

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

BJ2020-017 PROJECT NAME: William Jones SITE ADDRESS: 206 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/29/2020

EXPIRES: 07/27/2020

| | D |
|---------------------------------|------------------------------|
| Permit | |
| Name | Value |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 8 |
| HEALTH DEPARTMENT PERMIT # | 29260 |
| # PARKING SPACES/BEDROOM | 4 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | х |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential New |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 200000.00 |
| LOT COVERAGE | 33.29 |
| LIVING SPACE (SQFT) | 1762 |
| COVERED PORCHES/DECKS (SQFT) | 78 |
| STORAGE (SQFT) | 134 |
| OPEN DECK (SQFT) | 48 |
| TOTAL SQUARE FOOTAGE | 2022 |
| ENGINEER AND LICENSE NUMBER | MIKE OSTEEN 032628 |
| CULVERT | N |
| ROLL OUT CAN | 1 |
| DRIVEWAY INVERT 2 | Υ |
| OCCUPANCY TYPE | One & Two Family Dwelling |

BJ2020-017 PROJECT NAME: William Jones SITE ADDRESS: 206 OCEAN ACRES DR W KILL DEVIL HILLS

EXPIRES: 07/27/2020

REQUIRED INSPECTIONS

In-Slab Plumbing Slab/Foundation/Piling

Framing

Rough In

Insulation

Final

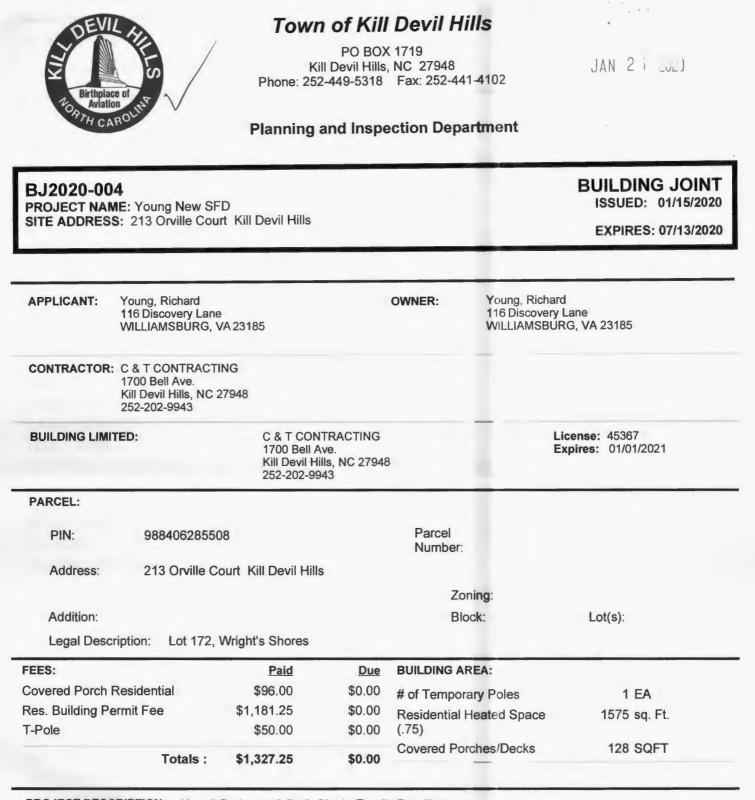
Zoning Final

CONDITIONS

| * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started. |
|---|
| * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway! |
| * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance. |
| * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area. |
| * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet. |
| * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2. |
| * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks. |
| * Zoning Final Inspection is required. |
| |

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

| Issued By: | -AA | |
|---------------------------------|-------|-----------|
| Contractor or Authorized Agent: | Date: | 1/31/2020 |



PROJECT DESCRIPTION: New 3 Bedroom 2 Bath Single Family Dwelling

Town of Kill Devil Hills Water Charges PAID Water Tap #: 123883

1.00

Printed by : CTHUMAN on: 01/15/2020 11:56 AM



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

JAN 21 20

Planning and Inspection Department

BJ2020-010

PROJECT NAME: Sandy Bottom Homes **SITE ADDRESS:** 616 Eden Street W Kill Devil Hills

BUILDING JOINT ISSUED: 01/21/2020

EXPIRES: 07/19/2020

| APPLICANT: | Sandy Bottom Hom 400 DaVinci Lane kitty hawk, nc 2794 757-448-8162 | | | 400 kitty | Sandy Bottom Homes 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162 | | |
|------------------|---|---|--------------|--------------------------------|--|---------|--|
| GENERAL BUIL | DING-LIMITED: | SANDY BC 400 DaVind kitty hawk, 757-448-81 | nc 27949 | ES | License: 6752 Expires: 01/0 | | |
| PARCEL: | | | | | | | |
| PIN: | 98752090112 | 4 | | Parcel Number: | | | |
| Address: | 616 Eden Stre | eet W Kill Devil H | lills | | | | |
| | | | | Zoning: | | | |
| Addition: | | | | Block: | Lot(s): | | |
| Legal Desc | ription: Lot 26-R, | Block 78, Recom | bination pla | t for OBX Cotta ge s, L | LC | | |
| FEES: | | Paid | Due | BUILDING AREA: | ······································ | | |
| Covered Porch I | Residential | \$63.00 | \$0.00 | Covered Porches/D | ecks 84 | SQFT | |
| Land Disturbing | | \$100.00 | \$0.00 | Resdiential Unheat | ed (.40) 541 | Sq. Ft | |
| Open Deck Fee | | \$150.00 | \$0.00 | Residential Heated | | sq. Ft. | |
| Res. Building Pe | ermit Fee | \$1,547.65 | \$0.00 | (.75) | | | |
| T-Pole | | \$50.00 | \$0.00 | # of Temporary Pol | es 1 | EA | |
| | | *** | | Open Decks | 1 | EA | |

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills

Water Charges

PAID Water Tap #: 123865



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

JAN 21

Planning and Inspection Department

BJ2020-002

PROJECT NAME: Richard and Patricia Young SITE ADDRESS: 211 Orville Court Kill Devil Hills

BUILDING JOINT ISSUED: 01/14/2020

EXPIRES: 07/12/2020

| APPLICANT: | C & T CONTRACTI 1700 Bell Ave. Kill Devil Hills, NC 2 252-202-9943 | | | OWNER: RICHARD Y 116 Discove Williamsburg 757-253-152 | ry Lane I, Va 23185 |
|--|---|----------------------|---------------------------------------|--|------------------------|
| BUILDING LIMITED: C & T CONTRACTING 1700 Bell Ave. Kill Devil Hills, NC 27948 252-202-9943 | | 3 | License: 45367 Expires: 01/01/2021 | | |
| PARCEL: | | | | | |
| PIN: | 98840628565 | 51 | | Parcel Number: | |
| Address: | 211 Orville C | ourt Kill Devil Hill | S | | |
| | | | | Zoning: | |
| Addition: | | | | Block: | Lot(s): |
| Legal Desc | cription: Lot 173, | Wright's Shores S | Subdivision | | |
| FEES: | | Paid | Due | BUILDING AREA: | |
| Covered Porch | Residential | \$96.00 | \$0.00 | Covered Porches/Decks | 128 SQFT |
| Res. Building P | ermit Fee | \$1,181.25 | \$0.00 | # of Temporary Poles | 1 EA |
| T-Pole | | \$50.00 | \$0.00 | Residential Heated Space | 1575 sq. Ft. |
| | | \$1,327.25 | \$0.00 | (.75) | |

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills Water Charges

Water Tap #: 123882

BJ2020-002

PROJECT NAME: Richard and Patricia Young SITE ADDRESS: 211 Orville Court Kill Devil Hills

BUILDING JOINT ISSUED: 01/14/2020

EXPIRES: 07/12/2020

REQUIRED INSPECTIONS

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

Final

Zoning Final

CONDITIONS

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

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

- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.

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

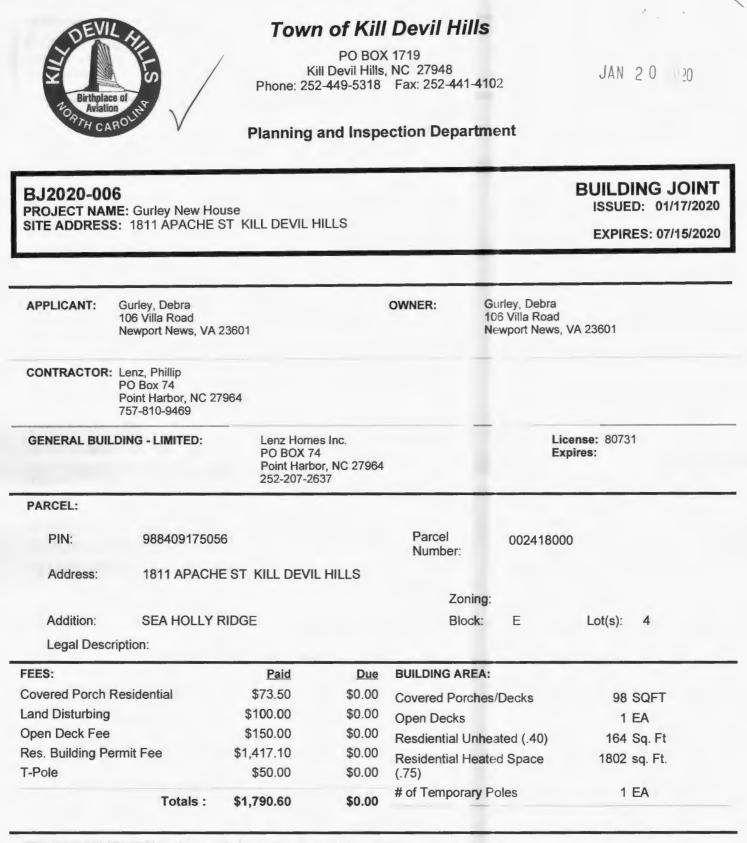
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By:

Contractor or Authorized Agent:

Date: 1/2/20



PROJECT DESCRIPTION: New 4 Bedroom Single Family Dwelling

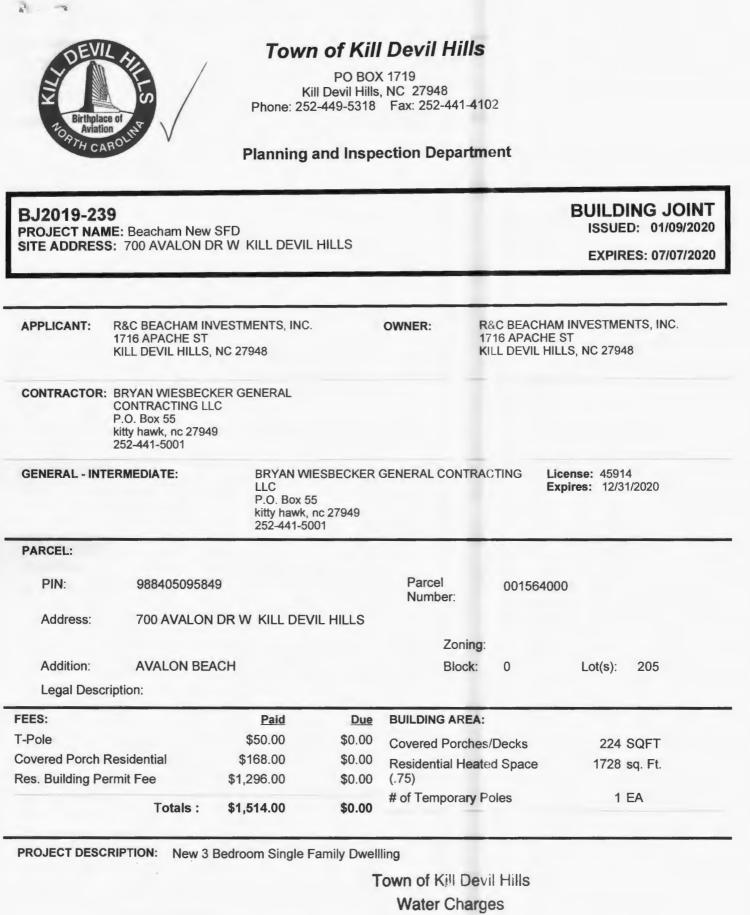
Town of Kill Devil Hills Water Charges PAID

Water Tap #:1 23 884

Printed by : CTHUMAN on: 01/17/2020 09:16 AM

1

Page 1 of 3



JAN 10 2020

Printed by : CTHUMAN on: 01/09/2020 12:11 PM

Water Tap #:

-23881



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

5 J .

JAN 8 2020

Planning and Inspection Department

BJ2019-238

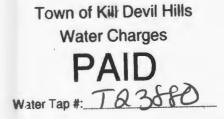
PROJECT NAME: Southwood Management, Inc. SITE ADDRESS: 807 KITTY CT KILL DEVIL HILLS BUILDING JOINT

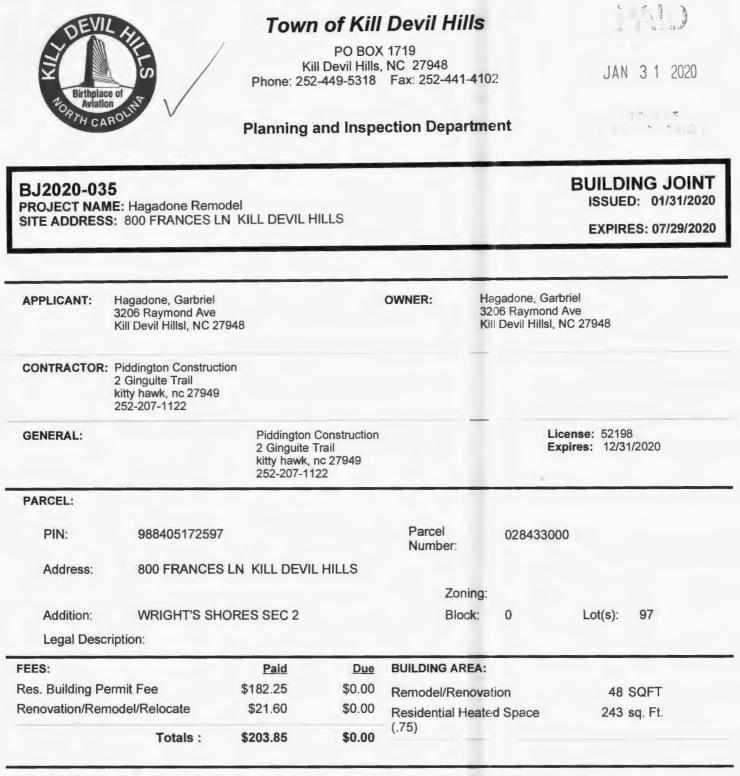
ISSUED: 01/06/2020

EXPIRES: 07/04/2020

| APPLICANT: | CHRISTOPHER ZA 1200 W. Sportsmar K D H, NC 27948 | | _ | OWNER: Southwood Management, Inc. 5031 Pitzer Rd. ROANOKE, VA 24014 540-353-6886 | | |
|---|--|--------------------------|------------------------|---|---------------|-------------|
| RESIDENTIAL-LIMITED: ZAPPULLA, Christopher 1200 WEST Sportsman D Kill Devil Hills, NC 27948 252-581-0107 | | | DR Expires: 01/01/2021 | | | |
| PARCEL: | | | | | | |
| PIN: | 98840517192 | 20 | | Parcel Number: | 00220100 | 0 |
| Address: | 807 KITTY C | KILL DEVIL HIL | LS | | | |
| | | | | Zoni | ing: | |
| Addition: | WRIGHT'S S | WRIGHT'S SHORES | | Bloc | k: 0 | Lot(s): 107 |
| Legal Desc | cription: | | | | | |
| FEES: | | Paid | Due | BUILDING AR | EA: | |
| Land Disturbing | 1 | \$100.00 | \$0.00 | Open Decks | | 1 EA |
| Open Deck Fee |) | \$150.00 | \$0.00 | Resdiential U | nheated (.40) | 84 Sq. Ft |
| Res. Building Permit Fee \$1,011.60 \$0.00 | | Residential Heated Space | | 1304 sq. Ft. | | |
| T-Pole | | \$50.00 | \$0.00 | (.75) | | |
| Panina daga matan da kana ana a | Totals : | \$1,311.60 | \$0.00 | # of Temporal | ry Poles | 1 EA |

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling





PROJECT DESCRIPTION: adding dormer over new floor system on 2nd story, relocating 2nd floor bathroom, replacing windows



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

Planning and Inspection Department

BJ2020-030

PROJECT NAME: The Sands Condos 4C SITE ADDRESS: 1701 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/28/2020 EXPIRES: 07/26/2020

| 4 | Sisk, Morgan & Kendall OW 403 Scofield LN WEST CHESTER, PA 19380 | | | | Sisk, Morgan & K 403 Scofield LN WEST CHESTEF | | D |
|--------------------|--|--------------|--|-------------------|---|--------------------------|---------------------|
| GENERAL BUILDI | NG-LIMITED: | 601 W Free | RESTORATION sh Pond Dr. ills, NC 27948 | 1 | | ense: 5803 ires: 12/3 | - |
| PARCEL: | | | | | | | |
| PIN: | 988411571381 | 12 | | Parcel Number: | 028095000 | | |
| Address: | 1701 VA DARE | TRL N KILL D | EVIL HILLS | | | | |
| | | | | Zoni n g | g: | | |
| Addition: | | | | Block: | С | Lot(s): | UNIT 4C LT 17-19 |
| Legal Descrip | tion: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fe | e - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Water damage repairs.

