC 27948 252-202-1600	OWNER: Lane Investment Properties NC, LLC PO Box 329 Kill Devil Hills, NC 27948 252-202-1600
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GENERAL: EAST COAST CONSTRUCTION GROUP PO Box 329 KILL DEVIL HILLS, NC 27948 252-202-1600	License: 34495 Expires: 01/01/2020
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PARCEL:

PIN: 988411563191	Parcel Number:	
Address: 1536 N. Virginia Dare Trail Kill Devil Hills	Zoning:	
Addition:	Block:	Lot(s):
Legal Description: Lot 2, Sec. 1, Block D, W.R. Deaton Delray Beach Subdivision		

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$612.00	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Covered Porches/Decks	816 SQFT
Res. Building Permit Fee	\$2,378.35	\$0.00	Residential Unheated (.40)	188 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Unheated (.40)	386 Sq. Ft
Totals :	\$3,190.35	\$0.00	Residential Heated Space (.75)	2865 sq. Ft.
			# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling
 Town of Kill Devil Hills
 Water Charges
PAID
 Water Tap #: T23674

AUG 16 2019



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-151 PROJECT NAME: Faithful New House SITE ADDRESS: 111 CAMELLIA DR KILL DEVIL HILLS	BUILDING JOINT ISSUED: 08/16/2019 EXPIRES: 02/12/2020
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APPLICANT: Faithful, Ron & Leslie 9006 Old 125 RD SCOTLAND NECK, NC 27874 252-903-8460	OWNER: Faithful, Ron & Leslie 9006 Old 125 RD SCOTLAND NECK, NC 27874 252-903-8460
--	--

CONTRACTOR: RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	
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GENERAL, UNLIMITED:	RELIANT CONSTRUCTION LLC 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007	License: 62339 Expires: 12/30/2019
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PARCEL:			
PIN:	988411552169	Parcel Number:	003148000
Address:	111 CAMELLIA DR KILL DEVIL HILLS		
Addition:	W R DEATON - DELRAY BEACH	Zoning:	
Legal Description:		Block:	9 Lot(s): 4

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$156.00	\$0.00	Covered Porches/Decks	208 SQFT
Open Deck Fee	\$450.00	\$0.00	Open Decks	3 EA
Res. Building Permit Fee	\$1,052.35	\$0.00	Residential Unheated (.40)	124 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1337 sq. Ft.
Totals :	\$1,708.35	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 3 Bedroom 2 Bath Single Family Dwelling

AUG 20 2019

BJ2019-151**PROJECT NAME:** Faithful New House**SITE ADDRESS:** 111 CAMELLIA DR KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 08/16/2019**EXPIRES:** 02/12/2020**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	28892
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	7.80
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	175000.00
LOT COVERAGE	20.00
LIVING SPACE (SQFT)	1337
COVERED PORCHES/DECKS (SQFT)	208
STORAGE (SQFT)	124
OPEN DECK (SQFT)	552
TOTAL SQUARE FOOTAGE	2221
SURVEYOR NAME AND NUMBER	Martin Barnette L-3740
ARCHITECT NAME AND LICENSE NUMBER	Michael A Florez 14163
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2019-151

PROJECT NAME: Faithful New House

SITE ADDRESS: 111 CAMELLIA DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/16/2019

EXPIRES: 02/12/2020

REQUIRED INSPECTIONS

In-Slab Plumbing

Insulation

Slab/Foundation/Piling

Final

Framing

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.

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

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

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

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

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

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

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

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

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

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

* Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.

* Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.

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

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

* Zoning Final Inspection is required.

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

BJ2019-151

PROJECT NAME: Faithful New House

SITE ADDRESS: 111 CAMELLIA DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/16/2019

EXPIRES: 02/12/2020

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: Marty Shaw

Contractor or Authorized Agent: [Signature]

Date: 8/20/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-144 PROJECT NAME: Smith New SFD SITE ADDRESS: 602 Cedar Drive Kill Devil Hills	BUILDING JOINT ISSUED: 08/16/2019 EXPIRES: 02/12/2020
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APPLICANT: SMITH, KERRY PO BOX 838 kitty hawk, nc 27949	OWNER: SMITH, KERRY PO BOX 838 kitty hawk, nc 27949
--	--

