

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

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 RL **ZONING DISTRICT** FRONT YARD SETBACK 30 REAR YARD SETBACK 20% Depth >30 SIDE YARD SETBACK 8 HEALTH DEPARTMENT 29197 PERMIT # **CAMA PERMIT** Ν CAMA EXEMPTION N X FLOOD ZONE NO SUBSTANTIAL **IMPROVEMENT** PURPOSE **Residential Accessory** CONSTRUCTION COST 43258.00 LOT COVERAGE 38.65 SURVEYOR NAME AND Gloria J. Rogers L-3531 NUMBER 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 r 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: Murrey Date: **Contractor or Authorized Agent:**



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

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

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DEC 23 2019

EXPIRES: 06/20/2020

APPLICANT: Chappell, Douglas 520 Whitehat Road Hertford, NC 27944 252-337-4584			52 H	Chappell, Douglas 520 Whitehat Road Hertford, NC 27944 252-337-4584		
GENERAL:		Self UNKNOWI UNKNOWI 917-862-90	N, XX 00000			L icense: Unlicensed E xpires: 12/31/2020
PARCEL:						
PIN:	988312874297	7		Parcel Number:	0043750	000
Address:	202 AIRSTRIP	RD W KILL DE	VIL HILLS			
				Zoning:		
Addition:	KILL DEVIL HI	LLS REALTY C	ORP	Block:	17	Lot(s): 5
Legal Desc	ription:					
FEES:		Paid	Due	BUILDING AREA:		
Res. Building Pe	ermit Fee	\$198.41	\$0.00	Residential Heate	d Space	264 sq. Ft.
Annon-10-10-10-10-10-10-10-10-10-10-10-10-10-	Totals :	\$198.41	\$0.00	- (.75)		

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

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

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	Ν
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing
Framing
Rough In

Insulation

Final

Zoning Final

CONDITIONS

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

* 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.

Printed by : Cray on: 12/23/2019 04:35 PM

BJ2019-236 PROJECT NAME: CHAPPELL GROUND FLOOR ADDITION SITE ADDRESS: 202 AIRSTRIP RD W KILL DEVIL HILLS	BUILDING JOIN ISSUED: 12/23/201 EXPIRES: 06/20/202		
* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2	2 and NCBC 1609.2.		
I hereby certify that I have read and examined this application and know All provisions of Laws and Ordinances governing this type of work will specified herein or not. The granting of a permit does not presume to g the provisions of any other state/local law regulating construction or the	be complied with whether ive authority to violate or cancel		
Issued By:			

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

Planning and Inspection Department

BJ2019-235

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

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BUILDING JOINT ISSUED: 12/23/2019

537

DEC 27 2019

EXPIRES: 06/20/2020

*****	Totals :	\$200.00	\$0.00				
Pool/Hot Tub		\$200.00	\$0.00				
EES:		Paid	Due				
Legal Desc	cription:						
Addition:	ORVILLE BEA	CH WEST		Block:	0	Lot(s): 8	35
				Zoning	j :		
Address:	313 ST LOUIS	ST KILL DEVIL	HILLS				
PIN:	987516849206	6		Parcel Number:	0029570	000	
PARCEL:							
GENERAL: COLSON CONSTRUCTION 1305 Campground Rd. Elizabeth city, NC 27909 252-202-2764			Expires: 01/08/202				
APPLICANT:	COLSON CONSTRU 1305 Campground F Elizabeth city, NC 27 252-202-2764	Rd.			COLSON CO 1305 Campgi Elizabeth city 252-202-2764	, NC 27909	J., INC.

PROJECT DESCRIPTION: Pool in rear yard



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

Planning and Inspection Department

BJ2019-228

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

BUILDING JOINT ISSUED: 12/19/2019

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1550ED: 12/19/2019

EXPIRES: 06/16/2020

APPLICANT: McDonald, William & Eva 700 WEST First ST F2 Kill Devil Hillsl, NC 27948 252-385-5119			c	OWNER:	McDonald, William & Eva 700 WEST First ST F2 Kill Devil HillsI, NC 27948 252-385-5119				
CONTRACTOR:	Gran Plan Restorations 349C Water Plant Rd. Manteo, NC 27954 305-6881								
BUILDING:		349C Wate	Gran Plan Restorations 349C Water Plant Rd. Manteo, NC 27954 305-6881			License: 72798 Expires:			
PARCEL:									
PIN:	98841314042672			Parcel Number:	008075602				
Address:	700 F2 FIRST ST	W KILL DE	VIL HILLS						
				Zonir	ng:				
Addition:				Block	K: 0	Lot(s): UT 2 BLDG F			
Legal Descr	ription:								
EES:		Paid	Due						
Building Permit F Fee	Fee - Minimum	\$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

Date: /o

EXPIRES: 06/16/2020

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

Issued By:

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Contractor or Authorized Agent:



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

Planning and Inspection Department

BJ2019-229

PROJECT NAME: Shankles Water Damage Repair SITE ADDRESS: 700 F10 FIRST ST W KILL DEVIL HILLS DEC 19

BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

APPLICANT:	Shankles, Dell				Shankles, De		
	118 Bailey DR YORKTOWN, VA 23692 757-879-4439				118 Bailey DI YORKTOWN 757-879-4439	, VA 23692	
CONTRACTOR:	Gran Plan Restorations 349C Water Plant Rd. Manteo, NC 27954 305-6881				n v o knin deđe na		
BUILDING:		Gran Plan I 349C Wate Manteo, NG 305-6881				License: 7279 Expires:	8
PARCEL:							
PIN:	98841314042680			Parcel Number:	008075	610	
Address:	700 F10 FIRST ST		VIL HILLS				
				Zoning	g:		
Addition:				Block:	0	Lot(s):	UT 10 BLDG F
Legal Descr	iption:						
EES:		Paid	Due				
Building Permit F Fee	Fee - Minimum	\$150.00	\$0.00				
Actual system and a reason of the second system of		\$150.00	\$0.00				

PROJECT DESCRIPTION: reconstruction/mitigation from water damage

Permit Name

ZONING DISTRICT

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 Value С 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.

PROJECT NAME: Shankles Water Damage Repair SITE ADDRESS: 700 F10 FIRST ST W KILL DEVIL HILLS BUILDING JOINT ISSUED: 12/19/2019

Date: /-

EXPIRES: 06/16/2020

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

Issued By:

Contractor or Authorized Agent:

Birthplace To Aviation	to /	K Phone: 25	PO BO (ill Devil Hills (2-449-5318)	I Devil Hil X 1719 3, NC 27948 Fax: 252-441 ection Depar	-4102	19	
BJ2019-230 PROJECT NAM SITE ADDRESS) E: Smith Water Da : 700 F5 FIRST S	mage Repair ſW KILL DEVIL	L HILLS			ISSUED	IG JOINT : 12/19/2019 S: 06/16/2020
APPLICANT:	Smith, Tim 210 6th Street HARRISONBURG, \	/A 22802		OWNER:	Smith, Tim 210 6th Stree HARRISONB	t URG, VA 22802	
CONTRACTOR:	Gran Plan Restoratio 349C Water Plant Ro Manteo, NC 27954 305-6881		ala. Basaran jugi dagi kari kuta da da da Basari da da	nin men met kan ang pang kan dan dan dan dan dan dan dan dan dan d	gent yout the substantiant		
BUILDING:			Restorations er Plant Rd. C 27954			License: 72798 Expires:	
PARCEL:							
PIN:	988413140426	375		Parcel Number:	008075	605	
Address:	700 F5 FIRST	ST W KILL DEV	VIL HILLS				
Addition:				Zoni Bloc		Lot(s):	UT 5 BLDG F
Legal Descri	iption:						
EES:		Paid	Due				
Building Permit F Fee	ee - Minimum	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00	RM5.			

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RORTH C	AROLINIP	Ki Phone: 252	PO BOX ill Devil Hills, 2-449-5318		4102	DEC 20 TO
	27 ME: HAGADONE K SS: 519 WAX MYR1					BUILDING JOINT ISSUED: 12/18/2019 EXPIRES: 06/15/2020
APPLICANT:	HAGADONE, MATT 519 WAX MYRTLE Kill Devil Hills, NC 2 252-564-4635	CT	(OWNER:	519 WAX I	NE, MATTHEW MYRTLE CT IIIIs, NC 27948 635
GENERAL:		Self UNKNOWN UNKNOWN 917-862-90	, XX 00000			License: Unlicensed Expires: 12/31/2020
PARCEL:						
PIN:	98840915954	7		Parcel Number:	0032	52000
Address:	519 WAX MY	RTLE CT KILL D	EVIL HILLS	Zoni	ng:	
Addition:	FIRST FLIGH	T VILLAGE SEC	2	Bloc	k: 0	Lot(s): 281
Legal Des	cription:					
FEES:		Paid	Due			
Renovation/ Re (MIN)	emodel/Relocate	\$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		

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

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BUILDING JOINT ISSUED: 12/18/2019

EXPIRES: 06/15/2020

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

Issued By: **Contractor or Authorized Agent:**

20/2019 Date: 2



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

Planning and Inspection Department

BJ2019-232

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

DEC 1 9 2019

BUILDING JOINT

ISSUED: 12/19/2019

EXPIRES: 06/16/2020

APPLICANT:	Brooks, Marcia 700 WEST First ST F Kill Devil Hillsl, NC 27 703-501-0185		c	OWNER:	Brooks, Marc 700 WEST Fi Kill Devil Hills 703-501-018	irst ST F9 I, NC 27948	
CONTRACTOR:	Gran Plan Restoration 349C Water Plant Rd. Manteo, NC 27954 305-6881						
BUILDING:			Restorations er Plant Rd. C 27954			License: 72798 Expires:	3
PARCEL:							
PIN:	988413140426	79		Parcel Number:	008075	609	
Address:	700 F9 FIRST \$	ST W KILL DE	VIL HILLS				
				Zonii	ng:		
Addition:				Block	k: 0	Lot(s):	UT 9 BLDG F
Legal Descr	iption:						
FEES:		Paid	Due				
Building Permit F Fee	ee - Minimum	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

PROJECT DESCRIPTION: reconstruction/mitigation from water damage

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	С		
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	Ν		
DRIVEWAY INVERT 2	N		
OCCUPANCY TYPE	Residential		

REQUIRED INSPECTIONS

Rough In Insulation

Final

Zoning Final

CONDITIONS

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

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

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

Issued By: Date: 12/19/2019

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Contractor or Authorized Agent:



PROJECT DESCRIPTION: reconstruction/mitigation from water damage

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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

Date: 12/19/2019

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

Issued By:

Contractor or Authorized Agent:



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

Planning and Inspection Department

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

APPLICANT:	NEWSOME, KEITH 806 Dean Street Kill Devil Hills, NC 27	7948		OWNER:	NEWSOME, KEI 806 Dean Street Kill Devil Hills, NO	
CONTRACTOR:	W. M. Dunn Constru 4800 Capri TER Kitty Hawk, NC 2794 207-8964				,	
GENERAL:		W.M. Dunn 4800 Capri Kitty Hawk, 252-261-15	NC 27949			ense: 70411 ires: 12/31/2021
PARCEL:						
PIN:	988316749391			Parcel Number:	027354002	
Address:	1419 SHAY S	F KILL DEVIL HI	ILLS			
				Zoni	ing:	
Addition:	KILL DEVIL B	EACH EXTENDE	D	Bloc	k: 4A	Lot(s): 1
Legal Descr	iption:					
FEES:		Paid	Due	BUILDING ARE	EA:	
T-Pole		\$50.00	\$0.00	# of Temporal	ry Poles	1 EA
Res. Building Pe	rmit Fee	\$1,008.00	\$0.00	Residential He	eated Space	1344 sq. Ft.
	Totals :	\$1,058.00	\$0.00	(.75)		
PROJECT DESCI	RIPTION: New 21	Bedroom Single	Eamily Dwo	lling		
	1000 21				7.	
	Town of Kil	Devil Hills				
	Water C	harges			DEC 1	7 2019
	DA	ID			020 1	. 2013
	FF	23843				5
rinted by : CTHUMAN or		(204-			×11	
Inted by . CTHOWAN OF	1. 12/1//2013 02.44 FM					Page 1 of

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

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
n-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.

