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

SEP 18 2019

HUR2019-004
PROJECT NAME: LEE EXTERIOR STAIR AND LANDING
SITE ADDRESS: 1705 SUNSET AVE KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

APPLICANT: LEE, REBECCA D
P O BOX 510524
MELBOURNE BEACH, FL 32951

OWNER: LEE, REBECCA D
P O BOX 510524
MELBOURNE BEACH, FL 32951

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

License: XXX
Expires:

PARCEL:

PIN: 988409150572

Parcel Number: 002609000

Address: 1705 SUNSET AVE KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES SUBDIV

Block: 18 Lot(s): 26

Legal Description:

FEES: **Paid** **Due**

Totals :

PROJECT DESCRIPTION: REBUILD STAIR AND LANDING ON NORTH OF STRUCTURE

Printed by : Jordan Blythe on: 09/18/2019 02:35 PM

HUR2019-004
PROJECT NAME: LEE EXTERIOR STAIR AND LANDING
SITE ADDRESS: 1705 SUNSET AVE KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/18/2019

EXPIRES: 03/16/2020

DETAILS

Permit

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

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Zoning Final

Final

CONDITIONS

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

HUR2019-004
PROJECT NAME: LEE EXTERIOR STAIR AND LANDING
SITE ADDRESS: 1705 SUNSET AVE KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/18/2019

EXPIRES: 03/16/2020

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:** 9/18/19

Town of Kill Devil Hills

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

PAID
SEP 23 2019

Planning and Inspection Department

HUR2019-005
PROJECT NAME: Ward front deck and stairs and landing replacement-Hurricane damage
SITE ADDRESS: 1613 KETCH LN KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

APPLICANT: Ryan Ward
1613 Ketch Lane
Kill Devil Hills, NC 27948

OWNER: Ryan Ward
1613 Ketch Lane
Kill Devil Hills, NC 27948

CONTRACTOR: ADRIAN DEAN PITTS
1807 Bay Drive
Kill Devil Hills, NC 27948
252-480-3023

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

License: 53785
Expires:

PARCEL:

PIN: 988413146795

Parcel Number: 026968000

Address: 1613 KETCH LN KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VLG PH A SEC 3

Block: 0 Lot(s): 35

Legal Description:

FEES:	Paid	Due
Res. Building Permit Fee	$0.00	$0.00
Totals :	**$0.00**	**$0.00**

PROJECT DESCRIPTION: replace front deck, front stairs and landing to same footprint, hurricane damage

HUR2019-005
PROJECT NAME: Ward front deck and stairs and landing replacement-Hurricane damage
SITE ADDRESS: 1613 KETCH LN KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
CAMA PERMIT	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	9000.00
SURVEYOR NAME AND NUMBER	Martin Barnette L-3740
CULVERT	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Zoning Final

Final

CONDITIONS

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

HUR2019-005
PROJECT NAME: Ward front deck and stairs and landing replacement-Hurricane damage
SITE ADDRESS: 1613 KETCH LN KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

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

Issued By: _____

Contractor or Authorized Agent: Ryan Ward **Date:** 9-23-19

Town of Kill Devil Hills

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

SEP 24 2019

Planning and Inspection Department

HUR2019-006
PROJECT NAME: BENDER FENCE
SITE ADDRESS: 2010 SMITHFIELD ST KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/24/2019
EXPIRES: 03/22/2020

APPLICANT: BENDER, CHRISTOPHER
2010 SMITHFIELD ST.
KILL DEVIL HILLS, NC 27948

OWNER: BENDER, CHRISTOPHER
2010 SMITHFIELD ST.
KILL DEVIL HILLS, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405195055

Parcel Number: 001421000

Address: 2010 SMITHFIELD ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 Lot(s): 1283

Legal Description:

FEES:

	Paid	Due
Totals :		

PROJECT DESCRIPTION: CONSTRUCT FENCE ON SOUTHERN PROPERTY LINE, REPAIR FROM STORM

HUR2019-006
PROJECT NAME: BENDER FENCE
SITE ADDRESS: 2010 SMITHFIELD ST KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/24/2019
EXPIRES: 03/22/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
FLOOD ZONE	X
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	500.00
CULVERT	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Stringline

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/24/19

Town of Kill Devil Hills

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

SEP 26 2019

Planning and Inspection Department

HUR2019-008
PROJECT NAME: BARBA SHEATHING, SIDING, AND WINDOWS
SITE ADDRESS: 119 OCEAN BAY BLVD KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/26/2019
EXPIRES: 03/24/2020

APPLICANT: BARBA, NICHOLAS F
500 PINEY POINT ROAD
YORKTOWN, VA 23692

OWNER: BARBA, NICHOLAS F
500 PINEY POINT ROAD
YORKTOWN, VA 23692

BUILDING LIMITED: JETTY CONSTRUCTION
1002 WEST Memorial BLVD
Kill Devil Hills, NC 27948
252-715-8025

License: 79683
Expires: 01/14/2020

PARCEL:

PIN: 988420709536

Parcel Number: 003846000

Address: 119 OCEAN BAY BLVD KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 36

Lot(s): PT 1 & 2

Legal Description:

FEES:	Paid	Due
Res. Building Permit Fee	$0.00	$0.00
Totals :	**$0.00**	**$0.00**

PROJECT DESCRIPTION: REPAIR/REPLACE SHEATHING, SIDING, AND 3 WINDOWS DAMAGED FROM STORM

Printed by : Jordan Blythe on: 09/26/2019 01:10 PM

HUR2019-008
PROJECT NAME: BARBA SHEATHING, SIDING, AND WINDOWS
SITE ADDRESS: 119 OCEAN BAY BLVD KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/26/2019
EXPIRES: 03/24/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	15000.00
CULVERT	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing

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

HUR2019-008
PROJECT NAME: BARBA SHEATHING, SIDING, AND WINDOWS
SITE ADDRESS: 119 OCEAN BAY BLVD KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/26/2019

EXPIRES: 03/24/2020

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:** 9/26/19

Town of Kill Devil Hills

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

PAID

SEP 26 2019

Planning and Inspection Department

HUR2019-003
PROJECT NAME: Henry's Restaurant
SITE ADDRESS: 3396 CROATAN HWY N KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

APPLICANT: CARDINAL SIGNS
2629 Dean Drive
VIRGINIA BEACH, VA 23452
757-486-7658

OWNER: EZZELL, HENRY EMMONS JR
PO Box 470
KITTY HAWK, NC 27949
252-261-6142

CONTRACTOR: CARDINAL SIGNS
2629 Dean Drive
VIRGINIA BEACH, VA 23452
757-486-7658

License: LEGACY UNKNOWN
Expires: 12/31/2019

PARCEL:

PIN: 987516943985

Parcel Number: 000051000

Address: 3396 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition:

Block: 18 Lot(s): 1-2

Legal Description:

FEES:	Paid	Due
Res. Building Permit Fee	$0.00	$0.00
Totals :	**$0.00**	**$0.00**

PROJECT DESCRIPTION: Replace panel in free-standing sign damaged by hurricane

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
FLOOD ZONE	AE
CONSTRUCTION COST	2000.00
CULVERT	N

Printed by : CTHUMAN on: 09/18/2019 01:55 PM

HUR2019-003
PROJECT NAME: Henry's Restaurant
SITE ADDRESS: 3396 CROATAN HWY N KILL DEVIL HILLS

HURRICANE PERMIT
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

REQUIRED INSPECTIONS

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

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

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

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

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

* Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-26-19

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

SG2019-022
PROJECT NAME: Peace of the Pie
SITE ADDRESS: 1731 S Croatan Hwy Kill Devil Hills

SIGN
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

APPLICANT: 7 X Down 8 Up, LLC
1714 Wrightsville Blvd.
Kill Devil Hills, NC 27948
252-202-1656

OWNER: 7 X Down 8 Up, LLC
1714 Wrightsville Blvd.
Kill Devil Hills, NC 27948
252-202-1656

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

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

PARCEL:

PIN: 989313046558

Parcel Number: 008242000

Address: 1731 S Croatan Hwy Kill Devil Hills

Zoning:

Addition: OCEAN ACRES INC

Block: 0 Lot(s): 26-35

Legal Description:

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

PROJECT DESCRIPTION: Sign on the building

PAID

SEP 23 2019

Printed by : CTHUMAN on: 09/23/2019 02:19 PM

SG2019-022
PROJECT NAME: Peace of the Pie
SITE ADDRESS: 1731 S Croatan Hwy Kill Devil Hills

SIGN
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN - WALL PERMITTED (SQFT)	168.20
SIGN- WALL PROPOSED (SQ FT)	36.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	1000.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

* 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: Joan Marler **Date:** 9/23/19

Printed by : CTHUMAN on: 09/23/2019 02:19 PM

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/24/19 08:46
Payment : $ 100.00
Receipt # : 589152
Check/Credit Card #: 023414
Clerk : 981msnyd
Paid By : KWAN GRAY

Town of Kill Devil Hills

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

PAID

SEP 26 2019

Planning and Inspection Department

SG2019-021
PROJECT NAME: Speedway
SITE ADDRESS: 1822 CROATAN HWY N KILL DEVIL HILLS

SIGN
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

APPLICANT: CARDINAL SIGNS
2629 Dean Drive
VIRGINIA BEACH, VA 23452
757-486-7658

OWNER: Downing, Nancy
1829 Shoreham Rd
Charlotte, NC 28211

CONTRACTOR: CARDINAL SIGNS
2629 Dean Drive
VIRGINIA BEACH, VA 23452
757-486-7658

License: LEGACY UNKNOWN
Expires: 12/31/2019

PARCEL:

PIN: 988406380174

Parcel Number: 027543000

Address: 1822 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition: WILLIAMS COMMERICAL LOTS

Block: 0 Lot(s): 1

Legal Description:

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

PROJECT DESCRIPTION: Replace portion of free-standing sign with gas numerals

Printed by : Marty Shaw on: 09/18/2019 02:26 PM

SG2019-021
PROJECT NAME: Speedway
SITE ADDRESS: 1822 CROATAN HWY N KILL DEVIL HILLS

SIGN
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	48.30
ZONING DISTRICT	C
CONSTRUCTION COST	2000.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

* Zoning Final Inspection is required.

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Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 09-26-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/26/19 12:01
Payment : $ 100.00
Receipt # : 589352
Check/Credit Card #: 60153
Clerk : 981msnyd
Paid By : CARDINAL SIGNS

Town of Kill Devil Hills

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

PAID

SEP - 3 2019

Planning and Inspection Department

EL2019-070
PROJECT NAME:
SITE ADDRESS: 2023 NORFOLK ST KILL DEVIL HILLS

PAID WITH CASH

ELECTRICAL
ISSUED: 09/03/2019
EXPIRES: 03/01/2020

APPLICANT: The McAra Group
118 Tall Pine LN
Southern Shores, nc 27949
757-544-1588

OWNER: The McAra Group
118 Tall Pine LN
Southern Shores, nc 27949
757-544-1588

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

License: 24242
Expires: 07/31/2020

PARCEL:

PIN: 988405199674

Parcel Number: 001222000

Address: 2023 NORFOLK ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 Lot(s): 768

Legal Description:

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

PROJECT DESCRIPTION: Service and meter base changeout

Printed by : Marty Shaw on: 09/03/2019 09:14 AM

EL2019-070
PROJECT NAME:
SITE ADDRESS: 2023 NORFOLK ST KILL DEVIL HILLS

ELECTRICAL
ISSUED: 09/03/2019
EXPIRES: 03/01/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/2/2019

SET_17_CP1
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/03/19 11:51
Payment : $ 150.00
Receipt # : 587349
Check/Credit Card #:
Clerk : 981msnyd
Paid By : COASTAL ELECTRIC

Town of Kill Devil Hills

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

Planning and Inspection Department

EL2019-071
PROJECT NAME: Police temp generator
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

ELECTRICAL
ISSUED: 09/04/2019
EXPIRES: 03/02/2020

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

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

ELECTRICAL, UNLIMITED: LOWIRE TECHNOLOGIES
PO Box 2751
Kill Devil Hills, NC 27948
252-449-4690

License: 19403
Expires: 10/02/2019

PARCEL:

PIN: 9876543210

Parcel Number: 23

Address: 102 Town Hall Dr Kill Devil Hill

Zoning: LIGHT INDUSTRIAL 2

Addition:

Block: blk Lot(s): lot

Legal Description: This is the legal description test

FEES:	Paid	Due
Electrical Permit Fee	$0.00	$0.00
Totals :	**$0.00**	**$0.00**

PROJECT DESCRIPTION: Connect temp generator for police dept.

