



Town of Kill Devil Hills

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

DEC 23 2019

Planning and Inspection Department

BJ2019-234	BUILDING JOINT
PROJECT NAME: Jicha Pool	ISSUED: 12/20/2019
SITE ADDRESS: 308 SHILOH ST KILL DEVIL HILLS	EXPIRES: 06/17/2020

APPLICANT: Jicha, Dean 308 Shiloh St. Kill Devil Hills, NC 27948 757-567-2618	OWNER: Jicha, Dean 308 Shiloh St. Kill Devil Hills, NC 27948 757-567-2618
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CONTRACTOR: DBD SERVICES, INC.
P.O. Box 2318
Kitty Hawk, NC 27959
252-255-1192

GENERAL BUILDING - LIMITED:	DBD SERVICES, INC. P.O. Box 2318 Kitty Hawk, NC 27959 252-255-1192	License: 60217 Expires: 01/01/2020
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PARCEL:

PIN: 987516934074	Parcel Number: 001001000
Address: 308 SHILOH ST KILL DEVIL HILLS	
Addition: MOOR SHORES	Zoning:
Legal Description:	Block: 0 Lot(s): 43

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

PROJECT DESCRIPTION: Add pool and pool fence to rear of lot

BJ2019-234

PROJECT NAME: Jicha Pool

SITE ADDRESS: 308 SHILOH ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	29197
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	43258.00
LOT COVERAGE	38.65
SURVEYOR NAME AND NUMBER	Gloria J. Rogers L-3531
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Pool Bonding	Final
Slab/Foundation/Piling	Zoning Final
Insulation	

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * 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.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

BJ2019-234

PROJECT NAME: Jicha Pool

SITE ADDRESS: 308 SHILOH ST KILL DEVIL HILLS

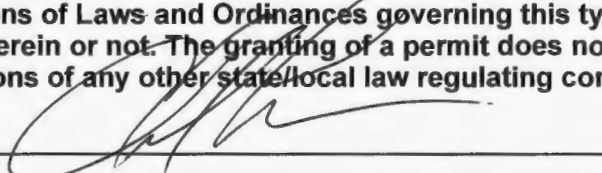
BUILDING JOINT

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

* Retaining wall must comply with section R404.4 of the 2018 NCRBC

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

Issued By:  _____

Contractor or Authorized Agent: Omurray Date: 12/23/19



Town of Kill Devil Hills

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DEC 23 2019

Planning and Inspection Department

BJ2019-236

PROJECT NAME: CHAPPELL GROUND FLOOR ADDITION
SITE ADDRESS: 202 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/23/2019

EXPIRES: 06/20/2020

APPLICANT: Chappell, Douglas
520 Whitehat Road
Hertford, NC 27944
252-337-4584

OWNER: Chappell, Douglas
520 Whitehat Road
Hertford, NC 27944
252-337-4584

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312874297

Parcel Number: 004375000

Address: 202 AIRSTRIP RD W KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 17 **Lot(s):** 5

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Res. Building Permit Fee	\$198.41	\$0.00	Residential Heated Space	264 sq. Ft.
Totals :	\$198.41	\$0.00	(.75)	

PROJECT DESCRIPTION: CLOSE IN 18.5'X14'3.5" ON GROUND FLOOR FOR BED/BATH ADDITION

BJ2019-236**PROJECT NAME:** CHAPPELL GROUND FLOOR ADDITION**SITE ADDRESS:** 202 AIRSTRIP RD W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/23/2019**EXPIRES:** 06/20/2020**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	22131
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.3
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	IV
CONSTRUCTION COST	4800.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing	Insulation
Framing	Final
Rough In	Zoning Final

CONDITIONS

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

* 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.

BJ2019-236

PROJECT NAME: CHAPPELL GROUND FLOOR ADDITION

SITE ADDRESS: 202 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING JOINT

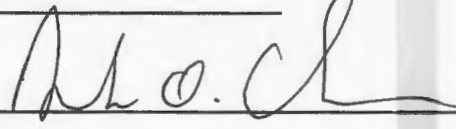
ISSUED: 12/23/2019

EXPIRES: 06/20/2020

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

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Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 12-23-19



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DEC 27 2019

Planning and Inspection Department

BJ2019-235

PROJECT NAME: Colson Construction Pool
SITE ADDRESS: 313 ST LOUIS ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/23/2019

EXPIRES: 06/20/2020

APPLICANT: COLSON CONSTRUCTION CO., INC.
1305 Campground Rd.
Elizabeth city, NC 27909
252-202-2764

OWNER: COLSON CONSTRUCTION CO., INC.
1305 Campground Rd.
Elizabeth city, NC 27909
252-202-2764

GENERAL: COLSON CONSTRUCTION CO., INC.
1305 Campground Rd.
Elizabeth city, NC 27909
252-202-2764

License: 40746-u
Expires: 01/08/2020

PARCEL:

PIN: 987516849206

Parcel Number: 002957000

Address: 313 ST LOUIS ST KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 85

Legal Description:

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

PROJECT DESCRIPTION: Pool in rear yard



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19

Planning and Inspection Department

BJ2019-228	BUILDING JOINT
PROJECT NAME: McDonald Water Damage Repair	ISSUED: 12/19/2019
SITE ADDRESS: 700 F2 FIRST ST W KILL DEVIL HILLS	EXPIRES: 06/16/2020

APPLICANT: McDonald, William & Eva 700 WEST First ST F2 Kill Devil Hills, NC 27948 252-385-5119	OWNER: McDonald, William & Eva 700 WEST First ST F2 Kill Devil Hills, NC 27948 252-385-5119
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CONTRACTOR: Gran Plan Restorations
349C Water Plant Rd.
Manteo, NC 27954
305-6881

BUILDING:	Gran Plan Restorations 349C Water Plant Rd. Manteo, NC 27954 305-6881	License: 72798 Expires:
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PARCEL:

PIN: 98841314042672	Parcel Number: 008075602
Address: 700 F2 FIRST ST W KILL DEVIL HILLS	
Addition:	Zoning:
	Block: 0
	Lot(s): UT 2 BLDG F
Legal Description:	

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

PROJECT DESCRIPTION: Reconstruction/mitigation for water damage

BJ2019-228

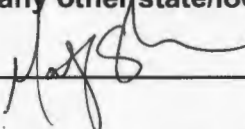
PROJECT NAME: McDonald Water Damage Repair
SITE ADDRESS: 700 F2 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

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Contractor or Authorized Agent:  _____ Date: 12/19/2019



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DEC 19 2019

Planning and Inspection Department

BJ2019-229

PROJECT NAME: Shankles Water Damage Repair
SITE ADDRESS: 700 F10 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

APPLICANT: Shankles, Dell
118 Bailey DR
YORKTOWN, VA 23692
757-879-4439

OWNER: Shankles, Dell
118 Bailey DR
YORKTOWN, VA 23692
757-879-4439

CONTRACTOR: Gran Plan Restorations
349C Water Plant Rd.
Manteo, NC 27954
305-6881

BUILDING: Gran Plan Restorations
349C Water Plant Rd.
Manteo, NC 27954
305-6881

License: 72798
Expires:

PARCEL:

PIN: 98841314042680

Parcel Number: 008075610

Address: 700 F10 FIRST ST W KILL DEVIL HILLS

Zoning:

Addition:

Block: 0

Lot(s): UT 10 BLDG
F

Legal Description:

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

PROJECT DESCRIPTION: reconstruction/mitigation from water damage

BJ2019-229

PROJECT NAME: Shankles Water Damage Repair
SITE ADDRESS: 700 F10 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	23891.48
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

BJ2019-229

PROJECT NAME: Shankles Water Damage Repair

SITE ADDRESS: 700 F10 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

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Contractor or Authorized Agent:  Date: 12/19/2019



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19

Planning and Inspection Department

BJ2019-230

PROJECT NAME: Smith Water Damage Repair
SITE ADDRESS: 700 F5 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

APPLICANT: Smith, Tim
210 6th Street
HARRISONBURG, VA 22802

OWNER: Smith, Tim
210 6th Street
HARRISONBURG, VA 22802

CONTRACTOR: Gran Plan Restorations
349C Water Plant Rd.
Manteo, NC 27954
305-6881

BUILDING: Gran Plan Restorations
349C Water Plant Rd.
Manteo, NC 27954
305-6881

License: 72798
Expires:

PARCEL:

PIN: 98841314042675

Parcel Number: 008075605

Address: 700 F5 FIRST ST W KILL DEVIL HILLS

Zoning:

Addition:

Block: 0

Lot(s): UT 5 BLDG
F

Legal Description:

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

PROJECT DESCRIPTION: reconstruction/mitigation from water damage



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DEC 20 2019

Planning and Inspection Department

BJ2019-227	BUILDING JOINT
PROJECT NAME: HAGADONE KITCHEN REMODEL	ISSUED: 12/18/2019
SITE ADDRESS: 519 WAX MYRTLE CT KILL DEVIL HILLS	EXPIRES: 06/15/2020

APPLICANT: HAGADONE, MATTHEW 519 WAX MYRTLE CT Kill Devil Hills, NC 27948 252-564-4635	OWNER: HAGADONE, MATTHEW 519 WAX MYRTLE CT Kill Devil Hills, NC 27948 252-564-4635
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 988409159547	Parcel Number: 003252000
Address: 519 WAX MYRTLE CT KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 2	Block: 0 Lot(s): 281
Legal Description:	

FEES:	Paid	Due
Renovation/ Remodel/Relocate (MIN)	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: REMODEL KITCHEN, CHANGING SINK LOCATION, ADDING LIGHT FIXTURES AND COUNTERS, REPLACE 1 WINDOW, INSTALL 1 NEW WINDOW

BJ2019-227

PROJECT NAME: HAGADONE KITCHEN REMODEL
SITE ADDRESS: 519 WAX MYRTLE CT KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	12000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

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

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

BJ2019-227

PROJECT NAME: HAGADONE KITCHEN REMODEL
SITE ADDRESS: 519 WAX MYRTLE CT KILL DEVIL HILLS

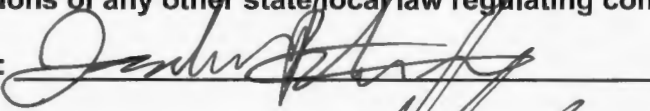
BUILDING JOINT

ISSUED: 12/18/2019

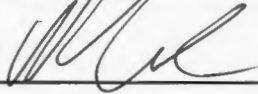
EXPIRES: 06/15/2020

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Issued By:



Contractor or Authorized Agent:



Date:

