

TOWN OF SOUTHERN SHORES  
PLANNING AND CODE  
ENFORCEMENT  
5376 N Virginia Dare Trl  
Southern Shores NC 27949  
(252) 261-2394 ext 4 tel  
(252) 255-0876 fax  
www.southernshores-nc.gov



**SUB-CONTRACTOR SIGN OFF AND/OR PERMIT**

Date 11/27/19

PROJECT ADDRESS 27 Fairway Drive

Owner Carl Slagle  
Mailing Address 27 Fairway Drive  
City, State, Zip Southern Shores NC 27949  
Phone 252-415-0261

Permit Number 10742  
Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**PLUMBING** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**MECHANICAL** = Licensee Name Henry J Liverman NC License/Classification 11618 H2 / H3-I  
Company Name Atlantic Heating & Cooling, Ltd.  
Address P O Box 132 Phone 252-441-7642  
City State & zip Kill Devil Hills NC 27948 Estimated Project Cost \$5,700.00  
**Description of Work:** Remove & replace indoor & outdoor sections of upstairs HVAC system using a 3 ton Daikin heat pump & a matching Daikin air handler

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Henry J Liverman 11/27/19  
Signature of Licensee Date

Benny Strother 12-2-2019  
Signature of Permit Official Date



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PLANNING AND CODE ENFORCEMENT**  
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**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10743**

Location: 150 Holly Trail  
  
Parcel: 021753000 PIN: 986706391533  
District: 20- SOUTHERN SHORES  
Subdivision: SO/SH SOUNDSTIDE BLK 106A  
LotBlkSect: LOT: 4 BLK: 106A SEC:

NICHOLS, BEVERLY GAY  
2207 SHEPHERDS RIDGE RD  
CHARLOTTESVILLE VA 22901  
  
PHONE #: 540-407-0297 CELL #:

BUSINESS NAME: Gibbs Daughters NC, LLC  
CONTRACTOR'S NAME: Clarence Gibbs  
ADDRESS: PO Box 2387  
CITY, STATE, ZIP: Manteo, NC 27954  
OFFICE#:  
CELL#: 252-202-5991  
FAX#:  
EMAIL:

NC G.C. LICENSED CONTRACTOR:  X  YES  NO  
NC G.C. LICENSE NUMBER: 76990  
LIMITATION: Unlimited  
CLASSIFICATION: Building  
QUALIFIER: Clarence Gibbs  
  
LIEN AGENT: Fidelity National Title Company, LLC Entry#1149326  
19 W. Hargett St., Suite 507 / Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Remodel bathroom including new electrical and plumbing

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Remodel	FOUNDATION:	ZONING DISTRICT: RS-1
BUILDING USE: Single Family Dwelling	HEAT:	ZONING PERMIT #: n/a
TOTAL HEATED/LIVING AREAS (SF):	A/C:	
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	
NUMBER OF STORIES:	EXTERIOR WALLS:	
BEDROOMS:	FIREPLACE:	
SEPTIC CAPACITY # OF PERSONS:	ROOF:	
BATHS: ½ BATHS:	INSULATION:	
DETACHED/ATTACHED GARAGE(SF):	ELEVATOR (SF):	
STORAGE ENCLOSURE(SF): POOL(SF):	DECKS (SF):	CAMA PERMIT #: n/a
FLOOD ZONE: AE	PORCHES (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
	TYPE:	DATE ISSUED:

\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$36,775		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$36,775	X \$10 per \$1,000 of cost =	\$367.75
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$377.75</b>

Applicant - Owner/Contractor *Clarence Gibbs* (Please print and sign name) Date Issued *12-3-19*  
 Building/Code/Zoning Official *Bunkey O'Brien* Date Approved *12-3-19*



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**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10735**

Location: 284 N Dogwood Trail  
Parcel: 013338000 PIN: 986813145617  
District: 20- SOUTHERN SHORES  
Subdivision: SO/SH SOUNDSIDE BLK 109  
LotBlkSect: LOT: 3 BLK: 109 SEC:

KOCH, RICHARD C TTEE TRE  
KOCH, JANE C TTEE TRE  
284 N DOGWOOD TRL  
SOUTHERN SHORES NC 27949

PHONE #: 252-261-1406

CELL #:

BUSINESS NAME: Finch & Company, Inc  
CONTRACTOR'S NAME: Olin Finch  
ADDRESS: 116 Sandy Ridge Rd  
CITY, STATE, ZIP: Duck, NC 27949  
OFFICE#: 252-261-8710  
CELL#: 252-202-9879  
FAX#:   
EMAIL: [marcemurray@gmail.com](mailto:marcemurray@gmail.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
NC G.C. LICENSE NUMBER: 52567  
LIMITATION: Unlimited  
CLASSIFICATION: Building  
QUALIFIER: Marc E Murray

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of new accessory garage 672sf unheated space, new 8'x10' deck on dwelling and convert existing attached garage into a game room to remain unheated space

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Addition/Remodel	FOUNDATION: monolithic slab	ZONING DISTRICT: RS-1
Accessory garage	HEAT:	ZONING PERMIT #: 2019-94
BUILDING USE: Single Family Dwelling	A/C:	DATE APPROVED: 11/18/2019
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS: Drywall	PERMITTED/CONDITIONAL USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 752	EXTERIOR WALLS: vinyl siding	RESIDENTIAL TYPE: Residence
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	SEPTIC PERMIT #: 29179
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	DATE ISSUED: 11/13/2019
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED GARAGE(SF): 672	DECKS (SF): 80	
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	
FLOOD ZONE: Shaded X	WINDOWS MAKE: Jeldwen	
BASE FLOOD ELEVATION: FT PLUS 2FT=	TYPE: double hung	

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TOTAL CONSTRUCTION COST	\$126,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)	752	X .30/sf (single family) = X .35/sf (all others) =	\$225.60
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$52,000	X \$10 per \$1,000 of cost =	\$520.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$805.60</b>

Applicant - Owner/Contractor *Marc Murray* (Please print and sign name) *Marc Murray* Date Issued *12/3/19*  
Building/Code/Zoning Official *Buddy Shepton* Date Approved *11-18-19*  
*JL DVS*



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**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10744**

Location: 151 Duck Woods Drive

Parcel: 022357026 PIN: 986710472208

District: 20- SOUTHERN SHORES

Subdivision: SO/SH BLK 227-B

LotBlkSect: LOT: 24 BLK: 227B SEC:

DOUGHERTY, DAVID E EUX  
DOUGHERTY, BARBARA G EUX  
P O BOX 912  
SUFFOLK VA 23434

PHONE #:

CELL #:

BUSINESS NAME: Real Escape, LTD  
CONTRACTOR'S NAME: Liliias Morrison  
ADDRESS: PO Box 98  
CITY, STATE, ZIP: Harbinger, NC 27941  
OFFICE#:  
CELL#: 252-202-7743  
FAX#:  
EMAIL: [ljm@realescapes.com](mailto:ljm@realescapes.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
NC G.C. LICENSE NUMBER: 13735  
LIMITATION: Unlimited  
CLASSIFICATION: Residential  
QUALIFIER: Liliias J Morrison

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Remodel 2<sup>nd</sup> floor loft area – conversion to 4<sup>th</sup> bedroom, full bathroom and craft room – no increase in footprint or enclosed living space

SPECIAL CONDITIONS – Initial work conducted without a permit – NCLBGC investigating (4/2019) – Permit fee assessed as double the permit fee

TYPE OF CONSTRUCTION: Remodel	FOUNDATION:	ZONING DISTRICT: RS-1
BUILDING USE: Single Family Dwelling	HEAT:	ZONING PERMIT #: n/a
TOTAL HEATED/LIVING AREAS (SF):	A/C:	
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS: Sheetrock	
NUMBER OF STORIES:	EXTERIOR WALLS:	
BEDROOMS: 3 existing / 4 <sup>th</sup> bedroom proposed	FIREPLACE:	
SEPTIC CAPACITY # OF PERSONS: 8	ROOF:	
BATHS: 1 proposed ½ BATHS:	INSULATION:	
DETACHED/ATTACHED GARAGE(SF):	ELEVATOR (SF):	
STORAGE ENCLOSURE(SF): POOL(SF):	DECKS (SF):	CAMA PERMIT #: n/a
FLOOD ZONE: AE	PORCHES (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
	TYPE:	DATE ISSUED: floor plan approved 4/24/2019

\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$73,500		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$73,500	X \$10 per \$1,000 of cost =	\$735.00
		Pool = \$125	\$
<b>WORK WITHOUT A PERMIT =</b>		Zoning Permit Fee = \$50	\$
<b>DOUBLE THE PERMIT FEE =</b>		Plan Review Fee = \$150 or \$100	\$
<b>\$735.00 X 2 = \$1,470.00 + \$10 HRF=</b>		Minimum Permit Fee = \$100	\$
<b>TOTAL FEE \$1,480.00</b>		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$1,480.00</b>

*Liliias J. Morrison*

LILIAS J. MORRISON

12.4.19

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

*Bradley Shelton*

12-3-19

Building/Code/Zoning Official

Date Approved



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**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10741**

**Location:** 9 Ninth Avenue  
  
**Parcel:** 021202000 PIN: 986806373763  
**District:** 20- SOUTHERN SHORES  
**Subdivision:** SEA CREST VILLAGE  
**LotBlkSect:** LOT: 5 BLK: 54 SEC:

**CONOVER, BRUCE EUX  
CONOVER, STEPHANIE EUX  
21 TYNG ST  
NEWBURYPORT MA 01950**  
  
PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

**BUSINESS NAME:** Neal Contracting Group  
**CONTRACTOR'S NAME:** Matt Neal  
**ADDRESS:** PO Box 497  
**CITY, STATE, ZIP:** Kitty Hawk, NC 27949  
**OFFICE#:**  
**CELL#:** 252-564-9780  
**FAX#:**  
**EMAIL:** [matt@nealcontracting.com](mailto:matt@nealcontracting.com)

**NC G.C. LICENSED CONTRACTOR:**  YES  NO  
**NC G.C. LICENSE NUMBER:** 80223  
**LIMITATION:** Intermediate  
**CLASSIFICATION:** Building  
**QUALIFIER:** Matthew Neal

**LIEN AGENT:** Old Republic National Title Insurance Company Entry #  
19 W. Hargett St., Suite 507 / Raleigh, NC 27601 1149908

**DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval):** Remodel = kitchen and bathroom and convert 120sf of porch into extension of bedroom – no increase in footprint

**SPECIAL CONDITIONS -**

<b>TYPE OF CONSTRUCTION:</b> Addition/Remodel	<b>FOUNDATION:</b> Piling	<b>ZONING DISTRICT:</b> RS-1
	<b>HEAT:</b> Heat pump	<b>ZONING PERMIT #:</b> n/a
<b>BUILDING USE:</b> Single Family Dwelling	<b>A/C:</b> Heat pump	
<b>TOTAL HEATED/LIVING AREAS (SF):</b> 120	<b>INTERIOR WALLS:</b> paneling	
<b>TOTAL NON-HEATED AREAS (SF):</b>	<b>EXTERIOR WALLS:</b> cedar	
<b>NUMBER OF STORIES:</b>	<b>FIREPLACE:</b> n/a	
<b>BEDROOMS:</b>	<b>ROOF:</b> asphalt	
<b>SEPTIC CAPACITY # OF PERSONS:</b>	<b>INSULATION:</b> batt	
<b>BATHS:</b> ½ BATHS:	<b>ELEVATOR (SF):</b> n/a	
<b>DETACHED/ATTACHED GARAGE(SF):</b>	<b>DECKS (SF):</b> n/a	<b>CAMA PERMIT #:</b> n/a
<b>STORAGE ENCLOSURE(SF): POOL(SF):</b>	<b>PORCHES (SF):</b> n/a	<b>DATE ISSUED:</b>
<b>FLOOD ZONE:</b> AE	<b>WINDOWS MAKE:</b> n/a	<b>SEPTIC PERMIT #:</b> n/a
<b>BASE FLOOD ELEVATION:</b> 9FT PLUS 2FT= 11FT	<b>TYPE:</b> n/a	<b>DATE ISSUED:</b>

**\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

<b>TOTAL CONSTRUCTION COST</b>	\$40,000		
<b>HEATED/LIVING AREA (sf)</b> (new square footage)	120	X .60/sf (single family) = X .75/sf (all others) =	\$72.00
<b>NON-HEATED AREA (sf)</b> (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
<b>REMODEL/REPAIR/ALTERATION</b> (no additional square footage)	\$20,000	X \$10 per \$1,000 of cost =	\$200.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$282.00</b>

Applicant - Owner/Contractor *Buddy Shelton* (Please print and sign name) Date Issued **12-4-19**  
Building/Code/Zoning Official *[Signature]* Date Approved **11-27-19**

TOWN OF SOUTHERN SHORES

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27949

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www.southernshores-nc.gov



**SUBCONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12/5/2019

PROJECT ADDRESS 179 CHICAHAWK TRAIL

Owner FULCHER HOMES O.C

Mailing Address PO BOX 543

City, State, Zip KITTY HAWK, NC 27949

Phone 252-261-3316

Permit Number 10749

Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE \_\_\_\_\_

**ELECTRICAL** = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX 179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH

Description of Work: CONNECTION OF MECH EQUIP BELOW

**PLUMBING** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

**MECHANICAL** = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX 179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 4911.00

Description of Work: C/O 1.5 TON 14 SEER TRANE SYSTEM LOWER LEVEL WITH T6 THERMOSTAT

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 12/5/2019  
Signature of Licensee Date

Brenda S. O'Neil 12-5-19  
Signature of Permit Official Date

Frederick Marklin (ELEC)

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**SUB-CONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12-4-19

PROJECT ADDRESS 239 Sea Oats Tr.

Owner Emery Midyette  
Mailing Address 239 Sea Oats Tr.  
City, State, Zip Southern Shores, NC 27949  
Phone \_\_\_\_\_

Permit Number 10748  
Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name Nathan Owens NC License/Classification 3360L  
Company Name Jesse N. Owens Electric Corp  
Address 123 Jesse Owens Dr. Phone 473-8923  
City State & zip Harbinger NC 27941 Estimated Project Cost 0-00  
Description of Work: electrical associated w/ replacement

**PLUMBING** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**MECHANICAL** = Licensee Name Joe Simpson NC License/Classification 19091 Group 2 & 3  
Company Name All Seasons Heating & Cooling  
Address PO Box 244 Phone 491-9232  
City State & zip Point Harbor, NC 27964 Estimated Project Cost 5180.00  
Description of Work: Replace upstairs system w/ a 1.5 ton split system heat pump & air handler.

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Joe Simpson 12-4-19  
Signature of Licensee Date

Brenda S. [Signature] 12-5-19  
Signature of Permit Official Date

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**SUBCONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12/9/2019  
PROJECT ADDRESS 288 SEA OATS TRAIL  
Owner MARK HUNTLEY  
Mailing Address 403 SEA OATS DRIVE APT D  
City, State, Zip JUNO BEACH, FL 33408  
Phone 804-382-3632

Permit Number 10752  
Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE \_\_\_\_\_

**ELECTRICAL** = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD  
Company Name R A HOY HEATING & A/C. INC  
Address P O BOX 179 Phone (252) 261-2008  
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH  
**Description of Work:** CONNECTION OF MECH EQUIP BELOW

**PLUMBING** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**MECHANICAL** = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1  
Company Name R A HOY HEATING & A/C. INC  
Address P O BOX 179 Phone (252) 261-2008  
City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 5995.00  
**Description of Work:** C/O 2.5 TON 16 SEER TRANE SYSTEM LOWER LEVEL REUSE EXISTING THERMOSTAT

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 12/9/2019  
Signature of Licensee Date  
Douglas Wakeley (ELEC)

Buddy Sheffer 12-9-19  
Signature of Permit Official Date  
DY DUS





**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10751**

Location: 12 Palmetto Lane  
  
Parcel: 022761000 PIN: 986720715669  
District: 20- SOUTHERN SHORES  
Subdivision: SO/SH SOUND SIDE BLKS 175-176  
LotBlkSect: LOT: 6 BLK: 175 SEC:

BARON, DOUGLAS W EUX  
BARON, MARY EUX  
6512 FLOWERDEW HUNDRED CT  
CENTREVILLE VA 20120  
  
PHONE #:  CELL #:

BUSINESS NAME: Affordable Bills  
CONTRACTOR'S NAME: Bill Eger  
ADDRESS: 300 W Albemarle Drive  
CITY, STATE, ZIP: Nags Head, NC 27959  
OFFICE#: 252-489-9555  
CELL#:   
FAX#:   
EMAIL: [affordablebills@gmail.com](mailto:affordablebills@gmail.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
NC G.C. LICENSE NUMBER:   
LIMITATION:   
CLASSIFICATION:   
QUALIFIER:   
  
LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Replace 10 pilings with 8x8x16 piles within the same footprint

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Repair	FOUNDATION:	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: n/a
BUILDING USE: Single Family Dwelling	A/C:	
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: n/a
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
BASE FLOOD ELEVATION: FT PLUS 2FT=	TYPE:	DATE ISSUED:

**\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

TOTAL CONSTRUCTION COST	\$10,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$10,000	X \$10 per \$1,000 of cost =	\$100.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$
		<b>TOTAL FEE</b>	<b>\$100.00</b>

*William Eger*  
Applicant - Owner/Contractor (Please print and sign name) 12/10/19  
*Bonny Johnston*  
Building/Code/Zoning Official 12-10-19  
*Dei DS* Date Approved



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**RESIDENTIAL**  
**BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**  
**BUILDING PERMIT #10714**

Location: 70 E Dogwood Trail  
 Parcel: 022193000 PIN: 986818219688  
 District: 20- SOUTHERN SHORES  
 Subdivision: SO/SH SOUNDSIDE BLK 95  
 LotBlkSect: LOT: 35 BLK: 95 SEC:

HAMLEY, JONATHON C TTEE TRE  
 HAMLEY, PAULA J TTEE TRE  
 1228 RELLEN ST  
 CHESAPEAKE VA 23320  
 PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

BUSINESS NAME: DeBoy Construction & Remodeling, Inc  
 CONTRACTOR'S NAME: John DeBoy  
 ADDRESS: 303 Eagle Dr  
 CITY, STATE, ZIP: Kill Devil Hills, NC 27948  
 OFFICE#: 252-480-9921  
 CELL#: 252-207-8912  
 FAX#: \_\_\_\_\_  
 EMAIL: [outerbankscontractor@gmail.com](mailto:outerbankscontractor@gmail.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
 NC G.C. LICENSE NUMBER: 61498  
 LIMITATION: Intermediate  
 CLASSIFICATION: Building  
 QUALIFIER: John Richard DeBoy

LIEN AGENT: North American Title Insurance Company Entry# 1129808  
 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Remodel kitchen – no increase in footprint or square footage of living space **-Amended 12-10-19 - Removing beam load wall**

SPECIAL CONDITIONS - **JD 12-11-19**

TYPE OF CONSTRUCTION: Remodel	FOUNDATION:	ZONING DISTRICT: RS-1
BUILDING USE: Single Family Dwelling	HEAT:	ZONING PERMIT #: n/a
TOTAL HEATED/LIVING AREAS (SF):	A/C:	
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	
NUMBER OF STORIES:	EXTERIOR WALLS:	
BEDROOMS:	FIREPLACE:	
SEPTIC CAPACITY # OF PERSONS:	ROOF:	
BATHS: ½ BATHS:	INSULATION:	
DETACHED/ATTACHED GARAGE(SF):	ELEVATOR (SF):	
STORAGE ENCLOSURE(SF): POOL(SF):	DECKS (SF):	CAMA PERMIT #: n/a
FLOOD ZONE: Shaded X	PORCHES (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: FT PLUS 2FT=	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
	TYPE:	DATE ISSUED:

\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$35,500	+ \$ 7,000 = \$42,500	<b>JD 12-11</b>
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$35,500	X \$10 per \$1,000 of cost =	\$355.00
		Pool = \$125	\$
<b>Additional fee \$100</b>		Zoning Permit Fee = \$50	\$
<b>JD 12-11-19</b>		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$365.00</b>

**Charles Slowikowski** 10-21-19  
 Applicant - Owner/Contractor (Please print and sign name) Date Issued  
**Bunley She Otter** 10-21-19  
 Building/Code/Zoning Official Date Approved  
**JD**

TOWN OF SOUTHERN SHORES  
PLANNING AND CODE  
ENFORCEMENT  
5375 N Virginia Dare Trl  
Southern Shores NC 27949  
(252) 261-2394 ext 4 tel  
(252) 255-0876 fax  
www.southernshores-nc.gov



**SUB-CONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12-11-19

PROJECT ADDRESS 279 Wax Myrtle

Owner Keith C Wood / Cathy Wood

Mailing Address P.O. Box 156

City, State, Zip Kitty Hawk NC 27949

Phone 252-255-0567

Permit Number 10755  
Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name Jeff Fischer NC License/Classification 15973-004  
Company Name Fischer Building Co  
Address 105 Rhodans Dr Phone 202-9468  
City State & zip Kill Devil Hills, NC 27948 Estimated Project Cost 4000  
Description of Work: Wire air handler & heat pump

**PLUMBING** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

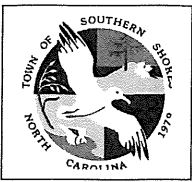
**MECHANICAL** = Licensee Name Brian T. McDonald NC License/Classification 12643 H2-3 Chcr1  
Company Name Brian T. McDonald dba One Hour Heating & Air Conditioning  
Address Box 2600 701 W. Fresh Pond Dr Phone 441-1740  
City State & zip Kill Devil Hills NC 27948 Estimated Project Cost 8737  
Description of Work: Replace HVAC with 14 seer 3 1/2 ton Daikin air handler & heat pump

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature] 12/11/19  
Signature of Licensee Date

[Signature] 12-11-19  
Signature of Permit Official Date



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
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**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10753**

Location: 245 N Dogwood Trail  
  
Parcel: 021768000 PIN: 986817123409  
District: 20- SOUTHERN SHORES  
Subdivision: SO/SH AMENDED SECTION A  
LotBlkSect: LOT: 32-36 BLK: H SEC:

PARKER, ROBERT D EUX  
PARKER, MONICA P EUX  
245 N DOGWOOD TRL  
KITTY HAWK NC 27949

PHONE #:

CELL #: 252-207-8180

BUSINESS NAME: Millstone Marine  
CONTRACTOR'S NAME: Kevin Lineberger  
ADDRESS: 7000 Maritime Woods Dr  
CITY, STATE, ZIP: Manteo, NC 27954  
OFFICE#: 252-305-8842  
CELL#: 252-202-2678  
FAX#:   
EMAIL: [millstonemarine@gmail.com](mailto:millstonemarine@gmail.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
NC G.C. LICENSE NUMBER: 78077  
LIMITATION: Limited  
CLASSIFICATION: Building  
QUALIFIER: Kevin Lineberger

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construct a new 225lf bulkhead pursuant to CAMA General Permit #A75634

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory	FOUNDATION:	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: n/a
BUILDING USE: Single Family Dwelling	A/C:	
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: General A75634
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED: 11-5-2019
FLOOD ZONE: AE	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	TYPE:	DATE ISSUED:

\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$27,572		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	\$
		<b>TOTAL FEE</b>	<b>\$100.00</b>

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

Building/Code/Zoning Official

Date Approved

*[Handwritten Signature]*  
Kevin Lineberger

*[Handwritten Signature]*  
Kevin Lineberger

12-12-19

12-9-19

*[Handwritten Signature]*  
by DKS



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**COMMERCIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10747**

**Parcel: 022819005  
PIN: 987717024126  
Location: 1 OCEAN BLVD  
District: [20] SOUTHERN SHORES  
Subdiv: [0000] SUBDIVISION - NONE  
Lot-Block-Sect: LOT: 3&4 AND PARCEL B BLK:**

**SOUTHERN SHORES CROSSING LLC  
P.O. BOX 150  
KITTY HAWK NC 27949**

PHONE #:

CELL #:

**BUSINESS NAME:**  
**CONTRACTOR'S NAME:** Tenant – Raymond Jamieson  
**ADDRESS:** 38 Ninth Ave  
**CITY, STATE, ZIP:** Southern Shores, NC 27949  
**OFFICE#:** 252-564-9636  
**CELL#:** 757-345-9712  
**FAX#:**  
**EMAIL:** [obxscaperooms@gmail.com](mailto:obxscaperooms@gmail.com)

**NC G.C. LICENSED CONTRACTOR:** \_\_\_ YES X NO  
**NC G.C. LICENSE NUMBER:**  
**LIMITATION:**  
**CLASSIFICATION:**  
**QUALIFIER:**

**LIEN AGENT:** n/a

**DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval):** Tenant – OBX Scape Rooms - Remodel and expand into Unit #111 = 1,600 sf area – scope of work to include new walls, doors, electrical

**SPECIAL CONDITIONS -**

<b>TYPE OF CONSTRUCTION:</b> Remodel/Addition	<b>FOUNDATION:</b>	<b>ZONING DISTRICT:</b> C – General Commercial
	<b>HEAT:</b>	<b>ZONING PERMIT #:</b> 2019-98
<b>BUILDING USE:</b> Commercial	<b>A/C:</b>	<b>DATE APPROVED:</b> 12/12/2019
<b>TOTAL HEATED/LIVING AREAS (SF):</b>	<b>INTERIOR WALLS:</b>	<b>PERMITTED/CONDITIONAL USE:</b> Permitted
<b>TOTAL NON-HEATED AREAS (SF):</b>	<b>EXTERIOR WALLS:</b>	<b>COMMERCIAL USE:</b> Event Facility
	<b>FIREPLACE:</b>	
	<b>ROOF:</b>	
<b>NUMBER OF STORIES:</b>	<b>INSULATION:</b>	
<b>BATHS:</b> ½ BATHS:	<b>ELEVATOR (SF):</b>	
<b>DETACHED/ATTACHED GARAGE(SF):</b>	<b>DECKS (SF):</b>	<b>CAMA PERMIT #:</b> n/a
<b>STORAGE ENCLOSURE(SF): POOL(SF):</b>	<b>PORCHES (SF):</b>	<b>DATE ISSUED:</b>
<b>FLOOD ZONE:</b> Shaded X	<b>WINDOWS MAKE:</b>	<b>SEPTIC PERMIT #:</b> 29235
<b>BASE FLOOD ELEVATION:</b> FT PLUS 2FT=	<b>TYPE:</b>	<b>DATE ISSUED:</b> 12/4/2019

**\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

<b>TOTAL CONSTRUCTION COST</b>	\$10,274		
<b>HEATED/LIVING AREA (sf) (new square footage)</b>		X .75/sf (all others) =	\$
<b>NON-HEATED AREA (sf) (new square footage)</b>		X .35/sf (all others) =	\$
<b>REMODEL/REPAIR/ALTERATION (no additional square footage)</b>	\$10,274	X \$10 per \$1,000 of cost =	\$102.74
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		<b>TOTAL FEE</b>	<b>\$152.74</b>

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

Building/Code/Zoning Official

Date Approved

*[Signature]* Christina Jamieson  
*[Signature]*

12/12/19  
12-12-19



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10756**

**Location: 292 Wax Myrtle Trail**  
  
**Parcel: 021345000 PIN: 986810351217**  
**District: 20- SOUTHERN SHORES**  
**Subdivision: SO/SH BEACH BLKS 63 73 83 82A**  
**LotBlkSect: LOT: 28 BLK: 63 SEC:**

**DABNEY, ROBERT J EUX**  
**DABNEY, COLLEEN F EUX**  
**292 WAX MYRTLE TRL**  
**SOUTHERN SHORES NC 27949**  
  
PHONE #: 757-784-7809      CELL #:

**BUSINESS NAME: Emanuelson & Dad, Inc**  
**CONTRACTOR'S NAME: Jon Midgett**  
**ADDRESS: PO Box 448**  
**CITY, STATE, ZIP: Nags Head, NC 27959**  
**OFFICE#: 252-261-2212**  
**CELL#: 252-619-8096**  
**FAX#: 252-261-1115**  
**EMAIL: emanuelson@embarqmail.com**

**NC G.C. LICENSED CONTRACTOR: X YES    NO**  
**NC G.C. LICENSE NUMBER: 79801**  
**LIMITATION: Limited**  
**CLASSIFICATION: Building**  
**QUALIFIER: Nicole Marie Midgett / James David Pennington**  
  
**LIEN AGENT: n/a**

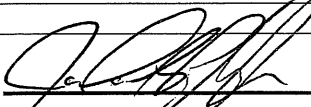
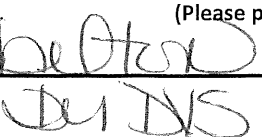
**DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Repair – Replace (10) foundation pilings – within the same footprint**

**SPECIAL CONDITIONS -**

<b>TYPE OF CONSTRUCTION:</b> Repair	<b>FOUNDATION:</b> Piling	<b>ZONING DISTRICT:</b> RS-1
	<b>HEAT:</b>	<b>ZONING PERMIT #:</b> n/a
<b>BUILDING USE:</b> Single Family Dwelling	<b>A/C:</b>	
<b>TOTAL HEATED/LIVING AREAS (SF):</b>	<b>INTERIOR WALLS:</b>	
<b>TOTAL NON-HEATED AREAS (SF):</b>	<b>EXTERIOR WALLS:</b>	
<b>NUMBER OF STORIES:</b>	<b>FIREPLACE:</b>	
<b>BEDROOMS:</b>	<b>ROOF:</b>	
<b>SEPTIC CAPACITY # OF PERSONS:</b>	<b>INSULATION:</b>	
<b>BATHS:        ½ BATHS:</b>	<b>ELEVATOR (SF):</b>	
<b>DETACHED/ATTACHED GARAGE(SF):</b>	<b>DECKS (SF):</b>	<b>CAMA PERMIT #:</b> n/a
<b>STORAGE ENCLOSURE(SF):    POOL(SF):</b>	<b>PORCHES (SF):</b>	<b>DATE ISSUED:</b>
<b>FLOOD ZONE:</b> Shaded X	<b>WINDOWS MAKE:</b>	<b>SEPTIC PERMIT #:</b> 29250
<b>BASE FLOOD ELEVATION:</b> FT PLUS 2FT=	<b>TYPE:</b>	<b>DATE ISSUED:</b> 12/6/2019

**\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

<b>TOTAL CONSTRUCTION COST</b>	<b>\$10,000</b>		
<b>HEATED/LIVING AREA (sf)</b> (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
<b>NON-HEATED AREA (sf)</b> (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
<b>REMODEL/REPAIR/ALTERATION</b> (no additional square footage)	<b>\$10,000</b>	X \$10 per \$1,000 of cost =	<b>\$10,000</b>
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$110.00</b>

            **James David Pennington Jr**  
 Applicant - Owner/Contractor      (Please print and sign name)      Date Issued: 12-12-19  
 Building/Code/Zoning Official      Date Approved: 12-12-19

TOWN OF SOUTHERN SHORES  
 PLANNING AND CODE  
 ENFORCEMENT  
 5375 N Virginia Dare Trl  
 Southern Shores NC 27949  
 (252) 261-2394 ext 4 tel  
 (252) 255-0876 fax  
 www.southernshores-nc.gov



**SUB-CONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12/16/19

PROJECT ADDRESS 90 Skyline Rd

Owner Red Rock Management OBX LLC  
 Mailing Address 11523 Red Rock Ln  
 City, State, Zip Bumpass VA 23024  
 Phone 540-207-6359

Permit Number 10757  
 Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

**PLUMBING** = Licensee Name Kenneth Long NC License/Classification P1 #30190  
 Company Name Absolute Plumbing  
 Address 110 Quarter Landing Ct Phone 252-489-1439  
 City State & zip Harbinger NC 27941 Estimated Project Cost 2900

Description of Work: Replacement of 80 gallon water heater. We are adding a mixing valve & will be going from 2 heaters to 1.

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

**MECHANICAL** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]  
 Signature of Licensee

12/16/19  
 Date

[Signature] 12-23-19  
 Signature of Permit Official Date  
JUDAS

TOWN OF SOUTHERN SHORES  
PLANNING AND CODE  
ENFORCEMENT

5375 N Virginia Dare Trl  
Southern Shores NC 27949  
(252) 261-2394 ext 4 tel  
(252) 255-0876 fax  
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 12/16/19

PROJECT ADDRESS 90 Skyline Rd

Owner Red Rock Management ORX LLC

Mailing Address 11523 Red Rock Ln

City, State, Zip Bumpass VA 23024

Phone 540-207-6359

Permit Number 10757  
Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**PLUMBING** = Licensee Name Kenneth Long NC License/Classification P1 #30190  
Company Name Absolute Plumbing  
Address 110 Quarter Landing Ct Phone 252-489-1439  
City State & zip Harbinger NC 27941 Estimated Project Cost 2900  
Description of Work: Replacement of 80 gallon water heater. We are adding a mixing valve & will be going from 2 heaters to 2.

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**MECHANICAL** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted hereon.