PAID

SEP - 4 2019

Printed by : CTHUMAN on: 09/04/2019 01:12 PM

EL2019-071
PROJECT NAME: Police temp generator
SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

ELECTRICAL
ISSUED: 09/04/2019

EXPIRES: 03/02/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	G&I Public
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	1000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X

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: D PRZ **Date:** 9-4-19

Town of Kill Devil Hills

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

PAID
SEP 16 2019

Planning and Inspection Department

EL2019-072
PROJECT NAME: Exotic Home Electric
SITE ADDRESS: 900 Croatan HWY S. KILL DEVIL HILLS

ELECTRICAL
ISSUED: 09/16/2019
EXPIRES: 03/14/2020

APPLICANT: Day, Michael
132 Freedom Ave
Powels Point, NC 27966

OWNER: Day, Michael
132 Freedom Ave
Powels Point, NC 27966

ELECTRICAL: COASTAL ELECTRIC CONTRACTING CO.
9010 Pineywoods Rd.
Fairfield, NC 27826
252-943-4029

License: 5167-U
Expires: 06/30/2020

PARCEL:

PIN: 988308883029

Parcel Number: 004349003

Address: 900 Croatan HWY S. KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 10

Lot(s): 9, 10 & PT 1

Legal Description:

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

PROJECT DESCRIPTION: Replace panel box and wiring due to fire

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	25300.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9

Printed by : CTHUMAN on: 09/16/2019 02:45 PM

EL2019-072
PROJECT NAME: Exotic Home Electric
SITE ADDRESS: 900 Croatan HWY S. KILL DEVIL HILLS

ELECTRICAL
ISSUED: 09/16/2019

EXPIRES: 03/14/2020

REQUIRED INSPECTIONS

Pre-final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/16/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/17/19 09:57
Payment : $ 150.00
Receipt # : 588411
Check/Credit Card #: 08284P
Clerk : 981msnyd
Paid By : COASTAL ELECTRIC CO

Town of Kill Devil Hills

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

PAID
SEP 23 2019

Planning and Inspection Department

EL2019-073
PROJECT NAME: Opus Generator
SITE ADDRESS: 100 HELGA ST E KILL DEVIL HILLS

ELECTRICAL
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

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

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

ELECTRICAL-UNLIMITED: SUBURBAN ELECTRIC CONTRACTORS OF NC INC.
PO Box 925
Manteo, NC 27954
252-475-1372

License: 30633-U
Expires: 08/06/2020

PARCEL:

PIN: 988513041146

Parcel Number: 000042000

Address: 100 HELGA ST E KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH AMENDED BLK 12

Block: 12 Lot(s): 2

Legal Description:

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

PROJECT DESCRIPTION: Install 22KW generator and 200amp transfer switch

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	8000.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8

EL2019-073
PROJECT NAME: Opus Generator
SITE ADDRESS: 100 HELGA ST E KILL DEVIL HILLS

ELECTRICAL
ISSUED: 09/23/2019

EXPIRES: 03/21/2020

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.

* Gas piping sign off 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:** 9/23/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/23/19 14:24
Payment : $ 150.00
Receipt # : 589140
Check/Credit Card #: 861546
Clerk : 981msnyd
Paid By : SUBURBAN ELECTRIC C

Town of Kill Devil Hills

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

PAID
SEP 26 2019

Planning and Inspection Department

EL2019-074
PROJECT NAME: MOORE ILLEGAL WIRING REMOVAL
SITE ADDRESS: 110 CAMELLIA DR KILL DEVIL HILLS

ELECTRICAL
ISSUED: 09/26/2019
EXPIRES: 03/24/2020

APPLICANT: SAM MOORE
PO BOX 956
MANTEO, NC 27954
252-475-7084

OWNER: SAM MOORE
PO BOX 956
MANTEO, NC 27954
252-475-7084

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

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

PARCEL:

PIN: 988411552430
Parcel Number: 003135000
Address: 110 CAMELLIA DR KILL DEVIL HILLS
Zoning:
Addition: W R DEATON - DELRAY BEACH
Block: 2
Lot(s): PT 18
Legal Description:

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

PROJECT DESCRIPTION: EXPOSE ALL UNINSPECTED, UNPERMITTED WIRING, REMOVE ALL ELECTRICAL BELOW BASE FLOOD

Printed by : Marty Shaw on: 09/26/2019 02:59 PM

EL2019-074
PROJECT NAME: MOORE ILLEGAL WIRING REMOVAL
SITE ADDRESS: 110 CAMELLIA DR KILL DEVIL HILLS

ELECTRICAL
ISSUED: 09/26/2019
EXPIRES: 03/24/2020

DETAILS

Permit

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

REQUIRED INSPECTIONS

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
* 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:** 9/26/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/27/19 09:02
Payment : $ 150.00
Receipt # : 589390
Check/Credit Card #: 416260
Clerk : 981msnyd
Paid By : WILLIAM FARRELL ELE

Town of Kill Devil Hills

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

PAID
SEP 23 2019

Planning and Inspection Department

ZP2019-069
PROJECT NAME: Gunther Fence
SITE ADDRESS: 234 EDEN ST ST W KILL DEVIL HILLS

ZONING PERMIT
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

APPLICANT: Gunther, William
234 Eden Street W
Kill Devil Hills, NC 27948

OWNER: Gunther, William
234 Eden Street W
Kill Devil Hills, NC 27948

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

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 27 Lot(s): 37-38

Legal Description:

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

PROJECT DESCRIPTION: Fence along property line, connecting to side of house

cost $4000.00

Printed by : Ryan Lang on: 09/23/2019 08:27 AM

ZP2019-069
PROJECT NAME: Gunther Fence
SITE ADDRESS: 234 EDEN ST ST W KILL DEVIL HILLS

ZONING PERMIT
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Accessory
LOT COVERAGE	39.80
SURVEYOR NAME AND NUMBER	John R. Mayne L-4567
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Stringline

Final

Zoning Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-23-19

Printed by : Ryan Lang on: 09/23/2019 08:27 AM

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/23/19 14:22
Payment : $ 100.00
Receipt # : 589138
Check/Credit Card #: 086487
Clerk : 98lmsnyd
Paid By : SANDY BOTTOM HOMES

Town of Kill Devil Hills

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

PAID

SEP 23 2019

TOWN OF KILL DEVIL HILLS

Planning and Inspection Department

DW2019-015
PROJECT NAME: Huddleston Driveway Addition
SITE ADDRESS: 110 SPORTSMAN DR E KILL DEVIL HILLS

DRIVEWAY
ISSUED: 09/19/2019
EXPIRES: 03/17/2020

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

Zoning:

Addition: AVALON BEACH

Block: 0 Lot(s): 66

Legal Description:

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

PROJECT DESCRIPTION: add 7'x46.5' driveway to east side of existing driveway

Printed by : Ryan Lang on: 09/19/2019 04:28 PM

DW2019-015
PROJECT NAME: Huddleston Driveway Addition
SITE ADDRESS: 110 SPORTSMAN DR E KILL DEVIL HILLS

DRIVEWAY
ISSUED: 09/19/2019
EXPIRES: 03/17/2020

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	M. Douglas Styons L-3227
ZONING DISTRICT	C
CONSTRUCTION COST	2000.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
LOT COVERAGE	48.15
TOTAL SQUARE FOOTAGE	326

REQUIRED INSPECTIONS

Zoning Final	Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/23/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/23/19 09:40
Payment : $ 50.00
Receipt # : 589020
Check/Credit Card #: 10256
Clerk : 981msnyd
Paid By : C & T CONTRACTING I

Town of Kill Devil Hills

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

PAID
SEP 24 2019

Planning and Inspection Department

OP2019-056
PROJECT NAME: Robert London
SITE ADDRESS: 1414 HILL ST KILL DEVIL HILLS

OCCUPANCY
ISSUED: 09/23/2019
EXPIRES:

PARENT PERMIT #: BJ2018-130

APPLICANT: LONDON, ROBERT F
P O BOX 164
POINT HARBOR, NC 27964
252-491-8330

OWNER: LONDON, ROBERT F
P O BOX 164
POINT HARBOR, NC 27964
252-491-8330

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

License: 14364
Expires:

PARCEL:

PIN: 988315730921
Parcel Number: 004841008
Address: 1414 HILL ST KILL DEVIL HILLS
Zoning:
Addition: KILL DEVIL BEACH EXTENDED
Block: 14 Lot(s): 8
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 SFD

Printed by : Marty Shaw on: 09/23/2019 02:15 PM

OP2019-056
PROJECT NAME: Robert London
SITE ADDRESS: 1414 HILL ST KILL DEVIL HILLS

OCCUPANCY
ISSUED: 09/23/2019
EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/24/2019

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/24/19 11:28
Payment : $ 50.00
Receipt # : 589160
Check/Credit Card #: 091056
Clerk : 981msnyd
Paid By : ROBERT LONDON

Town of Kill Devil Hills

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

PAID
SEP 24 2019

Planning and Inspection Department

OP2019-057
PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 1513 DOGWOOD LN KILL DEVIL HILLS

OCCUPANCY
ISSUED: 09/24/2019
EXPIRES:

PARENT PERMIT #: BJ2019-092

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

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

CONTRACTOR: FRANK SOLES/SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162
License: LEGACY UNKNOWN
Expires: 12/31/2019

GENERAL BUILDING-LIMITED: SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162
License: 67524
Expires: 01/01/2020

PARCEL:

PIN: 988413138997
Parcel Number: 026983000
Address: 1513 DOGWOOD LN KILL DEVIL HILLS
Zoning:
Addition: FIRST FLIGHT VLG PH A SEC 3
Block: 0
Lot(s): 57
Legal Description:

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

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	1

Printed by : CTHUMAN on: 09/24/2019 08:27 AM

OP2019-057
PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 1513 DOGWOOD LN KILL DEVIL HILLS

OCCUPANCY
ISSUED: 09/24/2019
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:** 9-24-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/24/19 11:50
Payment : $ 50.00
Receipt # : 589163
Check/Credit Card #: 044377
Clerk : 981msnyd
Paid By : SANDY BOTTOM HOMES

Town of Kill Devil Hills

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

PAID

SEP 25 2019

Planning and Inspection Department

OP2019-059
PROJECT NAME: Water Oak Residential, LLC
SITE ADDRESS: 1200 West First Street Kill Devil Hills

OCCUPANCY
ISSUED: 09/25/2019
EXPIRES:

PARENT PERMIT #: BJ2018-162

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

OWNER: Water Oak Residential, 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

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: 988417126342

Parcel Number:

Address: 1200 West First Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Parcel A

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

Printed by : Marty Shaw on: 09/25/2019 08:32 AM

OP2019-059
PROJECT NAME: Water Oak Residential, LLC
SITE ADDRESS: 1200 West First Street Kill Devil Hills

OCCUPANCY
ISSUED: 09/25/2019
EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: Paul Hey **Date:** Sep 25 19

SET_17_CP1
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/25/19 09:31
Payment : $ 50.00
Receipt # : 589214
Check/Credit Card #: MULTIPLE
Clerk : 981snyd
Paid By : SAGA CONSTRUCTION

Town of Kill Devil Hills

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

SEP 25 2019

Planning and Inspection Department

OP2019-058
PROJECT NAME: Water Oak Residential LLC
SITE ADDRESS: 703 Zen Lane Kill Devil Hills

OCCUPANCY
ISSUED: 09/24/2019
EXPIRES:

PARENT PERMIT #: BJ2018-157

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

OWNER: Water Oak Residential, 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