12/20/2019



Town of Kill Devil Hills

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Kill Devil Hills, NC 27948
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DEC 19 2019

Planning and Inspection Department

BJ2019-232	BUILDING JOINT
PROJECT NAME: Brooks Water Damage Repair	ISSUED: 12/19/2019
SITE ADDRESS: 700 F9 FIRST ST W KILL DEVIL HILLS	EXPIRES: 06/16/2020

APPLICANT: Brooks, Marcia 700 WEST First ST F9 Kill Devil Hills, NC 27948 703-501-0185	OWNER: Brooks, Marcia 700 WEST First ST F9 Kill Devil Hills, NC 27948 703-501-0185
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CONTRACTOR: Gran Plan Restorations
349C Water Plant Rd.
Manteo, NC 27954
305-6881

BUILDING: Gran Plan Restorations 349C Water Plant Rd. Manteo, NC 27954 305-6881	License: 72798 Expires:
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PARCEL:

PIN: 98841314042679	Parcel Number: 008075609
Address: 700 F9 FIRST ST W KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): UT 9 BLDG F
Legal Description:	

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

PROJECT DESCRIPTION: reconstruction/mitigation from water damage

BJ2019-232

PROJECT NAME: Brooks Water Damage Repair
SITE ADDRESS: 700 F9 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6395.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

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

BJ2019-232

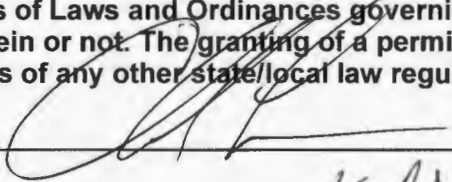
PROJECT NAME: Brooks Water Damage Repair
SITE ADDRESS: 700 F9 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

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Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 12/19/2019



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DEC 19 2019

Planning and Inspection Department

BJ2019-231	BUILDING JOINT
PROJECT NAME: Cowan Water Damage Repair	ISSUED: 12/19/2019
SITE ADDRESS: 700 F6 FIRST ST W KILL DEVIL HILLS	EXPIRES: 06/16/2020

APPLICANT: Cowan, Richard 202 W Woodlawn Drive WILLIAMSTON, NC 27892	OWNER: Cowan, Richard 202 W Woodlawn Drive WILLIAMSTON, NC 27892
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CONTRACTOR: Gran Plan Restorations
349C Water Plant Rd.
Manteo, NC 27954
305-6881

BUILDING:	Gran Plan Restorations 349C Water Plant Rd. Manteo, NC 27954 305-6881	License: 72798 Expires:
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PARCEL:

PIN: 98841314042676	Parcel Number: 008075606
Address: 700 F6 FIRST ST W KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): UT 6 BLDG F
Legal Description:	

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

PROJECT DESCRIPTION: reconstruction/mitigation from water damage

BJ2019-231

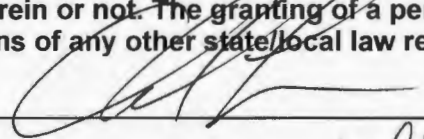
PROJECT NAME: Cowan Water Damage Repair
SITE ADDRESS: 700 F6 FIRST ST W KILL DEVIL HILLS

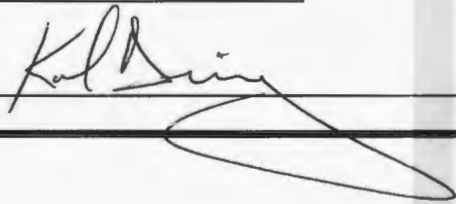
BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

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Planning and Inspection Department

BJ2019-225	BUILDING JOINT
PROJECT NAME: Dunn New House	ISSUED: 12/17/2019
SITE ADDRESS: 1419 SHAY ST KILL DEVIL HILLS	EXPIRES: 06/14/2020

APPLICANT: NEWSOME, KEITH 806 Dean Street Kill Devil Hills, NC 27948	OWNER: NEWSOME, KEITH 806 Dean Street Kill Devil Hills, NC 27948
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CONTRACTOR: W. M. Dunn Construction 4800 Capri TER Kitty Hawk, NC 27949 207-8964
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GENERAL:	W.M. Dunn Construction 4800 Capri Ct. Kitty Hawk, NC 27949 252-261-1542	License: 70411 Expires: 12/31/2021
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PARCEL:			
PIN:	988316749391	Parcel Number:	027354002
Address:	1419 SHAY ST KILL DEVIL HILLS		
Addition:	KILL DEVIL BEACH EXTENDED	Zoning:	
Legal Description:		Block:	4A Lot(s): 1

FEES:	Paid	Due	BUILDING AREA:
T-Pole	\$50.00	\$0.00	# of Temporary Poles 1 EA
Res. Building Permit Fee	\$1,008.00	\$0.00	Residential Heated Space 1344 sq. Ft.
			(.75)
Totals :	\$1,058.00	\$0.00	

PROJECT DESCRIPTION: New 2 Bedroom Single Family Dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T23843

DEC 17 2019

BJ2019-225

PROJECT NAME: Dunn New House

SITE ADDRESS: 1419 SHAY ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/17/2019

EXPIRES: 06/14/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	28045
# PARKING SPACES/BEDROOM	2
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	140000.00
LOT COVERAGE	31.70
LIVING SPACE (SQFT)	1344
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L- 2592
ENGINEER AND LICENSE NUMBER	Mike O'Steen 032628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2019-225

PROJECT NAME: Dunn New House
SITE ADDRESS: 1419 SHAY ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/17/2019

EXPIRES: 06/14/2020

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.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 12/17/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-213

PROJECT NAME: Culotta Pool
SITE ADDRESS: 300 GUNAS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/04/2019

EXPIRES: 06/01/2020

APPLICANT: Culotta, Rick and Linda
300 Gunas Drive
Kill Devil Hills, NC 27948
757-236-1127

OWNER: Culotta, Rick and Linda
300 Gunas Drive
Kill Devil Hills, NC 27948
757-236-1127

CONTRACTOR: SOUTHERN SCAPES
PO Box 359
Jarvisburg, NC 27947
252-202-1654

GENERAL: SOUTHERN SCAPES
PO Box 359
Jarvisburg, NC 27947
252-202-1654

License: 64251
Expires: 12/31/2019

PARCEL:

PIN: 988316935835

Parcel Number: 008480000

Address: 300 GUNAS DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 1

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

Legal Description:

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

PROJECT DESCRIPTION: Install in ground fiberglass pool in rear yard

DEC 11 2019

BJ2019-213

PROJECT NAME: Culotta Pool
SITE ADDRESS: 300 GUNAS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/04/2019

EXPIRES: 06/01/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	34696.00
LOT COVERAGE	39.80
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

BJ2019-213

PROJECT NAME: Culotta Pool
SITE ADDRESS: 300 GUNAS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/04/2019

EXPIRES: 06/01/2020

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12-18-19



Town of Kill Devil Hills

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

DEC 18 2019

Planning and Inspection Department

BJ2019-222

PROJECT NAME: Garcia New House
SITE ADDRESS: 401 CAMERON ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

APPLICANT: GARCIA, ZACHARY A
310 W ARCHDALE STREET
KILL DEVIL HILLS, NC 27948

OWNER: GARCIA, ZACHARY A
310 W ARCHDALE STREET
KILL DEVIL HILLS, NC 27948

CONTRACTOR: TODD COYLE CONSTRUCTION
PO Box 1094
kitty hawk, nc 27949
252-261-9728

GENERAL: TODD COYLE CONSTRUCTION
PO Box 1094
kitty hawk, nc 27949
252-261-9728

License: 60830
Expires: 01/01/2020

PARCEL:

PIN: 987516845412

Parcel Number: 000160000

Address: 401 CAMERON ST KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 47

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$1,490.25	\$0.00	Covered Porches/Decks	1987 SQFT
Land Disturbing	\$100.00	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Unheated (.40)	265 Sq. Ft
Pool/Hot Tub	\$200.00	\$0.00	Residential Heated Space	1897 sq. Ft.
Res. Building Permit Fee	\$1,528.75	\$0.00	(.75)	
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Totals :	\$3,519.00	\$0.00		

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

Town of Kill Devil Hills

Water Charges

PAID

Water Tap #: T23844

BJ2019-222

PROJECT NAME: Garcia New House
SITE ADDRESS: 401 CAMERON ST KILL DEVIL HILLS

BUILDING JOINT**ISSUED:** 12/18/2019**EXPIRES:** 06/15/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	29225
# PARKING SPACES/BEDROOM	2
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	385000.00
LOT COVERAGE	38.80
LIVING SPACE (SQFT)	1897
COVERED PORCHES/DECKS (SQFT)	1987
STORAGE (SQFT)	265
OPEN DECK (SQFT)	160
TOTAL SQUARE FOOTAGE	4309
SURVEYOR NAME AND NUMBER	Jamie E. Furr L-4692
ENGINEER AND LICENSE NUMBER	Raymond Pate 13018
CULVERT	N
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2019-222

PROJECT NAME: Garcia New House

SITE ADDRESS: 401 CAMERON ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

REQUIRED INSPECTIONS

In-Slab Plumbing

Slab/Foundation/Piling

Framing

Rough In

Insulation

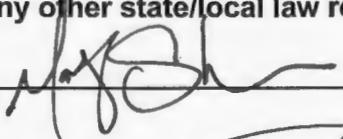
Final

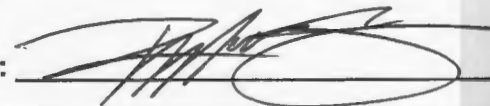
Zoning Final

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.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12/18/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-223

PROJECT NAME: Braasch bathroom
SITE ADDRESS: 2033 YORKTOWN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/13/2019

EXPIRES: 06/10/2020

APPLICANT: BRAASCH, CINDI
2033 YORKTOWN STREET
Kill Devil Hills, NC 27948

OWNER: BRAASCH, CINDI
2033 YORKTOWN STREET
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405099377

Parcel Number: 001470000

Address: 2033 YORKTOWN KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1342

Legal Description:

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

PROJECT DESCRIPTION: convert ground floor storage to bathroom, add utility sink to ground floor rec room

DEC 13 2019

BJ2019-223

PROJECT NAME: Braasch bathroom

SITE ADDRESS: 2033 YORKTOWN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/13/2019

EXPIRES: 06/10/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	29248
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	9.50
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	10000.00
LOT COVERAGE	39.53
TOTAL SQUARE FOOTAGE	93
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

BJ2019-223

PROJECT NAME: Braasch bathroom
SITE ADDRESS: 2033 YORKTOWN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/13/2019