#25,000~

JAN 3 0 2020

ĩ

BJ2020-030

PROJECT NAME: The Sands Condos 4C SITE ADDRESS: 1701 VA DARE TRL N KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 01/28/2020

EXPIRES: 07/26/2020

DETAILS

| Permit | |
|----------------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | OIR |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | Ν |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 12 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CULVERT | Ν |
| DRIVEWAY INVERT 2 | Ν |
| OCCUPANCY TYPE | Residential |

REQUIRED INSPECTIONS

Rough In Insulation Final

Zoning Final

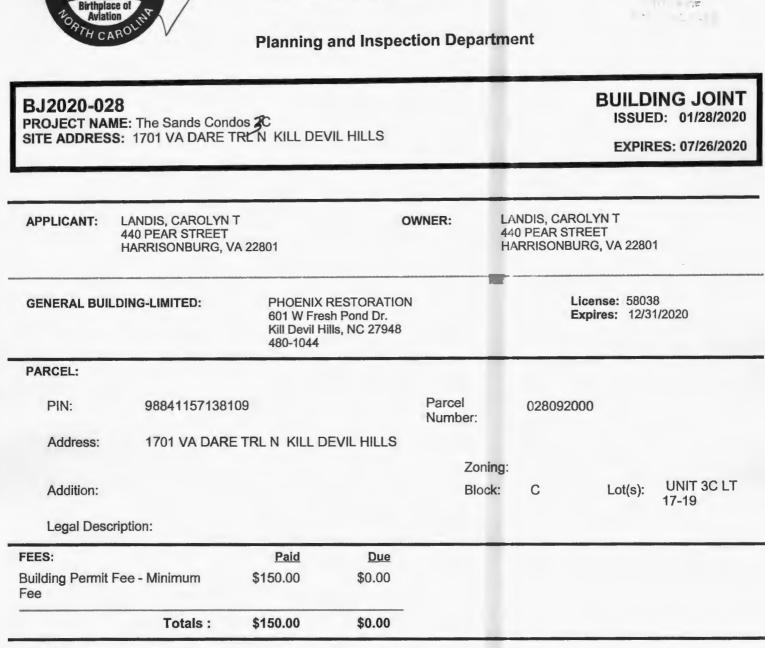
CONDITIONS

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

NO HOL. Call Fubic Services Department (252) 400-4000 before pouring driveway

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

| Issued By: | |
|---------------------------------|----------------|
| Rha | 12/30/20 |
| Contractor or Authorized Agent: | Date: 19 20 20 |



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

PROJECT DESCRIPTION: Renovations from water damage.

1

JAN 3 0 2020

BJ2020-028

PROJECT NAME: The Sands Condos 2C SITE ADDRESS: 1701 VA DARE TRL N KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 01/28/2020

EXPIRES: 07/26/2020

DETAILS

| Permit | |
|----------------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | OIR |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 12 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 20000.00 |
| CULVERT | Ν |
| DRIVEWAY INVERT 2 | Ν |
| | |

REQUIRED INSPECTIONS

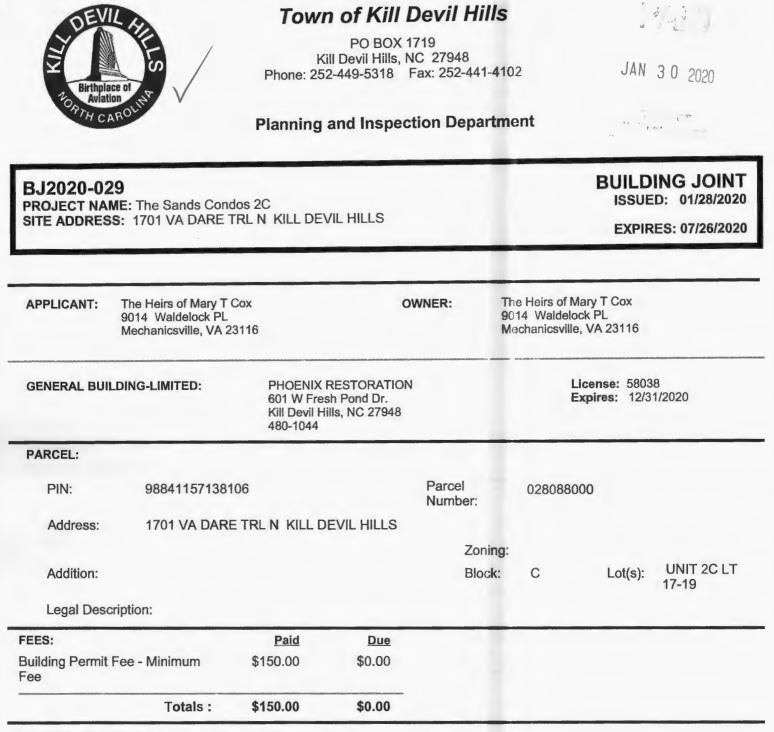
Rough In Insulation Final

Zoning Final

CONDITIONS

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

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



PROJECT DESCRIPTION: Repairs from water damage.

3

| Y DEVI | HILL | Ki | PO BOX II Devil Hills, | NC 27948 | | 1 | |
|---|--|--|---|-------------------|---|--|---------|
| Birthplac | ce of s | Phone: 252 | 2-449-5318 | Fax: 252-441- | 4102 | JAN 3 0 202 | 0 |
| PORTH CA | ROLI | Planning | and Inspe | ction Depar | tment | | 3 |
| BJ2020-03 PROJECT NAM SITE ADDRES | 3 ME: Powell storage S: 103 ROCKY MOU | INT ST KILL D | EVIL HILLS | | ale V ^e Ve | BUILDING ISSUED: 01/ EXPIRES: 07 | 29/2020 |
| APPLICANT: | POWELL, WAYNE 1313 Minuette Place Greenville, NC 27858 | | | OWNER: | POWELL, W 1313 Minuet Greenville, N | te Place | |
| GENERAL: | | Self UNKNOWN UNKNOWN 917-862-90 | N, XX 00000 | | | License: Unlicensed Expires: 12/31/2020 | |
| PARCEL: | | | | | | | |
| PIN: | 988517203270 | | | Parcel Number: | 001928 | 3000 | |
| Address: | 103 ROCKY MC | OUNT ST KILL | DEVIL HILL | S | | | |
| | | | | Zoni | ng: | | |
| Addition: | AVALON BEAC | H ANNEX 1 | | Bloc | k : 0 | Lot(s): 492 | |
| Legal Desc | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fee | Fee - Minimum | \$150.00 | \$0.00 | | | | |
| | | | and the second se | | | | |

PROJECT DESCRIPTION: close in area under existing structure for storage

BJ2020-033

PROJECT NAME: Powell storage **SITE ADDRESS:** 103 ROCKY MOUNT ST KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/29/2020

ISSUED: 01/29/2020

EXPIRES: 07/27/2020

DETAILS

| Permit | | | | |
|--------------------------------|------------------------------|--|--|--|
| Name | Value | | | |
| CAMA PERMIT | Ν | | | |
| CAMA EXEMPTION | N | | | |
| ZONING DISTRICT | С | | | |
| PURPOSE | Residential Addition | | | |
| FRONT YARD SETBACK | 15 | | | |
| SIDE YARD SETBACK | 6 | | | |
| REAR YARD SETBACK | 20% Depth >30 | | | |
| FLOOD ZONE | AE | | | |
| BASE FLOOD ELEVATION | 9 | | | |
| FINAL ELEVATION CERTIFICATE | N | | | |
| CONSTRUCTION COST | 9280.00 | | | |
| LOT COVERAGE | 36.00 | | | |
| SURVEYOR NAME AND NUMBER | Wesley M. Meekins L- 1465 | | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | | |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

| * | This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction | n |
|---|--|---|
| 0 | work is suspended for a period of 12 months at any time after work has started. | |

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

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

* Enclose under house for garage, bath, & storage.

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

* Non-Conversion Agreement to shall be submitted before Certificate of Compliance.

BJ2020-033 **PROJECT NAME:** Powell storage SITE ADDRESS: 103 ROCKY MOUNT ST KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/29/2020

Date: 01-30-20

EXPIRES: 07/27/2020

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

Issued By: 1. Alla

Contractor or Authorized Agent:



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

Planning and Inspection Department

BJ2020-031

4

PROJECT NAME: First Flight Hotel Ocean Front Amenity Area **SITE ADDRESS:** 2029 S Virginia Dare Trl Kill Devil Hills

BUILDING JOINT

ISSUED: 01/29/2020

EXPIRES: 07/27/2020

| APPLICANT: | First Flight Hotel, Ll 1880 Richmond Ro WILLIAMSBURG, V 757-218-3888 | ad | | 1880 F WILLIA | First Flight Hotel, LLC 1880 Richmond Road WILLIAMSBURG, VA 23185 757-218-3888 | | |
|--|---|--|-------------------------------|----------------------|---|--|--|
| CONTRACTOR | PREMIERE CONTR PO Box 269 kitty hawk, nc 2794 252-261-7244 | | anaanaanaa ayyyy Anaa Medinii | 1 | | | |
| GENERAL, UNL | IMITED: | PREMIERE PO Box 26 kitty hawk, 252-261-72 | nc 27949 | ING INC. | License: 58986 Expires: 12/31/2020 | | |
| PARCEL: | | | | | · · · | | |
| PIN: | 98931324106 | 4 | | Parcel Number: | | | |
| Address: | 2029 S Virgin | ia Dare Trl Kill D | evil Hills | | JAN 2 9 0020 | | |
| | | | | Zoning: | | | |
| Addition: | | | | Block: | Lot(s): | | |
| Legal Desc | ription: Lot 6 Blo | ck 3 Sec 4 Nags I | Head Shores | s Amended | | | |
| FEES: | | Paid | Due | BUILDING AREA: | | | |
| Com. Building P | ermit Fees | \$704.80 | \$0.00 | Commercial Space | 881 Sq. Ft. | | |
| Covered Porch | Residential | \$613.50 | \$0.00 | Covered Porches/Dec | | | |
| Land Disturbing | | \$100.00 | \$0.00 | Open Decks | 2 EA | | |
| Open Deck Fee | | \$300.00 | \$0.00 | Commercial Accesso | y 301 Sq. Ft. | | |
| Pool/Hot Tub | | \$200.00 | \$0.00 | Structure | | | |
| T-Pole | | \$50.00 | \$0.00 | # of Temporary Poles | 1 EA | | |
| an a second second and a second second second second | Totals : | \$1,968.30 | \$0.00 | | | | |

PROJECT DESCRIPTION: Pool with accessory restroom and storage buildings, walkway to ocean. SEE SPECIAL CONDITIONS OF PERMIT

₹

PROJECT NAME: First Flight Hotel Ocean Front Amenity Area **SITE ADDRESS:** 2029 S Virginia Dare Trl Kill Devil Hills

ISOSED. UNLONZOID

EXPIRES: 07/27/2020

| * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway! |
|--|
| * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction |
| or work is suspended for a period of 12 months at any time after work has started. |
| * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance. |
| * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C). |
| * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area. |
| * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in |
| accordance with 151.41(C). |
| * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a |
| minimum yard setback more than four (4) feet. |
| * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and |
| appurtenances shall be screened. |
| * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation. |
| * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2. |
| * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks. |
| * Zoning Final Inspection is required. |
| * Plans for the standpipe shall be submitted for approval by the Fire Marshal soon after Building Permit is issued. |
| * Pool designer to submit details for 48" pool barrier prior to construction. |
| * Pool designer to review, approve, and submit cut sheets and specifications to verify ADA Pool Chair product meets the |
| requirements of ICC A117.1 sections 1109.2.8 (minimum and maximum depths) and 1109.2.3 (clear deck space area) at its |
| current location in the 24" depth end of the pool as shown in the drawings. Designer to submit letter of approval prior to |
| installation of chair, its foundation, or under slab electrical conduit requirements. |
| |
| |
| I have be applied to the table to and and exemined this applied ion and lynaw the same to be true and correct |
| I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether |
| specified herein or not. The granting of a permit does not presume to give authority to violate or cancel |
| the provisions of any other state/local law regulating construction or the performance of construction. |

Issued By: Date: 1-29-2020 Contractor or Authorized Agent: 4



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

Planning and Inspection Department

BJ2020-026

PROJECT NAME: Hudock fence and driveway addition **SITE ADDRESS:** 307 JEAN CT KILL DEVIL HILLS

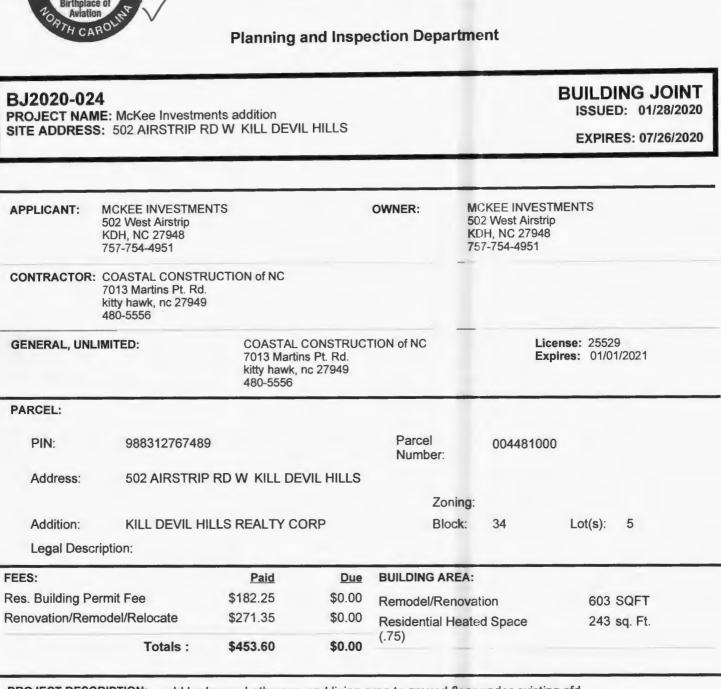
BUILDING JOINT ISSUED: 01/30/2020

EXPIRES: 07/28/2020

| APPLICANT: | Hudock, Cody 307 Jean Court Kill Devil Hills, NC 27 | 7948 | C | OWNER: | Hudock, Cody 307 Jean Cou Kill Devil Hills | urt | |
|-----------------|---|--|------------|-------------------|--|--|--|
| GENERAL: | | Self UNKNOWN UNKNOWN 917-862-90 | , XX 00000 | | | License: Unlicensed Expires: 12/31/2020 | |
| PARCEL: | | | | | | | |
| PIN: | 987516926893 | 3 | | Parcel Number: | 000981 | 000 | |
| Address: | 307 JEAN CT | KILL DEVIL HIL | LS | | | | |
| | | | | Zonin | ng: | | |
| Addition: | MOOR SHOR | ES | | Block | :: 0 | Lot(s): 14 | |
| Legal Desc | ription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Fence | | \$100.00 | \$0.00 | | | | |
| Driveway Permit | Fee | \$50.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: add 6 foot wood fence and driveway pavers addition

JAN 30 2020



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

PROJECT DESCRIPTION: add bedroom, bathroom, and living area to ground floor under existing sfd



JAN 28 2020

BJ2020-024

PROJECT NAME: McKee Investments addition SITE ADDRESS: 502 AIRSTRIP RD W KILL DEVIL HILLS BUILDING JOINT ISSUED: 01/28/2020

EXPIRES: 07/26/2020

* Zoning Final Inspection is required.