[Signature]  
Signature of Licensee

12/16/19  
Date

[Signature] 12-23-19  
Signature of Permit Official Date  
JUDIS





County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1378**

**12/16/2019**

Parcel Number: 014556000  
 Location: 40183 AVLONA AVENUE – AVON  
 Subdivision: AVON SHORES SEC 1  
 Legal Description: LOT: 9 BLK: SEC: 1

Owner Name: SCOTT EDWARD JOHNSON  
 Owner Mail Address: P O BOX 842 MANTEO, NC 27954  
 Owner Phone and email:

Contractor Name: SCOTT E JOHNSON  
 Contractor Mail Address: PO BOX 842, MANTEO, NC 27954  
 Contractor Phone: 910-274-4570 Contractor NC License#: 60312

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD	Cost of Construction:	\$220,000
Proposed Construction Type:	SFD	CAMA Permit#:	N/A
Finished Square Footage:	1696	Septic Permit#:	28360
Unfinished Square Footage:	0	Septic Permit Date:	01/10/2019
Stories:	2.0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	YES
Total Rooms:	0	Water Type:	Central Water
Footing Type:	PILING	Flood Zone:	AE
Exterior Finish:	LAP SIDING	Base Flood Elevation:	8.0
Proposed Finished Floor Elevation:	9.7	Lot/Ground Elevation:	2.7
Bedrooms:	3	Baths/half baths:	2.00/1

**Comments:** Any deviation from the building plan or site plan requires prior approval.

PERMIT FEE	\$1,272.00
FLOOD DEVELOPMENT BLDG PERMIT	75.00
HOME OWNERS RECOVERY FEE	10.00
RESIDENTIAL ZONING APPROVAL	100.00

**TOTAL FEES: \$1,457.00**

Applicant Signature:  SCOTT E JOHNSON

Inspector Signature:  LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1359**

**12/12/2019**

Parcel Number: 014884304  
 Location: 50578 NC 12 HWY – FRISCO  
 Subdivision: SPENCERS WOODS SEC 3  
 Legal Description: LOT: 4 BLK: SEC: 3

Owner Name: MATTHEW A STOWE  
 Owner Mail Address: P O BOX 831 BUXTON, NC 27920  
 Owner Phone and email:

Contractor Name: HATTERAS ISLAND SOUND CONSTRUCTION INC  
 Contractor Mail Address: PO BOX 157, FRISCO, NC 27936  
 Contractor Phone: 252-995-5961 Contractor NC License#: 55637

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD	Cost of Construction:	\$620,000
Proposed Construction Type:	SFD	CAMA Permit#:	N/A
Finished Square Footage:	4386	Septic Permit#:	28938
Unfinished Square Footage:	323	Septic Permit Date:	08/06/2019
Stories:	3.0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	YES
Total Rooms:	10	Water Type:	Central Water
Footing Type:	PILING	Flood Zone:	X
Exterior Finish:	LAP SIDING	Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	5	Baths/half baths:	5.00/1

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$3,418.70
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00

**TOTAL FEES: \$3,528.70**

Applicant Signature: [Signature] HATTERAS ISLAND SOUND CONSTRUCTION INC  
 Inspector Signature: [Signature] LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1329**

**12/09/2019**

Parcel Number: 017220008  
 Location: 47253 DIPPIN VAT RD – BUXTON  
 Subdivision: BUXTON WOODS TRACT  
 Legal Description: LOT: 3A BLK: SEC:

Owner Name: JENNIFER ANNE THOR  
 Owner Mail Address: P O BOX 274 BUXTON, NC 27920  
 Owner Phone and email:

Contractor Name: CARL WORSLEY AND ASSOCIATES INC  
 Contractor Mail Address: PO BOX 188, NAGS HEAD, NC 27959  
 Contractor Phone: 252-441-2327 Contractor NC License#: 58569

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD	Cost of Construction:	\$230,000
Proposed Construction Type:	SFD	CAMA Permit#:	N/A
Finished Square Footage:	1221	Septic Permit#:	29086
Unfinished Square Footage:	256	Septic Permit Date:	10/16/2019
Stories:	1.0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	YES
Total Rooms:	4	Water Type:	Central Water
Footing Type:	PILING	Flood Zone:	AE
Exterior Finish:	WOOD SHINGLES	Base Flood Elevation:	7.0
Proposed Finished Floor Elevation:	11.0	Lot/Ground Elevation:	2.9
Bedrooms:	3	Baths/half baths:	2.00/0

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$1,018.15
	FLOOD DEVELOPMENT BLDG PERMIT	188 75.00
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00
<b>TOTAL FEES:</b>		<b>\$1,203.15</b>

Applicant Signature: *Carly Worsley* CARL WORSLEY AND ASSOCIATES INC  
 Inspector Signature: *WJ/CA* LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
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 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1308**

**12/04/2019**

Parcel Number: 013235000  
 Location: 27183 WELLINGTON LN – SALVO  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: PARCEL B2 BLK: SEC:

Owner Name: JOHN L JR WALSTON  
 Owner Mail Address: P O BOX 178 RODANTHE, NC 27968  
 Owner Phone and email:

Contractor Name:  
 Contractor Mail Address:  
 Contractor Phone: Contractor NC License#:

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD	Cost of Construction:	\$239,470
Proposed Construction Type:	SFD	CAMA Permit#:	N/A
Finished Square Footage:	2177	Septic Permit#:	29093
Unfinished Square Footage:	1512	Septic Permit Date:	10/18/2019
Stories:	2.0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	YES
Total Rooms:	0	Water Type:	Central Water
Footing Type:	PILING	Flood Zone:	
Exterior Finish:		Base Flood Elevation:	9.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	2.9
Bedrooms:	3	Baths/half baths:	3.00/1

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$2,237.55
	FLOOD DEVELOPMENT BLDG PERMIT	75.00
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00

**TOTAL FEES: \$2,422.55**

Applicant Signature:  JOHN L JR WALSTON

Inspector Signature:  KDJ



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

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 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1396**

**12/18/2019**

Parcel Number: 012825000  
 Location: 26212 WIMBLE SHORES DR – SALVO  
 Subdivision: WIMBLE SHORES SEC 2  
 Legal Description: LOT: 4 BLK: SEC: 2

Owner Name: TRACY ANN TTEE REAVES  
 Owner Mail Address: 3753 SURRY RD VIRGINIA BEACH, VA 23455  
 Owner Phone and email:

Contractor Name: CARL WORSLEY AND ASSOCIATES INC  
 Contractor Mail Address: PO BOX 188, NAGS HEAD, NC 27959  
 Contractor Phone: 252-441-2327 Contractor NC License#: 58569

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD	Cost of Construction:	\$275,000
Proposed Construction Type:	SFD	CAMA Permit#:	N/A
Finished Square Footage:	1485	Septic Permit#:	29110
Unfinished Square Footage:	384	Septic Permit Date:	10/24/2019
Stories:	1.0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	YES
Total Rooms:	0	Water Type:	Central Water
Footing Type:	PILING	Flood Zone:	AE
Exterior Finish:	CEDAR SHAKE	Base Flood Elevation:	8.0
Proposed Finished Floor Elevation:	12	Lot/Ground Elevation:	3.4
Bedrooms:	3	Baths/half baths:	2.00/0

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$1,267.35
	FLOOD DEVELOPMENT BLDG PERMIT	75.00
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00

**TOTAL FEES: \$1,452.35**

Applicant Signature: *Carl Worsley* CARL WORSLEY AND ASSOCIATES INC  
 Inspector Signature: *CH/LJ* LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

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 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1363**

**12/12/2019**

Parcel Number: 016860000  
 Location: 48126 DANIEL LN – BUXTON  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: 2 BLK: SEC:

Owner Name: WILLIAM V TTEE BARLEY  
 Owner Mail Address: PO BOX 72 BUXTON, NC 27920  
 Owner Phone and email:

Contractor Name: SAA  
 Contractor Mail Address: SAA  
 Contractor Phone: 252-996-0445 Contractor NC License#: NONE

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW SFD	Cost of Construction:	\$250,000
Proposed Construction Type:	SFD	CAMA Permit#:	N/A
Finished Square Footage:	1688	Septic Permit#:	29215
Unfinished Square Footage:	524	Septic Permit Date:	11/26/2019
Stories:	1.0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	N/A
Total Rooms:	3	Water Type:	Central Water
Footing Type:	PILING	Flood Zone:	AE
Exterior Finish:	WOOD SHINGLES	Base Flood Elevation:	7.0
Proposed Finished Floor Elevation:	8.2	Lot/Ground Elevation:	4.5
Bedrooms:	2	Baths/half baths:	1.50/1

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$1,475.60
	FLOOD DEVELOPMENT BLDG PERMIT	75.00
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00

**TOTAL FEES: \$1,660.60**

Applicant Signature: WV Barley 12-12-19 WILLIAM V TTEE BARLEY  
 Inspector Signature: WSP LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1327**

**12/09/2019**

Parcel Number: 015074000  
 Location: 53045 NC 12 HWY – FRISCO  
 Subdivision: FRANCES A FARROW DIVISION  
 Legal Description: LOT: 4 BLK: SEC:

Owner Name: ROBERT P MOSES  
 Owner Mail Address: 3705 CANNON POINT DR CHESAPEAKE, VA 23321  
 Owner Phone and email:

Contractor Name: SAA  
 Contractor Mail Address: 3705 CANNON POINT DR, CHESAPEAKE VA 23321  
 Contractor Phone: 757-448-8303 Contractor NC License#: N/A

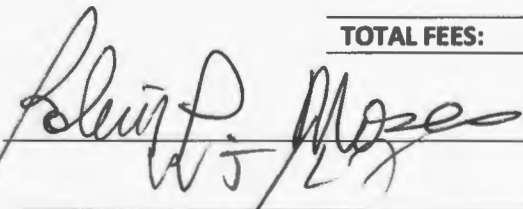
**BUILDING INFORMATION**

Proposed Construction Use:	ELEVATION PERMIT PROJECT , STORM; ELEVATE SFD	Cost of Construction:	\$38,000
Proposed Construction Type:		CAMA Permit#:	N/A
Finished Square Footage:	0	Septic Permit#:	29152
Unfinished Square Footage:	0	Septic Permit Date:	11/05/2019
Stories:	0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	N/A
Total Rooms:	0	Water Type:	CENT
Footing Type:		Flood Zone:	AE 8
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	3.9
Bedrooms:	0	Baths/half baths:	0/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$ .00

FLOOD DEVELOPMENT BLDG PERMIT  
 HOME OWNERS RECOVERY FEE

**TOTAL FEES: \$ .00**

Applicant Signature:  ROBERT P MOSES  
 Inspector Signature: \_\_\_\_\_ LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REMD-1301**

**12/02/2019**

Parcel Number: 008322000  
 Location: 42083 GREENWOOD PL – AVON  
 Subdivision: KINNAKEET SHORES PHASE 1  
 Legal Description: LOT: 68 BLK: SEC:

Owner Name: GARY A TTEE NEWCOMB  
 Owner Mail Address: 52 ORCHARD ST GREENFIELD, MA 01301  
 Owner Phone and email:

Contractor Name: SOUTHERN SCAPES POOL & LANDSCAPE DESIGN  
 Contractor Mail Address: BOX 359, 7441 CARATOKE HWY JARVISBURG, NC 27947  
 Contractor Phone: 252-202-4301 Contractor NC License#: 77270

**BUILDING INFORMATION**

Proposed Construction Use:	REMODEL RES OR COM , CONCRETE AROUND POOL W/ CANTILEVER AND PAVERS TO FENCE		
Proposed Construction Type:	SFD	Cost of Construction:	\$28,000
Finished Square Footage:	0	CAMA Permit#:	N/A
Unfinished Square Footage:	0	Septic Permit#:	N/A
Stories:	0.0	Septic Permit Date:	
Building Height:	0	Survey/Site Plan:	YES
Total Rooms:	0	Water Tap#:	N/A
Footing Type:		Water Type:	Central Water
Exterior Finish:		Flood Zone:	AE
Proposed Finished Floor Elevation:	N/A	Base Flood Elevation:	8.0
Bedrooms:	0	Lot/Ground Elevation:	N/A
		Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$280.00

**TOTAL FEES: \$280.00**

Applicant Signature: \_\_\_\_\_ SOUTHERN SCAPES POOL & LANDSCAPE DESIGN

Inspector Signature: CH/ \_\_\_\_\_ AYT





County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REPAIR-1298**

**12/02/2019**

Parcel Number: 015213000  
 Location: 53254 ROBIN LN – FRISCO  
 Subdivision: HIGH TOR SANDS  
 Legal Description: LOT: 5 BLK: SEC:

Owner Name: JOSEPH SPOTTSWOOD BIRD  
 Owner Mail Address: 2814 KAYWOOD PL ELDERSBURG, MD 21784  
 Owner Phone and email:

Contractor Name: D&B BULKHEADS  
 Contractor Mail Address: 1105 SWORD FISH WAY, KITTY HAWK, NC 27954  
 Contractor Phone: 252-455-6322 Contractor NC License#:

**BUILDING INFORMATION**

Proposed Construction Use:	REPAIR , REPLACE PILES, REPAIR DECK, BUILD A NEW DECK ON TOP OF EXIST ING DECK		
Proposed Construction Type:	Cost of Construction:	\$9,000	
Finished Square Footage:	0	CAMA Permit#:	
Unfinished Square Footage:	0	Septic Permit#:	
Stories:	0	Septic Permit Date:	
Building Height:	0	Survey/Site Plan:	
Total Rooms:	0	Water Tap#:	
Footing Type:		Water Type:	
Exterior Finish:		Flood Zone:	
Proposed Finished Floor Elevation:		Base Flood Elevation:	0.0
Bedrooms:	0	Lot/Ground Elevation:	
		Baths/half baths:	0/0

**Comments:** Any deviation from the building plan or site plan requires prior approval.

PERMIT FEE	\$150.00
HOME OWNERS RECOVERY FEE	10.00

**TOTAL FEES: \$160.00**

Applicant Signature:  D&B BULKHEADS  
 Inspector Signature:  LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REPAIR-1317**

**12/05/2019**

Parcel Number: 014822044  
 Location: OCEAN VIEW DR – AVON  
 Subdivision: KINNAKEET SHORES PHASE 4  
 Legal Description: LOT: 7 BLK: SEC: 4

Owner Name: GREGORY S KELLAM  
 Owner Mail Address: 1498 BLUEWATER RD ROCKINGHAM, VA 22801  
 Owner Phone and email:

Contractor Name: JOHN L JR WILLIAMS  
 Contractor Mail Address: PO BOX 741, BUXTON, NC 27920  
 Contractor Phone: Contractor NC License#: UNLICENSED

**BUILDING INFORMATION**

Proposed Construction Use:	REPAIR , REPAIR POOL FENCE	Cost of Construction:	\$5,000
Proposed Construction Type:	SFD	CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0.0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$150.00
	HOME OWNERS RECOVERY FEE	10.00

**TOTAL FEES: \$160.00**

Applicant Signature: *Gregory S Kellam* JOHN L JR WILLIAMS  
 Inspector Signature: *CA/LJ* LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1316**

**12/05/2019**

Parcel Number: 029593013  
 Location: 41933 OCEAN VIEW DR – AVON  
 Subdivision: KINNAKEET SHORES PHASE 2  
 Legal Description: LOT: 13 BLK: SEC:

Owner Name: CHRISTOPHER T SARKISIAN  
 Owner Mail Address: 17 ROUTE 635 - HAMPTON, NJ 08827  
 Owner Contact Information:

Contractor Name: C BREEZE HEATING AND AIR CONDITIONING LL  
 Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
 Contractor Phone: 252-564-4031  
 Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$6,800  
 Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: 2 OUTDOOR UNITS**

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature: Uesa Marie Stevenson C BREEZE HEATING AND AIR CONDITIONING LL

Inspector Signature: CH/LA KDJ



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1318**

**12/05/2019**

Parcel Number: 027818092  
 Location: 42278 GREENWOOD PL – AVON  
 Subdivision: KINNAKEET SHORES PHASE 1  
 Legal Description: LOT: 92 BLK: SEC:

Owner Name: PAUL L JR ARROWOOD  
 Owner Mail Address: 4344 SILOAM RD - EAST BEND, NC 27018  
 Owner Contact Information:

Contractor Name: C BREEZE HEATING AND AIR CONDITIONING LL  
 Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
 Contractor Phone: 252-564-4031  
 Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

UNITS: 1.00 Cost of Job: \$2,750  
 Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: 1 OUTDOOR UNIT**

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature: Mesa Marie Stevenson C BREEZE HEATING AND AIR CONDITIONING LL

Inspector Signature: CA/LA LMF



County of Dare  
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 Manteo NC 27954

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 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1319**

**12/05/2019**

Parcel Number: 013234000  
 Location: 27219 DORY RD – SALVO  
 Subdivision: SPIN-DRIFT BANKS SEC 1  
 Legal Description: LOT: 28 BLK: SEC: 1

Owner Name: JAMES E STILES  
 Owner Mail Address: 53 LAWRENCE RD - MERRIMACK, NH 03054  
 Owner Contact Information:

Contractor Name: C BREEZE HEATING AND AIR CONDITIONING LL  
 Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
 Contractor Phone: 252-564-4031  
 Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

Cost of Job: \$1,800

Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** 1 INDOOR UNIT

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature: Mesa Marie Stevenson C BREEZE HEATING AND AIR CONDITIONING LL

Inspector Signature: CH/LX LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1320**

**12/05/2019**

Parcel Number: 014568000  
 Location: 40320 GULLS CRY RD – AVON  
 Subdivision: WINDSONG SANDS  
 Legal Description: LOT: 4 BLK: SEC:

Owner Name: BEACH DREAMS INC  
 Owner Mail Address: 10412 CANTERLOPE LN - PETERSBURG, VA 23805  
 Owner Contact Information:

Contractor Name: C BREEZE HEATING AND AIR CONDITIONING LL  
 Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
 Contractor Phone: 252-564-4031  
 Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$6,100  
 Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: 1 INDOOR/OUTDOOR SYSTEM**

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Applicant Signature: Mesa Marie Stevenson C BREEZE HEATING AND AIR CONDITIONING LL

Inspector Signature: CH/LT LMF



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 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1321**

**12/05/2019**

Parcel Number: 014832000  
 Location: 42727 NC 12 HWY – AVON  
 Subdivision: ASKINS CREEK SEC 1 & 2  
 Legal Description: LOT: 1 BLK: SEC: 1

Owner Name: TIMOTHY H TTEE MEDLIN  
 Owner Mail Address: 3 CYPRESS RD - PORTSMOUTH, VA 23701  
 Owner Contact Information:

Contractor Name: C BREEZE HEATING AND AIR CONDITIONING LL  
 Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
 Contractor Phone: 252-564-4031  
 Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

UNITS: 1.00 Cost of Job: \$3,400  
 Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: 1 INDOOR UNIT**

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Applicant Signature: Uesa Marie Stevenson C BREEZE HEATING AND AIR CONDITIONING LL

Inspector Signature: CH/LA LMF



County of Dare  
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Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REPAIR-1394**

**12/18/2019**

Parcel Number: 012748000  
 Location: 24197 OCEAN DR – RODANTHE  
 Subdivision: TRADE WINDS BEACHES  
 Legal Description: LOT: 8 BLK: SEC:

Owner Name: TIMOTHY E QUINLAN  
 Owner Mail Address: 12447 LONGVIEW DR IRWIN, PA 15642  
 Owner Phone and email:

Contractor Name: MJV CONTRACTING  
 Contractor Mail Address: PO BOX 1035, AVON, NC 27915  
 Contractor Phone: 252-305-1133 Contractor NC License#: UNLICENSED

**BUILDING INFORMATION**

Proposed Construction Use:	REPAIR , REPAIR EXISTING STAIRS	Cost of Construction:	\$3,150
Proposed Construction Type:	SFD	CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0.0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$150.00
	HOME OWNERS RECOVERY FEE	10.00

**TOTAL FEES: \$160.00**

Applicant Signature: Mike Veresnyj MJV CONTRACTING  
 Inspector Signature: LMF LMF





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 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1333**

**12/09/2019**

Parcel Number: 012616001  
 Location: 24275 BEULAH ONEAL LN – RODANTHE  
 Subdivision: MRS BEULAH M O'NEAL  
 Legal Description: LOT: 11-1B BLK: SEC:

Owner Name: SIMON W DAWSON  
 Owner Mail Address: 5225 RACCOON CT COLUMBIA, MD 21045  
 Owner Phone and email:

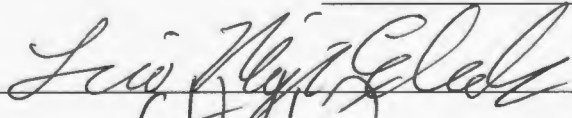
Contractor Name: DOUBLE CREEK LLC  
 Contractor Mail Address: PO BOX 207, RODANTHE, NC 27968  
 Contractor Phone: 336-403-3767 Contractor NC License#: 69559

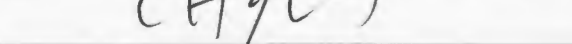
**BUILDING INFORMATION**

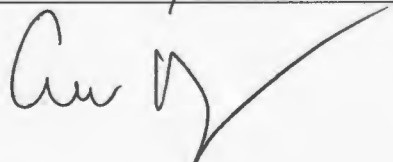
Proposed Construction Use:	RESIDENTIAL ADDITION , DECK ADD, BATH ADD, KITCHEN REMOD, SIDING/WIND/DOORS		
Proposed Construction Type:	SFD	Cost of Construction:	\$185,000
Finished Square Footage:	1050	CAMA Permit#:	
Unfinished Square Footage:	0	Septic Permit#:	29090
Stories:	0.0	Septic Permit Date:	10/17/2019
Building Height:	0	Survey/Site Plan:	
Total Rooms:	0	Water Tap#:	
Footing Type:		Water Type:	CENT
Exterior Finish:		Flood Zone:	VE
Proposed Finished Floor Elevation:		Base Flood Elevation:	0.0
Bedrooms:	0	Lot/Ground Elevation:	
		Baths/half baths:	0.00/0

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$787.50
	FLOOD DEVELOPMENT BLDG PERMIT	75.00
	HOME OWNERS RECOVERY FEE	10.00

**TOTAL FEES: \$872.50**

Applicant Signature:  DOUBLE CREEK LLC

Inspector Signature:  LMF





County of Dare  
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Manteo: (252) 475-5870  
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Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1335**

**12/09/2019**

Parcel Number: 011687000  
Location: 50064 LIVE OAK LN – FRISCO  
Subdivision: INDIANTOWN SHORES BLK 5  
Legal Description: LOT: 1 BLK: 5 SEC:

Owner Name: JAMES R POPE  
Owner Mail Address: PO BOX 661 - FRISCO, NC 27936  
Owner Contact Information:

Contractor Name: AUGUST AIR LLC  
Contractor Mail Address: PO BOX 726 - AVON, NC 27915  
Contractor Phone: 252-423-9101  
Contractor NC License#: L33886

**DETAILS** RESIDENTIAL

UNITS: 2.00  
Electrical Contractor ID: 15935-L

Cost of Job: \$6,500

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: 1 INDOOR/OUTDOOR SYSTEM**

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Applicant Signature: Jan C. Thomas, Jr AUGUST AIR LLC

Inspector Signature: WT/CT LMF



County of Dare  
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Manteo: (252) 475-5080  
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 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1388**

**12/17/2019**

Parcel Number: 012667000  
 Location: 24243 N HOLIDAY BLVD – RODANTHE  
 Subdivision: ROWAN BEACH ESTATES  
 Legal Description: LOT: 67 BLK: SEC:

Owner Name: HEATHER PITTMAN  
 Owner Mail Address: P O BOX 128 RODANTHE, NC 27968  
 Owner Phone and email:

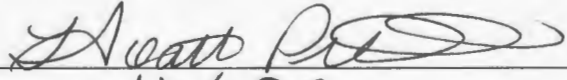
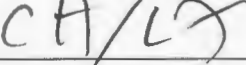
Contractor Name: JAMIE PAULS  
 Contractor Mail Address: PO BOX 128, RODANTHE, NC 27968  
 Contractor Phone: 252-256-2433 Contractor NC License#: UNLICENSED

**BUILDING INFORMATION**

Proposed Construction Use:	RESIDENTIAL ADDITION , ADD 1 BEDROOM, 1 BATHROOM, DECK, STORAGE ROOM		
Proposed Construction Type:	SFD	Cost of Construction:	\$18,000
Finished Square Footage:	288	CAMA Permit#:	N/A
Unfinished Square Footage:	96	Septic Permit#:	29140
Stories:	1.0	Septic Permit Date:	10/31/2019
Building Height:	0	Survey/Site Plan:	YES
Total Rooms:	0	Water Tap#:	N/A
Footing Type:	PILING	Water Type:	N/A
Exterior Finish:	N/A	Flood Zone:	AE
Proposed Finished Floor Elevation:	N/A	Base Flood Elevation:	8.0
Bedrooms:	0	Lot/Ground Elevation:	3.5
		Baths/half baths:	0.00/0

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$254.40
	FLOOD DEVELOPMENT BLDG PERMIT	75.00
	HOME OWNERS RECOVERY FEE	10.00

**TOTAL FEES: \$339.40**

Applicant Signature:  JAMIE PAULS  
 Inspector Signature:  LMF



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 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR-1346

12/10/2019

Parcel Number: 030575000  
 Location: 58099 NC 12 HWY – HATTERAS  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: BLK: SEC:

Owner Name: JEFFREY W RHODES  
 Owner Mail Address: 11375 BROOKDALE DR WAYNESBORO, PA 17268  
 Owner Phone and email:

Contractor Name: SEA QUEST CONSTRUCTION LLC  
 Contractor Mail Address: PO BOX 1257, BUXTON, NC 27920  
 Contractor Phone: 2524750091 Contractor NC License#: 74865

BUILDING INFORMATION

Proposed Construction Use:	REPAIR , STORM; REPAIR PORCH ROOF	Cost of Construction:	\$12,000
Proposed Construction Type:	SFD	CAMA Permit#:	N/A
Finished Square Footage:	0	Septic Permit#:	N/A
Unfinished Square Footage:	0	Septic Permit Date:	N/A
Stories:	0.0	Survey/Site Plan:	N/A
Building Height:	0	Water Tap#:	N/A
Total Rooms:	0	Water Type:	CENT
Footing Type:	N/A	Flood Zone:	AE 7
Exterior Finish:	N/A	Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:	N/A	Lot/Ground Elevation:	N/A
Bedrooms:	0	Baths/half baths:	0.00/0

Comments: Any deviation from the building plan PERMIT FEE \$ .00  
 or site plan requires prior approval.

**TOTAL FEES:** \$ .00

Applicant Signature: Tom Hinkle SEA QUEST CONSTRUCTION LLC  
 Inspector Signature: WJ/LJ LMF



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 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**ACCESSORY PERMIT**

**ACCESSORY PERMIT#: ACC-1370**

**12/16/2019**

Parcel Number: 023775005  
 Location: 47253 LOST TREE TRL -- BUXTON  
 Subdivision: HATTERAS PINES  
 Legal Description: LOT: 5 BLK: SEC:

Owner Name: CYNTHIA ANNE BOJOKLES  
 Owner Mail Address: 729 CENTER ST HERNDON, VA 20170  
 Owner Phone and email:

Contractor Name: BUDDY THOMPSON  
 Contractor Mail Address:  
 Contractor Phone: 252-489-1108 Contractor NC License#: UNLICENSED

**ACCESSORY INFORMATION**

Proposed Construction: RESIDENTIAL - ACCESSORY STRUCT OVER 12 FT, ACC  
 Description of Work: 10 X 14 STORAGE BUILDING

Finished Square Footage:		Cost of Construction:	\$6,580
Unfinished Square Footage:	140	CAMA Permit#:	N/A
Footings Type:	NOT APPLICABLE	Flood Zone:	
		Base Flood Elevation:	0.0
		Lot/Ground Elevation:	

**Comments:** PERMIT FEE \$150.00

**TOTAL FEES: \$150.00**

Applicant Signature:  CYNTHIA ANNE BOJOKLES

Inspector Signature:  LMF



County of Dare  
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**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1352**

**12/12/2019**

Parcel Number: 013260016  
Location: 27243 PARK RD – SALVO  
Subdivision: SALVO BEACH NO 1  
Legal Description: LOT: 16 BLK: SEC:

Owner Name: THOMAS HICKS  
Owner Mail Address: 15690 SAINT PETERS CHURCH RD - MONTPELIER, VA 23192  
Owner Contact Information:

Contractor Name: VILLAGE AIR INC  
Contractor Mail Address: PO BOX 421 - RODANTHE, NC 27968  
Contractor Phone: 252-305-6149  
Contractor NC License#: L31489

**DETAILS** RESIDENTIAL

UNITS: 3.00 Cost of Job: \$8,950  
Electrical Contractor ID: 26975-I

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** REPLACE 3 AIR HANDLER UNITS

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Applicant Signature: [Signature] VILLAGE AIR INC

Inspector Signature: [Signature] LMF



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**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1351**

**12/12/2019**

Parcel Number: 014227009  
 Location: 24255 SOUTH SHORE DR – RODANTHE  
 Subdivision: SOUTH SHORE PHASE 1  
 Legal Description: LOT: 9 BLK: SEC:

Owner Name: JAMES A TTEE CROCKETT  
 Owner Mail Address: 8880 S OCEAN DR APT 1002 - JENSEN BEACH, FL 34957  
 Owner Contact Information:

Contractor Name: VILLAGE AIR INC  
 Contractor Mail Address: PO BOX 421 - RODANTHE, NC 27968  
 Contractor Phone: 252-305-6149  
 Contractor NC License#: L31489

**DETAILS** RESIDENTIAL

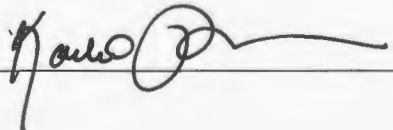
UNITS: 2.00 Cost of Job: \$7,400  
 Electrical Contractor ID: 26975-I

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** REPLACE 2 HP UNITS

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Applicant Signature:  VILLAGE AIR INC

Inspector Signature: CH/LT LMF



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 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1354**

**12/12/2019**

Parcel Number: 012687000  
 Location: 24248 N HOLIDAY BLVD – RODANTHE  
 Subdivision: HOLIDAY SHORES REVISED  
 Legal Description: LOT: 12 BLK: SEC:

Owner Name: FREDERICK PETER JR HARRY  
 Owner Mail Address: 9300 WINTERPOCK RD - CHESTERFIELD, VA 23832  
 Owner Contact Information:

Contractor Name: PAMLICO AIR INC  
 Contractor Mail Address: PO BOX 579 - BUXTON, NC 27920  
 Contractor Phone: 252-995-5435  
 Contractor NC License#: L15256

**DETAILS** RESIDENTIAL

UNITS: 1.00 Cost of Job: \$3,300  
 Electrical Contractor ID: 30600-L

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** REPLACE 1 HP

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Applicant Signature: \_\_\_\_\_ PAMLICO AIR INC

Inspector Signature: CH/LT \_\_\_\_\_ LMF





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**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1353**

**12/12/2019**

Parcel Number: 016950001  
 Location: 47220 QUIDLEY RD – BUXTON  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: 1&2 RECOMB BLK: SEC:

Owner Name: MATTHEW A COBB  
 Owner Mail Address: 655 CREEK RD - SEVERNA PARK, MD 21146  
 Owner Contact Information:

Contractor Name: PAMLICO AIR INC  
 Contractor Mail Address: PO BOX 579 - BUXTON, NC 27920  
 Contractor Phone: 252-995-5435  
 Contractor NC License#: L15256

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$5,900  
 Electrical Contractor ID: 30600-L

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** REPLACE 1 AH AND 1 HP

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: \_\_\_\_\_ PAMLICO AIR INC

Inspector Signature: WJ/LF \_\_\_\_\_ LMF



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 Manteo NC 27954

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 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1356**

**12/12/2019**

Parcel Number: 014358000  
 Location: 39450A NC 12 HWY – AVON  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: BLK: SEC:

Owner Name: GULL VIEW ENTERPRISES LLC  
 Owner Mail Address: 6319 OLD RD - NAGS HEAD, NC 27959  
 Owner Contact Information:

Contractor Name: C BREEZE HEATING AND AIR CONDITIONING LL  
 Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
 Contractor Phone: 252-564-4031  
 Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$4,625  
 Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** REPLACE 2 OUTDOOR HP

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: Ulesa Marie Stevenson C BREEZE HEATING AND AIR CONDITIONING LL

Inspector Signature: CH/LX LMF



County of Dare  
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Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1355**

**12/12/2019**

Parcel Number: 026527000  
Location: 54222 HATTERASK DR – FRISCO  
Subdivision: HATTERASK  
Legal Description: LOT: 9 BLK: SEC:

Owner Name: LINDA A REILLY  
Owner Mail Address: PO BOX 328 - BROWNS MILLS, NJ 08015  
Owner Contact Information:

Contractor Name: C BREEZE HEATING AND AIR CONDITIONING LL  
Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
Contractor Phone: 252-564-4031  
Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$6,525  
Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: REPLACE 2 OUTDOOR UNITS**

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: Uessa Marie Stevenson C BREEZE HEATING AND AIR CONDITIONING LL

Inspector Signature: WJ/CA LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REMD-1382**

**12/17/2019**

Parcel Number: 014141000  
 Location: 51219 LULLABY LN – FRISCO  
 Subdivision: ELEVY MANOR 1ST ADD  
 Legal Description: LOT: 6 BLK: SEC:

Owner Name: PAWEL BISTRAM  
 Owner Mail Address: P O BOX 453 FRISCO, NC 27936  
 Owner Phone and email:

Contractor Name: OWNER/CONTRACTOR  
 Contractor Mail Address: SAA  
 Contractor Phone: 917-498-05060 UNLICENSED

**BUILDING INFORMATION**

Proposed Construction Use:	REMODEL RES OR COM , CONSTRUCT DECK ON TOP OF A DECK		
Proposed Construction Type:	SFD	Cost of Construction:	\$2,500
Finished Square Footage:	0	CAMA Permit#:	N/A
Unfinished Square Footage:	0	Septic Permit#:	N/A
Stories:	0.0	Septic Permit Date:	N/A
Building Height:	0	Survey/Site Plan:	NO
Total Rooms:	0	Water Tap#:	N/A
Footing Type:	N/A	Water Type:	Central Water
Exterior Finish:	N/A	Flood Zone:	N/A
Proposed Finished Floor Elevation:	N/A	Base Flood Elevation:	0.0
Bedrooms:	N/A	Lot/Ground Elevation:	N/A
		Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$150.00

**TOTAL FEES: \$150.00**

Applicant Signature: PAWEL BISTRAM PAWEL BISTRAM  
 Inspector Signature: LMF LMF



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1381**

**12/17/2019**

Parcel Number: 027863120  
 Location: 56773 NC 12 HWY 303 – HATTERAS  
 Subdivision: DURANT STATION CONDO  
 Legal Description: LOT: UNIT 303 BLK: SEC:

Owner Name: SAMUEL W MCKEEN  
 Owner Mail Address: 14511 MANOR PARK - ROCKVILLE, MD 20853  
 Owner Contact Information:

Contractor Name: C-BREEZE HEATING AND AIR CONDITIONING LL  
 Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
 Contractor Phone: 252-564-4031  
 Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$5,500  
 Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: 1 INDOOR/OUTDOOR SYSTEM**

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature: \_\_\_\_\_ C-BREEZE HEATING AND AIR CONDITIONING LL

Inspector Signature: WJ/LJ LMF



County of Dare  
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**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1380**

**12/17/2019**

Parcel Number: 027863111  
 Location: 56773 NC 12 HWY 103 – HATTERAS  
 Subdivision: DURANT STATION CONDO  
 Legal Description: LOT: UNIT 103 BLK: SEC:

Owner Name: MICHAEL K AIN  
 Owner Mail Address: PO BOX 29010 - NASHVILLE, TN 37229  
 Owner Contact Information:

Contractor Name: C-BREEZE HEATING AND AIR CONDITIONING LL  
 Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
 Contractor Phone: 252-564-4031  
 Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$5,500  
 Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: 1 INDOOR/OUTDOOR SYSTEM**

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: \_\_\_\_\_ C-BREEZE HEATING AND AIR CONDITIONING LL

*WJ/LX*

Inspector Signature: \_\_\_\_\_ LMF



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Manteo: (252) 475-5080  
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 Frisco: (252) 475-5878

**ACCESSORY PERMIT**

**ACCESSORY PERMIT#: ACC-1392**

**12/18/2019**

Parcel Number: 014822049  
 Location: 41230 TERN ST – AVON  
 Subdivision: KINNAKEET SHORES PHASE 4  
 Legal Description: LOT: 12 BLK: SEC: 4

Owner Name: CARL JERRY JR REID  
 Owner Mail Address: 2625 LIZARD LICK RD ZEBULON, NC 27597  
 Owner Phone and email:

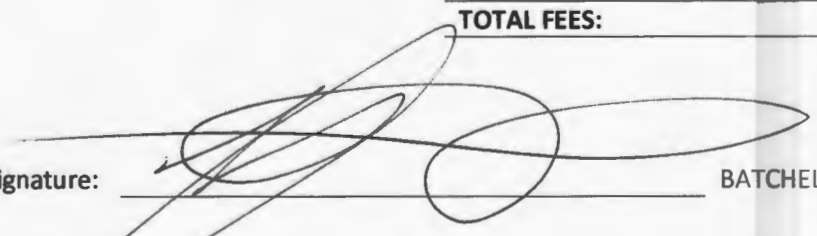
Contractor Name: BATCHELOR HOMES  
 Contractor Mail Address: PO BOX 787, BUXTON, NC 27920  
 Contractor Phone: 252-305-4346 Contractor NC License#: 82295

**ACCESSORY INFORMATION**

Proposed Construction: RESIDENTIAL - SWIMMING POOLS;HOT TUBS,  
 Description of Work SWIMMING POOL  
 Septic Permit Date: 12/04/2019 Cost of Construction: \$65,000  
 Septic Permit #: 29236 CAMA Permit#: N/A  
 Flood Zone: AE  
 Base Flood Elevation: AE 8  
 Lot/Ground Elevation:

**Comments:** PERMIT FEE \$300.00

**TOTAL FEES:** \$300.00

Applicant Signature:  BATCHELOR HOMES

Inspector Signature:  LMF



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Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REPAIR-1398**

**12/19/2019**

Parcel Number: 014822188  
 Location: 41365 PORTSIDE DR – AVON  
 Subdivision: KINNAKEET SHORES PHASE 18  
 Legal Description: LOT: 1820 BLK: SEC:

Owner Name: SONRISE PROPERTIES LLC  
 Owner Mail Address: 5268 N BROWNTOWN RD BATTLEBORO, NC 27809  
 Owner Phone and email:

Contractor Name: JEFF JONES MAINTENANCE  
 Contractor Mail Address: PO BOX 1362, BUXTON, NC 27920  
 Contractor Phone: 252-305-7866 Contractor NC License#: UNLICENSED


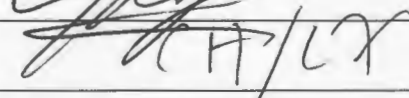
**BUILDING INFORMATION**

Proposed Construction Use:	REPAIR , REPAIR/REPLACE 4 SLIDERS	Cost of Construction:	\$19,369
Proposed Construction Type:	SFD	CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0.0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$150.00

HOME OWNERS RECOVERY FEE 10.00

**TOTAL FEES: \$160.00**

Applicant Signature:  JEFF JONES MAINTENANCE  
 Inspector Signature:  LMF





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 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REMD-1420**

**12/31/2019**

Parcel Number: 015877000  
 Location: 57231 FLAMBEAU RD – HATTERAS  
 Subdivision: HATTERAS COLONY SOUTH  
 Legal Description: LOT: 54 BLK: SEC: 1

Owner Name: JAMES W BACON  
 Owner Mail Address: 130 BECKER RD BUTLER, PA 16002  
 Owner Phone and email:

Contractor Name: KENNETH WERTH  
 Contractor Mail Address: 448 OLD WHARF RD, WANCHESE, NC 27981  
 Contractor Phone: 252-423-0837 Contractor NC License#: UNLICENSED

**BUILDING INFORMATION**

Proposed Construction Use:	REMODEL RES OR COM , DECK ADDITION	Cost of Construction:	\$20,000
Proposed Construction Type:	SFD	CAMA Permit#:	N/A
Finished Square Footage:	0	Septic Permit#:	29275
Unfinished Square Footage:	0	Septic Permit Date:	12/17/2019
Stories:	0.0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	N/A
Total Rooms:	0	Water Type:	Central Water
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:	N/A	Lot/Ground Elevation:	N/A
Bedrooms:	0	Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan PERMIT FEE \$200.00  
 or site plan requires prior approval.