CONTRACTOR: Griggs & Co. Homes Inc.
P. O. Box 125
Point Harbor, NC 27964
207-8450

GENERAL UNLIMITED:	Griggs & Co. Homes Inc. P. O. Box 125 Point Harbor, NC 27964 207-8450	License: 48170 Expires:
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PARCEL:

PIN: 988413233627	Parcel Number:
Address: 602 Cedar Drive Kill Devil Hills	Zoning:
Addition:	Block: Lot(s):
Legal Description: Lot 68, Sec 3, First Flight Village Phase A Sec 3	

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$156.00	\$0.00	Covered Porches/Decks	208 SQFT
Res. Building Permit Fee	\$1,099.80	\$0.00	Residential Unheated (.40)	312 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1300 sq. Ft.
Totals :	\$1,305.80	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 3 Bedroom SFD
Town of Kill Devil Hills
Water Charges
PAID
Water Tap #: T23671

AUG 19 2019

BJ2019-144

PROJECT NAME: Smith New SFD
SITE ADDRESS: 602 Cedar Drive Kill Devil Hills

BUILDING JOINT

ISSUED: 08/16/2019

EXPIRES: 02/12/2020

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

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

- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____ Date: 8/19/2019



Town of Kill Devil Hills

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

PAID

AUG 22 2019

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2019-149

PROJECT NAME: Travis Joynes
SITE ADDRESS: 605 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/20/2019

EXPIRES: 02/16/2020

APPLICANT: TRAVIS JOYNES
P. O. Box 2772
KITTY HAWK, NC 27949

OWNER: TRAVIS JOYNES
P. O. Box 2772
KITTY HAWK, NC 27949

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 988419723075

Parcel Number: 003736000

Address: 605 MEMORIAL BLVD N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 22 Lot(s): 6

Legal Description:

FEES:

	Paid	Due
Res. Building Permit Fee	\$302.25	\$0.00
Totals :	\$302.25	\$0.00

BUILDING AREA:

Residential Heated Space 403 sq. Ft.
(.75)

PROJECT DESCRIPTION: Add heated space under house - Will remain a 3 bedroom SFD - No duplex

BJ2019-149

PROJECT NAME: Travis Joynes

SITE ADDRESS: 605 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/20/2019

EXPIRES: 02/16/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	9.30
CONSTRUCTION TYPE	V
CONSTRUCTION COST	22000.00
LIVING SPACE (SQFT)	403
SURVEYOR NAME AND NUMBER	Robert Cummins
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

In-Slab Plumbing	Insulation
Slab/Foundation/Piling	Final
Framing	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.

* 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.

BJ2019-149

PROJECT NAME: Travis Joynes

SITE ADDRESS: 605 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/20/2019

EXPIRES: 02/16/2020

* 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.

* This has not been approved for a duplex. This is a 3 bedroom single family dwelling.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 8/22/19



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

BJ2019-155 PROJECT NAME: Barker Rec Room SITE ADDRESS: 1426 SHAY ST KILL DEVIL HILLS	BUILDING JOINT ISSUED: 08/22/2019 EXPIRES: 02/18/2020
---	--

APPLICANT: Barker, Ken 1426 Shay Street Kill Devil Hills, NC 27948	OWNER: Barker, Ken 1426 Shay Street Kill Devil Hills, NC 27948
---	---

CONTRACTOR: SANDERLING CONSTRUCTION CORP 2701 North Croatan Hwy. 517 Elm Court Kill Devil Hills, NC 27948 252-449-8366	
---	--

CONTRACTOR: SANDERLING CONSTRUCTION CORP 2701 North Croatan Hwy. 517 Elm Court Kill Devil Hills, NC 27948 252-449-8366	License: 47372 Expires: 12/31/2019
---	---

PARCEL:			
PIN: 988316830958	Parcel Number:	004890000	
Address: 1426 SHAY ST KILL DEVIL HILLS	Zoning:		
Addition: WHISPERING PINES SEC 2 & 3	Block: H	Lot(s): 1	
Legal Description:			

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Res. Building Permit Fee	\$225.75	\$0.00	Residential Heated Space	301 sq. Ft.
Totals :	\$225.75	\$0.00	(.75)	