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

Issued By: Contractor or Authorized Agent: Katt Imenus Date: 1/29/20

| DEVIL | HI | Tow | n of Kil | l Devil Hil | ls | 1 |
|--|--|---------------------------------------|---|-------------------|----------------|---|
| Birthplace Aviation | S T | Phone: 25 | PO BO) (ill Devil Hills 52-449-5318 | | - 410 2 | JAN 29 2020 |
| TORTH CAR | oll | Planning | and Insp | ection Depar | tment | · · · · · · · · · · · · · · · · · · · |
| BJ2020-023 PROJECT NAME SITE ADDRESS | E: Cypress House 500 VA DARE T | Inn kitchen rem RL N KILL DEV | odel /IL HILLS | | | BUILDING JOINT ISSUED: 01/28/2020 EXPIRES: 07/26/2020 |
| | WILLIAM T PETERS 500 North Virginia Da Kill Devil Hills, NC 27 | are Tr. | | OWNER: | | PETERS irginia Dare Tr. Is, NC 27948 |
| GENERAL: | | Self UNKNOW UNKNOW 917-862-9 | N, XX 00000 | | | License: Unlicensed Expires: 12/31/2020 |
| PARCEL: | | | | | | |
| PIN: | 988420716852 | 2 | | Parcel Number: | 00374 | 1000 |
| Address: | 500 VA DARE | TRL N KILL DE | EVIL HILLS | | | |
| | | | · | Zoni | - | |
| Addition: Legal Descrip | | SHORES - REV | /ISED | Bloc | k: 23 | Lot(s): 1-2 |
| FEES: | | Paid | Due | BUILDING ARE | = . | |
| Building Permit Fe Fee | ee - Minimum | \$150.00 | \$0.00 | Remodel/Ren | | 226 SQFT |
| | Totals : | \$150.00 | \$0.00 | ~ | | |

PROJECT DESCRIPTION: remodel existing kitchen, add electrical outlets, move plumbing, and wall up back door

)

ALL

Dormit

PROJECT NAME: Cypress House Inn kitchen remodel SITE ADDRESS: 500 VA DARE TRL N KILL DEVIL HILLS ISSUED: 01/28/2020

EXPIRES: 07/26/2020

DETAILS

| Permit | |
|-----------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | RH |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| STREET SIDE SETBACK | 15 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 8.3 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Commercial Repair/Remodel |
| CONSTRUCTION COST | 15000.00 |
| LIVING SPACE (SQFT) | 226 |
| SURVEYOR NAME AND NUMBER | M. Douglas Styons L- 3227 |
| CULVERT | Ν |
| DRIVEWAY INVERT 2 | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

| Framing | Final |
|------------|--------------|
| Rough In | Zoning Final |
| Insulation | |

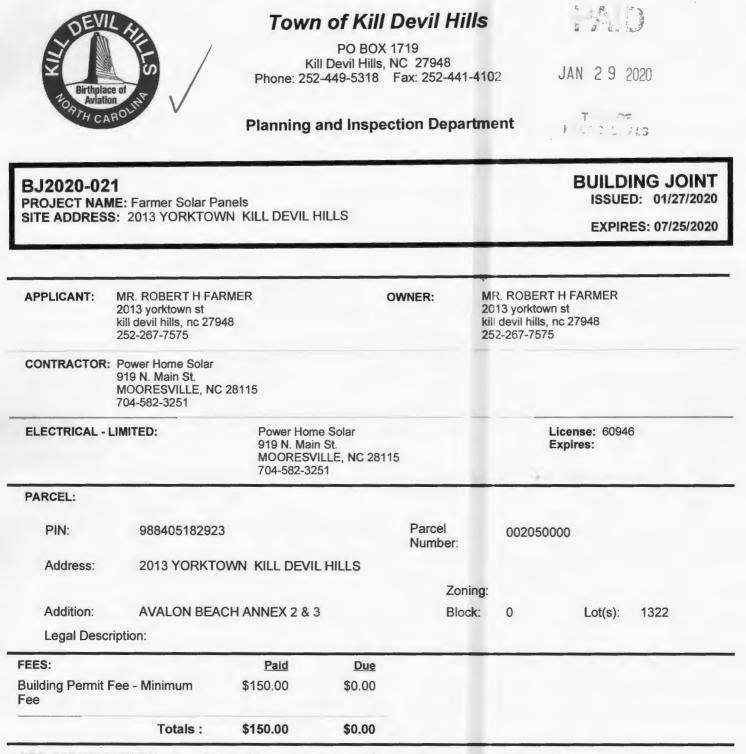
CONDITIONS

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

BJ2020-023

PROJECT NAME: Cypress House Inn kitchen remodel SITE ADDRESS: 500 VA DARE TRL N KILL DEVIL HILLS

EXPIRES: 07/26/2020



PROJECT DESCRIPTION: install 14 roof mounted solar modules on existing single family dwelling

BJ2020-021

PROJECT NAME: Farmer Solar Panels SITE ADDRESS: 2013 YORKTOWN KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/27/2020

EXPIRES: 07/25/2020

| alue L 5 | | | | | |
|-----------------------------|--------------------------------------|--------------------------------------|---------------------------|--------------------------------------|--------------------------------------|
| L 5 | | | | | |
| 5 | | | | | |
| | | | | | |
| NO/ Death > 20 | | | | | |
| 0% Depth >30 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| E | | | | | |
| 3 | | | | | |
| 0 | | | | | |
| esidential epair/Remodel | | | | | |
| 3436.00 | | | | | |
| | | | | | |
| | | | | | |
| ne & Two Family welling | | | | | |
| REQU | | IONS | | | |
| 3 | 436.00 ne & Two Family velling | 436.00 ne & Two Family velling | 436.00 ne & Two Family | 436.00 ne & Two Family velling | 436.00 ne & Two Family velling |

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

CONDITIONS

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

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

BJ2020-021 **PROJECT NAME:** Farmer Solar Panels SITE ADDRESS: 2013 YORKTOWN KILL DEVIL HILLS **BUILDING JOINT** ISSUED: 01/27/2020

EXPIRES: 07/25/2020

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

Issued By: Contractor or Authorized Agent: Rashua Cau Date: 1-29-20

| DEVIL | AL. | Tow | n of Kill | Devil Hill | S | r. 7 . |
|---|---|-------------------------------------|---|-------------------|-----------------------|--|
| Birthplace of Aviation | LS ST | | PO BOX (ill Devil Hills, 1 (2-449-5318) | | 102 | JAN 29 2020 |
| TH CAR | | Planning | and Inspec | ction Depart | ment | - |
| BJ2020-020 PROJECT NAME SITE ADDRESS: | : Communications 1634 CROATAN | Tower HWY N KILL D | EVIL HILLS | | | BUILDING JOINT ISSUED: 01/24/2020 EXPIRES: 07/22/2020 |
| F 1 | OWN OF KILL DEVI O BOX 1719 02 Town Hall Drive KILL DEVIL HILLS, N | | C | | P O BOX 1 102 Town | |
| | CI TOWERS, INC. 528 Horse Pasture F /A Beach, VA23453 | Road | | | | 994, - 1, - 1, - 1988, - 198, - 198, - 1985, - 1985, - 1985, - 1987, - 1 |
| BUILDING LIMITE | D: | FCI TOWE 2528 Horse VA Beach, | e Pasture Road | | | License: 45706 Expires: |
| PARCEL: | | | | | | |
| PIN: | 988410369451 | | | Parcel Number: | 0081 | 29000 |
| Address: | 1634 CROATA | NHWY N KILL | DEVIL HILLS | | | |
| | | | | Zoning | g: | |
| Addition: | SUBDIVISION - | NONE | | Block: | 0 | Lot(s): 0 |
| Legal Descrip | tion: | | _ | | | |
| FEES: | | Paid | Due | | | |
| Building Permit Fe | e - Minimum | \$0.00 | \$0.00 | | | |
| Fee | | | | | | |

10g

BJ2020-020 PROJECT NAME: Communications Tower SITE ADDRESS: 1634 CROATAN HWY N KILL DEVIL HILLS BUILDING JOINT ISSUED: 01/24/2020

EXPIRES: 07/22/2020

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

Issued By: Date: 1-29.20 Contractor or Authorized Agent:



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

Planning and Inspection Department

BJ2020-016

PROJECT NAME: All in OBX Corp House Remodel SITE ADDRESS: 600 THIRD ST W KILL DEVIL HILLS BUILDING JOINT ISSUED: 01/21/2020

ISSUED: 01/21/2020

EXPIRES: 07/19/2020

| APPLICANT: | ALL IN OBX CORP PO BOX 284 Kill Devil Hills, NC 2 | | | OWNER: | ALL IN OBX CO PO BOX 284 Kill Devil Hills, | |
|------------------|---|--|-----------------------|-------------------|--|--------------------------|
| BUILDING LIMIT | ED: | CC906 P.O. BOX 2 Kill Devil Hi | 284 ills, NC 27948 | 3 | | icense: 74465 xpires: |
| PARCEL: | | Anna Anna Anna Anna Anna Anna Anna Anna | | | | |
| PIN: | 98840927007 | ² 4 | | Parcel Number: | 0024410 | 00 |
| Address: | 600 THIRD S | T W KILL DEVIL | HILLS | | | |
| | | | | Zoni | ing: | |
| Addition: | SEA HOLLY | RIDGE | | Bloc | k: F | Lot(s): 15 |
| Legal Descr | iption: | | | | | |
| FEES: | | Paid | Due | BUILDING AR | EA: | |
| Driveway Permit | Fee | \$50.00 | \$0.00 | Remodel/Ren | ovation | 1759 SQFT |
| Res. Building Pe | rmit Fee | \$621.00 | \$0.00 | Residential He | eated Space | 828 sq. Ft. |
| Renovation/Rem | odel/Relocate | \$791.68 | \$0.00 | (.75) | | |
| | Totals : | \$1,462.68 | \$0.00 | | | |

PROJECT DESCRIPTION: remodel entire house, add enclosure to ground floor, adding a bedroom, addition to driveway

. AN 27 2020



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

Planning and Inspection Department

BJ2020-008

PROJECT NAME: HAHS DECKING, STAIRS, PLUMBING AND INSULATION SITE ADDRESS: 306 SUFFOLK ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/13/2020

EXPIRES: 07/11/2020

| Legal Description: FEES: Paid Due Building Permit Fee - Minimum \$150.00 \$0.00 Fee Totals : \$150.00 \$0.00 PROJECT DESCRIPTION: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAIL AND FLOOR INSULATION WAWA.00 WAWA.00 WAWA.00 | APPLICANT: | Hahs, Judith 1407 WEST FIRST Kill Devil Hills, NC 2 630-364-6140 | | (| OWNER: | Hahs, Judith 1407 WEST F Kill Devil Hills 630-364-6140 | , NC 27948 | |
|--|-------------|---|---------------|-------------|-------------|---|-------------|---------------|
| PIN: 988517104120 Parcel Number: 001250000 Address: 306 SUFFOLK ST KILL DEVIL HILLS Zoning: Addition: AVALON BEACH ANNEX 2 & 3 Block: 0 Lot(s): 797 & 3 Legal Description: FEES: Paid Due Due Building Permit Fee - Minimum \$150.00 \$0.00 Fee Totals: \$150.00 \$0.00 Fee Value PROJECT DESCRIPTION: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAILAND FLOOR INSULATION Ward of Kord | GENERAL: | | UNKNOW | N, XX 00000 | | | | |
| Address: 306 SUFFOLK ST KILL DEVIL HILLS Addition: AVALON BEACH ANNEX 2 & 3 Legal Description: Block: FEES: Paid Building Permit Fee - Minimum \$150.00 *150.00 \$0.00 Project Description: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAI AND FLOOR INSULATION WAWY AND FLOOR INSULATION WAWY | PARCEL: | | | | | | | |
| Addition: AVALON BEACH ANNEX 2 & 3 Block: 0 Lot(s): 797 & 3 Legal Description: Paid Due Building Permit Fee - Minimum \$150.00 \$0.00 Fee Totals : \$150.00 \$0.00 PROJECT DESCRIPTION: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAIAND FLOOR INSULATION Water and the second | PIN: | 98851710412 | 0 | | | 001250 | 000 | |
| Addition: AVALON BEACH ANNEX 2 & 3 Block: 0 Lot(s): 797 & 3 Legal Description: Paid Due Due Building Permit Fee - Minimum \$150.00 \$0.00 Fee Totals : \$150.00 \$0.00 \$0.00 Project Description: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAILING AND FLOOR INSULATION Water State | Address: | 306 SUFFOLM | ST KILL DEVIL | HILLS | | | | |
| Legal Description: FEES: Paid Due Building Permit Fee - Minimum \$150.00 \$0.00 Fee Totals : \$150.00 \$0.00 PROJECT DESCRIPTION: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAILAND FLOOR INSULATION Water State Stat | | | | | Zonir | ng: | | |
| Paid Due Building Permit Fee - Minimum \$150.00 \$0.00 Fee Totals : \$150.00 \$0.00 PROJECT DESCRIPTION: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAIL AND FLOOR INSULATION VALUE | Addition: | AVALON BEA | CH ANNEX 2 & | 3 | Block | c : 0 | Lot(s): | 797 & 799 |
| Building Permit Fee - Minimum \$150.00 \$0.00 Totals : \$150.00 \$0.00 PROJECT DESCRIPTION: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAI AND FLOOR INSULATION VAMA.00 K 3,00.00 | Legal Des | cription: | | | | | | |
| Totals : \$150.00 \$0.00 PROJECT DESCRIPTION: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAIL AND FLOOR INSULATION VA VA VA VA VA VA VA VA VA | FEES: | | Paid | Due | | | | |
| PROJECT DESCRIPTION: REPLACE DECKING AND RAILING, REBUILD STAIR AND LANDING, REPLACE DRAI AND FLOOR INSULATION | | Fee - Minimum | \$150.00 | \$0.00 | | | | |
| AND FLOOR INSULATION Value K 3,00.00 | | Totals : | \$150.00 | \$0.00 | | | | |
| | PROJECT DES | | | | REBUILD STA | | DING, REPLA | ACE DRAIN LIN |
| | | | | ١ | w. | | | |
| | | | | VP | 12.00 | | | |
| | | 9 | | KS | S_{00} | | | |
| | | JAN 23 2020 | | v | , | | | |

BJ2020-008 PROJECT NAME: HAHS DECKING, STAIRS, PLUMBING AND INSULATION SITE ADDRESS: 306 SUFFOLK ST KILL DEVIL HILLS BUILDING JOINT ISSUED: 01/13/2020

EXPIRES: 07/11/2020

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

Issued By: pdeet Hals Date: 01-23-2020 Contractor or Authorized Agent:



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

JAN 2 0 2020

Planning and Inspection Department

BJ2020-015

2

4

PROJECT NAME: Lamb Family Bathroom Remodel SITE ADDRESS: 1001 VA DARE TRL N KILL DEVIL HILLS

ISSUED: 01/17/2020 EXPIRES: 07/15/2020

BUILDING JOINT

| APPLICANT: | LAMB FAMILY VRE LLC PO BOX 1030 kitty hawk, nc 27949 252-261-4444 | | OWNER: | | | LAMB FAMILY VRE LLC PO BOX 1030 kiity hawk, nc 27949 252-261-4444 | | |
|--------------------------|--|---------------|---|-------------------|---------|--|---|--|
| CONTRACTOR | CAROLINA BEACH BUI UNKNOWN UNKNOWN, XX 00000 | LDERS | | | | | | |
| GENERAL: | | 2300 North | CAROLINA BEACH BUILDERS 2300 North Croatan Highway Kill Devil Hills, NC 27948 256-1521 | | | License: 27951 Expires: | | |
| PARCEL: | | | | | | | | |
| PIN: | 988415734113 | | | Parcel Number: | 0037030 | 000 | | |
| Address: | 1001 VA DARE T | RLN KILL DI | EVIL HILLS | | | | | |
| | | | | Zoning | g: | | | |
| Addition: KITTY HAWK SHO | | RES - REVISED | | Block: | 10 | Lot(s): | 1 | |
| Legal Desc | cription: | | | | | | | |
| EES: | | Paid | Due | | | | | |
| Building Permit | Fee - Minimum | \$150.00 | \$0.00 | | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | | |

PROJECT DESCRIPTION: replace 4 fiberglass tub/showers with ceramic tile

1

PROJECT NAME: Lamb Family Bathroom Remodel SITE ADDRESS: 1001 VA DARE TRL N KILL DEVIL HILLS BUILDING JOINT ISSUED: 01/17/2020