**TOTAL FEES: \$200.00**

Applicant Signature: *Kenneth WERTH* KENNETH WERTH  
 Inspector Signature: *WJ/LX* LMF



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Manteo: (252) 475-5870  
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 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1407**

**12/23/2019**

Parcel Number: 014227007  
 Location: 24249 SOUTH SHORE DR – RODANTHE  
 Subdivision: SOUTH SHORE PHASE 1  
 Legal Description: LOT: 7 BLK: SEC:

Owner Name: FREDRICK EDWIN TTEE WILLIS  
 Owner Mail Address: 235 TEEL CT - ROCKY MOUNT, VA 24151  
 Owner Contact Information:

Contractor Name: PAMLICO AIR INC  
 Contractor Mail Address: PO BOX 579 - BUXTON, NC 27920  
 Contractor Phone: 252-995-5435  
 Contractor NC License#: L15256

**DETAILS** RESIDENTIAL

Electrical Contractor ID: 30600-L

Cost of Job: \$7,300

**MECHANICAL PROJECT FEE: \$ .00**

**Comments:** STORM; REPLACE 2 HP

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Applicant Signature: \_\_\_\_\_ PAMLICO AIR INC

Inspector Signature: CH/LX LMF



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Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REPAIR-1418**

**12/31/2019**

Parcel Number: 016066001  
 Location: 57234 SUMMERPLACE DR – HATTERAS  
 Subdivision: SUMMERPLACE  
 Legal Description: LOT: 1 BLK: SEC:

Owner Name: ROBERT MCANDREW  
 Owner Mail Address: 341 ECHO VALLEY LN NEWTOWN SQUARE, PA 19073  
 Owner Phone and email:

Contractor Name: BATCHELOR HOMES  
 Contractor Mail Address: PO BOX 787, BUXTON, NC 27920  
 Contractor Phone: 252-305-4346 Contractor NC License#: 82295

**BUILDING INFORMATION**

Proposed Construction Use:	REPAIR , STORM; REPAIR SIDING	Cost of Construction:	\$86,000
Proposed Construction Type:	SFD	CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0.0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	VE
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$ .00

**TOTAL FEES: \$ .00**

Applicant Signature: \_\_\_\_\_ BATCHELOR HOMES

Inspector Signature: WJ/LA \_\_\_\_\_ LMF



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Planning Office  
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Manteo NC 27954

Manteo: (252) 475-5870  
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Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1357

12/12/2019

Parcel Number: 014198000  
Location: 51055 CEMETERY ST – FRISCO  
Subdivision: PAMLICO SOUND SHORE  
Legal Description: LOT: 8 BLK: C SEC:

Owner Name: RUDOLPH D AUSTIN  
Owner Mail Address: P O BOX 263 - FRISCO, NC 27936  
Owner Contact Information:

Contractor Name: HATTERAS ELECTRIC  
Contractor Mail Address: PO BOX 161 - BUXTON, NC 27920  
Contractor Phone: 252-216-8517  
Contractor NC License#: 19768-L

DETAILS RESIDENTIAL

Amp Increase:	0	Cost of Job:	\$125
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00

Comments: REPLACE MAIN BREAKER; CHEC DISCON/RECON

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Applicant Signature: Bud Shoemake HATTERAS ELECTRIC

Inspector Signature: WJ/LF LMF



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 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REPAIR-1358**

**12/12/2019**

Parcel Number: 011672000  
 Location: 51160 LASSITER LN – FRISCO  
 Subdivision: WIND-HAVEN SHORES  
 Legal Description: LOT: 21 & PT 22 BLK: SEC:

Owner Name: JOHN M TTEE DIMIG  
 Owner Mail Address: 6765 CORTINA AVE HIGHLAND, MD 20777  
 Owner Phone and email:

Contractor Name: JOHN DIMIG  
 Contractor Mail Address: PO BOX 607, FRISCO, NC 27936  
 Contractor Phone: 240-227-9145 Contractor NC License#: UNLICENSED

**BUILDING INFORMATION**

Proposed Construction Use:	REPAIR , STORM; REPAIR INDOOR/OUTDOOR WIND, RAIN, FLOOD SFD DAMAGE		
Proposed Construction Type:	SFD	Cost of Construction:	\$180,000
Finished Square Footage:	0	CAMA Permit#:	
Unfinished Square Footage:	0	Septic Permit#:	
Stories:	0.0	Septic Permit Date:	
Building Height:	0	Survey/Site Plan:	
Total Rooms:	0	Water Tap#:	
Footing Type:		Water Type:	
Exterior Finish:		Flood Zone:	
Proposed Finished Floor Elevation:		Base Flood Elevation:	0.0
Bedrooms:	0	Lot/Ground Elevation:	
		Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan PERMIT FEE \$ .00  
 or site plan requires prior approval.

**TOTAL FEES: \$ .00**

Applicant Signature:  JOHN M TTEE DIMIG

Inspector Signature:  LMF



County of Dare  
 Planning Office  
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 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1390**

**12/18/2019**

Parcel Number: 012747000  
 Location: 24161 OCEAN DR – RODANTHE  
 Subdivision: TRADE WINDS BEACHES  
 Legal Description: LOT: 6 BLK: SEC:

Owner Name: SUSAN G YAN  
 Owner Mail Address: P O BOX 336 - P O BOX 336 - MANNS HARBOR, NC 27953  
 Owner Contact Information:

Contractor Name: R A HOY HEATING AND AIR CONDITIONING INC  
 Contractor Mail Address: PO BOX 265 - KITTY HAWK, NC 27949  
 Contractor Phone: 252-261-8178  
 Contractor NC License#: L13056

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$3,091  
 Electrical Contractor ID: 22222-L

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: C/O (2) 2 TON 14 SEER TRANE OUTDOOR UNIT ONLY**

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Applicant Signature:  R A HOY HEATING AND AIR CONDITIONING INC

Inspector Signature:  ALD



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MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-1328

12/09/2019

Parcel Number: 014553000  
Location: 40193 AVLONA AVENUE – AVON  
Subdivision: AVON SHORES SEC 1  
Legal Description: LOT: 5 BLK: SEC: 1

Owner Name: SCOTT T SARRO  
Owner Mail Address: 1776 CLAY CREEK RD - LANDENBERG, PA 19350  
Owner Contact Information:

Contractor Name: AIR HANDLERS OBX  
Contractor Mail Address: PO BOX 309 - HARBINGER, NC 27941  
Contractor Phone: 252-491-8637  
Contractor NC License#: L26599

DETAILS RESIDENTIAL

UNITS: 1.00 Cost of Job: \$6,628  
Electrical Contractor ID: 32935

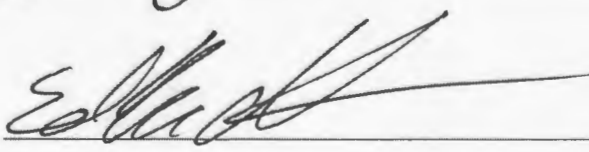
MECHANICAL PROJECT FEE: \$150.00

Comments: REMOVE AND REPLACE 2T SYSTEM W/ GOODMAN HEAT PUMP AND AIR HANDLER

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:  AIR HANDLERS OBX

Inspector Signature:  ALD



County of Dare  
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 Manteo NC 27954

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 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1411

12/27/2019

Parcel Number: 029593310  
 Location: 41473 OCEAN VIEW DR – AVON  
 Subdivision: KINNAKEET SHORES PHASE 3  
 Legal Description: LOT: 10 BLK: SEC: 3

Owner Name: MARYANN COONEY  
 Owner Mail Address: 4379 KAREN LN - BLOOMFIELD HILLS, MI 48302  
 Owner Contact Information:

Contractor Name: SUBURBAN ELECTRIC SERVICES INC  
 Contractor Mail Address: 1078 N HWY 64/264 - MANTEO, NC 27954  
 Contractor Phone: 252-475-1372  
 Contractor NC License#: U-30633

DETAILS RESIDENTIAL

Amp Increase:	0	Cost of Job:	\$2,000
Service Amps:	400	ELECTRICAL PERMIT FEE:	\$150.00

Comments: REPLACE (2) 200A DISCONNECT PANELS AND 400A METER

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:  SUBURBAN ELECTRIC SERVICES INC

Inspector Signature:  A.I.D.





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 Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1302

12/03/2019

Parcel Number: 031141000  
 Location: 27203 SPRITSAIL CT – SALVO  
 Subdivision: SOUTH BEACH  
 Legal Description: LOT: 25 BLK: SEC:

Owner Name: EDWARD A MARTIN  
 Owner Mail Address: 5695 YEWING WAY - GAINESVILLE, VA 20155  
 Owner Contact Information:

Contractor Name: OUTER BANKS ELECTRIC INC  
 Contractor Mail Address: 714 N HWY 64/264 - MANTEO, NC 27954  
 Contractor Phone: 2524733033  
 Contractor NC License#: U-24451

DETAILS RESIDENTIAL

Cost of Job: \$1,500

Amp Increase: 0  
 Service Amps: 400

ELECTRICAL PERMIT FEE: \$150.00

Comments: REPLACE EXTERIOR DISCONNECTS

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: Christopher 2 Knight OUTER BANKS ELECTRIC INC

Inspector Signature: E. J. [Signature] ALD



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Frisco: (252) 475-5878

**ELECTRICAL PERMIT**

**ELECTRICAL PERMIT#: ELEC-1314**

**12/05/2019**

Parcel Number: 016641007  
Location: 48180 CASKEY LN – BUXTON  
Subdivision: EDWARD QUIDLEY  
Legal Description: LOT: 7 BLK: SEC:

Owner Name: ROBERT CECIL MULLINS  
Owner Mail Address: 3807 SANTIAGO ST - SEBRING, FL 33872  
Owner Contact Information:

Contractor Name: GAULT ELECTRIC LLC  
Contractor Mail Address: STE 200 - 11840 CANON BLVD - NEWPORT NEWS, VA 23606  
Contractor Phone: 7579300587  
Contractor NC License#: U-29762

**DETAILS** RESIDENTIAL

Amp Increase: 0  
Service Amps: 200  
Cost of Job: \$3,719  
ELECTRICAL PERMIT FEE: \$150.00

**Comments:** INSTALL 16 KW GENERATOR ON 200 AMP

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: *Jacqueline Bland* GAULT ELECTRIC LLC

Inspector Signature: Ed Kindervater / AD *AK* ALD



County of Dare  
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Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1322

12/06/2019

Parcel Number: 012744000  
Location: 24131 OCEAN DR – RODANTHE  
Subdivision: TRADE WINDS BEACHES  
Legal Description: LOT: 3 BLK: SEC:

Owner Name: CARL ROGER GRUNTHANER  
Owner Mail Address: 130 SIEGE LN - YORKTOWN, VA 23692  
Owner Contact Information:

Contractor Name: SUBURBAN ELECTRIC SERVICES INC  
Contractor Mail Address: 1078 N HWY 64/264 - MANTEO, NC 27954  
Contractor Phone: 252-475-1372  
Contractor NC License#: U-30633

DETAILS RESIDENTIAL

Amp Increase: 0  
Service Amps: 200  
Cost of Job: \$1,000  
ELECTRICAL PERMIT FEE: \$150.00

Comments: REPLACE 200A METERBASE

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature:  SUBURBAN ELECTRIC SERVICES INC

Inspector Signature: Ed Kindervater / AD



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1325

12/06/2019

Parcel Number: 026756000  
 Location: 24271 OCEAN DR – RODANTHE  
 Subdivision: TRADE WINDS BEACHES  
 Legal Description: LOT: 14 BLK: SEC:

Owner Name: MICHAEL B MALONE  
 Owner Mail Address: 7225 WOLVERTON CT - CLARKSVILLE, MD 21029  
 Owner Contact Information:

Contractor Name: OUTER BANKS ELECTRIC INC  
 Contractor Mail Address: 714 N HWY 64/264 - MANTEO, NC 27954  
 Contractor Phone: 2524733033  
 Contractor NC License#: U-24451

DETAILS RESIDENTIAL

Amp Increase:	0	Cost of Job:	\$500
Service Amps:	400	ELECTRICAL PERMIT FEE:	\$150.00

Comments: *replace Meter base*

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature: *Boyd Lawrence* OUTER BANKS ELECTRIC INC

Inspector Signature: Ed Kindervater / AD *AK* ALD



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1324

12/06/2019

Parcel Number: 015132025  
 Location: 54191 OSPREY WAY – FRISCO  
 Subdivision: SURF & SOUND PHASE 2  
 Legal Description: LOT: 25 BLK: SEC: 2

Owner Name: SAMUEL F RHODES  
 Owner Mail Address: 5083 WENDI DR W - ZIONSVILLE, PA 18092  
 Owner Contact Information:

Contractor Name: OUTER BANKS ELECTRIC INC  
 Contractor Mail Address: 714 N HWY 64/264 - MANTEO, NC 27954  
 Contractor Phone: 2524733033  
 Contractor NC License#: U-24451

DETAILS RESIDENTIAL

Amp Increase:	0	Cost of Job:	\$750
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00

Comments: REPLACE METERBASE 200 AMP

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Applicant Signature: *Scott Lawrence* OUTER BANKS ELECTRIC INC

Inspector Signature: Ed Kindervater / AD *AD* ALD



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**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1311**

**12/04/2019**

Parcel Number: 014822017  
Location: 41081 OCEAN VIEW DR – AVON  
Subdivision: KINNAKEET SHORES PHASE 5  
Legal Description: LOT: 17 BLK: SEC: 5

Owner Name: RICHARD J ZYTKOWICZ  
Owner Mail Address: 243 MARIETTA DR - JOHNSTOWN, PA 15904  
Owner Contact Information:

Contractor Name: THE GENTLEMAN PLUMBER INC  
Contractor Mail Address: 208 W FRESH POND UNIT#2 - KILL DEVIL HILLS, NC 27948  
Contractor Phone: 252-480-3124  
Contractor NC License#: P1-18795

**DETAILS** RESIDENTIAL

Cost of Job: \$25,619

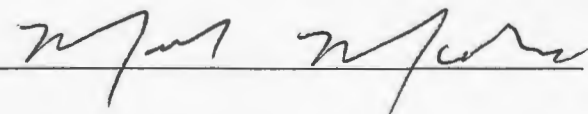
Electrical Contractor ID:

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: REMOVE AND REPLACE ALL HOT & COLD WATER PIPING (POLY) & INSTALL NEW AQUA PET**

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Applicant Signature:  THE GENTLEMAN PLUMBER INC

Inspector Signature: KEVIN CLARK AYT



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**ELECTRICAL PERMIT**

**ELECTRICAL PERMIT#: ELEC-1349**

**12/11/2019**

Parcel Number: 031176000  
Location: 24228 CARIBBEAN WAY – RODANTHE  
Subdivision: ESTATES AT HATTERAS ISL RESORT  
Legal Description: LOT: 12 BLK: SEC:

Owner Name: BRADLEYGARDNER LLC  
Owner Mail Address: 9 SANTIAGO DR - BRICK, NJ 08723  
Owner Contact Information:

Contractor Name: GAULT ELECTRIC LLC  
Contractor Mail Address: STE 200 - 11840 CANON BLVD - NEWPORT NEWS, VA 23606  
Contractor Phone: 7579300587  
Contractor NC License#: U-29762

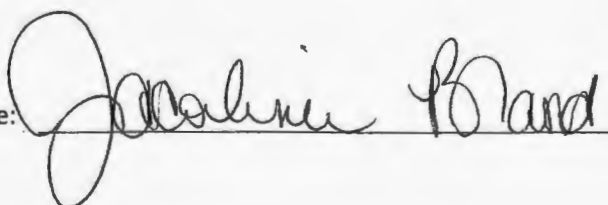
**DETAILS** RESIDENTIAL

Amp Increase:	0	Cost of Job:	\$4,360
Service Amps:	200	<b>ELECTRICAL PERMIT FEE:</b>	<b>\$150.00</b>

**Comments:** INSTALL 22 W GENERATOR ON 200 AMP ATS

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:  GAULT ELECTRIC LLC

Inspector Signature: KEVIN CLARK AYT



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**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1305**

**12/03/2019**

Parcel Number: 012744004  
Location: 49562 NC 12 HWY – BUXTON  
Subdivision: SEA GATE WEST  
Legal Description: LOT: 4 BLK: SEC:

Owner Name: ROBERT A FINK  
Owner Mail Address: PO BOX 550 - BUXTON, NC 27920  
Owner Contact Information:

Contractor Name: R A HOY HEATING AND AIR CONDITIONING INC  
Contractor Mail Address: PO BOX 265 - KITTY HAWK, NC 27949  
Contractor Phone: 252-261-8178  
Contractor NC License#: L13056

**DETAILS** RESIDENTIAL

UNITS: 1.00 Cost of Job: \$12,000  
Electrical Contractor ID: 22222L

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** CHANGE OUT 4 TON 18 SEER TRANE SYSTEM WHOLE HOUSE WITH XL724 THERMOSTAT & HONEYWELL 16 X 12 TRUE ZOPNE DAMPER FOR LOWER LEVEL

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:  R A HOY HEATING AND AIR CONDITIONING INC

Inspector Signature: KEVIN CLARK AYT





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**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1368**

**12/16/2019**

Parcel Number: 012749000  
Location: 24183 OCEAN DR – RODANTHE  
Subdivision: TRADE WINDS BEACHES  
Legal Description: LOT: 7 BLK: SEC:

Owner Name: ROBERT CARROLL TTEE COLEMAN  
Owner Mail Address: 500 STERLING RD - VIRGINIA BEACH, VA 23464  
Owner Contact Information:

Contractor Name: OBHC INC DBA ONE HOUR HEATING & AIR COND  
Contractor Mail Address: PO BOX 2600 - KILL DEVIL HILLS, NC 27948  
Contractor Phone: 252-441-1740  
Contractor NC License#: L12643

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$12,299

Electrical Contractor ID: 15973-004

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** REPLACE 2 HVAC WITH 14 SEER 1 1/2 & 2 1/2 DAIKIN AIR HANDLER & HEAT PUMP

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Applicant Signature: Don G. McQuibb

OBHC INC DBA ONE HOUR HEATING & AIR  
COND

Inspector Signature: KEVIN CLARK

AYT

*Application Reference # 1173 on 12/16/2019*



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**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1315**

**12/05/2019**

Parcel Number: 015137002  
 Location: 54025 SANDPIPER DR – FRISCO  
 Subdivision: SURF & SOUND SEC 1  
 Legal Description: LOT: 2 BLK: SEC: 1

Owner Name: ELLWOOD SEAN GOTTLEIB  
 Owner Mail Address: 3002 ROCKDALE RD - FREELAND, MD 21053  
 Owner Contact Information:

Contractor Name: C BREEZE HEATING AND AIR CONDITIONING LL  
 Contractor Mail Address: PO BOX 801 - AVON, NC 27915  
 Contractor Phone: 252-564-4031  
 Contractor NC License#: L31244

**DETAILS** RESIDENTIAL

Cost of Job: \$2,900

Electrical Contractor ID: SP PH 32045

**MECHANICAL PROJECT FEE: \$ .00**

**Comments:** STORM; REPLACE DUCT WORK UNDER HOUSE

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Applicant Signature: Mesa Marie Stevenson C BREEZE HEATING AND AIR CONDITIONING LL

Inspector Signature: WJ/LJ KDJ



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Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**COMMERCIAL BUILDING PERMIT**

**BUILDING PERMIT#: REPAIR-1350**

**12/12/2019**

Parcel Number: 015386000  
 Location: 57174 SAXON CUT DR – HATTERAS  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: BLK: SEC:

Owner Name: HATTERAS MARLIN CLUB INC  
 Owner Mail Address: BOX 218 HATTERAS, NC 27943  
 Owner Phone and email:

Contractor Name: ROBERT HIGH DEVELOPMENT LLC  
 Contractor Mail Address: 223 GREENVILLE AVE, WILMINGTON, NC 28403  
 Contractor Phone: 910-790-9490 Contractor NC License#: 70647

**BUILDING INFORMATION**

Proposed Construction Use: COMMERCIAL BUILDING USE , STORM; NEW ROOF FOR ACCESSORY STRUCTURE

Occupancy:

Proposed Construction Type:		Cost of Construction:	\$25,000
Finished Square Footage:	0	CAMA Permit#:	
Unfinished Square Footage:	1745	Septic Permit#:	
Stories:	0.0	Septic Permit Date:	
Building Height:	0	Survey/Site Plan:	
Total Rooms:	0	Water Tap#:	
Footing Type:		Water Type:	
Exterior Finish:		Flood Zone:	
Sprinkler System:		Base Flood Elevation:	0.0
Proposed Finished Floor Elev:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$ .00

HOME OWNERS RECOVERY FEE

**TOTAL FEES: \$ .00**

Applicant Signature: James Boone ROBERT HIGH DEVELOPMENT LLC  
 Inspector Signature: WJ/C7 LMF



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**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1323**

**12/06/2019**

Parcel Number: 016716000  
Location: 48478 NC 12 HWY – BUXTON  
Subdivision: SUBDIVISION - NONE  
Legal Description: LOT: BLK: SEC:

Owner Name: ROMAN CATHOLIC DIOCESE  
Owner Mail Address: C/O LUIS RAFAEL ZARAMA~ BISHOP - 715 NAZARETH ST - RALEIGH, NC 27606  
Owner Contact Information:

Contractor Name: CARTWRIGHTS HEATING AND AIR INC  
Contractor Mail Address: PO BOX 118 - HATTERAS, NC 27943  
Contractor Phone: 252-986-2367  
Contractor NC License#: L17651

**DETAILS** COMMERCIAL

UNITS: 2.00 Cost of Job: \$7,800  
Electrical Contractor ID: SP PH 32484

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** REPLACE 1 INDOOR/OUTDOOR 4 TON SYSTEM

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: \_\_\_\_\_ CARTWRIGHTS HEATING AND AIR INC

Inspector Signature: WJ/LA LMF



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 KDH: (252) 475-5871  
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**COMMERCIAL BUILDING PERMIT**

**BUILDING PERMIT#: REMD-1414**

**12/30/2019**

Parcel Number: 015617000  
 Location: 58646 NC 12 HWY -- HATTERAS  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: BLK: SEC:

Owner Name: TEACH'S LAIR DEVELOPMENT COMPANY LLC  
 Owner Mail Address: PO BOX 506 HATTERAS, NC 27943  
 Owner Phone and email:

Contractor Name: JF ACQUISITION (DBA) JONES AND FRANK  
 Contractor Mail Address: 1300 INGLESIDE RD, NORFOLK, VA 23502  
 Contractor Phone: 757-544-5173 Contractor NC License#: 69635

**BUILDING INFORMATION**

Proposed Construction Use: STORM; REPAIR DAMAGED FUEL PUMP CANOPY  
 Occupancy:  
 Proposed Construction Type: Cost of Construction: \$44,000  
 Finished Square Footage: 0 CAMA Permit#: N/A  
 Unfinished Square Footage: 0 Septic Permit#: N/A  
 Stories: 0 Septic Permit Date: N/A  
 Building Height: 0 Survey/Site Plan: NO  
 Total Rooms: 0 Water Tap#: N/A  
 Footing Type: Water Type:  
 Exterior Finish: Flood Zone: AE  
 Sprinkler System: Base Flood Elevation: 0.0  
 Proposed Finished Floor Elev: N/A Lot/Ground Elevation: N/A  
 Bedrooms: 0 Baths/half baths: 0/0

Comments: Any deviation from the building plan PERMIT FEE \$ .00  
 or site plan requires prior approval. STORM;  
 REPLACE DAMAGED GAS STATION CANOPY

**TOTAL FEES: \$ .00**

Applicant Signature: Ray Swallen Agent JF ACQUISITION (DBA) JONES AND FRANK  
 Inspector Signature: WJ/LJ LMF

Application Reference # 1111 on 12/05/2019



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 Frisco: (252) 475-5878

**COMMERCIAL BUILDING PERMIT**

**BUILDING PERMIT#: C-1307**

**12/04/2019**

Parcel Number: 014317000  
 Location: 25706 NC 12 HWY – WAVES  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: BLK: SEC:

Owner Name: STANFORD HOLDINGS LLC  
 Owner Mail Address: P O BOX 471 WAVES, NC 27982  
 Owner Phone and email:

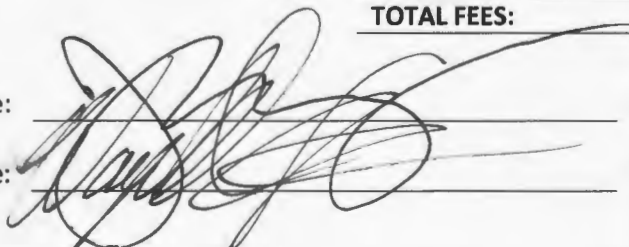
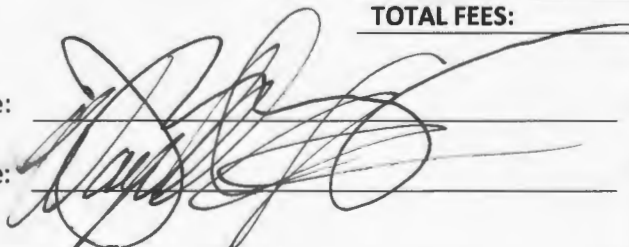
Contractor Name: OVERTON CORPORATION  
 Contractor Mail Address: PO BOX 7804, KILL DEVIL HILLS, NC 27948  
 Contractor Phone: 2524419239 Contractor NC License#: 54642

**BUILDING INFORMATION**

Proposed Construction Use:	MERCANTILE , Enclose existing deck 758 sqft		
Occupancy:			
Proposed Construction Type:		Cost of Construction:	\$125,000
Finished Square Footage:	758	CAMA Permit#:	
Unfinished Square Footage:	0	Septic Permit#:	
Stories:	0.0	Septic Permit Date:	
Building Height:	0	Survey/Site Plan:	
Total Rooms:	0	Water Tap#:	
Footing Type:	WOOD	Water Type:	
Exterior Finish:		Flood Zone:	AE
Sprinkler System:		Base Flood Elevation:	0.0
Proposed Finished Floor Elev:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$720.10

**TOTAL FEES: \$720.10**

Applicant Signature:  OVERTON CORPORATION  
 Inspector Signature:  KDJ



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**RESIDENTIAL BUILDING PERMIT DATA**

**BUILDING PERMIT#: 1346**

**Permit Date: 2019-12-10**

Parcel Number: **030575000**  
PIN Number: 958519606372  
Location: 58099 NC 12 HWY HATTERAS NC  
Subdivision Name: SUBDIVISION - NONE  
Legal Description: LOT: BLK: SEC:

Owner: JEFFREY W RHODES  
Owner Address: 11375 BROOKDALE DR WAYNESBORO PA 17268  
Owner Phone: N/A

**CONTRACTOR**

Builder Name: SEA QUEST CONSTRUCTION LLC  
Builder Address: PO BOX 1257 BUXTON NC 27920  
Builder Phone: 252-475-0091  
NC License #: 74865 License Type: LIMITED

**BUILDING INFORMATION**

Proposed Construction Type: REPR - REPAIR  
Proposed Construction Use: STORM; REPAIR PORCH ROOF  
Cost of Construction: \$12,000

**TOTAL FEES: \$**

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Applicant Signature: SEA QUEST CONSTRUCTION LLC  
Inspector Signature: SIGNATURE ON FILE  
Application Reference: 1142



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**RESIDENTIAL BUILDING PERMIT DATA**

**BUILDING PERMIT#: 1413**

**Permit Date: 2019-12-30**

Parcel Number: **013812000**  
PIN Number: 064009166428  
Location: 39163 N ALBACORE LN AVON NC  
Subdivision Name: HATTERAS COLONY SEC 4  
Legal Description: LOT: 182 & PT 181 BLK: SEC: 4

Owner: TOMLEX LLC  
Owner Address: PO BOX 450 AVON NC 27915  
Owner Phone: N/A

**CONTRACTOR**

Builder Name: GREEN ISLAND BUILDERS INC  
Builder Address: PO BOX 1571 BUXTON NC 27920  
Builder Phone: 204-776-1568  
NC License #: 69409 License Type: LIMITED

**BUILDING INFORMATION**

Proposed Construction Type: ELEV - ELEVATION PERMIT  
Proposed Construction Use: ELEV SFD, NEW PILINGS, REMOD  
Cost of Construction: \$85,000

ELEVATION PERMIT FEE	200.00
FLOOD WITH BLDG PERMIT FEE	75.00
HOME OWNERS RECOVERY FEE	9.00
HOME OWNERS RECOVERY FEE NC	1.00
REMODEL FEE	850.00
<b>TOTAL FEES:</b>	<b>\$1135.00</b>

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Applicant Signature: GREEN ISLAND BUILDERS INC  
Inspector Signature: SIGNATURE ON FILE  
Application Reference: 240





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**RESIDENTIAL BUILDING PERMIT DATA**

**BUILDING PERMIT#: 1327**

**Permit Date: 2019-12-09**

Parcel Number: **015074000**  
PIN Number: 050508994402  
Location: 53045 NC 12 HWY FRISCO NC  
Subdivision Name: FRANCES A FARROW DIVISION  
Legal Description: LOT: 4 BLK: SEC:

Owner: ROBERT P MOSES  
Owner Address: 3705 CANNON POINT DR CHESAPEAKE VA 23321  
Owner Phone: N/A

**CONTRACTOR**

Builder Name: ROBERT P MOSES  
Builder Address: 3705 CANNON POINT DR CHESAPEAKE VA 23321  
Builder Phone:  
NC License #: License Type:

**BUILDING INFORMATION**

Proposed Construction Type: ELEV - ELEVATION PERMIT  
Proposed Construction Use: STORM; ELEVATE SFD  
Cost of Construction: \$38,000

**TOTAL FEES: \$**

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Buxton Office 252.475.5878

Applicant Signature: ROBERT P MOSES  
Inspector Signature: SIGNATURE ON FILE  
Application Reference: 1129



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19424**  
 Permit Type: Commercial  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/2/2019

Expires: 5/30/2020

Main Permit: Main Permit

**Project Address**

3723 N Croatan Highway, Ste F

**Lot**

Parcel A

**Flood Zone**

X

**Owner Information**

Arabella Enterprises LLC

**Applicant Information**

R M Saunders General Contractor

**Zoning**

BC-1

**Block**

**Constuction Type**

Remodeling

**Address**

P O Box 1922  
 Kill Devil Hills NC 27948

**Address**

P O Box 1922  
 Kill Devil Hills, NC 27948

**Subdivision**

**PIN**

987508871772

**Building Code**

BLDG2018

**Phone**

**Phone**

252-441-2544

<b>Construction Cost:</b>	500.00
<b>Unheated Sq. Feet</b>	0.00
<b>Total Sq. Feet:</b>	0.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
R. M. Saunders General Contractor, Inc.	(252)441-2544	General	32380
TBD	000-000-0000	Plumbing	00000
TBD	000-000-0000	Electrical	00000

**Building Comments:**

**Description of Work: Remodel existing space to upfit for a nail salon**

Permit Cost - \$207.00

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987500J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19435**  
 Permit Type: Commercial  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 12/3/2019

Expires: 5/31/2020

Main Permit: Main Permit

**Project Address**

6146 N Croatan Highway

**Lot**

12-16

**Flood Zone**

AE

**Owner Information**

Banks Land Company LLC

**Applicant Information**

Alex Lefevre

**Zoning**

BC-2

**Block**

64

**Constuction Type**

Remodeling

**Address**

P O Box 432  
 Kitty Hawk NC 27949

**Address**

P O Box 432  
 Kitty Hawk, NC 27949

**Subdivision**

KITTY HAWK BEACH

**PIN**

986606398081

**Building Code**

BLDG2018

**Phone**

252-202-1482

**Phone**

252-202-1462

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>	<b>Construction Cost:</b>	<b>10000.00</b>
Owner	000-000-0000	General	00000	<b>Unheated Sq. Feet</b>	<b>0.00</b>
Beach to Bay Electric LLC	252-379-1285	Electrical	30716-U	<b>Total Sq. Feet:</b>	<b>400.00</b>

**Building Comments:**

**Description of Work: Reissue expired permit - Renovate & add 2 x 4 studs to make walls; sheet rock, & paint; Add two windows; Add two doors; Add emergency lights;**

Permit Cost - \$210.00

**Planning Conditions:**

Flood Zone-AE; Elevation-8.3'+1'=9.3'; Map#-3720986600J; Effective-09/20/2006; The following will be required: Windborne Debris Regulations - DP Ratings for windows and doors apply; An updated Flood Proofing Plan is required prior to a final inspection; An updated Flood Certificate is required prior to final inspection;

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

<b>Owner / Applicant / Contractor / Agent</b>	<b>Date</b>
<b>Building Official</b>	<b>Date</b>



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19436**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/4/2019

Expires: 6/1/2020

Main Permit: Main Permit

**Project Address**

4305 N Virginia Dare Trail

**Lot**

13-14

**Flood Zone**

VE

**Owner Information**

Maria & Michael Harman

**Applicant Information**

Anderson Construction of Dare

**Zoning**

BR-1

**Block**

19

**Constuction Type**

Repair/Replace

**Address**

14207 Horseshoe Bridge Road  
 Ashland VA 23005

**Address**

300 Wallace Street  
 Kill Devil Hills, NC 27948

**Subdivision**

KITTY HAWK BEACH REV SEC A  
**PIN**

987615544190

**Building Code**

BLDG2018

**Phone**

804-314-8231

**Phone**

252-489-9171

<b>Construction Cost:</b>	<u>20000.00</u>
<b>Unheated Sq. Feet</b>	<u>0.00</u>
<b>Total Sq. Feet:</b>	<u>0.00</u>

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Anderson Construction of Dare	252-489-9171	General	00000

**Building Comments:**

**Description of Work: Replace 10 windows with impact windows**

Permit Cost - \$ 155.00

**Planning Conditions:**

Flood Zone-VE; Elevation-12'+1'=13'; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Euilding Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19445**  
 Permit Type: Commercial  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/10/2019

Expires: 6/7/2020

Main Permit: Main Permit

**Project Address**

4001 N Croatan Highway

**Lot**

C

**Flood Zone**

AE

**Owner Information**

MCRJERS LLC

**Applicant Information**

Tecta America Carolina

**Zoning**

BC-1

**Block**

**Constuction Type**

Repair/Replace

**Address**

P O Box 4119  
 Arlington VA 22204

**Address**

13615 E Independence Boulevard  
 Indian Trail, NC 29079

**Subdivision**

SUBDIVISION - NONE

**PIN**

987619605856

**Building Code**

BLDG2018

**Phone**

252-255-0202

**Phone**

704-882-1200

<u>Contractor(s)</u>	<u>Phone</u>	<u>Contractor Type</u>	<u>License Number</u>	<u>Construction Cost:</u>	<u>75000.00</u>
Tecta America Carolinas LLC	704-882-1200	General	60043	<u>Unheated Sq. Feet</u>	<u>0.00</u>
				<u>Total Sq. Feet:</u>	<u>0.00</u>

**Building Comments:**

**Description of Work: Clean roof surface and overlay existing roof with new TPO roof system**

Permit Cost - \$420.00

**Planning Conditions:**

Flood Zone-Shaded X/AE; Elevation 10'+1'=11'; Map#-3720987500J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19439**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 12/5/2019

Expires: 6/2/2020

Main Permit: Main Permit

**Project Address**

4206 N Virginia Dare Trail

**Lot**

16

**Flood Zone**

VE

**Owner Information**

Antha & Dan Bishop

**Applicant Information**

Carolina Beach Builders

**Zoning**

BR-1

**Block**

B

**Constuction Type**

Demo

**Address**

31777 Highview Drive  
 Redlands CA 92373

**Address**

252 Woodland Drive  
 Kitty Hawk, NC 27949

**Subdivision**

T N SANDERLIN DIVISION

**PIN**

987615528873

**Building Code**

BLDG2018

**Phone**

951-264-7299

**Phone**

252-255-1792

<u>Contractor(s)</u>	<u>Phone</u>	<u>Contractor Type</u>	<u>License Number</u>	<u>Construction Cost:</u>	<u>15000.00</u>
Carolina Beach Builders	252-256-1521	General	27951	<u>Unheated Sq. Feet</u>	<u>0.00</u>
TBD	000-000-0000	Electrical	00000	<u>Total Sq. Feet:</u>	<u>0.00</u>

**Building Comments:**

Permit Cost - \$115.00

**Planning Conditions:**

Flood Zone-VE; Elevation-12'+1'=13'; Map#-3720987600J; Effective-09/20/2006

**Description of Work: Install temp pole for future home and demolish existing home**

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19449**  
 Permit Type: Commercial  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/12/2019

Expires: 6/9/2020

Main Permit: Main Permit

**Project Address**

100 Beacon Drive

**Lot**

A

**Flood Zone**

X

**Owner Information**

Lighthouse Christian Fellowship

**Applicant Information**

Lighthouse Christain Fellowship

**Zoning**

BR-1

**Block**

**Constuction Type**

Accessory Structure

**Address**

100 Beacon Drive  
 Kitty Hawk NC 27949

**Address**

100 Beacon Drive  
 Kitty Hawk, NC 27949

**Subdivision**

SAND HILLS SUBDIVISION

**PIN**

987507688356

**Building Code**

BLDG2018

**Phone**

**Phone**

757-383-0678

<b>Construction Cost:</b>	5500.00
<b>Unheated Sq. Feet</b>	288.00
<b>Total Sq. Feet:</b>	0.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Owner	000-000-0000	General	00000

**Building Comments:**

Permit Cost - \$150.00

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987500J; Effective-09/20/2006 If setbacks can be verified in the field, an As-Built Survey will not be required.