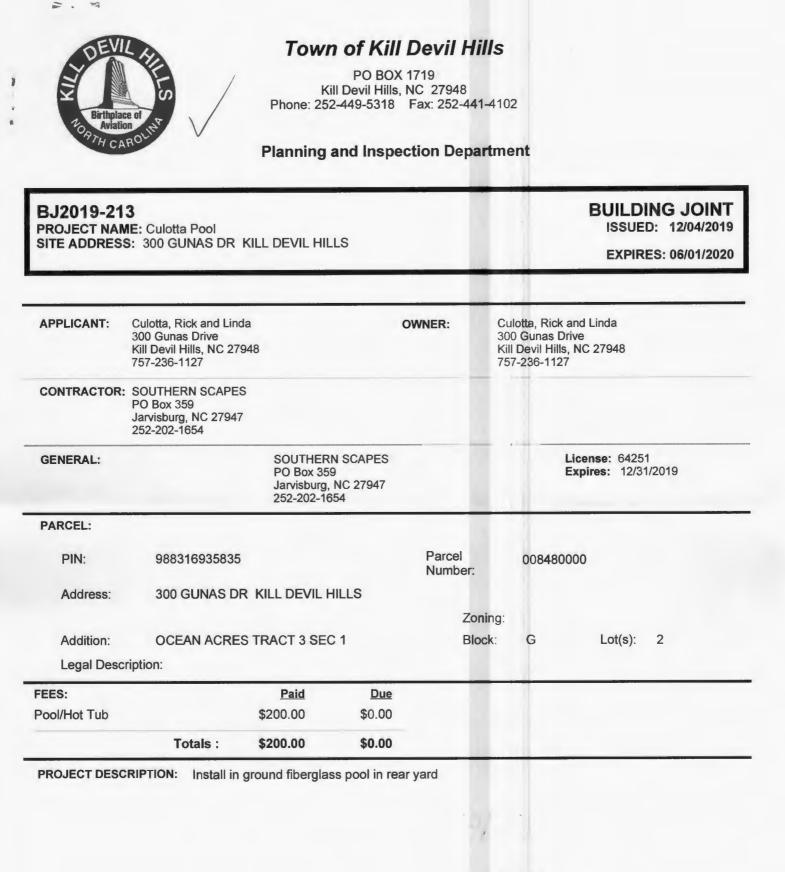
* Zoning Final Inspection is required.

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 stateflocal law regulating construction or the performance of construction.

Issued By:

Contractor or Authorized Agent:

Date:	12/1	7/19
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PROJECT NAME: Culotta Pool SITE ADDRESS: 300 GUNAS DR KILL DEVIL HILLS

BUILDING JOINT ISSUED: 12/04/2019

EXPIRES: 06/01/2020

DETAILS

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	Ν
FLOOD ZONE	х
SUBSTANTIAL MPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	34696.00
OT COVERAGE	39.80
SURVEYOR NAME AND	William S. Jones L-2532
CULVERT	Ν
DRIVEWAY INVERT 2	Ν
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.

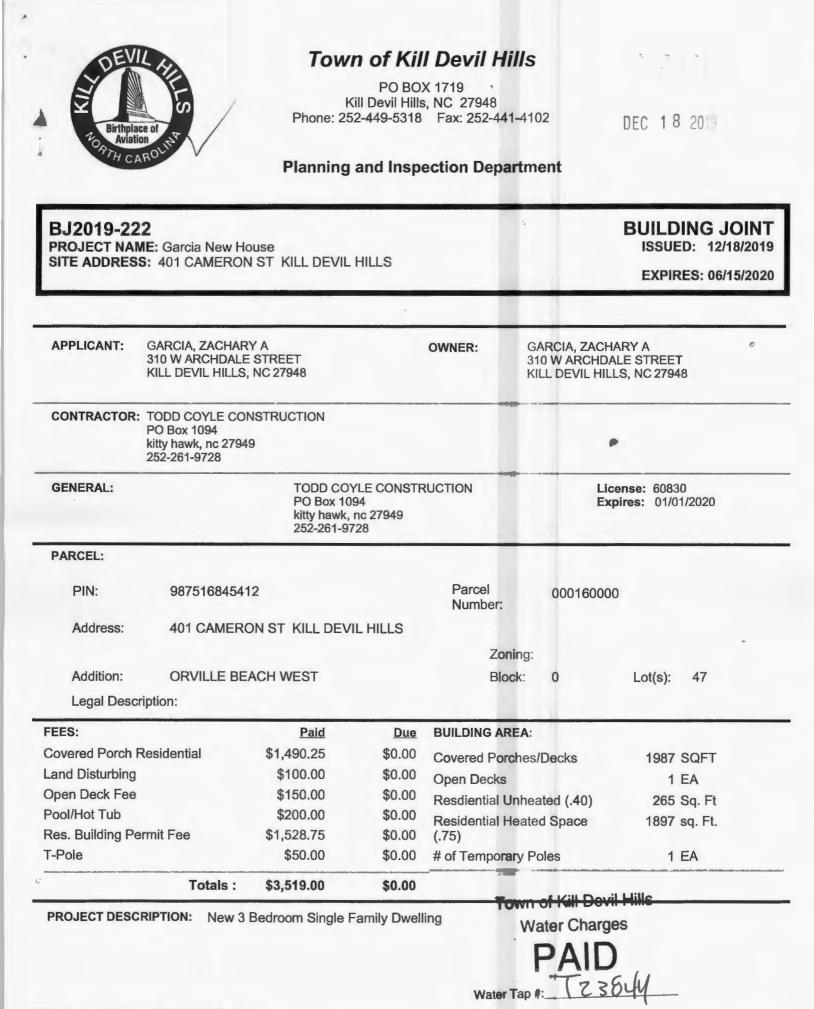
* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

* Zoning Final Inspection is required.

Printed by : CTHUMAN on: 12/04/2019 08:13 AM

BUILDING JOINT BJ2019-213 ISSUED: 12/04/2019 **PROJECT NAME:** Culotta Pool SITE ADDRESS: 300 GUNAS DR KILL DEVIL HILLS 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 pot. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other stateflocal law regulating construction or the performance of construction. **Issued By:** Date: 12-18.19 **Contractor or Authorized Agent:**

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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 29225 PERMIT # **#PARKING** 2 SPACES/BEDROOM **CAMA PERMIT** N CAMA EXEMPTION N FLOOD ZONE Х SUBSTANTIAL NO **IMPROVEMENT** PURPOSE **Residential New** CONSTRUCTION TYPE V CONSTRUCTION COST 385000.00 LOT COVERAGE 38.80 LIVING SPACE (SQFT) 1897 COVERED 1987 PORCHES/DECKS (SQFT) STORAGE (SQFT) 265 160 **OPEN DECK (SQFT)** TOTAL SQUARE FOOTAGE 4309 SURVEYOR NAME AND Jamie E. Furr L-4692 NUMBER ENGINEER AND LICENSE Raymond Pate 13018 NUMBER CULVERT N **DRIVEWAY INVERT 2** Y OCCUPANCY TYPE **One & Two Family** Dwelling

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

* 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.

* 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



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

Planning and Inspection Department

BJ2019-223

7

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 S Kill Devil Hills, NC 27			OWNER:	BRAASCH, C 2033 YORKT Kill Devil Hills	OWN STREET	
GENERAL:		Self UNKNOWM UNKNOWM 917-862-90	1, XX 00000			License: Unlicensed Expires: 12/31/2020	
PARCEL:							
PIN:	988405099377	7		Parcel Number:	001470	000	
Address:	2033 YORKTO	OWN KILL DEVI	L HILLS				
				Zoning	g:		
Addition:	AVALON BEA	CH ANNEX 2 &	3	Block	0	Lot(s): 1342	
Legal Desc	cription:						
FEES:		Paid	Due				
Building Permit Fee	Fee - Minimum	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00	æ-			

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

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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	
Slab/Foundation/Piling	
Framing	
Rough In	

Insulation Final Zoning Final

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: Cen

me Gransch Date: 13Dec2019

Aviation of the second	CEE OF DE CEE OF	/ Ki Phone: 252	PO BOX II Devil Hills, 2-449-5318	(1719 NC 27948 Fax: 252-441-4	1102		
	21 ME: Spencer Additio S: 2808 RAYMOND		IL HILLS			ISSUE	NG JOINT D: 12/12/2019 ES: 06/09/2020
APPLICANT:	SPENCER, DENNIS 7918 EDGEWOOD F FREDERICK, MD 21	ARM RD		OWNER:		DENNIS CHARL VOOD FARM RI , MD 21702	
CONTRACTOR	: Albemarle Contracto P.O. Box 146 Kitty Hawk, NC 2794 252-256-1883			an municipal de la constant de la co	na 1. an Alammangan kangkatan kanan kanan	alitista iyo "Aliticania wa yafi unanazi ani uku kuku kuku kuku kuku kuku kuku kuk	
GENERAL BUI	LDING:	Albemarle (P.O. Box 14 Kitty Hawk, 252-256-18	NC 27949	าс.		License: 53487 Expires:	,
PARCEL:	·····						
PIN:	988513122622	2		Parcel Number:	000433	000	
Address:	2808 RAYMO	ND AVE KILL DE	EVIL HILLS				
				Zonin	ig:		
Addition:	VIRGINIA DAF	RE SHORES		Block	:: 18	Lot(s):	21-22
Legal Desc	cription:						
FEES:		Paid	Due	BUILDING ARE	A:		
Renovation/Ren	model/Relocate	\$319.95	\$0.00	Remodel/Reno	vation	711	SQFT
	Totals :	\$319.95	\$0.00		- A1985 \$ 900 00 00 00 00 00 00 00 00 00 00 00 00		

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DEC 1 7 2019

THE REAL PROPERTY OF

Printed by : Marty Shaw on: 12/12/2019 08:14 AM

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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	С	
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

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

7

P

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 work is suspended for a period of 12 mon * As-built survey will be required prior to Certain to Certain the survey will be required prior to Certain the survey will be required prio	ths at any time after work has started.	
 * A final elevation certificate will be required accordance with 151.41(C). * Must comply with Wind Borne Debris required 	prior to issuance of a Certificate of Occupar	
	oter 153 Zoning including lot coverage and s	***************************************
* Zoning Final Inspection is required.		
All provisions of Laws and Ordinance specified herein or not. The granting	examined this application and know the es governing this type of work will be of a permit does not presume to give al law regulating construction or the p	complied with whether authority to violate or cancel
Issued By: Mark Cd		
	6 0	



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

BUILDING JOINT

ISSUED: 12/12/2019

EXPIRES: 06/09/2020

Renovation/Remodel/Relocate		\$270.00	\$0.00	Remodel/Reno	vation	600 SQFT	
FEES:		Paid	Due	BUILDING ARE	A:		
Legal Des	cription:						
Addition:	BAUM BAY S	HORES - REVIS	ED	Block	: C	Lot(s): 4	
				Zonin	g:		
Address:	106 PARK DR	R KILL DEVIL HII	LLS				
PIN:	98841960832	9		Parcel Number:	008161	000	
PARCEL:							
GENERAL BUILDING-LIMITED:		601 W Free	PHOENIX RESTORATION 601 W Fresh Pond Dr. Kill Devil Hills, NC 27948 480-1044			License: 58038 Expires: 12/31/2020	
		13, VA 23034			COLONIAL HEIGHTS, VA 23834		
APPLICANT: GOULDER, ROBERT A 3214 HOLLY AVE COLONIAL HEIGHTS, VA 23834		3214		3214 HOLLY	ILDER, ROBERT A HOLLY AVE ONIAL HEIGHTS, VA 23834		

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

DEC 1 3 2019

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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	Ν
CAMA EXEMPTION	Ν
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
SUBSTANTIAL MPROVEMENT	NO
URPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	30000.00
CULVERT	Ν
DRIVEWAY INVERT 2	Ν

REQUIRED INSPECTIONS

Rough In Insulation Final

CONDITIONS

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

* 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: 2 **Contractor or Authorized Agent:**

Date: 12/13/19

Printed by : CTHUMAN on: 12/12/2019 08:36 AM

Birthplac Aviatio	S THE	Kil Phone: 252	PO BOX I Devil Hills -449-5318	Devil Hills 1719 NC 27948 Fax: 252-441-4	102	DEC 1 0 2019	
	E: Myrick New Ho	ouse ORO ST KILL DE	VIL HILLS			BUILDING J ISSUED: 12/ EXPIRES: 06/	10/2019
APPLICANT:	MYRICK, BARBAR 5600 SHELL ROAL Virginia Beach, Va)			MYRICK, BA 5600 SHELI Virginla Bea		
CONTRACTOR:	JIM DAVIS OF DAV CONSTRUCTION 242 Broadbay Drive Kill Devil Hills, NC 2 252-441-3810	COMPANY INC.			1		
GENERAL:		COMPANY 242 Broadba	INC. ay Drive Is, NC 27948	ROTHERS CONST	RUCTION	License: 50268 Expires: 01/01/2020	
PARCEL:							
PIN:	98840629576	65		Parcel Number:	001936	5000	
Address:	101 GREENS	BORO ST KILL	DEVIL HILLS	6			
				Zoning	g:		
Addition:	AVALON BE	ACH ANNEX 1		Block:	0	Lot(s): 509	
Legal Descr	iption:						
FEES:		Paid	Due	BUILDING AREA	:		
Covered Porch F	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 Hea	ted Space	2010 sq. Ft.	
Res. Building Pe	rmit Fee	\$1,507.50	\$0.00	(.75) Covered Porche	Docka	479 SQFT	
			\$0.00	LOVERO PORCO	:S/LJECKS	4/9 OUF	

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

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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	С
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

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 Fi

CONDITIONS

Final

* 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 statellocal law regulating construction or the performance of construction.