EXPIRES: 07/15/2020

| | DETAILS |
|----------------------------|------------------------------|
| Permit | |
| Name | Value |
| ZONING DISTRICT | OIR |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| SUBSTANTIAL IMPROVEMENT | NO (NE) |
| CONSTRUCTION COST | 24500.00 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |
| | REQUIRED INSPECTIONS |
| Framing | Final |
| Rough In | Zoning Final |
| Insulation | |

CONDITIONS

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

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

| Issued By: | |
|---------------------------------|---------------|
| | 1- x1 |
| Contractor or Authorized Agent: | Date: _//20/2 |

| | Totals : | \$150.00 | \$0.00 | | | | | |
|--|--|--|--|-------------------|--|--------------------------------|---|--|
| Building Permit I Fee | Fee - Minimum | \$150.00 | \$0.00 | | | | | |
| FEES: | | Paid | Due | | | | | |
| Legal Desci | ription: | | | | | | | |
| Addition: | SUBDIVISION | - NONE | | Block | - | Lot(s): | 0 | |
| Address: | 7 IU VA DARE | TRES KILL DE | VIL MILLS | Zoni | na [.] | | | |
| PIN: | 98830889838 | 5 TRLS KILL DE | | Parcel Number: | 00812 | 27000 | | |
| PARCEL: | | | | | | | | |
| BUILDING UNLI | IMITED: | Gibbs, Cla Po Box 238 Manteo, No | 87 | | | License: 7699 Expires: 01/0 | | |
| CONTRACTOR: | Gibbs, Clarence Po Box 2387 Manteo, NC 27954 | | | | | | | |
| APPLICANT: | RICKARD, STEVEN P.O. Box 2534 Kill Devil Hills, NC 2 252-202-3509 | | | OWNER: | RICKARD, P.O. Box 25 Kill Devil Hi 252-202-35 | 534 ills, NC 27948 | <u> </u> | |
| BJ2020-01 PROJECT NAM SITE ADDRESS | 4 IE: Thai Room Bar S: 710 VA DARE T | Remodel RLS KILL DEVI | IL HILLS | | | ISSUE | ING JOINT D: 01/20/2020 RES: 07/18/2020 | |
| 20ALH CA | ROLINP | Planning | and Insp | ection Depar | tment | ; | | |
| Z Birthplac | Lo a | K Phone: 25 | PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 | | | | JAN 2 U 2020 | |
| | | | | | | | | |

and data lines to north wall

5

PROJECT NAME: Thai Room Bar Remodel SITE ADDRESS: 710 VA DARE TRL S KILL DEVIL HILLS BUILDING JOINT ISSUED: 01/20/2020

EXPIRES: 07/18/2020

DETAILS

| Permit | |
|----------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | С |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 8.3 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Commercial Repair/Remodel |
| CONSTRUCTION COST | 13900.00 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | Business |

REQUIRED INSPECTIONS

Framing Rough In Final

Zoning Final

CONDITIONS

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

* Zoning Final Inspection is required.

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

Issued By: Date: 1-20-2020 Contractor or Authorized Agent//

Printed by : CTHUMAN on: 01/20/2020 08:35 AM



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

Planning and Inspection Department

BJ2020-009

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

BUILDING JOINT

ISSUED: 01/13/2020

EXPIRES: 07/11/2020

| APPLICANT: | HAGADONE, I 519 WAX MYF Kill Devil Hills, 252-564-4635 | RTLE CT | | (| OWNER: | 519 WAX | NE, MATTHEW MYRTLE CT Iills, NC 27948 635 | |
|------------------------|---|------------|---|-----------|---|----------|--|------------|
| GENERAL: | | U | elf NKNOWN NKNOWN,) 17-862-9006 | | | | License: Unli Expires: 12/ | |
| PARCEL: | | | | | | | | |
| PIN: | 9884091 | 59547 | | | Parcel Number: | 0032 | 52000 | |
| Address: | 519 WAX | MYRTLE CT | KILL DE | /IL HILLS | | | | |
| | | | | | Zonir | ng: | | |
| Addition: | FIRST FI | IGHT VILLA | GE SEC 2 | | Block | :: 0 | Lot(s): | 281 |
| Legal Desc | cription: | | | | | | | |
| FEES: | | J | Paid | Due | | | | |
| Building Permit Fee | Fee - Minimum | \$150 | 0.00 | \$0.00 | | | | |
| | Totals | s: \$150 | 0.00 | \$0.00 | | | | |
| PROJECT DESC | UN SY WI | STEM AND I | ED STORA NCLUDED FROM SH | GE. REMO | ETURN STOR OVE UNPERMI CAL FROM SEC VE ALL EXIST | TTED, UN | INSPCETED N DRY OF GARA | IINI SPLIT |
| | | . * | | | | | | |
| | JAN 1 | 6 2020 | | | | | | |
| | | | | | | | | |
| | | 1.al - | | | | | | |

Printed by : Jordan Blythe on: 01/13/2020 11:49 AM

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

BUILDING JOINT

ISSUED: 01/13/2020

EXPIRES: 07/11/2020

DETAILS

| Permit | |
|----------------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 10 |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 8.00 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 500.00 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

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

* Zoning Final Inspection is required.

* 12' X 16' STRUCTURE SHALL BE RETURNED TO UNCONDITIONED STORAGE ONLY AND SHALL ONLY BE USED AS SUCH

* 2-STORY ACCESSORY GARAGE SHALL BE RETURNED TO UNCONDITIONED STORAGE ONLY AND SHALL ONLY BE USED AS SUCH

BJ2020-009 PROJECT NAME: HAGADONE REMOVAL SITE ADDRESS: 519 WAX MYRTLE CT KILL DEVIL HILLS

- - · ·

BUILDING JOINT ISSUED: 01/13/2020

EXPIRES: 07/11/2020

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

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



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

Planning and Inspection Department

PAD

JAN 16 2020

TO STOP

BJ2020-012

PROJECT NAME: Marx Den Under House SITE ADDRESS: 703 SUFFOLK ST KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/15/2020

EXPIRES: 07/13/2020

| APPLICANT: | Marx, Paula 703 Suffolk Street Kill Devil Hills, NC 275 | 948 | | OWNER: | Marx, Paula 703 Suffolk Stre Kill Devil Hills, N | | |
|------------------|---|---|----------|-------------------|--|------------------------------------|--|
| CONTRACTOR: | Cutting Edge Craftsm 934 W Kitty Hawk Rd Kitty Hawk, NC 27949 252-261-2656 | | | | | | |
| BUILDING LIMIT | ED: | Cutting Edg 934 W Kitty Kitty Hawk, 252-261-26 | NC 27949 | | | cense: 72054 cpires: 01/01/2021 | |
| PARCEL: | | | | | | | |
| PIN: | 988405096582 | | | Parcel Number: | 00113700 | 00 | |
| Address: | 703 SUFFOLK | ST KILL DEVIL | HILLS | | | | |
| | | | | Zonin | g: | | |
| Addition: | AVALON BEAC | HANNEX 2 & | 3 | Block | : 0 | Lot(s): 934 | |
| Legal Desci | ription: | | | | | | |
| EES: | | Paid | Due | BUILDING ARE | A: | | |
| Res. Building Pe | rmit Fee | \$252.00 | \$0.00 | Residential Hea | ated Space | 336 sq. Ft. | |
| | Totals : | \$252.00 | \$0.00 | (.75) | | | |

PROJECT DESCRIPTION: addition of game room, den, and bathroom on ground floor under existing footprint

PROJECT NAME: Marx Den Under House SITE ADDRESS: 703 SUFFOLK ST KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/15/2020

EXPIRES: 07/13/2020

DETAILS Permit Value Name ZONING DISTRICT RL FRONT YARD SETBACK 15 REAR YARD SETBACK 20% Depth >30 SIDE YARD SETBACK 6 **# PARKING** 3 SPACES/BEDROOM CAMA PERMIT N CAMA EXEMPTION N FLOOD ZONE AE **BASE FLOOD ELEVATION** 8.3 Proposed First Floor Elevation 9.30 SUBSTANTIAL NO IMPROVEMENT CONSTRUCTION COST 29680.00 LOT COVERAGE 27.00 SURVEYOR NAME AND Robert J. Robers L-4293 NUMBER CULVERT N **DRIVEWAY INVERT 2** Ν OCCUPANCY TYPE One & Two Family Dwelling **REQUIRED INSPECTIONS**

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

CONDITIONS

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

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

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

BJ2020-012 PROJECT NAME: Marx Den Under House SITE ADDRESS: 703 SUFFOLK ST KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/15/2020

EXPIRES: 07/13/2020

* Zoning Final Inspection is required.

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

Issued By: Contractor or Authorized Agent: _

Date:



- 2

ä.

Town of Kill Devil Hills

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

Planning and Inspection Department

BUILDING JOINT ISSUED: 01/16/2020

1.1.

JAN 16 2020

EXPIRES: 07/14/2020

| BJ2020-013 |
|--|
| PROJECT NAME: Tuttle Wet Bar and Ground Floor Bathroom |
| PROJECT NAME: Tuttle Wet Bar and Ground Floor Bathroom SITE ADDRESS: 300 ARCH ST E KILL DEVIL HILLS |

| Res. Building P | ermit Fee | \$242.80 | \$0.00 | Resdiential Un | heated (.40) | 607 Sq. Ft |
|-----------------|--|---|--------------------------------------|-------------------|--|-----------------------------------|
| EES: | | Paid | Due | BUILDING ARE | A: | |
| Legal Desc | cription: | | | | | |
| Addition: | ORVILLE BEA | CH BLK 2 | | Block | :: 2 | Lot(s): 14 |
| | | | | Zonir | ng: | |
| Address: | 300 ARCH ST | E KILL DEVIL H | HILLS | | | |
| PIN: | 988513043883 | 5 | | Parcel Number: | 00007100 | 0 |
| PARCEL: | | | | | | |
| RESIDENTIAL, | LIMITED: | Emanuelso 6705 CRO 6705 S. Cr nags head, 252-261-22 | ATAN HWY S oatan Hwy. nc 27959 | OUTH | | cense: 79801 pires: 01/01/2021 |
| CONTRACTOR | Emanuelson and Date 6705 CROATAN HW 6705 S. Croatan Hwy nags head, nc 27959 252-261-2215 | Y SOUTH | | | | |
| APPLICANT: | Tuttle, John 3070 Falmouth Drive CHESAPEAKE, VA2 | | | OWNER: | Tuttle, John 3070 Falmouth CHESAPEAKE, | |

OJECT DESCRIPTION: add ground floor wetbar and shower below raised structure, add driveway to bring parking into compliance

-

Permit Name

ZONING DISTRICT

REAR YARD SETBACK

PROJECT NAME: Tuttle Wet Bar and Ground Floor Bathroom SITE ADDRESS: 300 ARCH ST E KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/16/2020

EXPIRES: 07/14/2020

Value С FRONT YARD SETBACK 30 20% Depth >30

DETAILS

| REAR TARD SETBACK | 20% Depth >30 |
|--------------------------------|------------------------------|
| SIDE YARD SETBACK | 8 |
| STREET SIDE SETBACK | 15 |
| # PARKING SPACES/BEDROOM | 4 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | Ν |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 9 |
| Proposed First Floor Elevation | 10.00 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Addition |
| CONSTRUCTION COST | 10000.00 |
| LOT COVERAGE | 41.90 |
| SURVEYOR NAME AND NUMBER | M Douglas Styons L- 3227 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |
| | |

REQUIRED INSPECTIONS

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

Insulation

Final

Zoning Final

CONDITIONS

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

PROJECT NAME: Tuttle Wet Bar and Ground Floor Bathroom SITE ADDRESS: 300 ARCH ST E KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/16/2020

EXPIRES: 07/14/2020

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: Date: 1/16/2000 Contractor or Authorized Agent



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

Planning and Inspection Department

BJ2020-011

PROJECT NAME: meredith SITE ADDRESS: 320 TRUXTON ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/14/2020

EXPIRES: 07/12/2020

| | MR. PAUL ROBERT 15499 eagle travern centreville, va 20120 | In | | OWNER: | MR. PAUL RO 15499 eagle t centreville, va | travern In |
|--------------------------|---|--|-------------|-------------------|---|--|
| GENERAL: | | Self UNKNOWN UNKNOWN 917-862-90 | 1, XX 00000 | | | License: Unlicensed Expires: 12/31/2020 |
| PARCEL: | | | | | | |
| PIN: | 987516931249 | 9 | | Parcel Number: | 028721 | 156 |
| Address: | 320 TRUXTO | ST KILL DEVI | L HILLS | | | |
| | | | | Zoni | ng: | |
| Addition: | MOOR SHOR | ES TWO | | Bloc | k: 0 | Lot(s): 156 |
| Legal Descri | ption: | | | | | |
| FEES: | | Paid | Due | | | |
| Building Permit F Fee | ee - Minimum | \$150.00 | \$0.00 | | | |
| | Totals : | \$150.00 | \$0.00 | | | |

PROJECT DESCRIPTION: remodel existing bathroom

TAAN'I JAN 1 4 2020

BJ2020-011 PROJECT NAME: meredith SITE ADDRESS: 320 TRUXTON ST KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/14/2020

EXPIRES: 07/12/2020

DETAILS

| Permit | |
|----------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | Ν |
| FLOOD ZONE | Х |
| SUBSTANTIAL IMPROVEMENT | NO |
| CONSTRUCTION COST | 6000.00 |
| CULVERT | Ν |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Rough In

Zoning Final

Final

CONDITIONS

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

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

Issued By: 020 **Contractor or Authorized Agent:** Date:



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

Planning and Inspection Department

BJ2020-007

PROJECT NAME: White deck enclosure, house renovation **SITE ADDRESS:** 808 SWAN ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/15/2020

EXPIRES: 07/13/2020

| APPLICANT: | White, Jeremy Owe 808 Swan Street Kill Devil Hills, NC 2 | | | OWNER: | White, Jeremy 808 Swan Stree Kill Devil Hills, I | et |
|------------------|--|-----------------|--------|------------------------|--|------------|
| GENERAL: | Self UNKNOWN UNKNOWN, XX 00000 917-862-9006 | | | | cense: Unlicensed xpires: 12/31/2020 | |
| PARCEL: | | | | | | |
| PIN: | 98831177420 | 8 | | Parcel Number: | 00446900 | 00 |
| Address: | 808 SWAN S | T KILL DEVIL HI | LLS | | | |
| | | | | Zon | ing: | |
| Addition: | KILL DEVIL H | ILLS REALTY CO | DRP | Bloc | ok: 32 | Lot(s): 5 |
| Legal Desc | ription: | | | | | |
| FEES: | | Paid | Due | BUILDING AR | EA: | |
| Covered Porch F | Residential | \$96.00 | \$0.00 | Covered Porc | ches/Decks | 128 SQFT |
| Renovation/Rem | nodel/Relocate | \$173.70 | \$0.00 | Remodel/Ren | novation | 386 SQFT |
| Res. Building Pe | ermit Fee | \$86.65 | \$0.00 | Resdiential U | nheated (.40) | 181 Sq. Ft |
| | Totals : | \$356.35 | \$0.00 | Residential H (.75) | eated Space | 19 sq. Ft. |

PROJECT DESCRIPTION: remodel front screen porch as heated living space, enlarge and add roof to side entrance deck, enlarge garage, renovate kitchen, replace windows

1.5

JAN 1 5 2020

Printed by : Marty Shaw on: 01/15/2020 09:35 AM

2

V

PROJECT NAME: White deck enclosure, house renovation SITE ADDRESS: 808 SWAN ST KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/15/2020

EXPIRES: 07/13/2020

DETAILS

| Permit | |
|---------------------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 10 |
| STREET SIDE SETBACK | 15 |
| HEALTH DEPARTMENT PERMIT # | 29261 |
| # PARKING SPACES/BEDROOM | 3 |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| FLOOD ZONE | Х |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 45000.00 |
| LOT COVERAGE | 24.30 |
| LIVING SPACE (SQFT) | 405 |
| COVERED PORCHES/DECKS (SQFT) | 128 |
| GARAGE (SQFT) | 181 |
| SURVEYOR NAME AND NUMBER | M. Douglas Styons L- 3227 |
| CULVERT | Ν |
| DRIVEWAY INVERT 2 | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |

F

8

PROJECT NAME: White deck enclosure, house renovation **SITE ADDRESS:** 808 SWAN ST KILL DEVIL HILLS