**Description of Work: Add 12 x 24 utility building**

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19453**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/16/2019

Expires: 06/13/2020  
 Main Permit: Main Permit

**Project Address**

4801 N Virginia Dare Trail

**Zoning**

BR-1

**Subdivision**

KITTY HAWK BEACH  
 SUBDIVISION

**Lot**

**Block**

**PIN**

987606375708

**Flood Zone**

VE

**Constuction Type**

Repair/Replace

**Building Code**

BLDG2018

**Owner Information**

Dennis Crawford & Marsha Griffith

**Address**

4037 Creek Rd  
 Kitty Hawk NC 27949

**Phone**

252-715-3023

**Applicant Information**

Todd Coyle Construction, LLC

**Address**

P O Box 1094  
 Kitty Hawk, NC 27949

**Phone**

252-261-9728

<u>Contractor(s)</u>	<u>Phone</u>	<u>Contractor Type</u>	<u>License Number</u>	<u>Construction Cost:</u>	<u>25000.00</u>
Todd Coyle Construction, LLC	(252)261-9728	General	60830	<u>Unheated Sq. Feet</u>	<u>.00</u>
				<u>Total Sq. Feet:</u>	<u>.00</u>

**Description of Work: Install 3" thick spray insulation underneath existing house floor; Box in existing sewer drain lines and install 1/2" pressure treated underpinning over top of new insulation and boxing**

**Building Comments:**

Permit Cost - \$230.00

**Planning Conditions:**

Flood Zone-VE; Elevation-12'+1'=13'; Map#-3720987600J; Effective-09/20/2006;  
 Value of House - \$80,900; 50% cost of houe - \$40,450; cost of work done under permit 19-001/19008 finaled on 03/26/2019 - \$15,000; Cost of current work - \$25,000; Total value of work done during 2019 - \$40,000; Value of work left in 12 months is \$450;

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

<u>Owner / Applicant / Contractor / Agent</u>	<u>Date</u>
<b>Building Official</b>	<b>Date</b>





**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19454**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 12/16/2019

Expires: 06/13/2020  
 Main Permit: Main Permit

**Project Address**

4621 Lindbergh Avenue

**Lot**

22

**Flood Zone**

VE

**Owner Information**

Brian S & Dina M Copenhaver

**Applicant Information**

Set Wave Construction

**Zoning**

BC-1

**Block**

26

**Constuction Type**

Repair/Replace

**Address**

102 Hillside Drive  
 Spring City PA 19475

**Address**

P O Box 1652  
 Kill Devil Hills, NC 27948

**Subdivision**

KITTY HAWK BEACH REV SEC A

**PIN**

987610367521

**Building Code**

BLDG2018

**Phone**

**Phone**

252-996-0099

<b>Construction Cost:</b>	6000.00
<b>Unheated Sq. Feet</b>	.00
<b>Total Sq. Feet:</b>	.00

Contractor(s)	Phone	Contractor Type	License Number
Set-Wave Construction	252-996-0099	General	00000

**Description of Work: Replace existing fencing & decking around the pool; NO CHANGE IN FOOTPRINT**

**Building Comments:**

Permit Cost - \$90.00

**Planning Conditions:**

Flood Zone-VE; Elevation-12'+1'=13'; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19459**  
 Permit Type: Commercial  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/18/2019

Expires: 06/15/2020  
 Main Permit: Main Permit

**Project Address**

4700 Putter Lane

**Lot**

**Flood Zone**

X

**Owner Information**

SEA SCAPE VILLAS PROPERTY OWNERS  
 null

**Zoning**

BC-1

**Block**

**Constuction Type**

Addition

**Address**

N/A

**Subdivision**

SEA SCAPE BCH&GOLF VILLAS  
 PH 3

**PIN**

98760926463700

**Building Code**

BLDG2018

**Phone**

**Applicant Information**

Art vandalay Industries, LLC/Home Remodelers  
 522 Ocean Trail  
 Corolla, NC 27927

**Address**

**Phone**

252-599-2508

<b>Construction Cost:</b>	15000.00
<b>Unheated Sq. Feet</b>	240.00
<b>Total Sq. Feet:</b>	.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Art Vandalay Industries LLC dba Home Remodelers	252-599-2508	General	70729

**Description of Work: Add 10 x  
 24 covered enclosure around  
 HVAC equipment**

**Building Comments:**

Permit Cost - \$120.00

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19460**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/18/2019

Expires: 06/15/2020  
 Main Permit: Main Permit

**Project Address**

4247 Lindbergh Avenue

**Lot**

21

**Flood Zone**

AE

**Owner Information**

G & K Spartan Properties, LLC

**Applicant Information**

J & T Construction

**Zoning**

BC-1

**Block**

30

**Constuction Type**

Repair/Replace

**Address**

3111 Summer House Drive  
 Suffolk VA 23435

**Address**

P O Box 1316  
 Kill Devil Hills, NC 27948

**Subdivision**

KITTY HAWK BEACH REV SEC A

**PIN**

987615532586

**Building Code**

BLDG2018

**Phone**

**Phone**

252-489-3950

<b>Construction Cost:</b>	24680.00
<b>Unheated Sq. Feet</b>	.00
<b>Total Sq. Feet:</b>	.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
J & T Construction	252-489-3950	General	00000

**Description of Work: Remove vinyl siding and install hardy plank siding; Remove & replace decking boards;**

**Building Comments:**

Permit Cost - \$180.00

**Planning Conditions:**

Flood Zone - AE; Elevation - 10'+1'=11'; Map# - 3720987600J; Effective-09/20/2006;  
 Value of house - \$261,800; 50% cost of houe - \$130,900; Cost of work - \$24,680; Value work left in 12 months - \$106,220;

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19462**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/19/2019

Expires: 06/16/2020  
 Main Permit: Main Permit

**Project Address**

4506 Seascape Drive

**Lot**

353

**Flood Zone**

X

**Owner Information**

Smith Contracting NC UL LLC

**Applicant Information**

Smith Contracting NC UL LLC

**Zoning**

BR-1

**Block**

**Constuction Type**

New Single-Family Home

**Address**

P O Box 471

Kitty Hawk NC 27949

**Address**

P O Box 471

Kitty Hawk, NC 27949

**Subdivision**

SEA SCAPE SEC 1

**PIN**

987614341782

**Building Code**

BLDG2018

**Phone**

252-202-6602

**Phone**

252-202-6602

<b>Construction Cost:</b>	350000.00
<b>Unheated Sq. Feet</b>	822.00
<b>Total Sq. Feet:</b>	2316.00

Contractor(s)	Phone	Contractor Type	License Number
Smith Contracting NC UL, LLC	252-202-6602	General	79892
TBD	000-000-0000	Fuel Piping	00000
TBD	000-000-0000	Mechanical	00000
TBD	000-000-0000	Plumbing	00000
Godfrey Electrical Service Inc.	252-202-1450	Electrical	08204-L

**Description of Work: New SFR 4 bedrooms 3.5 baths - 2316 heated sq ft; 362 unheated sq ft; 460 sq ft covered porch**

**Building Comments:**

Permit Cost - \$2652.00

The following items are required: Duct Test due prior to Rough-In Inspection; Termite Affidavit due prior to Rough-In Inspection; Energy Certificate due prior to Pre-Final Inspection; Address posted (minimum 4" numbers) prior to Pre-Final Inspection; Completed Septic Permit due prior to Final Inspection;

**Planning Conditions:**

Flood Zone - Shaded X; Map# - 3720987600J; Effective-09/20/2006;

The following items are required: Height Certificate due prior to Rough-In Inspection; Finished Elevation Certificate due prior to Pre-Final Inspection; As-Built Survey due prior to Final Inspection;

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

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**Owner / Applicant / Contractor / Agent** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19441**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/9/2019

Expires: 6/6/2020

Main Permit: Main Permit

**Project Address**

3530 Bay Drive

**Lot**

1

**Flood Zone**

X

**Owner Information**

Charlotte Deloatch Walker

**Applicant Information**

Powerhome Solar - Bryan Law

**Zoning**

BR-1

**Block**

**Constuction Type**

Electrical

**Address**

403 E High Street  
 Murfreesboro NC 27855

**Address**

919 N Main Street  
 Mooresville, NC 28115

**Subdivision**

DUNES SEC 1,THE

**PIN**

987515743920

**Building Code**

NEC2017

**Phone**

**Phone**

919-300-7976

<b>Construction Cost:</b>	33562.00
<b>Unheated Sq. Feet</b>	0.00
<b>Total Sq. Feet:</b>	0.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Power Home Solar, LLC	704-800-6780	Electrical	26074-U

**Description of Work: Install 25 roof mounted modules, grid tied 7.5 kw solar on existing residence**

**Building Comments:**

Permit Cost - \$330.00

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987500J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19465**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 12/23/2019

Expires: 06/20/2020  
 Main Permit: Main Permit

<b>Project Address</b> 4011 Shelby Avenue	<b>Zoning</b> BR-1	<b>Subdivision</b> TED WOOD KITTY HAWK TERR ADD
<b>Lot</b>	<b>Block</b>	<b>PIN</b> 987619500177
<b>Flood Zone</b> X	<b>Constuction Type</b> Repair/Replace	<b>Building Code</b> MECH2018
<b>Owner Information</b> SHERRI ANNE LOUGHRY	<b>Address</b> 4011 SHELBY AVE KITTY HAWK NC 27949	<b>Phone</b>
<b>Applicant Information</b> Air Handlers OBX	<b>Address</b> P O Box 309 Harbinger, NC 27941	<b>Phone</b> 252-491-8637

				<b>Construction Cost:</b>	3500.00
				<b>Unheated Sq. Feet</b>	.00
<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>	<b>Total Sq. Feet:</b>	.00
Alfred R deMatteo	252-491-8637	Electrical	32935		
Sun Realty of Nags Head dba Air Handlers OBX	252-491-8637	Mechanical	26599		

**Description of Work: HVAC  
 change out of a 2 ton system for  
 top level**

Permit Cost \$50.00

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.  
 Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19461**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 12/19/2019

Expires: 06/16/2020  
 Main Permit: Main Permit

**Project Address**  
 4500 Seascape Drive  
**Lot**

**Zoning**  
 BR-1  
**Block**

**Subdivision**  
 SEA SCAPE SEC 1  
**PIN**  
 987614342641

**Flood Zone**  
 X

**Constuction Type**  
 Repair/Replace

**Building Code**  
 MECH2018

**Owner Information**  
 WILLIAM C JAMERSON

**Address**  
 12020 WHEATON RD  
 FREDERICKSBURG VA 22407

**Phone**

**Applicant Information**  
 R A Hoy Heating & Cooling

**Address**  
 3908 N Croatan Highway  
 Kitty Hawk, NC 27949

**Phone**  
 252-261-2008

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>	<b>Construction Cost:</b>	<b>5780.00</b>
R. A. Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Mechanical	13056	<b>Unheated Sq. Feet</b>	<b>.00</b>
R A Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Electrical	22222-L	<b>Total Sq. Feet:</b>	<b>.00</b>

**Description of Work: HVAC change out on a 1.5 ton system**

**Building Comments:**

Permit Cost - \$50.00

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987600J; Effective-09/20/2006;

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19455**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 12/17/2019

Expires: 06/14/2020  
 Main Permit: Main Permit

**Project Address**

4401 N Virginia Dare Trail

**Lot**

16

**Flood Zone**

VE

**Owner Information**

Kimberly M Mantica & Jonathan C Cook

**Applicant Information**

Dusty Rhoads HVAC

**Zoning**

BR-1

**Block**

18

**Constuction Type**

Repair/Replace

**Address**

104 Rector Street  
 Sterling VA 20164

**Address**

P O Box 444  
 Kitty Hawk, NC 27949

**Subdivision**

KITTY HAWK BEACH REV SEC A

**PIN**

987615541766

**Building Code**

MECH2018

**Phone**

**Phone**

252-255-0032

<b>Construction Cost:</b>	6900.00
<b>Unheated Sq. Feet</b>	.00
<b>Total Sq. Feet:</b>	.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Dusty Rhoads HVAC, Inc.	(252)261-5892	Mechanical	21691

**Description of Work: Remove & replace duct work that was damaged by rodents**

**Building Comments:**

Permit Cost - \$40.00

**Planning Conditions:**

Flood Zone-VE; Elevation-12'+1'=13'; Map#-3720987600J;  
 Value of house - \$158,800; 50% of value - \$79,400; Cost of work - \$6,900; Value left for 12 months - \$72,500

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**





**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19440**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/6/2019

Expires: 6/3/2020

Main Permit: Main Permit

**Project Address**

4904 Lunar Drive

**Lot**

521

**Flood Zone**

X

**Owner Information**

David & Belle Jones

**Applicant Information**

Norris Mechanical LLC

**Zoning**

BR-1

**Block**

**Construction Type**

Repair/Replace

**Address**

4904 Lunar Drive  
 Kitty Hawk NC 27949

**Address**

100 Freedom Avenue  
 Powells Point, NC 27966

**Subdivision**

SEA SCAPE SEC 1

**PIN**

987605175911

**Building Code**

BLDG2018

**Phone**

**Phone**

252-491-2673

**Construction Cost:** 48000.00

**Unheated Sq. Feet** 0.00

**Total Sq. Feet:** 0.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Norris Mechanical	(252)491-2673	Mechanical	11100
TBD	000-000-0000	Electrical	00000

**Building Comments:**

**Description of Work: HVAC change out of a two 3 ton geothermal split systems**

Permit Cost \$100.00

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19446**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 12/21/2019

Expires: 6/9/2020

Main Permit: Main Permit

**Project Address**

1906 Neptune Way

**Zoning**

BR-2

**Subdivision**

SANDPIPER CAY CONDOS  
 PHASE 8

**Lot**

Unit 1906 Bldg 1900

**Block**

**PIN**

98761841675806

**Flood Zone**

X

**Constuction Type**

Repair/Replace

**Building Code**

MECh2018

**Owner Information**

Deborah Brindley Doxey

**Address**

1906 Neptune Way  
 Kitty Hawk NC 27949

**Phone**

**Applicant Information**

Master Heating & Cooling

**Address**

P O Box 707  
 Kitty Hawk, NC 27949

**Phone**

252-255-0095

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>	<b>Construction Cost:</b>	<b>6200.00</b>
Master Heating & Cooling	(252)255-0095	Mechanical	18066	<b>Unheated Sq. Feet</b>	<b>0.00</b>
Precise Electrical Services	(252)796-7900	Electrical	26395-L	<b>Total Sq. Feet:</b>	<b>0.00</b>

**Building Comments:**

Permit Cost - \$50.00

**Description of Work: HVAC  
 change out of a 2.5 ton system**

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19447**  
 Permit Type: Commercial  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/12/2019

Expires: 6/9/2020

Main Permit: Main Permit

**Project Address**

3608 N Croatan Highway, Ste B

**Lot**

2 & 3

**Flood Zone**

AE

**Owner Information**

Phantom Enterprises, LP

**Applicant Information**

Atlantic Heating & Cooling

**Zoning**

BC-1

**Block**

**Constuction Type**

Repair/Replace

**Address**

P O Box 388  
 Youngstown PA 15696

**Address**

P O Box 132  
 Kill Devil Hills, NC 27948

**Subdivision**

KITTY DUNES COMMERCIAL

**PIN**

987512866154

**Building Code**

MECH2018

**Phone**

**Phone**

252-441-7642

<b>Construction Cost:</b>	6200.00
<b>Unheated Sq. Feet</b>	0.00
<b>Total Sq. Feet:</b>	0.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Atlantic Heating & Cooling Ltd	(252)441-7642	Mechanical	11618
Winston Peoples King	252-473-7745	Electrical	07274-L

**Description of Work: HVAC change out of a 4 ton system for north zone**

**Building Comments:**

Permit Cost - \$50.00

**Planning Conditions:**

Flood Zone-AE; Elevation-9'+1'=10'; Map#-3720987500J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19448**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/12/2019

Expires: 6/9/2020

Main Permit: Main Permit

**Project Address**

306 Angler Way

**Lot**

Unit 306 Bldg 300

**Flood Zone**

X

**Owner Information**

Dola Haracivet Maahs/Dola Leslie Young

**Applicant Information**

All-In-One Mechanical

**Zoning**

BR-2

**Block**

**Constuction Type**

Repair/Replace

**Address**

22 Ridgewood Parkway  
 Newport News VA 23608

**Address**

P O Box 3392  
 Kitty Hawk, NC 27949

**Subdivision**

SANDPIPER CAY CONDOS  
 PHASE 2

**PIN**

98761951055806

**Building Code**

MECH2018

**Phone**

**Phone**

252-202-5350

<u>Contractor(s)</u>	<u>Phone</u>	<u>Contractor Type</u>	<u>License Number</u>	<u>Construction Cost:</u>	<u>2500.00</u>
All-In-One Mechanical, L.L.C.	(252)491-5334	Mechanical	27675	<u>Unheated Sq. Feet</u>	<u>0.00</u>
Herbert Wallace Francis Jr.	(252)202-5350	Electrical	07784-L	<u>Total Sq. Feet:</u>	<u>0.00</u>

**Building Comments:**

**Description of Work: Remove drywall & replace un-insulated ductwork in ceiling; Replace drywall**

Permit Cost - \$40.00

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19433**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 12/2/2019

Expires: 5/30/2020

Main Permit: Main Permit

**Project Address**

4233 Lindbergh Avenue

**Lot**

28 Spt 27

**Flood Zone**

AE

**Owner Information**

Robert J & Jeanette G Enko

**Applicant Information**

R A Hoy Heating & Air

**Zoning**

BR-1

**Block**

30

**Constuction Type**

Repair/Replace

**Address**

117 Richards Road  
 Williamsburg VA 23188

**Address**

3908 N Croatan Highway  
 Kitty Hawk, NC 27948

**Subdivision**

KITTY HAWK BEACH REV SEC A

**PIN**

987615534246

**Building Code**

MECH2018

**Phone**

**Phone**

252-261-2008

<b>Construction Cost:</b>	6437.00
<b>Unheated Sq. Feet</b>	0.00
<b>Total Sq. Feet:</b>	0.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
R A Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Electrical	22222-L
R A Hoy Heating & Air	252-261-2008	Mechanical	13056

**Building Comments:**

**Description of Work: HVAC change out of a 1.5 ton system for top level**

Permit Cost - \$50.00

**Planning Conditions:**

Flood Zone-AE; Elevation- 10"+1'=11'; Map #-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19434**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 12/3/2019

Expires: 5/31/2020  
 Main Permit: Main Permit

**Project Address**

3620 Goosander Street

**Lot**

6

**Flood Zone**

AE

**Owner Information**

Denis George & Christine Stadther

**Applicant Information**

R A Hoy Heating & Air

**Zoning**

BR-1

**Block**

**Constuction Type**

Repair/Replace

**Address**

3620 Goosander Street  
 Kitty Hawk NC 27949

**Address**

3908 N Croatan Highway  
 Kitty Hawk, NC 27949

**Subdivision**

KITTY DUNES WEST ANNEX

**PIN**

987512869423

**Building Code**

BLDG2018

**Phone**

**Phone**

252-261-2008

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>	<b>Construction Cost:</b>	<b>6189.00</b>
R. A. Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Mechanical	13056	<b>Unheated Sq. Feet</b>	<b>0.00</b>
R A Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Electrical	22222-L	<b>Total Sq. Feet:</b>	<b>0.00</b>

**Description of Work: HVAC change out of a 2 ton system for lower level**

**Building Comments:**

Permit Cost - \$50.00

**Planning Conditions:**

Flood Zone-AE; Elevation-9'+1'=10'; Map#-3720987500J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19438**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/4/2019

Expires: 6/1/2020

Main Permit: Main Permit

**Project Address**

4115 Lindbergh Avenue

**Lot**

56

**Flood Zone**

VE

**Owner Information**

Daniel & Christina H Diehl

**Applicant Information**

Absolute Plumbing

**Zoning**

BR-1

**Block**

**Constuction Type**

Repair/Replace

**Address**

9 Stonehouse Road  
 Califon NJ 07830

**Address**

110 Quarter Landing Court  
 Harbinger, NC 27941

**Subdivision**

KITTY HAWK BEACH TERR

**PIN**

987619613807

**Building Code**

PLMB2018

**Phone**

**Phone**

252-489-1439

<b>Construction Cost:</b>	5200.00
<b>Unheated Sq. Feet</b>	0.00
<b>Total Sq. Feet:</b>	0.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Absolute Plumbing, Inc.	(252)996-0691	Plumbing	30190

**Building Comments:**

**Description of Work: Replace entire's home water distribution system**

Permit Cost - \$50.00

**Planning Conditions:**

Flood Zone-VE; Elevation-12'+ 1'=13'; Map#-3720987600J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19450**  
 Permit Type: Commercial  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/12/2019

Expires: 6/9/2020

Main Permit: Main Permit

**Project Address**

3723 N Croatan Highway, Ste F

**Lot**

Parcel A

**Flood Zone**

X

**Owner Information**

Arabella Enterprises LLC

**Applicant Information**

Ad Light Signs

**Zoning**

BC-1

**Block**

**Constuction Type**

Sign - Building

**Address**

P O Box 1922

Kill Devil Hills NC 27948

**Address**

600 W Boundar Street

Kill Devil Hills, NC 27948

**Subdivision**

**PIN**

987508871772

**Building Code**

BLDG2018

**Phone**

**Phone**

252-449-2800

**Construction Cost:** 2000.00

**Unheated Sq. Feet** 0.00

**Total Sq. Feet:** 0.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Ad Light Signs & Lighting Services, Inc.	(252)715-3183	Other	00000
TBD	000-000-0000	Electrical	00000

**Building Comments:**

**Description of Work: Add new wall signs & change face of existing sign**

Permit Cost - \$150.00

**Planning Conditions:**

Flood Zone-Shaded X; Map#-3720987500J; Effective-09/20/2006

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_





**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19463**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Pending

Issue Date: 12/19/2019

Expires: 06/16/2020

Main Permit: Main Permit

**Project Address**

4300-A N Virginia Dare Trail (#8)

**Lot**

**Zoning**

BC-1

**Block**

**Subdivision**

SEA RETREAT TOWNHOUSES

**PIN**

987615533971

**Flood Zone**

VE

**Constuction Type**

Repair/Replace

**Building Code**

BLDG2018

**Owner Information**

DALE LUDWIG

**Address**

8 OAK GROVE RD  
 PALMYRA VA 22963

**Phone**

**Applicant Information**

Dale Ludwig

**Address**

8 Oak Grove Road  
 Palmyra, VA 22963

**Phone**

434-981-4915

<b>Construction Cost:</b>	10000.00
<b>Unheated Sq. Feet</b>	.00
<b>Total Sq. Feet:</b>	.00

<b>Contractor(s)</b>	<b>Phone</b>	<b>Contractor Type</b>	<b>License Number</b>
Owner	000-000-0000	General	00000

**Building Comments:**

Permit Cost - \$35.00

**Planning Conditions:**

Flood Zone-VE; Elevation-12'+1'=13'; Map#-3720987600J; Effective-09/20/2006;  
 Value of house - \$129,400; 50% cost of house - \$64,700; Cost of work - \$10,000; Value work left in 12 months - \$54,700;

**Description of Work: Remove & replace siding and 9 windows**

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk.

Any change in the work as specified is subject to prior approval of the Building Inspector.

\_\_\_\_\_  
**Owner / Applicant / Contractor / Agent** **Date**

\_\_\_\_\_  
**Building Official** **Date**



**Town of Kitty Hawk, NC**  
 101 Veterans Memorial Drive  
 Kitty Hawk, NC 27949  
 Phone: (252) 261-3552

**PERMIT**

Permit NO. **19228**  
 Permit Type: Residential  
 Work Classification: [Permit Type]  
 Permit Status: Open

Issue Date: 06/04/2019

Expires: 12/1/2019  
 Main Permit: Main Permit

**Project Address**

4808 Elm Court

**Lot**

49

**Flood Zone**

AE

**Owner Information**

Douglas Stoddart, Jr.

**Applicant Information**

Reliant Construction LLC

**Zoning**

BR-1

**Block**

**Constuction Type**

Pool

**Address**

4741 Vista Lane  
 Kitty Hawk NC 27949

**Address**

4275 Worthington Lane  
 Kitty Hawk, NC 27949

**Subdivision**

SEA SCAPE SEC 2

**PIN**

987609063220

**Building Code**

BLDG2018

**Phone**

**Phone**

252-202-7007

<b>Construction Cost:</b>	125000.00
<b>Unheated Sq. Feet</b>	.00
<b>Total Sq. Feet:</b>	.00

Contractor(s)	Phone	Contractor Type	License Number
TBD	000-000-0000	Plumbing	00000
T. L. Riggs & Associates Inc	(252)330-4482	Electrical	21960-L
Reliant Construction, LLC	252-202-7007	General	62339
Outer Banks Electric Inc	252-473-3033	Electrical	24451-U

**Description of Work: Install 14 x 30 in-ground swimming pool, brick paver patio and pool house; Revised 12/17/2019 to add upgrade of electrical service from 200 amp to 400 amp**

**Building Comments:**

Permit Cost - \$850.00

**Planning Conditions:**

Flood Zone-AE; Elevation-8.3'+1'=9.3'; Map#-3720987600J; Effective-09/20/2206; Finished Elevation Certificate and As-Built Survey are required prior to Final Inspection. See Zoning Permit for additional requirements.

The work authorized by this permit is to be performed in accordance with the applicable Kitty Hawk Zoning Restrictions and with the Laws Governing Building Construction in the State of North Carolina and ordinances adopted by the Town of Kitty Hawk. Any change in the work as specified is subject to prior approval of the Building Inspector.

**Owner / Applicant / Contractor / Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval  
Application # 201900971**

**Property Address:** 4213 WEST VANSCIVER DR **PIN #:** 989112874397 **Parcel:** 030383000  
**Lot/Block/Sec:** LOT: 2 BLK: SEC: 2 **Subdivision:** SOUTHRIDGE SEC 2  
**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING **Flood Zone:** X

**Owner Name:** SHACKELFORD, MILDRED SCOTT  
**Owner Address:** 1312 19TH ROAD SOUTH ARLINGTON, VA 22202

**Contractor Name:** OBX Bee's Maintenance & Repair **Contractor Phone:**  
**Contractor Address:** PO Box 2183 Kill Devil Hills, NC 27949

**Description:** Replace cedar siding on whole house, replace 9 windows  
**Construction Value:** \$24000 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**


Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902615	RES ADD-REM-REP-ACC	\$220.00	SS	12/03/2019

**Conditions of Approval:**  
- Address #s on home if none are present. Call for sheathing or framing inspections if rot is found. NC licensed electrician shall pull permit to deal with wiring issues if they arise. Call for final inspection

**Additional Conditions:**  
CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**  
All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.  
**In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.**

**DECISION: Approved with Conditions (See above)**

  
Responsible Party  
12-13-19  
Date

TOWN OF NAGS HEAD  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201900972**

**Property Address:** 4204 WEST COBBS WAY **PIN #:** 989112779351 **Parcel:** 030422000  
**Lot/Block/Sec:** LOT: 41 BLK: SEC: 2 **Subdivision:** SOUTHRIDGE SEC 2  
**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING  
**Flood Zone:** AE **Base Flood Elevation:** 9.0 **Regulatory Flood Elevation:** 10  
**Map Panel No:** 9891 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** PARKER, DALTON MURRAY JR - PARKER, CYNTH  
**Owner Address:** 4204 COBBS WAY NAGS HEAD, NC 27959

**Contractor Name:** OBX Bee's Maintenance & Repair **Contractor Phone:**  
**Contractor Address:** PO Box 2183 Kill Devil Hills, NC 27949

**Description:** Replace decking boards & railing on rear deck & set of stairs  
**Construction Value:** \$4300 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902616	RES ADD-REM-REP-ACC	\$130.00	SS	12/03/2019

**Conditions of Approval:**  
- You know what to do. Call me if you have questions. 252 449 2005

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902617	FLOOD PERMIT	\$0.00	SS	12/03/2019

**Conditions of Approval:**

**Additional Conditions:**

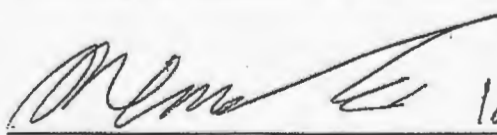
CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.  
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
Responsible Party

12-13-19  
Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201900973**

**Property Address:** 4800 EAST ENGAGEMENT HILL LOOP **PIN #:** 080113145922 **Parcel:** 027839017  
**Lot/Block/Sec:** LOT: 1 BLK: SEC: **Subdivision:** SEVEN SISTERS  
**Zoning:** VILLAGE DET RES SF 2 **Land Use:** SINGLE FAMILY DWELLING, LARGE  
**Flood Zone:** AE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12  
**Map Panel No:** 0801 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988\

**Owner Name:** ROWLAND, SHANNON O  
**Owner Address:** P O BOX 2202 LEONARDTOWN, MD 20650

**Contractor Name:** Frasca Custom Homes, LLC **Contractor Phone:** 252-256-1814  
**Contractor Address:** 2401 Collington Rd KK Kill Devil Hills, NC 27948

**Description:** Removing previous siding system and installing new LP Smart siding

**Construction Value:** \$28745 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902618	RES ADD-REM-REP-ACC	\$220.00	SS	12/03/2019

**Conditions of Approval:**

- Address #s on home if none are present. Call for inspection of rot repair. Install siding per evaluation report. NC Licensed electrician shall contend with wiring issues as they arise. Call for final inspection.

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902619	FLOOD PERMIT	\$0.00	SS	12/03/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

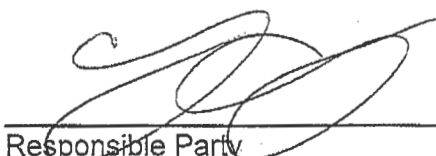
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

Responsible Party

Date

 12/03/19

TOWN OF NAGS HEAD  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval  
Application # 201900983**

Property Address: 9830 SOUTH OLD OREGON INLET RD PIN #: 071811561334 Parcel: 008071000

Lot/Block/Sec: LOT: 37 BLK: SEC: Subdivision: HIGH DUNES

Zoning: MEDIUM DENSITY RES DISTRICT Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE Base Flood Elevation: 10.0 Regulatory Flood Elevation: 11

Map Panel No: 0718 Map Panel Date: 09/20/2006 Suffix: J Datum Used: NAVD 1988

Owner Name: NOLTE, BRUCE B - NOLTE, JO ANNE  
Owner Address: 107 N HARVIE ST RICHMOND, VA 23220

Contractor Name: Aria Construction & Development, Inc. Contractor Phone: 252-796-7737  
Contractor Address: PO Box 321 Creswell, NC 27928

Description: Rebuilding steps, adding a landing, repair decks

Construction Value: \$14500 Classification of Work: RESIDENTIAL REMODEL

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902620	RES ADD-REM-REP-ACC	\$190.00	SS	12/03/2019

**Conditions of Approval:**

- Address #s on home if none are present. Stairs / shall comply with today's codes. Call for piling inspection. Call for final inspection-

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902621	FLOOD PERMIT	\$0.00	SS	12/03/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE


**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
Responsible Party  
12-3-19  
Date

TOWN OF NAGS HEAD  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201900984**

**Property Address:** 10220 SOUTH COLONY SOUTH DR **PIN #:** 071815634151 **Parcel:** 007505000  
**Lot/Block/Sec:** LOT: 76 BLK: SEC: **Subdivision:** GOOSE WING  
**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING  
**Flood Zone:** AE **Base Flood Elevation:** 10.0 **Regulatory Flood Elevation:** 11  
**Map Panel No:** 0718 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** MORRISON, RANDY W - MORRISON, CHRISTINE  
**Owner Address:** 14382 Carroll Bridge Rd Smithfield, VA 23430

**Contractor Name:** J. L. FIRESTONE CONSTRUCTION **Contractor Phone:** 252-202-2160  
**Contractor Address:** P O Box 344 JARVISBURG, NC 27947

**Description:** Replace decking boards on top deck & replace all handrails & build 2 new, sets of stairs  
**Construction Value:** \$20000 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902622	RES ADD-REM-REP-ACC	\$190.00	SS	12/03/2019

**Conditions of Approval:**

- Address #s on home if none are present. Review deck condition handout we have provided. Call for final inspection.

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902623	FLOOD PERMIT	\$0.00	SS	12/03/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

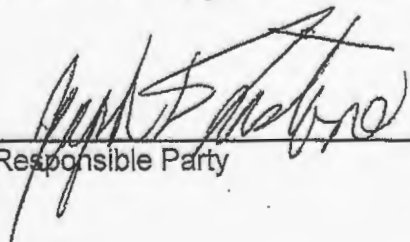
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

Responsible Party

Date

 12/19/19



**Residential Project Approval**  
**Application # 201900970**

**Property Address:** 8433 SOUTH OLD OREGON INLET RD **PIN #:** 070908988479 **Parcel:** 007026000  
**Lot/Block/Sec:** LOT: 93 BLK: 5 SEC: **Subdivision:** BODIE ISLAND BEACH  
**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE  
**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12  
**Map Panel No:** 0709 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** WOODHAM, STEVEN L - WOODHAM, LAURA E  
**Owner Address:** 38 CABIN CREEK PITTSBORO, NC 27312

**Contractor Name:** Coastal Construction of North Carolina, **Contractor Phone:** 252-480-5556  
**Contractor Address:** 7013 Martins Point Rd Kitty Hawk, NC 27949

**Description:** Replace existing beach walkway, no change in location

**Construction Value:** \$8500 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902624	RES ADD-REM-REP-ACC	\$160.00	SS	12/03/2019

**Conditions of Approval:**

- Review beach walkway condition handout we have provided. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902625	FLOOD PERMIT	\$0.00	SS	12/03/2019

**Conditions of Approval:**

**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902626	ZONING PERMIT - RES	\$0.00	MK	12/03/2019

**Conditions of Approval:**

- Replace within existing footprint
- Call for final zoning 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**(ZONING) RIGHT OF APPEAL**

Pursuant to Section 48-594(b)(1) of the Nags Head Zoning Ordinance, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.