Issued By: Date: 12-10-19 **Contractor or Authorized Agent:**

P P P P P P P P P P P P P P P P P P P	Ince of INP AROLINP	K Phone: 25	PO BOX ill Devil Hills 2-449-5318		4102	DEC 1 0 2019
	I6 ME: Dream Builders S: 504 Palmetto Str	eet W Kill Devil	Hills			BUILDING JOINT ISSUED: 12/10/2019 EXPIRES: 06/07/202
APPLICANT:	Dream Builders PO Box 33 Kill Devil Hillsl, NC 2 252-573-8910	7948		OWNER:	Dream Builde PO Box 33 Kill Devil Hillsl 252-573-8910	, NC 27948
GENERAL BUI	LDING - UNLIMITED:	Dream Buil PO Box 33 Kill Devil Hi 252-573-89	illsl, NC 2794	8		license: 775296 Expires: 01/01/2021
PARCEL:						
PIN:	987520909219	9		Parcel Number:		
Address:	504 Palmetto	Street W Kill Dev	vil Hills			
				Zoni	-	
Addition:	cription: Lot 23R, E	Block 74. Virginia	Dare Shore	Bloci s Subdivision	C.	Lot(s):
FEES:		Paid	Due	BUILDING ARE	A:	
Res. Building P	ermit Fee	\$1,277.25	\$0.00	Open Decks		1 EA
Open Deck Fee		\$150.00	\$0.00	Residential He	ated Space	1703 sq. Ft.
Covered Porch	Residential	\$72.75	\$0.00	(.75)		
T-Pole		\$50.00	\$0.00	# of Temporar Covered Porcl		1 EA 97 SQFT
	Totals :	\$1,550.00	\$0.00	Sovereu i olu	ico Decito	01 0001

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

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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	Ν
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

Printed by : CTHUMAN on: 12/10/2019 11:46 AM

BJ2019-216 PROJECT NAME: Dream Builders SITE ADDRESS: 504 Palmetto Street W Kill Devil Hills

EXPIRES: 06/07/2020

REQUIRED INSPECTIONS

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

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 grapting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction.

Issued By: 1/11/an 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, I		c		OLIVOLA, M NANCY O W P O BOX 364 KILL DEVIL I	ALTON	
CONTRACTOR:	COASTAL FIRE PR 921A CORPORATE CHESAPEAKE, VA 757-488-8471	LN	PANY	ennennennen er einen	, i de Marine Galager van Joseph na Marine Andrea		
CONTRACTOR:		921A COR	PORATE LN AKE, VA 23320	TION COMPANY		License: 23749 Expires:	
PARCEL:							
PIN:	98841037412	2		Parcel Number:	002739	9000	
Address:	1700 CROAT	AN HWY N KILL	DEVIL HILLS	1			
				Zoni ng	:		
Addition:	HEDRICKS AI	DDITION - CROA	ATAN SH	Block:	0	Lot(s): 0	
Legal Descri	iption:						
FEES:		Paid	Due				
Building Permit F Fee	ee - Minimum	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

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

PAID

DEC 1 0 2019

TOWN OF KILDEVIL ILS

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	С
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	IL
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:	XS	
Contractor or Authorized	Agent: Jand Soche	Date: <u>/2-/0-/9</u>

Birthplace of Aviation	Line .	Ki Phone: 252	PO BOX 17 PO BOX 17 ill Devil Hills, N 2-449-5318 F and Inspect	719 C 27948 Fax: 252-441-4	4102	DEC - 6 2019	
BJ2019-220 PROJECT NAME: SITE ADDRESS:			DEVIL HILLS			BUILDING ISSUED: 1 EXPIRES: 0	2/06/2019
87	IMMONS, EDDIE I 72 SIR WALTER R ANTEO, NC 2795	ALEIGH ST	OV	WNER:	SIMMONS, 872 SIR W MANTEO, I	ALTER RALEIGH ST	
GENERAL:		Self UNKNOWN UNKNOWN 917-862-90	1, XX 00000			License: Unlicensed Expires: 12/31/2020	
PARCEL:							
PIN:	98840529074			Parcel Number:	00118	85000	
Address:	2024 ELIZABI	ETH CITY ST KI	LL DEVIL HILL				
Addition:	AVALON BEA	CH ANNEX 2 & 3	3	Zonir Block		Lot(s): 727	
Legal Descript							
FEES:		Paid	Due				
Mechanical Permit		\$150.00	\$0.00				
Accessory Residen		\$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:	e 23321				Tuttle, John 3070 Falmouth Drive CHESAPEAKE, VA 23321		
CONTRACTOR	Emanuelson and Da 6705 CROATAN HV 6705 S. Croatan Hw nags head, nc 2795 252-261-2215	Y SOUTH y.					
RESIDENTIAL,	LIMITED:		ATAN HWY Soatan Hwy. nc 27959	SOUTH		cense: 79801 (pires: 01/01/2020	
PARCEL:							
PIN:	98851304388	3		Parcel Number:	00007100	00	
Address:	300 ARCH ST	E KILL DEVIL I	HILLS				
				Zoning	:		
Addition:	ORVILLE BEA	CH BLK 2		Block:	2	Lot(s): 14	
Legal Des	cription:						
EES:		Paid	Due	BUILDING AREA	:		
Renovation/Ren	model/Relocate	\$388.80	\$0.00	Resdiential Unhe	eated (.40)	384 Sq. Ft	
(chovation// (c)	rmit Fee	\$189.60	\$0.00	Remodel/Renov		864 SQFT	
Res. Building P						48 sq. Ft.	

PROJECT DESCRIPTION: rep

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

:r -5 20 9

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	С	
RONT YARD SETBACK	30	
REAR YARD SETBACK	20% Depth >30	
SIDE YARD SETBACK	8	
STREET SIDE SETBACK	15	
CAMA PERMIT	N	
CAMA EXEMPTION	Ν	
FLOOD ZONE	AE	
BASE FLOOD ELEVATION	9.0	
Proposed First Floor Elevation	8.90	
UBSTANTIAL MPROVEMENT	NO	
PURPOSE	Residential Repair/Remodel	
CONSTRUCTION COST	50000.00	
SURVEYOR NAME AND	Robert C. Cummins L- 2951	
CULVERT	N	
DRIVEWAY INVERT 2	Ν	
DCCUPANCY TYPE	One & Two Family Dwelling	

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

Insulation

Final

Zoning Final

CONDITIONS

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

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

BJ2019-214 PROJECT NAME: Tuttle remodel. ba

- · · ·

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

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: Date: 12/5 Contractor or Authorized Agents

Ho Birthpla Ro Aviati	THE OLINE AND	K Phone: 25	PO BO) ill Devil Hills 2-449-5318	I Devil Hi (1719 5, NC 27948 Fax: 252-441	-4102			c - 5 2019
	7 ME: MERCER GRO S: 403 CHOWAN S) DECK			ISSUE	ING JOINT D: 12/05/2019 RES: 06/02/2020
APPLICANT:	Ben Mercer 300 Oak Run kitty hawk, nc 27949 252-207-8610			OWNER:	Ben Me 300 Oa kitty ha 252-20	k Run wk, nc 2	27949	
BUILDER:		Ben Merce 300 Oak Ri kitty hawk, 252-207-86	un nc 27949				icense: 268 xpires:	
PARCEL:								
PIN:	98752092509	6		Parcel Number:	02	266660	00	
Address:	403 CHOWAN	ST W KILL DE	VIL HILLS					
Addition: Legal Desc	VIRGINIA DAI	RE SHORES		Zon Bloo	iing: ck: 57	,	Lot(s):	19-20
FEES:		Paid	Due	BUILDING AR	EA:			
Res. Building Po Open Deck Fee		\$432.00 \$150.00	\$0.00 \$0.00	Residential H (.75)	leated Sp	ace	576	sq. Ft.
	Totals :	\$150.00	\$0.00 \$0.00	Open Decks			1	EA

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

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

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	Х
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	15000.00
CULVERT	Ν
DRIVEWAY INVERT 2	Ν
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: orrev **Contractor or Authorized Agent:**

Date: 17

HOEVI HORTHCA	A DIMP	Ki Phone: 252	PO BOX II Devil Hills, 2-449-5318	Devil Hi (1719 NC 27948 Fax: 252-441	-4102	DEC _ 2 2019
BJ2019-21 PROJECT NAM SITE ADDRESS	1 IE: Dairy Queen Re S: 109 OCEAN BA'	model Y BLVD KILL DE	VIL HILLS			BUILDING JOINT ISSUED: 12/02/2019 EXPIRES: 05/30/2020
APPLICANT:	Overrun II, LLC P.O. Box 389 Kill Devil Hills, NC 27	7948		OWNER:	Overrun II, L P.O. Box 389 Kill Devil Hills	9
CONTRACTOR:	Dun Rite, Inc. 714 Fenway Ave. CHESAPEAKE, VA 2 757-435-3513	23320				
BUILDING:		Dun Rite, Ir 714 Fenwa CHESAPE/ 757-435-35	y Ave. AKE, VA 2332	20		License: 74845 Expires: 12/24/2019
PARCEL:						
PIN:	98842070641	1		Parcel Number:	003858	8001
Address:	109 OCEAN B	AY BLVD KILL		S		
					i n g:	
Addition:		SHORES - REV	SED	Blo	ck: 36	Lot(s): 13-17
Legal Desci	ription:					
EES:		Paid	Due	BUILDING AR	EA:	
Renovation/Rem		\$621.90	\$0.00	Commercial S		240 Sq. Ft.
Com. Building P		\$192.00	\$0.00	Remodel/Ren	novation	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

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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	С		
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
Slab/Foundation/Piling
Framing

Rough In

Insulation

Final

Zoning Final

CONDITIONS

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

BJ2019-211	
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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 stateflocal law regulating construction or the performance of construction.

Issued By Date: 12/2/19 Contractor or Authorized Agent:

TO RTH C.	AROUND AROUND	K Phone: 25	PO BO) (ill Devil Hills 2-449-5318	Devil Hill (1719 , NC 27948 Fax: 252-441- ection Depart	4102	DEC - 4 2019
)4 ME: Clough Remode S: 1104 NINTH AVI		IILLS			BUILDING JOINT ISSUED: 12/03/2019 EXPIRES: 05/31/2020
APPLICANT:	CLOUGH, STAN 1305 Percy St. Kill Devil Hills, NC 27	7948		OWNER:	CLOUGH, STAN 1305 Percy St. Kill Devil Hills, N	
GENERAL:		Self UNKNOWN UNKNOWN 917-862-90	N, XX 00000			ense: Unlicensed pires: 12/31/2020
PARCEL:						
PIN:	988311750172	2		Parcel Number:	00461500	0
Address:	1104 NINTH A	VE KILL DEVIL	HILLS	Zonir	ng:	
Addition:	KILL DEVIL HI	LLS REALTY C	ORP	Block	c: 57	Lot(s): 2
Legal Desc	cription:					
FEES:		Paid	Due	BUILDING ARE	A:	•
	model/Relocate	\$352.80	\$0.00	Remodel/Rend	ovation	784 SQFT
Res. Building P		\$202.80	\$0.00	Resdiential Un	heated (.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.