EXPIRES: 06/10/2020

CONDITIONS

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

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

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

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

Issued By:  _____

Contractor or Authorized Agent: Cynthia Anne Braasch Date: 13 Dec 2019



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-221	BUILDING JOINT
PROJECT NAME: Spencer Addition	ISSUED: 12/12/2019
SITE ADDRESS: 2808 RAYMOND AVE KILL DEVIL HILLS	EXPIRES: 06/09/2020

APPLICANT: SPENCER, DENNIS CHARLES 7918 EDGEWOOD FARM RD FREDERICK, MD 21702	OWNER: SPENCER, DENNIS CHARLES 7918 EDGEWOOD FARM RD FREDERICK, MD 21702
---	---

CONTRACTOR: Albemarle Contractors, Inc.
P.O. Box 146
Kitty Hawk, NC 27949
252-256-1883

GENERAL BUILDING:	Albemarle Contractors, Inc. P.O. Box 146 Kitty Hawk, NC 27949 252-256-1883	License: 53487 Expires:
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PARCEL:

PIN: 988513122622	Parcel Number: 000433000
Address: 2808 RAYMOND AVE KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 18 Lot(s): 21-22
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$319.95	\$0.00	Remodel/Renovation 711 SQFT
Totals :	\$319.95	\$0.00	

PROJECT DESCRIPTION: enclose 1st and 2nd floor decks into living space, new kitchen and siding

PAID
DEC 17 2019
TOWN OF
KILL DEVIL HILLS

BJ2019-221

PROJECT NAME: Spencer Addition

SITE ADDRESS: 2808 RAYMOND AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/12/2019

EXPIRES: 06/09/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	29210
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
Proposed First Floor Elevation	10.40
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	182316.00
LOT COVERAGE	40.00
LIVING SPACE (SQFT)	711
SURVEYOR NAME AND NUMBER	M. Douglas Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

BJ2019-221

PROJECT NAME: Spencer Addition

SITE ADDRESS: 2808 RAYMOND AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/12/2019

EXPIRES: 06/09/2020

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * 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: 12-17-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-224	BUILDING JOINT
PROJECT NAME: Goulder Water Damage Repair	ISSUED: 12/12/2019
SITE ADDRESS: 106 PARK DR KILL DEVIL HILLS	EXPIRES: 06/09/2020

APPLICANT: GOULDER, ROBERT A 3214 HOLLY AVE COLONIAL HEIGHTS, VA 23834	OWNER: GOULDER, ROBERT A 3214 HOLLY AVE COLONIAL HEIGHTS, VA 23834
---	---

GENERAL BUILDING-LIMITED: PHOENIX RESTORATION 601 W Fresh Pond Dr. Kill Devil Hills, NC 27948 480-1044	License: 58038 Expires: 12/31/2020
--	---

PARCEL:

PIN: 988419608329	Parcel Number: 008161000
Address: 106 PARK DR KILL DEVIL HILLS	Zoning:
Addition: BAUM BAY SHORES - REVISED	Block: C Lot(s): 4
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Renovation/Remodel/Relocate	\$270.00	\$0.00	Remodel/Renovation 600 SQFT
Totals :	\$270.00	\$0.00	

PROJECT DESCRIPTION: Repair damage caused by leaking pipe, new kitchen layout

PAID
DEC 13 2019

BJ2019-224

PROJECT NAME: Goulder Water Damage Repair
SITE ADDRESS: 106 PARK DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/12/2019

EXPIRES: 06/09/2020

DETAILS

Permit

Name	Value
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	9
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	30000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Rough In	Final
Insulation	

CONDITIONS

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

BJ2019-224

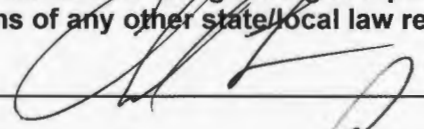
PROJECT NAME: Goulder Water Damage Repair
SITE ADDRESS: 106 PARK DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/12/2019

EXPIRES: 06/09/2020

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

Issued By:  _____

Contractor or Authorized Agent:  _____

Date: 12/13/19



Town of Kill Devil Hills

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

DEC 10 2019

Planning and Inspection Department

BJ2019-218 PROJECT NAME: Myrick New House SITE ADDRESS: 101 GREENSBORO ST KILL DEVIL HILLS	BUILDING JOINT ISSUED: 12/10/2019 EXPIRES: 06/07/2020
---	--

APPLICANT: MYRICK, BARBARA 5600 SHELL ROAD Virginia Beach, Va 23455	OWNER: MYRICK, BARBARA 5600 SHELL ROAD Virginia Beach, Va 23455
--	--

CONTRACTOR: JIM DAVIS OF DAVIS BROTHERS CONSTRUCTION COMPANY INC.
242 Broadbay Drive
Kill Devil Hills, NC 27948
252-441-3810

GENERAL:	JIM DAVIS OF DAVIS BROTHERS CONSTRUCTION COMPANY INC. 242 Broadbay Drive Kill Devil Hills, NC 27948 252-441-3810	License: 50268 Expires: 01/01/2020
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PARCEL:

PIN: 988406295765	Parcel Number: 001936000
Address: 101 GREENSBORO ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 1	Block: 0 Lot(s): 509

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$359.25	\$0.00	Open Decks	1 EA
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Heated Space	2010 sq. Ft.
Res. Building Permit Fee	\$1,507.50	\$0.00	(.75)	
Totals :	\$2,066.75	\$0.00	Covered Porches/Decks	479 SQFT

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

BJ2019-218

PROJECT NAME: Myrick New House

SITE ADDRESS: 101 GREENSBORO ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/10/2019

EXPIRES: 06/07/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
HEALTH DEPARTMENT PERMIT #	970011086
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
Proposed First Floor Elevation	11.50
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION COST	300000.00
LOT COVERAGE	37.70
LIVING SPACE (SQFT)	2010
COVERED PORCHES/DECKS (SQFT)	479
OPEN DECK (SQFT)	99
SURVEYOR NAME AND NUMBER	M. Douglas Styons L-3227
ENGINEER AND LICENSE NUMBER	Mike O'Steen 32628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2019-218

PROJECT NAME: Myrick New House
SITE ADDRESS: 101 GREENSBORO ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/10/2019

EXPIRES: 06/07/2020

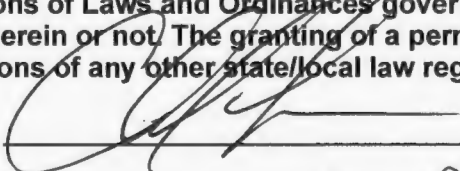
REQUIRED INSPECTIONS

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.
- * 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 §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12-10-19



Town of Kill Devil Hills

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

DEC 10 2019

Planning and Inspection Department

BJ2019-216 PROJECT NAME: Dream Builders SITE ADDRESS: 504 Palmetto Street W Kill Devil Hills	BUILDING JOINT ISSUED: 12/10/2019 EXPIRES: 06/07/2020
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APPLICANT: Dream Builders PO Box 33 Kill Devil Hills, NC 27948 252-573-8910	OWNER: Dream Builders PO Box 33 Kill Devil Hills, NC 27948 252-573-8910
---	---

GENERAL BUILDING - UNLIMITED: Dream Builders PO Box 33 Kill Devil Hills, NC 27948 252-573-8910	License: 775296 Expires: 01/01/2021
--	--

PARCEL:

PIN:	987520909219	Parcel Number:
Address:	504 Palmetto Street W Kill Devil Hills	
Addition:	Zoning:	Lot(s):
Legal Description:	Block:	
Lot 23R, Block 74, Virginia Dare Shores Subdivision		

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Res. Building Permit Fee	\$1,277.25	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Heated Space	1703 sq. Ft.
Covered Porch Residential	\$72.75	\$0.00	(.75)	
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
			Covered Porches/Decks	97 SQFT
Totals :	\$1,550.00	\$0.00		

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

BJ2019-216

PROJECT NAME: Dream Builders
SITE ADDRESS: 504 Palmetto Street W Kill Devil Hills

BUILDING JOINT**ISSUED:** 12/10/2019**EXPIRES:** 06/07/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	29212
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	10.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	256000.00
LOT COVERAGE	38.90
LIVING SPACE (SQFT)	1703
COVERED PORCHES/DECKS (SQFT)	97
OPEN DECK (SQFT)	108
SURVEYOR NAME AND NUMBER	Michael Robinson
ENGINEER AND LICENSE NUMBER	Mike O'Steen 032628
ARCHITECT NAME AND LICENSE NUMBER	Mike Florez 14163
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2019-216

PROJECT NAME: Dream Builders

SITE ADDRESS: 504 Palmetto Street W Kill Devil Hills

BUILDING JOINT

ISSUED: 12/10/2019

EXPIRES: 06/07/2020

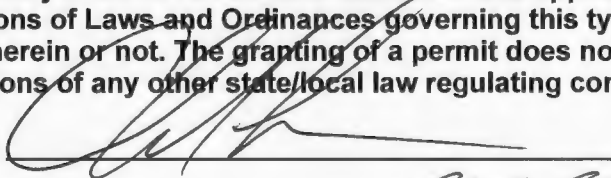
REQUIRED INSPECTIONS

T-Pole	Rough In
In-Slab Plumbing	Insulation
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.
- * **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.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * 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.
- * Provide engineered layout and drawings of trusses prior to installation
- * X-Bracing per R4603.6 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: 12/10/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2019-212 PROJECT NAME: OBX Beach Shop Sprinklers SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS	BUILDING JOINT ISSUED: 12/04/2019 EXPIRES: 06/01/2020
---	--

APPLICANT: OLIVOLA, MARK NANCY O WALTON P O BOX 364 KILL DEVIL HILLS, NC 27948	OWNER: OLIVOLA, MARK NANCY O WALTON P O BOX 364 KILL DEVIL HILLS, NC 27948
--	--

CONTRACTOR: COASTAL FIRE PROTECTION COMPANY
921A CORPORATE LN
CHESAPEAKE, VA 23320
757-488-8471

CONTRACTOR: COASTAL FIRE PROTECTION COMPANY 921A CORPORATE LN CHESAPEAKE, VA 23320 757-488-8471	License: 23749 Expires:
---	--

PARCEL:

PIN: 988410374122	Parcel Number: 002739000
Address: 1700 CROATAN HWY N KILL DEVIL HILLS	
Addition: HEDRICKS ADDITION - CROATAN SH	Zoning:
Legal Description:	Block: 0 Lot(s): 0