**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959  
 Phone (252) 441-7016 Fax (252) 441-4290


**Residential Project Approval  
 Application # 201900985**

**Property Address:** 101 WEST WESTSIDE CT **PIN #:** 071810478260 **Parcel:** 007324016

**Lot/Block/Sec:** LOT: 16 BLK: SEC: **Subdivision:** CHAWANOOK WEST

**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

**Flood Zone:** AE **Base Flood Elevation:** 10.0 **Regulatory Flood Elevation:** 11

**Map Panel No:** 0718 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** BAGBY, EDWARD E - BAGBY, DONNA L

**Owner Address:** 2301 MOSELEY RD MOSELEY, VA 23120

**Contractor Name:** PROPERTY OWNER **Contractor Phone:**

**Contractor Address:** See Above

**Description:** Ground level enclosure/storage, closing in 12x14 section under house

**Construction Value:** \$4000 **Classification of Work:** RESIDENTIAL REMODEL

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902632	RES ADD-REM-REP-ACC	\$130.00	SS	12/04/2019

**Conditions of Approval:**

- Address #s on home if none are present. Sheetrock ceiling. Smokes and Co2 detectors to code throughout home. Flood elevation certificate is required for new storage area. Provide flood vents to code. Garage door needs to be DP Rated. Side door needs to be DP rated. Light, switch and GFCI receptacle is required in new storage area. Electrical shall be at 11 foot RFE or higher. All material below the RFE of 11 feet shall be pressure treated. Call Steve for questions 252 449 2005

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902631	FLOOD PERMIT	\$0.00	SS	12/04/2019

**Conditions of Approval:**
**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902630	ZONING PERMIT - RES	0.00	MK	12/04/2019

**Conditions of Approval:**

168 sqft of storage under house - no additional lot coverage, all work within footprint  
 final zoning required 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959  
 Phone (252) 441-7016 Fax (252) 441-4290


**Residential Project Approval**  
**Application # 201900968**

**Property Address:** 2434 SOUTH MEMORIAL AVE **PIN #:** 989318300870 **Parcel:** 005671000

**Lot/Block/Sec:** LOT: 12 BLK: SEC: 1 **Subdivision:** CONCH SHELL ESTATES

**Zoning:** HIGH DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

**Flood Zone:** AE **Base Flood Elevation:** 10.0 **Regulatory Flood Elevation:** 11

**Map Panel No:** 9893 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** FELICE B AND STEPHEN L HARRIS JR - REVOC

**Owner Address:** 1051 RED OAK RD VIRGINIA BEACH, VA 23452

**Contractor Name:** PROPERTY OWNER **Contractor Phone:**

**Contractor Address:** See Above

**Description:** Convert covered porch to living space 224 sq ft construct deck on east side of house, relocate stairs & landings

**Construction Value:** \$22595 **Classification of Work:** RESIDENTIAL ADDITION

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902635	RES ADD-REM-REP-ACC	\$220.00	SS	12/04/2019

**Conditions of Approval:**

- Address #s on home if none are present. Additional engineering could be requested. GFCI WR type outlet required on new deck. HVAC load calcs needed for new additional heated space. Smoke and Co2 detectors required throughout home. Provide engineered roof truss drawings. All subs shall pull permits prior to starting work. Call for all required inspections. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902634	FLOOD PERMIT	\$0.00	SS	12/04/2019

**Conditions of Approval:**
**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902633	ZONING PERMIT - RES	0.00	MK	12/04/2019

**Conditions of Approval:**

- Must maintain setbacks
- must remain at or below the existing lot cov
- Final as-built may be required
- call for final zoning inspection 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.  
 In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**

**Application # 201900964**

**Property Address:** 317 WEST SANDPIPER TER **PIN #:** 080113033757 **Parcel:** 006285000

**Lot/Block/Sec:** LOT: 35 BLK: SEC: B **Subdivision:** OLD NAGS HEAD COVE SEC B

**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

**Flood Zone:** X

**Owner Name:** EMBREY, FRANCIS W & - EMBREY, LUCILE M

**Owner Address:** 6281 OCCOQUAN FOREST DR MANASSAS, VA 20112

**Contractor Name:** PHILLIP SCOTT SIMPSON, SR DBA PSS CONSTR  
252-202-1280

**Contractor Phone:**

**Contractor Address:** P O BOX 713

**Description:** Enclosing 13'x20' on ground floor (160) heated for second living rm & bath, wall mounted ac/heat unit 6 lts  
1 ceiling

**Construction Value:** \$25500

**Classification of Work:** RESIDENTIAL ADDITION

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902637	RES ADD-REM-REP-ACC	\$230.00	SS	12/04/2019

**Conditions of Approval:**

- Address #s on home if none are present. Meet all plumbing clearances in new bath. Smokes and Co2 detectors to code throughout home. All subs shall pull permits prior to starting work. Call for all required inspections. Call for final inspection

**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902636	ZONING PERMIT - RES	\$0.00	MK	12/04/2019

**Conditions of Approval:**

- Additional heated living for additional living area only- no additional bedrooms permitted.
- All work shall remain within the existing footprint - no additional lot coverage
- if any land disturbance occurs please ensure silt fencing is maintained and stabilization at end of project
- Call for final zoning 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**(ZONING) RIGHT OF APPEAL**

Pursuant to Section 48-594(b)(1) of the Nags Head Zoning Ordinance, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201900995**

**Property Address:** 2305 SOUTH ONETO LN **PIN #:** 989318322151 **Parcel:** 006678009  
**Lot/Block/Sec:** LOT: 12 BLK: A SEC: **Subdivision:** NAGS HEAD SHORES REVISED BLK A  
**Zoning:** COMMERCIAL/RESIDENTIAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE  
**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12  
**Map Panel No:** 9893 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** KENNEDY, CLINTON R - KENNEDY, JACQUELINE  
**Owner Address:** 1116 ST FINEGAN DR WEST CHESTER, PA 19382

**Contractor Name:** Beach Construction Group, LLC **Contractor Phone:**  
**Contractor Address:** 1496 Colington Rd Kill Devil Hills, NC 27948

**Description:** Remove and replace siding on N, S and W elevations

**Construction Value:** \$42990 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902663	RES ADD-REM-REP-ACC	\$280.00	SS	12/06/2019

**Conditions of Approval:**

- Address #s on home if none are present. Call for inspections of rot repair. Pull electrical permit if needed. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902662	FLOOD PERMIT	\$0.00	SS	12/06/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

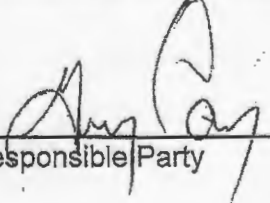
**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
Responsible Party

12/10/19  
Date

TOWN OF NAGS HEAD  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201900994**

**Property Address:** 5311 SOUTH VA DARE TRL      **PIN #:** 08011432052201      **Parcel:** 000380005  
**Lot/Block/Sec:** LOT: LT 5 UNIT A BLK: SEC:      **Subdivision:** SEA POINTE  
**Zoning:** VILLAGE TOWNHOUSE      **Land Use:** DUPLEX  
**Flood Zone:** VE      **Base Flood Elevation:** 11.0      **Regulatory Flood Elevation:** 12  
**Map Panel No:** 0801      **Map Panel Date:** 09/20/2006      **Suffix:** J      **Datum Used:** NAVD 1988

**Owner Name:** HILLIGER, STEPHANIE LEE  
**Owner Address:** 1564 S RIDGE DR      MARIETTA, GA 30066

**Contractor Name:** Gibbs Daughters NC, LLC      **Contractor Phone:** 252-202-5991  
**Contractor Address:** PO Box 2387      Manteo, NC 27954

**Description:** Demo existing windows & siding; install LP Smart Lap siding & Viwinco impact windows

**Construction Value:** \$46400      **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902665	RES ADD-REM-REP-ACC	\$280.00	SS	12/06/2019

**Conditions of Approval:**

- Address #s on home if none are present. Call for any rot repairs. Pull electrical permit if needed. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902664	FLOOD PERMIT	\$0.00	SS	12/06/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

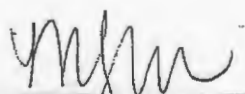
**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
Responsible Party

12/11/19  
Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201900993**

**Property Address:** 6207 SOUTH VA DARE TRL **PIN #:** 080007580700 **Parcel:** 000380033  
**Lot/Block/Sec:** LOT: 4 BLK: SEC: **Subdivision:** BEACH HAVEN SOUTH  
**Zoning:** VILLAGE DET SF 3 **Land Use:** SINGLE FAMILY DWELLING, LARGE  
**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12  
**Map Panel No:** 0800 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** HUSTED, WILLIAM W - DECAMPS, JEANNE S  
**Owner Address:** PO B OX 1527 MANTEO, NC 27954

**Contractor Name:** PRESGRAVES, ALLEN **Contractor Phone:** 252-256-2614  
**Contractor Address:** 1706 Sea Swept Rd Kill Devil Hills, NC 27948

**Description:** Approx 8 squares of siding taken off & replaced, 10 windows replaced, 2 sliding glass doors replaced  
**Construction Value:** \$28650 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902667	RES ADD-REM-REP-ACC.	\$220.00		12/06/2019

**Conditions of Approval:**

- Address #s on home if none are present. Call for inspection of any rot repairs or framing work. Pull electrical permit if needed. Review window and door handout we have provided. Call for final inspection.

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902666	FLOOD PERMIT	\$0.00		12/06/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

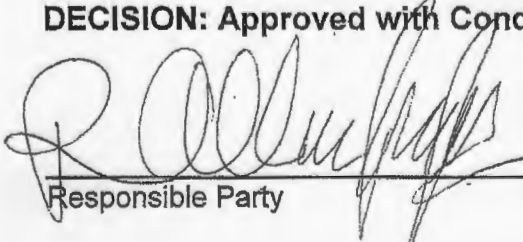
**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
Responsible Party 12-9-17  
Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201900990**

**Property Address:** 112 EAST SEA HOLLY CT **PIN #:** 080006496356 **Parcel:** 030985000  
**Lot/Block/Sec:** LOT: 24 BLK: SEC: **Subdivision:** SEASIDE SOUTH  
**Zoning:** VILLAGE DET SF 3 **Land Use:** SINGLE FAMILY DWELLING, LARGE  
**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12  
**Map Panel No:** 0800 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** HAMEL, THOMAS J - HAMEL, LINDA  
**Owner Address:** 5 STATE ST LAKE GROVE, NY 11755

**Contractor Name:** MARK EDWARDS DBA SET WAVE CO **Contractor Phone:** 252-996-0099  
**Contractor Address:** P O BOX 1652 KILL DEVIL HILLS, NC 27948

**Description:** Replacing deck boards on East facing decks & build new stairs (replacing current stairs)  
**Construction Value:** \$5000 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902671	RES ADD-REM-REP-ACC	\$130.00	SS	12/06/2019

**Conditions of Approval:**

- Address #s on home if none are present. Review stair handout we have provided. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902670	FLOOD PERMIT	\$0.00	SS	12/06/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE


**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
\_\_\_\_\_  
Responsible Party                      12.17.19  
Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



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**Residential Project Approval**  
**Application # 201901000**

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**Property Address:** 108 WEST SOUND BREEZE LN **PIN #:** 080006297192 **Parcel:** 024961563  
**Lot/Block/Sec:** LOT: 6 BLK: SEC: **Subdivision:** WATER'S EDGE VILLAGE AT N H  
**Zoning:** VILLAGE DET RES SF 1 **Land Use:** SINGLE FAMILY DWELLING, LARGE  
**Flood Zone:** AE **Base Flood Elevation:** 9.0 **Regulatory Flood Elevation:** 10  
**Map Panel No:** 0800 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

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**Owner Name:** SWAIN, JAMES H - SWAIN, MADELYN W  
**Owner Address:** PO BOX 346 NAGS HEAD, NC 27959

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**Contractor Name:** Xtreme Roofing and Siding **Contractor Phone:** 252-202-0320  
**Contractor Address:** 103 Marquis Ct Point Harbor, NC 27964

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**Description:** Removal of old roof, replace with new hand split shakes to meet code  
**Construction Value:** \$28760 **Classification of Work:** RESIDENTIAL REPAIR

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**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902673	RES ADD-REM-REP-ACC	\$220.00	SS	12/06/2019

**Conditions of Approval:**

- Address #s on home if none are present. Call for material check. Call for final inspection

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**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902672	FLOOD PERMIT	\$0.00	SS	12/06/2019

**Conditions of Approval:**

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**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

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**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

**In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.**

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

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Responsible Party \_\_\_\_\_ Date \_\_\_\_\_



**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201901002**

**Property Address:** 321 WEST NAGS WAY CT **PIN #:** 989210354087 **Parcel:** 005959000

**Lot/Block/Sec:** LOT: 50 BLK: SEC: **Subdivision:** KITTY DUNES ESTATES

**Zoning:** SPECIAL PLANNED DEV DISTRICT **Land Use:** SINGLE FAMILY DWELLING

**Flood Zone:** X **Base Flood Elevation:** 0.0 **Regulatory Flood Elevation:**

**Map Panel No:** **Map Panel Date:** **Suffix:** **Datum Used:**

**Owner Name:** NETSCH, ROBERT C - NETSCH, VALERIE C

**Owner Address:** 8 PALMETTO LN KITTY HAWK, NC 27949

**Contractor Name:** PROPERTY OWNER **Contractor Phone:**

**Contractor Address:** See Above 000, 00 00000

**Description:** Construct 96 SF green house; no electric, no plumbing; treated wood; tin roof, windows

**Construction Value:** \$2000 **Classification of Work:** RESIDENTIAL ACC STRUCTURE

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902682	RES ADD-REM-REP-ACC	\$100.00	SS	12/09/2019

**Conditions of Approval:**

- Tie shed down on all 4 corners. Call for piling inspection. Tie down rafters. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902681	ZONING PERMIT - RES	\$0.00	SS	12/09/2019

**Conditions of Approval:**

- Call for final zoning inspection 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION:** Approved with Conditions (See above)

Valerie C. Netsch 12/17/19  
Responsible Party Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201900999**

**Property Address:** 121 WEST DANUBE ST **PIN #:** 989112968021 **Parcel:** 006835000  
**Lot/Block/Sec:** LOT: 6 BLK: D SEC: 3 **Subdivision:** ROANOKE SOUND SHORES SEC 3  
**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING  
**Flood Zone:** AE **Base Flood Elevation:** 9.0 **Regulatory Flood Elevation:** 10  
**Map Panel No:** 9891 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** AYERS, TODD E - AYERS, LESLIE R  
**Owner Address:** 904 GLADES CT CHESAPEAKE, VA 23322

**Contractor Name:** DARRELL MARSHALL **Contractor Phone:** 252-256-3652  
**Contractor Address:** 1165 Collington Rd Kill Devil Hills, NC 27948

**Description:** Resurface deck; add new stairs; add porch ceiling; screen in porch

**Construction Value:** \$13000 **Classification of Work:** RESIDENTIAL REMODEL

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902685	RES ADD-REM-REP-ACC	\$190.00	SS	12/10/2019

**Conditions of Approval:**

- Address #s on home if none are present. New rails shall meet today's codes. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902684	FLOOD PERMIT	\$0.00	SS	12/10/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

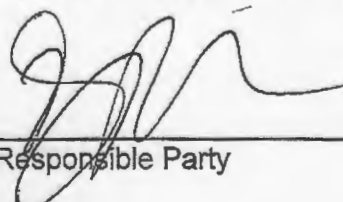
**PLEASE NOTE:**

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I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
Responsible Party 12/10/19  
Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201901003**

**Property Address:** 8613 EAST TIDE DR **PIN #:** 071909077245 **Parcel:** 007138000  
**Lot/Block/Sec:** LOT: 5 BLK: SEC: **Subdivision:** TIDES TIME  
**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING  
**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12  
**Map Panel No:** 0719 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** SCHMUNK, MARK E - SCHMUNK, TONYA M  
**Owner Address:** 6580 FLETCHER CHAPEL RD

**Contractor Name:** PROPERTY OWNER **Contractor Phone:**  
**Contractor Address:** See Above 000, 00 00000

**Description:** Remodel bathroom: demo floor tile, drywall, repair subfloor & joists, fram for custom tile shower  
**Construction Value:** \$12500 **Classification of Work:** RESIDENTIAL REMODEL

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902691	RES ADD-REM-REP-ACC	\$190.00	SS	12/10/2019

**Conditions of Approval:**

- Address #s on home if none are present. Smoke and Co2 detectors to code if none are present. Call for final inspection.

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902690	FLOOD PERMIT	\$0.00	SS	12/10/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

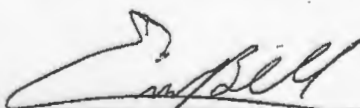
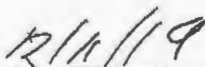
**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
Responsible Party   
Date



**Residential Project Approval**  
**Application # 201901013**

**Property Address:** 333 WEST SANDPIPER TER **PIN #:** 080113030367 **Parcel:** 006291000  
**Lot/Block/Sec:** LOT: 42 BLK: SEC: B **Subdivision:** OLD NAGS HEAD COVE SEC B  
**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING  
**Flood Zone:** AE **Base Flood Elevation:** 9.0 **Regulatory Flood Elevation:** 10  
**Map Panel No:** 0801 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** KWON, MISCHEL L  
**Owner Address:** 9202 PONCE PL FAIRFAX, VA 22031

**Contractor Name:** BEACH BOX BUILDERS, LLC **Contractor Phone:** 252-216-6048  
**Contractor Address:** PO Box 2103 Manteo, NC 27954

**Description:** Remove & replace shingles, vinyl, trim, install 2 new window s & install stairs to ground

**Construction Value:** \$29000 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902697	RES ADD-REM-REP-ACC	\$220.00	SS	12/10/2019

**Conditions of Approval:**

- Address #s on home if none are present. Call for inspection of any rot repairs. NC Licensed electrician shall pull permit to deal with wiring issues as they arise. Review stair handout we have provided to avoid stair code violations. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902696	FLOOD PERMIT	\$0.00	SS	12/10/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION:** Approved with Conditions (See above)

  
Responsible Party 12-11-19  
Date

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290


**Residential Project Approval**  
**Application # 201901010**

**Property Address:** 9633 EAST SPENCER ST      **PIN #:** 071807580127      **Parcel:** 007335000  
**Lot/Block/Sec:** LOT: 11 BLK: SEC:      **Subdivision:** SUFFOLK COLONY  
**Zoning:** MEDIUM DENSITY RES DISTRICT      **Land Use:** SINGLE FAMILY DWELLING  
**Flood Zone:** VE      **Base Flood Elevation:** 11.0      **Regulatory Flood Elevation:** 12  
**Map Panel No:** 0718      **Map Panel Date:** 09/20/2006      **Suffix:** J      **Datum Used:** NAVD 1988

**Owner Name:** MUCENIEKS, ELLA - MOSER, JASMIN R  
**Owner Address:** 16684 MANDILEIGH LN      HAMILTON, VA 20158

**Contractor Name:** SHANE ONEILL DBA BIG DOG'S CONSTRUCTION      **Contractor Phone:**  
 252-202-8744  
**Contractor Address:** 432 Kitty Hawk Bay Dr

**Description:** Replacing decking, handrails, stairs, shower, screens, spiral stairs and lattice  
**Construction Value:** \$29000      **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902705	RES ADD-REM-REP-ACC	\$220.00	SS	12/11/2019

**Conditions of Approval:**

- Address #s on house if none are present. Review stair and deck condition handout we have provided . Call for site visit the day you are starting work. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902704	FLOOD PERMIT	\$0.00	SS	12/11/2019

**Conditions of Approval:****ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902703	ZONING PERMIT - RES	0.00	MK	12/11/2019

**Conditions of Approval:**

Call for final zoning inspection 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

**In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.**

**(ZONING) RIGHT OF APPEAL**

Pursuant to Section 48-594(b)(1) of the Nags Head Zoning Ordinance, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

TOWN OF NAGS HEAD  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval  
Application # 201900945**

**Property Address:** 8206 SOUTH OLD OREGON INLET RD **PIN #:** 080020803646 **Parcel:** 007077000  
**Lot/Block/Sec:** LOT: 148 BLK: 8 SEC: **Subdivision:** BODIE ISLAND BEACH  
**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING  
**Flood Zone:** AE **Base Flood Elevation:** 10.0 **Regulatory Flood Elevation:** 11  
**Map Panel No:** 0800 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** MCCULLOM, RYAN  
**Owner Address:** 1305 ROANOKE ARCH

**Contractor Name:** PROPERTY OWNER **Contractor Phone:** 757-636-6048  
**Contractor Address:** See Above

**Description:** Extend existing driveway to end of house with a roof over a portion of the extended driveway  
**Construction Value:** \$4000 **Classification of Work:** RESIDENTIAL ACC STRUCTURE

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902710	RES ADD-REM-REP-ACC	\$130.00	SS	12/12/2019

**Conditions of Approval:**

- Address #s on home if none are present. Review comments on the plans you submitted. Call for footing and piling inspection. Roof installation shall be per 905.10 2018 NC Residential Code. Girder shall be bolted to post or connector shall supply 330 lbs of uplift per linear foot. 24' x 330 plf = 7920 up lift for structure roof. Call for final inspection. Call with any questions 252 449 2005

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902709	FLOOD PERMIT	\$0.00	SS	12/12/2019

**Conditions of Approval:**

**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902708	ZONING PERMIT - RES	0.00	MK	12/12/2019

**Conditions of Approval:**

Accessory structure shall meet a 5 ft side and rear setback  
Final zoning inspection required, as built survey may be required 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.  
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290


**Residential Project Approval  
Application # 201900988**
**Property Address:** 4508 SOUTH HESPERIDES DR **PIN #:** 989112853160 **Parcel:** 006849000

**Lot/Block/Sec:** LOT: 3 BLK: L SEC: 3 **Subdivision:** ROANOKE SOUND SHORES SEC 3

**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

**Flood Zone:** AE **Base Flood Elevation:** 9.0 **Regulatory Flood Elevation:** 10

**Map Panel No:** 9891 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** PARNELL, ROBERT H.

**Owner Address:** P O BOX 3783

**Contractor Name:** PROPERTY OWNER

**Contractor Phone:**
**Contractor Address:** See Above

**Description:** Enclose the bottom & 1st floor back porch 12/10 approx 310 sq replace old windows, new on porch, remo kit, remove porch wa

**Construction Value:** \$60000

**Classification of Work:** RESIDENTIAL ADDITION

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902723	RES ADD-REM-REP-ACC	\$310.00	SS	12/13/2019

**Conditions of Approval:**

- Address #s on home if none are present. No additional heat is permitted. Smoke and CO2 detectors to code throughout home. All subs shall pull permits before starting work. Call for all required inspections.

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902722	FLOOD PERMIT	\$0.00	SS	12/13/2019

**Conditions of Approval:**
**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902721	ZONING PERMIT - RES	0.00	MK	12/13/2019

**Conditions of Approval:**

- Interior remodel by removing walls in existing heated space
- Deck addition shall meet setbacks
- Must meet flood requirements
- Call for final zoning & CAMA 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**(ZONING) RIGHT OF APPEAL**

TOWN OF NAGS HEAD  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201901019**

**Property Address:** 214 SOUTH MEADOW GREEN **PIN #:** 080006383267 **Parcel:** 024961034  
**Lot/Block/Sec:** LOT: 34 BLK: SEC: **Subdivision:** BAYMEADOW PARCEL A  
**Zoning:** VILLAGE DET RES SF 1 **Land Use:** SINGLE FAMILY DWELLING  
**Flood Zone:** AE **Base Flood Elevation:** 9.0 **Regulatory Flood Elevation:** 10  
**Map Panel No:** 0800 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** GORMAN, JANET L - GORMAN, MICHAEL P  
**Owner Address:** 624 BLAUVELT DR ORADELL, NJ 07649

**Contractor Name:** PROPERTY OWNER **Contractor Phone:**  
**Contractor Address:** See Above 000, 00 00000

**Description:** Drywall, carpet, paint, repipe house, HVAC unit, plumbing, electric to repair water damage to bottom floor  
**Construction Value:** \$25447 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902726	RES ADD-REM-REP-ACC	\$220.00	SS	12/13/2019

**Conditions of Approval:**

- Address #s on home if none are present. Review list provided you at courtesy inspection and complete. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902725	FLOOD PERMIT	\$0.00	SS	12/13/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

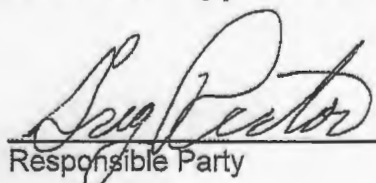
**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
Responsible Party 12/16/19  
Date



**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290


**Residential Project Approval**  
**Application # 201901016**
**Property Address:** 9303 SOUTH OLD OREGON INLET RD **PIN #:** 071918316156 **Parcel:** 027465000

**Lot/Block/Sec:** LOT: 15 BLK: 4 SEC: 1 **Subdivision:** HOLLYWOOD BEACH SEC 1

**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12

**Map Panel No:** 0719 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVd 1988

**Owner Name:** THREE BRADLEY FARMS LLC

**Owner Address:** P O BOX 6727

**Contractor Name:** PROPERTY OWNER **Contractor Phone:**
**Contractor Address:** See Above

**Description:** Insulate & underpin, sheetrock on ceilings, repair/replace old paneling, paint, new carpet/vinyl flooring  
 relo dishwasher

**Construction Value:** \$26000 **Classification of Work:** RESIDENTIAL REMODEL
**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902729	RES ADD-REM-REP-ACC	\$220.00	SS	12/13/2019

**Conditions of Approval:**

- Address #s on home if none are present. Smoke and Co2 detectors to code throughout home. Pull needed trade permits. Call for insulation inspection. call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902728	FLOOD PERMIT	\$0.00	SS	12/13/2019

**Conditions of Approval:****ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902727	ZONING PERMIT - RES	0.00	MK	12/13/2019

**Conditions of Approval:**

Permit is for changing a 5 bedroom into a 4 bedroom with a den.  
 No additional lot coverage proposed interior remodel.

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**(ZONING) RIGHT OF APPEAL**

Pursuant to Section 48-594(b)(1) of the Nags Head Zoning Ordinance, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959

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**Residential Project Approval**  
**Application # 201901026**
**Property Address:** 108 EAST SAND CASTLE CT **PIN #:** 080118402199 **Parcel:** 030611000

**Lot/Block/Sec:** LOT: 5 BLK: SEC: **Subdivision:** SEASIDE

**Zoning:** VILLAGE DET SF 3 **Land Use:** SINGLE FAMILY DWELLING, LARGE

**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12

**Map Panel No:** 0801 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** BRANSCOME, JAMES A

**Owner Address:** 1400 WASHINGTON AVE FREDERICKSBURG, VA 22401

**Contractor Name:** SETH JOHNSON CONSTRUCTION, LLC **Contractor Phone:** 252-216-8853

**Contractor Address:** PO Box 1433

**Description:** Add elevator, enclose sunroom 192' heated, kitchen remodel

**Construction Value:** \$180000 **Classification of Work:** RESIDENTIAL ADDITION
**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902733	RES ADD-REM-REP-ACC	\$665.00	SS	12/16/2019

**Conditions of Approval:**

- Address #s on home if none are present. Smokes and CO2 detectors to code throughout home. All subs shall pull permits prior to starting work. Permit is approved for: Add elevator, enclose sunroom 192' heated, kitchen remodel only. Call for a site visit before starting work. Call for all required inspections. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902732	FLOOD PERMIT	\$0.00	SS	12/16/2019

**Conditions of Approval:****ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902731	ZONING PERMIT - RES	0.00	MK	12/16/2019

**Conditions of Approval:**

- Must maintain setbacks
- Any land disturbance please install silt fencing prior to disturbance and stabilize once finished
- Any dune disturbance please stabilize once complete
- HVAC Stand shall meet a 5 ft side setback
- As-Built required
- Call for final zoning and final CAMA 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.  
**In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.**

TOWN OF NAGS HEAD  
PO Box 99 Nags Head, NC 27959  
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**Residential Project Approval**  
**Application # 201901034**

**Property Address:** 2815 SOUTH VA DARE TRL **PIN #:** 989206488970 **Parcel:** 005267000  
**Lot/Block/Sec:** LOT: 1 BLK: 4 SEC: 1 **Subdivision:** NAGS HEAD SHORES AMENDED SEC 1  
**Zoning:** COMMERCIAL/RESIDENTIAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING  
**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12  
**Map Panel No:** 9892 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** MCLENDON, ISABEL T  
**Owner Address:** 8117 BLUE HERON DR E APT 104 WILMINGTON, NC 28411

**Contractor Name:** JEFFREY MAGRUDER DBA GOING UP CONSTRUCTI **Contractor Phone:**  
252-202-9997  
**Contractor Address:** 117 Ridge Ln Kill Devil Hills, NC 27948

**Description:** Replacing siding & few windows

**Construction Value:** \$28600 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902779	RES ADD-REM-REP-ACC	\$220.00	SS	12/27/2019

**Conditions of Approval:**

- Address #s on home if none are present. Install new siding per Product Evaluation Report. Review window and door handout we have provided. Licensed electrician shall deal with wiring issues as it relates to siding install. Call for inspection of any rot repairs. Call for final inspection.

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902778	FLOOD PERMIT	\$0.00	SS	12/27/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

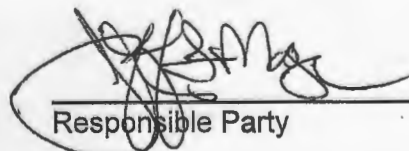
**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
Responsible Party

12-27-19  
Date



**Residential Project Approval**  
**Application # 201901032**

**Property Address:** 118 EAST MORNING VIEW PL **PIN #:** 989206395229 **Parcel:** 005752000

**Lot/Block/Sec:** LOT: 9 BLK: C SEC: **Subdivision:** VISTA COLONY

**Zoning:** HIGH DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

**Flood Zone:** X

**Owner Name:** BROWN, CHRISTIN H

**Owner Address:** P. O. BOX 113 NAGS HEAD, NC 27959

**Contractor Name:** PROPERTY OWNER **Contractor Phone:**

**Contractor Address:** See Above

**Description:** Replacing old deck and adding 70 sq ft to the W side of the existing deck

**Construction Value:** \$5500 **Classification of Work:** RESIDENTIAL REMODEL

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902781	RES ADD-REM-REP-ACC	\$160.00	SS	12/27/2019

**Conditions of Approval:**

- Address #s on home if none are present. Call for piling inspection. Call for final inspection. Please review stair handout we have provided

**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902780	ZONING PERMIT - RES	\$0.00	MK	12/27/2019

**Conditions of Approval:**

- New deck must maintain setbacks
- final zoning required 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**(ZONING) RIGHT OF APPEAL**

Pursuant to Section 48-594(b)(1) of the Nags Head Zoning Ordinance, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION:** Approved with Conditions (See above)

  
Responsible Party 1-15-20  
Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201901042**

**Property Address:** 4127 WEST VANSCIVER DR **PIN #:** 989108872864 **Parcel:** 030391000

**Lot/Block/Sec:** LOT: 10 BLK: SEC: 2 **Subdivision:** SOUTHRIDGE SEC 2

**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

**Flood Zone:** X

**Owner Name:** FOX, ALISA A - GAY, MARY K

**Owner Address:** 214 EARLE CT NEWPORT NEWS, VA 23608

**Contractor Name:** Albemarle Contracting Services (ACS) **Contractor Phone:** 252-599-2999

**Contractor Address:** PO Box 1771 Nags Head, NC 27959

**Description:** Add 8x14 enclosure (closet) over existing deck, remodel existing bathroom

**Construction Value:** \$29900 **Classification of Work:** RESIDENTIAL REMODEL

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902797	RES ADD-REM-REP-ACC	\$230.00	SS	12/30/2019

**Conditions of Approval:**

- Address #s on home if none are present. All subs shall pull permits prior to starting work. Call for all required inspections. Smokes and Co2 detectors to code throughout home. Engineering may be requested

**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902796	ZONING PERMIT - RES	\$0.00	MK	12/30/2019

**Conditions of Approval:**

- All work proposed within existing footprint, and interior remodel
- No additional lot coverage
- call for final zoning 252-449-6045

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**(ZONING) RIGHT OF APPEAL**

Pursuant to Section 48-594(b)(1) of the Nags Head Zoning Ordinance, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION:** Approved with Conditions (See above)

  
Responsible Party 12-30-19  
Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



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**Residential Project Approval**  
**Application # 201901035**

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**Property Address:** 4638 SOUTH BLUE MARLIN WAY **PIN #:** 989116944259 **Parcel:** 006376000

**Lot/Block/Sec:** LOT: 65 BLK: SEC: D **Subdivision:** OLD NAGS HEAD COVE SEC D

**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING

**Flood Zone:** AE **Base Flood Elevation:** 9.0 **Regulatory Flood Elevation:** 10

**Map Panel No:** 9891 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

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**Owner Name:** SIERS, MICHAEL T - SIERS, STACY

**Owner Address:** 4638 S BLUE MARLIN WAY NAGS HEAD, NC 27959

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**Contractor Name:** Albemarle Contracting Services (ACS) **Contractor Phone:** 252-599-2999

**Contractor Address:** PO Box 1771 Nags Head, NC 27959

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**Description:** Add 10x30 deck, enclose 12x12 area over existing deck(heated add 12x17 roof over existing deck

**Construction Value:** \$29900 **Classification of Work:** RESIDENTIAL ADDITION

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**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902812	RES ADD-REM-REP-ACC	\$230.00	SS	12/31/2019

**Conditions of Approval:**

- Address #s on home if none are present. Building plans may require engineer approval. Call for material check. All subs shall pull permits prior to starting work. Call for all required inspections. Call for final inspections.

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**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902811	FLOOD PERMIT	\$0.00	SS	12/31/2019

**Conditions of Approval:**

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**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902810	ZONING PERMIT - RES	0.00	KW	12/31/2019

**Conditions of Approval:**

- Zoning is approved to add a 10 x 30 deck to west side of house, add a roof over the existing deck area and enclose 12 x 12 area into heated living area (over deck area).
- All work must comply with CAMA Minor Permit 19-67.
- Site work must be consistent with zoning approved site plan.
- Any deviation from approved plans please contact Planning and Development for review.
- As-Built Survey Required prior to Final Zoning Inspection.
- Final Zoning Inspection required prior to issuance of Certificate of Occupancy.

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

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**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.  
**In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.**



**Residential Project Approval  
Application # 201901047**

**Property Address:** 8403 SOUTH OLD OREGON INLET RD **PIN #:** 070908996215 **Parcel:** 007017001

**Lot/Block/Sec:** LOT: 77 BLK: 5 SEC: **Subdivision:** BODIE ISLAND BEACH

**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE

**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 12

**Map Panel No:** 0709 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** SCOGGIN, JOHN R - SCOGGIN, JAMIE M

**Owner Address:** 25799 MAYVILLE CT SOUTH RIDING, VA 20152

**Contractor Name:** Godfrey Construction LLC **Contractor Phone:** 252-202-1469

**Contractor Address:** PO Box 694 Trl Kill Devil Hills, NC 27948

**Description:** Replacement of siding & exterior lights

**Construction Value:** \$35530 **Classification of Work:** RESIDENTIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902815	RES ADD-REM-REP-ACC	\$250.00	SS	12/31/2019

**Conditions of Approval:**

- This was a SWO. Address #s on home if none are present. Pull electrical permit. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902814	FLOOD PERMIT	\$0.00	SS	12/31/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

  
\_\_\_\_\_  
Responsible Party

1-2-2020  
\_\_\_\_\_  
Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



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**Residential Project Approval**  
**Application # 201901075**

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**Property Address:** 5336 WEST CAPTAINS WAY      **PIN #:** 080117117056      **Parcel:** 024961395  
**Lot/Block/Sec:** LOT: 16R BLK: SEC:      **Subdivision:** CAPTAIN'S WATCH  
**Zoning:** VILLAGE ATTACHED SF 4      **Land Use:** SINGLE FAMILY DWELLING      **Flood Zone:** X

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**Owner Name:** OBX ASSOCIATES, LC  
**Owner Address:** P O BOX 6347      NORFOLK, VA 23508

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**Contractor Name:** Gallop Roofing & Remodeling, Inc.      **Contractor Phone:** 252-473-2888  
**Contractor Address:** PO Box 157      WANCHESE, NC 27981

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**Description:** Remove & replace cedar shake roofing  
**Construction Value:** \$35758      **Classification of Work:** RESIDENTIAL REPAIR

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**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902816	RES ADD-REM-REP-ACC	\$250.00	SS	12/31/2019

**Conditions of Approval:**

- Address #s on home if none are present. Call for material check. Call for final inspection

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**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

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**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**DECISION: Approved with Conditions (See above)**

Brian Dault      1/3/2020  
Responsible Party      Date



**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Residential Project Approval**  
**Application # 201901091**

**Property Address:** 3109 SOUTH MEMORIAL AVE **PIN #:** 989211571276 **Parcel:** 005325001  
**Lot/Block/Sec:** LOT: 17 BLK: 8 SEC: 1 **Subdivision:** NAGS HEAD SHORES AMENDED SEC 1  
**Zoning:** GENERAL COMMERCIAL DISTRICT **Land Use:** SINGLE FAMILY DWELLING, LARGE  
**Flood Zone:** AE **Base Flood Elevation:** 10.0 **Regulatory Flood Elevation:** 11  
**Map Panel No:** 9892 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** THORNSVARD, HARRY C JR - THORNSVARD, CYN  
**Owner Address:** 3109 S MEMORIAL AVE NAGS HEAD, NC 27959

**Contractor Name:** Albemarle Contracting Services (ACS) **Contractor Phone:** 252-599-2999  
**Contractor Address:** PO Box 1771 Nags Head, NC 27959

**Description:** Remodel kitchen

**Construction Value:** \$25000 **Classification of Work:** RESIDENTIAL REMODEL

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
RE201902818	RES ADD-REM-REP-ACC	\$220.00	SS	12/31/2019

**Conditions of Approval:**

- Address #s on home if none are present. All subs shall pull permits prior to starting work. All codes shall apply to kitchen remodel. Call for all required inspections

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902817	FLOOD PERMIT	\$0.00	SS	12/31/2019

**Conditions of Approval:**

**Additional Conditions:**

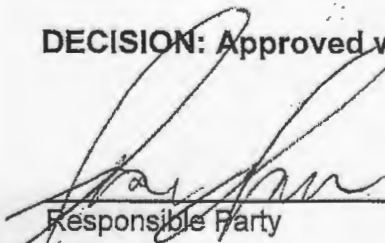
CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.  
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION:** Approved with Conditions (See above)

  
Responsible Party

1-2-20  
Date

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Commercial Project Approval  
Application # 201900996**

**Property Address:** 2907 SOUTH CROATAN HWY **PIN #:** 989206377918 **Parcel:** 005705000

**Lot/Block/Sec:** LOT: BLK: SEC: **Subdivision:** SUBDIVISION - NONE

**Zoning:** GENERAL COMMERCIAL DISTRICT **Land Use:** RETAIL **Flood Zone:** X

**Owner Name:** G HOLDINGS, LLC

**Owner Address:** P O BOX 120 KITTY HAWK, NC 27949

**Contractor Name:** DOUG M CHESSON

**Contractor Phone:** 252-809-2476

**Contractor Address:** 204 Woodlawn Drive

**Description:** Replace membrane roof

**Construction Value:** \$38700

**Classification of Work:** COMMERCIAL REPAIR

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA201902724	COMM ADD-REM-REP-ACC	\$250.00	SS	12/13/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.  
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**DECISION:** Approved with Conditions (See above)

Doug M. Chesson 12/17/2019  
Responsible Party Date

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



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**Commercial Project Approval**  
**Application # 201901049**

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**Property Address:** 8806 SOUTH OLD OREGON INLET RD **PIN #:** 071913142876 **Parcel:** 007972000

**Lot/Block/Sec:** LOT: PARCEL A BLK: SEC: **Subdivision:** SUBDIVISION - NONE

**Zoning:** MEDIUM DENSITY RES DISTRICT **Land Use:** FIRE STATION

**Flood Zone:** AE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:**

**Map Panel No:** **Map Panel Date:** **Suffix:** Datum Used:

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**Owner Name:** TOWN OF NAGS HEAD

**Owner Address:** P O BOX 99 NAGS HEAD, NC 27959

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**Contractor Name:** PROPERTY OWNER **Contractor Phone:**

**Contractor Address:** See Above 000, 00 00000

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**Description:** Replace drywall in ceiling of bunkroom

**Construction Value:** \$5000 **Classification of Work:** COMMERCIAL REPAIR

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**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA201902769	COMM ADD-REM-REP-ACC	\$0.00	SS	12/20/2019

**Conditions of Approval:**

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**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902768	FLOOD PERMIT	\$0.00	SS	12/20/2019

**Conditions of Approval:**

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**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

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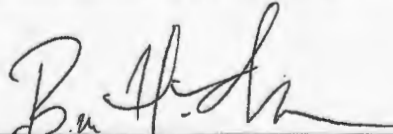
**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

**In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.**

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

 12-20-19  
Responsible Party Date

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 4414290

**Commercial Project Approval  
Application # 201900998****Property Address:** 7517 SOUTH VA DARE TRL **PIN #:** 080018408563 **Parcel:** 007101002**Lot/Block/Sec:** LOT: A BLK: SEC: **Subdivision:** SUBDIVISION - NONE**Zoning:** GENERAL COMMERCIAL DISTRICT **Land Use:** RETAIL**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 11**Map Panel No:** 0800 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988**Owner Name:** YOU CAN FLY, LLC**Owner Address:** PO BOX 1839 NAGS HEAD, NC 27959**Contractor Name:** H & W SERVICES GROUP, LLC **Contractor Phone:** 252-423-0744**Contractor Address:** 1053 MARTINS POINT RD KITTY HAWK, NC 27949**Description:** Demo existing structure and all improvements to prepare for new construction**Construction Value:** \$20000 **Classification of Work:** COMMERCIAL DEMO**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
DC201902767	DEMO COMM WITHIN AEC	\$900.00	SS	12/20/2019

**Conditions of Approval:****BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
DC201902766	DEMO COMM OUTSIDE AEC	\$418.00	SS	12/20/2019

**Conditions of Approval:**

- Review demo comments to avoid fines

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902765	FLOOD PERMIT	\$0.00	SS	12/20/2019

**Conditions of Approval:****ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902764	ZONING PERMIT - COMM DEMO	\$0.00	KW	12/20/2019

**Conditions of Approval:**

- Zoning Permit is for the demolition of existing site improvements to in advance of new construction.
- All work must be consistent with the Nags Head Board of Commissioners November 6th, 2019 Conditional Use Approval, plans dated August 28, 2019.
- All work must be in compliance with CAMA Major Permit 52-17.
- Land disturbance proposed does not exceed 1-acre, if limits of disturbance increase please seek review and approval prior to commencing work.
- All work must be consistent with approved E&S Plan.
- Erosion and Sediment Control Fencing must be installed along the perimeter of land disturbance and must be maintained in proper working order throughout the project and shall not be removed until adequate site stabilization has occurred.
- Permanent ground cover must be present on all disturbed areas prior to issuance of Certificate of Compliance. If new construction is to commence immediately after demo, permanent stable ground cover will not be required.
- No importation of fill material has been approved with this permit.
- Final Zoning inspection required prior to issuance of Certificate of Compliance.