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: 988417222433

Parcel Number:

Address: 703 Zen Lane Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 58, Water Oak Subdivision

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

Printed by : Marty Shaw on: 09/24/2019 01:38 PM

OP2019-058
PROJECT NAME: Water Oak Residential LLC
SITE ADDRESS: 703 Zen Lane Kill Devil Hills

OCCUPANCY
ISSUED: 09/24/2019
EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: Jack Hey **Date:** Sep 25 19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/25/19 09:50
Payment : $ 50.00
Receipt # : 589223
Check/Credit Card #: MULTIPLE
Clerk : 981msnyd
Paid By : SAGA CONSTRUCTION

Town of Kill Devil Hills

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

SEP 27 2019

Planning and Inspection Department

OP2019-060
PROJECT NAME: Phillip Harrington
SITE ADDRESS: 1919 GEORGIA LN KILL DEVIL HILLS

OCCUPANCY
ISSUED: 09/26/2019
EXPIRES:

PARENT PERMIT #: BJ2019-095

APPLICANT: RELIANT CONSTRUCTION LLC
4275 Worthington Lane
kitty hawk, nc 27949
252-202-7007

OWNER: Harrington, Phillip
PO Box 2232
ELIZABETH CITY, NC 27909
252-312-4500

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

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

PARCEL:

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

FEES:	Paid	Due
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

Printed by : Jordan Blythe on: 09/26/2019 03:42 PM

OP2019-060
PROJECT NAME: Phillip Harrington
SITE ADDRESS: 1919 GEORGIA LN KILL DEVIL HILLS

OCCUPANCY
ISSUED: 09/26/2019
EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/27/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/27/19 09:52
Payment : $ 50.00
Receipt # : 589396
Check/Credit Card #: 1432
Clerk : 981msnyd
Paid By : RELIANT CONSTRUCTIO

Town of Kill Devil Hills

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

PAID
SEP 27 2019

Planning and Inspection Department

DW2019-016 **DRIVEWAY**
PROJECT NAME: Richard Mallard
SITE ADDRESS: 1711 WYANDOTTE ST KILL DEVIL HILLS
ISSUED: 09/27/2019
EXPIRES: 03/25/2020

APPLICANT: CHRIS SCARBOROUGH
1815 Seaswept Rd.
KDH, NC 27948
252-202-3308

OWNER: RICHARD MALLARD
1711 Wyandotte St.
KILL DEVIL HILLS, NC 27948

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2020

PARCEL:

PIN: 988409262206
Parcel Number: 002693000
Address: 1711 WYANDOTTE ST KILL DEVIL HILLS
Zoning:
Addition: HIGH VIEW - HEDRICKS ADD
Block: D
Lot(s): 8-9
Legal Description:

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

PROJECT DESCRIPTION: Add to driveway

DW2019-016
PROJECT NAME: Richard Mallard
SITE ADDRESS: 1711 WYANDOTTE ST KILL DEVIL HILLS

DRIVEWAY
ISSUED: 09/27/2019
EXPIRES: 03/25/2020

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	Seaboard Surveying
ZONING DISTRICT	RL
CONSTRUCTION COST	1000.00
FLOOD ZONE	X
LOT COVERAGE	35.70

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.
* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
* Driveway must maintain a 2 foot setback from side property line.

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

Issued By: Donna Elliott

Contractor or Authorized Agent: _____ **Date:** 9-27-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/30/19 10:44
Payment : $ 50.00
Receipt # : 589897
Check/Credit Card #: 931065
Clerk : 981msnyd
Paid By : RICHARD MALLARD

Town of Kill Devil Hills

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

PAID

SEP 19 2019

Planning and Inspection Department

EG2019-011
PROJECT NAME: IG Holdings grading
SITE ADDRESS: 104 ARCH ST E KILL DEVIL HILLS

EXCAVATION AND GRADING
ISSUED: 09/19/2019
EXPIRES: 03/17/2020

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

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

CONTRACTOR: BARNHILL CONTRACTING COMPANY, INC.
P.O. Box 1529
Tarboro, NC 27886

GENERAL-UNLIMITED-UNCLASSIFIED: BARNHILL CONTRACTING COMPANY, INC.
P.O. Box 1529
Tarboro, NC 27886

License: 3194
Expires: 01/01/2020

PARCEL:

PIN: 988513040643

Parcel Number: 000034000

Address: 104 ARCH ST E KILL DEVIL HILLS

Zoning:

Addition:

Block: 10 Lot(s): 1

Legal Description:

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

PROJECT DESCRIPTION: add fill, grading and stabilization

Printed by : Ryan Lang on: 09/19/2019 08:12 AM

EG2019-011
PROJECT NAME: IG Holdings grading
SITE ADDRESS: 104 ARCH ST E KILL DEVIL HILLS

EXCAVATION AND GRADING
ISSUED: 09/19/2019
EXPIRES: 03/17/2020

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	22000.00
ZONING DISTRICT	C
CAMA PERMIT	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
ENGINEER AND LICENSE NUMBER	Michael J. Morway 28572

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/19/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/19/19 12:32
Payment : $ 100.00
Receipt # : 588898
Check/Credit Card #:
Clerk : 981msnyd
Paid By :

Town of Kill Devil Hills

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

PAID

SEP 18 2019

Planning and Inspection Department

EG2019-010
PROJECT NAME: EMANUELSON LAND DISTURBANCE
SITE ADDRESS: 0 HARDING ST KILL DEVIL HILLS

EXCAVATION AND GRADING
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

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

OWNER: 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: 988315648986

Parcel Number: 004540099

Address: 1101 ~~0 HARDING~~ ST KILL DEVIL HILLS
Boundary

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 60

Lot(s): TRIANGULAR PIECE

Legal Description:

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

PROJECT DESCRIPTION: CLEAR LOT, GRADE AND SEED

Printed by : Jordan Blythe on: 09/18/2019 08:43 AM

EG2019-010
PROJECT NAME: EMANUELSON LAND DISTURBANCE
SITE ADDRESS: 0 HARDING ST KILL DEVIL HILLS

EXCAVATION AND GRADING
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	2500.00
ZONING DISTRICT	LI-2
CAMA PERMIT	N
FLOOD ZONE	X

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.
* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
* All gravel brought in for temporary construction entrance must be removed.
* Site shall not be used for commercial parking lot

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-18-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/19/19 08:29
Payment : $ 100.00
Receipt # : 588858
Check/Credit Card #: 318114
Clerk : 981msnyd
Paid By : EMANUELSON AND dAD

1740
9883154 #0874

9883115 7079

Town of Kill Devil Hills

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

PAID

SEP 19 2019

TOWN OF

Planning and Inspection Department

EG2019-012
PROJECT NAME: IG Holdings Fill
SITE ADDRESS: 0 BRIGGS ST KILL DEVIL HILLS

EXCAVATION AND GRADING
ISSUED: 09/19/2019
EXPIRES: 03/17/2020

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

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

CONTRACTOR: BARNHILL CONTRACTING COMPANY, INC.
P.O. Box 1529
Tarboro, NC 27886

GENERAL-UNLIMITED-UNCLASSIFIED: BARNHILL CONTRACTING COMPANY, INC.
P.O. Box 1529
Tarboro, NC 27886

License: 3194
Expires: 01/01/2020

PARCEL:

PIN: 987516949791

Parcel Number: 000035004

Address: 3304 BRIGGS ST KILL DEVIL HILLS

Zoning:

Addition:

Block: 10 Lot(s): 4

Legal Description:

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

PROJECT DESCRIPTION: import fill, grading and stabilization

Printed by : Ryan Lang on: 09/19/2019 08:10 AM

EG2019-012
PROJECT NAME: IG Holdings Fill
SITE ADDRESS: 0 BRIGGS ST KILL DEVIL HILLS

EXCAVATION AND GRADING
ISSUED: 09/19/2019
EXPIRES: 03/17/2020

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	11000.00
ZONING DISTRICT	C
CAMA PERMIT	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
ENGINEER AND LICENSE NUMBER	Michael J. Morway 028572

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/19/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/17/19 12:33
Payment : $ 100.00
Receipt # : 588899
Check/Credit Card #: 80213
Clerk : 98lmsnyd
Paid By : GOLASA HOLDINGS

Town of Kill Devil Hills

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

Planning and Inspection Department

EG2019-008
PROJECT NAME: Water Oak Staging and Parking
SITE ADDRESS: 1303 TRANQUIL PLACE Kill Devil Hills

EXCAVATION AND GRADING
ISSUED: 09/13/2019
EXPIRES: 03/11/2020

APPLICANT: Water Oak Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

OWNER: Water Oak Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

CONTRACTOR: SAGA CONSTRUCTION INC.
1314 S Croatan Hwy, Suite 301
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: 988413223614

Parcel Number:

Address: 1303 TRANQUIL PLACE Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 67, Water Oak Residential Community

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

PROJECT DESCRIPTION: Temporary Gravel Construction staging and parking area

PAID

SEP 16 2019

TOWN OF KILL DEVIL HILLS

Printed by : Ryan Lang on: 09/16/2019 08:07 AM

EG2019-008
PROJECT NAME: Water Oak Staging and Parking
SITE ADDRESS: 1303 TRANQUIL PLACE Kill Devil Hills

EXCAVATION AND GRADING
ISSUED: 09/13/2019
EXPIRES: 03/11/2020

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	5000.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3

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.
* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
* All land disturbance shall follow the approved Erosion Control Plan dated 11/15/2018 including soil and erosion and sedimentation control plan notes silt fence detail inlet protection detail and gravel construction entrance/exit detail.
* Temporary construction entrance and parking area shall be completely removed in its entirety prior to issuance of a building permit on lots 67 and 69.

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/16/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/16/19 13:47
Payment : $ 100.00
Receipt # : 588391
Check/Credit Card #: 16021
Clerk : 981msnyd
Paid By : SAGA CONSTRUCTION

Town of Kill Devil Hills

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

Planning and Inspection Department

EG2019-009
PROJECT NAME: SAGA Temporary Parking and Staging
SITE ADDRESS: 1305 TRANQUIL PLACE Kill Devil Hills

EXCAVATION AND GRADING
ISSUED: 09/13/2019
EXPIRES: 03/11/2020

APPLICANT: Water Oak Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

OWNER: Water Oak Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

CONTRACTOR: SAGA CONSTRUCTION INC.
1314 S Croatan Hwy, Suite 301
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: 9884132227700

Parcel Number:

Address: 1305 TRANQUIL PLACE Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 69, Water Oak Residential Community

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

PROJECT DESCRIPTION: Temporary gravel construction staging and parking area

PAID

SEP 16 2019

Printed by : Ryan Lang on: 09/13/2019 04:50 PM

EG2019-009
PROJECT NAME: SAGA Temporary Parking and Staging
SITE ADDRESS: 1305 TRANQUIL PLACE Kill Devil Hills

EXCAVATION AND GRADING
ISSUED: 09/13/2019
EXPIRES: 03/11/2020

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	5000.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3

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.
* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
* All land disturbance shall follow the approved Erosion Control Plan dated 11/15/18 including soil erosion and sedimentation control plan notes silt fence detail inlet protection detail and gravel construction entrance/exit detail.
* Temporary construction entrance and parking area shall be completely removed in its entirety prior to issuance of a building permit on lots 67 and 69

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-16-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/16/19 13:47
Payment : $ 100.00
Receipt # : 588390
Check/Credit Card #: 16022
Clerk : 981msnyd
Paid By : SAGA CONSTRUCTION

Town of Kill Devil Hills

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

PAID
SEP 19 2019

Planning and Inspection Department

DM2019-008
PROJECT NAME: Saga Demo
SITE ADDRESS: 1213 VA DARE TRL S KILL DEVIL HILLS

DEMOLITION
ISSUED: 09/19/2019
EXPIRES: 03/17/2020

APPLICANT: SAGA CONSTRUCTION INC.
1314 S Croatan Hwy, Suite 301
Kill Devil Hills, NC 27948
252-441-9003

OWNER: 1213 SVDT LLC
PO Box 90
Kill Devil Hills, NC 27948

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

License: 62306
Expires: 12/30/2019

PARCEL:

PIN: 989305073521
Parcel Number: 004276000
Address: 1213 VA DARE TRL S KILL DEVIL HILLS
Zoning:
Addition: KILL DEVIL HILLS SEC 1
Block: 5
Lot(s): 8 & PT 7
Legal Description:

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

PROJECT DESCRIPTION: Demo existing house, septic and driveway

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
FLOOD ZONE	VE
CONSTRUCTION COST	10000.00

DM2019-008
PROJECT NAME: Saga Demo
SITE ADDRESS: 1213 VA DARE TRL S KILL DEVIL HILLS

DEMOLITION
ISSUED: 09/19/2019
EXPIRES: 03/17/2020

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.