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

BUILDING JOINT ISSUED: 12/03/2019

EXPIRES: 05/31/2020

	D	ETAILS	
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	Х		
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	Ν		
DRIVEWAY INVERT 2	Ν		
OCCUPANCY TYPE	One & Two Family Dwelling		

REQUIRED INSPECTIONS

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

Insulation Final

Zoning Final

CONDITIONS

BJ2019-204 PROJECT NAME: Clough Remodel SITE ADDRESS: 1104 NINTH AVE KILL DEVIL HILLS	BUILDING JOINT ISSUED: 12/03/2019
SITE ADDRESS: 1104 NINTH AVE KILL DEVIL HILLS	EXPIRES: 05/31/2020
This permit becomes null and void if work or construction authorized is not o	
r work is suspended for a period of 12 months at any time after work has stal Construction must meet all aspect of Chapter 153 Zoning including lot cover	医盐酸化 化甘油 医生活 医胆酸化 化化合物 医生活的 医生活
Zoning Final Inspection is required.	
hereby certify that I have read and examined this application and	
hereby certify that I have read and examined this application and All provisions of Laws and Ordinances governing this type of wo specified herein or not. The granting of a permit does not presum the provisions of any other state/local law regulating construction	rk will be complied with whether to give authority to violate or cancel
All provisions of Laws and Ordinances governing this type of wo specified herein or not. The granting of a permit does not presum	rk will be complied with whether to give authority to violate or cancel

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HORTH C	AROLINP	Phone: 25				DEC 20	
MC2019-3 PROJECT NA SITE ADDRES		ST KILL DEVIL F	HILLS			MECHANIC ISSUED: 12/20/2 EXPIRES: 06/17/2	2019
APPLICANT:	VLAHOVIC, VICKY P O BOX 764 NAGS HEAD, NC 2 216-6339		c	OWNER:	VLAHOVIC, P O BOX 76 NAGS HEAD 216-6339	4	
H-1, H-2, H-3, C	CLASS I:	POP'S REI PO Box 11 Kill Devil H		59		License: 34144 Expires: 12/31/2019	
PARCEL:							
PIN:	98840915984	5		Parcel Number:	002360	0012	
Address:	1704 APACH	E ST KILL DEVI	HILLS				
Addition:	APACHE STR	DEET		Zoni Bloc	-	Lot(s): 10	
Legal Deso				Bioc	K. U	Louis). 10	
		Paid	Due				
FEES:							
FEES: Mechanical Per	mit Fee	\$150.00	\$0.00				

Town of Kill Devil Hills

PROJECT DESCRIPTION: HVAC changeout

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EXPIRES: 06/17/2020

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4100.00
CONSTRUCTION TYPE	V
FLOOD ZONE	Х
NATURAL GAS SIGNOFF	Ν
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: Jan A. Jum 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 26 Kitty Hawk 252-261-20	NC 27949			License: 13056 Expires: 12/31/20)19	
PARCEL:								
PIN:	988406392909	Э		Parcel Number:	00180	0000		
Address:	2017 NEW BE	RN ST KILL DE	VIL HILLS					
				Zoni	ng:			
Addition:	AVALON BEA	CH ANNEX 1		Bloc	k: 0	Lot(s): 3	51	
Legal Desc	ription:							
EES:		Paid	Due					
Mechanical Perr	mit Fee	\$150.00	\$0.00					
	Totals :	\$150.00	\$0.00					

PROJECT DESCRIPTION: Install mini split system

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DEC 1 8 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	Ν

REQUIRED INSPECTIONS

Final

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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 Ofdinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction. Issued By: Contractor or Authorized Agent:



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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 20 Alberma Columbia, 252-394-53	arle Shores NC 27925			License: 2146 Expires:	0	
PARCEL:								
PIN:	988517002706	6		Parcel Number:	0030150	000		
Address:	408 EDEN ST	ST W KILL DE	VIL HILLS					
				Zonir	ng:			
Addition:	VIRGINIA DAR	RE SHORES		Block	c: 52	Lot(s):	24-27	
Legal Dese	cription:							
FEES:		Paid	Due					
Mechanical Per	rmit Fee	\$150.00	\$0.00					
	Totals :	\$150.00	\$0.00					

PROJECT DESCRIPTION: Install new HVAC system and ductwork.

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DEC 18 2019

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SITE ADDRESS: 408 EDEN ST ST W KILL DEVIL HILLS

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

Issued By: Date: 12-18-19 **Contractor or Authorized Agent:**

Birthplac Aviation	HILLS SOLUTION	K Phone: 25	PO BOX 1 PO BOX 1 ill Devil Hills, N 2-449-5318 and Inspec	719 IC 27948 Fax: 252-441-	4102	DEC 16 2019
MC2019-31 PROJECT NAM SITE ADDRESS	5 E: Baumgardner H : 1701 WRIGHTSV	VAC VILLE BLVD KIL	L DEVIL HILL	S		MECHANICAL ISSUED: 12/16/2019 EXPIRES: 06/13/2020
APPLICANT:	Baumgardner, Marie 8431 Summer Walk Mechanicsville, VA 2	PKWY	O	WNER:		er, Marie er Walk PKWY ille, VA 23116
MECHANICAL:		PO BOX 3	VK, NC 27949			License: 27675 Expires: 12/31/2019
PARCEL:						
PIN:	989313047936	3		Parcel Number:	008262	2000
Address:	1701 WRIGHT	SVILLE BLVD	KILL DEVIL HI	LLS		
				Zonii	ng:	
Addition:	OCEAN ACRE	S INC		Block	c: 0	Lot(s): 83-84
Legal Descr	iption:					
FEES:		Paid	Due			
Mechanical Perm	nit Fee	\$150.00	\$0.00			
incontantoar r onn						

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC System

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

Issued By: __(_

Contractor or Authorized Agent: 21. 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 S Kill Devil Hills, NC 27		c	WNER:	Bramwell, Da 112 E Meado Kill Devil Hills	wlark Street	
MECHANICAL:		R A HOY PO Box 26 Kitty Hawk, 252-261-20	NC 27949			License: 13056 Expires: 12/31/2019	
PARCEL:							
PIN:	988308890986	3		Parcel Number:	003822	000	
Address:	112 MEADOW	LARK STE KIL	L DEVIL HILL	.S			
				Zoni	ing:		
Addition:	KITTY HAWK	SHORES - REV	ISED	Bloc	k: 3 4	Lot(s): 6	
Legal Desc	ription:						
FEES:		Paid	Due				
Mechanical Perr	mit Fee	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

PROJECT DESCRIPTION: C/O 2 zone mini split system

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DEC 1 1 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	Ν

REQUIRED INSPECTIONS

Final

CONDITIONS

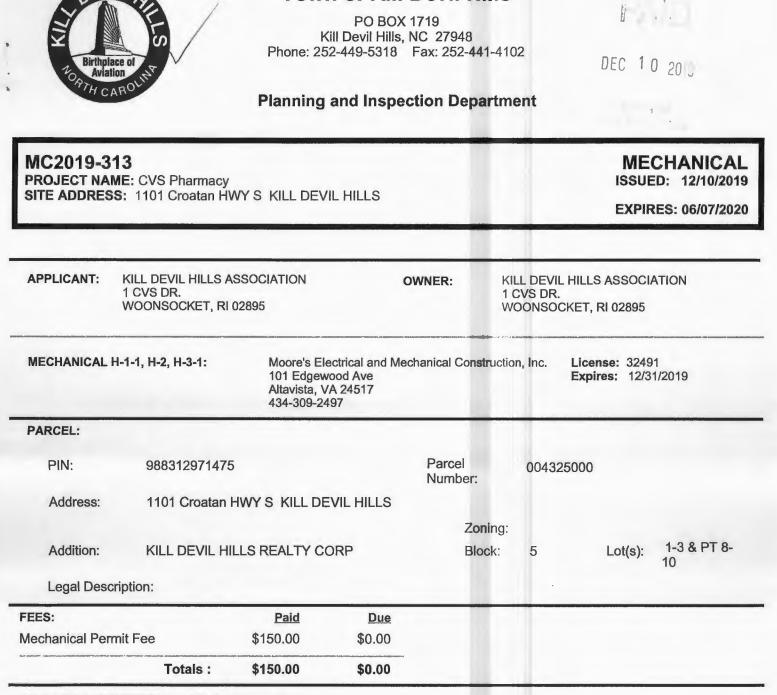
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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: 12-11-19

Printed by : CTHUMAN on: 12/11/2019 12:09 PM



Town of Kill Devil Hills

PROJECT DESCRIPTION: HVAC changeout

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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	111
FLOOD ZONE	Х
NATURAL GAS SIGNOFF	Ν
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By:	
Read An 120	1.
Contractor or Authorized Agent:	_ Date: <u>/ Z_</u>

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 PROJECT NAME: SITE ADDRESS: 216 GUNAS DR KILL DEVIL HILLS

MECHANICAL ISSUED: 12/10/2019

EXPIRES: 06/07/2020

	Totals :	\$150.00	\$0.00				
Mechanical Per	mit Fee	\$150.00	\$0.00				
EES:		Paid	Due				
Legal Desc	cription:						
Addition:	OCEAN ACRE	S TRACT 3 SEC	C 1	Block:	С	Lot(s): 1	8
				Zoning	g:		
Address:	216 GUNAS D	R KILL DEVIL	HILLS				
PIN:	988316947054	1		Parcel Number:	008424	000	
PARCEL:							
H3, CLASS 1:		P.O. Box 1		IG AND COOLING		License: 12643 Expires: 12/31/20	019
APPLICANT:	JEREMY GATBONT 4500 South Four Mil ARLINGTON, VA 22 703-668-3498	e Run Drive, #120			JEREMY GA 4500 South F ARLINGTON 703-668-3498	our Mile Run Drive , VA 22204	e, #1202

PROJECT DESCRIPTION: HVAC changeout

:-Ali

DEC 11 2 9

EXPIRES: 06/07/2020

		DETAILS
Permit		
Name	Value	
PURPOSE	Residential Repair/Remodel	
CONSTRUCTION COST	4777.00	
CONSTRUCTION TYPE	V	
FLOOD ZONE	х	
NATURAL GAS SIGNOFF	N	
OCCUPANCY TYPE	One & Two Family Dwelling	
	-	RED INSPECTIONS

CONDITIONS

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Issued By:
Contractor or Authorized Agent: Torlah Date: 12-11-19

Property Providence of the second sec	ROLINP ROLINP	K Phone: 25	PO BO ill Devil Hills 2-449-5318	I Devil Hi X 1719 5, NC 27948 Fax: 252-441 ection Depa	-4102	DFC - 5	-
	1 IE: Collins HVAC S: 114 DURHAM S		HILLS			MECHAN ISSUED: 12/ EXPIRES: 06/	04/2019
APPLICANT:	Erin Middleton, Clare 114 EAST Durham S Kill Devil Hillsl, NC 2 410-596-2010	ST		OWNER:	114 EAST	ton, Clarence Collins Durham ST illsl, NC 27948 110	
ELECTRICAL, P	LUMBING AND HEA	TING: AIR HAND 8788 Cara Harbinger, 252-216-89	toke Hwy NC 27941			License: 32935 Expires: 01/30/2020	
PARCEL:							
PIN:	988406390644	4		Parcel Number:	00190	06000	
Address:	114 DURHAM	ST E KILL DEV	/IL HILLS				
				Zon	ing:		
Addition:	AVALON BEA	CH ANNEX 1		Bloc	:k: 0	Lot(s): 464	
Legal Desci	ription:						
FEES:		Paid	Due				
	nit Fee	\$150.00	\$0.00				
Mechanical Perr							

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	Ν		
OCCUPANCY TYPE	One & Two Family Dwelling		

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
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the provisions of any other state/local law regulating construction or the performance of construction.
Issued By:
Contractor or Authorized Agent: And Date: 12/5/19