**TOWN OF NAGS HEAD**  
PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



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**Commercial Project Approval**  
**Application # 201901073**

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**Property Address:** 7023 SOUTH VA DARE TRL      **PIN #:** 08001564893501      **Parcel:** 009215000  
**Lot/Block/Sec:** LOT: BLDG ONLY BLK: 5 SEC:      **Subdivision:** OCEAN VILLAS II  
**Zoning:** COMMERCIAL/RESIDENTIAL DISTRICT      **Land Use:** MULTI-FAMILY DWELLING  
**Flood Zone:** VE      **Base Flood Elevation:** 11.0      **Regulatory Flood Elevation:** 12  
**Map Panel No:** 0800      **Map Panel Date:** 09/20/2006      **Suffix:** J      **Datum Used:** NAVD 1988

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**Owner Name:** OCEAN VILLAS II HOMEOWNERS ASSOCIATION -  
**Owner Address:** 7023 VA DARE TRL      NAGS HEAD, NC 27959

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**Contractor Name:** REESE C. EVANS      **Contractor Phone:** 252-202-7773  
**Contractor Address:** 253 N Spot Rd      Powells Point, NC 27966

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**Description:** Remove & replace 6 windows & replace some railings

**Construction Value:** \$3000      **Classification of Work:** COMMERCIAL REPAIR

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**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA201902795	COMM ADD-REM-REP-ACC	\$130.00	SS	12/30/2019

**Conditions of Approval:**

- Contact me about rail construction. Call for air sealing of windows. Call for final inspection

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**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902794	FLOOD PERMIT	\$0.00	SS	12/30/2019

**Conditions of Approval:**

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**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

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**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

**In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.**

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

**DECISION: Approved with Conditions (See above)**

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Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290


**Commercial Project Approval  
Application # 201901033**
**Property Address:** 7740 SOUTH VA DARE TRL **PIN #:** 070905182612 **Parcel:** 007884000

**Lot/Block/Sec:** LOT: 7-8 BLK: SEC: **Subdivision:** PAUL L GRAY AT POND ISLAND

**Zoning:** GENERAL COMMERCIAL DISTRICT **Land Use:** HOTEL

**Flood Zone:** AE **Base Flood Elevation:** 10.0 **Regulatory Flood Elevation:** 11

**Map Panel No:** 0709 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** EAGLE EYE LODGING LLC

**Owner Address:** PO BOX 12967 NEWPORT NEWS, VA 23612

**Contractor Name:** JERNIGAN ENTERPRISES CONSTRUCTION & DEVE **Contractor Phone:**  
252-441-9337

**Contractor Address:** PO Box 95

**Description:** Fin N Feather Remove/replace decking 1 set of stairs 4-4x4 posts & rails on landing, replace 2 2x6 deck joist

**Construction Value:** \$7800 **Classification of Work:** COMMERCIAL REPAIR
**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA201902804	COMM ADD-REM-REP-ACC	\$160.00	SS	12/30/2019

**Conditions of Approval:**

- Address #s to TONH code if not currently. All new work shall comply with todays codes. Call for final inspection

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902803	FLOOD PERMIT	\$0.00	SS	12/30/2019

**Conditions of Approval:****ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902802	ZONING PERMIT - COMM	0.00	KW	12/30/2019

**Conditions of Approval:**

Permit is to replace decking, staircase and rails only - all work shall be within the existing footprint.

No increase in footprint or lot coverage permitted.

Must comply with all provisions of CAMA Exemption 19-87.

Final Zoning Inspection required prior to issuance of Certificate of Compliance.

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**(ZONING) RIGHT OF APPEAL**



**Commercial Project Approval  
Application # 201900537**

**Property Address:** 7531 SOUTH VA DARE TRL **PIN #:** 08001840741200 **Parcel:** 007101999  
**Lot/Block/Sec:** LOT: COMMON AREA BLK: SEC: **Subdivision:** CARIBBEAN CORNERS CENTER CONDO  
**Zoning:** GENERAL COMMERCIAL DISTRICT **Land Use:** SHOPPING CENTER  
**Flood Zone:** VE **Base Flood Elevation:** 11.0 **Regulatory Flood Elevation:** 11  
**Map Panel No:** 0800 **Map Panel Date:** 09/20/2006 **Suffix:** J **Datum Used:** NAVD 1988

**Owner Name:** CARIBBEAN CORNERS CENTER UNIT OWNERS - C  
**Owner Address:** ATTN: JIM NANCE WASHINGTON, NC 27889

**Contractor Name:** PROPERTY OWNER **Contractor Phone:**  
**Contractor Address:** See Above

**Description:** Add 2 small storage sheds 6x8 - 48 sq ft each to be built on the deck, no electrical or plumbing  
**Construction Value:** \$3000 **Classification of Work:** COMMERCIAL ACC STRUCTURE

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA201902809	COMM ADD-REM-REP-ACC	\$105.00	SS	12/31/2019

**Conditions of Approval:**

- Address #s on unit if not currently present. ADA bath shall meet all requirements. Engineering may be requested where walls are being removed and openings are being made. All subcontractors shall pull permits before starting work. Call for all required inspections. Call for final fire and building inspections

**FLOOD INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
FL201902808	FLOOD PERMIT	\$0.00	SS	12/31/2019

**Conditions of Approval:**

**ZONING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
ZN201902807	ZONING PERMIT - COMM	0.00	KW	12/31/2019

**Conditions of Approval:**

Zoning permit approved for construction of two 6 x 8 storage sheds on existing decking within Gone Coastal Shopping Center as shown on the approved site plan.  
Accessory structures shall remain unheated and used for storage purposes only; any deviation requires additional review and approval.  
The existing decking constitutes lot coverage, therefore no additional lot coverage is being proposed.  
Per Yvonne Carver, DCM Representative, accessory structures less than 100 square feet in area are not considered "development" for CAMA permitting purposes. If the area of the shed increases, please inform Planning & Development Department to ensure compliance.  
Final Zoning Inspection will be required prior to issuance of Certificate of Occupancy.  
Existing parking remains adequate, no signage proposed or approved.

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant. In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after

**TOWN OF NAGS HEAD**

PO Box 99 Nags Head, NC 27959  
Phone (252) 441-7016 Fax (252) 441-4290



**Commercial Project Approval  
Application # 201901093**

**Property Address:** 500 WEST VILLA DUNES DR **PIN #:** 989218326375G6 **Parcel:** 011355000

**Lot/Block/Sec:** LOT: BLDG G UNIT 6 BLK: SEC: **Subdivision:** VILLAS CONDO,THE

**Zoning:** SPECIAL PLANNED DEV DISTRICT **Land Use:** MULTI-FAMILY DWELLING **Flood Zone:** X

**Owner Name:** HORTON, GREGORY A - HORTON, JULIA C

**Owner Address:** 3438 SCOTTSVILLE RD CHARLOTTESVILLE, VA 22902

**Contractor Name:** PROPERTY OWNER

**Contractor Phone:**

**Contractor Address:** See Above

**Description:** Villa Dunes Unit G-6 Partial bathrm renovation, replace vanity, sinktop, flooring shower, move shower & toilet pipe

**Construction Value:** \$5000

**Classification of Work:** COMMERCIAL REMODEL

**BUILDING INFORMATION**

Permit #	Permit Description	Total Fees Paid/Due	Approved By:	Approved Date:
CA201902813	COMM ADD-REM-REP-ACC	\$130.00	SS	12/31/2019

**Conditions of Approval:**

**Additional Conditions:**

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION,REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

**PLEASE NOTE:**

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.  
In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

**DECISION: Approved with Conditions (See above)**

Gregory A Horton 6 JAN 2020  
Responsible Party Date





County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1395**

**12/19/2019**

Parcel Number: 018762027  
 Location: 204 TOWER LN – COLINGTON  
 Subdivision: CARLYLE-ON-THE-SOUND  
 Legal Description: LOT: 27 BLK: SEC:

Owner Name: JEFFREY E COLEMAN  
 Owner Mail Address: 164 COLINGWOOD LN KILL DEVIL HILLS, NC 27948  
 Owner Phone and email:

Contractor Name: SAGA CONSTRUCTION INC  
 Contractor Mail Address: STE 301, 1314 S CROATAN HWY KILL DEVIL HILLS, NC 27948  
 Contractor Phone: Contractor NC License#: 62306

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW	Cost of Construction:	\$200,000
Proposed Construction Type:	SFD	CAMA Permit#:	2019-23
Finished Square Footage:	2043	Septic Permit#:	29130
Unfinished Square Footage:	676	Septic Permit Date:	10/30/2019
Stories:	0.0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	
Total Rooms:	5	Water Type:	
Footing Type:	PILING	Flood Zone:	AE
Exterior Finish:	VINYL SIDING	Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	16
Bedrooms:	3	Baths/half baths:	2.00/0

Comments: Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$1,802.65
NEW CONSTRUCTION	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00

**TOTAL FEES: \$1,912.65**

Applicant Signature: Gregory Mureck SAGA CONSTRUCTION INC  
 Inspector Signature: KEVIN CLARK AYT



**County of Dare  
Planning Department  
PO Box Drawer 1000  
Manteo NC 27954**

**Manteo  
(252)475-5870  
Northern Beach  
(252)475-5871  
Buxton  
(252)475-5878**

**RESIDENTIAL BUILDING PERMIT DATA**

**BUILDING PERMIT#: 1408**

**Permit Date: 2019-12-23**

Parcel Number: **018782042**  
PIN Number: 987307688169  
Location: 177 SUNRISE CROSSING DR COLINGTON NC  
Subdivision Name: SUNRISE CROSSING  
Legal Description: LOT: 33 BLK: SEC:

Owner: LANE INVESTMENT PROPERTIES NC LLC  
Owner Address: PO BOX 329 KILL DEVIL HILLS NC 27948  
Owner Phone: N/A

**CONTRACTOR**

Builder Name: EAST COAST CONSTRUCTION GROUP  
Builder Address: PO BOX 329 KILL DEVIL HILLS NC 27948  
Builder Phone: 252-441-0811  
NC License #: 34495 License Type:

**BUILDING INFORMATION**

Proposed Construction Type: SFDN - SINGLE FAMILY DWELLING NEW  
Proposed Construction Use:  
Cost of Construction: \$390,000  
Heated Living Space: 1917  
Non Living Space: 427  
Foundation/Footing Type:  
Exterior Walls:  
Base Fld Elev .0  
CAMA Permit NA  
Septic Permit 29268  
Septic Permit Date 12/13/2019  
Survey/Site Plan YES  
Height (ft) 31'6"  
Proposed floor elevation (ft) 16  
Parking (zoning) 2 impervious 2 pervious

Number of Stories:	.0
Number of habitable rooms:	0
Number of Bedrooms:	0
Number of Full Bathrooms:	.00
Number of Half Bathrooms:	0
Flood Zone:	X

HOME OWNERS RECOVERY FEE	10.00
HEATED/FINISHED SQFT RES	1437.75
RESIDENTIAL ZONE APPROVAL FEE	100.00
UNHEATED/UNFINISHED SQFT RES	170.80
<b>TOTAL FEES:</b>	<b>\$1718.55</b>

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Buxton Office 252.475.5878



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1313**

**12/05/2019**

Parcel Number: 018762032  
 Location: 148 SHINGLE LANDING LN – COLINGTON  
 Subdivision: CARLYLE-ON-THE-SOUND  
 Legal Description: LOT: 32 BLK: SEC:

Owner Name: MICHAEL D HOLCOMB  
 Owner Mail Address: 871 LAKE CAROLYN PKWY NO 116 IRVING, TX 75039  
 Owner Phone and email:

Contractor Name: STAN WHITE REALTY AND CONSTRUCTION INC  
 Contractor Mail Address: PO BOX 1447, NAGS HEAD, NC 27959  
 Contractor Phone: 252-441-1515 Contractor NC License#: 18946

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW		
Proposed Construction Type:	SFD	Cost of Construction:	\$750,000
Finished Square Footage:	2879	CAMA Permit#:	75655/2019-25
Unfinished Square Footage:	1994	Septic Permit#:	29144
Stories:	0.0	Septic Permit Date:	10/31/2019
Building Height:	0	Survey/Site Plan:	YES
Total Rooms:	6	Water Tap#:	52967
Footing Type:	PILING	Water Type:	Central Water
Exterior Finish:	LAP SIDING	Flood Zone:	X
Proposed Finished Floor Elevation:	15	Base Flood Elevation:	0.0
Bedrooms:	4	Lot/Ground Elevation:	15.2
		Baths/half baths:	3.00/2

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval. 90+ OR- RETAINING WALL + 8' RETURN ON EXISTING BULKHEAD	PERMIT FEE	\$2,956.85
	SWIMMING POOLS;HOT TUBS	300.00
	FLOOD DEVELOPMENT BLDG PERMIT	
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00
	<b>TOTAL FEES:</b>	<b>\$3,366.85</b>

Applicant Signature:  STAN WHITE REALTY AND CONSTRUCTION INC  
 Inspector Signature: KEVIN CLARK AYT



County of Dare  
Planning Office  
PO Box Drawer 1000  
Manteo NC 27954

Manteo: (252) 475-5080  
KDH: (252) 475-5871  
Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: ACC-1399

12/19/2019

Parcel Number: 027757503  
Location: 113 MILL POINT - MARTIN'S POINT  
Subdivision: MARTIN'S POINT SECTION 5 REV  
Legal Description: LOT: 3 BLK: 1 SEC: 5

Owner Name: OBX-MILL POINT LLC  
Owner Mail Address: 113 MILL POINT RD KITTY HAWK, NC 27949  
Owner Phone and email:

Contractor Name: SUBURBAN ELECTRIC SERVICES INC  
Contractor Mail Address: 1078 N HWY 64/264, MANTEO, NC 27954  
Contractor Phone: 252-475-1372 Contractor NC License#: U-30633

BUILDING INFORMATION

Proposed Construction Use:	MISC ACCESSORY	Cost of Construction:	\$16,000
Proposed Construction Type:	SFD	CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0.0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

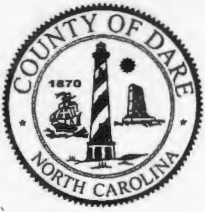
Comments: Any deviation from the building plan or site plan requires prior approval.  
GENERATOR INSTALLATION AND BUILD PLATFORM  
PERMIT FEE \$150.00

**TOTAL FEES: \$150.00**

Applicant Signature: [Signature] SUBURBAN ELECTRIC SERVICES INC

Inspector Signature: KEVIN CLARK AYT

Application Reference # 1166 on 12/13/2019



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
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 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REMD-1406**

**12/23/2019**

Parcel Number: 029307034  
 Location: 7056 CURRITUCK RD – MARTIN'S POINT  
 Subdivision: MARTIN'S POINT SECTION 2  
 Legal Description: LOT: 34 BLK: 1 SEC: 2

Owner Name: JAMES T EARLY  
 Owner Mail Address: 7056 CURRITUCK RD KITTY HAWK, NC 27949  
 Owner Phone and email:

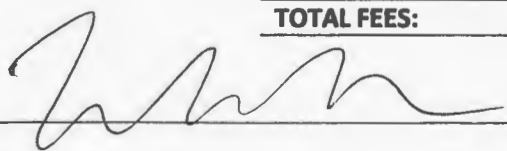
Contractor Name: KJ CONSTRUCTION AND REMODELING CO  
 Contractor Mail Address: PO BOX 242, KITTY HAWK, NC 27949  
 Contractor Phone: 252-207-6589 Contractor NC License#:

**BUILDING INFORMATION**

Proposed Construction Use:	REMODEL RES OR COM	Cost of Construction:	\$6,000
Proposed Construction Type:	SFD	CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	29282
Unfinished Square Footage:	0	Septic Permit Date:	12/19/19
Stories:	0.0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$150.00

**TOTAL FEES: \$150.00**

Applicant Signature:  KJ CONSTRUCTION AND REMODELING CO  
 Inspector Signature: KEVIN CLARK AYT



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Manteo: (252) 475-5870  
Northern Beach: (252) 475-5871  
Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1400**

**12/20/2019**

Parcel Number: 020261000  
Location: 111 MYBET CT – COLINGTON  
Subdivision: COLINGTON HARBOR SEC Q  
Legal Description: LOT: 108 BLK: SEC: Q

Owner Name: KRISTEN H BECKNER  
Owner Mail Address: 111 MYBET CT - KILL DEVIL HILLS, NC 27948  
Owner Contact Information:

Contractor Name: COMFORT FIRST HEATING AND COOLING INC  
Contractor Mail Address: 7001 LARK LANE - SANFORD, NC 27332  
Contractor Phone: 919-818-2899  
Contractor NC License#: L18855

**DETAILS** RESIDENTIAL

Cost of Job: \$2,416

Electrical Contractor ID:

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: CHANGE OUT**

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Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature: \_\_\_\_\_

COMFORT FIRST HEATING AND COOLING INC

Inspector Signature: KEVIN CLARK

AYT



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**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: ACC-1419**

**12/31/2019**

Parcel Number: 019342000  
 Location: 108 HARBOUR RD – COLINGTON  
 Subdivision: COLINGTON HARBOR SEC F  
 Legal Description: LOT: 139 BLK: SEC: F

Owner Name: NEMESIO SALAZAR  
 Owner Mail Address: PO BOX 2183 KILL DEVIL HILLS, NC 27948  
 Owner Phone and email: salararnemo@gmail.com

Contractor Name: OWNER  
 Contractor Mail Address: SAME AS ABOVE  
 Contractor Phone: 252-489-3437

**BUILDING INFORMATION**

Proposed Construction Use:	MISC ACCESSORY	Cost of Construction:	\$5,000
Proposed Construction Type:	SFD	CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	12/10/2019
Stories:	0.0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	29258
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$150.00

**TOTAL FEES: \$150.00**

Applicant Signature:  NEMESIO SALAZAR

Inspector Signature: KEVIN CLARK AYT



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 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: ACC-1385**

**12/17/2019**

Parcel Number: 019816001  
 Location: 130 BROADBAY DR – COLINGTON  
 Subdivision: COLINGTON HARBOR SEC E  
 Legal Description: LOT: 114 BLK: SEC: E

Owner Name: JOHN C POLK  
 Owner Mail Address: 130 BROADBAY DR KILL DEVIL HILLS, NC 27948  
 Owner Phone and email:

Contractor Name: SMITH AND KEENE  
 Contractor Mail Address: PO BOX 1777, CHESAPEAKE, V 23327  
 Contractor Phone: 757420-1231 Contractor NC License#: 27010055782 A

**BUILDING INFORMATION**

Proposed Construction Use:	MISC ACCESSORY , WHOLE HOUSE GENERATOR	Cost of Construction:	\$500
Proposed Construction Type:		CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. **PERMIT FEE \$150.00**

INSTALL 200 AMP TRANSFER SWITCH FOR WHOLE HOUSE GENERATOR PUT UP ON 57' FLOOD PLATFORM. WILL BE CONNECTING TO EXISTING GAS LINE

**TOTAL FEES: \$150.00**

Applicant Signature: *Amy Smith* SMITH AND KEENE  
 Inspector Signature: *Kevin Clark* AYT





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**ELECTRICAL PERMIT**

**ELECTRICAL PERMIT#: ELEC-1374**

**12/17/2019**

Parcel Number: 020411000  
Location: 487 HARBOUR VIEW DR – COLINGTON  
Subdivision: COLINGTON HARBOR SEC S  
Legal Description: LOT: 9 BLK: SEC: S

Owner Name: ELEANOR STACIE BELVIN  
Owner Mail Address: P O BOX 427 - NAGS HEAD, NC 27959  
Owner Contact Information:

Contractor Name: ANGEL ADVANCED TECHNOLOGIES LLC  
Contractor Mail Address: PO BOX 254 - POINT HARBOR, NC 27964  
Contractor Phone: 2522077519  
Contractor NC License#: I-30701

**DETAILS** RESIDENTIAL

Cost of Job: \$1,500

Amp Increase:  
Service Amps: **ELECTRICAL PERMIT FEE: \$150.00**

**Comments:** RUN A 220V DEDICATED CIRCUIT FOR A HVAC UNIT (INTERIOR) RUN A DEDICATED CIRCUIT FOR A DRYER

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Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature:  ANGEL ADVANCED TECHNOLOGIES LLC

Inspector Signature: KEVIN CLARK AYT



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 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1369**

**12/16/2019**

Parcel Number: 020411000  
 Location: 487 HARBOUR VIEW DR – COLINGTON  
 Subdivision: COLINGTON HARBOR SEC S  
 Legal Description: LOT: 9 BLK: SEC: S

Owner Name: ELEANOR STACIE BELVIN  
 Owner Mail Address: P O BOX 427 - NAGS HEAD, NC 27959  
 Owner Contact Information:

Contractor Name: OBHC INC DBA ONE HOUR HEATING & AIR COND  
 Contractor Mail Address: PO BOX 2600 - KILL DEVIL HILLS, NC 27948  
 Contractor Phone: 252-441-1740  
 Contractor NC License#: L12643

**DETAILS** RESIDENTIAL

UNITS: 1.00 Cost of Job: \$8,122  
 Electrical Contractor ID: 1597-00U

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** REPLACE HVAC WITH 14 SEER 2 TON DAIKIN AIR HANDLER & HEAT PUMP

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: Don A. McLaughlin

OBHC INC DBA ONE HOUR HEATING & AIR  
 COND

Inspector Signature: KEVIN CLARK

AYT



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Manteo: (252) 475-5870  
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**MISC ACCESSORY**

**MISC ACCESSORY#: ACC-1416**

**12/30/2019**

Parcel Number: 027757080  
Location: 1024 CREEK RD – MARTIN'S POINT  
Subdivision: MARTIN'S POINT SECTION 4  
Legal Description: LOT: 6 BLK: 2 SEC: 4

Owner Name: THOMAS P AMORUSO  
Owner Mail Address: 1024 CREEK RD - KITTY HAWK, NC 27949  
Owner Contact Information:

Contractor Name: JES CONSTRUCTION LLC  
Contractor Mail Address: 1741 CORPORATE LANDING PKWY STE 101 - VIRGINIA BEACH, VA 23454  
Contractor Phone: 757-558-9909  
Contractor NC License#: 69678

**DETAILS** RESIDENTIAL

Cost of Job: \$18,000

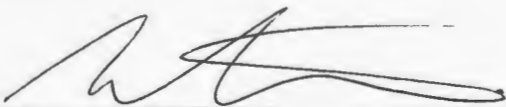
CAMA Permit  
Lot/Ground elevation (ft)

**MISC ACCESSORY FEE: \$150.00**

**Comments:**

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Applicant Signature:  JES CONSTRUCTION LLC

Inspector Signature: KEVIN CLARK AYT



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**DOCKS;PIERS;BULKHEADS;DUNEWLK**

**DOCKS;PIERS;BULKHEADS;DUNEWLK#: ACC-1415**

**12/30/2019**

Parcel Number: 029301009  
 Location: 6069 MARTINS POINT RD – MARTIN'S POINT  
 Subdivision: MARTIN'S PT BLK 1 SEC 2  
 Legal Description: LOT: 9 BLK: 1 SEC: 2

Owner Name: WILLIAM PATRICK WIESE  
 Owner Mail Address: 2004 YORKTOWN ST - KILL DEVIL HILLS, NC 27948  
 Owner Contact Information:

Contractor Name: NORTHEASTERN MARINE INC  
 Contractor Mail Address: PO BOX 42 - KITTY HAWK, NC 27949  
 Contractor Phone: 2522613682  
 Contractor NC License#: 30026

**DETAILS** RESIDENTIAL

CAMA Permit	75695	Cost of Job:	\$26,000
Lot/Ground elevation (ft)		<b>DOCKS;PIERS;BULKHEADS; DUNEWLK FEE:</b>	<b>\$250.00</b>

**Comments:** PIER 5 X 75 W/ 10 X 16 PLATFORM - 4 DROP DOWN BOATLIFT

ELECTRICAL SIGN OFF IS NEED

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature: Julie E. Emory NORTHEASTERN MARINE INC

Inspector Signature: KEVIN CLARK AYT



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**SWIMMING POOLS;HOT TUBS**

**SWIMMING POOLS;HOT TUBS#: ACC-1393**

**12/19/2019**

Parcel Number: 018762027  
Location: 204 TOWER LN – COLINGTON  
Subdivision: CARLYLE-ON-THE-SOUND  
Legal Description: LOT: 27 BLK: SEC:

Owner Name: JEFFREY E COLEMAN  
Owner Mail Address: 164 COLINGWOOD LN - KILL DEVIL HILLS, NC 27948  
Owner Contact Information:

Contractor Name: JEFFREY COLEMAN  
Contractor Mail Address: 164 COLINGWOOD LANE - KILL DEVIL HILLS, NC 27954  
Contractor Phone: 845-702-8773  
Contractor NC License#: NA

**DETAILS** RESIDENTIAL

CAMA Permit	2019-23	Cost of Job:	\$27,000
Lot/Ground elevation (ft)		<b>SWIMMING POOLS;HOT TUBS FEE:</b>	<b>\$300.00</b>

**Comments:** INSTALL SUBPANEL FOR POOL ELECTRICAL

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature: *Jeffrey E. Coleman* JEFFREY E COLEMAN

Inspector Signature: KEVIN CLARK AYT

Application Reference # 1167 on 12/13/2019



County of Dare  
Planning Office  
PO Box Drawer 1000  
Manteo NC 27954

Manteo: (252) 475-5080  
KDH: (252) 475-5871  
Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REMD-1405**

**12/23/2019**

Parcel Number: 019662000  
Location: 223 SUNSET DR – COLINGTON  
Subdivision: COLINGTON HARBOR SEC L  
Legal Description: LOT: 41 BLK: SEC: L

Owner Name: CHARLES E WYMAN  
Owner Mail Address: 223 SUNSET AVE KILL DEVIL HILLS, NC 27948  
Owner Phone and email:


Contractor Name: SWIMME AND SON  
Contractor Mail Address: 184 LOVERS LANE, ELIZABETH CITY, NC 27909  
Contractor Phone: 252-338-2443 Contractor NC License#: 43338

**BUILDING INFORMATION**

Proposed Construction Use:	REMODEL RES OR COM	Cost of Construction:	\$30,771
Proposed Construction Type:		CAMA Permit#:	2019-26
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$310.00

**TOTAL FEES: \$310.00**

Applicant Signature:  SWIMME AND SON  
Inspector Signature: KEVIN CLARK AYT



County of Dare  
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Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
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**DOCKS;PIERS;BULKHEADS;DUNEWLK**

**DOCKS;PIERS;BULKHEADS;DUNEWLK#: ACC-1387**

**12/17/2019**

Parcel Number: 019658000  
 Location: 231 SUNSET DR – COLINGTON  
 Subdivision: COLINGTON HARBOR SEC L  
 Legal Description: LOT: 37 BLK: SEC: L

Owner Name: MARTHA H TTEE JOYNER  
 Owner Mail Address: 5753 BURBANK CT - NORFOLK, VA 23502  
 Owner Contact Information:

Contractor Name: MILLSTONE MARINE CONSTRUCTION INC  
 Contractor Mail Address: 7000 MARITIME WOODS DR - MANTEO, NC 27954  
 Contractor Phone: 2523058842  
 Contractor NC License#: 78077

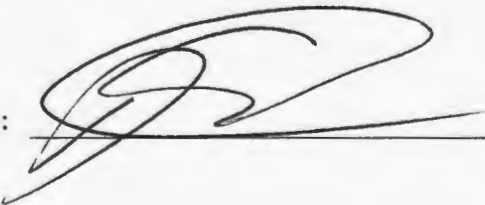
**DETAILS RESIDENTIAL**

CAMA Permit	75686	Cost of Job:	\$9,735
Lot/Ground elevation (ft)		<b>DOCKS;PIERS;BULKHEADS; DUNEWLK FEE:</b>	<b>\$250.00</b>

**Comments: CONSTRUCT A NEW BOAT LIFT ON EXISTING DOCK AS PER CAMA PERMIT**

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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Applicant Signature:  MILLSTONE MARINE CONSTRUCTION INC

Inspector Signature: KEVIN CLARK AYT



County of Dare  
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 Manteo NC 27954

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**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: ACC-1386**

**12/17/2019**

Parcel Number: 019657000  
 Location: 230 SUNSET DR – COLINGTON  
 Subdivision: COLINGTON HARBOR SEC L  
 Legal Description: LOT: 36 BLK: SEC: L

Owner Name: JOHN A RUEPPEL  
 Owner Mail Address: 6221 WOODLAND RD LINTHICUM, MD 21090  
 Owner Phone and email:


Contractor Name: MILLSTONE MARINE CONSTRUCTION INC  
 Contractor Mail Address: 7000 MARITIME WOODS DR, MANTEO, NC 27954  
 Contractor Phone: 2523058842 Contractor NC License#: 78077

**BUILDING INFORMATION**

Proposed Construction Use:	DOCKS;PIERS;BULKHEADS;DUNEWLK	Cost of Construction:	\$39,000
Proposed Construction Type:		CAMA Permit#:	75684
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$250.00

**TOTAL FEES: \$250.00**

Applicant Signature:  MILLSTONE MARINE CONSTRUCTION INC  
 Inspector Signature: KEVIN CLARK AYT





County of Dare  
Planning Office  
PO Box Drawer 1000  
Manteo NC 27954

Manteo: (252) 475-5870  
Northern Beach: (252) 475-5871  
Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1312**

**12/05/2019**

Parcel Number: 019272000  
Location: 215 SOUNDVIEW DR – COLINGTON  
Subdivision: COLINGTON HARBOR SEC E  
Legal Description: LOT: 98 BLK: SEC: E

Owner Name: NORMA B SCAZZAFAVO  
Owner Mail Address: 215 SOUNDVIEW DR - KILL DEVIL HILLS, NC 27948  
Owner Contact Information:

Contractor Name: OBHC INC DBA ONE HOUR HEATING & AIR COND  
Contractor Mail Address: PO BOX 2600 - KILL DEVIL HILLS, NC 27948  
Contractor Phone: 252-441-1740  
Contractor NC License#: L12643

**DETAILS** RESIDENTIAL

UNITS: 2.00 Cost of Job: \$12,533

Electrical Contractor ID: 15973-004

**MECHANICAL PROJECT FEE: \$150.00**

**Comments: REPLACE HVAC WITH 14 SEER 1 /2 2 TON CARRIER AIR HANDLER & HEAT PUJMP**

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature: *Paul McDonald*

OBHC INC DBA ONE HOUR HEATING & AIR  
COND

Inspector Signature: KEVIN CLARK

AYT



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: ACC-1300**

**12/02/2019**

Parcel Number: 019413000  
 Location: 105 DARE CT – COLINGTON  
 Subdivision: COLINGTON HARBOR SEC G  
 Legal Description: LOT: 155 BLK: SEC: G

Owner Name: JOVENAL R JAMIR  
 Owner Mail Address: 105 DARE CT KILL DEVIL HILLS, NC 27948  
 Owner Phone and email:

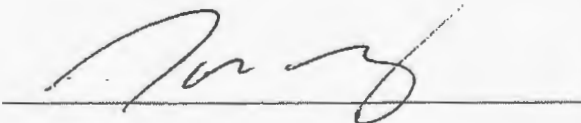
Contractor Name: SOUTHERN SCAPES POOL AND LANDSCAPE DESIG  
 Contractor Mail Address: PO BOX 359, JARVISBURG, NC 27947  
 Contractor Phone: 252-491-5303 Contractor NC License#: 77270

**BUILDING INFORMATION**

Proposed Construction Use:	SWIMMING POOLS;HOT TUBS		Cost of Construction:	\$9,070
Proposed Construction Type:			CAMA Permit#:	NA
Finished Square Footage:	0		Septic Permit#:	
Unfinished Square Footage:	0		Septic Permit Date:	
Stories:	0		Survey/Site Plan:	
Building Height:	0		Water Tap#:	
Total Rooms:	0		Water Type:	
Footing Type:			Flood Zone:	
Exterior Finish:			Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:			Lot/Ground Elevation:	
Bedrooms:	0		Baths/half baths:	0/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$300.00

**TOTAL FEES: \$300.00**

Applicant Signature:  SOUTHERN SCAPES POOL AND LANDSCAPE DESIG  
 Inspector Signature: KEVIN CLARK AYT



County of Dare  
 Planning Office  
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Manteo: (252) 475-5080  
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 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1344**

**12/10/2019**

Parcel Number: 024278000  
 Location: 170 STEVE BASNIGHT RD – MANTEO  
 Subdivision: HUGH T BASNIGHT S/D  
 Legal Description: LOT: 1 BLK: SEC:

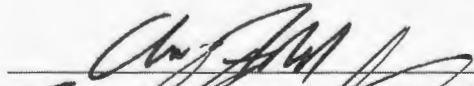
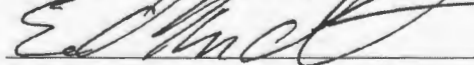
Owner Name: CMH HOMES INC  
 Owner Mail Address: 5000 CLAYTON RD MARYVILLE, TN 37804  
 Owner Phone and email:

Contractor Name: CLAYTON HOMES INC  
 Contractor Mail Address: 1560 NORTH ROAD ST, ELIZABETH CITY, NC 27909  
 Contractor Phone: 252-335-1070 Contractor NC License#:

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , INSTALL NEW MODULAR HOME -- NC BUILDING CODE		
Proposed Construction Type:	SFD	Cost of Construction:	\$300,000
Finished Square Footage:	2432	CAMA Permit#:	NA
Unfinished Square Footage:	193	Septic Permit#:	28666
Stories:	1.0	Septic Permit Date:	4-23-2019
Building Height:	0	Survey/Site Plan:	YES
Total Rooms:	7	Water Tap#:	
Footing Type:	CONCRETE	Water Type:	
Exterior Finish:	VINYL SIDING	Flood Zone:	X
Proposed Finished Floor Elevation:		Base Flood Elevation:	0.0
Bedrooms:	3	Lot/Ground Elevation:	
		Baths/half baths:	2.00/0

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$1,901.00
Permit for the installation of a modular home.	FLOOD DEVELOPMENT BLDG PERMIT	75.00
As-Built survey required before CO.	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00
	<b>TOTAL FEES:</b>	<b>\$2,086.00</b>

Applicant Signature:  CLAYTON HOMES INC  
 Inspector Signature:  ALD



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1361

12/12/2019

Parcel Number: 023127005  
 Location: FRANCIS DRAKE ST – MANTEO  
 Subdivision: ROANOKE PARK  
 Legal Description: LOT: 13 BLK: R SEC:

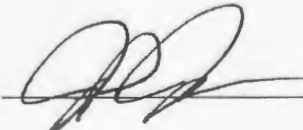

Owner Name: MARGARETTE M UMPHLETT  
 Owner Mail Address: 166 OLD NC 345 MANTEO, NC 27954  
 Owner Phone and email:

Contractor Name: JD JOHNSON REALTY CONSTRUCTION LLC  
 Contractor Mail Address: PO BOX 340, MANTEO, NC 27954  
 Contractor Phone: 252-305-9982 Contractor NC License#: 73168

BUILDING INFORMATION

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , Build new single family dwelling		
Proposed Construction Type:	SFD	Cost of Construction:	\$135,000
Finished Square Footage:	840	CAMA Permit#:	N/A
Unfinished Square Footage:	160	Septic Permit#:	29257
Stories:	1.0	Septic Permit Date:	12/10/2019
Building Height:	0	Survey/Site Plan:	YES
Total Rooms:	5	Water Tap#:	52974
Footing Type:	PILING	Water Type:	
Exterior Finish:	VINYL SIDING	Flood Zone:	AE
Proposed Finished Floor Elevation:	11	Base Flood Elevation:	8.2
Bedrooms:	2	Lot/Ground Elevation:	7.5
		Baths/half baths:	1.00/0

Comments: Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$694.00
	FLOOD DEVELOPMENT BLDG PERMIT	75.00
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00
	<b>TOTAL FEES:</b>	<b>\$879.00</b>

Applicant Signature:  JD JOHNSON REALTY CONSTRUCTION LLC  
 Inspector Signature: Ed Kindervater / AD  ALD



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
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Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1371**

**12/16/2019**

Parcel Number: 024906100  
 Location: 24 CHIEF WANCHESE RD – WANCHESE  
 Subdivision: LARRY & ALTON TILLET DIVISION  
 Legal Description: LOT: 1 BLK: SEC:

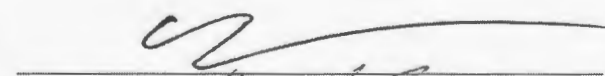
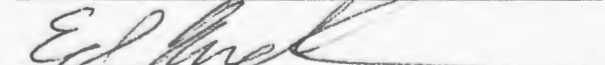
Owner Name: CHRISTOPHER E TTEE DANIELS  
 Owner Mail Address: 309 BENTHALL RD HAMPTON, VA 23664  
 Owner Phone and email:

Contractor Name: COLSON CONSTRUCTION COMPANY INC  
 Contractor Mail Address: 1305 CAMPGROUND ROAD, ELIZABETH CITY, NC 27909-7533  
 Contractor Phone: 252-771-2764 Contractor NC License#: 40746

**BUILDING INFORMATION**

Proposed Construction Use:	SINGLE FAMILY DWELLING NEW , NEW CONSTRUCTION	Cost of Construction:	\$200,000
Proposed Construction Type:	SFD	CAMA Permit#:	
Finished Square Footage:	1680	Septic Permit#:	29216
Unfinished Square Footage:	192	Septic Permit Date:	11/26/2019
Stories:	1.0	Survey/Site Plan:	YES
Building Height:	0	Water Tap#:	52969
Total Rooms:	7	Water Type:	
Footing Type:	PILING	Flood Zone:	AE
Exterior Finish:	WOOD SHINGLES	Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:	14	Lot/Ground Elevation:	3.4
Bedrooms:	3	Baths/half baths:	3.00/1

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$1,337.00
UNDER CONSTRUCTION ELEVATION CERTIFICATE REQUIRED AT OR BEFORE ROUGH-IN, AS-BUILT SURVEY AND FINISHED CONSTRUCTION ELEVATION CERTIFICATE REQUIRED BEFORE CO.	FLOOD DEVELOPMENT BLDG PERMIT	75.00
	HOME OWNERS RECOVERY FEE	10.00
	RESIDENTIAL ZONING APPROVAL	100.00
	<b>TOTAL FEES:</b>	<b>\$1,522.00</b>

Applicant Signature:  COLSON CONSTRUCTION COMPANY INC  
 Inspector Signature:  ALD



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Manteo: (252) 475-5870  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**SIGN PERMIT**

**SIGN PERMIT#: C-1299**

**12/02/2019**

Parcel Number: 016311000  
 Location: 1078 N HWY 64/264 – MANTEO  
 Subdivision: LUCRETIA ETHERIDGE ESTATE  
 Legal Description: LOT: 7 BLK: SEC:

Owner Name: SOPHSHEL CONSULTING LLC  
 Owner Mail Address: PO BOX 336 MANNS HARBOR, NC 27953  
 Owner Contact Information:

Sign Company Name: OWNER  
 Sign Company Mail Address: 1078 N HWY 64/264 - MANTEO, NC 27954  
 Sign Company Contact Info: 252-475-1372

**SIGN INFORMATION**

Type of Sign:	WALL	Cost of Sign:	\$4,700
Size of Sign (sf):	64	Zoning Approval:	YES
Off Premise Sign:	NO	Site Plan:	NO
Lighted Sign:	YES	Drawing of Sign:	YES

**Comments:** ADD NEW SIGN TO EXISTING COMMERCIAL BLDG

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, KDH Satellite Office 252.475.5871 or 252.475.5878

PERMIT FEE	\$150.00
<b>TOTAL FEES:</b>	<b>\$150.00</b>

Applicant Signature:  SUBURBAN ELECTRIC SERVICES INC

Inspector Signature:  ALD



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

DEMOLITION PERMIT

BUILDING PERMIT#: DEMO-1348

12/11/2019

Parcel Number: 016187000  
 Location: 122 FOREST AVENUE – MANTEO  
 Subdivision: VIRGINIA DARE PARK  
 Legal Description: LOT: 3 PT 4 BLK: 5 SEC:

Owner Name: NANNIE LOU BROWN  
 Owner Mail Address: 23223 HANGING TREE RD - COURTLAND, VA 23837  
 Owner Contact Information:

Contractor Name: Parks Land Development, Inc.  
 Contractor Mail Address: 1252 Florida Rd, Elizabeth, City, NC 27909

**BUILDING INFORMATION**

Proposed Construction Use: RESIDENTIAL - DEMOLITION PERMIT  
 DEMO HOUSE ON PROPERTY  
 Estimated Cost: \$8,500.00  
 Comments: Demo House

**The Following Conditions Must Be Met:**

1. Septic tank and drain pipes will be removed if applicable
2. All types of glass will be removed before demolition begins
3. Pilings will be extracted and removed
4. All concrete must be removed
5. No burning! Site must be completely cleaned of all debris
6. Site to be inspected by building inspector when complete

BY SIGNING THIS PERMIT, I FULLY UNDERSTAND ALL CONDITIONS AND AGREE TO COMPLETE THEM TO THE BEST OF MY ABILITY.

PERMIT FEE \$250.00

TOTAL FEES: \$250.00

Applicant Signature:  PARKS LAND DEVELOPMENT INC

Inspector Signature: Ed Kindervater / AD  ALD



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REPAIR-1309**

**12/04/2019**

Parcel Number: 028605003  
 Location: 112 STRATTON LN – MANTEO  
 Subdivision: VAN BUREN ESTATES SECT 4  
 Legal Description: LOT: 3 BLK: SEC: 4

Owner Name: DAVID E ENOCHS  
 Owner Mail Address: PO BOX 1100 MANTEO, NC 27954  
 Owner Phone and email:

Contractor Name: ADP SWIMMING POOLS & CONSTRUCTION LLC  
 Contractor Mail Address: 801 INDIAN DR, KILL DEVIL HILLS, NC 27948  
 Contractor Phone: 252-305-8088 Contractor NC License#: 53785

**BUILDING INFORMATION**

Proposed Construction Use:	REPAIR , REMOVE/REINSTALL POOL BUILD FENCE & PUMP HOUSE	Cost of Construction:	\$25,000
Proposed Construction Type:		CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0/0

**Comments:** Any deviation from the building plan or site plan requires prior approval. PERMIT FEE \$150.00

**TOTAL FEES: \$150.00**

Applicant Signature:  ADP SWIMMING POOLS & CONSTRUCTION LLC

Inspector Signature: ED KINDERVATER / AD  ALD





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Manteo: (252) 475-5080  
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 Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1337

12/09/2019

Parcel Number: 017590000  
 Location: 6035 HWY 64/264 – MANNS HARBOR  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: 2 BLK: SEC:

Owner Name: JEROD ANDREW JR ROSMAN  
 Owner Mail Address: 407 AIRPORT RD MANTEO, NC 27954  
 Owner Phone and email:

Contractor Name: EMANUELSON AND DAD INC  
 Contractor Mail Address: PO BOX 448, NAGS HEAD, NC 27959  
 Contractor Phone: 252-261-2212 Contractor NC License#: 79801

BUILDING INFORMATION

Proposed Construction Use: ELEVATION PERMIT PROJECT , RAISE HOUSE AND INSTALL PILINGS AND GIRDER SYSTEM  
 Proposed Construction Type: Cost of Construction: \$30,000  
 Finished Square Footage: 0 CAMA Permit#:   
 Unfinished Square Footage: 0 Septic Permit#:   
 Stories: 0 Septic Permit Date:   
 Building Height: 0 Survey/Site Plan:   
 Total Rooms: 0 Water Tap#:   
 Footing Type: Water Type:   
 Exterior Finish: Flood Zone:   
 Proposed Finished Floor Base Flood Elevation: 6.0  
 Elevation: Lot/Ground Elevation:   
 Bedrooms: 0 Baths/half baths: 0/0

Comments: Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$200.00
FINISHED CONSTRUCTION ELEVATION CERTIFICATE REQUIRED BEFORE CO. RAISE HOUSE AND INSTALL PILINGS AND GIRDER SYSTEM.	FLOOD DEVELOPMENT BLDG PERMIT	75.00
<b>TOTAL FEES:</b>		<b>\$275.00</b>

Applicant Signature: *O. Henry* EMANUELSON AND DAD INC

Inspector Signature: *E. D. ...* ALD



County of Dare  
 Planning Office  
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Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: ACC-1336**

**12/09/2019**

Parcel Number: 025025000  
 Location: 134 HOLLY HILLS LN – MANTEO  
 Subdivision: SUBDIVISION - NONE  
 Legal Description: LOT: B BLK: SEC:

Owner Name: WILLIAM KENNETH JR BROWN  
 Owner Mail Address: 134 HOLLY HILLS LN MANTEO, NC 27954  
 Owner Phone and email:

Contractor Name: EMANUELSON AND DAD INC  
 Contractor Mail Address: PO BOX 448, NAGS HEAD, NC 27959  
 Contractor Phone: 252-261-2212 Contractor NC License#: 79801

**BUILDING INFORMATION**

Proposed Construction Use:	DOCKS;PIERS;BULKHEADS;DUNEWLK , REPAIR AND REPLACE BULKHEAD AFTER STORM		
Proposed Construction Type:		Cost of Construction:	\$12,000
Finished Square Footage:	0	CAMA Permit#:	75674
Unfinished Square Footage:	0	Septic Permit#:	
Stories:	0	Septic Permlt Date:	
Building Height:	0	Survey/Site Plan:	
Total Rooms:	0	Water Tap#:	
Footing Type:		Water Type:	
Exterior Finish:		Flood Zone:	
Proposed Finished Floor Elevation:		Base Flood Elevation:	0.0
Bedrooms:	0	Lot/Ground Elevation:	
		Baths/half baths:	0/0

**Comments:** Any deviation from the building plan or site plan requires prior approval.  
 REPAIR AND REPLACE BULKHEAD AFTER STORM

PERMIT FEE		\$250.00
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<b>TOTAL FEES:</b>	<b>\$250.00</b>
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Applicant Signature: *[Signature]* EMANUELSON AND DAD INC

Inspector Signature: *[Signature]* ALD



County of Dare  
 Planning Office  
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 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: REPAIR-1332**

**12/09/2019**

Parcel Number: 016398000  
 Location: 953 N HWY 64/264 – MANTEO  
 Subdivision: ROANOKE PARK EXTENDED  
 Legal Description: LOT: 7 BLK: 2 SEC:

Owner Name: WANDA ANNETTE BURGAMY  
 Owner Mail Address: 7034 S VIRGINIA DARE TRL NAGS HEAD, NC 27959  
 Owner Phone and email:

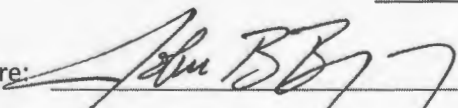
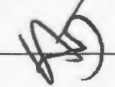
Contractor Name: JOHN B. BURGAMY  
 Contractor Mail Address: 7034 S VIRGINIA DARE TRAIL, NAGS HEAD  
 Contractor Phone: Contractor NC License#: OWNER

**BUILDING INFORMATION**

Proposed Construction Use:	REPAIR , REPAIR DAMAGE TO FLOOR JOICE DUE TO POWDERPOST BEETLE	Cost of Construction:	\$25,000
Proposed Construction Type:		CAMA Permit#:	
Finished Square Footage:	0	Septic Permit#:	
Unfinished Square Footage:	0	Septic Permit Date:	
Stories:	0	Survey/Site Plan:	
Building Height:	0	Water Tap#:	
Total Rooms:	0	Water Type:	
Footing Type:		Flood Zone:	
Exterior Finish:		Base Flood Elevation:	0.0
Proposed Finished Floor Elevation:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0/0

**Comments:** Any deviation from the building plan PERMIT FEE \$150.00  
 or site plan requires prior approval.  
 REPAIR DAMAGE TO FLOOR JOISTS DUE TO  
 POWDERPOST BEETLE

**TOTAL FEES: \$150.00**

Applicant Signature:  WANDA ANNETTE BURGAMY  
 Inspector Signature: ED KINDERVATER / AD  ALD



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1343**

**12/10/2019**

Parcel Number: 024366000  
 Location: 191 SCUPPERNONG RD – MANTEO  
 Subdivision: MOTHER VINEYARD EXT  
 Legal Description: LOT: 31 BLK: SEC:

Owner Name: BARRY ALLEN ENGLISH  
 Owner Mail Address: 191 SCUPPERNONG RD - MANTEO, NC 27954  
 Owner Contact Information:

Contractor Name: ISLAND HEATING & COOLING  
 Contractor Mail Address: P.O. BOX 2252 - KITTY HAWK, NC 27949  
 Contractor Phone: 2523055048  
 Contractor NC License#: 22354

**DETAILS** RESIDENTIAL

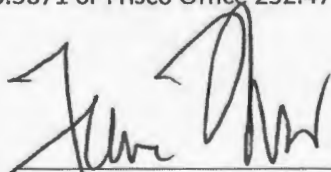
UNITS: 1.00 Cost of Job: \$5,711  
 Electrical Contractor ID: PRECISE ELECTRICAL

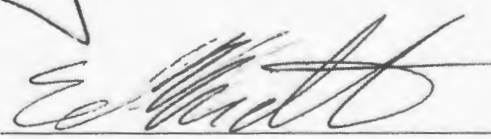
**MECHANICAL PROJECT FEE: \$150.00**

**Comments:**

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature:  ISLAND HEATING & COOLING

Inspector Signature:  ALD



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**ACCESSORY PERMIT**

**ACCESSORY PERMIT#: ACC-1306**

**12/03/2019**

Parcel Number: 016196000  
 Location: 111 CANOPY LN – MANTEO  
 Subdivision: C R & HENRY EVANS SUBDIV  
 Legal Description: LOT: 1-2 BLK: A SEC:

Owner Name: LOUISE STERLING RILEY  
 Owner Mail Address: 111 CANOPY LN MANTEO, NC 27954  
 Owner Phone and email:

Contractor Name: EMANUELSON AND DAD INC  
 Contractor Mail Address: PO BOX 448, NAGS HEAD, NC 27959  
 Contractor Phone: 252-261-2212 Contractor NC License#: 79801

**ACCESSORY INFORMATION**

Proposed Construction: RESIDENTIAL - DOCKS;PIERS;BULKHEADS;DUNEWLK,  
 Description of Work 3 - 50' RETAINING WALL

Cost of Construction: \$21,000  
 CAMA Permit#: 2019-24  
 Flood Zone:  
 Base Flood Elevation: 0.0  
 Lot/Ground Elevation:

**Comments:** Permit for installation of 3-50' sections of retaining wall. PERMIT FEE \$250.00

**TOTAL FEES: \$250.00**

Applicant Signature:  LOUISE STERLING RILEY

Inspector Signature: Ed Kindervater / AD  ALD



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5080  
 KDH: (252) 475-5871  
 Frisco: (252) 475-5878

**RESIDENTIAL BUILDING PERMIT**

**BUILDING PERMIT#: R-1375**

**12/17/2019**

Parcel Number: 023411002  
 Location: 145 TILLET RD – WANCHESE  
 Subdivision: MILL CREEK ACRES  
 Legal Description: LOT: 2 BLK: SEC:

Owner Name: MATTHEW HESTER  
 Owner Mail Address: 145 TILLET RD WANCHESE, NC 27981  
 Owner Phone and email:

Contractor Name: MATTHEW H HESTER  
 Contractor Mail Address: 145 TILLET RD, WANCHESE, NC 27981  
 Contractor Phone: 4104282264 Contractor NC License#: UNLICENSED

**BUILDING INFORMATION**

Proposed Construction Use:	RESIDENTIAL ENCLOSURE , enclose area under existing dwelling		
Proposed Construction Type:	SFD	Cost of Construction:	\$2,500
Finished Square Footage:	0	CAMA Permit#:	
Unfinished Square Footage:	528	Septic Permit#:	26553
Stories:	0.0	Septic Permit Date:	2/21/2017
Building Height:	0	Survey/Site Plan:	
Total Rooms:	0	Water Tap#:	
Footing Type:	PILING	Water Type:	
Exterior Finish:	VINYL SIDING	Flood Zone:	AE
Proposed Finished Floor Elevation:	4.5	Base Flood Elevation:	9.0
Bedrooms:	0	Lot/Ground Elevation:	4
		Baths/half baths:	0.00/0

<b>Comments:</b> Any deviation from the building plan or site plan requires prior approval.	PERMIT FEE	\$211.00
Finished construction elevation certificate required before CO	FLOOD DEVELOPMENT BLDG PERMIT	75.00

**TOTAL FEES: \$286.00**

Applicant Signature:  MATTHEW HESTER

Inspector Signature:  ALD



County of Dare  
 Planning Office  
 PO Box Drawer 1000  
 Manteo NC 27954

Manteo: (252) 475-5870  
 Northern Beach: (252) 475-5871  
 Frisco: (252) 475-5878

**MECHANICAL PROJECT**

**MECHANICAL PROJECT#: MECH-1367**

**12/16/2019**

Parcel Number: 016299000  
 Location: 123 BROUGHTON ST -- MANTEO  
 Subdivision: BROUGHTON CIRCLE  
 Legal Description: LOT: 6 BLK: SEC:

Owner Name: ENOCHS ENTERPRISES LLC  
 Owner Mail Address: PO BOX 1100 - MANTEO, NC 27954  
 Owner Contact Information:

Contractor Name: R A HOY HEATING AND AIR CONDITIONING INC  
 Contractor Mail Address: PO BOX 265 - KITTY HAWK, NC 27949  
 Contractor Phone: 252-261-8178  
 Contractor NC License#: L13056

**DETAILS** RESIDENTIAL

UNITS: 1.00 Cost of Job: \$5,904  
 Electrical Contractor ID: 22222L

**MECHANICAL PROJECT FEE: \$150.00**

**Comments:** CHANGE OUT 2.5 TON 14 SEER TRANE SYSTEM MAIN LEVEL WITH T6 THERMOSTAT

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

Call Building Inspector (24 Hours in advance) for inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252.475.5871 or Frisco Office 252.475.5878

Applicant Signature:  R A HOY HEATING AND AIR CONDITIONING INC

Inspector Signature: KEVIN CLARK AYT



PERMIT NUMBER: 4788

BUILDING PERMIT

DATE: 11/16/19

OWNER: Robert Long  
ADDRESS: 201 Uppawoc Avenue  
CITY: Manteo STATE: NC ZIP: 27954

BUILDER: JES Construction, LLC  
CONTRACTOR LICENSE #: 1291078  
ADDRESS: 1741 Corporate Landing Pkwy  
CITY: Virginia Beach STATE: VA ZIP: 22154  
PHONE: (757) 558-9909

LOCATION OF BUILDING SITE: 201 Uppawoc Avenue ZONING DISTRICT: \_\_\_\_\_  
PARCEL NUMBER: 024800000 FLOOD ZONE: \_\_\_\_\_ BFE: \_\_\_\_\_ FFE: \_\_\_\_\_  
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) \_\_\_\_\_  
ERECT: \_\_\_\_\_ ALTER: \_\_\_\_\_ REPAIR: \_\_\_\_\_

SQUARE FOOTAGE OF HEATED SPACE: \_\_\_\_\_ UNHEATED SPACE: \_\_\_\_\_  
NUMBER OF STORIES: 1.5 ROOMS: 3 BATHS: 2 FIREPLACES: \_\_\_\_\_  
FINISHES: \_\_\_\_\_  
EXTERIOR WALLS: \_\_\_\_\_ INTERIOR WALLS: \_\_\_\_\_ ROOF TYPE AND MATERIAL: \_\_\_\_\_  
HEAT TYPE: \_\_\_\_\_ INSULATION & R VALUE: \_\_\_\_\_ FLOORING: \_\_\_\_\_  
FOOTING: \_\_\_\_\_ FOUNDATION: \_\_\_\_\_

ADDITIONAL NOTES: Crawlspace carpentry.

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

\*\*\* CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS\*\*\*

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: 5,600.00

Review 50.00

Date of Issuance: 12/3/19

Permit Cost: 56.00

Seals: [Signature]  
Applicant

[Signature]  
Inspector

106.00  
[Signature]  
Zoning Official

Conditions of Permit: \_\_\_\_\_





ELECTRICAL PERMIT

PERMIT NUMBER: 4789

DATE: 12-4-19

OWNER: Manteo Marine  
ADDRESS: 411 S. Hwy 64  
CITY: Manteo STATE: NC ZIP: 27954  
PHONE: 252-473-2197

CONTRACTOR: Daveo Electric Inc  
ADDRESS: 406 W Lake Dr  
CITY: KDIF STATE: NC ZIP: 27948  
PHONE: 441-4106

LOCATION: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

BUILDER: \_\_\_\_\_

RESIDENTIAL:  NEW  ALTERATION

COMMERCIAL:  NEW  ALTERATION

NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) \_\_\_\_\_

SERVICE AMPS: 200A INCREASED TO: \_\_\_\_\_

LICENSE NUMBER: 4354U WORK ORDER NUMBER: \_\_\_\_\_

COST: \$877.03 Permit Cost: 50.00

If repairing or altering, please describe work: Moving 200A meter base to outside of building

\*\*\*CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS\*\*\*

DATE OF ISSUANCE: 12-4-19 SEALS: [Signature]  
(Applicant)

[Signature]  
(Inspector)



DEMOLITION PERMIT

PERMIT NUMBER: 4790

DATE: 12/5/19

OWNER: JOHN BAYLISS  
ADDRESS: 827 Hwy 64/264  
MANTEO, NC 27954  
PHONE: 473-9797

CONTRACTOR: PARKS LAND DEV. INC  
ADDRESS: 1252 FLORIDA RD  
ELIZABETH CITY, NC 27909  
PHONE: (O) 330-2425 (C) 339-9523

LOCATION OF DEMOLITION SITE: 827 Hwy 64/264

PARCEL NUMBER OF DEMOLITION SITE: \_\_\_\_\_

DESCRIPTION OF WORK: COMPLETELY REMOVE STRUCTURE AND OUTBUILDING  
LEVEL LOT

[Signature]  
CONTRACTOR/OWNER SIGNATURE

12/5/19  
DATE

[Signature]  
BUILDING INSPECTOR

12/5/19  
DATE

COMMENTS: Asbestos Report in file

COST OF PERMIT: 200.00



MECHANICAL PERMIT

PERMIT NUMBER: 4791

DATE: 12/10/19

OWNER: JAMES PHELPS  
ADDRESS: 107 RIVERCREST DRIVE  
CITY: GREENVILLE STATE: NC ZIP: 27858  
PHONE: 252-531-3014  
LOCATION: 51 HAMMOCK DRIVE  
BUILDER: \_\_\_\_\_

CONTRACTOR: R A HOY HEATING & A/C, INC  
ADDRESS: P O Box #179  
CITY: KITTY HAWK STATE: NC ZIP: 27949  
PHONE: (252) 261-2008

NUMBER OF HEATING UNITS: 1  
NUMBER OF B.T.U.'S: \_\_\_\_\_  
LICENSE NUMBER: 13056  
COST: \$14,684.00

NUMBER OF REGISTERS: \_\_\_\_\_  
TONNAGE: 2.5  
WORK ORDER NUMBER: \_\_\_\_\_  
Permit Cost: 250

If repairing or altering, please describe work: C/O 3.5 TON & 2.5 TON 16 SEER TRANE SYSTEM  
TOP & LOWER LEVEL SYSTEMS WITH (2) T6 WIFI THERMOSTATS

\*\*\*CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS\*\*\*

DATE OF ISSUANCE: 12/10/19 SEALS: [Signature]  
(Applicant)

[Signature]  
(Inspector)



ELECTRICAL PERMIT

PERMIT NUMBER: 4792

DATE: 12/8/19

OWNER: Town of Manteo  
ADDRESS: Dock # 2 2070EA  
CITY: Manteo STATE: NC ZIP: 27954  
PHONE: \_\_\_\_\_

CONTRACTOR: Outer Banks Electric  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: 252-256-0185

LOCATION: Docks PARCEL NUMBER: \_\_\_\_\_

BUILDER: \_\_\_\_\_

RESIDENTIAL:  NEW  ALTERATION

COMMERCIAL:  NEW  ALTERATION

NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) \_\_\_\_\_

SERVICE AMPS: \_\_\_\_\_

INCREASED TO: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

WORK ORDER NUMBER: \_\_\_\_\_

COST: \$19,000

Permit Cost: N/A

If repairing or altering, please describe work: re setting power pedestal  
replace & upgrade panel

# 8199886691

\*\*\*CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS\*\*\*

DATE OF ISSUANCE: 12/8/19

SEALS: [Signature]  
(Applicant)

[Signature] Per Fred Featherstone  
(Inspector)



MECHANICAL PERMIT

PERMIT NUMBER: 4793

DATE: 12/5/19

OWNER: Rhonda Bethea CONTRACTOR: Beach Air Heating and Cooling  
ADDRESS: 102 Collins Court ADDRESS: 551 NC 345  
CITY: Manteo STATE: NC ZIP: 27954 CITY: Manteo STATE: NC ZIP: 27954  
PHONE: 919-961-6114 PHONE: 252-473-1995

LOCATION: 102 Collins Court PARCEL NUMBER: 025725008  
BUILDER: \_\_\_\_\_

NUMBER OF HEATING UNITS: 1 NUMBER OF AIR HANDLERS: 1  
NUMBER OF REGISTERS: \_\_\_\_\_ TONNAGE: 2  
LICENSE NUMBER: \_\_\_\_\_ WORK ORDER NUMBER: \_\_\_\_\_  
COST: \$4,955.00 Permit Cost: \$150.00

If repairing or altering, please describe work: Remove 2 ton 16 seer air handler and heat pump  
Install new 2 ton 16 seer air handler and heat pump

\*\*\*CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS\*\*\*

DATE OF ISSUANCE: 12/10/19 SEALS: Cate Julian  
(Applicant)

[Signature]  
(Inspector)

(UPDATED 7/2017)



BUILDING PERMIT

PERMIT NUMBER: 4794

DATE: 12/10/19

OWNER: Town of Manteo

BUILDER: LSI Marine

ADDRESS: 207 Queen Elizabeth Ave

CONTRACTOR LICENSE #:

CITY: Manteo STATE: NC ZIP: 27954

ADDRESS: 113 Ballast Point

CITY: Powells Point STATE: NC ZIP: 27966

LOCATION OF BUILDING SITE: Downtown Docks

ZONING DISTRICT: O-1

PARCEL NUMBER: \_\_\_\_\_ FLOOD ZONE: \_\_\_\_\_ BFE: \_\_\_\_\_ FFE: \_\_\_\_\_

NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) \_\_\_\_\_

ERECT: \_\_\_\_\_ ALTER: \_\_\_\_\_ REPAIR: X

SQUARE FOOTAGE OF HEATED SPACE: \_\_\_\_\_ UNHEATED SPACE: \_\_\_\_\_

NUMBER OF STORIES: \_\_\_\_\_ ROOMS: \_\_\_\_\_ BATHS: \_\_\_\_\_ FIREPLACES: \_\_\_\_\_

FINISHES:

EXTERIOR WALLS: \_\_\_\_\_ INTERIOR WALLS: \_\_\_\_\_ ROOF TYPE AND MATERIAL: \_\_\_\_\_

HEAT TYPE: \_\_\_\_\_ INSULATION & R VALUE: \_\_\_\_\_ FLOORING: \_\_\_\_\_

FOOTING: \_\_\_\_\_ FOUNDATION: \_\_\_\_\_

ADDITIONAL NOTES: Replace damaged Pipes & repair Finger Piers due to Hurricane Dorian

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

\*\*\* CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS\*\*\*

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$13,532.65

Permit Cost: N/A

Date of Issuance: 12/10/19

Seals: [Signature]  
Applicant

[Signature]  
Inspector

[Signature]  
Zoning Official

Conditions of Permit: \_\_\_\_\_



PERMIT NUMBER: 4795

BUILDING PERMIT

DATE: 12/10/19

OWNER: Marshes Light Marina Condo Owners

BUILDER: Renaissance Construction

ADDRESS: P.O. Box 2

CONTRACTOR LICENSE #: 26244

CITY: Kitty Hawk STATE: NC ZIP: 27949

ADDRESS: P.O. Box 1411

CITY: Manteo STATE: NC ZIP: 27954

PHONE: 473-3312

LOCATION OF BUILDING SITE: 0 Dartmoor Ave ZONING DISTRICT: Manteo In

PARCEL NUMBER: 025561999 FLOOD ZONE: \_\_\_\_\_ BFE: \_\_\_\_\_ FFE: \_\_\_\_\_

NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) \_\_\_\_\_

ERECT: \_\_\_\_\_ ALTER: \_\_\_\_\_ REPAIR: X

SQUARE FOOTAGE OF HEATED SPACE: \_\_\_\_\_ UNHEATED SPACE: \_\_\_\_\_

NUMBER OF STORIES: \_\_\_\_\_ ROOMS: \_\_\_\_\_ BATHS: \_\_\_\_\_ FIREPLACES: \_\_\_\_\_

FINISHES: \_\_\_\_\_

EXTERIOR WALLS: \_\_\_\_\_ INTERIOR WALLS: \_\_\_\_\_ ROOF TYPE AND MATERIAL: \_\_\_\_\_

HEAT TYPE: \_\_\_\_\_ INSULATION & R VALUE: \_\_\_\_\_ FLOORING: \_\_\_\_\_

FOOTING: Concrete FOUNDATION: Pile

ADDITIONAL NOTES: Install Helical Piles to support existing footer.

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

\*\*\* CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS\*\*\*

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Review 50.00

Estimated or Contract Cost: 11,000

Date of Issuance: 12/11/19 Permit Cost: 110.00  
160.00

Seals: Michael P. You  
Applicant

[Signature]  
Inspector

[Signature]  
Zoning Official

Conditions of Permit: \_\_\_\_\_



BUILDING PERMIT

PERMIT NUMBER: 4796

DATE: 11-14-19

OWNER: STEVE NAGORNY  
ADDRESS: 1337 HILLCROFT LN  
CITY: York STATE: PA ZIP: 17403

BUILDER: SETH JOHNSON CONSTRUCTION  
CONTRACTOR LICENSE #: 61904  
ADDRESS: P.O. BOX 1433  
CITY: NAGSHEAD STATE: N.C. ZIP: 27959  
PHONE: 252-216-8853

LOCATION OF BUILDING SITE: 50 BALLAST PT ZONING DISTRICT: IO-MANTEO IN  
PARCEL NUMBER: 025694407 FLOOD ZONE: \_\_\_\_\_ BFE: \_\_\_\_\_ FFE: \_\_\_\_\_  
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) N/A  
ERECT: \_\_\_\_\_ ALTER: \_\_\_\_\_ REPAIR: \_\_\_\_\_

SQUARE FOOTAGE OF HEATED SPACE: 144 UNHEATED SPACE: \_\_\_\_\_  
NUMBER OF STORIES: \_\_\_\_\_ ROOMS: \_\_\_\_\_ BATHS: 1 FIREPLACES: \_\_\_\_\_

FINISHES:  
EXTERIOR WALLS: SHAKE INTERIOR WALLS: SHEETROCK ROOF TYPE AND MATERIAL: T-PO  
HEAT TYPE: \_\_\_\_\_ INSULATION & R VALUE: 19-15-30 FLOORING: TILE  
FOOTING: \_\_\_\_\_ FOUNDATION: \_\_\_\_\_

ADDITIONAL NOTES: ADD BATHROOM IN EXISTING DECK SPACE  
COVER EXISTING DECK WITH TPO FOR ROOF

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

\*\*\* CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS \*\*\*

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$65,000

Date of Issuance: 12/11/19

Permit Cost: 650.00  
710.00

Seals: [Signature]  
Applicant

[Signature]  
Inspector

[Signature]  
Zoning Official

Conditions of Permit: \_\_\_\_\_





MECHANICAL PERMIT

PERMIT NUMBER: 4797

DATE: 12/17/2019

OWNER: ANITA GAY

CONTRACTOR: R A HOY HEATING & A/C, INC

ADDRESS: 177 GAY ROAD

ADDRESS: P O BOX #179

CITY: MANTEO STATE: NC ZIP: 27954

CITY: KITTY HAWK STATE: NC ZIP: 27949

PHONE: 919-818-1540

PHONE: (252) 261-2008

LOCATION: 207-21 QUEEN ELIZABETH AVENUE

BUILDER: \_\_\_\_\_

NUMBER OF HEATING UNITS: 1

NUMBER OF REGISTERS: \_\_\_\_\_

NUMBER OF B.T.U.'S: \_\_\_\_\_

TONNAGE: 2

LICENSE NUMBER: 13056

WORK ORDER NUMBER: \_\_\_\_\_

COST: \$ 5339

Permit Cost: 150.00

If repairing or altering, please describe work: C/O 2 TON 14 SEER TRANE SYSTEM WITH T6 THERMOSTAT

\*\*\*CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS\*\*\*

DATE OF ISSUANCE: 12/18/19

SEALS:

(Applicant)

(Inspector)



BUILDING PERMIT

PERMIT NUMBER: 4798

DATE: 12/18/19

OWNER: Town of Manteo BUILDER: Millstone Marine  
ADDRESS: 207 Queen Elizabeth CONTRACTOR LICENSE #: 78077  
CITY: Manteo STATE: NC ZIP: 27954 ADDRESS: 7000 Maritime Woods Drive  
CITY: Manteo STATE: NC ZIP: 27954

LOCATION OF BUILDING SITE: Town of Manteo boardwalk ZONING DISTRICT: B-1  
PARCEL NUMBER: 024702099 FLOOD ZONE: AE BFE: 0 FFE: \_\_\_\_\_  
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) \_\_\_\_\_  
ERECT: \_\_\_\_\_ ALTER: \_\_\_\_\_ REPAIR:

SQUARE FOOTAGE OF HEATED SPACE: \_\_\_\_\_ UNHEATED SPACE: \_\_\_\_\_  
NUMBER OF STORIES: \_\_\_\_\_ ROOMS: \_\_\_\_\_ BATHS: \_\_\_\_\_ FIREPLACES: \_\_\_\_\_  
FINISHES: \_\_\_\_\_  
EXTERIOR WALLS: \_\_\_\_\_ INTERIOR WALLS: \_\_\_\_\_ ROOF TYPE AND MATERIAL: \_\_\_\_\_  
HEAT TYPE: \_\_\_\_\_ INSULATION & R VALUE: \_\_\_\_\_ FLOORING: \_\_\_\_\_  
FOOTING: \_\_\_\_\_ FOUNDATION: \_\_\_\_\_

ADDITIONAL NOTES: Repair boardwalk due to Hurricane  
Dorian damage

EACH APPLICATION MUST BE ACCOMPANIED BY:

- SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
- TWO SETS OF WORKING DRAWINGS
- ELEVATION OF THE SITE
- RESTAURANTS: HEALTH DEPARTMENT APPROVALS
- CAMA PERMIT IF REQUIRED

\*\*\* CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS\*\*\*

This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector.