* Final asbestos abatement, transport and disposal report from Michael Iwashchenko required for issuance of 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: Greg Muck **Date:** 9.19.19.

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/19/19 13:40
Payment : $ 100.00
Receipt # : 588917
Check/Credit Card #: 1610
Clerk : 981msnyd
Paid By : SAGA CONSTRUCTION

Town of Kill Devil Hills

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

SEP 27 2019

Planning and Inspection Department

DM2019-010
PROJECT NAME: MARTONE DEMO
SITE ADDRESS: 430 EDEN ST ST W KILL DEVIL HILLS

DEMOLITION
ISSUED: 09/27/2019
EXPIRES: 03/25/2020

APPLICANT: MARTONE, VICKI
P O BOX 469
KITTY HAWK, NC 27949

OWNER: MARTONE, VICKI
P O BOX 469
KITTY HAWK, NC 27949

ABATEMENT AND DEMOLITION: East Coast Abatement and Demolition
176 Winchester Way
Moyock, NC 27958
757-528-5773

License: 00000
Expires: 12/31/2020

PARCEL:

PIN: 988517000615

Parcel Number: 003017000

Address: 430 EDEN ST ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 52 Lot(s): 34-36

Legal Description:

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

PROJECT DESCRIPTION: DEMO SINGLE FAMILY DWELLING

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FLOOD ZONE	AE
CONSTRUCTION COST	14700.00

Printed by : Jordan Blythe on: 09/27/2019 02:22 PM

DM2019-010
PROJECT NAME: MARTONE DEMO
SITE ADDRESS: 430 EDEN ST ST W KILL DEVIL HILLS

DEMOLITION
ISSUED: 09/27/2019

EXPIRES: 03/25/2020

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.

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/27/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/30/19 10:43
Payment : $ 100.00
Receipt # : 589896
Check/Credit Card #: 358194
Clerk : 981wsnyd
Paid By : EAST COAST ABATEMEN

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

PAID

SEP - 3 2019

TOWN OF
KILL DEVIL HILLS

MC2019-267
PROJECT NAME: Smith HVAC
SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/03/2019
EXPIRES: 03/01/2020

APPLICANT: Smith, William
405 Plantation Rd
MARTINSVILLE, VA 24112

OWNER: Smith, William
405 Plantation Rd
MARTINSVILLE, VA 24112

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 98841156647314

Parcel Number: 002781014

Address: 1601 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition:

Block: B

Lot(s): UT 304 16-20

Legal Description:

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

PROJECT DESCRIPTION: C/O 3.5 Ton Hvac System

Printed by : CTHUMAN on: 09/03/2019 12:19 PM

MC2019-267
PROJECT NAME: Smith HVAC
SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/03/2019
EXPIRES: 03/01/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7995.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-3-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/03/19 12:49
Payment : $ 150.00
Receipt # : 587371
Check/Credit Card #: 5233
Clerk : 981asnyd
Paid By : R A HOY HEATING & A

Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-264
PROJECT NAME: JOHNSTON HVAC
SITE ADDRESS: 1104 CLAM SHELL DR KILL DEVIL HILLS

MECHANICAL
ISSUED: 08/30/2019
EXPIRES: 02/26/2020

APPLICANT: Sandra Johnston
1104 Clamshell Dr.
Kill Devil Hillsl, NC 27948

OWNER: Sandra Johnston
1104 Clamshell Dr.
Kill Devil Hillsl, NC 27948

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988409064812

Parcel Number: 002556005

Address: 1104 CLAM SHELL DR KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES INC SEC 1

Block: 23 Lot(s): 5

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

PAID

AUG 30 2019

Printed by : Jordan Blythe on: 08/30/2019 01:07 PM

MC2019-264
PROJECT NAME: JOHNSTON HVAC
SITE ADDRESS: 1104 CLAM SHELL DR KILL DEVIL HILLS

MECHANICAL
ISSUED: 08/30/2019

EXPIRES: 02/26/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10470.00
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:** 8-30-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/03/19 11:31
Payment : $ 150.00
Receipt # : 587302
Check/Credit Card #: 5229
Clerk : 981msnyd
Paid By : R A HOY HEATING & A

Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-265
PROJECT NAME: Moody HVAC
SITE ADDRESS: 2052 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/03/2019
EXPIRES: 03/01/2020

APPLICANT: Willard Moody
4201 Manchester Road
PORTSMOUTH, VA 23703

OWNER: Willard Moody
4201 Manchester Road
PORTSMOUTH, VA 23703

MECHANICAL, H-2, H-3: ATLANTIC HEATING AND COOLING
P.O. Box 132
Kill Devil Hills, NC 27948
441-7642

License: 11618
Expires: 12/31/2019

PARCEL:

PIN: 988518208884

Parcel Number: 002318000

Address: 2052 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: MILES CLARK

Block: 0 Lot(s): 6

Legal Description:

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

PROJECT DESCRIPTION: C/O 3 Ton HVAC System

PAID

SEP - 3 2019

Printed by : CTHUMAN on: 09/03/2019 09:04 AM

MC2019-265
PROJECT NAME: Moody HVAC
SITE ADDRESS: 2052 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/03/2019
EXPIRES: 03/01/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6090.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

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

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/04/19 08:35
Payment : $ 150.00
Receipt # : 587388
Check/Credit Card #: 003801
Clerk : 981msnyd
Paid By : ATLANTIC HEATING AN

Town of Kill Devil Hills

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

PAID

SEP - 4 2019

Planning and Inspection Department

MC2019-268
PROJECT NAME: Chamber of Commerce HVAC
SITE ADDRESS: 101 Town Hall Dr. ST KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/04/2019
EXPIRES: 03/02/2020

APPLICANT: OUTER BANKS CHAMBER OF COMMERCE
101 Town Hall Dr.
Kill Devil Hills, NC 27948

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

H3, CLASS 1: OUTER BANKS HEATING AND COOLING
P.O. Box 1415
Nags Head, NC 27959
441-1740

License: 12643
Expires: 12/31/2019

PARCEL:

PIN: 988307696324

Parcel Number: 008165006

Address: 101 Town Hall Dr. ST KILL DEVIL HILLS

Zoning:

Addition: SUBDIVISION - NONE

Block: 0 Lot(s): 0

Legal Description:

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

PROJECT DESCRIPTION: C/O 4 Ton HVAC System

Printed by : CTHUMAN on: 09/04/2019 08:42 AM

MC2019-268
PROJECT NAME: Chamber of Commerce HVAC
SITE ADDRESS: 101 Town Hall Dr. ST KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/04/2019
EXPIRES: 03/02/2020

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	7815.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-4-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/04/19 08:54
Payment : $ 150.00
Receipt # : 587389
Check/Credit Card #: 1267
Clerk : 981msnyd
Paid By : OUTER BANKS HEATING

Town of Kill Devil Hills

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

SEP 10 2019

Planning and Inspection Department

MC2019-266
PROJECT NAME: Shwe HVAC
SITE ADDRESS: 2016 PHOEBUS ST KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/03/2019
EXPIRES: 03/01/2020

APPLICANT: Tun Lin Shwe
1000 Colington Road
Kill Devil Hills, NC 27948

OWNER: Tun Lin Shwe
1000 Colington Road
Kill Devil Hills, NC 27948

MECHANICAL, H-2, H-3: ATLANTIC HEATING AND COOLING
P.O. Box 132
Kill Devil Hills, NC 27948
441-7642

License: 11618
Expires: 12/31/2019

PARCEL:

PIN: 988405086609

Parcel Number: 000900000

Address: 2016 PHOEBUS ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 Lot(s): 1163

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

Printed by : CTHUMAN on: 09/03/2019 09:15 AM

MC2019-266
PROJECT NAME: Shwe HVAC
SITE ADDRESS: 2016 PHOEBUS ST KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/03/2019

EXPIRES: 03/01/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/10/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/10/19 12:17
Payment : $ 150.00
Receipt # : 587927
Check/Credit Card #: 010208
Clerk : 981msnyd
Paid By : ATLANTIC HEATING AN

Town of Kill Devil Hills

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

PAID

SEP 13 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2019-270
PROJECT NAME:
SITE ADDRESS: 1210 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/13/2019
EXPIRES: 03/11/2020

APPLICANT: McPhail, Steven & Kellie
104 Flagstone CT
Chapel Hill, NC 27517
919-868-0107

OWNER: McPhail, Steven & Kellie
104 Flagstone CT
Chapel Hill, NC 27517
919-868-0107

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988312976276

Parcel Number: 004231028

Address: 1210 MEMORIAL BLVD S KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS SEC 1

Block: 16 Lot(s): 8

Legal Description:

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

PROJECT DESCRIPTION: HVAC changeout

Printed by : Marty Shaw on: 09/13/2019 01:51 PM

MC2019-270
PROJECT NAME:
SITE ADDRESS: 1210 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/13/2019
EXPIRES: 03/11/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7363.00
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:** 9/13/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/13/19 14:06
Payment : $ 150.00
Receipt # : 588209
Check/Credit Card #: 5239
Clerk : 981msnyd
Paid By : R A HOY HEATING & A

Town of Kill Devil Hills

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

SEP 13 2019

Planning and Inspection Department

MC2019-269
PROJECT NAME:
SITE ADDRESS: 3317 BAY DR KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/13/2019
EXPIRES: 03/11/2020

APPLICANT: NOCK, BARRY T
P O BOX 1953
KITTY HAWK, NC 27949

OWNER: NOCK, BARRY T
P O BOX 1953
KITTY HAWK, NC 27949

MECHANICAL, H-2, H-3: ATLANTIC HEATING AND COOLING
P.O. Box 132
Kill Devil Hills, NC 27948
441-7642

License: 11618
Expires: 12/31/2019

PARCEL:

PIN: 987516748395

Parcel Number: 000150000

Address: 3317 BAY DR KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0

Lot(s): 34 & 1/4
LOT 33

Legal Description:

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

PROJECT DESCRIPTION: HVAC changout

Printed by : Marty Shaw on: 09/13/2019 09:36 AM

MC2019-269
PROJECT NAME:
SITE ADDRESS: 3317 BAY DR KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/13/2019

EXPIRES: 03/11/2020

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:** 9-13-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/16/19 10:59
Payment : $ 150.00
Receipt # : 588278
Check/Credit Card #: 013687
Clerk : 981msnyd
Paid By : ATLANTIC HEATING AN

Town of Kill Devil Hills

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

PAID

SEP 16 2019

Planning and Inspection Department

MC2019-271
PROJECT NAME:
SITE ADDRESS: 1101 DURHAM ST W KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/16/2019
EXPIRES: 03/14/2020

APPLICANT: James Bellamy
1101 W. Durham St.
Kill Devil Hillsl, NC 27948
252-202-4015

OWNER: James Bellamy
1101 W. Durham St.
Kill Devil Hillsl, NC 27948
252-202-4015

PARCEL:

PIN: 988405084040

Parcel Number: 001400000

Address: 1101 DURHAM ST W KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 Lot(s): 698

Legal Description:

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

PROJECT DESCRIPTION: HVAC changeout

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4900.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

MC2019-271
PROJECT NAME:
SITE ADDRESS: 1101 DURHAM ST W KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/16/2019

EXPIRES: 03/14/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-16-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/16/19 14:19
Payment : $ 150.00
Receipt # : 588400
Check/Credit Card #: 7009
Clerk : 981msnyd
Paid By : ALL SEASONS HEATING

Town of Kill Devil Hills

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

PAID

SEP 17 2019

Planning and Inspection Department

MC2019-251
PROJECT NAME: Two Roads Tavern
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL
ISSUED: 08/15/2019
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

MECHANICAL: BFPE International
213 Tintern Ct.
CHESAPEAKE, VA 23320
757-436-1301

License: 29957
Expires: 12/31/2019

PARCEL:

PIN: 988513035596

Parcel Number: 002991000

Address: 3105 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition: SUBDIVISION - NONE

Block: 0 Lot(s): 0

Legal Description:

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

PROJECT DESCRIPTION: Repipe existing fire suppression system protecting hood, duct, plenum and associated equipment.