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

PROJECT DESCRIPTION: install 4 new sprinklers in unprotected area of Suite 12

PAID
DEC 10 2019
TOWN OF
KILL DEVIL HILLS

BJ2019-212

PROJECT NAME: OBX Beach Shop Sprinklers
SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/04/2019

EXPIRES: 06/01/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	II
CONSTRUCTION COST	1285.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 12-10-19



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

DEC - 6 2019

BJ2019-220

PROJECT NAME: SIMMONS HVAC AND PATIO
SITE ADDRESS: 2024 ELIZABETH CITY ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/06/2019

EXPIRES: 06/03/2020

APPLICANT: SIMMONS, EDDIE L
872 SIR WALTER RALEIGH ST
MANTEO, NC 27954

OWNER: SIMMONS, EDDIE L
872 SIR WALTER RALEIGH ST
MANTEO, NC 27954

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988405290743

Parcel Number: 001185000

Address: 2024 ELIZABETH CITY ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 727

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Accessory Residential (MIN)	\$100.00	\$0.00
Totals :	\$250.00	\$0.00

PROJECT DESCRIPTION: INSTALL HEAT PUMP AND 12X12 PAVER PATIO



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

BJ2019-214

PROJECT NAME: Tuttle remodel, bathroom and storage addition
SITE ADDRESS: 300 ARCH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/05/2019

EXPIRES: 06/02/2020

APPLICANT: Tuttle, John
3070 Falmouth Drive
CHESAPEAKE, VA 23321

OWNER: Tuttle, John
3070 Falmouth Drive
CHESAPEAKE, VA 23321

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

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

License: 79801
Expires: 01/01/2020

PARCEL:

PIN: 988513043883

Parcel Number: 000071000

Address: 300 ARCH ST E KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 2

Zoning:
Block: 2 **Lot(s):** 14

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Renovation/Remodel/Relocate	\$388.80	\$0.00	Residential Unheated (.40)	384 Sq. Ft
Res. Building Permit Fee	\$189.60	\$0.00	Remodel/Renovation	864 SQFT
Totals :	\$578.40	\$0.00	Residential Heated Space (.75)	48 sq. Ft.

PROJECT DESCRIPTION: replace floor, new windows, new doors, updated plumbing and electrical to code, add ground floor bathroom and storage room

12-5-2019

BJ2019-214

PROJECT NAME: Tuttle remodel, bathroom and storage addition
SITE ADDRESS: 300 ARCH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/05/2019

EXPIRES: 06/02/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
Proposed First Floor Elevation	8.90
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	50000.00
SURVEYOR NAME AND NUMBER	Robert C. Cummins L-2951
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

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!

BJ2019-214

PROJECT NAME: Tuttle remodel, bathroom and storage addition
SITE ADDRESS: 300 ARCH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/05/2019

EXPIRES: 06/02/2020

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

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 12/5



Town of Kill Devil Hills

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

PAID

DEC - 5 2019

TOWN OF
 KILL DEVIL HILLS

Planning and Inspection Department

BJ2019-217

PROJECT NAME: MERCER GROUND GROUND FLOOR AND DECK
SITE ADDRESS: 403 CHOWAN ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/05/2019

EXPIRES: 06/02/2020

APPLICANT: Ben Mercer
 300 Oak Run
 kitty hawk, nc 27949
 252-207-8610

OWNER: Ben Mercer
 300 Oak Run
 kitty hawk, nc 27949
 252-207-8610

BUILDER: Ben Mercer
 300 Oak Run
 kitty hawk, nc 27949
 252-207-8610

License: 268
Expires:

PARCEL:

PIN: 987520925096

Parcel Number: 026666000

Address: 403 CHOWAN ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 57 **Lot(s):** 19-20

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$432.00	\$0.00	Residential Heated Space	576 sq. Ft.
Open Deck Fee	\$150.00	\$0.00	(.75)	
			Open Decks	1 EA
Totals :	\$582.00	\$0.00		

PROJECT DESCRIPTION: INCREASE GROUND FLOOR BY 16X12 ENCLOSURE, CONVERT ENTIRE 24X24 GROUND FLOOR TO CONDITIONED SPACE, RELOCATE BEDROOM, ADD BATHROOM, ADD INTERIOR STAIR

BJ2019-217**PROJECT NAME:** MERCER GROUND GROUND FLOOR AND DECK
SITE ADDRESS: 403 CHOWAN ST W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 12/05/2019**EXPIRES:** 06/02/2020**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	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	15000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing	Insulation
Framing	Final
Rough In	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.
- * 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.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * As-built survey shall show 1 - 10'x20' parking space per bedroom, minimum of 2 spaces per dwelling unit.

BJ2019-217

PROJECT NAME: MERCER GROUND GROUND FLOOR AND DECK
SITE ADDRESS: 403 CHOWAN ST W KILL DEVIL HILLS

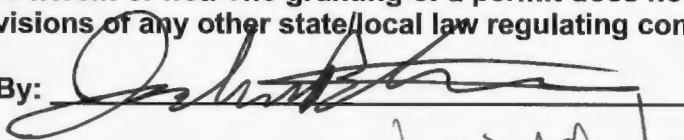
BUILDING JOINT

ISSUED: 12/05/2019

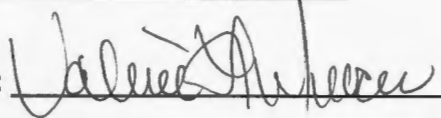
EXPIRES: 06/02/2020

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: _____

12/5/19



Town of Kill Devil Hills

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

PAID

DEC - 2 2019

Planning and Inspection Department

BUILDING JOINT

ISSUED: 12/02/2019

EXPIRES: 05/30/2020

BJ2019-211

PROJECT NAME: Dairy Queen Remodel
SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS

APPLICANT: Overrun II, LLC
P.O. Box 389
Kill Devil Hills, NC 27948

OWNER: Overrun II, LLC
P.O. Box 389
Kill Devil Hills, NC 27948

CONTRACTOR: Dun Rite, Inc.
714 Fenway Ave.
CHESAPEAKE, VA 23320
757-435-3513

BUILDING: Dun Rite, Inc.
714 Fenway Ave.
CHESAPEAKE, VA 23320
757-435-3513

License: 74845
Expires: 12/24/2019

PARCEL:

PIN: 988420706411

Parcel Number: 003858001

Address: 109 OCEAN BAY BLVD KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 36 **Lot(s):** 13-17

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Renovation/Remodel/Relocate	\$621.90	\$0.00	Commercial Space	240 Sq. Ft.
Com. Building Permit Fees	\$192.00	\$0.00	Remodel/Renovation	1382 SQFT
Totals :	\$813.90	\$0.00		

PROJECT DESCRIPTION: exterior renovation, remove shingled roof, install mansard roofing, new canopy extension, addition on NW corner of existing building, relocate 2 ADA parking spaces

BJ2019-211

PROJECT NAME: Dairy Queen Remodel
SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/02/2019

EXPIRES: 05/30/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
# PARKING SPACES/BEDROOM	27
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	100000.00
LOT COVERAGE	66.60
ENGINEER AND LICENSE NUMBER	Mark Bissell 10362
ARCHITECT NAME AND LICENSE NUMBER	Beacon 51585
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

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.

BJ2019-211

PROJECT NAME: Dairy Queen Remodel
SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/02/2019

EXPIRES: 05/30/2020

- * 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.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Revised building plans/architectural sealed drawings shall be submitted by designer no later than 12/6/19 per letter from Beacon Architecture and Design dated 11/21/19, or permit will be revoked.
- * Roof on west side of building will be cut back to 15' to comply with Town Zoning Code 153.186(C)(5)(b) and will be reflected in submitted drawings.
- * Occupant load shall be 94 occupants per letter from Beacon Architecture and Design dated 11/21/19.
- * Builder will provide specifications for "red spoon" door hardware as shown on A2.1 if specifications are not provided hardware will not be used per letter from Beacon Architecture and Design dated 11/21/19.
- * 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).
- * 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: 12/2/19



Town of Kill Devil Hills

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

PAID
DEC - 4 2019

Planning and Inspection Department

BJ2019-204	BUILDING JOINT
PROJECT NAME: Clough Remodel	ISSUED: 12/03/2019
SITE ADDRESS: 1104 NINTH AVE KILL DEVIL HILLS	EXPIRES: 05/31/2020

APPLICANT: CLOUGH, STAN 1305 Percy St. Kill Devil Hills, NC 27948	OWNER: CLOUGH, STAN 1305 Percy St. Kill Devil Hills, NC 27948
--	--

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

PIN: 988311750172	Parcel Number: 004615000
Address: 1104 NINTH AVE KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 57 Lot(s): 2
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Renovation/Remodel/Relocate	\$352.80	\$0.00	Remodel/Renovation	784 SQFT
Res. Building Permit Fee	\$202.80	\$0.00	Residential Unheated (.40)	507 Sq. Ft
Totals :	\$555.60	\$0.00		

PROJECT DESCRIPTION: finish ground floor adding bedroom, add driveway addition making parking compliant. Permit DOES NOT include adding deck extension per phone conversation with Stan Clough.