DEVIL H	Тс	own of Kill	Devil Hil	lls	5 s ()
Birthplace of	Phone	PO BOX ' Kill Devil Hills, I e: 252-449-5318	NC 27948	-4102	DEC 23 2019
TORTHCAROLINY	Plann	ing and Inspec	tion Depar	tment	75 1
MC2019-319 PROJECT NAME: Dare Co SITE ADDRESS: 800 Eigh	ounty Board of ED H th Ave. KILL DEVII	lousing Unit 17 _ HILLS			MECHANICAL ISSUED: 12/20/2019 EXPIRES: 06/17/2020
APPLICANT: DARE COU P O BOX 64 MANTEO, M		O	WNER:	DARE COU P O BOX 6 MANTEO,	
MECHANICAL:	PO BO KITTY	N ONE MECHANICA OX 3392 / HAWK, NC 27949 19-0049	L		License: 27675 Expires: 12/31/2019
PARCEL:		and the second sec			
PIN: 98831	1665602		Parcel Number:	00816	65014
Address: 800 Ei	ghth Ave. KILL DE	VIL HILLS			
			Zoni	ng:	
Addition:			Bloc	k:	Lot(s): 2B
Legal Description:					
FEES:	Paid	Due			
Mechanical Permit Fee	\$150.00	\$0.00			
Tot	als : \$150.00	\$0.00			
PROJECT DESCRIPTION:	C/O 1.5 Ton HVAC	System			
		DETAILS	3		
Permit					
Name	Value				
PURPOSE	Residential Repair/Remod	el			
CONSTRUCTION COST	5200.00				
FLOOD ZONE	х				
NATURAL GAS SIGNOFF	N				

MC2019-319 PROJECT NAME: Dare County Board of ED Housing Unit 17

SITE ADDRESS: 800 Eighth Ave. KILL DEVIL HILLS

MECHANICA ISSUED: 12/20/2019

EXPIRES: 06/17/2020

Date: 12-23-19

REQUIRED INSPECTIONS

Final

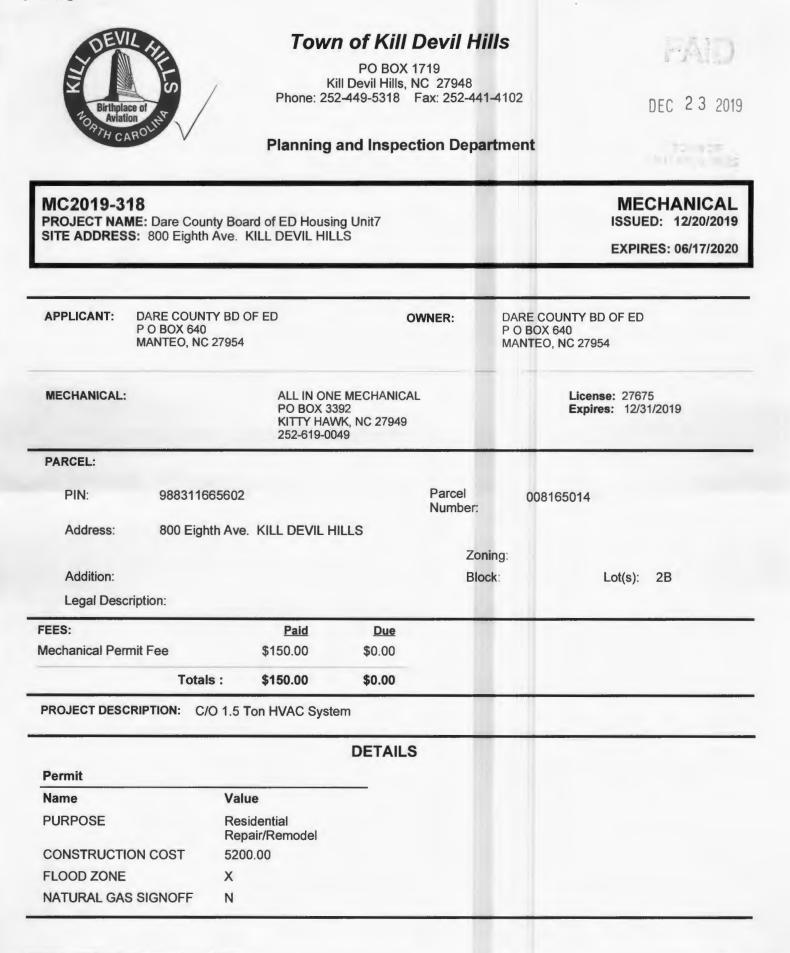
CONDITIONS

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Issued By: $\mathcal{N}, \mathcal{W}, \mathcal{F}$

Contractor or Authorized Agent:



2

MC2019-318 PROJECT NAME: Dare County Board of ED Housing Unit7 SITE ADDRESS: 800 Eighth Ave. KILL DEVIL HILLS

MECHANICA ISSUED: 12/20/2019

EXPIRES: 06/17/2020

Date: 12-23-19

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: N. W.7

Contractor or Authorized Agent:

PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 DEC - 9 20 Planning and Inspection Department Planning and Inspection Department Private Pribil Electric CRESS: 101 CARLTON AVE E KILL DEVIL HILLS ELECTRICAL-LIMITED: BRS ELECTRICAL-LIMITED: BRS ELECTRICAL SERVICES KID osit Walter Rd. KID osit KITTY HAWK SHORES - REVISED O03841000			Town	of Kill D		S	9	AID
Planning and Inspection Department ELECTRIC AME: Pribil Electric MAME: Pribil Electric DEVENUE AME: Pribil Electric DEVENUE AME: Pribil Electric DEVENUE AME: Pribil Electric Status of the pribil Electric DEVENUE APPLICANT: JAKOB PRIBIL 307 Windmere Dr. Colonial Hts., Va 23834 804-526-6823 DEVENUE JAKOB PRIBIL 307 Windmere Dr. Colonial Hts., Va 23834 804-526-6823 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 Zoning: Addition: KITTY HAWK SHORES - REVISED Block: 35 Lot(s): 13.8.1	VDEV	L HILL	Kill Phone: 252	Davil Hills NO	27948	102	DEC	- 9 2019
AME: Pribil Electric ELECTRI ME: Pribil Electric ISSUED: 12/01 RESS: 101 CARLTON AVE E KILL DEVIL HILLS EXPIRES: 06/0 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 Zoning: Addition: KITTY HAWK SHORES - REVISED Biock: 35 Lot(s): 13 & R	TIX BIT	place of the station of the state	Planning a	and Inspect	ion Dep <mark>art</mark>	ment	×	ALMON P
APPLICANT: JAKOB PKIDL 307 Windmere Dr. Colonial Hts., Va 23834 804-526-6823 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: Zoning: Block: 35 Lot(s): 13 & F	An	4 ME: Pribil Electric	VEE KILL DEV	'IL HILLS			ISSUE	D: 12/05/2
ELECTRICAL-LIMITED: BRS ELECTRICAL SLIVICES Expires: 07/31/2020 1607 Sir Walter Rd. Kill Devil Hills, NC 27948 252-207-5334 Expires: 07/31/2020 PARCEL: PIN: 988420706173 Parcel Number: 003841000 Address: 101 CARLTON AVE E KILL DEVIL HILLS: Zoning: Addition: KITTY HAWK SHORES - REVISED Block: 35 Lot(s): 13 & F	APPLICANT:	307 Windmere Dr. Colonial Hts., Va 238	34	01	WNER:	307 Windmere Colonial Hts.,	e Dr. Va 23834	
PIN: 988420706173 Parcel Number: 003841000 Address: 101 CARLTON AVE E KILL DEVIL HILLS Zoning: Addition: KITTY HAWK SHORES - REVISED Block: 35 Lot(s): 13 & F		804-526-6823				804-526-6823		
Address: 101 CARLTON AVE E KILL DEVIL HILLS [.] Zoning: Addition: KITTY HAWK SHORES - REVISED Block: 35 Lot(s): 13 & F	ELECTRICAL-LI		1607 Sir W Kill Devil Hi	alter Rd. ills, NC 27948	CES		icense: 2307	7 1/2020
Zoning: Addition: KITTY HAWK SHORES - REVISED Block: 35 Lot(s): 13 & F			1607 Sir W Kill Devil Hi	alter Rd. ills, NC 27948	CES		icense: 2307	7 1/2020
Addition: KITTY HAWK SHORES - REVISED Block: 35 Lot(s): 13 & F	PARCEL:	IMITED:	1607 Sir W Kill Devil Hi 252-207-53	alter Rd. ills, NC 27948	Parcel	l	License: 2307 Expires: 07/3	7 1/2020
Logor Docorption.	PARCEL: PIN:	988420706173	1607 Sir W Kill Devil Hi 252-207-53	alter Rd. ills, NC 27948 334	Parcel Number:	0038410	License: 2307 Expires: 07/3	7 1/2020
FEES: Paid Due	PARCEL: PIN: Address: Addition:	988420706173 101 CARLTON KITTY HAWK S	1607 Sir W Kill Devil Hi 252-207-53	alter Rd. ills, NC 27948 334 EVIL HILLS	Parcel Number: Zoni	0038410 ng:	License: 2307 Expires: 07/3	1/2020
Electrical Permit Fee \$150.00 \$0.00	PARCEL: PIN: Address: Addition: Legal Descr	988420706173 101 CARLTON KITTY HAWK S	1607 Sir W Kill Devil Hi 252-207-53	alter Rd. ills, NC 27948 334 EVIL HILLS	Parcel Number: Zoni	0038410 ng:	License: 2307 Expires: 07/3	1/2020

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

Planning and Inspection Department

EL2019-093

PROJECT NAME: Lane Electric SITE ADDRESS: 302 HELGA ST E KILL DEVIL HILLS ELECTRICAL ISSUED: 12/03/2019

EXPIRES: 05/31/2020

APPLICANT:	Lane, Eric 1695 Foxtail Pines CHARLOTTESVILL	E, VA 22911		OWNER:	Lane, Eric 1695 Foxtail F CHARLOTTE	Pines SVILLE, VA 22911	
PARCEL:							-
PIN:	98851304645	7		Parcel Number:	0000870	000	
Address:	302 HELGA S	TE KILL DEVIL	HILLS				
			-	Zonin	ig:		
Addition:	ORVILLE BEA	CH BLK 5		Block	: 5	Lot(s): 10	
Legal Desc	ription:						
FEES:		Paid	Due				
Electrical Permi	t 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	С	
PURPOSE	Residential Repair/Remodel	
CONSTRUCTION COST	750.00	
FLOOD ZONE	VE	
BASE FLOOD ELEVATION	11	

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DEC - 3 2019

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: Date: 12/3/10 Contractor or Authorized Agent:

Birthplace o Aviation	HILLS LIN	/ Kil Phone: 252	PO BO I Devil Hills -449-5318	s, NC 2794 Fax: 252	8 -4 4 1-4	102		
OP2019-074 PROJECT NAME	: IG HOLDIN	Planning a GS RESTAURANT tic St. KILL DEVIL HI		ection De	epartr	nent		OCCUPANCY ISSUED: 12/12/2019 EXPIRES:
P.	HOLDING, L . O. Box 120 itty Hawk, NC			OWNER:		P. O. Box	ING, LLC 120 k, NC 27949)
GENERAL, UNLIM	ITED:	CHESSON, 315 W Main Williamston, 252-792-448	St NC 27892			···· ; ···· § ······	License Expires	: 13540 : 12/31/2019
PARCEL:		····						
PIN:	98831296	7138		Parce Numb		0047	750000	•
Address:	101 E. Atla	antic St. KILL DEVIL	HILLS	Nume	Zoning	1:		
Addition:	KILL DEV	L BEACH SEC 1 REV	/ISED		Block:	J	L	ot(s): 3-5
Legal Descript	tion:							
FEES: Certificate of Occu	pancy Fee	Paid \$50.00	<u>Due</u> \$0.00					
	Totals	: \$50.00	\$0.00		•			
PROJECT DESCRI	PTION: 300	0 SF 100 SEAT REST	TAURANT					
			DETAI	IS	-			
Permit			DETAI	10				
Name		Value						
# OF TRASH CAN	NS	0	-	- 21				
PURPOSE		Commercial New	is if	× 7				
ZONING DISTRIC	СТ	С	DEO	0 0040				
FLOOD ZONE		AE	DEC	2 2019				
BASE FLOOD EL		9.0		- 3				
OCCUPANCY TY	PE	Assembly	5 y	. '3				