MC2019-251
PROJECT NAME: Two Roads Tavern
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

MECHANICAL
ISSUED: 08/15/2019
EXPIRES: 02/11/2020

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	1588.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/17/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/17/19 12:39
Payment : $ 150.00
Receipt # : 588466
Check/Credit Card #: 017726
Clerk : 981msnyd
Paid By : BFPE INTERNATIONAL

Town of Kill Devil Hills

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

PAID
SEP 18 2019

Planning and Inspection Department

MC2019-275
PROJECT NAME: RICKARD HEAT PUMP REPLACEMENT
SITE ADDRESS: 1509 QUAIL LN KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

APPLICANT: RICKARD, STEVEN C
P.O. Box 2534
Kill Devil Hills, NC 27948
252-202-3509

OWNER: RICKARD, STEVEN C
P.O. Box 2534
Kill Devil Hills, NC 27948
252-202-3509

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

License: 29031
Expires: 12/31/2019

PARCEL:

PIN: 988316947928

Parcel Number: 005102000

Address: 1509 QUAIL LN KILL DEVIL HILLS

Zoning:

Addition: WHISPERING PINES SEC 1

Block: A Lot(s): 5

Legal Description:

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

PROJECT DESCRIPTION: REPLACE 2TON HEAT PUMP

Printed by : Jordan Blythe on: 09/18/2019 09:40 AM

MC2019-275
PROJECT NAME: RICKARD HEAT PUMP REPLACEMENT
SITE ADDRESS: 1509 QUAIL LN KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/18/2019

EXPIRES: 03/16/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4000.00
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:** 9-18-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/18/19 12:54
Payment : $ 150.00
Receipt # : 588851
Check/Credit Card #: 2242
Clerk : 981usnyd
Paid By : AMERICAN REFRIGERAT

Town of Kill Devil Hills

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

PAID
SEP 18 2019

Planning and Inspection Department

MC2019-274
PROJECT NAME: LEE HEAT PUMP REPLACEMENT
SITE ADDRESS: 1705 SUNSET AVE KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

APPLICANT: LEE, REBECCA D
P O BOX 510524
MELBOURNE BEACH, FL 32951

OWNER: LEE, REBECCA D
P O BOX 510524
MELBOURNE BEACH, FL 32951

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

License: 29031
Expires: 12/31/2019

PARCEL:

PIN: 988409150572

Parcel Number: 002609000

Address: 1705 SUNSET AVE KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES SUBDIV

Block: 18 Lot(s): 26

Legal Description:

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

PROJECT DESCRIPTION: REPLACE 2TON HEAT PUMP

Printed by : Jordan Blythe on: 09/18/2019 09:36 AM

MC2019-274
PROJECT NAME: LEE HEAT PUMP REPLACEMENT
SITE ADDRESS: 1705 SUNSET AVE KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/18/2019

EXPIRES: 03/16/2020

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: Will Creech **Date:** 9-18-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/18/19 12:54
Payment : $ 150.00
Receipt # : 588850
Check/Credit Card #:
Clerk : 981msnyd
Paid By :

Town of Kill Devil Hills

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

PAID

SEP 18 2019

Planning and Inspection Department

MC2019-276
PROJECT NAME: REICHERT HVAC CHANGE OUT
SITE ADDRESS: 126 SECOND ST E KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

APPLICANT: REICHERT, JAMES A
P O BOX 8215
NORFOLK, VA 23503

OWNER: REICHERT, JAMES A
P O BOX 8215
NORFOLK, VA 23503

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988410477055

Parcel Number: 003194000

Address: 126 SECOND ST E KILL DEVIL HILLS

Zoning:

Addition: W R DEATON - DELRAY BEACH

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

Legal Description:

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

PROJECT DESCRIPTION: CHANGE OUT 2.5 TON HVAC

Printed by : Jordan Blythe on: 09/18/2019 09:57 AM

MC2019-276
PROJECT NAME: REICHERT HVAC CHANGE OUT
SITE ADDRESS: 126 SECOND ST E KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/18/2019

EXPIRES: 03/16/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/18/19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/19/19 08:28
Payment : $ 150.00
Receipt # : 588857
Check/Credit Card #: 5243
Clerk : 981msnyd
Paid By : R A HOY HEATING & A

Town of Kill Devil Hills

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

PAID

SEP 23 2019

Planning and Inspection Department

MC2019-277
PROJECT NAME: LATINO HVAC
SITE ADDRESS: 1608 PRINCESS ANNE DR KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

APPLICANT: LATINO, ROBERT J
14000 HILL SPRING DRIVE
CHESTER, VA 23831

OWNER: LATINO, ROBERT J
14000 HILL SPRING DRIVE
CHESTER, VA 23831

H-3, CLASS I: ISLAND HEATING AND COOLING
UNKNOWN
UNKNOWN, XX 00000

License: 22354
Expires: 12/31/2019

PARCEL:

PIN: 988410466131

Parcel Number: 003136013

Address: 1608 PRINCESS ANNE DR KILL DEVIL HILLS

Zoning:

Addition: DELRAY BEACH RESUBDIV

Block: 3 Lot(s): 13

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

Printed by : Jordan Blythe on: 09/23/2019 09:52 AM

MC2019-277
PROJECT NAME: LATINO HVAC
SITE ADDRESS: 1608 PRINCESS ANNE DR KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/23/2019
EXPIRES: 03/21/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6425.00
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:** 9-23-19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/23/19 09:59
Payment : $ 150.00
Receipt # : 589021
Check/Credit Card #: 1046
Clerk : 981msnyd
Paid By : ISLAND HEATING & CO

Town of Kill Devil Hills

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

SEP 25 2019

Planning and Inspection Department

MC2019-278
PROJECT NAME: Strand HVAC
SITE ADDRESS: 1531 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/25/2019
EXPIRES: 03/23/2020

APPLICANT: STRAND SOUTH LTD
P O BOX 1917
KILL DEVIL HILLS, NC 27948

OWNER: STRAND SOUTH LTD
P O BOX 1917
KILL DEVIL HILLS, NC 27948

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 98841156806907

Parcel Number: 002765002

Address: 1531 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition:

Block: A

Lot(s): UNIT M-2 LT 6-7,PT

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

Printed by : CTHUMAN on: 09/25/2019 08:08 AM

MC2019-278
PROJECT NAME: Strand HVAC
SITE ADDRESS: 1531 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/25/2019
EXPIRES: 03/23/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/25/19

SET_IT_OFF

Town of Hill Devil Hills [illegible]

PLANNING

Date / Time : 09/25/15 [illegible]

Payment : $ 150.[illegible]

Receipt # : 58[illegible]

Check/Credit Card Nr [illegible]

Clerk : [illegible]msny

Paid By : [illegible]

Town of Kill Devil Hills

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

SEP 25 2019

Planning and Inspection Department

MC2019-273
PROJECT NAME: Dominguez HVAC
SITE ADDRESS: 2010 HIGHVIEW ST KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/17/2019
EXPIRES: 03/15/2020

APPLICANT: Dominguez, Marcelo
2010 Hieghview St
Kill Devil Hills, NC 27948
252-305-7223

OWNER: Dominguez, Marcelo
2010 Hieghview St
Kill Devil Hills, NC 27948
252-305-7223

CONTRACTOR: GREGORY MECHANICAL
UNKNOWN
UNKNOWN, XX 00000
252-202-4329

License: 21287
Expires: 12/31/2019

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
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	3400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

Printed by : CTHUMAN on: 09/17/2019 11:34 AM

MC2019-273
PROJECT NAME: Dominguez HVAC
SITE ADDRESS: 2010 HIGHVIEW ST KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/17/2019

EXPIRES: 03/15/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 25 Sep 19

SET_17_CPI
Town of Kill Devil Hills 4400
PLANNING
Date / Time : 09/26/19 09:03
Payment : $ 150.00
Receipt # : 589303
Check/Credit Card #:
Clerk : 981msnyd
Paid By : GREGORY MECHANICAL

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

SEP 26 2019

MC2019-279
PROJECT NAME: VAUGHN HVAC
SITE ADDRESS: 1316 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/26/2019
EXPIRES: 03/24/2020

APPLICANT: Craig Vaughan
P. O. Box 1795
nags head, nc 27959
441-9309

OWNER: Craig Vaughan
P. O. Box 1795
nags head, nc 27959
441-9309

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

License: 29031
Expires: 12/31/2019

PARCEL:

PIN: 988415640765

Parcel Number: 004041000

Address: 1316 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 Lot(s): PAR A

Legal Description:

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

PROJECT DESCRIPTION: Replace HVAC Systems

Printed by : Jordan Blythe on: 09/26/2019 01:51 PM

MC2019-279
PROJECT NAME: VAUGHN HVAC
SITE ADDRESS: 1316 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/26/2019

EXPIRES: 03/24/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5030.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-26-19

SET_17_0[illegible]
Town of Kill Devil Hills [illegible]
PL[illegible]NING
Date / Time : 09/26/1[illegible] 14:[illegible]
Pa[illegible] : [illegible] 150.[illegible]
Receip[illegible] : 5[illegible]375
Check/Credit Card #: 2[illegible]
C[illegible] : [illegible]snyd
[illegible] : [illegible]ICAN REF IGERA[illegible]

Town of Kill Devil Hills

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

PAID

SEP 27 2019

TOWN OF KILL DEVIL HILLS

Planning and Inspection Department

MC2019-280
PROJECT NAME: RHEUBOTTOM HVAC
SITE ADDRESS: 204 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/27/2019
EXPIRES: 03/25/2020

APPLICANT: MS. MARGARET AND LORI RHEUBOTTOM
204 S. Memorial Blvd.
Kill Devil Hills, NC 27948

OWNER: MS. MARGARET AND LORI RHEUBOTTOM
204 S. Memorial Blvd.
Kill Devil Hills, NC 27948

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988420800276

Parcel Number: 003832000

Address: 204 MEMORIAL BLVD S KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 35 Lot(s): 3

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

Printed by : Jordan Blythe on: 09/27/2019 10:25 AM

MC2019-280
PROJECT NAME: RHEUBOTTOM HVAC
SITE ADDRESS: 204 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/27/2019
EXPIRES: 03/25/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6456.00
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:** 9/27/19

SET_17_CFI
Town of Hil. Devil Hills
PLANNING
Date / Time : 09/27/19 [illegible]
Payment : $ [illegible]
Receipt # : 58739
Check/Credit Card # [illegible]
Clerk : PBTHANNY
Paid By : N A HOY HEATING [illegible]

Town of Kill Devil Hills

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

SEP 30 2019

Planning and Inspection Department

MC2019-281
PROJECT NAME: DOWNS HVAC CHANGE OUT
SITE ADDRESS: 2025 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/30/2019
EXPIRES: 03/28/2020

APPLICANT: PAUL DOWNS
440 W. WILLIAN ST.
PORT CHESTER, NY 10573
914-319-1153

OWNER: PAUL DOWNS
440 W. WILLIAN ST.
PORT CHESTER, NY 10573
914-319-1153

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

License: 32935
Expires: 01/30/2020

PARCEL:

PIN: 989313138613

Parcel Number: 008520000

Address: 2025 MEMORIAL BLVD S KILL DEVIL HILLS

Zoning:

Addition: NAGS HEAD SHORES AMENDED SEC 4

Block: 4

Lot(s): 12 & PT 11

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2019-281
PROJECT NAME: DOWNS HVAC CHANGE OUT
SITE ADDRESS: 2025 MEMORIAL BLVD S KILL DEVIL HILLS