BJ2019-204

PROJECT NAME: Clough Remodel
SITE ADDRESS: 1104 NINTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/03/2019

EXPIRES: 05/31/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	29182
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8000.00
LOT COVERAGE	33.70
LIVING SPACE (SQFT)	784
STORAGE (SQFT)	507
SURVEYOR NAME AND NUMBER	M . Douglas Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

BJ2019-204

PROJECT NAME: Clough Remodel

SITE ADDRESS: 1104 NINTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/03/2019

EXPIRES: 05/31/2020

* 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.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to 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: 12-4-2019



Town of Kill Devil Hills

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

DEC 20 2019

Planning and Inspection Department

MC2019-320	MECHANICAL
PROJECT NAME:	ISSUED: 12/20/2019
SITE ADDRESS: 1704 APACHE ST KILL DEVIL HILLS	EXPIRES: 06/17/2020

APPLICANT: VLAHOVIC, VICKY L P O BOX 764 NAGS HEAD, NC 27959 216-6339	OWNER: VLAHOVIC, VICKY L P O BOX 764 NAGS HEAD, NC 27959 216-6339
---	---

H-1, H-2, H-3, CLASS I:	POP'S REPAIR PO Box 1130 Kill Devil Hills, NC 27948	License: 34144 Expires: 12/31/2019
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PARCEL:

PIN: 988409159845	Parcel Number: 002360012
Address: 1704 APACHE ST KILL DEVIL HILLS	Zoning:
Addition: APACHE STREET	Block: 0 Lot(s): 10
Legal Description:	

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

PROJECT DESCRIPTION: HVAC changeout

MC2019-320

PROJECT NAME:

SITE ADDRESS: 1704 APACHE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4100.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12/20/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-316

PROJECT NAME: Castro HVAC
SITE ADDRESS: 2017 NEW BERN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

APPLICANT: Castro, Nelson
1501 Doppler Drive
VIRGINIA BEACH, VA23454
757-301-6517

OWNER: Castro, Nelson
1501 Doppler Drive
VIRGINIA BEACH, VA23454
757-301-6517

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

License: 13056
Expires: 12/31/2019

PARCEL:

PIN: 988406392909

Parcel Number: 001800000

Address: 2017 NEW BERN ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:
Block: 0 **Lot(s):** 351

Legal Description:

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

PROJECT DESCRIPTION: Install mini split system

PAID
DEC 18 2019

MC2019-316

PROJECT NAME: Castro HVAC

SITE ADDRESS: 2017 NEW BERN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3184.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 12-18-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-317

PROJECT NAME:

SITE ADDRESS: 408 EDEN ST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

APPLICANT: DEMAREST, HARRY E
1906 GLEN RIDGE ROAD
BALTIMORE, MD 21234

OWNER: DEMAREST, HARRY E
1906 GLEN RIDGE ROAD
BALTIMORE, MD 21234

HVAC: Armstrong Services
20 Albermarle Shores
Columbia, NC 27925
252-394-5315

License: 21460
Expires:

PARCEL:

PIN: 988517002706

Parcel Number: 003015000

Address: 408 EDEN ST ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 52 **Lot(s):** 24-27

Legal Description:

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

PROJECT DESCRIPTION: Install new HVAC system and ductwork.

PAID

DEC 18 2019

MC2019-317

PROJECT NAME:

SITE ADDRESS: 408 EDEN ST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5700.00
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: 12-18-19



Town of Kill Devil Hills

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

PAID

DEC 16 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2019-315

PROJECT NAME: Baumgardner HVAC
SITE ADDRESS: 1701 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/16/2019

EXPIRES: 06/13/2020

APPLICANT: Baumgardner, Marie
8431 Summer Walk PKWY
Mechanicsville, VA 23116

OWNER: Baumgardner, Marie
8431 Summer Walk PKWY
Mechanicsville, VA 23116

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

License: 27675
Expires: 12/31/2019

PARCEL:

PIN: 989313047936

Parcel Number: 008262000

Address: 1701 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Addition: OCEAN ACRES INC

Zoning:

Block: 0 **Lot(s):** 83-84

Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC System

MC2019-315

PROJECT NAME: Baumgardner HVAC
SITE ADDRESS: 1701 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/16/2019

EXPIRES: 06/13/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5800.00
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: W.W.7

Date: 12-16-19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-314

PROJECT NAME: Bramwell HVAC
SITE ADDRESS: 112 MEADOWLARK ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/11/2019

EXPIRES: 06/08/2020

APPLICANT: Bramwell, David
112 E Meadowlark Street
Kill Devil Hills, NC 27948

OWNER: Bramwell, David
112 E Meadowlark Street
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: 988308890986

Parcel Number: 003822000

Address: 112 MEADOWLARK ST E KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 34 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 zone mini split system

DEC 11 2019

MC2019-314

PROJECT NAME: Bramwell HVAC

SITE ADDRESS: 112 MEADOWLARK ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/11/2019

EXPIRES: 06/08/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

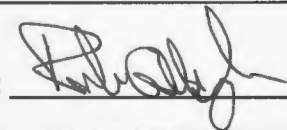
Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12-11-19



Town of Kill Devil Hills

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

DEC 10 2019

Planning and Inspection Department

MC2019-313	MECHANICAL
PROJECT NAME: CVS Pharmacy	ISSUED: 12/10/2019
SITE ADDRESS: 1101 Croatan HWY S KILL DEVIL HILLS	EXPIRES: 06/07/2020

APPLICANT: KILL DEVIL HILLS ASSOCIATION 1 CVS DR. WOONSOCKET, RI 02895	OWNER: KILL DEVIL HILLS ASSOCIATION 1 CVS DR. WOONSOCKET, RI 02895
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MECHANICAL H-1-1, H-2, H-3-1:	Moore's Electrical and Mechanical Construction, Inc. 101 Edgewood Ave Altavista, VA 24517 434-309-2497	License: 32491 Expires: 12/31/2019
--------------------------------------	---	---

PARCEL:

PIN: 988312971475	Parcel Number: 004325000
Address: 1101 Croatan HWY S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS REALTY CORP	Block: 5 Lot(s): 1-3 & PT 8-10
Legal Description:	

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

PROJECT DESCRIPTION: HVAC changeout

MC2019-313

PROJECT NAME: CVS Pharmacy

SITE ADDRESS: 1101 Croatan HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/10/2019

EXPIRES: 06/07/2020

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	7814.00
CONSTRUCTION TYPE	III
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 12/10/19



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-312	MECHANICAL
PROJECT NAME:	ISSUED: 12/10/2019
SITE ADDRESS: 216 GUNAS DR KILL DEVIL HILLS	EXPIRES: 06/07/2020

APPLICANT: JEREMY GATBONTON 4500 South Four Mile Run Drive, #1202 ARLINGTON, VA 22204 703-668-3498	OWNER: JEREMY GATBONTON 4500 South Four Mile Run Drive, #1202 ARLINGTON, VA 22204 703-668-3498
--	--

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

PIN: 988316947054	Parcel Number: 008424000
Address: 216 GUNAS DR KILL DEVIL HILLS	Zoning:
Addition: OCEAN ACRES TRACT 3 SEC 1	Block: C Lot(s): 18
Legal Description:	

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

PROJECT DESCRIPTION: HVAC changeout

DEC 11 2019

MC2019-312

PROJECT NAME:

SITE ADDRESS: 216 GUNAS DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/10/2019

EXPIRES: 06/07/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4777.00
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:** 12-11-19



Town of Kill Devil Hills

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

12/04

DEC - 5 2019

Planning and Inspection Department

MC2019-311

PROJECT NAME: COLLINS HVAC
SITE ADDRESS: 114 DURHAM ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/04/2019

EXPIRES: 06/01/2020

APPLICANT: Erin Middleton, Clarence Collins
114 EAST Durham ST
Kill Devil Hills, NC 27948
410-596-2010

OWNER: Erin Middleton, Clarence Collins
114 EAST Durham ST
Kill Devil Hills, NC 27948
410-596-2010

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

License: 32935
Expires: 01/30/2020

PARCEL:

PIN: 988406390644

Parcel Number: 001906000

Address: 114 DURHAM ST E KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 1

Block: 0 **Lot(s):** 464

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2019-311

PROJECT NAME: COLLINS HVAC

SITE ADDRESS: 114 DURHAM ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/04/2019

EXPIRES: 06/01/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7292.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.3
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 12/5/19



Town of Kill Devil Hills

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

DEC 23 2019

Planning and Inspection Department

MC2019-319

PROJECT NAME: Dare County Board of ED Housing Unit 17
SITE ADDRESS: 800 Eighth Ave. KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

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

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

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

License: 27675
Expires: 12/31/2019

PARCEL:

PIN: 988311665602

Parcel Number: 008165014

Address: 800 Eighth Ave. KILL DEVIL HILLS

Zoning:

Addition:

Block:

Lot(s): 2B

Legal Description:

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

PROJECT DESCRIPTION: C/O 1.5 Ton HVAC System

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5200.00
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2019-319

PROJECT NAME: Dare County Board of ED Housing Unit 17

SITE ADDRESS: 800 Eighth Ave. KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: J.W.7

Date: 12-23-19



Town of Kill Devil Hills

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

PAID

DEC 23 2019

Planning and Inspection Department

MC2019-318

PROJECT NAME: Dare County Board of ED Housing Unit7
SITE ADDRESS: 800 Eighth Ave. KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

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

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

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

License: 27675
Expires: 12/31/2019

PARCEL:

PIN: 988311665602

Parcel Number: 008165014

Address: 800 Eighth Ave. KILL DEVIL HILLS

Zoning:

Addition:

Block: Lot(s): 2B

Legal Description:

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

PROJECT DESCRIPTION: C/O 1.5 Ton HVAC System

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5200.00
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2019-318

PROJECT NAME: Dare County Board of ED Housing Unit7

SITE ADDRESS: 800 Eighth Ave. KILL DEVIL HILLS

MECHANICAL

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

J.W.F

12-23-19



Town of Kill Devil Hills

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

PAID

DEC - 9 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

4	NAME: Pribil Electric ADDRESS: 101 CARLTON AVE E KILL DEVIL HILLS	ELECTRICAL ISSUED: 12/05/2019 EXPIRES: 06/02/2020
----------	--	--

APPLICANT: JAKOB PRIBIL
307 Windmere Dr.
Colonial Hts., Va 23834
804-526-6823

OWNER: JAKOB PRIBIL
307 Windmere Dr.
Colonial Hts., Va 23834
804-526-6823

ELECTRICAL-LIMITED: BRS ELECTRICAL SERVICES
1607 Sir Walter Rd.
Kill Devil Hills, NC 27948
252-207-5334

License: 23077
Expires: 07/31/2020

PARCEL:

PIN: 988420706173

Parcel Number: 003841000

Address: 101 CARLTON AVE E KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 35 **Lot(s):** 13 & PT 14

Legal Description:

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

PROJECT DESCRIPTION: Replace 200AMP panel box and 100AMP subpanel



Town of Kill Devil Hills

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

DEC - 3 2019

Planning and Inspection Department

EL2019-093	ELECTRICAL
PROJECT NAME: Lane Electric	ISSUED: 12/03/2019
SITE ADDRESS: 302 HELGA ST E KILL DEVIL HILLS	EXPIRES: 05/31/2020

APPLICANT: Lane, Eric 1695 Foxtail Pines CHARLOTTESVILLE, VA 22911	OWNER: Lane, Eric 1695 Foxtail Pines CHARLOTTESVILLE, VA 22911
---	---

PARCEL:

PIN: 988513046457	Parcel Number: 000087000
Address: 302 HELGA ST E KILL DEVIL HILLS	Zoning:
Addition: ORVILLE BEACH BLK 5	Block: 5 Lot(s): 10
Legal Description:	

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

PROJECT DESCRIPTION: Replace weatherhead, service conductor, add ground rod

DETAILS

Permit	
Name	Value
NCP PROJECT #	32467994
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	750.00
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11