EXPIRES: 07/13/2020

REQUIRED INSPECTIONS

In-Slab Plumbing Slab/Foundation/Piling

Framing

Rough In

Insulation Final

Zoning Final

CONDITIONS

| * This permit become | es null and void if work or const | truction authorized is not | commenced within 6 months or | if construction |
|----------------------|-----------------------------------|----------------------------|------------------------------|-----------------|
| or work is suspended | for a period of 12 months at ar | ny time after work has sta | arted. | ***** |

- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: Date: 1/15/20 n Contractor or Authorized Agent:

| | Totals : | \$2,735.55 | \$0.00 | | | | |
|-----------------------|--|--|-----------------|------------------------------|-------------------------|---------------|-----------------|
| Renovation/Rem | odel/Relocate | \$2,735.55 | \$0.00 | Remodel/Renov | ation | 6079 | SQFT |
| EES: | | Paid | Due | BUILDING AREA | | ····· | |
| Legal Desc | ription: | | | | | | |
| Addition: | HEDRICKS A | DDITION - CROA | ATAN SH | Block: | | Lot(s): | 0 |
| | | | | Zoning |] : | | |
| Address: | 1700 CROAT | AN HWY N KILL | DEVIL HILL | | | | |
| PIN: | 98841037412 | 22 | | Parcel Number: | 0027 | 39000 | |
| PARCEL: | | | | | | | |
| | | 151 LE GO Midlothian, 804-379-36 | VA 23114 | E, SUITE 200 | | Expires: | |
| BUILDING-UNL | MITED: | | | TION COMPANY | | License: 6934 | |
| CONTRACTOR: | VENTURE CONST 151 LE GORDON I Midlothian, VA2311 804-379-3610 | DRIVE, SUITE 200 | NY | | an amartina filonosoada | | |
| APPLICANT: | OLIVOLA, MARK NANCY O WALTO P O BOX 364 KILL DEVIL HILLS, | | | | POBOX | WALTON | 48 |
| | | | | | | EXPIR | RES: 07/05/2020 |
| | E: Lumber Liquida | | EVIL HILLS | | | | ED: 01/07/2020 |
| BJ2019-21 | | | | | | | ING JOINT |
| ATHCA | ROL | Planning | and Inspe | ection Departr | nent | 1 · 101 | N |
| Horring and Available | N In the second | | ill Devil Hills | , NC 27948 Fax: 252-441-4 | 102 | JAN 1 | 5 2020 |
| | | | PO BO | X 1719 | | | 1 |

1

11

BJ2019-215

PROJECT NAME: Lumber Liquidators SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/07/2020

EXPIRES: 07/05/2020

DETAILS

| Permit | |
|----------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | С |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 10 |
| STREET SIDE SETBACK | 15 |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 9 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Commercial Repair/Remodel |
| CONSTRUCTION TYPE | 11 |
| CONSTRUCTION COST | 250000.00 |
| TOTAL SQUARE FOOTAGE | 6079 |
| CULVERT | Ν |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | Merchantile |
| | |

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

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

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

* Sign Permit required, one sign up to 36 square feet will be permitted.

Printed by : Marty Shaw on: 01/07/2020 10:48 AM

BJ2019-215 PROJECT NAME: Lumber Liquidators SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/07/2020

EXPIRES: 07/05/2020

| * Any modifications to the space that interferes with the fire sprinklers shall be evaluated by a licensed NC fire sprinkler company to meet compliance. |
|--|
| * Storage shall not be over 12'. |
| * 2A 10 BC fire extinguishers shall be mounted within 75' travel distance. |
| * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2. |
| * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks. |
| * Zoning Final Inspection is required. |
| * Contact Public Services (252-480-4080) for a dumpster site/placement inspection prior to striping. |

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

Issued By: Cpbell Contractor or Authorized Agent:

Date: 1-15-20

| DEV | ILA | Tow | n of Kil | I Devil Hi | lls | |
|--------------|---|--|-----------|-------------------|---|--|
| Ĭ | PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441 | | | | | |
| TORTH C | ion NY | | | | JAN 1 0 2020 | |
| TTH C | AROC | Planning | and Insp | ection Depar | | |
| | • | | | | Time are | |
| |)5 ME: Znc Duck LLC P is: 801 VA DARE TF | | Hills | | BUILDING JOINT ISSUED: 01/10/2020 EXPIRES: 07/08/2020 | |
| APPLICANT: | 2NC KDH LLC 1350St. Mortiz Dr. Wilmington, DE 1980 | 7 | | OWNER: | 2NC KDH LLC 1350St. Mortiz Dr. Wilmington, DE 19807 | |
| CONTRACTOR | : Duffy, Adam 104 Edgerton Court kitty hawk, nc 27949 | | | f | | |
| UNLICENSED I | BUILDER: | Adam Duff 104 Edgeri kitty hawk, | ton Court | | License: 12345 Expires: | |
| PARCEL: | | | | | | |
| PIN: | 988308993415 | | | Parcel Number: | 008145001 | |
| Address: | 801 VA DARE | TRL S Kill Devi | il Hills | | | |
| | | | | Zoni | | |
| Addition: | Baum Beach | | | Bloc | k: Lot(s): 2 | |
| Legal Desc | cription: | | | | | |
| FEES: | | Paid | Due | | | |
| Pool/Hot Tub | | \$200.00 | \$0.00 | - | | |
| | Totals : | \$200.00 | \$0.00 | | | |

1

PROJECT NAME: Znc Duck LLC Pool Gazebo SITE ADDRESS: 801 VA DARE TRL S Kill Devil Hills BUILDING JOINT ISSUED: 01/10/2020

EXPIRES: 07/08/2020

| | DETAILS | |
|-------------------------------|------------------------------|--|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | OIR | |
| FRONT YARD SETBACK | 30 | |
| REAR YARD SETBACK | CAMA | |
| SIDE YARD SETBACK | 10 | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | Υ | |
| FLOOD ZONE | AE | |
| BASE FLOOD ELEVATION | 8.3 | |
| SUBSTANTIAL IMPROVEMENT | NO | |
| PURPOSE | Residential Accessory | |
| CONSTRUCTION COST | 26000.00 | |
| ACCESSORY STRUCTURE (SQFT) | 160 | |
| SURVEYOR NAME AND NUMBER | William S. Jones L-2532 | |
| CULVERT | Ν | |
| DRIVEWAY INVERT 2 | Ν | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

REQUIRED INSPECTIONS

| In-Slab Plumbing | Final |
|------------------------|--------------|
| Slab/Foundation/Piling | Zoning Final |
| Framing | Pool Bonding |
| Rough In | |

CONDITIONS

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

| BJ2020-005 | |
|---------------------|------------------------------------|
| PROJECT NAME | : Znc Duck LLC Pool Gazebo |
| SITE ADDRESS: | 801 VA DARE TRL S Kill Devil Hills |

BUILDING JOINT ISSUED: 01/10/2020

EXPIRES: 07/08/2020

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

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

| Issued By: | Mar | X | \sim |
|------------------|-----------------|---|--------|
| | 10 | | and |
| Contractor or Au | thorized Agent: | U | n gal |

Date: 1/10/ 2020



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

Planning and Inspection Department

PAD

JAN 10 2020

ł

TO OF

BJ2020-001

7

3

PROJECT NAME: Raab Deck Enclosure SITE ADDRESS: 1101 VEELEE DR KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/10/2020

EXPIRES: 07/08/2020

| APPLICANT: | CAROL RAAB 1101 VEELEE DR Kill Devil Hills, NC 279 | 948 | C | OWNER: | CAROL RAAI 1101 VEELEE Kill Devil Hills | EDR | |
|---|---|---|--------|-------------------|---|---|---|
| | 239-265-5508 | 540 | | | 239-265-5508 | | |
| CONTRACTOR | BILL FROEHLICH UNKNOWN UNKNOWN, XX 0000 207-7999 | 0 | | | | | |
| BUILDING, REI | MODELING: | BILL FROE UNKNOWN UNKNOWN 207-7999 | | | | L icense: 6223 Expires: 01/0 ⁻ | |
| PARCEL: | | | | | | | |
| PIN: | 988415635577 | | | Parcel Number: | 028343 | 000 | |
| Address: | 1101 VEELEE | DR KILL DEVIL | HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | KITTY HAWK S | HORES - REV | ISED | Bloc | k: 15 | Lot(s): | 8 |
| Legal Desc | cription: | | | | | | |
| EES: | | Paid | Due | | | | |
| Building Permit | Fee - Minimum | \$150.00 | \$0.00 | | | | |
| Approprie and provide the second statistic field and approximately second statistic field | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: enclose west deck with roof and windows

1

PROJECT NAME: Raab Deck Enclosure SITE ADDRESS: 1101 VEELEE DR KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/10/2020

.....

EXPIRES: 07/08/2020

| | | DET | FAILS |
|--------------------------------|-------------------------------|-----|--------------|
| Permit | | | |
| Name | Value | | |
| ZONING DISTRICT | RL | | |
| FRONT YARD SETBACK | 30 | | |
| REAR YARD SETBACK | 20% Depth >30 | | |
| SIDE YARD SETBACK | 8 | | |
| STREET SIDE SETBACK | 15 | | |
| HEALTH DEPARTMENT PERMIT # | 29288 | | |
| # PARKING SPACES/BEDROOM | 3 | | |
| CAMA PERMIT | N | | |
| CAMA EXEMPTION | N | | |
| FLOOD ZONE | AE | | |
| BASE FLOOD ELEVATION | 8.3 | | |
| Proposed First Floor Elevation | 18.10 | | |
| SUBSTANTIAL IMPROVEMENT | NO | | |
| PURPOSE | Residential Repair/Remodel | | |
| CONSTRUCTION COST | 25000.00 | | |
| LOT COVERAGE | 35.70 | | |
| TOTAL SQUARE FOOTAGE | 192 | | |
| SURVEYOR NAME AND NUMBER | M. Douglas Styons L- 3227 | | |
| CULVERT | N | | |
| DRIVEWAY INVERT 2 | N | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | |

REQUIRED INSPECTIONS

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

BJ2020-001 PROJECT NAME: Raab Deck Enclosure SITE ADDRESS: 1101 VEELEE DR KILL DEVIL HILLS BUILDING JOINT ISSUED: 01/10/2020

EXPIRES: 07/08/2020

CONDITIONS

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

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

* Zoning Final Inspection is required.

* Per 153.053 (A)(2)(a) Increases to the gross floor area of the principal structure shall require all parking and driveways be brought into compliance. Driveway shall be 2 feet off the east property line.

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

Issued By: Bate: 0/ 102020 Contractor or Authorized Agent



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

Planning and Inspection Department

BJ2019-233

PROJECT NAME: Simmons Enclosure Below Existing House **SITE ADDRESS:** 521 COPLEY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 12/20/2019

EXPIRES: 06/17/2020

| APPLICANT: | SIMMONS, HOWAR 521 Copley Dr Kill Devil Hills, NC 27 252-489-9177 | | | OWNER: | SIMMONS, HOV 521 Copley Dr Kill Devil Hills, N 252-489-9177 | |
|------------------|--|--|------------|-------------------------|--|---------------------------------------|
| GENERAL: | | Self UNKNOWN UNKNOWN 917-862-90 | , XX 00000 | | | ense: Unlicensed pires: 12/31/2020 |
| PARCEL: | | | | | | |
| PIN: | 988316824752 | 2 | | Parcel Number: | 00505200 | 0 |
| Address: | 521 COPLEY | DR KILL DEVIL | HILLS | | | |
| | | | | Zonir | ng: | |
| Addition: | OCEAN ACRE | S TRACT 3 SEC | 2 | Block | c J | Lot(s): 22 |
| Legal Desc | ription: | | | | | |
| FEES: | | Paid | Due | BUILDING ARE | A: | |
| Res. Building Pe | ermit Fee | \$312.60 | \$0.00 | Residential He | ated Space | 276 sq. Ft. |
| | Totals : | \$312.60 | \$0.00 | (.75) Resdiential Un | heated (.40) | 264 Sq. Ft |

PROJECT DESCRIPTION: changing layout on ground floor, closing area for garage, staying 4 bedrooms

JAN - 2 2020

18,2

BJ2019-233

21.78

PROJECT NAME: Simmons Enclosure Below Existing House **SITE ADDRESS**: 521 COPLEY DR KILL DEVIL HILLS

BUILDING JOINT ISSUED: 12/20/2019

EXPIRES: 06/17/2020

DETAILS Permit Name Value ZONING DISTRICT RL FRONT YARD SETBACK 30 REAR YARD SETBACK 20% Depth >30 SIDE YARD SETBACK 8 STREET SIDE SETBACK 15 **# PARKING** 4 SPACES/BEDROOM **CAMA PERMIT** N CAMA EXEMPTION N FLOOD ZONE X SUBSTANTIAL NO **IMPROVEMENT** PURPOSE **Residential Addition** CONSTRUCTION COST 35000.00 LOT COVERAGE 33.48 SURVEYOR NAME AND John R. Mayne L-4567 NUMBER CULVERT N **DRIVEWAY INVERT 2** N OCCUPANCY TYPE **One & Two Family** Dwelling

REQUIRED INSPECTIONS

 In-Slab Plumbing
 Insulation

 Slab/Foundation/Piling
 Final

 Framing
 Zoning Final

 Rough In
 Final

CONDITIONS

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

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

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

| BJ2019-233 PROJECT NAME: Simmons Enclosure Below Existing House | BUILDING JOINT ISSUED: 12/20/2019 |
|---|--|
| SITE ADDRESS: 521 COPLEY DR KILL DEVIL HILLS | EXPIRES: 06/17/2020 |
| | |
| * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and | nd setbacks. |
| * Zoning Final Inspection is required. | |
| | |
| I hereby certify that I have read and examined this application and know All provisions of Laws and Ordinances governing this type of work will specified herein or not. The granting of a permit does not presume to g the provisions of any other state local law regulating construction or the | be complied with whether give authority to violate or cancel |
| Issued By: | |
| Contractor or Authorized Agent: | Date: 1-2-20 |
| | |

Ø



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

Planning and Inspection Department

PAID

JAN 8 2020

TO AN OF

BJ2020-003 PROJECT NAME: Paul Siding SITE ADDRESS: 2709 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/08/2020

EXPIRES: 07/06/2020

| Fee - Minimum | \$150.00 | \$0.00 | | | | |
|---------------------------------------|---|---|--|---|---|--|
| | Paid | Due | | 7 | | (|
| cription: | | | | | | ł |
| VIRGINIA DAI | RE SHORES PL | AT B | Block | c: 0 | Lot(s): 2 | 5 |
| | | | Zonir | ng: | | |
| 2709 VA DAR | E TRL N KILL D | EVIL HILLS | | | | |
| 98851322087 | 4 | | Parcel Number: | 003033 | 000 | |
| | | | | | | |
| IITED: | 1811 Sea S Kill Devil H | Swept Road ills, NC 27948 | TION CO. | | License: 64199 Expires: 12/31/20 | 20 |
| 307 College Ave. Ashland, VA 00000 | | | WNER. | 307 College | Ave. | |
| | 307 College Ave. Ashland, VA 00000 IITED: 98851322087 2709 VA DAR VIRGINIA DA cription: | Ashland, VA 00000 ITED: 988513220874 2709 VA DARE TRL N KILL D VIRGINIA DARE SHORES PL cription: Paid | 307 College Ave. Ashland, VA 00000 ITED: ALBANESE CONSTRUCT 1811 Sea Swept Road Kill Devil Hills, NC 27948 252-619-1618 988513220874 2709 VA DARE TRL N KILL DEVIL HILLS VIRGINIA DARE SHORES PLAT B cription: Paid Due | 307 College Ave. Ashland, VA 00000 ITED: ALBANESE CONSTRUCTION CO. 1811 Sea Swept Road Kill Devil Hills, NC 27948 252-619-1618 988513220874 Parcel Number: 2709 VA DARE TRL N KILL DEVIL HILLS Zonir VIRGINIA DARE SHORES PLAT B Block cription: Paid Due | 307 College Ave. Ashland, VA 00000 307 College Ashland, VA IITED: ALBANESE CONSTRUCTION CO. 1811 Sea Swept Road Kill Devil Hills, NC 27948 252-619-1618 003033 988513220874 Parcel Number: 003033 2709 VA DARE TRL N KILL DEVIL HILLS Zoning: VIRGINIA DARE SHORES PLAT B Block: 0 virginia Paid Due Due Due | 307 College Ave. Ashland, VA 00000 307 College Ave. Ashland, VA 00000 ITED: ALBANESE CONSTRUCTION CO. 1811 Sea Swept Road Kill Devil Hills, NC 27948 252-619-1618 License: 64199 Expires: 12/31/20 988513220874 Parcel Number: 003033000 988513220874 Parcel Number: 003033000 2709 VA DARE TRL N KILL DEVIL HILLS Zoning: VIRGINIA DARE SHORES PLAT B Block: 0 Paid Due |

PROJECT DESCRIPTION: Replace siding on front of huose, Install new light and outlet boxes, replace damage as needed

PROJECT NAME: Paul Siding SITE ADDRESS: 2709 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT ISSUED: 01/08/2020

EXPIRES: 07/06/2020

DETAILS Permit Name Value **ZONING DISTRICT** OIR FRONT YARD SETBACK 15 REAR YARD SETBACK CAMA SIDE YARD SETBACK 6 **CAMA PERMIT** Ν CAMA EXEMPTION N FLOOD ZONE VE **BASE FLOOD ELEVATION** 11 SUBSTANTIAL NO **IMPROVEMENT** CULVERT N **DRIVEWAY INVERT 2** N

REQUIRED INSPECTIONS

Framing

Rough In

Insulation

Final

Zoning Final

CONDITIONS

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

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

| I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel |
|---|
| the provisions of any other state local law regulating construction or the performance of construction. |
| Issued By: |
| |
| Contractor or Authorized Agent: Jaseph A Marine Date: 1-9-20 |

Printed by : CTHUMAN on: 01/08/2020 09:08 AM



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

Planning and Inspection Department

BP2020-002

.