MECHANICAL
ISSUED: 09/30/2019
EXPIRES: 03/28/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6197.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10.00
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:** 9/30/19

SET_A7_CPI
Town of Kill Devil Hills [illegible]
PLANNING
Date / Time : 09/30/19 1[illegible]
Payment : $ 150.00
Receipt # : 590202
Check/Credit Card #: 110[illegible]
Clerk : 981msnyd
Paid By : AIR HANDLERS INC

Town of Kill Devil Hills

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

PAID

SEP - 4 2019

TOWN OF KILL DEVIL HILLS

Planning and Inspection Department

BJ2019-158
PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 602 PALMETTO ST W KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 08/30/2019
EXPIRES: 02/26/2020

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: 987520903090

Parcel Number: 000775007

Address: 602 PALMETTO ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SH BLK 77 RECOMB

Block: 77 Lot(s): 7

Legal Description:

FEES:	Paid	Due
T-Pole	$50.00	$0.00
Res. Building Permit Fee	$1,471.55	$0.00
Covered Porch Residential	$56.25	$0.00
Open Deck Fee	$150.00	$0.00
Totals :	**$1,727.80**	**$0.00**

BUILDING AREA:	
Residential Heated Space (.75)	1905 sq. Ft.
# of Temporary Poles	1 EA
Open Decks	1 EA
Resdiential Unheated (.40)	107 Sq. Ft
Covered Porches/Decks	75 SQFT

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: _____

Printed by : Marty Shaw on: 08/30/2019 01:10 PM

BJ2019-158
PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 602 PALMETTO ST W KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 08/30/2019
EXPIRES: 02/26/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	28984
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	7.00
SUBSTANTIAL IMPROVEMENT	NO
CONSTRUCTION COST	200000.00
LOT COVERAGE	32.70
SURVEYOR NAME AND NUMBER	Seaboard Surveying and Planning
CULVERT	N
ROLL OUT CAN	2
DRIVEWAY INVERT 2	Y

REQUIRED INSPECTIONS

T-Pole	Rough In
In-Slab Plumbing	Insulation
Slab/Foundation/Piling	Final
Framing	Zoning Final

CONDITIONS

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

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

BJ2019-158
PROJECT NAME: Sandy Bottom Homes
SITE ADDRESS: 602 PALMETTO ST W KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 08/30/2019

EXPIRES: 02/26/2020

* Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
* A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
* Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
* Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-4-19

Town of Kill Devil Hills

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

SEP - 4 2019

Planning and Inspection Department

BJ2019-164
PROJECT NAME: DAVIS WATER DAMAGE
SITE ADDRESS: 1515 VILLAGE LN KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/04/2019
EXPIRES: 03/02/2020

APPLICANT: Davis, Wanda
12012 Prince George Drive
Disputanta, VA 23842
804-704-2285

OWNER: Davis, Wanda
12012 Prince George Drive
Disputanta, VA 23842
804-704-2285

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

License: 0
Expires:

PARCEL:

PIN: 988410256086

Parcel Number: 003383000

Address: 1515 VILLAGE LN KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VILLAGE SEC 1

Block: 0 Lot(s): 114

Legal Description:

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

PROJECT DESCRIPTION: REPLACE INSULATION AND RUN NEW ELECTRICAL FOR DISHWASHER, REPAIR DUE TO WATER DAMAGE

BJ2019-164
PROJECT NAME: DAVIS WATER DAMAGE
SITE ADDRESS: 1515 VILLAGE LN KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/04/2019
EXPIRES: 03/02/2020

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	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	20000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In

Insulation

Final

CONDITIONS

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

BJ2019-164
PROJECT NAME: DAVIS WATER DAMAGE
SITE ADDRESS: 1515 VILLAGE LN KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/04/2019

EXPIRES: 03/02/2020

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: _____ **Date:** 9-4-19

Town of Kill Devil Hills

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

PAID

SEP 16 2019

Planning and Inspection Department

BJ2019-169
PROJECT NAME: SUTER GENERAC INSTALL
SITE ADDRESS: 406 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/16/2019
EXPIRES: 03/14/2020

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

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

ELECTRICAL - UNLIMITED: Bear Rock Electrical
131 S. Dogwood Tr.
kitty hawk, nc 27949
240-439-5278

License: 30667-U
Expires:

PARCEL:

PIN: 988405271744

Parcel Number: 002408000

Address: 406 CLAM SHELL DR KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

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: INSTALL 22KW STANDBY GENERATOR

Printed by : Jordan Blythe on: 09/16/2019 08:22 AM

BJ2019-169
PROJECT NAME: SUTER GENERAC INSTALL
SITE ADDRESS: 406 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/16/2019
EXPIRES: 03/14/2020

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	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION TYPE	V
CONSTRUCTION COST	9459.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In

Final

Zoning Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
* NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
* Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
* Zoning Final Inspection is required.

Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-167
PROJECT NAME: Stewart Pool, Pool House, and bathroom addition
SITE ADDRESS: 903 Swan Street KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/11/2019
EXPIRES: 03/09/2020

APPLICANT: STEWART, JEREMIAH
903 SWAN ST
Kill Devil Hillsl, NC 27948
252-305-1922

OWNER: STEWART, JEREMIAH
903 SWAN ST
Kill Devil Hillsl, NC 27948
252-305-1922

CONTRACTOR: SOUNDSIDE POOLS
PO Box 2996
Kill Devil Hills, NC 27948
252-256-2684

GENERAL: SOUNDSIDE POOLS
PO Box 2996
Kill Devil Hills, NC 27948
252-256-2684

License: 61128
Expires: 12/31/2019

PARCEL:

PIN: 988312776265

Parcel Number:

Address: 903 Swan Street KILL DEVIL HILLS

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 9, Block 27, Kill Devil Hill Realty Corp. S/D

FEES:	Paid	Due
Covered Porch Residential	$126.00	$0.00
Pool/Hot Tub	$200.00	$0.00
Totals :	**$326.00**	**$0.00**

BUILDING AREA:	
Covered Porches/Decks	168 SQFT

PROJECT DESCRIPTION: Add screened in porch, bathroom under existing house, and pool

SEP 16 2019

BJ2019-167
PROJECT NAME: Stewart Pool, Pool House, and bathroom addition
SITE ADDRESS: 903 Swan Street KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/11/2019
EXPIRES: 03/09/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	28959
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	40000.00
LOT COVERAGE	34.70
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L-2592
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing	Rough In
Slab/Foundation/Piling	Final
Framing	Zoning Final

CONDITIONS

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

BJ2019-167
PROJECT NAME: Stewart Pool, Pool House, and bathroom addition
SITE ADDRESS: 903 Swan Street KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/11/2019

EXPIRES: 03/09/2020

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/16/19

Town of Kill Devil Hills

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

SEP 19 2019

Planning and Inspection Department

BJ2019-166
PROJECT NAME: SELIMI WALK-IN CLOSET ADDITION
SITE ADDRESS: 2035 PORTSMOUTH ST KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/11/2019
EXPIRES: 03/09/2020

APPLICANT: EDMOND SELIMI
2035 PORTSMOUTH ST
KILL DEVIL HILLS, NC 27948
252-305-5217

OWNER: EDMOND SELIMI
2035 PORTSMOUTH ST
KILL DEVIL HILLS, NC 27948
252-305-5217

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405080992

Parcel Number: 001109000

Address: 2035 PORTSMOUTH ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 Lot(s): 896

Legal Description:

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

PROJECT DESCRIPTION: CONVERTING OPEN DECK TO WALK-IN CLOSET, 8'X16' ADDITION

Printed by : Jordan Blythe on: 09/11/2019 08:19 AM

BJ2019-166
PROJECT NAME: SELIMI WALK-IN CLOSET ADDITION
SITE ADDRESS: 2035 PORTSMOUTH ST KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/11/2019

EXPIRES: 03/09/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

BJ2019-166
PROJECT NAME: SELIMI WALK-IN CLOSET ADDITION
SITE ADDRESS: 2035 PORTSMOUTH ST KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/11/2019

EXPIRES: 03/09/2020

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: Edward Selimi **Date:** _____

Town of Kill Devil Hills

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

SEP 19 2019

TOWN

Planning and Inspection Department

BJ2019-163
PROJECT NAME: Carrie Quinn
SITE ADDRESS: 500 Eden Street W Kill Devil Hills

BUILDING JOINT
ISSUED: 09/17/2019
EXPIRES: 03/15/2020

APPLICANT: OCEAN CONSTRUCTION
UNKNOWN
UNKNOWN, XX 00000
252-261-5240

OWNER: Quinn, Carrie
20952 N.E. High Desert Lane
Bend, OR 97703
541-310-9501

GENERAL: OCEAN CONSTRUCTION
UNKNOWN
UNKNOWN, XX 00000
252-261-5240

License: 65696
Expires: 01/01/2020

PARCEL:

PIN: 987520908524

Parcel Number:

Address: 500 Eden Street W Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lots 21 & 22, Block 73, Virginia Dare Shores S/D
Lots combined by an Instrument of Combination dated 2/28/19
Book #2286 -- Page #484 (2)

FEES:	Paid	Due
Covered Porch Residential	$60.00	$0.00
Open Deck Fee	$150.00	$0.00
T-Pole	$50.00	$0.00
Res. Building Permit Fee	$1,435.80	$0.00
Totals :	**$1,695.80**	**$0.00**

BUILDING AREA:	
Open Decks	1 EA
Resdiential Unheated (.40)	117 Sq. Ft
Residential Heated Space (.75)	1852 sq. Ft.
Covered Porches/Decks	80 SQFT
# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

DETAILS

~~Town of Kill Devil Hills~~
Water Charges
PAID
Water Tap #: T23730

Printed by : Marty Shaw on: 09/17/2019 08:51 AM

BJ2019-163
PROJECT NAME: Carrie Quinn
SITE ADDRESS: 500 Eden Street W Kill Devil Hills

BUILDING JOINT
ISSUED: 09/17/2019

EXPIRES: 03/15/2020

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!
* Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
* A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
* Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
* Zoning Final Inspection is required.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: Lynn D. Bailey **Date:** 9/18/19

Town of Kill Devil Hills

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

PAID

SEP 24 2019

TOWN OF

Planning and Inspection Department

BJ2019-172
PROJECT NAME: ELROD BATHROOM REMODEL
SITE ADDRESS: 1230 MEMORIAL BLVD S KILL DEVIL HILLS

PAID WITH CASH

BUILDING JOINT
ISSUED: 09/24/2019
EXPIRES: 03/22/2020

APPLICANT: ELROD, WILLIAM P
7269 STRATH ROAD
RICHMOND, VA 23231

OWNER: ELROD, WILLIAM P
7269 STRATH ROAD
RICHMOND, VA 23231

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312969719

Parcel Number: 004726000

Address: 1230 MEMORIAL BLVD S KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL BEACH SEC 1 REVISED

Block: F

Lot(s): 9

Legal Description:

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

PROJECT DESCRIPTION: REMODEL BATHROOM, INSTALL NEW FIXTURES, REMOVE PRE-FAB SHOWER, INSTALL TILE SHOWER, INSTALL NEW RECEPTACLES

Printed by : Jordan Blythe on: 09/24/2019 08:36 AM

BJ2019-172
PROJECT NAME: ELROD BATHROOM REMODEL
SITE ADDRESS: 1230 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/24/2019
EXPIRES: 03/22/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Shower Pan
Rough In
Final

CONDITIONS

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

BJ2019-172
PROJECT NAME: ELROD BATHROOM REMODEL
SITE ADDRESS: 1230 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/24/2019

EXPIRES: 03/22/2020

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: William P. Elrod **Date:** 9/24/19

Town of Kill Devil Hills

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

PAID

SEP 30 2019

Planning and Inspection Department

BJ2019-175
PROJECT NAME: Chappell addition
SITE ADDRESS: 1005 THIRD ST W KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/27/2019
EXPIRES: 03/25/2020

APPLICANT: CHAPPELL, CAROL
1005 WEST THIRD ST
Kill Devil Hillsl, NC 27948

OWNER: CHAPPELL, CAROL
1005 WEST THIRD ST
Kill Devil Hillsl, 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: 988409160238

Parcel Number: 002576000

Address: 1005 THIRD ST W KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES SUBDIV

Block: 16 Lot(s): 3

Legal Description:

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

BUILDING AREA:	
Remodel/Renovation	184 SQFT
Residential Heated Space (.75)	85 sq. Ft.