EL2019-093

PROJECT NAME: Lane Electric
SITE ADDRESS: 302 HELGA ST E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 12/03/2019

EXPIRES: 05/31/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2019-074

PROJECT NAME: IG HOLDINGS RESTAURANT
SITE ADDRESS: 101 E. Atlantic St. KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/12/2019

EXPIRES:

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

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

GENERAL, UNLIMITED: CHESSON, A. R.
315 W Main St
Williamston, NC 27892
252-792-4486

License: 13540
Expires: 12/31/2019

PARCEL:

PIN: 988312967138

Parcel Number: 004750000

Address: 101 E. Atlantic St. KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL BEACH SEC 1 REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: 3000 SF 100 SEAT RESTAURANT

DETAILS

Permit

Name	Value
# OF TRASH CANS	0
PURPOSE	Commercial New
ZONING DISTRICT	C
FLOOD ZONE	AE DEC 12 2019
BASE FLOOD ELEVATION	9.0
OCCUPANCY TYPE	Assembly

OP2019-074

PROJECT NAME: IG HOLDINGS RESTAURANT
SITE ADDRESS: 101 E. Atlantic St. KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/12/2019

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: _____



Town of Kill Devil Hills

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

PAID
DEC 10 2019

Planning and Inspection Department

OP2019-073

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

**OCCUPANCY
ISSUED: 12/10/2019**

EXPIRES:

PARENT PERMIT #: BJ2019-136

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

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

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

License: 45367
Expires: 01/01/2020

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

License: 45367
Expires: 01/01/2020

PARCEL:

PIN: 988409169328

**Parcel
Number:** 002705005

Address: 1717 APACHE ST KILL DEVIL HILLS

Zoning:

Addition: HIGH VIEW - HEDRICKS ADD

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

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

OP2019-073

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

OCCUPANCY

ISSUED: 12/10/2019

EXPIRES:

DETAILS

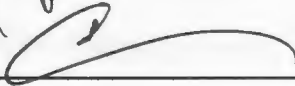
Permit

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: 12/10/19



Town of Kill Devil Hills

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

DEC 16 2019

Planning and Inspection Department

OP2019-075

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

OCCUPANCY

ISSUED: 12/16/2019

EXPIRES:

PARENT PERMIT #: BJ2019-121

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

OWNER: Water Oaks 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: 988417223448

**Parcel
Number:**

Address: 611 Zen Lane Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 56, Phase 1, Water Oak Residential Community

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

PROJECT DESCRIPTION: Proposed 4 bedroom SFD

OP2019-075

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

OCCUPANCY

ISSUED: 12/16/2019

EXPIRES:

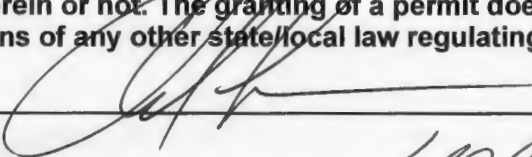
DETAILS

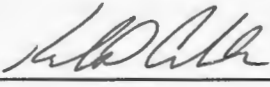
Permit

Name	Value
# OF TRASH CANS	1

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: 12/16/19



Town of Kill Devil Hills

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

DEC 20 2019

Planning and Inspection Department

OP2019-076

PROJECT NAME: SAGA New SFD
SITE ADDRESS: 701 Zen Lane Kill Devil Hills

OCCUPANCY

ISSUED: 12/20/2019

EXPIRES:

PARENT PERMIT #: BJ2019-105

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

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

License: 62306
Expires: 12/30/2019

PARCEL:

PIN: 988417222496

Parcel Number:

Address: 701 Zen Lane Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 57, 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: New 3 Bedroom 2 bath single family dwelling

OP2019-076

PROJECT NAME: SAGA New SFD
SITE ADDRESS: 701 Zen Lane Kill Devil Hills

OCCUPANCY
ISSUED: 12/20/2019

EXPIRES:

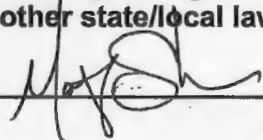
DETAILS


Permit

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

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 12/20/19



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2019-077

PROJECT NAME: Faithful New House
SITE ADDRESS: 111 CAMELLIA DR KILL DEVIL HILLS

OCCUPANCY

ISSUED: 12/27/2019

EXPIRES:

PARENT PERMIT #: BJ2019-151

APPLICANT: Faithful, Ron & Leslie
9006 Old 125 RD
SCOTLAND NECK, NC 27874
252-903-8460

OWNER: Faithful, Ron & Leslie
9006 Old 125 RD
SCOTLAND NECK, NC 27874
252-903-8460

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

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

License: 62339
Expires: 12/30/2019

PARCEL:

PIN: 988411552169

Parcel Number: 003148000

Address: 111 CAMELLIA DR KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: New 3 Bedroom 2 Bath Single Family Dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	1

DEC 30 2019

OP2019-077

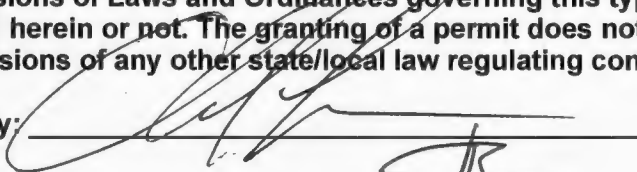
PROJECT NAME: Faithful New House
SITE ADDRESS: 111 CAMELLIA DR KILL DEVIL HILLS

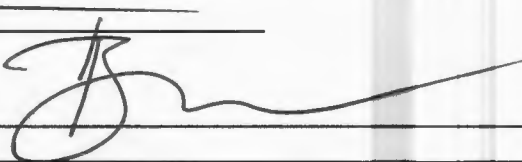
OCCUPANCY
ISSUED: 12/27/2019

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: 12/30/19



Town of Kill Devil Hills

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

DEC 10 2019

Planning and Inspection Department

BP2019-260

PROJECT NAME: Terry Deck Replacement
SITE ADDRESS: 2020 YORKTOWN KILL DEVIL HILLS

BUILDING

ISSUED: 11/08/2019

EXPIRES: 05/06/2020

APPLICANT: TERRY, DEBBIE S
P. O. BOX 1071
MANTEO, NC 27954

OWNER: TERRY, DEBBIE S
P. O. BOX 1071
MANTEO, NC 27954

CONTRACTOR: 3 Pony Property Services
PO Box 1881
Kill Devil Hills, NC 27948

GENERAL REMODELING-UNLICENSED: 3 PONY PROPERTY SERVICES
P.O. Box 1881
Kill Devil Hills, NC 27948

License: LEGACY UNKNOWN
Expires: 12/30/2020

PARCEL:

PIN: 988405099093

Parcel Number: 001493000

Address: 2020 YORKTOWN KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 1367

Legal Description:

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

PROJECT DESCRIPTION: repair deck and stairs to current footprint

BP2019-260

PROJECT NAME: Terry Deck Replacement
SITE ADDRESS: 2020 YORKTOWN KILL DEVIL HILLS

BUILDING

ISSUED: 11/08/2019

EXPIRES: 05/06/2020

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	5500.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.

BP2019-260

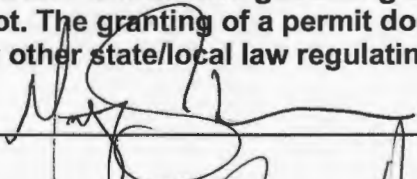
PROJECT NAME: Terry Deck Replacement
SITE ADDRESS: 2020 YORKTOWN KILL DEVIL HILLS

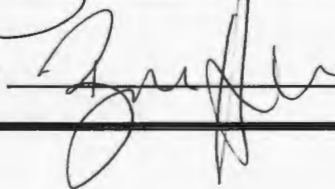
BUILDING

ISSUED: 11/08/2019

EXPIRES: 05/06/2020

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: 12-10-19



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

BP2019-283

PROJECT NAME: Holland Stairs
SITE ADDRESS: 700 THIRD ST W KILL DEVIL HILLS

BUILDING

ISSUED: 12/12/2019

EXPIRES: 06/09/2020

APPLICANT: HOLLAND, STANLEY M -TRUSTEES
1660 N. MUDDY CREEK RD
VIRGINIA BEACH, VA 23456

OWNER: HOLLAND, STANLEY M -TRUSTEES
1660 N. MUDDY CREEK RD
VIRGINIA BEACH, VA 23456

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988409168920

Parcel Number: 002424000

Address: 700 THIRD ST W KILL DEVIL HILLS

Addition: SEA HOLLY RIDGE

Zoning:
Block: E **Lot(s):** 15

Legal Description:

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

PROJECT DESCRIPTION: Replace two sets of steps

PAID

DEC 12 2019

TOWNSHIP
KILL DEVIL HILLS

BP2019-283

PROJECT NAME: Holland Stairs
SITE ADDRESS: 700 THIRD ST W KILL DEVIL HILLS

BUILDING

ISSUED: 12/12/2019

EXPIRES: 06/09/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3000.00

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: _____

12/12/19



Town of Kill Devil Hills

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

DEC 16 2019

Planning and Inspection Department

BP2019-285	BUILDING
PROJECT NAME: Pool Fence	ISSUED: 12/16/2019
SITE ADDRESS: 3116 RAYMOND AVE KILL DEVIL HILLS	EXPIRES: 06/13/2020

APPLICANT: BEARD, ROMA LEE
2073 CYPRESS DRIVE
CHARLOTTESVILLE, VA 22911

OWNER: BEARD, ROMA LEE
2073 CYPRESS DRIVE
CHARLOTTESVILLE, VA 22911

UNLICENSED - REMODELING: Marshall, Darrell
201 Sea Village LN
Kill Devil Hills, NC 27948
252-256-3652

License: 00000
Expires:

PARCEL:

PIN: 988513038507

Parcel Number: 009118000

Address: 3116 RAYMOND AVE KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 24

Legal Description:

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

PROJECT DESCRIPTION: Repair pool fence damage

BP2019-285

PROJECT NAME: Pool Fence
SITE ADDRESS: 3116 RAYMOND AVE KILL DEVIL HILLS

BUILDING

ISSUED: 12/16/2019

EXPIRES: 06/13/2020

DETAILS

Permit

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

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12/16/19



Town of Kill Devil Hills

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

PAID
DEC 13 2019

Planning and Inspection Department

BP2019-138

PROJECT NAME: JONES STAIR REBUILD, AND TIKI BAR ADDITION
SITE ADDRESS: 1822 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 06/11/2019