PROJECT DESCRIPTION: 14'x21' rec room on ground floor under existing footprint

AUG 26 2019



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-147 PROJECT NAME: Gyoker Pool SITE ADDRESS: 1706 UPPER DUNE RD KILL DEVIL HILLS	BUILDING JOINT ISSUED: 08/07/2019 EXPIRES: 02/03/2020
---	--

APPLICANT: John Gyoker 1706 Upper Dune Rd. Kill Devil Hills, NC 27948 252-715-1408	OWNER: John Gyoker 1706 Upper Dune Rd. Kill Devil Hills, NC 27948 252-715-1408
CONTRACTOR: SOUTHERN SCAPES PO Box 359 Jarvisburg, NC 27947 252-202-1654	

GENERAL:	SOUTHERN SCAPES PO Box 359 Jarvisburg, NC 27947 252-202-1654	License: 64251 Expires: 12/31/2019
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PARCEL:			
PIN:	988409156960	Parcel Number:	027162000
Address:	1706 UPPER DUNE RD KILL DEVIL HILLS		
Addition:	CROATAN SHORES SUBDIV	Zoning:	
Legal Description:		Block:	14 Lot(s): 23

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

PROJECT DESCRIPTION: Pool and concrete pool deck installation

AUG 26 2019

BJ2019-147

PROJECT NAME: Gyoker Pool

SITE ADDRESS: 1706 UPPER DUNE RD KILL DEVIL HILLS

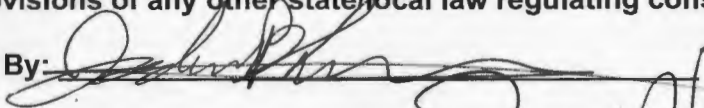
BUILDING JOINT

ISSUED: 08/07/2019

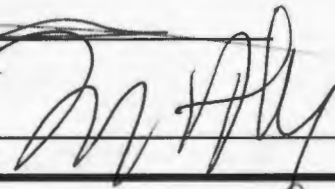
EXPIRES: 02/03/2020

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.

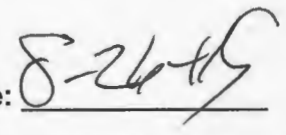
Issued By:



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

AUG 23 2019

Planning and Inspection Department

BJ2019-156
PROJECT NAME:
SITE ADDRESS: 124 SECOND ST E KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 08/23/2019
EXPIRES: 02/19/2020

APPLICANT: MR. THOMAS L ZEHMER
PO Box 1445
Newport News, Va 23601

OWNER: MR. THOMAS L ZEHMER
PO Box 1445
Newport News, Va 23601

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988410476083

Parcel Number: 003195000

Address: 124 SECOND ST E KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:

Block: H **Lot(s):** PT 37 & 38

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$120.00	\$0.00	Residential Unheated (.40)	300 Sq. Ft
Pool/Hot Tub	\$200.00	\$0.00		
Totals :	\$320.00	\$0.00		

PROJECT DESCRIPTION: 15'X20' site built shed, pool and pool deck.

BJ2019-156

PROJECT NAME:

SITE ADDRESS: 124 SECOND ST E KILL DEVIL HILLS

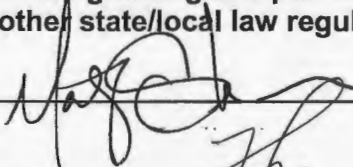
BUILDING JOINT

ISSUED: 08/23/2019

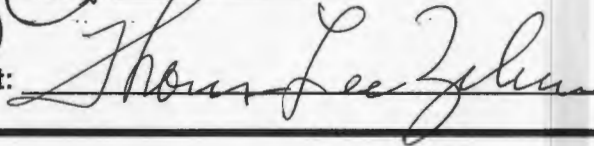
EXPIRES: 02/19/2020

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: _____

8/23/2019



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-153	BUILDING JOINT
PROJECT NAME: Mustang Music Outreach Unit 1	ISSUED: 08/15/2019
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 02/11/2020

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

CONTRACTOR: B&B Contractors P. O. Box 2998 Kitty Hawk, NC 27949 252-489-9551
--

GENERAL BUILDING - LIMITED:	B&B Contractors P. O. Box 2998 Kitty Hawk, NC 27949 252-489-9551	License: 60944 Expires:
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PARCEL:			
PIN:	988513035596	Parcel Number:	002991000
Address:	3105 CROATAN HWY N KILL DEVIL HILLS		
Addition:	SUBDIVISION - NONE	Zoning:	
Legal Description:		Block:	0 Lot(s): 0