PROJECT DESCRIPTION: Extend living room onto existing front deck and enclose, add 1 bedroom, no increase in building footprint

BJ2019-175
PROJECT NAME: Chappell addition
SITE ADDRESS: 1005 THIRD ST W KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/27/2019
EXPIRES: 03/25/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	28998
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	23000.00
LOT COVERAGE	30.00
SURVEYOR NAME AND NUMBER	J.H. Miller L-4958
ENGINEER AND LICENSE NUMBER	Raymond G. Pate 13018
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	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.

BJ2019-175
PROJECT NAME: Chappell addition
SITE ADDRESS: 1005 THIRD ST W KILL DEVIL HILLS

BUILDING JOINT
ISSUED: 09/27/2019
EXPIRES: 03/25/2020

* 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.
* Provide for window egress requirements for new bedroom as per the 2018 NC Residential Code.

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/30/19

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

BP2019-213
PROJECT NAME: Bermuda Bay dock and walkway
SITE ADDRESS: 0 Ocean Bay Boulevard Kill Devil Hills

BUILDING
ISSUED: 09/30/2019
EXPIRES: 03/28/2020

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: LYN SMALL, INC.
113 Ballast Rock Dr.
Powels Point, NC 27966

ENERAL BUILDING - INTERMEDIATE: LYN SMALL, INC.
113 Ballast Rock Dr.
Powels Point, NC 27966

License: 27960-I
Expires: 12/30/2019

PARCEL:

PIN: 988309270074

Parcel Number:

Address: 0 Ocean Bay Boulevard Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Wetlands Conservation Easement

FEES:	Paid	Due
Pier/Bulkhead	$150.00	$0.00
Totals :	**$150.00**	**$0.00**

PAID

SEP 30 2019

TOWN OF KILL DEVIL HILLS

PROJECT DESCRIPTION: 280' walkway and kayak pier launch

Printed by : Marty Shaw on: 09/30/2019 08:08 AM

BP2019-213
PROJECT NAME: Bermuda Bay dock and walkway
SITE ADDRESS: 0 Ocean Bay Boulevard Kill Devil Hills

BUILDING
ISSUED: 09/30/2019
EXPIRES: 03/28/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	G&I Private
PURPOSE	Residential Accessory
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	100000.00
CONSTRUCTION TYPE	V

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-30-19

Printed by : Marty Shaw on: 09/30/2019 08:08 AM

Town of Kill Devil Hills

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

PAID

SEP 24 2019

Planning and Inspection Department

BP2019-210
PROJECT NAME: TURRISI DECK AND STAIR
SITE ADDRESS: 303 FRESH POND DR E KILL DEVIL HILLS

PAID WITH CASH

BUILDING
ISSUED: 09/24/2019
EXPIRES: 03/22/2020

APPLICANT: TURRISI, THOMAS J
3211 BARBARA LN
FAIRFAX, VA 22031

OWNER: TURRISI, THOMAS J
3211 BARBARA LN
FAIRFAX, VA 22031

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 989313143263

Parcel Number: 004941000

Address: 303 FRESH POND DR E KILL DEVIL HILLS

Zoning:

Addition: LAKE DRIVE DEVELOPMENT SEC 2

Block: 0 Lot(s): 8

Legal Description:

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

PROJECT DESCRIPTION: REPLACE DECKING AND RAILINGS, REBUILD STAIR, JOISTS AS NEEDED

Printed by : Jordan Blythe on: 09/24/2019 02:17 PM

BP2019-210
PROJECT NAME: TURRISI DECK AND STAIR
SITE ADDRESS: 303 FRESH POND DR E KILL DEVIL HILLS

BUILDING
ISSUED: 09/24/2019
EXPIRES: 03/22/2020

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	10.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1200.00
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: John J. Turrisi **Date:** 9-24-19

Printed by : Jordan Blythe on: 09/24/2019 02:17 PM

Town of Kill Devil Hills

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

PAID

SEP 24 2019

TOWN OF

Planning and Inspection Department

BP2019-209
PROJECT NAME: Sarah Fletcher- Dormers
SITE ADDRESS: 805 VA DARE TRL N KILL DEVIL HILLS

BUILDING
ISSUED: 09/20/2019
EXPIRES: 03/18/2020

PARENT PERMIT #: BJ2019-066

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

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

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

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

License: 32637
Expires: 01/01/2020

PARCEL:

PIN: 988416725795

Parcel Number: 003696000

Address: 805 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 8 Lot(s): 8

Legal Description:

FEES:	Paid	Due
Res. Building Permit Fee	$186.00	$0.00
Totals :	**$186.00**	**$0.00**

BUILDING AREA:

Residential Heated Space (.75)	248 sq. Ft.

PROJECT DESCRIPTION: Add 2 dormers and raise ceiling for additional living space.

Printed by : CTHUMAN on: 09/20/2019 02:02 PM

BP2019-209
PROJECT NAME: Sarah Fletcher- Dormers
SITE ADDRESS: 805 VA DARE TRL N KILL DEVIL HILLS

BUILDING
ISSUED: 09/20/2019
EXPIRES: 03/18/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	VE
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	25000.00

REQUIRED INSPECTIONS

Zoning Final	Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-24-19

Town of Kill Devil Hills

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

PAID

SEP 25 2019

Planning and Inspection Department

BP2019-211
PROJECT NAME: HOLLOWELL ROOF AND WINDOWS
SITE ADDRESS: 404 THIRD ST W KILL DEVIL HILLS

BUILDING
ISSUED: 09/25/2019
EXPIRES: 03/23/2020

PARENT PERMIT #: BP2019-149

APPLICANT: EDWARD HOLLOWELL
3226 CASTELOW RD
COFIELD, NC 27922
252-209-2486

OWNER: EDWARD HOLLOWELL
3226 CASTELOW RD
COFIELD, NC 27922
252-209-2486

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988409274285

Parcel Number: 002469000

Address: 404 THIRD ST W KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

Block: H Lot(s): 16

Legal Description:

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

PROJECT DESCRIPTION: Add porch roof over front deck

Printed by : CTHUMAN on: 09/25/2019 11:58 AM

BP2019-211
PROJECT NAME: HOLLOWELL ROOF AND WINDOWS
SITE ADDRESS: 404 THIRD ST W KILL DEVIL HILLS

BUILDING
ISSUED: 09/25/2019
EXPIRES: 03/23/2020

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	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2400.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: Sandra C. H. Hollowell **Date:** 9/25/19

Town of Kill Devil Hills

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

SEP 26 2019

Planning and Inspection Department

BP2019-212 **BUILDING**
PROJECT NAME: SELIMI 12'X4' DECK ADDITION **ISSUED: 09/26/2019**
SITE ADDRESS: 2035 PORTSMOUTH ST KILL DEVIL HILLS **EXPIRES: 03/24/2020**

APPLICANT: EDMOND SELIMI
2035 PORTSMOUTH ST
KILL DEVIL HILLS, NC 27948
252-305-5217

OWNER: EDMOND SELIMI
2035 PORTSMOUTH ST
KILL DEVIL HILLS, NC 27948
252-305-5217

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405080992 Parcel Number: 001109000

Address: 2035 PORTSMOUTH ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3 Block: 0 Lot(s): 896

Legal Description:

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

PROJECT DESCRIPTION: EXTEND THIRD FLOOR DECK 12'X4'

Printed by : Jordan Blythe on: 09/26/2019 09:48 AM

BP2019-212
PROJECT NAME: SELIMI 12'X4' DECK ADDITION
SITE ADDRESS: 2035 PORTSMOUTH ST KILL DEVIL HILLS

BUILDING
ISSUED: 09/26/2019
EXPIRES: 03/24/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
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.
* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
* Zoning Final Inspection is required.

BP2019-212
PROJECT NAME: SELIMI 12'X4' DECK ADDITION
SITE ADDRESS: 2035 PORTSMOUTH ST KILL DEVIL HILLS

BUILDING
ISSUED: 09/26/2019

EXPIRES: 03/24/2020

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: Edmond Selimi **Date:** 09-26-19

Town of Kill Devil Hills

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

PAID

SEP 27 2019

Planning and Inspection Department

BP2019-204
PROJECT NAME: CHILLI PEPPERS ROOF REPAIR
SITE ADDRESS: 3001 CROATAN HWY N KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019
EXPIRES: 03/15/2020

APPLICANT: CHILI PEPPERS
P O BOX 429
KITTY HAWK, NC 27949

OWNER: CHILI PEPPERS
P O BOX 429
KITTY HAWK, NC 27949

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988513028956

Parcel Number: 002996000

Address: 3001 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 16 Lot(s): 25-30 PT 31

Legal Description:

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

PROJECT DESCRIPTION: REROOF NORTH SECTION OF ROOF

BP2019-204
PROJECT NAME: CHILLI PEPPERS ROOF REPAIR
SITE ADDRESS: 3001 CROATAN HWY N KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019
EXPIRES: 03/15/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Assembly

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.

BP2019-204
PROJECT NAME: CHILLI PEPPERS ROOF REPAIR
SITE ADDRESS: 3001 CROATAN HWY N KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019

EXPIRES: 03/15/2020

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/27/19

Town of Kill Devil Hills

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

SEP - 3 2019

Planning and Inspection Department

BP2019-199
PROJECT NAME: Lions Club Shed Replacement
SITE ADDRESS: 2706 CROATAN HWY N KILL DEVIL HILLS

BUILDING
ISSUED: 08/30/2019
EXPIRES: 02/26/2020

APPLICANT: FIRST FLIGHT LIONS CLUB
P O BOX 2133
KILL DEVIL HILLS, NC 27948

OWNER: FIRST FLIGHT LIONS CLUB
P O BOX 2133
KILL DEVIL HILLS, NC 27948

CONTRACTOR: White, Owen
808 Swan Street
Kill Devil Hills, NC 27948
919-538-6805

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517029159

Parcel Number: 002999000

Address: 2706 CROATAN HWY N KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 19

Lot(s): 1-3 PT 4

Legal Description:

FEES:	Paid	Due
Accessory Commercial (MIN)	$150.00	$0.00
Totals :	**$150.00**	**$0.00**

BUILDING AREA:	
Commercial Accessory Structure	192 Sq. Ft.

PROJECT DESCRIPTION: replacing 12'x16' shed destroyed by fire (no porch)

BP2019-199
PROJECT NAME: Lions Club Shed Replacement
SITE ADDRESS: 2706 CROATAN HWY N KILL DEVIL HILLS

BUILDING
ISSUED: 08/30/2019
EXPIRES: 02/26/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
LOT COVERAGE	75.80
ACCESSORY STRUCTURE (SQFT)	192
SURVEYOR NAME AND NUMBER	M Douglas Styons L-3227
OCCUPANCY TYPE	Storage

REQUIRED INSPECTIONS

Zoning Final	Final

CONDITIONS

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

BP2019-199
PROJECT NAME: Lions Club Shed Replacement
SITE ADDRESS: 2706 CROATAN HWY N KILL DEVIL HILLS

BUILDING
ISSUED: 08/30/2019
EXPIRES: 02/26/2020

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:** 9/3/19

Town of Kill Devil Hills

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

PAID

SEP - 4 2019

TOWN OF KILL DEVIL HILLS

Planning and Inspection Department

BP2019-200
PROJECT NAME: Fanto Deck Repair
SITE ADDRESS: 1100 FIFTH ST W KILL DEVIL HILLS

BUILDING
ISSUED: 09/04/2019
EXPIRES: 03/02/2020

APPLICANT: FANTO, KELLY
1100 Fifth Street W
Kill Devil Hills, NC 27948

OWNER: FANTO, KELLY
1100 Fifth Street W
Kill Devil Hills, NC 27948

CONTRACTOR: Morales, Miguel
513 Burns Drive
Kill Devil Hills, NC 27948

UNLICENSED - REMODELING: Morales, Miguel
513 Burns Drive
Kill Devil Hills, NC 27948

License: 12345
Expires:

PARCEL:

PIN: 988405072779

Parcel Number: 002153000

Address: 1100 FIFTH ST W KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES

Block: 0 Lot(s): 47

Legal Description:

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

PROJECT DESCRIPTION: remodel existing decks and both sets of side stairs

Printed by : Marty Shaw on: 09/04/2019 02:28 PM

BP2019-200
PROJECT NAME: Fanto Deck Repair
SITE ADDRESS: 1100 FIFTH ST W KILL DEVIL HILLS

BUILDING
ISSUED: 09/04/2019
EXPIRES: 03/02/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4200.00
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.
* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
* Zoning Final Inspection is required.