EXPIRES: 12/08/2019

APPLICANT: JONES, JEFFREY
1822 BAY DR
Kill Devil Hills, NC 27948

OWNER: JONES, JEFFREY
1822 BAY DR
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988409060566

Parcel Number: 002539000

Address: 1822 BAY DR KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES INC SEC 1

Block: 21 **Lot(s):** 3 & PT 2

Legal Description:

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

PROJECT DESCRIPTION: REBUILD TWO SETS OF EXTERIOR STAIRS, ADD 7'X16' STRUCTURE TO REAR DECK

BP2019-138

PROJECT NAME: JONES STAIR REBUILD, AND TIKI BAR ADDITION
SITE ADDRESS: 1822 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 06/11/2019

EXPIRES: 12/08/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

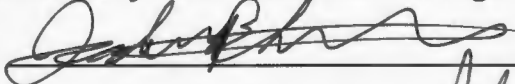
Zoning Final

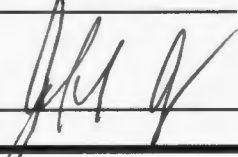
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12-13-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-284

PROJECT NAME: WALL EXTERIOR STAIR
SITE ADDRESS: 501 SOTHEL ST W KILL DEVIL HILLS

BUILDING

ISSUED: 12/12/2019

EXPIRES: 06/09/2020

APPLICANT: WALL, GEORGE
1424 CENTERVILLE TURNPIKE
CHESAPEAKE, VA 23322

OWNER: WALL, GEORGE
1424 CENTERVILLE TURNPIKE
CHESAPEAKE, VA 23322

GENERAL: WES LIVERMAN
UNKNOWN
UNKNOWN, XX 00000
252-619-2599

License: unlicensed
Expires: 12/31/2019

PARCEL:

PIN: 987520912526

Parcel Number: 003024000

Address: 501 SOTHEL ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 69 **Lot(s):** 18-20

Legal Description:

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

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR

DEC 17 2019

BP2019-284

PROJECT NAME: WALL EXTERIOR STAIR
SITE ADDRESS: 501 SOTHEL ST W KILL DEVIL HILLS

BUILDING

ISSUED: 12/12/2019

EXPIRES: 06/09/2020

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12/17/19



Town of Kill Devil Hills

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

PAID

DEC 23 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2019-287

PROJECT NAME: DOWNS POOL BARRIER
SITE ADDRESS: 2025 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

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

GENERAL: CHRIS GARDNER
105 ELIZABETH CT
Kill Devil Hills, NC 27948
252-455-5868

License: 90909090909090
Expires: 05/31/2022

PARCEL:

PIN: 989313138613

Parcel Number: 008520000

Address: 2025 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: NAGS HEAD SHORES AMENDED SEC 4

Zoning:

Block: 4 **Lot(s):** 12 & PT 11

Legal Description:

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

PROJECT DESCRIPTION: REBUILD POOL BARRIER

BP2019-287**PROJECT NAME:** DOWNS POOL BARRIER
SITE ADDRESS: 2025 MEMORIAL BLVD S KILL DEVIL HILLS**BUILDING****ISSUED:** 12/18/2019**EXPIRES:** 06/15/2020**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
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12-23-19



Town of Kill Devil Hills

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

PAD

DEC 23 2019

Planning and Inspection Department

BP2019-286

PROJECT NAME: Goard Deck Ban Replacement
SITE ADDRESS: 1628 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

APPLICANT: Goard, Marie
109 Marina Cove
CLARKSVILLE, VA 23927

OWNER: Goard, Marie
109 Marina Cove
CLARKSVILLE, VA 23927

CONTRACTOR: Gibbs, Clarence
Po Box 2387
Manteo, NC 27954

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

License: 76990
Expires: 12/31/2019

PARCEL:

PIN: 988410469894

Parcel Number: 002821000

Address: 1628 VA DARE TRL N KILL DEVIL HILLS

Addition: CROATAN SHORES

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

Legal Description:

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

PROJECT DESCRIPTION: replace band on on top level deck

BP2019-286

PROJECT NAME: Goard Deck Ban Replacement
SITE ADDRESS: 1628 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 12/18/2019

EXPIRES: 06/15/2020

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
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	7000.00
SURVEYOR NAME AND NUMBER	WC Owen L-3216
OCCUPANCY TYPE	One & Two Family Dwelling

VE Flood zone

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: 12-23-19



Town of Kill Devil Hills

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

DEC 20 2019

Planning and Inspection Department

BP2019-288

PROJECT NAME: Osprey Management Group LLC Repair
SITE ADDRESS: 1003 Virginia Dare Tr. N. Kill Devil Hills

BUILDING

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

APPLICANT: OSPREY ENGINEERING & MANAGEMENT, LLC
11141 WILLOWBROOK DR
POTOMAC, MD 20854

OWNER: OSPREY ENGINEERING & MANAGEMENT, LLC
11141 WILLOWBROOK DR
POTOMAC, MD 20854

CONTRACTOR: Finch & Company, Inc
116 Sandy Ridge Rd
kitty hawk, nc 27949
252-261-8710

UNLIMITED BUILDING: Finch & Company, Inc
116 Sandy Ridge Rd
kitty hawk, nc 27949
252-261-8710

License: 52567
Expires:

PARCEL:

PIN: 988415733187

Parcel Number: 003703001

Address: 1003 Virginia Dare Tr. N. Kill Devil Hills

Addition: Kitty Hawk Shores

Zoning:

Block: 10 **Lot(s):** 2

Legal Description:

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

PROJECT DESCRIPTION: repair rotten siding and sheathing

BP2019-288


PROJECT NAME: Osprey Management Group LLC Repair
SITE ADDRESS: 1003 Virginia Dare Tr. N. Kill Devil Hills

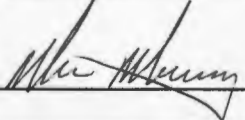
BUILDING

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

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: 12/20/19



Town of Kill Devil Hills

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

510

DEC 20 2019

Planning and Inspection Department

BP2019-289

PROJECT NAME: Gill Stair Replacement
SITE ADDRESS: 410 NIXONTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

APPLICANT: GILL, COLBERT H
218-A 76TH STREET
VIRGINIA BEACH, VA 23451

OWNER: GILL, COLBERT H
218-A 76TH STREET
VIRGINIA BEACH, VA 23451

CONTRACTOR: Kenco Construction
202 Pine Grove Trail
Kill Devil Hills, NC 27948
252-489-3854

UNLICENSED BUILDER: Kenco Construction
202 Pine Grove Trail
Kill Devil Hills, NC 27948
252-489-3854

License: 12345
Expires:

PARCEL:

PIN: 987516829584

Parcel Number: 001055000

Address: 410 NIXONTON ST KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:
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 front stairs to same footprint

BP2019-289

PROJECT NAME: Gill Stair Replacement
SITE ADDRESS: 410 NIXONTON ST KILL DEVIL HILLS

BUILDING

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	500.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	CP Lewis Jr L-2441
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final
Final

Slab/Foundation/Piling

CONDITIONS

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

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

BP2019-289

PROJECT NAME: Gill Stair Replacement

SITE ADDRESS: 410 NIXONTON ST KILL DEVIL HILLS

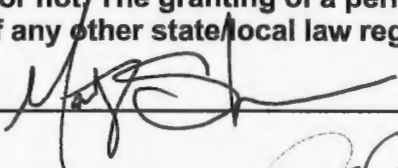
BUILDING

ISSUED: 12/20/2019

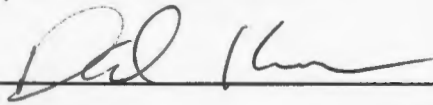
EXPIRES: 06/17/2020

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: _____

12-20-19



Town of Kill Devil Hills

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

MAD

DEC - 5 2019

Planning and Inspection Department

BP2019-274

PROJECT NAME: Short Deck/Stair Replacement
SITE ADDRESS: 306 ST LOUIS ST KILL DEVIL HILLS

BUILDING

ISSUED: 12/04/2019

EXPIRES: 06/01/2020

APPLICANT: SHORT, DONALD B
4404 POINT WEST DRIVE
PORTSMOUTH, VA 23703

OWNER: SHORT, DONALD B
4404 POINT WEST DRIVE
PORTSMOUTH, VA 23703

CONTRACTOR: SHANE CLARK
607 INDIAN DR
Kill Devil Hills, NC 27948
252-305-2477

UNLICENSED BUILDER: SHANE CLARK
607 INDIAN DR
Kill Devil Hills, NC 27948
252-305-2477

License: 000
Expires:

PARCEL:

PIN: 987516940429

Parcel Number: 000182000

Address: 306 ST LOUIS ST KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 75

Legal Description:

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

PROJECT DESCRIPTION: replace deck and stairs to same footprint, replace porch pilings with 6x6s

BP2019-274

PROJECT NAME: Short Deck/Stair Replacement
SITE ADDRESS: 306 ST LOUIS ST KILL DEVIL HILLS

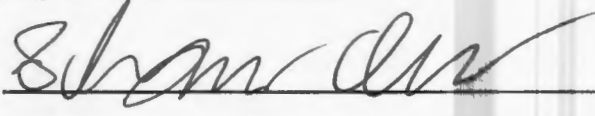
BUILDING

ISSUED: 12/04/2019

EXPIRES: 06/01/2020

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

Issued By: 

Contractor or Authorized Agent:  Date: 12/5/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-280	BUILDING
PROJECT NAME: PIERCE DECK	ISSUED: 12/06/2019
SITE ADDRESS: 2006 ELIZABETH CITY ST KILL DEVIL HILLS	EXPIRES: 06/03/2020

APPLICANT: PIERCE, RALPH W 1801 HOLLAND RD SUFFOLK, VA 23434	OWNER: PIERCE, RALPH W 1801 HOLLAND RD SUFFOLK, VA 23434
---	---

UNLICENSED BUILDER: Kevin Guns 316 Burns Drive Kill Devil Hills, NC 27948 252-489-3645	License: 000000 Expires:
--	---

PARCEL:

PIN: 988405292354	Parcel Number: 001960000
Address: 2006 ELIZABETH CITY ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 745
Legal Description:	

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

PROJECT DESCRIPTION: CONSTRUCT 16'X8' DECK IN REAR OVER EXISTING PATIO, INSTALL DOOR

PAD
DEC - 9 2019

BP2019-280**PROJECT NAME:** PIERCE DECK**SITE ADDRESS:** 2006 ELIZABETH CITY ST KILL DEVIL HILLS**BUILDING****ISSUED:** 12/06/2019**EXPIRES:** 06/03/2020

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	9.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
LOT COVERAGE	40.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

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.