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Renovation/Remodel/Relocate	\$342.00	\$0.00	Remodel/Renovation 760 SQFT
Totals :	\$342.00	\$0.00	

PROJECT DESCRIPTION: partition walls, add ada compliant bathroom

AUG 26 2019

BJ2019-153

PROJECT NAME: Mustang Music Outreach Unit 1
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

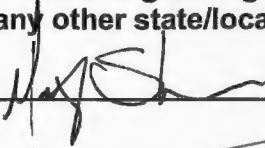
BUILDING JOINT

ISSUED: 08/15/2019

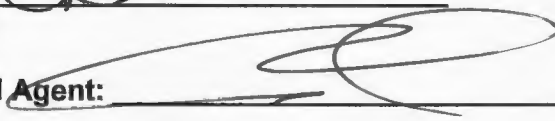
EXPIRES: 02/11/2020

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: _____

8/26/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-140

PROJECT NAME: Bermuda Bay Pond Fountains
SITE ADDRESS: 1101 Cambridge RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 07/31/2019

EXPIRES: 01/27/2020

APPLICANT: Bermuda Bay Homeowners Association
PO Box 1807
Nags Head, NC 27959
480-4722

OWNER: Bermuda Bay Homeowners Association
PO Box 1807
Nags Head, NC 27959
480-4722

CONTRACTOR: SEABREEZE ELECTRIC & LIGHTING INC
136 CAROLINA CT WEST
MANTEO, NC 27954
(252) 654-2094

ELECTRICAL - UNLIMITED: SEABREEZE ELECTRIC & LIGHTING INC
136 CAROLINA CT WEST
MANTEO, NC 27954
(252) 654-2094

License: 30079
Expires: 04/05/2020

PARCEL:

PIN: 988309167734

Parcel Number: 008164001

Address: 1101 Cambridge RD KILL DEVIL HILLS

Zoning:

Addition: SUBDIVISION - NONE

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

Legal Description:

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

PROJECT DESCRIPTION: Install 3 pond fountains and 2 200 amp panels

AUG 27 2019



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-154 PROJECT NAME: Jerome and Mindy Lynes SITE ADDRESS: 114 SECOND ST E KILL DEVIL HILLS	BUILDING JOINT ISSUED: 08/20/2019 EXPIRES: 02/16/2020
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APPLICANT: RENAISSANCE / RENAISSANCE CONSTRUCTION COMPANY PO Box 1411 Manteo, NC 27954 252-982-6059	OWNER: LYNES, JEROME & MINDY 1506 PRINCE EDWARD ST FREDERICKSBURG, VA 22401 540-446-4679
---	--

GENERAL:	RENAISSANCE / RENAISSANCE CONSTRUCTION COMPANY PO Box 1411 Manteo, NC 27954 252-982-6059	License: 26244 Expires:
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PARCEL:			
PIN:	988410464992	Parcel Number:	003154000
Address:	114 SECOND ST E KILL DEVIL HILLS		
Addition:	W R DEATON - DELRAY BEACH	Zoning:	
Legal Description:		Block:	11 Lot(s): PT 2

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

PROJECT DESCRIPTION: Change deck to conditioned sunroom

PAID

AUG 27 2019

TOWN OF KILL DEVIL HILLS

BJ2019-154

PROJECT NAME: Jerome and Mindy Lynes
SITE ADDRESS: 114 SECOND ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/20/2019

EXPIRES: 02/16/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	28933
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	8.20
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	43500.00
LOT COVERAGE	29.36
SURVEYOR NAME AND NUMBER	William S. Jones
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

BJ2019-154

PROJECT NAME: Jerome and Mindy Lynes
SITE ADDRESS: 114 SECOND ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/20/2019

EXPIRES: 02/16/2020

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 8-27-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-159

PROJECT NAME: Huddleston Garage
SITE ADDRESS: 110 SPORTSMAN DR E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/27/2019

EXPIRES: 02/23/2020

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

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

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: 988517211016

Parcel Number: 001718000

Address: 110 SPORTSMAN DR E KILL DEVIL HILLS

Addition: AVALON BEACH

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$184.00	\$0.00	Residential Unheated (.40)	460 Sq. Ft
Totals :	\$184.00	\$0.00		