BP2019-200
PROJECT NAME: Fanto Deck Repair
SITE ADDRESS: 1100 FIFTH ST W KILL DEVIL HILLS

BUILDING
ISSUED: 09/04/2019

EXPIRES: 03/02/2020

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: _____ **Date:** 9/4/2019

Town of Kill Devil Hills

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

SEP 11 2019

Planning and Inspection Department

BP2019-195
PROJECT NAME: LaForge Stair and deck board Replacement
SITE ADDRESS: 404 CLAM SHELL DR KILL DEVIL HILLS

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

APPLICANT: LaForge, Robert
2707 Misty Point Road
CHESAPEAKE, VA 23323

OWNER: LaForge, Robert
2707 Misty Point Road
CHESAPEAKE, VA 23323

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

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

License: 62049
Expires: 12/31/2019

PARCEL:

PIN: 988405272706

Parcel Number: 002409000

Address: 404 CLAM SHELL DR KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

Block: A

Lot(s): 28

Legal Description:

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

PROJECT DESCRIPTION: Replace existing decks with trex decking, replace stairs and deck rails

Printed by : CTHUMAN on: 08/28/2019 08:42 AM

BP2019-195
PROJECT NAME: LaForge Stair and deck board Replacement
SITE ADDRESS: 404 CLAM SHELL DR 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	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	16875.00
SURVEYOR NAME AND NUMBER	Kirk R. Foreman L-2801
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final	Final

CONDITIONS

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

BP2019-195
PROJECT NAME: LaForge Stair and deck board Replacement
SITE ADDRESS: 404 CLAM SHELL DR 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: R. O'Harin **Date:** 9/11/2019

Town of Kill Devil Hills

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

SEP 13 2019

Planning and Inspection Department

BP2019-202
PROJECT NAME: ORWIG DECKING, RAILING, AND STAIRS
SITE ADDRESS: 2048 EDENTON ST ST KILL DEVIL HILLS

BUILDING
ISSUED: 09/13/2019
EXPIRES: 03/11/2020

APPLICANT: JOSH ORWIG
1738 48TH AVE
SAN FRANCISCO, CA 94122
757-553-7196

OWNER: JOSH ORWIG
1738 48TH AVE
SAN FRANCISCO, CA 94122
757-553-7196

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

License: XXX
Expires:

PARCEL:

PIN: 987408995047

Parcel Number: 001252000

Address: 2048 EDENTON ST ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 Lot(s): 801

Legal Description:

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

PROJECT DESCRIPTION: REBUILD STAIR, RAILING, AND DECKING

BP2019-202
PROJECT NAME: ORWIG DECKING, RAILING, AND STAIRS
SITE ADDRESS: 2048 EDENTON ST ST KILL DEVIL HILLS

BUILDING
ISSUED: 09/13/2019
EXPIRES: 03/11/2020

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
LOT COVERAGE	5500.00
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.

BP2019-202
PROJECT NAME: ORWIG DECKING, RAILING, AND STAIRS
SITE ADDRESS: 2048 EDENTON ST ST KILL DEVIL HILLS

BUILDING
ISSUED: 09/13/2019

EXPIRES: 03/11/2020

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:** 9-13-19

Town of Kill Devil Hills

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

SEP 17 2019

Planning and Inspection Department

BP2019-203 **BUILDING**
PROJECT NAME: Sundune village condos deck repair
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS
ISSUED: 09/17/2019
EXPIRES: 03/15/2020

APPLICANT: Sun Dune Village Association
P. O. Box 2018
NORFOLK, VA 23501
252-441-8857

OWNER: Sun Dune Village Association
P. O. Box 2018
NORFOLK, VA 23501
252-441-8857

CONTRACTOR: JETTY CONSTRUCTION
1002 WEST Memorial BLVD
Kill Devil Hills, NC 27948
252-715-8025

BUILDING LIMITED: JETTY CONSTRUCTION
1002 WEST Memorial BLVD
Kill Devil Hills, NC 27948
252-715-8025

License: 79683
Expires: 01/14/2020

PARCEL:

PIN: 98830897368900

Parcel Number: 004302999

Address: 200 MARTIN ST E KILL DEVIL HILLS

Zoning:

Addition:

Block: 15

Lot(s): COMM. PRO. LOTS 6-1

Legal Description:

FEES:	Paid	Due
Covered Porch Residential	$1,922.25	$0.00
Totals :	**$1,922.25**	**$0.00**

BUILDING AREA:	
Covered Porches/Decks	2563 SQFT

PROJECT DESCRIPTION: remove and replace decks, add pilings, remove and replace sliders and windows to same previous size

Printed by : Marty Shaw on: 09/17/2019 08:35 AM

BP2019-203
PROJECT NAME: Sundune village condos deck repair
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019

EXPIRES: 03/15/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	412415.40
COVERED PORCHES/DECKS (SQFT)	2563
SURVEYOR NAME AND NUMBER	William G. Yetzer
OCCUPANCY TYPE	Residential

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.
* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
* Zoning Final Inspection is required.

BP2019-203
PROJECT NAME: Sundune village condos deck repair
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019

EXPIRES: 03/15/2020

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9-17-19

Town of Kill Devil Hills

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

PAID
SEP 19 2019

Planning and Inspection Department

BP2019-206
PROJECT NAME: Hall Stair remodel
SITE ADDRESS: 1807 BAY DR KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019
EXPIRES: 03/15/2020

APPLICANT: Hall, Ryan
1807 Bay Drive
Kill Devil Hills, NC 27948

OWNER: Hall, Ryan
1807 Bay Drive
Kill Devil Hills, NC 27948

CONTRACTOR: Classic Construction
92 Baum Bay
Kill Devil Hills, NC 27948
252-216-0200

UNLICENSED - REMODELING: Classic Construction
92 Baum Bay
Kill Devil Hills, NC 27948
252-216-0200

License: 12345
Expires:

PARCEL:

PIN: 988409063248

Parcel Number: 002524008

Address: 1807 BAY DR KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES INC SEC 1

Block: 19 Lot(s): 8

Legal Description:

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

PROJECT DESCRIPTION: Replace front South East stairs to same footprint

BP2019-206
PROJECT NAME: Hall Stair remodel
SITE ADDRESS: 1807 BAY DR KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019
EXPIRES: 03/15/2020

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	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2050.00
SURVEYOR NAME AND NUMBER	Wesley M. Meekins L-1465
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.

BP2019-206
PROJECT NAME: Hall Stair remodel
SITE ADDRESS: 1807 BAY DR KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019

EXPIRES: 03/15/2020

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

Issued By: _____

Contractor or Authorized Agent: Jerry Midgett **Date:** 9/19/19

Town of Kill Devil Hills

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

SEP 20 2019

Planning and Inspection Department

BP2019-208
PROJECT NAME:
SITE ADDRESS: 715 FIRST ST W KILL DEVIL HILLS

BUILDING
ISSUED: 09/20/2019
EXPIRES: 03/18/2020

APPLICANT: Mooney, William
715 First Street W
Kill Devil Hills, NC 27948

OWNER: Mooney, William
715 First Street W
Kill Devil Hills, NC 27948

BUILDING LIMITED: JES Construction, LLC
1741 Corporate Landing Parkway
VIRGINIA BEACH, VA 23454

License: 69678
Expires:

PARCEL:

PIN: 988413146001

Parcel Number: 027546084

Address: 715 FIRST ST W KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 Lot(s): 84

Legal Description:

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

PROJECT DESCRIPTION: Stabilize the existing foundation system. Permit does not include encapsulation of crawl space.

Printed by : Marty Shaw on: 09/20/2019 08:28 AM

BP2019-208
PROJECT NAME:
SITE ADDRESS: 715 FIRST ST W KILL DEVIL HILLS

BUILDING
ISSUED: 09/20/2019
EXPIRES: 03/18/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	22500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
* This permit does not include encapsulation of crawl space below base flood 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:** 9/20/19

Town of Kill Devil Hills

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

PAID

SEP 20 2019

Planning and Inspection Department

BP2019-207
PROJECT NAME: Ferebee Piling Sister
SITE ADDRESS: 203 VA DARE TRL S KILL DEVIL HILLS

BUILDING
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

APPLICANT: FEREBEE, DIANE H
P O BOX 110
SHAWBORO, NC 27973
202-1392

OWNER: FEREBEE, DIANE H
P O BOX 110
SHAWBORO, NC 27973
202-1392

CONTRACTOR: Ryan White
706 Cedar Dr.
Kill Devil Hillsl, NC 27948
252-312-8646

BUILDER: Ryan White
706 Cedar Dr.
Kill Devil Hillsl, NC 27948
252-312-8646

License: unlic
Expires:

PARCEL:

PIN: 988420805559

Parcel Number: 003667000

Address: 203 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 1 Lot(s): C

Legal Description:

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

PROJECT DESCRIPTION: Sister new 8x8 piling to exterior existing 6x6

BP2019-207
PROJECT NAME: Ferebee Piling Sister
SITE ADDRESS: 203 VA DARE TRL S KILL DEVIL HILLS

BUILDING
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	15800.00
LOT COVERAGE	48.64
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.

BP2019-207
PROJECT NAME: Ferebee Piling Sister
SITE ADDRESS: 203 VA DARE TRL S KILL DEVIL HILLS

BUILDING
ISSUED: 09/18/2019
EXPIRES: 03/16/2020

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:** 9/20/19

Town of Kill Devil Hills

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

PAID

SEP 23 2019

Planning and Inspection Department

BP2019-205 **BUILDING**
PROJECT NAME: Dematteo Deck addition **ISSUED: 09/17/2019**
SITE ADDRESS: 115 AVALON DR E KILL DEVIL HILLS **EXPIRES: 03/15/2020**

APPLICANT: JOSEPH DEMATTEO
24534 BOWS AND ARROWS RD
Zuni, VA 23898
757-876-5187

OWNER: JOSEPH DEMATTEO
24534 BOWS AND ARROWS RD
Zuni, VA 23898
757-876-5187

CONTRACTOR: ERIC PRUITT
UNKNOWN
UNKNOWN, XX 00000

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

License: 21008
Expires: 01/01/2020

PARCEL:

PIN: 988517204707

Parcel Number: 001689001

Address: 115 AVALON DR E KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 Lot(s): 34

Legal Description:

FEES:		**Paid**	**Due**	**BUILDING AREA:**	
Open Deck Fee		$150.00	$0.00	Open Decks	1 EA
	Totals :	**$150.00**	**$0.00**		

PROJECT DESCRIPTION: Add 10x10 deck on top of existing deck with stairs (House Engineering)

BP2019-205
PROJECT NAME: Dematteo Deck addition
SITE ADDRESS: 115 AVALON DR E KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019
EXPIRES: 03/15/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Addition
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
LOT COVERAGE	41.18
SURVEYOR NAME AND NUMBER	William S. Jones Jr 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.

BP2019-205
PROJECT NAME: Dematteo Deck addition
SITE ADDRESS: 115 AVALON DR E KILL DEVIL HILLS

BUILDING
ISSUED: 09/17/2019
EXPIRES: 03/15/2020

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 9/23/19