PROJECT NAME: Goldberg Deck SITE ADDRESS: 1728 SOBLE DR KILL DEVIL HILLS BUILDING ISSUED: 01/06/2020

EXPIRES: 07/04/2020

| | | | | | _ | |
|----------------------------|---|--|--------|-------------------|---|--|
| 12 | R. ERIC J GOLGBER(23 riverside dr uffolk, va 23435 | 3 | | OWNER: | MR. ERIC J 123 riverside suffolk, va 23 | dr |
| GENERAL: | | Self UNKNOWN UNKNOWN, 917-862-900 | | | | License: Unlicensed Expires: 12/31/2020 |
| PARCEL: | | | | | | |
| PIN: | 988410470412 | | | Parcel Number: | 002763 | 8000 |
| Address: | 1728 SOBLE DR | KILL DEVIL H | ILLS | | | |
| | | | | Zonir | ig: | |
| Addition: | HEDRICKS ADD- | PAR B CROAT | FAN SH | Block | .: 0 | Lot(s): 28 |
| Legal Descript | tion: | | | | | |
| FEES: | | Paid | Due | | | |
| Building Permit Fee Fee | e - Minimum | \$150.00 | \$0.00 | | | |
| | Totals : | \$150.00 | \$0.00 | | | |

PROJECT DESCRIPTION: Extend rear deck

(f

JAN _ 3 2020

BP2020-002 PROJECT NAME: Goldberg Deck SITE ADDRESS: 1728 SOBLE DR KILL DEVIL HILLS

BUILDING ISSUED: 01/06/2020

EXPIRES: 07/04/2020

DETAILS Permit Value Name CAMA PERMIT Ν CAMA EXEMPTION Ν **ZONING DISTRICT** С PURPOSE Residential Repair/Remodel FRONT YARD SETBACK 30 SIDE YARD SETBACK 8 REAR YARD SETBACK 20% Depth >30 FLOOD ZONE AE **BASE FLOOD ELEVATION** 8 **FINAL ELEVATION** N CERTIFICATE CONSTRUCTION COST 2500.00

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

Zoning Final

CONDITIONS

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

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

| I hereby certify that I have read and examined th All provisions of Laws and Ordinances governin specified herein or pot. The granting of a permit the provisions of any other state local law regula | g this type of work will be co does not presume to give au | omplied with whether athority to violate or cancel |
|--|---|---|
| Issued By: | A | 11 |
| Contractor or Authorized Agent: | | Date: 16 86 |



and En a

JAN - 3 2020

Ŧ . .

| TO EV TO Birthpla No Aviat | ace of the AROLING | K Phone: 25 | PO BOX ill Devil Hills, 2-449-5318 | | -4102 JAN 8 2020 |
|----------------------------------|--|---|--|-------------------|--|
| | 05 ME: PETTIT STAIR S: 115 OREGON A | | IL HILLS | | BUILDING ISSUED: 01/08/2020 EXPIRES: 07/06/2020 |
| APPLICANT: | PETTIT, BILLY LEE REVOCABLE LIVIN 241 FAULK ROAD NORFOLK, VA 2350 | G TRUST | | OWNER: | PETTIT, BILLY LEE REVOCABLE LIVING TRUST 241 FAULK ROAD NORFOLK, VA 23502 |
| GENERAL: | | CHRIS GA 105 ELIZA Kill Devil H 252-455-58 | BETH CT illsl, NC 27948 | | License: 90909090909090 Expires: 05/31/2022 |
| PARCEL: | | | | | |
| PIN: | 988420800096 | 6 | | Parcel Number: | 003829000 |
| Address: | 115 OREGON | AVE E KILL DE | EVIL HILLS | | |
| | | | | Zon | ing: |
| Addition: | | SHORES - REV | ISED | Bloc | ck: 34 Lot(s): 20 |
| Legal Desc | cription: | | | | |
| FEES: | | Paid | Due | | |
| Building Permit Fee | Fee - Minimum | \$150.00 | \$0.00 | | |
| | Totals : | \$150.00 | \$0.00 | | |

PROJECT DESCRIPTION: REBUILD STAIR AND RAILING TO SAME FOOTPRINT

BP2020-005 PROJECT NAME: PETTIT STAIR REBUILD SITE ADDRESS: 115 OREGON AVE E KILL DEVIL HILLS

-- -

BUILDING ISSUED: 01/08/2020

EXPIRES: 07/06/2020

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

Issued By: Date: 1-8-20 Contractor or Authorized Agent: In



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2019-290

PROJECT NAME: Slebocki Shed SITE ADDRESS: 1704 BELL AVE KILL DEVIL HILLS BUILDING ISSUED: 12/31/2019

EXPIRES: 06/28/2020

| APPLICANT: | Slebocki, Slawomir 209 Pine Grove Lane Unit A Kill Devil Hills, NC 279 | | | OWNER: | Slebocki, Slav 209 Pine Grov Unit A Kill Devil Hills | ve Lane | |
|-----------------|---|--|-------------|-------------------|---|---|---|
| GENERAL: | | Self UNKNOWI UNKNOWI 917-862-90 | N, XX 00000 | | | icense: Unlicensed Expires: 12/31/2020 | - |
| PARCEL: | | | | | | | |
| PIN: | 988316839377 | | | Parcel Number: | 0050390 | 003 | |
| Address: | 1704 BELL AVI | | HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | OCEAN ACRES | S TRACT 3 SEC | C 2 | Bloc | k: J | Lot(s): 3 | |
| Legal Desc | cription: | | | | | | |
| EES: | | Paid | Due | | | | |
| Building Permit | Fee - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: storage shed 8x12 in rear yard

JAN _ 6 2020

| Birthplace Aviation | STILLS | K Phone: 25 | PO BOX ill Devil Hills, 2-449-5318 | | 4102 | JAN 8 2020 | |
|---|---|-----------------------------------|--|-------------------|---|---------------------------------------|--|
| BP2020-003 PROJECT NAME SITE ADDRESS | : WRB Rentals sid 1013 VA DARE | ding replacemen FRL N_KILL DEV | t /IL HILLS | | | BUIL ISSUED: 01/ EXPIRES: 07/ | |
| | WRB RENTALS INC P. O. Box 607 Murfreesboro, NC 27 | | | OWNER: | WRB RENTA P. O. Box 607 Murfreesboro, | | |
| | Aria Construction and PO Box 321 CRESWELL, NC 279 252-796-7737 | | c | | 1 | | |
| BUILDING-UNLIN | ITED: | PO Box 32 | 1 L, NC 27928 | velopment, Inc | | License: 78928 Expires: 01/01/2021 | nin anna ann an |
| PARCEL: | | | | | | | |
| PIN: | 988415732424 | | | Parcel Number: | 0037060 | 000 | |
| Address: | 1013 VA DARE | TRL N KILL D | EVIL HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: Legal Descrip | | SHORES - REV | SED | Block | :: 11 | Lot(s): 3 | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fe Fee | ee - Minimum | \$150.00 | \$0.00 | | | | |
| hiter and a second s | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: remove and replace siding and soffit, replace sheathing as needed

. . . .

PROJECT NAME: WRB Rentals siding replacement SITE ADDRESS: 1013 VA DARE TRL N KILL DEVIL HILLS BUILDING ISSUED: 01/08/2020

EXPIRES: 07/06/2020

DETAILS Permit Value Name **CAMA PERMIT** N CAMA EXEMPTION N ZONING DISTRICT OIR PURPOSE Residential Repair/Remodel **FLOOD ZONE** VE **BASE FLOOD ELEVATION** 11.0 **FINAL ELEVATION** N CERTIFICATE CONSTRUCTION COST 65000.00 OCCUPANCY TYPE **One & Two Family** Dwelling

REQUIRED INSPECTIONS

Zoning Final

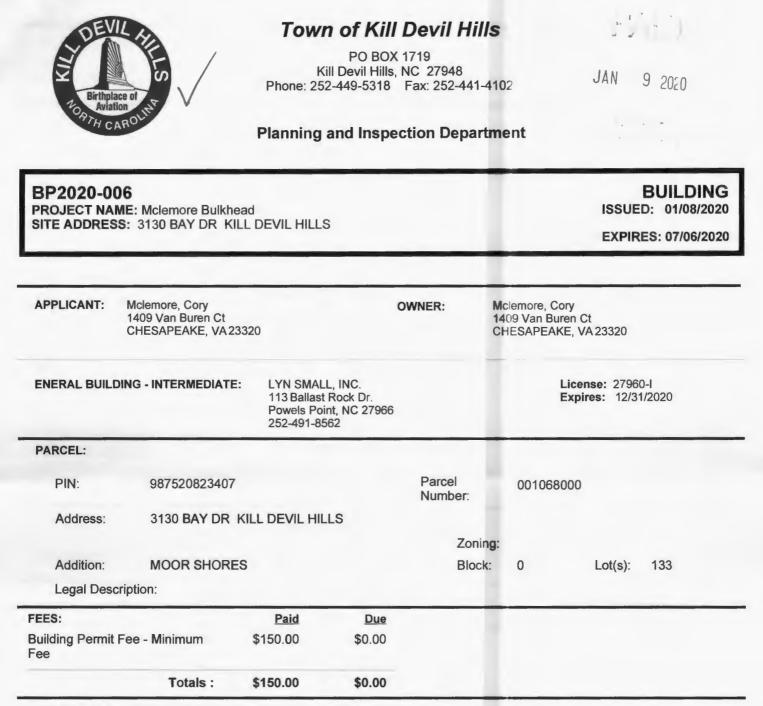
Final

CONDITIONS

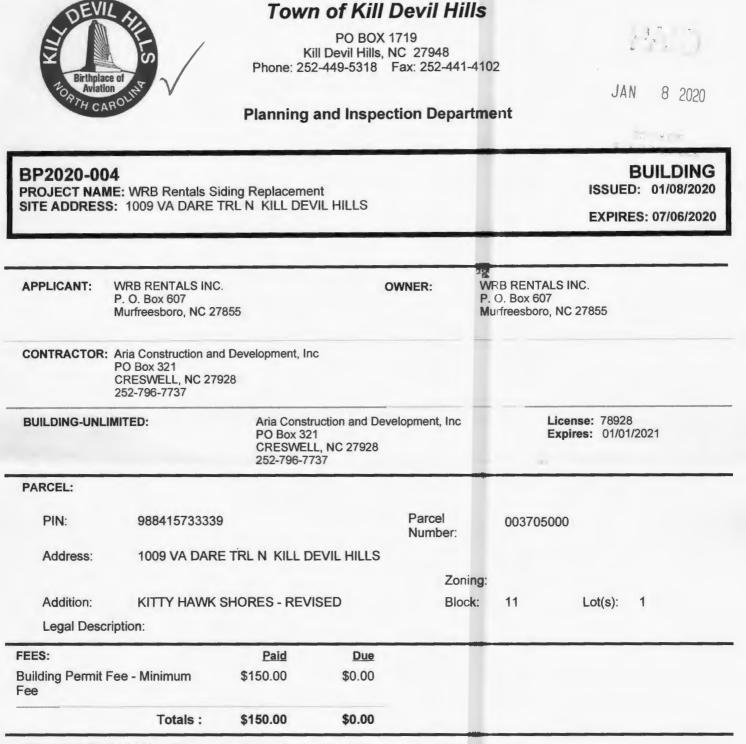
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

| Issued By: | | |
|---------------------------------|---------------|--------------|
| Contractor or Authorized Agents | Brad aldrande | Date: 1-8-20 |
| Contractor or Authorized Agent: | Não alevanan | Date: 1 0 2 |



PROJECT DESCRIPTION: Construct 32' of vinyl bulkhead on west side of property



PROJECT DESCRIPTION: Remove replace siding and soffit, replace sheathing as needed.

PROJECT NAME: WRB Rentals Siding Replacement SITE ADDRESS: 1009 VA DARE TRL N KILL DEVIL HILLS

BUILDING ISSUED: 01/08/2020

EXPIRES: 07/06/2020

DETAILS

| Permit | |
|--------------------------------|-------------------------------|
| Name | Value |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| ZONING DISTRICT | OIR |
| PURPOSE | Residential Repair/Remodel |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 11 |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 65000.00 |
| OCCUPANCY TYPE | One & Two Family Dwelling |
| | |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: Contractor or Authorized Agent: Drad alexand Date: 1-8-20



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-007

0

PROJECT NAME: Chewning Roof Repair SITE ADDRESS: 809 FOX ST KILL DEVIL HILLS BUILDING ISSUED: 01/09/2020

EXPIRES: 07/07/2020

| | KAREN CHEWNING P O Box 2892 KDH, NC 27948 441-4324 | 3 | C | WNER: | KAREN CHE P O Box 2892 KDH, NC 279 441-4324 | 2 | |
|---------------------------|---|--|----------------------|-------------------|--|--------------------------------|-----------------------|
| UNLICENSED - R | EMODELING: | MIKE WILL 144 Sir Ric KILL DEVII 252-305-68 | hard HILLS, NC 27 | 948 | | License: LEG/ Expires: 12/3 | ACY UNKNOWN 1/2025 |
| PARCEL: | | | | | | | |
| PIN: | 988308870917 | 7 | | Parcel Number: | 004362 | 000 | |
| Address: | 809 FOX ST 1 | KILL DEVIL HILL | S | | | | |
| | | | | Zonii | ng: | | |
| Addition: | KILL DEVIL H | ILLS REALTY CO | ORP | Block | c : 14 | Lot(s): | 6 |
| Legal Descri | ption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fe Fee | ee - Minimum | \$150.00 | \$0.0 0 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Repair sheathing and sister rafters as needed

Printed by : CTHUMAN on: 01/09/2020 08:47 AM

PROJECT NAME: Chewning Roof Repair SITE ADDRESS: 809 FOX ST KILL DEVIL HILLS BUILDING ISSUED: 01/09/2020

EXPIRES: 07/07/2020

DETAILS

| Permit | | |
|--------------------------------|-------------------------------|--|
| Name | Value | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | N | |
| ZONING DISTRICT | RL | |
| PURPOSE | Residential Repair/Remodel | |
| FRONT YARD SETBACK | 30 | |
| SIDE YARD SETBACK | 10 | |
| REAR YARD SETBACK | 20% Depth >30 | |
| STREET SIDE SETBACK | 15 | |
| FLOOD ZONE | AE | |
| BASE FLOOD ELEVATION | 9 | |
| FINAL ELEVATION CERTIFICATE | N | |
| CONSTRUCTION COST | 1000.00 | |
| | | |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: lie Date: 01-09-20 **Contractor or Authorized Agent:**

| Birthplace of Aviation | | K Phone: 25 | PO BO) ill Devil Hills 2-449-5318 | I Devil Hil X 1719 S, NC 27948 Fax: 252-441 ection Depar | -4102 | JAN 1 (|) 2020 |
|--|--|--|---|---|---|----------------------------------|---|
| BP2020-008 PROJECT NAME: SITE ADDRESS: | Patterson Patio 2016 BAY DR | Enclosure on gro | ound floor S | | | E ISSUED | BUILDING : 01/10/2020 S: 07/08/2020 |
| 42 kit | ATTERSON, CHA 212 IVY LN tty hawk, nc 27949 52-489-3748 | | | OWNER: | PATTERSON, (4212 IVY LN kitty hawk, nc 2 252-489-3748 | | SEY |
| GENERAL: | | Self UNKNOW UNKNOW 917-862-90 | , XX 00000 | | | cense: Unlicer pires: 12/31/2 | |
| PARCEL: | | | | | | | |
| PIN: | 987408976996 | 6 | | Parcel Number: | 00201000 | 00 | |
| Address: | 2016 BAY DR | KILL DEVIL HIL | LS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | | CH ANNEX 2 & | 3 | Bloc | k: 0 | Lot(s): | 1040 |
| Legal Descript | ion: | | | | 14 2 Ma | | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fee Fee | e - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: installation of t-111 walls on ground floor enclosure, wall framing was existing

· . .