PROJECT DESCRIPTION: add 2 exterior walls to existing carport to create garage, add electrical for garage doors and lights

AUG 27 2019

BJ2019-159

PROJECT NAME: Huddleston Garage
SITE ADDRESS: 110 SPORTSMAN DR E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/27/2019

EXPIRES: 02/23/2020

- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

8/27/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-160 PROJECT NAME: Zinovis Remodel SITE ADDRESS: 1201 THIRD ST W KILL DEVIL HILLS	BUILDING JOINT ISSUED: 08/27/2019 EXPIRES: 02/23/2020
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APPLICANT: Mulligans OBX LLC PO Box 417 nags head, nc 27959 757-287-0686	OWNER: Mulligans OBX LLC PO Box 417 nags head, nc 27959 757-287-0686
--	--

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

PARCEL:			
PIN: 988409066026	Parcel Number: 002614000		
Address: 1201 THIRD ST W KILL DEVIL HILLS			
Addition: CROATAN SHORES SUBDIV	Zoning:		
Legal Description:	Block: 20	Lot(s): 1	

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$315.00	\$0.00	Remodel/Renovation 700 SQFT
Totals :	\$315.00	\$0.00	

PROJECT DESCRIPTION: Remodel interior (half of duplex)

AUG 27 2019

BJ2019-160

PROJECT NAME: Zinovis Remodel

SITE ADDRESS: 1201 THIRD ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/27/2019

EXPIRES: 02/23/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	18000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

In-Slab Plumbing	Insulation
Framing	Final
Rough In	Zoning Final

CONDITIONS

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

BJ2019-160

PROJECT NAME: Zinovis Remodel

SITE ADDRESS: 1201 THIRD ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/27/2019

EXPIRES: 02/23/2020

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:

8-27-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-161 PROJECT NAME: Walters Garage SITE ADDRESS: 209 QUAIL LN KILL DEVIL HILLS	BUILDING JOINT ISSUED: 08/28/2019 EXPIRES: 02/24/2020
--	--

APPLICANT: Walters, Gary 209 Quail LN Kill Devil Hills, NC 27948 804-335-7367	OWNER: Walters, Gary 209 Quail LN Kill Devil Hills, NC 27948 804-335-7367
---	---

CONTRACTOR: Pain Construction Company 407 Raceview CT nags head, nc 27959 256-1055	
--	--

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

PARCEL:			
PIN: 988316944772	Parcel Number:	005107000	
Address: 209 QUAIL LN KILL DEVIL HILLS	Zoning:		
Addition: WHISPERING PINES SEC 1	Block: A	Lot(s):	10
Legal Description:			

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

PROJECT DESCRIPTION: Convert open carport into garage

PAID

AUG 28 2019

BJ2019-161

PROJECT NAME: Walters Garage
SITE ADDRESS: 209 QUAIL LN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/28/2019

EXPIRES: 02/24/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	14500.00
LOT COVERAGE	33.10
SURVEYOR NAME AND NUMBER	John R. Mayne L-4567
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final

CONDITIONS

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

BJ2019-161

PROJECT NAME: Walters Garage

SITE ADDRESS: 209 QUAIL LN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/28/2019

EXPIRES: 02/24/2020

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: _____

Chen J. Parn

Date: _____

8/28/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-157

PROJECT NAME: Steven Suter/Gail Sabato
SITE ADDRESS: 406 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/26/2019

EXPIRES: 02/22/2020

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

OWNER: Suter, Steve
P O BOX 2942
303 Archdale Street
KILL DEVIL HILLS, NC 27948
757-237-4726

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

License: 78928
Expires: 01/02/2020

PARCEL:

PIN: 988405271744

Parcel Number: 002408000

Address: 406 CLAM SHELL DR KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

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

Legal Description:

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

PROJECT DESCRIPTION: Enclose back of garage for conditioned living space

AUG 26 2019

Value? ✓
12,000.00

BJ2019-157

PROJECT NAME: Steven Suter/Gail Sabato
 SITE ADDRESS: 406 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/26/2019

EXPIRES: 02/22/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	28977
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
SURVEYOR NAME AND NUMBER	William S. Jones, Jr.
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * 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.
- * Must remain a 3 bedroom single family dwelling. A duplex is not approved.
- * Must maintain 3 (10X20) parking spaces.
- * All rooms must be labeled on building plans.