Estimated or Contract Cost: \$5,000 Permit Cost: N/A

Date of Issuance: 12/18/19

Seals: [Signature]  
Applicant

[Signature]  
Inspector

[Signature]  
Zoning Official

Conditions of Permit: \_\_\_\_\_

TOWN OF SOUTHERN SHORES  
PLANNING AND CODE  
ENFORCEMENT  
5376 N Virginia Dare Trl  
Southern Shores NC 27949  
(252) 261-2394 ext 4 tel  
(252) 255-0876 fax  
www.southernshores-nc.gov



**SUB-CONTRACTOR SIGN OFF AND/OR PERMIT**

Date 11/27/19

PROJECT ADDRESS 27 Fairway Drive

Owner Carl Slagle  
Mailing Address 27 Fairway Drive  
City, State, Zip Southern Shores NC 27949  
Phone 252-415-0261

Permit Number 10742  
Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**PLUMBING** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**MECHANICAL** = Licensee Name Henry J Liverman NC License/Classification 11618 H2 / H3-I  
Company Name Atlantic Heating & Cooling, Ltd.  
Address P O Box 132 Phone 252-441-7642  
City State & zip Kill Devil Hills NC 27948 Estimated Project Cost \$5,700.00  
**Description of Work:** Remove & replace indoor & outdoor sections of upstairs HVAC system using a 3 ton Daikin heat pump & a matching Daikin air handler

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Henry J Liverman 11/27/19  
Signature of Licensee Date

Benny Strother 12-2-2019  
Signature of Permit Official Date



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10743**

Location: 150 Holly Trail  
  
Parcel: 021753000 PIN: 986706391533  
District: 20- SOUTHERN SHORES  
Subdivision: SO/SH SOUNDSTIDE BLK 106A  
LotBlkSect: LOT: 4 BLK: 106A SEC:

NICHOLS, BEVERLY GAY  
2207 SHEPHERDS RIDGE RD  
CHARLOTTESVILLE VA 22901

PHONE #: 540-407-0297

CELL #:

BUSINESS NAME: Gibbs Daughters NC, LLC  
CONTRACTOR'S NAME: Clarence Gibbs  
ADDRESS: PO Box 2387  
CITY, STATE, ZIP: Manteo, NC 27954  
OFFICE#:  
CELL#: 252-202-5991  
FAX#:  
EMAIL:

NC G.C. LICENSED CONTRACTOR:  X  YES  NO  
NC G.C. LICENSE NUMBER: 76990  
LIMITATION: Unlimited  
CLASSIFICATION: Building  
QUALIFIER: Clarence Gibbs

LIEN AGENT: Fidelity National Title Company, LLC Entry#1149326  
19 W. Hargett St., Suite 507 / Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Remodel bathroom including new electrical and plumbing

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Remodel	FOUNDATION:	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: n/a
BUILDING USE: Single Family Dwelling	A/C:	
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: n/a
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: AE	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	TYPE:	DATE ISSUED:

\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$36,775		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$36,775	X \$10 per \$1,000 of cost =	\$367.75
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$377.75</b>

*[Signature]*  
Applicant - Owner/Contractor  
Clarence Gibbs  
(Please print and sign name)

12-3-19  
Date Issued

*[Signature]*  
Building/Code/Zoning Official  
DUNKS

12-3-19  
Date Approved



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10735**

Location: 284 N Dogwood Trail  
Parcel: 013338000 PIN: 986813145617  
District: 20- SOUTHERN SHORES  
Subdivision: SO/SH SOUND SIDE BLK 109  
LotBlkSect: LOT: 3 BLK: 109 SEC:

KOCH, RICHARD C TTEE TRE  
KOCH, JANE C TTEE TRE  
284 N DOGWOOD TRL  
SOUTHERN SHORES NC 27949

PHONE #: 252-261-1406

CELL #:

BUSINESS NAME: Finch & Company, Inc  
CONTRACTOR'S NAME: Olin Finch  
ADDRESS: 116 Sandy Ridge Rd  
CITY, STATE, ZIP: Duck, NC 27949  
OFFICE#: 252-261-8710  
CELL#: 252-202-9879  
FAX#:   
EMAIL: [marcemurray@gmail.com](mailto:marcemurray@gmail.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
NC G.C. LICENSE NUMBER: 52567  
LIMITATION: Unlimited  
CLASSIFICATION: Building  
QUALIFIER: Marc E Murray

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of new accessory garage 672sf unheated space, new 8'x10' deck on dwelling and convert existing attached garage into a game room to remain unheated space

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Addition/Remodel	FOUNDATION: monolithic slab	ZONING DISTRICT: RS-1
Accessory garage	HEAT:	ZONING PERMIT #: 2019-94
BUILDING USE: Single Family Dwelling	A/C:	DATE APPROVED: 11/18/2019
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS: Drywall	PERMITTED/CONDITIONAL USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 752	EXTERIOR WALLS: vinyl siding	RESIDENTIAL TYPE: Residence
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	SEPTIC PERMIT #: 29179
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	DATE ISSUED: 11/13/2019
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED GARAGE(SF): 672	DECKS (SF): 80	
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	
FLOOD ZONE: Shaded X	WINDOWS MAKE: Jeldwen	
BASE FLOOD ELEVATION: FT PLUS 2FT=	TYPE: double hung	

**\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

TOTAL CONSTRUCTION COST	\$126,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family ) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)	752	X .30/sf (single family) = X .35/sf (all others) =	\$225.60
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$52,000	X \$10 per \$1,000 of cost =	\$520.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$805.60</b>

Applicant - Owner/Contractor *Marc Murray* (Please print and sign name) *Marc Murray* Date Issued *12/3/19*  
Building/Code/Zoning Official *Buddy Shepton* Date Approved *11-18-19*  
*JL DVS*



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10744**

Location: 151 Duck Woods Drive

Parcel: 022357026 PIN: 986710472208

District: 20- SOUTHERN SHORES

Subdivision: SO/SH BLK 227-B

LotBlkSect: LOT: 24 BLK: 227B SEC:

DOUGHERTY, DAVID E EUX  
DOUGHERTY, BARBARA G EUX  
P O BOX 912  
SUFFOLK VA 23434

PHONE #:

CELL #:

BUSINESS NAME: Real Escape, LTD  
CONTRACTOR'S NAME: Liliias Morrison  
ADDRESS: PO Box 98  
CITY, STATE, ZIP: Harbinger, NC 27941  
OFFICE#:  
CELL#: 252-202-7743  
FAX#:  
EMAIL: [ljm@realescapes.com](mailto:ljm@realescapes.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
NC G.C. LICENSE NUMBER: 13735  
LIMITATION: Unlimited  
CLASSIFICATION: Residential  
QUALIFIER: Liliias J Morrison

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Remodel 2<sup>nd</sup> floor loft area – conversion to 4<sup>th</sup> bedroom, full bathroom and craft room – no increase in footprint or enclosed living space

SPECIAL CONDITIONS – Initial work conducted without a permit – NCLBGC investigating (4/2019) – Permit fee assessed as double the permit fee

TYPE OF CONSTRUCTION: Remodel	FOUNDATION:	ZONING DISTRICT: RS-1
BUILDING USE: Single Family Dwelling	HEAT:	ZONING PERMIT #: n/a
TOTAL HEATED/LIVING AREAS (SF):	A/C:	
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS: Sheetrock	
NUMBER OF STORIES:	EXTERIOR WALLS:	
BEDROOMS: 3 existing / 4 <sup>th</sup> bedroom proposed	FIREPLACE:	
SEPTIC CAPACITY # OF PERSONS: 8	ROOF:	
BATHS: 1 proposed ½ BATHS:	INSULATION:	
DETACHED/ATTACHED GARAGE(SF):	ELEVATOR (SF):	
STORAGE ENCLOSURE(SF): POOL(SF):	DECKS (SF):	CAMA PERMIT #: n/a
FLOOD ZONE: AE	PORCHES (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
	TYPE:	DATE ISSUED: floor plan approved 4/24/2019

\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$73,500		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$73,500	X \$10 per \$1,000 of cost =	\$735.00
		Pool = \$125	\$
<b>WORK WITHOUT A PERMIT =</b>		Zoning Permit Fee = \$50	\$
<b>DOUBLE THE PERMIT FEE =</b>		Plan Review Fee = \$150 or \$100	\$
<b>\$735.00 X 2 = \$1,470.00 + \$10 HRF=</b>		Minimum Permit Fee = \$100	\$
<b>TOTAL FEE \$1,480.00</b>		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$1,480.00</b>

*Liliias J. Morrison*  
Applicant - Owner/Contractor  
*Bradley Shelton*  
Building/Code/Zoning Official

LILIAS J. MORRISON  
(Please print and sign name)

12.4.19  
Date Issued

12-3-19  
Date Approved



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10741**

**Location:** 9 Ninth Avenue  
  
**Parcel:** 021202000 PIN: 986806373763  
**District:** 20- SOUTHERN SHORES  
**Subdivision:** SEA CREST VILLAGE  
**LotBlkSect:** LOT: 5 BLK: 54 SEC:

**CONOVER, BRUCE EUX  
CONOVER, STEPHANIE EUX  
21 TYNG ST  
NEWBURYPORT MA 01950**  
  
PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

**BUSINESS NAME:** Neal Contracting Group  
**CONTRACTOR'S NAME:** Matt Neal  
**ADDRESS:** PO Box 497  
**CITY, STATE, ZIP:** Kitty Hawk, NC 27949  
**OFFICE#:**  
**CELL#:** 252-564-9780  
**FAX#:**  
**EMAIL:** [matt@nealcontracting.com](mailto:matt@nealcontracting.com)

**NC G.C. LICENSED CONTRACTOR:**  YES  NO  
**NC G.C. LICENSE NUMBER:** 80223  
**LIMITATION:** Intermediate  
**CLASSIFICATION:** Building  
**QUALIFIER:** Matthew Neal

**LIEN AGENT:** Old Republic National Title Insurance Company Entry #  
19 W. Hargett St., Suite 507 / Raleigh, NC 27601 1149908

**DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval):** Remodel = kitchen and bathroom and convert 120sf of porch into extension of bedroom – no increase in footprint

**SPECIAL CONDITIONS -**

<b>TYPE OF CONSTRUCTION:</b> Addition/Remodel	<b>FOUNDATION:</b> Piling	<b>ZONING DISTRICT:</b> RS-1
	<b>HEAT:</b> Heat pump	<b>ZONING PERMIT #:</b> n/a
<b>BUILDING USE:</b> Single Family Dwelling	<b>A/C:</b> Heat pump	
<b>TOTAL HEATED/LIVING AREAS (SF):</b> 120	<b>INTERIOR WALLS:</b> paneling	
<b>TOTAL NON-HEATED AREAS (SF):</b>	<b>EXTERIOR WALLS:</b> cedar	
<b>NUMBER OF STORIES:</b>	<b>FIREPLACE:</b> n/a	
<b>BEDROOMS:</b>	<b>ROOF:</b> asphalt	
<b>SEPTIC CAPACITY # OF PERSONS:</b>	<b>INSULATION:</b> batt	
<b>BATHS:</b> ½ BATHS:	<b>ELEVATOR (SF):</b> n/a	
<b>DETACHED/ATTACHED GARAGE(SF):</b>	<b>DECKS (SF):</b> n/a	<b>CAMA PERMIT #:</b> n/a
<b>STORAGE ENCLOSURE(SF): POOL(SF):</b>	<b>PORCHES (SF):</b> n/a	<b>DATE ISSUED:</b>
<b>FLOOD ZONE:</b> AE	<b>WINDOWS MAKE:</b> n/a	<b>SEPTIC PERMIT #:</b> n/a
<b>BASE FLOOD ELEVATION:</b> 9FT PLUS 2FT= 11FT	<b>TYPE:</b> n/a	<b>DATE ISSUED:</b>

**\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

<b>TOTAL CONSTRUCTION COST</b>	\$40,000		
<b>HEATED/LIVING AREA (sf)</b> (new square footage)	120	X .60/sf (single family) = X .75/sf (all others) =	\$72.00
<b>NON-HEATED AREA (sf)</b> (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
<b>REMODEL/REPAIR/ALTERATION</b> (no additional square footage)	\$20,000	X \$10 per \$1,000 of cost =	\$200.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$282.00</b>

Applicant - Owner/Contractor *Buddy Shelton* (Please print and sign name) Date Issued **12-4-19**  
Building/Code/Zoning Official *[Signature]* Date Approved **11-27-19**

TOWN OF SOUTHERN SHORES

5375 N Virginia Dare Trl  
Southern Shores, NC  
27949

(252) 261-2394 tel  
(252) 255-0876 fax

www.southernshores-nc.gov



**SUBCONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12/5/2019

PROJECT ADDRESS 179 CHICAHAWK TRAIL

Owner FULCHER HOMES O.C

Mailing Address PO BOX 543

City, State, Zip KITTY HAWK, NC 27949

Phone 252-261-3316

Permit Number 10749

Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE \_\_\_\_\_

**ELECTRICAL** = Licensee Name FREDERICK MARKLIN

NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX 179

Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949

Estimated Project Cost INCL in MECH

Description of Work: CONNECTION OF MECH EQUIP BELOW

**PLUMBING** = Licensee Name \_\_\_\_\_

NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City State & zip \_\_\_\_\_

Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_

NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City State & zip \_\_\_\_\_

Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

**MECHANICAL** = Licensee Name DOUGLAS WAKELEY

NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX 179

Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949

Estimated Project Cost 4911.00

Description of Work: C/O 1.5 TON 14 SEER TRANE SYSTEM LOWER LEVEL WITH T6 THERMOSTAT

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 12/5/2019  
Signature of Licensee Date

Brenda S. O'Neil 12-5-19  
Signature of Permit Official Date

Frederick Marklin (ELEC)

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TOWN OF SOUTHERN SHORES  
PLANNING AND CODE  
ENFORCEMENT  
5375 N Virginia Dare Trl  
Southern Shores NC 27949  
(252) 261-2394 ext 4 tel  
(252) 255-0876 fax  
www.southernshores-nc.gov



**SUB-CONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12-4-19

PROJECT ADDRESS 239 Sea Oats Tr.

Owner Emery Midyette  
Mailing Address 239 Sea Oats Tr.  
City, State, Zip Southern Shores, NC 27949  
Phone \_\_\_\_\_

Permit Number 10748  
Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name Nathan Owens NC License/Classification 3360L  
Company Name Jesse N. Owens Electric Corp  
Address 123 Jesse Owens Dr. Phone 473-8923  
City State & zip Harbinger NC 27941 Estimated Project Cost 0-00  
Description of Work: electrical associated w/ replacement

**PLUMBING** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**MECHANICAL** = Licensee Name Joe Simpson NC License/Classification 19091 Group 2 & 3  
Company Name All Seasons Heating & Cooling  
Address PO Box 244 Phone 491-9232  
City State & zip Point Harbor, NC 27964 Estimated Project Cost 5180.00  
Description of Work: Replace upstairs system w/ a 1.5 ton split system heat pump & air handler.

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
Description of Work: \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Joe Simpson 12-4-19  
Signature of Licensee Date

Brenda S. [Signature] 12-5-19  
Signature of Permit Official Date

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TOWN OF  
SOUTHERN SHORES  
5375 N Virginia Dare Trl  
Southern Shores, NC  
27949  
(252) 261-2394 tel  
(252) 255-0876 fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)



**SUBCONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12/9/2019

PROJECT ADDRESS 288 SEA OATS TRAIL

Owner MARK HUNTLEY

Mailing Address 403 SEA OATS DRIVE APT D

City, State, Zip JUNO BEACH, FL 33408

Phone 804-382-3632

Permit Number 10752

Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE \_\_\_\_\_

**ELECTRICAL** = Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD  
 Company Name R A HOY HEATING & A/C, INC  
 Address P O BOX 179 Phone (252) 261-2008  
 City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL in MECH  
**Description of Work:** CONNECTION OF MECH EQUIP BELOW

**PLUMBING** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**MECHANICAL** = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1  
 Company Name R A HOY HEATING & A/C, INC  
 Address P O BOX 179 Phone (252) 261-2008  
 City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 5995.00  
**Description of Work:** C/O 2.5 TON 16 SEER TRANE SYSTEM LOWER LEVEL REUSE EXISTING THERMOSTAT

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Douglas Wakeley 12/9/2019  
 Signature of Licensee Date

Buddy Sheffer 12-9-19  
 Signature of Permit Official Date

Frederick Marklin (ELEC)

DY DUS



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10751**

Location: 12 Palmetto Lane  
  
Parcel: 022761000 PIN: 986720715669  
District: 20- SOUTHERN SHORES  
Subdivision: SO/SH SOUND SIDE BLKS 175-176  
LotBlkSect: LOT: 6 BLK: 175 SEC:

BARON, DOUGLAS W EUX  
BARON, MARY EUX  
6512 FLOWERDEW HUNDRED CT  
CENTREVILLE VA 20120  
  
PHONE #:  CELL #:

BUSINESS NAME: Affordable Bills  
CONTRACTOR'S NAME: Bill Eger  
ADDRESS: 300 W Albemarle Drive  
CITY, STATE, ZIP: Nags Head, NC 27959  
OFFICE#: 252-489-9555  
CELL#:   
FAX#:   
EMAIL: [affordablebills@gmail.com](mailto:affordablebills@gmail.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
NC G.C. LICENSE NUMBER:   
LIMITATION:   
CLASSIFICATION:   
QUALIFIER:   
  
LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Replace 10 pilings with 8x8x16 piles within the same footprint

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Repair	FOUNDATION:	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: n/a
BUILDING USE: Single Family Dwelling	A/C:	
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: n/a
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
BASE FLOOD ELEVATION: FT PLUS 2FT=	TYPE:	DATE ISSUED:

**\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

TOTAL CONSTRUCTION COST	\$10,000		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family ) = X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) = X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$10,000	X \$10 per \$1,000 of cost =	\$100.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$
		<b>TOTAL FEE</b>	<b>\$100.00</b>

*William Eger*  
Applicant - Owner/Contractor (Please print and sign name) 12/10/19  
*Bonnie Johnston*  
Building/Code/Zoning Official 12-10-19  
*Dei DS* Date Approved



**TOWN OF SOUTHERN SHORES**  
**PLANNING AND CODE ENFORCEMENT**  
 5375 N Virginia Dare Trail, Southern Shores, NC 27949  
 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
 www.southernshores-nc.gov

**RESIDENTIAL**  
**BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**  
**BUILDING PERMIT #10714**

Location: 70 E Dogwood Trail  
 Parcel: 022193000 PIN: 986818219688  
 District: 20- SOUTHERN SHORES  
 Subdivision: SO/SH SOUNDSTIDE BLK 95  
 LotBlkSect: LOT: 35 BLK: 95 SEC:

HAMLEY, JONATHON C TTEE TRE  
 HAMLEY, PAULA J TTEE TRE  
 1228 RELLEN ST  
 CHESAPEAKE VA 23320  
 PHONE #:  CELL #:

BUSINESS NAME: DeBoy Construction & Remodeling, Inc  
 CONTRACTOR'S NAME: John DeBoy  
 ADDRESS: 303 Eagle Dr  
 CITY, STATE, ZIP: Kill Devil Hills, NC 27948  
 OFFICE#: 252-480-9921  
 CELL#: 252-207-8912  
 FAX#:   
 EMAIL: [outerbankscontractor@gmail.com](mailto:outerbankscontractor@gmail.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
 NC G.C. LICENSE NUMBER: 61498  
 LIMITATION: Intermediate  
 CLASSIFICATION: Building  
 QUALIFIER: John Richard DeBoy

LIEN AGENT: North American Title Insurance Company Entry# 1129808  
 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Remodel kitchen – no increase in footprint or square footage of living space **-Amended 12-10-19 - Removing beam load wall**

SPECIAL CONDITIONS - **JD 12-11-19**

TYPE OF CONSTRUCTION: Remodel	FOUNDATION:	ZONING DISTRICT: RS-1
BUILDING USE: Single Family Dwelling	HEAT:	ZONING PERMIT #: n/a
TOTAL HEATED/LIVING AREAS (SF):	A/C:	
TOTAL NON-HEATED AREAS (SF):	INTERIOR WALLS:	
NUMBER OF STORIES:	EXTERIOR WALLS:	
BEDROOMS:	FIREPLACE:	
SEPTIC CAPACITY # OF PERSONS:	ROOF:	
BATHS: ½ BATHS:	INSULATION:	
DETACHED/ATTACHED GARAGE(SF):	ELEVATOR (SF):	
STORAGE ENCLOSURE(SF): POOL(SF):	DECKS (SF):	CAMA PERMIT #: n/a
FLOOD ZONE: Shaded X	PORCHES (SF):	DATE ISSUED:
BASE FLOOD ELEVATION: FT PLUS 2FT=	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
	TYPE:	DATE ISSUED:

\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$35,500	+ \$ 7,000 = \$42,500	<b>JD 12-11</b>
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$35,500	X \$10 per \$1,000 of cost =	\$355.00
		Pool = \$125	\$
<b>Additional fee \$100</b>		Zoning Permit Fee = \$50	\$
<b>JD 12-11-19</b>		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund \$10	\$10.00
		<b>TOTAL FEE</b>	<b>\$365.00</b>

**Charles Slowikowski** 10-21-19  
 Applicant - Owner/Contractor (Please print and sign name) Date Issued  
**Bunley She Otter** 10-21-19  
 Building/Code/Zoning Official Date Approved  
**JD 12-11-19**

TOWN OF SOUTHERN SHORES  
PLANNING AND CODE  
ENFORCEMENT  
5375 N Virginia Dare Trl  
Southern Shores NC 27949  
(252) 261-2394 ext 4 tel  
(252) 255-0876 fax  
www.southernshores-nc.gov



**SUB-CONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12-11-19

PROJECT ADDRESS 279 Wax Myrtle

Owner Keith C Wood / Cathy Wood

Mailing Address P.O. Box 156

City, State, Zip Kitty Hawk NC 27949

Phone 252-255-0567

Permit Number 10755  
Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name Jeff Fischer NC License/Classification 15973-004

Company Name Fischer Building Co

Address 105 Rhodans Dr Phone 202-9468

City State & zip Kill Devil Hills, NC 27948 Estimated Project Cost 4000

Description of Work: Wire air handler & heat pump

**PLUMBING** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

**MECHANICAL** = Licensee Name Brian T. McDonald NC License/Classification 12643 H2-3 Chas/

Company Name Brian T. McDonald dba One Hour Heating & Air conditioning

Address Box 2600 701 W. Fresh Pond Dr Phone 441-1740

City State & zip Kill Devil Hills NC 27948 Estimated Project Cost 8737

Description of Work: Replace HVAC with 14 seer 3 1/2 ton Daikin air handler & heat pump

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

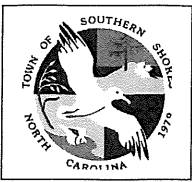
City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

Description of Work: \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]  
Signature of Licensee  
12/11/19  
Date

[Signature]  
Signature of Permit Official  
12-11-19  
Date



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10753**

Location: 245 N Dogwood Trail  
  
Parcel: 021768000 PIN: 986817123409  
District: 20- SOUTHERN SHORES  
Subdivision: SO/SH AMENDED SECTION A  
LotBlkSect: LOT: 32-36 BLK: H SEC:

PARKER, ROBERT D EUX  
PARKER, MONICA P EUX  
245 N DOGWOOD TRL  
KITTY HAWK NC 27949

PHONE #:

CELL #: 252-207-8180

BUSINESS NAME: Millstone Marine  
CONTRACTOR'S NAME: Kevin Lineberger  
ADDRESS: 7000 Maritime Woods Dr  
CITY, STATE, ZIP: Manteo, NC 27954  
OFFICE#: 252-305-8842  
CELL#: 252-202-2678  
FAX#:   
EMAIL: [millstonemarine@gmail.com](mailto:millstonemarine@gmail.com)

NC G.C. LICENSED CONTRACTOR:  YES  NO  
NC G.C. LICENSE NUMBER: 78077  
LIMITATION: Limited  
CLASSIFICATION: Building  
QUALIFIER: Kevin Lineberger

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construct a new 225lf bulkhead pursuant to CAMA General Permit #A75634

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory	FOUNDATION:	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: n/a
BUILDING USE: Single Family Dwelling	A/C:	
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: General A75634
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED: 11-5-2019
FLOOD ZONE: AE	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	TYPE:	DATE ISSUED:

\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$27,572		
HEATED/LIVING AREA (sf) (new square footage)		X .60/sf (single family) =	\$
		X .75/sf (all others) =	\$
NON-HEATED AREA (sf) (new square footage)		X .30/sf (single family) =	\$
		X .35/sf (all others) =	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund \$10	\$
		<b>TOTAL FEE</b>	<b>\$100.00</b>

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

Building/Code/Zoning Official

Date Approved

*[Handwritten Signature]*  
*[Handwritten Signature]*  
*[Handwritten Signature]*

12-12-19  
12-9-19



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**COMMERCIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10747**

**Parcel: 022819005  
PIN: 987717024126  
Location: 1 OCEAN BLVD  
District: [20] SOUTHERN SHORES  
Subdiv: [0000] SUBDIVISION - NONE  
Lot-Block-Sect: LOT: 3&4 AND PARCEL B BLK:**

**SOUTHERN SHORES CROSSING LLC  
P.O. BOX 150  
KITTY HAWK NC 27949**

PHONE #:

CELL #:

**BUSINESS NAME:**  
**CONTRACTOR'S NAME:** Tenant – Raymond Jamieson  
**ADDRESS:** 38 Ninth Ave  
**CITY, STATE, ZIP:** Southern Shores, NC 27949  
**OFFICE#:** 252-564-9636  
**CELL#:** 757-345-9712  
**FAX#:**  
**EMAIL:** [obxscaperooms@gmail.com](mailto:obxscaperooms@gmail.com)

**NC G.C. LICENSED CONTRACTOR:** \_\_\_ YES X NO  
**NC G.C. LICENSE NUMBER:**  
**LIMITATION:**  
**CLASSIFICATION:**  
**QUALIFIER:**

**LIEN AGENT:** n/a

**DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval):** Tenant – OBX Scape Rooms - Remodel and expand into Unit #111 = 1,600 sf area – scope of work to include new walls, doors, electrical

**SPECIAL CONDITIONS -**

<b>TYPE OF CONSTRUCTION:</b> Remodel/Addition	<b>FOUNDATION:</b>	<b>ZONING DISTRICT:</b> C – General Commercial
	<b>HEAT:</b>	<b>ZONING PERMIT #:</b> 2019-98
<b>BUILDING USE:</b> Commercial	<b>A/C:</b>	<b>DATE APPROVED:</b> 12/12/2019
<b>TOTAL HEATED/LIVING AREAS (SF):</b>	<b>INTERIOR WALLS:</b>	<b>PERMITTED/CONDITIONAL USE:</b> Permitted
<b>TOTAL NON-HEATED AREAS (SF):</b>	<b>EXTERIOR WALLS:</b>	<b>COMMERCIAL USE:</b> Event Facility
	<b>FIREPLACE:</b>	
	<b>ROOF:</b>	
<b>NUMBER OF STORIES:</b>	<b>INSULATION:</b>	
<b>BATHS:</b> ½ BATHS:	<b>ELEVATOR (SF):</b>	
<b>DETACHED/ATTACHED GARAGE(SF):</b>	<b>DECKS (SF):</b>	<b>CAMA PERMIT #:</b> n/a
<b>STORAGE ENCLOSURE(SF): POOL(SF):</b>	<b>PORCHES (SF):</b>	<b>DATE ISSUED:</b>
<b>FLOOD ZONE:</b> Shaded X	<b>WINDOWS MAKE:</b>	<b>SEPTIC PERMIT #:</b> 29235
<b>BASE FLOOD ELEVATION:</b> FT PLUS 2FT=	<b>TYPE:</b>	<b>DATE ISSUED:</b> 12/4/2019

**\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

<b>TOTAL CONSTRUCTION COST</b>	\$10,274		
<b>HEATED/LIVING AREA (sf) (new square footage)</b>		X .75/sf (all others) =	\$
<b>NON-HEATED AREA (sf) (new square footage)</b>		X .35/sf (all others) =	\$
<b>REMODEL/REPAIR/ALTERATION (no additional square footage)</b>	\$10,274	X \$10 per \$1,000 of cost =	\$102.74
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		<b>TOTAL FEE</b>	<b>\$152.74</b>

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

Building/Code/Zoning Official

Date Approved

*[Signature]*  
Christina Jamieson  
*[Signature]*  
Building/Code/Zoning Official

12/12/19  
12-12-19



**TOWN OF SOUTHERN SHORES  
PLANNING AND CODE ENFORCEMENT**  
5375 N Virginia Dare Trail, Southern Shores, NC 27949  
(252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)

**RESIDENTIAL  
BUILDING/FLOODPLAIN DEVELOPMENT PERMIT  
BUILDING PERMIT #10756**

**Location: 292 Wax Myrtle Trail**  
  
**Parcel: 021345000 PIN: 986810351217**  
**District: 20- SOUTHERN SHORES**  
**Subdivision: SO/SH BEACH BLKS 63 73 83 82A**  
**LotBlkSect: LOT: 28 BLK: 63 SEC:**

**DABNEY, ROBERT J EUX  
DABNEY, COLLEEN F EUX  
292 WAX MYRTLE TRL  
SOUTHERN SHORES NC 27949**  
  
PHONE #: 757-784-7809      CELL #:

**BUSINESS NAME: Emanuelson & Dad, Inc**  
**CONTRACTOR'S NAME: Jon Midgett**  
**ADDRESS: PO Box 448**  
**CITY, STATE, ZIP: Nags Head, NC 27959**  
**OFFICE#: 252-261-2212**  
**CELL#: 252-619-8096**  
**FAX#: 252-261-1115**  
**EMAIL: emanuelson@embarqmail.com**

**NC G.C. LICENSED CONTRACTOR: X YES \_\_\_ NO**  
**NC G.C. LICENSE NUMBER: 79801**  
**LIMITATION: Limited**  
**CLASSIFICATION: Building**  
**QUALIFIER: Nicole Marie Midgett / James David Pennington**  
  
**LIEN AGENT: n/a**

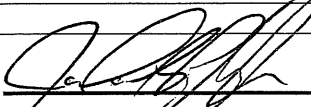
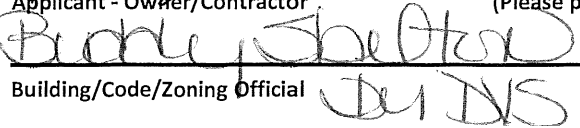
**DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Repair – Replace (10) foundation pilings – within the same footprint**

**SPECIAL CONDITIONS -**

<b>TYPE OF CONSTRUCTION:</b> Repair	<b>FOUNDATION:</b> Piling	<b>ZONING DISTRICT:</b> RS-1
	<b>HEAT:</b>	<b>ZONING PERMIT #:</b> n/a
<b>BUILDING USE:</b> Single Family Dwelling	<b>A/C:</b>	
<b>TOTAL HEATED/LIVING AREAS (SF):</b>	<b>INTERIOR WALLS:</b>	
<b>TOTAL NON-HEATED AREAS (SF):</b>	<b>EXTERIOR WALLS:</b>	
<b>NUMBER OF STORIES:</b>	<b>FIREPLACE:</b>	
<b>BEDROOMS:</b>	<b>ROOF:</b>	
<b>SEPTIC CAPACITY # OF PERSONS:</b>	<b>INSULATION:</b>	
<b>BATHS:      ½ BATHS:</b>	<b>ELEVATOR (SF):</b>	
<b>DETACHED/ATTACHED GARAGE(SF):</b>	<b>DECKS (SF):</b>	<b>CAMA PERMIT #:</b> n/a
<b>STORAGE ENCLOSURE(SF):      POOL(SF):</b>	<b>PORCHES (SF):</b>	<b>DATE ISSUED:</b>
<b>FLOOD ZONE:</b> Shaded X	<b>WINDOWS MAKE:</b>	<b>SEPTIC PERMIT #:</b> 29250
<b>BASE FLOOD ELEVATION:</b> FT PLUS 2FT=	<b>TYPE:</b>	<b>DATE ISSUED:</b> 12/6/2019

**\*\*\*The owner and builder are responsible for the following: All work done shall comply with the State Building Code and all other applicable State and local laws. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.**

<b>TOTAL CONSTRUCTION COST</b>	<b>\$10,000</b>		
<b>HEATED/LIVING AREA (sf)</b> (new square footage)		<b>X .60/sf (single family) =</b>	<b>\$</b>
		<b>X .75/sf (all others) =</b>	
<b>NON-HEATED AREA (sf)</b> (new square footage)		<b>X .30/sf (single family) =</b>	<b>\$</b>
		<b>X .35/sf (all others) =</b>	
<b>REMODEL/REPAIR/ALTERATION</b> (no additional square footage)	<b>\$10,000</b>	<b>X \$10 per \$1,000 of cost =</b>	<b>\$10,000</b>
		<b>Pool = \$125</b>	<b>\$</b>
		<b>Zoning Permit Fee = \$50</b>	<b>\$</b>
		<b>Plan Review Fee = \$150 or \$100</b>	<b>\$</b>
		<b>Minimum Permit Fee = \$100</b>	<b>\$</b>
		<b>Homeowner's Recovery Fund \$10</b>	<b>\$10.00</b>
		<b>TOTAL FEE</b>	<b>\$110.00</b>



  
 Applicant - Owner/Contractor      (Please print and sign name)      Date Issued **12-12-19**  
 Building/Code/Zoning Official      Date Approved **12-12-19**



TOWN OF SOUTHERN SHORES  
 PLANNING AND CODE  
 ENFORCEMENT  
 5375 N Virginia Dare Trl  
 Southern Shores NC 27949  
 (252) 261-2394 ext 4 tel  
 (252) 255-0876 fax  
 www.southernshores-nc.gov



**SUB-CONTRACTOR SIGN OFF AND/OR PERMIT**

Date 12/16/19

PROJECT ADDRESS 90 Skyline Rd

Owner Red Rock Management OBX LLC  
 Mailing Address 11523 Red Rock Ln  
 City, State, Zip Bumpass VA 23024  
 Phone 540-207-6359

Permit Number 10757  
 Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

**PLUMBING** = Licensee Name Kenneth Long NC License/Classification P1 #30190  
 Company Name Absolute Plumbing  
 Address 110 Quarter Landing Ct Phone 252-489-1439  
 City State & zip Harbinger NC 27941 Estimated Project Cost 2900  
 Description of Work: Replacement of 80 gallon water heater. We are adding a mixing valve & will be going from 2 heaters to 1.

**GAS** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

**MECHANICAL** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

[Signature]  
 Signature of Licensee

12/16/19  
 Date

[Signature] 12-23-19  
 Signature of Permit Official Date  
JUDAS

TOWN OF SOUTHERN SHORES  
PLANNING AND CODE  
ENFORCEMENT

5375 N Virginia Dare Trl  
Southern Shores NC 27949  
(252) 261-2394 ext 4 tel  
(252) 255-0876 fax  
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 12/16/19

PROJECT ADDRESS 90 Skyline Rd

Owner Red Rock Management ORX LLC

Mailing Address 11523 Red Rock Ln

City, State, Zip Bumpass VA 23024

Phone 540-207-6359

Permit Number 10757  
Fee \$ 100

EXISTING Building Permit Number \_\_\_\_\_ NO FEE (if work is associated with a Building Permit) \_\_\_\_\_

**ELECTRICAL** = Licensee Name \_\_\_\_\_ NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City State & zip \_\_\_\_\_ Phone \_\_\_\_\_

Description of Work: \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

**PLUMBING** = Licensee Name Kenneth Long

NC License/Classification P1 #30190

Company Name Absolute Plumbing

Address 110 Quarter Landing Ct

City State & zip Harbinger NC 27941

Phone 252-489-1439

Estimated Project Cost 2900

Description of Work: Replacement of 80 gallon water heater. We are adding a mixing valve & will be going from 2 heaters to 2.

**GAS** = Licensee Name \_\_\_\_\_

NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City State & zip \_\_\_\_\_ Phone \_\_\_\_\_

Description of Work: \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

**MECHANICAL** = Licensee Name \_\_\_\_\_

NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City State & zip \_\_\_\_\_ Phone \_\_\_\_\_

Description of Work: \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

**FIRE SPRINKLER** = Licensee Name \_\_\_\_\_

NC License/Classification \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City State & zip \_\_\_\_\_ Phone \_\_\_\_\_

Description of Work: \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted hereon.

[Signature]  
Signature of Licensee

12/16/19  
Date

[Signature] 12-23-19  
Signature of Permit Official Date  
JUDIS