Printed by : Cray on: 12/12/2019 08:48 AM

OP2019-074 PROJECT NAME: IG HOLDINGS RESTAURANT SITE ADDRESS: 101 E. Atlantic St. KILL DEVIL HILLS	OCCUPANCY ISSUED: 12/12/2019
SITE ADDRESS: TOTE. AUAITUCSI. KILL DEVIL HILLS	EXPIRES:
s .	
CONDITIONS	
CONDITIONS	
CONDITIONS	
I hereby certify that I have read and examined this application and I All provisions of Laws and Ordinances governing this type of work	will be complied with whether
I hereby certify that I have read and examined this application and I All provisions of Laws and Ordinances governing this type of work specified herein or not. The granting of a permit does not presume	will be complied with whether to give authority to violate or cancel
I hereby certify that I have read and examined this application and I All provisions of Laws and Ordinances governing this type of work specified herein or not. The granting of a permit does not presume the provisions of any other state/local law regulating construction of	will be complied with whether to give authority to violate or cancel
I hereby certify that I have read and examined this application and I All provisions of Laws and Ordinances governing this type of work	will be complied with whether to give authority to violate or cancel

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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

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DEC 1 0 2019

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OP2019-073

PROJECT NAME: PRY Investments Inc. SITE ADDRESS: 1717 APACHE ST KILL DEVIL HILLS OCCUPANCY ISSUED: 12/10/2019

EXPIRES:

						PARENT PERMIT #: BJ	2019-136
APPLICANT:	C & T CONTRACT 1700 Bell Ave. Kill Devil Hills, NC 2 252-202-9943		٥	WNER:	116 Discov	BURG, VA 23185	
BUILDING LIM	ITED:	1700 Bell A	lls, NC 27948			License: 45367 Expires: 01/01/2020	
BUILDING LIM	ITED:	1700 Bell A	lls, NC 27948			License: 45367 Expires: 01/01/2020	
PARCEL:							
PIN:	98840916932	28		Parcel Number:	00270	05005	
Address:	1717 APACH	E ST KILL DEVIL	HILLS				
				Zoni	ng:		
Addition:	HIGH VIEW -	HEDRICKS ADD		Bloc	k: E	Lot(s): 5	
Legal Desc	cription:						
FEES:		Paid	Due				
Certificate of O	ccupancy Fee	\$50.00	\$0.00				
Residential Tra	sh Can	\$106.75	\$0.00				
en pföraderadeparationer fra terbinden fallen statet	Totals :	\$156.75	\$0.00				

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

OP2019-073

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

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: 12/10/18



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

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DEC 1 6 2019

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OP2019-075

27

PROJECT NAME: Water Oaks Residentail, LLC SITE ADDRESS: 611 Zen Lane Kill Devil Hills ISSUED: 12/16/2019 EXPIRES:

OCCUPANCY

PARENT PERMIT #: BJ2019-121

APPLICANT:	SAGA CONSTRUC 1314 S Croatan Hwy PO Box 90 Kill Devil Hills, NC 2	, Suite 301	OW	PO E Kill D	er Oaks Residential, LLC 30x 90 Jevil Hills, NC 27948 441-9003
	252-441-9003				
GENERAL BUI	LDING - LIMITED:	1314 S Cro PO Box 90	lls, NC 27948	01	License: 62306 Expires: 12/30/2019
GENERAL BUILDING - LIMITED:		1314 S Cro PO Box 90	lls, NC 27948	01	License: 62306 Expires: 12/30/2019
PARCEL:					
PIN:	98841722344	8		Parcel Number:	
Address:	611 Zen Lane	Kill Devil Hills			
				Zoning:	
Addition:				Block:	Lot(s):
Legal Desc	cription: Lot 56, Pl	nase 1, Water Oa	k Residential Co	ommunity	
FEES:		Paid	Due		
Certificate of O	ccupancy Fee	\$50.00	\$0.00		
Residential Tra	sh Can	\$106.75	\$0.00		
,endredenstandanda,stadanteniar fanginstantartartarteningterfisi	Totals :	\$156.75	\$0.00		

PROJECT DESCRIPTION: Proposed 4 bedroom SFD

P2019-075 ROJECT NAME: Water ITE ADDRESS: 611 Zer		OCCUPANCY ISSUED: 12/16/2019 EXPIRES:
Permit	DETAILS	
Name	Value	
# OF TRASH CANS	1	
	CONDITIONS	
All provisions of Laws specified herein or not	nd Ordinances governing this type of The granting of a permit does not pr	on and know the same to be true and correct. of work will be complied with whether esume to give authority to violate or cancel uction or the performance of construction.



Town of Kill Devil Hills

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

Planning and Inspection Department

OP2019-076

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-1

PROJECT NAME: SAGA New SFD SITE ADDRESS: 701 Zen Lane Kill Devil Hills DEC 20 mg

OCCUPANCY ISSUED: 12/20/2019

EXPIRES:

					PAREN	T PERMIT #: BJ2019-10
APPLICANT:	Water Oak Residenti PO Box 90 Kill Devil Hills, NC 27 252-441-9003		c	OWNER:	Water Oak Residentia PO Box 90 Kill Devil Hills, NC 279 252-441-9003	
CONTRACTOR:	SAGA CONSTRUCT 1314 S Croatan Hwy PO Box 90 Kill Devil Hills, NC 27 252-441-9003	, Suite 301				
GENERAL BUIL	DING - LIMITED:	1314 S Cro PO Box 90	ISTRUCTION atan Hwy, Suit Ils, NC 27948 03	e 301	License Expires:	62306 12/30/2019
PARCEL:						
PIN:	988417222496	3		Parcel Number:		
Address:	701 Zen Lane	Kill Devil Hills				
				Zonin	g:	
Addition:	,			Block	: Lo	ot(s):
Legal Descr	ription: Lot 57, Wa	ater Oak Subdivis	sion			
FEES:		Paid	Due			
Certificate of Oce	cupancy Fee	\$50.00	\$0.00			
Residential Tras	h 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.

Ipall

Issued By:

Contractor or Authorized Agent:

Date: 12/20/18



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 OWNER: Faithful, Ron & Leslie 9006 Old 125 RD 9006 Old 125 RD SCOTLAND NECK, NC 27874 SCOTLAND NECK, NC 27874 252-903-8460 252-903-8460 **CONTRACTOR: RELIANT CONSTRUCTION LLC** 4275 Worthington Lane kitty hawk, nc 27949 252-202-7007 **GENERAL, UNLIMITED:** RELIANT CONSTRUCTION LLC License: 62339 4275 Worthington Lane Expires: 12/30/2019 kitty hawk, nc 27949 252-202-7007 PARCEL: Parcel PIN: 988411552169 003148000 Number: Address: 111 CAMELLIA DR KILL DEVIL HILLS Zoning: Addition: W R DEATON - DELRAY BEACH 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

Printed by : CTHUMAN on: 12/27/2019 12:32 PM

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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 kno All provisions of Laws and Ordinances governing this type of work wi	I be complied with whether
specified herein or not. The granting of a permit does not presume to the provisions of any other state/local law regulating construction or t	he nerfermence of construction

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Y DEV Y Birthple Y ORTH C	AROLINE	Ki Phone: 25	PO BOX PO BOX III Devil Hills, N 2-449-5318 and Inspec	1719 NC 27948 Fax: 252-441	-4102	DEC 1 0 2019
	60 ME: Terry Deck Repla SS: 2020 YORKTOW		HILLS			BUILDING ISSUED: 11/08/2019 EXPIRES: 05/06/2020
APPLICANT:	TERRY, DEBBIE S P. O. BOX 1071 MANTEO, NC 27954		C	WNER:	TERRY, DER P. O. BOX 1 MANTEO, N	071
CONTRACTOR	2: 3 Pony Property Serv PO Box 1881 Kill Devil Hills, NC 279					
GENERAL REM	MODELING-UNLICENS	P.O. Box 18	ROPERTY SER 881 Ills, NC 27948	VICES		License: LEGACY UNKNOWN Expires: 12/30/2020
PARCEL:						
PIN:	988405099093			Parcel Number:	001493	3000
Address:	2020 YORKTO	WN KILL DEVI	L HILLS	•		
					ling:	
Addition:		CH ANNEX 2 & 3	3	Blo	ck: 0	Lot(s): 1367
Legal Desc	shpuon.					
	Fee - Minimum	<u>Paid</u> \$150.00	<u>Due</u> \$0.00			
Fee						

PROJECT DESCRIPTION: repair deck and stairs to current footprint

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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	Ν
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

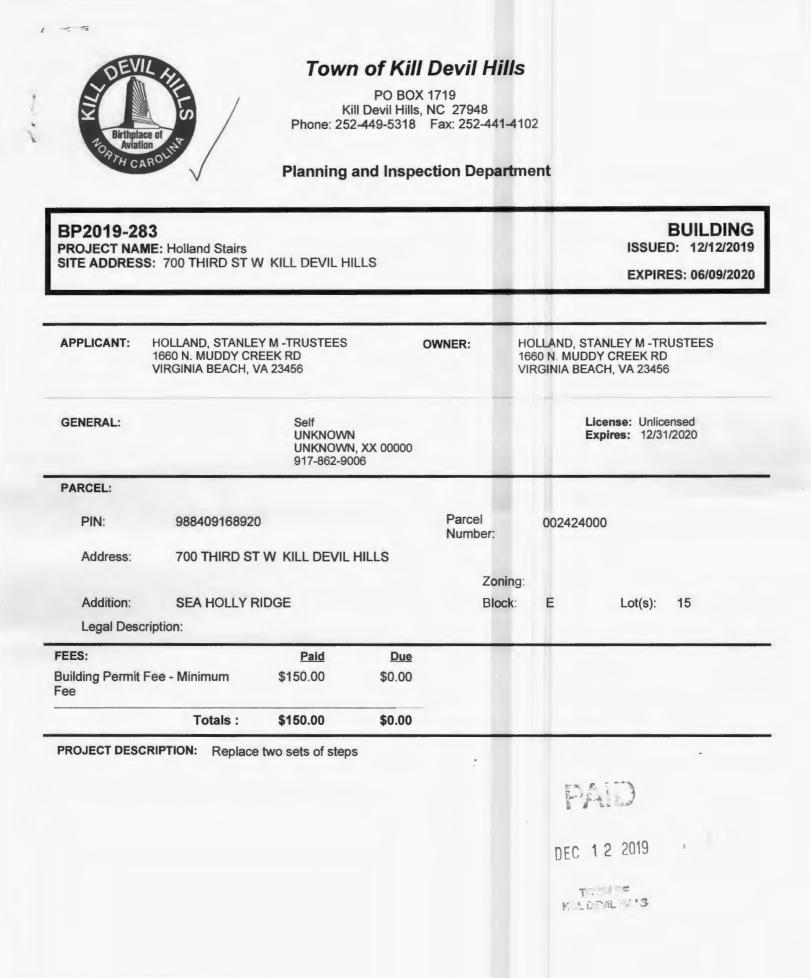
Final

CONDITIONS

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

PROJECT NAME: Terry Deck Replacement SITE ADDRESS: 2020 YORKTOWN KILL DEVIL HILLS BUILDING ISSUED: 11/08/2019

EXPIRES: 05/06/2020



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Dormit

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	Ν	
CAMA EXEMPTION	Ν	
ZONING DISTRICT	RL	
PURPOSE	Residential Repair/Remodel	
FLOOD ZONE	Х	
FINAL ELEVATION CERTIFICATE	N	
CONSTRUCTION COST	3000.00	
		-

REQUIRED INSPECTIONS

Zoning Final

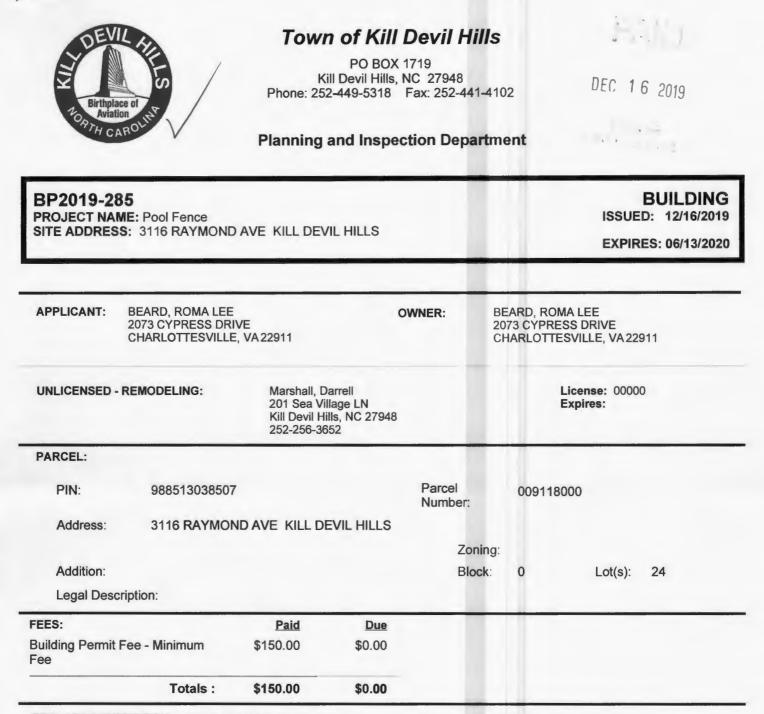
Final

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:



PROJECT DESCRIPTION: Repair pool fence damage

Dormit

a per

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	Ν
CAMA EXEMPTION	Ν
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	Ν
CONSTRUCTION COST	3000.00

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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N DEVI N DEVI N Birthplace N Aviation	A THE	K Phone: 25	PO BO) ill Devil Hills 2-449-5318	I Devil Hil X 1719 3, NC 27948 Fax: 252-441- ection Depar	4102	DEC 13	-
	8 E: JONES STAIR S: 1822 BAY DR K			DDITION			BUILDING ED: 06/11/2019 RES: 12/08/2019
APPLICANT:	JONES, JEFFREY 1822 BAY DR Kill Devil Hillsl, NC 2	7948		OWNER:	JONES, JE 1822 BAY I Kill Devil Hi		
GENERAL:		Self UNKNOWN UNKNOWN 917-862-90	N, XX 00000			License: Unlic Expires: 12/3	
PARCEL:							
PIN:	988409060566	6		Parcel Number:	00253	9000	
Address:	1822 BAY DR	KILL DEVIL HIL	LS				
				Zoni	ng:		
Addition:		IORES INC SEC	1	Block	k: 21	Lot(s):	3 & PT 2
Legal Descri	ption:						
FEES:		Paid	Due				
Building Permit F Fee	ee - Minimum	\$150.00	\$0.00				

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

-

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	Ν		
CAMA EXEMPTION	Ν		
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	Ν		
CONSTRUCTION COST	3000.00		
CONSTRUCTION TYPE	V		
OCCUPANCY TYPE	One & Two Family Dwelling		

REQUIRED INSPECTIONS

Zoning Final

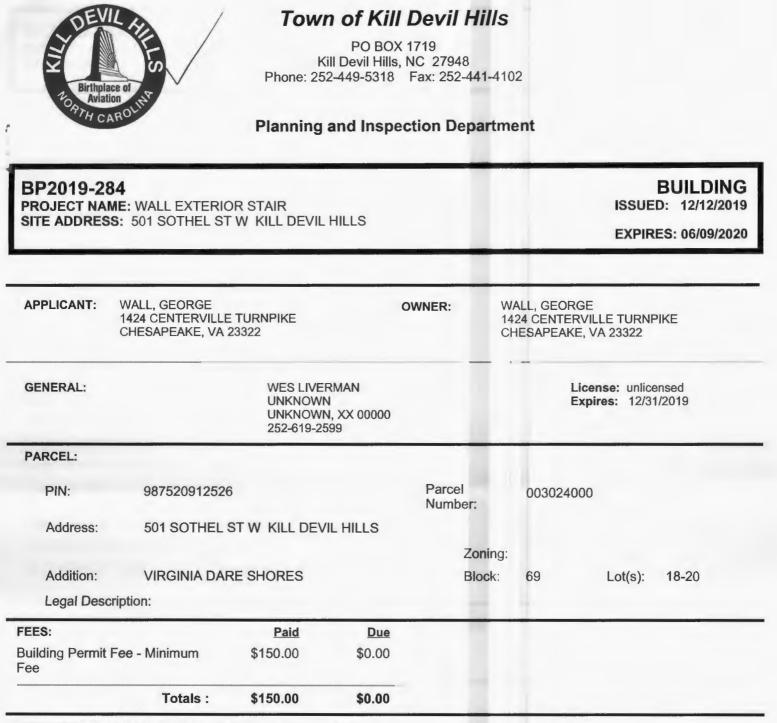
Final

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	
All provisions of Laws and Ordinances governing this type of work will be complied with wh	
specified herein or not. The granting of a permit does not presume to give authority to violate	
the provisions of any other state/local law regulating construction or the performance of con	nstruction.
Issued By:	
Contractor or Authorized Agent: Date: 12-13	2.14
Contractor or Authorized Agent: Date: /d / Date: /d /	<u>, , , , , , , , , , , , , , , , , , , </u>

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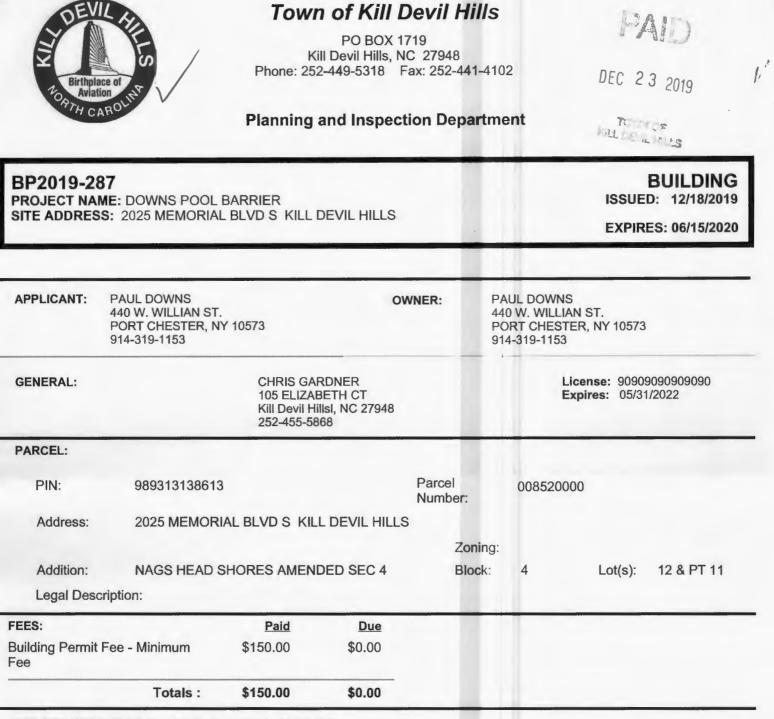
PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR

DEC 17 2019

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:



PROJECT DESCRIPTION: REBUILD POOL BARRIER

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	Ν		
ZONING DISTRICT	С		
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

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

Birthplace of Aviation	THE STATE	k Phone: 25	PO BOX (ill Devil Hills (2-449-5318)		-4102	DEC 23 2019	•,
BP2019-286 PROJECT NAME: SITE ADDRESS:	: Goard Deck Ba 1628 VA DARE	n Replacement TRL N KILL DE ^v	VIL HILLS			BUIL ISSUED: 12/ EXPIRES: 06/	18/2019
10	oard, Marie 09 Marina Cove LARKSVILLE, VA2	23927		OWNER:	Goard, Marie 109 Marina (CLARKSVIL		
	ibbs, Clarence o Box 2387 anteo, NC 27954				ja //////		
BUILDING UNLIMI	TED:	Gibbs, Clar Po Box 238 Manteo, No	37			License: 76990 Expires: 12/31/2019	
PARCEL:							
PIN:	988410469894	4		Parcel Number:	002821	000	
Address:	1628 VA DAR	E TRL N KILL D	EVIL HILLS				
				Zoni	ng:		
Addition:	CROATAN SH	IORES		Bloc	k: C	Lot(s): 5	•
Legal Descript	ion:						
FEES:		Paid	Due				
Building Permit Fee Fee	e - Minimum	\$150.00	\$0.00				
in a to to the ball of the other than the second	Totals :	\$150.00	\$0.00	-			

PROJECT DESCRIPTION: replace band on on top level deck

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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	Ν	
CAMA EXEMPTION	Ν	
ZONING DISTRICT	RL	
PURPOSE	Residential Repair/Remodel	
FRONT YARD SETBACK	30	
SIDE YARD SETBACK	8	
REAR YARD SETBACK	20% Depth >30	
FINAL ELEVATION	Ν	

FINAL ELEVA CERTIFICATE CONSTRUCTION COST 7000.00 SURVEYOR NAME AND WC Owen L-3216 NUMBER OCCUPANCY TYPE

One & Two Family Dwelling

VE FLOOD Zore

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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YD	EVIL		
NOAL NOAL	thplace of Aviation Y CAR ^O	S	\checkmark

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

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DEC 20 219

Planning and Inspection Department

BP2019-288

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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 ENGINEE LLC 11141 WILLOWBRC POTOMAC, MD 208	OOK DR	MENT,	OWNER:	LLC	WBROOK DR	MANAGEMENT,
CONTRACTOR:	Finch & Company, In 116 Sandy Ridge Ro kitty hawk, nc 27949 252-261-8710	1					
UNLIMITED BUI	LDING:	Finch & Co 116 Sandy kitty hawk, 252-261-8	nc 27949			License: 5256 Expires:	7
PARCEL:							
PIN:	98841573318	7		Parcel Number:	0037030	001	
Address:	1003 Virginia	Dare Tr. N. Kill I	Devil Hills				
				Zonin	g:		
Addition:	Kitty Hawk Sh	ores		Block	: 10	Lot(s):	2
Legal Descr	iption:						
FEES:		Paid	Due				
Building Permit F Fee	ee - Minimum	\$150.00	\$0.00	1.1			
	Totals :	\$150.00	\$0.00	-			

PROJECT DESCRIPTION: repair rotten siding and sheathing

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

Issued By: Contractor or Authorized Agent: Mui

Date: 12/20/19

Birthplace of Aviation	STILL'S	K Phone: 25	PO BOX PO BOX (III Devil Hills, N 2-449-5318 and Inspec	1719 NC 27948 Fax: 252-441	4102	DEC 20 2019
BP2019-289 PROJECT NAME: SITE ADDRESS:			HILLS			BUILDING ISSUED: 12/20/2019 EXPIRES: 06/17/2020
21	ILL, COLBERT H 18-A 76TH STREE RGINIA BEACH, \		o	WNER:	GILL, COLE 218-A 76TH VIRGINIA B	
Ki	enco Construction)2 Pine Grove Trai Il Devil Hills, NC 27 52-489-3854				jerova s et e tradicija antonio na s	
UNLICENSED BUIL	DER:	Kenco Con 202 Pine G Kill Devil H 252-489-38	rove Trail ills, NC 27948			License: 12345 Expires:
PARCEL:						
PIN:	987516829584	4		Parcel Number:	00105	5000
Address:	410 NIXONTO	N ST KILL DEV	IL HILLS			
				Zoni	-	
Addition:	MOOR SHOR	ES		Bloc	k: 0	Lot(s): 114
Legal Descript	ion:					
EES:		Paid	Due			
Building Permit Fee Fee	e - Minimum	\$150.00	\$0.00			

PROJECT DESCRIPTION: Replace front stairs to same footprint

PROJECT NAME: GIII 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	х
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.