BJ2019-157

PROJECT NAME: Steven Suter/Gail Sabato
SITE ADDRESS: 406 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/26/2019

EXPIRES: 02/22/2020

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: _____

8-26-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-152 PROJECT NAME: Tuttle House Raising SITE ADDRESS: 300 ARCH ST E KILL DEVIL HILLS	BUILDING JOINT ISSUED: 08/30/2019 EXPIRES: 02/26/2020
---	--

APPLICANT: Emanuelson and Dad 6705 CROATAN HWY SOUTH 6705 S. Croatan Hwy. nags head, nc 27959 252-261-2215	OWNER: Tuttle, John 3070 Falmouth Drive CHESAPEAKE, VA 23321
---	---

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: 988513043883	Parcel Number:	000071000	
Address: 300 ARCH ST E KILL DEVIL HILLS			
Addition: ORVILLE BEACH BLK 2	Zoning:	Block: 2	Lot(s): 14
Legal Description:			

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

PROJECT DESCRIPTION: Raise house within same footprint, demo storage area currently underneath structure, install new pilings and girder system

AUG 30 2019

BJ2019-152

PROJECT NAME: Tuttle House Raising
SITE ADDRESS: 300 ARCH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/30/2019

EXPIRES: 02/26/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	10660
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	50000.00
SURVEYOR NAME AND NUMBER	Robert C. Cummins L-2951
ENGINEER AND LICENSE NUMBER	Harold Goodman 20446
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Framing	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.

BJ2019-152

PROJECT NAME: Tuttle House Raising
SITE ADDRESS: 300 ARCH ST E KILL DEVIL HILLS

BUILDING JOINT

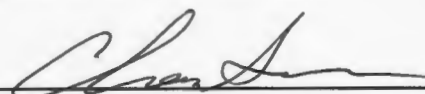
ISSUED: 08/30/2019

EXPIRES: 02/26/2020

- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * 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:  Date: 8/30/19



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

BJ2019-139 PROJECT NAME: Imperial Investments Townhomes SITE ADDRESS: 602 BOUNDARY ST W KILL DEVIL HILLS	BUILDING JOINT ISSUED: 08/28/2019 EXPIRES: 02/24/2020
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APPLICANT: Imperial Investments OBX, LLC
 307 woodard drive
 kitty hawk, nc 27949

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

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

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

License: 66561
Expires:

PARCEL:

PIN: 988312759304

Parcel Number: 004533000

Address: 602 BOUNDARY ST W KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

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

Legal Description:

FEES:

	<u>Paid</u>	<u>Due</u>
Covered Porch Residential	\$425.25	\$0.00
Res. Building Permit Fee	\$8,568.90	\$0.00
T-Pole	\$50.00	\$0.00
Totals :	\$9,044.15	\$0.00

BUILDING AREA:

Covered Porches/Decks	567 SQFT
Residential Unheated (.40)	1185 Sq. Ft
Residential Heated Space (.75)	9166 sq. Ft.
# of Temporary Poles	1 EA
Residential Unheated (.40)	3051 Sq. Ft

AUG 29 2019

PROJECT DESCRIPTION: Construct 7 two bedroom townhomes

BJ2019-139**PROJECT NAME:** Imperial Investments Townhomes
SITE ADDRESS: 602 BOUNDARY ST W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 08/28/2019**EXPIRES:** 02/24/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	LI-2
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	26489
# PARKING SPACES/BEDROOM	20
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	650000.00
# OF UNITS	7
LOT COVERAGE	44.60
LIVING SPACE (SQFT)	9166
COVERED PORCHES/DECKS (SQFT)	567
GARAGE (SQFT)	3051
STORAGE (SQFT)	1185
OPEN DECK (SQFT)	0
TOTAL SQUARE FOOTAGE	13969
ENGINEER AND LICENSE NUMBER	Fredrick House 27740
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2019-139

PROJECT NAME: Imperial Investments Townhomes
SITE ADDRESS: 602 BOUNDARY ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 08/28/2019

EXPIRES: 02/24/2020

REQUIRED INSPECTIONS

In-Slab Plumbing	Insulation
Slab/Foundation/Piling	Final
Framing	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.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * 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.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: Marty Shaw

Contractor or Authorized Agent: [Signature] Date: 8/29/19