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

* Zoning Final Inspection is required.

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

BP2019-280

PROJECT NAME: PIERCE DECK

SITE ADDRESS: 2006 ELIZABETH CITY ST KILL DEVIL HILLS

BUILDING

ISSUED: 12/06/2019

EXPIRES: 06/03/2020

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12/9/2019



Town of Kill Devil Hills

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

PAID

DEC - 9 2019

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2019-278

PROJECT NAME:

SITE ADDRESS: 807 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 12/06/2019

EXPIRES: 06/03/2020

APPLICANT: 807 North KDH, LLC
105 Horseshoe Dr.
WILLIAMSBURG, VA 23185
757-876-4617

OWNER: 807 North KDH, LLC
105 Horseshoe Dr.
WILLIAMSBURG, VA 23185
757-876-4617

RESIDENTIAL-INTERMEDIATE: B & A BUILDERS
180 Watersedge Drive
Kill Devil Hills, NC 27948
202-9030

License: 45496
Expires: 02/05/2020

PARCEL:

PIN: 988416726875

Parcel Number: 003698000

Address: 807 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 8 **Lot(s):** PT 9

Legal Description:

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

PROJECT DESCRIPTION: Remove/replace handrails on beach walkway/cabana. Replace 5 doors including new framing at re-sized door opening.

BP2019-278

PROJECT NAME:

SITE ADDRESS: 807 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 12/06/2019

EXPIRES: 06/03/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	34000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

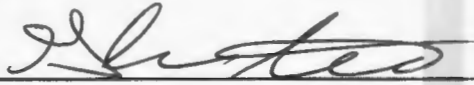
Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 12-9-19



Town of Kill Devil Hills

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

PAID

DEC - 6 2019

Planning and Inspection Department

BP2019-279	BUILDING
PROJECT NAME: Rettie Deck/Stair Repair	ISSUED: 12/06/2019
SITE ADDRESS: 1004 SUFFOLK ST KILL DEVIL HILLS	EXPIRES: 06/03/2020

APPLICANT: RETTIE, ERIK B 1004 SUFFOLK STREET KILL DEVIL HILLS, NC 27948	OWNER: RETTIE, ERIK B 1004 SUFFOLK STREET KILL DEVIL HILLS, NC 27948
---	---

UNLICENSED - REMODELING: SHAWN PENDLETON 805 EIGHT AVE Kill Devil Hills, NC 27948 252-256-1775	License: 0000000 Expires: 03/22/2022
--	---

PARCEL:

PIN: 987408999226	Parcel Number: 001968000
Address: 1004 SUFFOLK ST KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH ANNEX 2 & 3	Block: 0 Lot(s): 967
Legal Description:	

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

PROJECT DESCRIPTION: Replace decking and handrail, new steps



Town of Kill Devil Hills

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

PAID
DEC - 9 2019

Planning and Inspection Department

BP2019-282

PROJECT NAME: SMITH STAIRS
SITE ADDRESS: 2305 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 12/09/2019

EXPIRES: 06/06/2020

APPLICANT: SMITH, SAMUEL A JR
2804 W. MEADOW WOOD DRIVE
CHESAPEAKE, VA 23321

OWNER: SMITH, SAMUEL A JR
2804 W. MEADOW WOOD DRIVE
CHESAPEAKE, VA 23321

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988518216826

Parcel Number: 000845000

Address: 2305 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

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

Legal Description:

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

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR

BP2019-282

PROJECT NAME: SMITH STAIRS

SITE ADDRESS: 2305 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 12/09/2019

EXPIRES: 06/06/2020

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	11.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: *Lou Donglas*

Date: 12-9-19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-281	BUILDING
PROJECT NAME: Rowe New Bulkhead	ISSUED: 12/10/2019
SITE ADDRESS: 3132 BAY DR KILL DEVIL HILLS	EXPIRES: 06/07/2020

APPLICANT: SUNSET BAY LLC 803 CYPRESS CHAPEL RD NORFOLK, VA 23434	OWNER: SUNSET BAY LLC 803 CYPRESS CHAPEL RD NORFOLK, VA 23434
--	--

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

GENERAL BUILDING - INTERMEDIATE: LYN SMALL, INC. 113 Ballast Rock Dr. Powels Point, NC 27966	License: 27960-I Expires: 12/30/2019
---	---

PARCEL:

PIN: 987516822593	Parcel Number: 003056000
Address: 3132 BAY DR KILL DEVIL HILLS	
Addition: MOOR SHORES	Zoning:
Legal Description:	Block: 0 Lot(s): 132

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

PROJECT DESCRIPTION: new bulkhead and rip rap in along sound in rear yard

PAID
DEC 10 2019

BP2019-281

PROJECT NAME: Rowe New Bulkhead
SITE ADDRESS: 3132 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/10/2019

EXPIRES: 06/07/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	28000.00
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final	Progress
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.
- * Call for progress inspection once tie back system is installed prior to covering.

BP2019-281

PROJECT NAME: Rowe New Bulkhead
SITE ADDRESS: 3132 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/10/2019

EXPIRES: 06/07/2020

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

Issued By: 

Contractor or Authorized Agent:  Date: 12-10-19



Town of Kill Devil Hills

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

PAD

DEC - 3 2019

Planning and Inspection Department

BP2019-276

PROJECT NAME:

SITE ADDRESS: 1213 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 12/03/2019

EXPIRES: 05/31/2020

APPLICANT: LEONARD RITTER
235 Lawyer Road, NW
Vienna, VA 22180

OWNER: LEONARD RITTER
235 Lawyer Road, NW
Vienna, VA 22180

GENERAL: NOBLE, SCOTT
3121 Mary Hill Court
Kill Devil Hills, NC 27948
252-202-2453

License: 52132
Expires: 01/01/2020

PARCEL:

PIN: 988312978360

Parcel Number: 004282000

Address: 1213 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 6 **Lot(s):** 19

Legal Description:

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

PROJECT DESCRIPTION: Replace existing deck and stairs. Add new upper level 8x8 deck over existing deck footprint.

BP2019-276

PROJECT NAME:

SITE ADDRESS: 1213 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 12/03/2019

EXPIRES: 05/31/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	10500.00
OPEN DECK (SQFT)	1
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

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.

* 8x8 piling required at new piling location supporting 2 levels of deck. Discussed with contractor by phone 12/3/19. Verify at piling inspection.

BP2019-276

PROJECT NAME:

SITE ADDRESS: 1213 MEMORIAL BLVD S KILL DEVIL HILLS

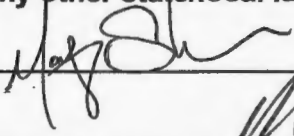
BUILDING

ISSUED: 12/03/2019

EXPIRES: 05/31/2020

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: _____

12/3/19



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-277

PROJECT NAME: SAWYER STAIR AND DECKING
SITE ADDRESS: 2037 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 12/03/2019

EXPIRES: 05/31/2020

APPLICANT: GLENN SAWYER
2037 BAY DR
Kill Devil Hills, NC 27948
252-599-0963

OWNER: GLENN SAWYER
2037 Bay Dr.
KILL DEVIL HILLS, NC 27948

UNLICENSED BUILDER: HUNTER GAZA
1374 HWY 64
Wanchese, NC 27954
252-331-3798

License: XXXXXXXX
Expires: 12/31/2020

PARCEL:

PIN: 987408986652

Parcel Number: 001994000

Address: 2037 BAY DR KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1019

Legal Description:

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

PROJECT DESCRIPTION: REPLACE DECKING, REBUILD EXTERIOR STAIRS, AND SISTER JOIST

PAID

DEC - 3 2019

BP2019-277**PROJECT NAME:** SAWYER STAIR AND DECKING**SITE ADDRESS:** 2037 BAY DR KILL DEVIL HILLS**BUILDING****ISSUED:** 12/03/2019**EXPIRES:** 05/31/2020**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	3000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

12/3/19



Town of Kill Devil Hills

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

DEC - 2 2019

Planning and Inspection Department

BP2019-266	BUILDING
PROJECT NAME: Mark and Kathleen Adams	ISSUED: 11/18/2019
SITE ADDRESS: 1900 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 05/16/2020

APPLICANT: Gulfstream Pools P.O. Box 2318 Kitty Hawk, NC 27949 207-8440	OWNER: Adams, Mark and Kathleen 212 Spring View Drive DOUGLASSVILLE, PA 19518 484-343-6652
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BUILDING LIMITED: Gulfstream Pools P.O. Box 2318 Kitty Hawk, NC 27949 207-8440	License: 60217 Expires: 01/01/2020
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PARCEL:

PIN: 989313144669	Parcel Number: 008500000
Address: 1900 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: BESSIE C HARRISON&N C DOUGLAS	Block: 0 Lot(s): D
Legal Description:	

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

PROJECT DESCRIPTION: Move existing pool fence

BP2019-266

PROJECT NAME: Mark and Kathleen Adams
SITE ADDRESS: 1900 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 11/18/2019

EXPIRES: 05/16/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
PURPOSE	Residential Accessory
CONSTRUCTION COST	3000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

12/2/19



Town of Kill Devil Hills

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

PAID

DEC - 2 2019

Planning and Inspection Department

BP2019-275	BUILDING
PROJECT NAME: Bender Deck and Stair Replacement	ISSUED: 12/02/2019
SITE ADDRESS: 204 ATLANTIC ST E KILL DEVIL HILLS	EXPIRES: 05/30/2020

APPLICANT: BENDER, DOUGLASS 204 E Atlantic Street Kill Devil Hills, NC 27948	OWNER: BENDER, DOUGLASS 204 E Atlantic Street Kill Devil Hills, NC 27948
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GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:			
PIN:	988312969583	Parcel Number:	004722000
Address:	204 ATLANTIC ST E KILL DEVIL HILLS		
Addition:	KILL DEVIL BEACH SEC 1 REVISED	Zoning:	
Legal Description:		Block:	F Lot(s): 3

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

PROJECT DESCRIPTION: repair and replace stairs and decking to existing footprint

BP2019-275

PROJECT NAME: Bender Deck and Stair Replacement
SITE ADDRESS: 204 ATLANTIC ST E KILL DEVIL HILLS

BUILDING

ISSUED: 12/02/2019

EXPIRES: 05/30/2020

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	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L- 2592
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2019-275

PROJECT NAME: Bender Deck and Stair Replacement
SITE ADDRESS: 204 ATLANTIC ST E KILL DEVIL HILLS

BUILDING

ISSUED: 12/02/2019

EXPIRES: 05/30/2020

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: _____