PROJECT NAME: GIII Stair Replacement SITE ADDRESS: 410 NIXONTON ST KILL DEVIL HILLS BUILDING ISSUED: 12/20/2019

EXPIRES: 06/17/2020

Issued By: Date: 12-20-29 **Contractor or Authorized Agent:**

No PTH CP	CEE OF INP	k Phone: 25	n of Kill PO BOX (ill Devil Hills, i2-449-5318 and Inspec	1719 NC 27948 Fax: 252-441	-4102	DEC - 5	2019
BP2019-27 PROJECT NAM SITE ADDRES	7 4 ME: Short Deck/Stai S: 306 ST LOUIS S	r Replacement ST KILL DEVIL F	HILLS			ISSUE	BUILDING D: 12/04/2019 ES: 06/01/2020
APPLICANT:	SHORT, DONALD B 4404 POINT WEST PORTSMOUTH, VA	DRIVE	C	WNER:		NALD B WEST DRIVE ITH, VA 23703	
CONTRACTOR:	SHANE CLARK 607 INDIAN DR Kill Devil Hills, NC 27 252-305-2477	7948					
UNLICENSED B	SUILDER:	SHANE CL 607 INDIAI Kill Devil H 252-305-24	N DR ills, NC 27948			License: 000 Expires:	
PARCEL:							
PIN:	987516940429	9		Parcel Number:	000182	2000	
Address:	306 ST LOUIS	ST KILL DEVIL	HILLS				
				Zoni	-		
Addition: Legal Desci	ORVILLE BEA	CH WEST		Bloc	k: 0	Lot(s):	75
		Detal					
FEES: Building Permit I Fee	Fee - Minimum	<u>Paid</u> \$150.00	<u>Due</u> \$0.00				

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

PROJECT NAME: Short Deck/Stair Replacement SITE ADDRESS: 306 ST LOUIS ST KILL DEVIL HILLS BUILDING ISSUED: 12/04/2019

EXPIRES: 06/01/2020

Issued By: Contractor or Authorized Agent: Date:



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

Planning and Inspection Department

BP2019-280
PROJECT NAME: PIERCE DECK
SITE ADDRESS: 2006 ELIZABETH CITY ST KILL DEVIL HILLS

BUILDING

ISSUED: 12/06/2019

EXPIRES: 06/03/2020

APPLICANT:	PIERCE, RALPH W OWNER: 1801 HOLLAND RD SUFFOLK, VA 23434		WNER:	PIERCE, RALPH W 1801 HOLLAND RD SUFFOLK, VA 23434			
UNLICENSED B	UILDER:	Kevin Guns 316 Burns Kill Devil Hi 252-489-36	Drive ills, NC 27948			License: 000000 Expires:	
PARCEL:							
PIN:	988405292354	1		Parcel Number:	001960	000	
Address:	2006 ELIZABE	TH CITY ST KI	LL DEVIL HIL	LS			
				Zonir	ng:		
Addition:	AVALON BEA	CH ANNEX 2 &	3	Block	c: 0	Lot(s): 745	
Legal Desc	ription:						
FEES:		Paid	Due				
Building Permit I Fee	Fee - Minimum	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

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

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DEC - 9 2019

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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	Ν
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

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
0	r 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

Issued By 2 Contractor or Authorized Agent:

1019 Date:

Birthplace of Aviation PTH CAROUNT	k Phone: 25	PO BOX (ill Devil Hills, (2-449-5318)		4102	DEC - 9 2019
BP2019-278 PROJECT NAME: SITE ADDRESS: 807 VA DAR	E TRL N KILL DEV	IL HILLS			BUILDING ISSUED: 12/06/2019 EXPIRES: 06/03/2020
APPLICANT: 807 North KDH, 105 Horseshoe I WILLIAMSBURG 757-876-4617	Dr.	C	OWNER:	807 North K 105 Horsesh WILLIAMSB 757-876-461	noe Dr. URG, VA 23185
RESIDENTIAL-INTERMEDIATE:		DERS sedge Drive ills, NC 27948			License: 45496 Expires: 02/05/2020
PARCEL:					
PIN: 988416726	6875		Parcel Number:	003698	8000
Address: 807 VA DA	RE TRL N KILL DE	EVIL HILLS			
			Zonii	ng:	
Addition: KITTY HAV	WK SHORES - REV	ISED	Block	k: 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.

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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	Ν
CAMA EXEMPTION	Ν
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:
l el
Contractor or Authorized Agent: Date: 12-9-19

Rent Parts	STITLE	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		102	v	- 6 20 9
BP2019-27 PROJECT NAM SITE ADDRESS	9 E: Rettie Deck/Sta : 1004 SUFFOLK	ir Repair ST_KILL DEVIL	HILLS				BUILDING ED: 12/06/2019 RES: 06/03/2020
APPLICANT:	RETTIE, ERIK B 1004 SUFFOLK STF KILL DEVIL HILLS, I			OWNER:		RIK B OLK STREET HILLS, NC 279	48
UNLICENSED - F	REMODELING:	805 EIGHT	ills, NC 27948			License: 0000 Expires: 03/2	
PARCEL:							
PIN:	987408999226	6		Parcel Number:	00196	8000	
Address:	1004 SUFFOL	K ST KILL DEV	IL HILLS				
				Zonin	ig:		
Addition:		CH ANNEX 2 &	3	Block	: 0	Lot(s):	967
Legal Descr	iption:						
FEES:		Paid	Due				
Building Dormit E	ee - Minimum	\$150.00	\$0.00				,
Fee							

PROJECT DESCRIPTION: Replace decking and handrail, new steps

A DEVI A DEVI Birthplac Aviation Aviation	ROLINE	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		4102	DEC - 9	
BP2019-28 PROJECT NAM SITE ADDRESS	2 IE: SMITH STAIRS S: 2305 VA DARE	TRL N KILL DE	/IL HILLS				BUILDING JED: 12/09/2019 IRES: 06/06/2020
APPLICANT:	SMITH, SAMUEL A 2804 W. MEADOW CHESAPEAKE, VA	WOOD DRIVE		OWNER:	2804 W. M	MUEL A JR EADOW WOOI AKE, VA 23321	
GENERAL:		Self UNKNOWI UNKNOWI 917-862-90	N, XX 00000			License: Un Expires: 12	
PARCEL:							
PIN:	98851821682	6		Parcel Number:	00084	45000	
Address:	2305 VA DAR	E TRL N KILL D	EVIL HILLS				
				Zoni	-		
Addition: Legal Desc		RE SHORES PL	AT B	Bloc	k: 0	Lot(s)	: 45
FEES:	Too Minimum	<u>Paid</u> \$150.00	<u>Due</u> \$0.00				
Building Permit I Fee	-ee - Minimum						

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR

PROJECT NAME: SMITH STAIRS SITE ADDRESS: 2305 VA DARE TRL N KILL DEVIL HILLS BUILDING ISSUED: 12/09/2019

EXPIRES: 06/06/2020

		DETAILO
Permit		DETAILS
Name	Value	
CAMA PERMIT	Ν	
CAMA EXEMPTION	Ν	
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

* 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.



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

Planning and Inspection Department

BP2019-281

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

ISSUED: 12/10/2019

EXPIRES: 06/07/2020

APPLICANT:	SUNSET BAY LLC 803 CYPRESS CHAPEL RD NORFOLK, VA 23434				SUNSET BAY LLC 803 CYPRESS CHAPEL RD NORFOLK, VA 23434		
CONTRACTOR:	LYN SMALL, INC. 113 Ballast Rock Dr. Powels Point, NC 27966				na (rayan di na shi		
ENERAL BUILD	ING - INTERMEDIAT	113 Ballast				License: 27960 Expires: 12/30	
PARCEL:	· · · · · · · · · · · · · · · · · · ·	······					11112
PIN:	987516822593	3		Parcel Number:	003056	000	
Address:	3132 BAY DR	KILL DEVIL HIL	LS				
				Zoning	J:		
Addition:	MOOR SHOR	ES		Block:	0	Lot(s):	132
Legal Desci	ription:						
FEES:		Paid	Due				
Building Permit Fee	Fee - Minimum	\$150.00	\$0.00				

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

12578

FAID DEC 10 2019

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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	Ν
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	Ν
CONSTRUCTION COST	28000.00
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

Progress

CONDITIONS

	I his permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction
0	r 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.

PROJECT NAME: Rowe New Bulkhead SITE ADDRESS: 3132 BAY DR KILL DEVIL HILLS BUILDING ISSUED: 12/10/2019

EXPIRES: 06/07/2020

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

Z Birthpla z Aviat	L'S	k	PO BOX (ill Devil Hills,				
20ATH CI	ROLIN	Planning	and Inspec	ction Depa	tment	DEC - 3 2019	
		0				TOMOS	
BP2019-27 PROJECT NAI						BUILD ISSUED: 12/03/	
			DEVIETILEO			EXPIRES: 05/31/	2020
APPLICANT:	LEONARD RITTER 235 Lawyer Road, N Vienna, VA 22180	w	C	OWNER:	LEONARD F 235 Lawyer I Vienna, VA 2	Road, NW	
GENERAL:		NOBLE, So 3121 Mary Kill Devil H 252-202-24	Hill Court ills, NC 27948			License: 52132 Expires: 01/01/2020	
PARCEL:							
PIN:	988312978360	1		Parcel Number:	004282	000	
Address:	1213 MEMOR	AL BLVD S KIL	L DEVIL HILL	S			
				Zoni	-		
Addition: Legal Desc	KILL DEVIL HI	LLS SEC 1		Bloc	k: 6	Lot(s): 19	
FEES:		Paid	Due				
Building Permit Fee	Fee - Minimum	\$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 Value Name CAMA PERMIT N CAMA EXEMPTION N **ZONING DISTRICT** C PURPOSE Residential Repair/Remodel FLOOD ZONE AE **BASE FLOOD ELEVATION** 8 **FINAL ELEVATION** N CERTIFICATE CONSTRUCTION COST 10500.00 **OPEN DECK (SQFT)** 1 CONSTRUCTION TYPE V **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.

* 8x8 piling required at new piling location supporting 2 levels of deck. Discussed with contrator 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:

Printed by : Marty Shaw on: 12/03/2019 11:49 AM



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

	Totals :	\$150.00	\$0.00	**			
Building Permit	Fee - Minimum	\$150.00	\$0.00				
EES:		Paid	Due				
Legal Desc	cription:						
Addition:	AVALON BEA	CH ANNEX 2 & 3	3	Bloc		Lot(s):	1019
				Zoni	ng:		
Address:	2037 BAY DR	KILL DEVIL HIL	LS				
PIN:	98740898665	2		Parcel Number:	001994	000	
PARCEL:							
UNLICENSED BUILDER:		1374 HWY Wanchese,	HUNTER GAZA 1374 HWY 64 Wanchese, NC 27954 252-331-3798			License: XXXX Expires: 12/3	
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		

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

DEC - 3 019

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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	Ν
CAMA EXEMPTION	Ν
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	Ν
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.

Issued By:	
ILLA M.	12/2/19
Contractor or Authorized Agent: Mythe House	Date: 12/3/1/



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

Planning and Inspection Department

DEC _ 2 2019

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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

CHOC	Totals :	\$100.00	\$0.00					
FEES: Fence		<u>Paid</u> \$100.00	<u>Due</u> \$0.00					
Legal Des	cription:							
Addition:	BESSIE C HA	RRISON&N C DO	OUGLAS	Block		Lot(s):	D	
				Zonir	ng:			
Address:	1900 VA DARI	TRLS KILL DI	EVIL HILLS					
PIN:	989313144669)		Parcel Number:	0085000	000		
PARCEL:								
		Kitty Hawk, 207-8440						
P.O. Box 2318 Kitty Hawk, NC 27949 207-8440 BUILDING LIMITED: Gulfstream Pools P.O. Box 2318					License: 60217 Expires: 01/01/2020			
					3			
APPLICANT:	Gulfstream Pools		0	WNER:	Adams, Mark 212 Spring Vi	and Kathleen		

PROJECT DESCRIPTION: Move existing pool fence

Pormit

BP2019-266

PROJECT NAME: Mark and Kathleen Adams SITE ADDRESS: 1900 VA DARE TRL S KILL DEVIL HILLS ISSUED: 11/18/2019

EXPIRES: 05/16/2020

DETAILS

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

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.

issued By: Muma Contractor or Authorized Agent: Date: 10

N DEV	CE OF AND	k Phone: 25	PO BOX (ill Devil Hills) (2-449-5318)		-4102	DEC _ 2 2019
	75 ME: Bender Deck ar S: 204 ATLANTIC 3					BUILDING ISSUED: 12/02/2019 EXPIRES: 05/30/2020
APPLICANT:	BENDER, DOUGLA 204 E Atlantic Street Kill Devil Hills, NC 2	t		OWNER:	BENDER, DC 204 E Atlantic Kill Devil Hills	Street
GENERAL:		Self UNKNOW UNKNOW 917-862-96	N, XX 00000			License: Unlicensed Expires: 12/31/2020
PARCEL:						
PIN:	988312969583	3		Parcel Number:	0047220	000
Address:	204 ATLANTIO	C ST E KILL DE	VIL HILLS	Zoni	ng:	
Addition:	KILL DEVIL B	EACH SEC 1 RE	EVISED	Bloc	k: F	Lot(s): 3
Legal Desc	ription:					
FEES:		Paid	Due			
Building Permit Fee	Fee - Minimum	\$150.00	\$0.00			
	Totals :	\$150.00	\$0.00			

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

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	С		
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.

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

Issued By: < Ame FBend Contractor or Authorized Agent: Date: /