PROJECT NAME: Patterson Patio Enclosure on ground floor SITE ADDRESS: 2016 BAY DR KILL DEVIL HILLS BUILDING ISSUED: 01/10/2020

EXPIRES: 07/08/2020

| | DETA | IL |
|--------------------------------|------------------------------|----|
| Permit | | |
| Name | Value | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | N | |
| ZONING DISTRICT | RL | |
| PURPOSE | Residential Accessory | |
| FRONT YARD SETBACK | 30 | |
| SIDE YARD SETBACK | 10 | |
| REAR YARD SETBACK | CAMA | |
| FLOOD ZONE | AE | |
| BASE FLOOD ELEVATION | 9.0 | |
| FINAL ELEVATION CERTIFICATE | N | |
| CONSTRUCTION COST | 1500.00 | |
| ACCESSORY STRUCTURE (SQFT) | 331 | |
| SURVEYOR NAME AND NUMBER | M. Douglas Styons L- 3227 | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

* Zoning Final Inspection is required.

T + - 1

PROJECT NAME: Patterson Patio Enclosure on ground floor SITE ADDRESS: 2016 BAY DR KILL DEVIL HILLS BUILDING ISSUED: 01/10/2020

EXPIRES: 07/08/2020

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

Issued By: 1-10-20 su Sn Date: **Contractor or Authorized Agent:**

| TO BITH CR | CEE OF DATE | K Phone: 25 | PO BOX 1 PO BOX 1 ill Devil Hills, N 2-449-5318 and Inspec | 719 IC 27948 Fax: 252-441 | -4102 | JAN | 1 3 202 | |
|--|---|--|--|---------------------------------|---------------------|-----------------|----------------------------------|---|
| BP2020-00 PROJECT NAI SITE ADDRES HILLS |)9 ME: Nature Conserv S: 1600 OLD NAGS | ancy Walkway R S HEAD WOODS | epair SRD S KILL D | EVIL | | | | BUILDING D: 01/13/2020 ES: 07/11/2020 |
| APPLICANT: | NATURE CONSERV 4245 N. FAIRFAX D SUITE 100 ARLINGTON, VA22 | R | 0 | WNER: | P O BOX 102 Town | 1719 Hall Dr | DEVIL HILL rive S, NC 2794 | |
| GENERAL: | | Self UNKNOW UNKNOW 917-862-90 | , XX 00000 | | | | ense: Unlic ires: 12/3 | |
| PARCEL: | | | | | | | | |
| PIN: | 988319513042 | 2 | | Parcel Number: | 0254 | 123000 | | |
| Address: | 1600 OLD NA | GS HEAD WOO | DS RD S KILL | DEVIL HILL | S | | | |
| | | | | Zoni | ing: | | | |
| Addition: | SUBDIVISION | - NONE | | Bloc | :k: 0 | | Lot(s): | 0 |
| Legal Desc | cription: | | | | | | | |
| FEES: | | Paid | Due | | | | | |
| Building Permit Fee | Fee - Minimum | \$150.00 | \$0.00 | | | | | |
| | | | | | | | | |

PROJECT DESCRIPTION: Repair ADA walkway, no change to footprint

PROJECT NAME: Nature Conservancy Walkway Repair SITE ADDRESS: 1600 OLD NAGS HEAD WOODS RD S KILL DEVIL HILLS BUILDING ISSUED: 01/13/2020

EXPIRES: 07/11/2020

DETAILS Permit Name Value CAMA PERMIT Y CAMA EXEMPTION N MFED **ZONING DISTRICT** PURPOSE Commercial Repair/Remodel FLOOD ZONE AE **BASE FLOOD ELEVATION** 8.3 FINAL ELEVATION N CERTIFICATE CONSTRUCTION COST 11000.00 OCCUPANCY TYPE **Business**

REQUIRED INSPECTIONS

Progress

Final

Zoning Final

CONDITIONS

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

* Progress inspection for girders and joists prior to decking being installed

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



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-011

PROJECT NAME: Dominquez shed and fence SITE ADDRESS: 2010 HIGHVIEW ST KILL DEVIL HILLS BUILDING ISSUED: 01/13/2020

EXPIRES: 07/11/2020

| APPLICANT: | Dominguez, Marcelo 2010 Hieghview St Kill Devil Hills, NC 27 252-305-7223 | | C | OWNER: | Dominguez, M 2010 Hieghvie Kill Devil Hills, 252-305-7223 | w St NC 27948 | |
|------------------------|--|--|------------|-------------------|--|---|------|
| GENERAL: | | Self UNKNOWN UNKNOWN 917-862-90 | , XX 00000 | | | icense: Unlicer Expires: 12/31/ | |
| PARCEL: | | | | | | | |
| PIN: | 988405089609 | | | Parcel Number: | 0009110 | 000 | |
| Address: | 2010 HIGHVIE | WST KILL DE | /IL HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | AVALON BEA | CH ANNEX 2 & 3 | 3 | Bloc | k : 0 | Lot(s): | 1183 |
| Legal Desc | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Fence | | \$100.00 | \$0.00 | | | | |
| Building Permit Fee | Fee - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$250.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: fence around year and side yard, add 12x12 to rear yard

. 1

JAN 1 4 2020

PROJECT NAME: Dominguez shed and fence SITE ADDRESS: 2010 HIGHVIEW ST KILL DEVIL HILLS BUILDING ISSUED: 01/13/2020

EXPIRES: 07/11/2020

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

Issued By: Junlog Date: 1/14/2020 **Contractor or Authorized Agent:**

| No ATH CA | ROLINY | k Phone: 25 | PO BO (ill Devil Hills (2-449-5318) | I Devil Hil X 1719 s, NC 27948 Fax: 252-441- ection Depar | PAID JAN 1 5 2020 |
|---------------------------|---|-------------------------|---|--|---|
| | ME: Mattox Dune W S: 705 Virginia Dar | | il Hills | | ISSUED: 01/14/2020 EXPIRES: 07/12/2020 |
| APPLICANT: | JOEL MATTOX 7217 Crescent Ridge Chapel Hill, NC 2757 | | | OWNER: | JOEL MATTOX 7217 Crescent Ridge Dr. Chapel Hill, NC 27516 |
| CONTRACTOR: | SEA THRU CONSTI PO BOX 2471 Kitty Hawk, NC 2794 252-491-6964 | | | | |
| GENERAL BUIL | DING-LIMITED: | PO BOX 2 | NC 27949 | CTION | License: 57130 Expires: 01/01/2021 |
| PARCEL: | | | | | # * |
| PIN: | 988308992518 | 3 | | Parcel Number: | 027931002 |
| Address: | 705 Virginia Da | are Tr. S. Kill De | evil Hills | | |
| | | | | Zonir | |
| Addition: Legal Desci | ription. | | | Block | k: Lot(s): |
| | | P.11 | | | |
| EES: Building Permit I | Fee - Minimum | <u>Paid</u> \$150.00 | <u>Due</u> \$0.00 | | |
| -ee | | | | | |

PROJECT DESCRIPTION: remove and replace existing dune walkover to same rootprint

-

4

*

PROJECT NAME: Mattox Dune Walkover SITE ADDRESS: 705 Virginia Dare Tr. S. Kill Devil Hills BUILDING ISSUED: 01/14/2020

EXPIRES: 07/12/2020

| | DETAILS | |
|--------------------------------|-------------------------------|--|
| Permit | | |
| Name | Value | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | N | |
| ZONING DISTRICT | OIR | |
| PURPOSE | Residential Repair/Remodel | |
| FRONT YARD SETBACK | 30 | |
| SIDE YARD SETBACK | 10 | |
| REAR YARD SETBACK | CAMA | |
| FLOOD ZONE | VE | |
| BASE FLOOD ELEVATION | 11 | |
| FINAL ELEVATION CERTIFICATE | N | |
| CONSTRUCTION COST | 37540.00 | |
| LOT COVERAGE | 35.70 | |
| SURVEYOR NAME AND NUMBER | William S. Jones L-2532 | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

Zoning Final

Final

CONDITIONS

| * | This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction |
|---|--|
| 0 | r work is suspended for a period of 12 months at any time after work has started. |
| * | Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks. |
| * | Zoning Final Inspection is required. |

BP2020-012 PROJECT NAME: Mattox Dune Walkover

SITE ADDRESS: 705 Virginia Dare Tr. S. Kill Devil Hills

BUILDING ISSUED: 01/14/2020

EXPIRES: 07/12/2020



PROJECT DESCRIPTION: REPLACE DECKING AND STAIRS ON BOTH FRONT AND REAR DECKS. REPLACE FRAMING AS NEEDED.

PROJECT NAME: YAGER DECK AND STAIRS SITE ADDRESS: 1629 SIR WALTER RD KILL DEVIL HILLS BUILDING

ISSUED: 01/14/2020

EXPIRES: 07/12/2020

| | | DETAILS | 1 K |
|--------------------------------|-------------------------------|---------|-----|
| Permit | | | |
| Name | Value | | |
| CAMA PERMIT | N | | |
| CAMA EXEMPTION | N | | |
| ZONING DISTRICT | RL | | |
| PURPOSE | Residential Repair/Remodel | | |
| FRONT YARD SETBACK | 30 | | |
| SIDE YARD SETBACK | 8 | | |
| REAR YARD SETBACK | 20% Depth >30 | | |
| FLOOD ZONE | AE | | |
| BASE FLOOD ELEVATION | 8.00 | | |
| FINAL ELEVATION CERTIFICATE | N | | |
| CONSTRUCTION COST | 8500.00 | | |
| CONSTRUCTION TYPE | V | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2020-013 PROJECT NAME: YAGER DECK AND STAIRS SITE ADDRESS: 1629 SIR WALTER RD KILL DEVIL HILLS

BUILDING ISSUED: 01/14/2020

EXPIRES: 07/12/2020

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

Issued By: Date: 1-15-20 Contractor or Authorized Agent;



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-010

PROJECT NAME: Heath Roof Over Deck SITE ADDRESS: 304 VA DARE TRL N KILL DEVIL HILLS BUILDING

ISSUED: 01/15/2020

EXPIRES: 07/13/2020

| 4 | HEATH, ELDON W 107 W AVALON KILL DEVIL HILLS, I | NC 27948 | | OWNER: | HEATH, ELD 407 W AVAL KILL DEVIL H | | |
|---------------------------|---|--|-------------|-------------------|--|--|--|
| GENERAL: | | Self UNKNOWI UNKNOWI 917-862-90 | N, XX 00000 | | | License: Unlicensed Expires: 12/31/2020 | |
| PARCEL: | | | | | | | |
| PIN: | 988420718462 | 2 | | Parcel Number: | 003753 | 000 | |
| Address: | 304 VA DARE | TRL N KILL DE | VIL HILLS | | | | |
| | | | | Zonir | ig: | | |
| Addition: | KITTY HAWK | SHORES - REV | ISED | Block | :: 25 | Lot(s): 3 | |
| Legal Descrip | otion: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fe Fee | e - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: replacing windows, add roof over portion of existing deck

JAN 1 5 2020

PROJECT NAME: Heath Roof Over Deck SITE ADDRESS: 304 VA DARE TRL N KILL DEVIL HILLS BUILDING

ISSUED: 01/15/2020

EXPIRES: 07/13/2020

DETAILS

| Permit | |
|--------------------------------|-------------------------------|
| Name | Value |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| ZONING DISTRICT | RH |
| PURPOSE | Residential Repair/Remodel |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 8 |
| REAR YARD SETBACK | 20% Depth >30 |
| HEALTH DEPARTMENT PERMIT # | 29315 |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 8.3 |
| FINAL ELEVATION CERTIFICATE | Ν |
| CONSTRUCTION COST | 13000.00 |
| LOT COVERAGE | 38.00 |
| SURVEYOR NAME AND NUMBER | Martin Barnette L-3740 |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

| | Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2. |
|---|--|
| * | Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks. |
| | |

* Zoning Final Inspection is required.

BP2020-010 PROJECT NAME: Heath Roof Over Deck SITE ADDRESS: 304 VA DARE TRL N KILL DEVIL HILLS BUILDING ISSUED: 01/15/2020

EXPIRES: 07/13/2020

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

Issued By: Date: 1-15-20 Contractor or Authorized Agent:



-

Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-015

4

PROJECT NAME: Gough Deck and Stair Replacement SITE ADDRESS: 233 CHOWAN ST W KILL DEVIL HILLS BUILDING ISSUED: 01/16/2020

1330ED. 01/10/2020

EXPIRES: 07/14/2020

| APPLICANT: | ALBRITE, VERA F 12612 NOKESVILLE NOKESVILLE, VA 2 | | 0 | | Gough, Yvoni 12670 Nokes nokesville, va | ville Road | |
|------------------------|---|---|--------------------------|-------------------|---|--------------------------|-----|
| GENERAL, UN | LICENSED: | J & T Con P. O. box Kill Devil I 252-489-3 | 1316 Hillsl, NC 27948 | | | License: 000 Expires: | |
| PARCEL: | | | | | 3 | | |
| PIN: | 98851702245 | 3 | | Parcel Number: | 028178 | 000 | |
| Address: | 233 CHOWAN | ST W KILL DE | EVIL HILLS | | | | |
| | | | | Zoning | g: | | |
| Addition: | VIRGINIA DAI | RE SHORES | | Block: | 32 | Lot(s): | 4-6 |
| Legal Desc | cription: | | | | | | |
| FEES: | | Paid | Due | | 31 | | |
| Building Permit Fee | Fee - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: replace decking, two steps of exterior stairs, handrails and pickets to current footprint

ALC WIT I CACA JAN 17 2020

PROJECT NAME: Gough Deck and Stair Replacement SITE ADDRESS: 233 CHOWAN ST W KILL DEVIL HILLS BUILDING ISSUED: 01/16/2020

EXPIRES: 07/14/2020

| | | DETAILS | |
|--------------------------------|-------------------------------|---------|--|
| Permit | | | |
| Name | Value | | |
| CAMA PERMIT | N | | |
| CAMA EXEMPTION | N | | |
| ZONING DISTRICT | RL | | |
| PURPOSE | Residential Repair/Remodel | | |
| FRONT YARD SETBACK | 30 | | |
| SIDE YARD SETBACK | 8 | | |
| REAR YARD SETBACK | 20% Depth >30 | | |
| FLOOD ZONE | AE | | |
| BASE FLOOD ELEVATION | 8.3 | | |
| FINAL ELEVATION CERTIFICATE | N | | |
| CONSTRUCTION COST | 7240.00 | | |
| SURVEYOR NAME AND NUMBER | F. Richard Quible L- 1157 | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.

F ... 7

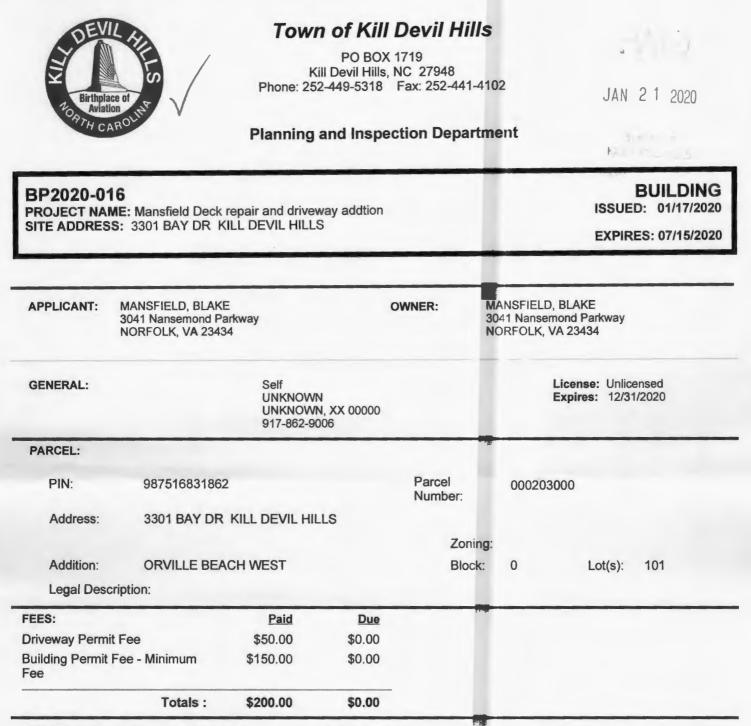
PROJECT NAME: Gough Deck and Stair Replacement SITE ADDRESS: 233 CHOWAN ST W KILL DEVIL HILLS BUILDING ISSUED: 01/16/2020

EXPIRES: 07/14/2020

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

Date: 01/17/2020 Contractor or Authorized Agent.

Printed by : CTHUMAN on: 01/16/2020 02:46 PM



PROJECT DESCRIPTION: add 2nd driveway, repair and replace handrails and pickets on existing deck, remove existing crows nest

-

PROJECT NAME: Mansfield Deck repair and driveway addtion **SITE ADDRESS:** 3301 BAY DR KILL DEVIL HILLS

BUILDING ISSUED: 01/17/2020

EXPIRES: 07/15/2020

| | DETAILS | 841 - F | |
|--------------------------------|-------------------------------|---------|--|
| Permit | | | |
| Name | Value | | |
| CAMA PERMIT | N | | |
| CAMA EXEMPTION | N | | |
| ZONING DISTRICT | RL | | |
| PURPOSE | Residential Repair/Remodel | | |
| FRONT YARD SETBACK | 30 | | |
| SIDE YARD SETBACK | 10 | | |
| REAR YARD SETBACK | 20% Depth >30 | | |
| STREET SIDE SETBACK | 15 | | |
| FLOOD ZONE | х | | |
| FINAL ELEVATION CERTIFICATE | Ν | | |
| CONSTRUCTION COST | 10000.00 | | |
| LOT COVERAGE | 33.00 | | |
| SURVEYOR NAME AND NUMBER | William S. Jones L-2532 | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
 * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
 * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
 * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.

т 🛸

PROJECT NAME: Mansfield Deck repair and driveway addtion SITE ADDRESS: 3301 BAY DR KILL DEVIL HILLS BUILDING ISSUED: 01/17/2020

EXPIRES: 07/15/2020

| I hereby certify that I have read and examined this application and know the same to be true and correct. |
|---|
| All provisions of Laws and Ordinances governing this type of work will be complied with whether |
| specified herein or not. The granting of a permit does not presume to give authority to violate or cancel |
| the provisions of any other state/local law regulating construction or the performance of construction. |
| Issued By: |
| |
| Contractor or Authorized Agent: Date: 1/20/20 |
| |



PROJECT DESCRIPTION: Remove and replace fully adhered 50 mil PVC roof w/ required peel stop strips.

PROJECT NAME: Seagate North Shopping Center re-roof SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS BUILDING

ISSUED: 01/21/2020

EXPIRES: 07/19/2020

DETAILS

| Permit | |
|--------------------------------|------------------------------|
| Name | Value |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| ZONING DISTRICT | С |
| PURPOSE | Commercial Repair/Remodel |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 9 |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 36497.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | Business |

REQUIRED INSPECTIONS

Zoning Final

Framing

Final

CONDITIONS

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

* Peel stop strips required per detail FA-AT-17. Schedule for inspection prior to covering.

ree sup sups required per detail r A-AT-TT. Schedule for inspection phon to dovering

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

| | Tot A A | . / | 1 |
|---------------------------------|------------|------------|------|
| Contractor or Authorized Agent: | Xom Ballar | Date: _//2 | 2420 |



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-019

PROJECT NAME: Lee Piling Replacement SITE ADDRESS: 404 FIFTH ST W KILL DEVIL HILLS BUILDING

ISSUED: 01/23/2020

EXPIRES: 07/21/2020

| | Totals : | \$150.00 | \$0.00 | | | | | |
|--------------------------|--|---------------------------|--|-------------------|---|--|----|--|
| Building Permit F Fee | Fee - Minimum | \$150.00 | \$0.00 | | | | | |
| EES: | | Paid | Due | | | | | |
| Legal Desci | ription: | | | | | | | |
| Addition: | WRIGHT'S SH | URES | | Block | K: 0 | Lot(s): | 13 | |
| A .1.1141 | | 0050 | | Zonir | - | 1 - 44-5 | 10 | |
| Address: | 404 FIFTH ST | W KILL DEVIL | HILLS | | | | | |
| PIN: | 988405188679 | | | Parcel Number: | 002067 | 000 | | |
| PARCEL: | | | | | | | | |
| | | 803 W Mar Kill Devil H | LIGHTING MARINE 803 W Martin St Kill Devil Hills, NC 27948 252-202-7713 | | | License: LEGACY UNKNOWN Expires: 12/31/2020 | | |
| | 803 W Martin St Kill Devil Hills, NC 27 252-202-7713 | 948 | | | | | | |
| CONTRACTOR: | LIGHTING MARINE | | | | | | | |
| APPLICANT: | ROBERT LEE PO Box 446 Gatesville, NC 27938 252-339-0023 | 1 | 0 | | NER: ROBERT LEE PO Box 446 Gatesville, NC 2 252-339-0023 | | | |

PROJECT DESCRIPTION: replace 9 6x6x16 pilings with new 6x6x16 pilings

JAN 2 3 2020

x

3.4

PROJECT NAME: Lee Piling Replacement SITE ADDRESS: 404 FIFTH ST W KILL DEVIL HILLS BUILDING ISSUED: 01/23/2020

EXPIRES: 07/21/2020

| | | DETAILS | 3 | |
|--------------------------------|-------------------------------|---------|---|--|
| Permit | | | | |
| Name | Value | | | |
| CAMA PERMIT | N | | | |
| CAMA EXEMPTION | N | | | |
| ZONING DISTRICT | RL | | | |
| PURPOSE | Residential Repair/Remodel | | | |
| FRONT YARD SETBACK | 30 | | | |
| SIDE YARD SETBACK | 8 | | | |
| REAR YARD SETBACK | 20% Depth >30 | | | |
| FLOOD ZONE | AE | | | |
| BASE FLOOD ELEVATION | 8.3 | | | |
| FINAL ELEVATION CERTIFICATE | N | | | |
| CONSTRUCTION COST | 7870.00 | | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | | |

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

Zoning Final

CONDITIONS

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

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

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

5 m

PROJECT NAME: Lee Piling Replacement SITE ADDRESS: 404 FIFTH ST W KILL DEVIL HILLS BUILDING ISSUED: 01/23/2020

EXPIRES: 07/21/2020

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

Issued By:

Contractor or Authorized Agent:

Date: 1-23-20



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-014

PROJECT NAME: Russell Garage Enclosure SITE ADDRESS: 1616 VA DARE TRL N KILL DEVIL HILLS BUILDING ISSUED: 01/16/2020

EXPIRES: 07/14/2020

| APPLICANT: | JOHN RUSSELL 1925 Somersby Ln VA Beach, VA23456 757-681-2599 | | O | | 1925 Somers | OHN RUSSELL 925 Somersby Ln /A Beach, VA23456 57-681-2599 | | |
|---|---|---------------------------|--|-------------------|-------------|--|--|--|
| CONTRACTOR: | Guns, Kenneth 529 Parkwood Drive Kill Devil Hillsl, NC 2 | | | | | | | |
| UNLICENSED - REMODELING: | | 529 Parkw Kill Devil H | Guns Construction 529 Parkwood DR Kill Devil Hills, NC 27948 252-207-9290 | | | License: 00000000 Expires: | | |
| PARCEL: | | | | | | | | |
| PIN: | 98841156153 | 8 | | Parcel Number: | 002823 | 000 | | |
| Address: | 1616 VA DAR | E TRL N KILL D | EVIL HILLS | | | | | |
| | | | | Zonin | g: | | | |
| Addition: | Addition: CROATAN SHORE | | | Block | С | Lot(s): 11 | | |
| Legal Descr | iption: | | | | | | | |
| FEES: | | Paid | Due | | | | | |
| Building Permit F Fee | ee - Minimum | \$150.00 | \$0.00 | | | | | |
| and an an and a second s | Totals : | \$150.00 | \$0.00 | | | | | |

BP2020-014

ł

PROJECT NAME: Russell Garage Enclosure SITE ADDRESS: 1616 VA DARE TRL N KILL DEVIL HILLS BUILDING ISSUED: 01/16/2020

EXPIRES: 07/14/2020

| | DETAILS | |
|------------------------------|------------------------------|--|
| Permit | | |
| lame | Value | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | N | |
| ONING DISTRICT | RL | |
| URPOSE | Residential Addition | |
| RONT YARD SETBACK | 30 | |
| DIDE YARD SETBACK | 8 | |
| REAR YARD SETBACK | 20% Depth >30 | |
| LOOD ZONE | AE | |
| ASE FLOOD ELEVATION | 8.3 | |
| INAL ELEVATION ERTIFICATE | Ν | |
| CONSTRUCTION COST | 9000.00 | |
| SURVEYOR NAME AND | Carlos F. Gomez L-3241 | |
| DCCUPANCY TYPE | One & Two Family Dwelling | |

CONDITIONS

Final

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

* Enclose under house for garage, bath, & storage.

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

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

Zoning Final

BP2020-014

PROJECT NAME: Russell Garage Enclosure SITE ADDRESS: 1616 VA DARE TRL N KILL DEVIL HILLS BUILDING ISSUED: 01/16/2020

EXPIRES: 07/14/2020

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

Issued By: Date: 1/27/20 **Contractor or Authorized Agent:**



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

Planning and Inspection Department

BP2020-023

-

PROJECT NAME: MILLER DECK AND STAIR **SITE ADDRESS:** 1413 VA DARE TRL S KILL DEVIL HILLS BUILDING

ISSUED: 01/30/2020

EXPIRES: 07/28/2020

| APPLICANT: | MAC EDWARD MILL 109 MILL POINT RD kitty hawk, nc 27949 252-202-1275 | ER | | OWNER: | MILLER, MAC ED P O BOX 1756 KILL DEVIL HILLS | | 8 |
|------------------------|--|--|------------|-------------------|--|---------------------------|-----------|
| GENERAL: | | Self UNKNOWN UNKNOWN 917-862-90 | , XX 00000 | | | res: Unlice res: 12/31 | |
| PARCEL: | | | | | | | |
| PIN: | 989309160182 | | | Parcel Number: | 004679000 | | |
| Address: | 1413 VA DARE | TRLS KILL D | EVIL HILLS | | | | |
| | | | | Zonii | ng: | | |
| Addition: | KILL DEVIL BE | ACH SEC 1 RE | VISED | Block | к: В | Lot(s): | 16& PT 17 |
| Legal Dese | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fee | Fee - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: REBUILD FRONT STAIR AND LANDING, CONSTRUCT ROOFTOP DECK IN REAR

. . .)

JAN 30 2020

BP2020-023

.

100

PROJECT NAME: MILLER DECK AND STAIR SITE ADDRESS: 1413 VA DARE TRL S KILL DEVIL HILLS BUILDING ISSUED: 01/30/2020

EXPIRES: 07/28/2020

DETAILS

| Permit | |
|--------------------------------|-------------------------------|
| Name | Value |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| ZONING DISTRICT | OIR |
| PURPOSE | Residential Repair/Remodel |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 10 |
| REAR YARD SETBACK | CAMA |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 11.00 |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 12000.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2020-023 PROJECT NAME: MILLER DECK AND STAIR SITE ADDRESS: 1413 VA DARE TRL S KILL DEVIL HILLS

· · · ·

BUILDING ISSUED: 01/30/2020

EXPIRES: 07/28/2020

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

Issued By Contractor or Authorized Agent: M. Edward Mille ____ Date: ___/30/20

| Birthplace of Aviation | STILL'S | k Phone: 25 | PO BOX (ill Devil Hills, 2-449-5318 | | 102 | 7 | 3 0 2020 OF |
|--|--|----------------|---|-------------------|---------------------------------------|------------------------------|---|
| BP2020-022 PROJECT NAME: SITE ADDRESS: | 1705 WRIGHTS | VILLE BLVD KI | LL DEVIL HIL | LS | | | BUILDING ED: 01/29/2020 RES: 07/27/2020 |
| 93 | DGEON, WILSON 5 Bingham St RGINIA BEACH, V | | (| | WIDGEON, 935 Binghar VIRGINIA B | | 51 |
| LIMITED- SPECIAL | TY-MARINE CON | P.O. Box 4 | | IE CONSTRUCTION | NC | License: 300 Expires: 01/ | |
| PARCEL: | | | | | | | |
| PIN: | 989313047952 | 2 | | Parcel Number: | 00826 | 3000 | |
| Address: | 1705 WRIGHT | SVILLE BLVD | KILL DEVIL H | ILLS | | | |
| | | | | Zoning | ş: | | |
| Addition: | OCEAN ACRE | ES INC | | Block: | 0 | Lot(s): | 85-86 |
| Legal Descripti | on: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Duilding Dormit Egg | - Minimum | \$150.00 | \$0.00 | | | | |
| Fee | | | | | | | |

PROJECT DESCRIPTION: Splice 6 pilings per engineer's detail.

SITE ADDRESS: 1705 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BUILDING

ISSUED: 01/29/2020

EXPIRES: 07/27/2020

DETAILS

| Permit | |
|--------------------------------|-------------------------------|
| Name | Value |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | Ν |
| ZONING DISTRICT | С |
| PURPOSE | Residential Repair/Remodel |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 9 |
| FINAL ELEVATION CERTIFICATE | N |
| CONSTRUCTION COST | 5600.00 |
| CONSTRUCTION TYPE | V |
| OCCUPANCY TYPE | One & Two Family Dwelling |
| | |

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

Zoning Final

CONDITIONS

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

| I hereby certify that I have read and examined this application and know the same to be true and correct. |
|---|
| All provisions of Laws and Ordinances governing this type of work will be complied with whether |
| specified herein or not. The granting of a permit does not presume to give authority to violate or cancel |
| the provisions of any other state/local law regulating construction or the performance of construction. |
| Issued By: |
| Contractor or Authorized Agent: Julie Emory Date: 130/2020 |



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

Planning and Inspection Department

BP2020-021

PROJECT NAME: Dairy Queen New Flagpole SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS BUILDING ISSUED: 01/29/2020

JAN 29 2020

1550ED: 01/29/2020

EXPIRES: 07/27/2020

| APPLICANT: Overrun II, LLC P.O. Box 389 Kill Devil Hills, NC 27948 | | | OWNER: | | | Overrun II, LLC P.O Box 389 Kill Devil Hills, NC 27948 | | |
|--|---|--|-----------------------|-------------------|------------|--|-------|--|
| CONTRACTOR: | Dun Rite, Inc. 714 Fenway Ave. CHESAPEAKE, VA 23320 757-435-3513 | | | | | | | |
| BUILDING: | | Dun Rite, In 714 Fenway CHESAPEA 757-435-35 | Ave. AKE, VA 23320 | | | License: 74845 Expires: 12/31/ | 2020 | |
| PARCEL: | | | | | | | | |
| PIN: | 988420706411 | | | Parcel Number: | 0038580 | 001 | | |
| Address: | 109 OCEAN BAY B | | DEVIL HILLS | | | | | |
| | | | | Zoning | j : | | | |
| Addition: | KITTY HAWK SHO | RES - REVI | SED | Block: | 36 | Lot(s): | 13-17 | |
| Legal Desci | ription: | | | | | | | |
| FEES: | | Paid | Due | | | | | |
| Building Permit F Fee | Fee - Minimum \$ | 150.00 | \$0.00 | | | | | |
| | Totals : \$ | 150.00 | \$0.00 | | | | | |

PROJECT DESCRIPTION: install new flag pole in existing location

Printed by : CTHUMAN on: 01/29/2020 02:01 PM

Page 1 of 2

BP2020-021

PROJECT NAME: Dairy Queen New Flagpole SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS BUILDING ISSUED: 01/29/2020

EXPIRES: 07/27/2020

| | | DETAILS | |
|--------------------------------|------------------------------|---------|--|
| Permit | | | |
| Name | Value | | |
| CAMA PERMIT | N | | |
| CAMA EXEMPTION | Ν | | |
| ZONING DISTRICT | С | | |
| PURPOSE | Commercial Repair/Remodel | | |
| FLOOD ZONE | AE | | |
| BASE FLOOD ELEVATION | 8.3 | | |
| FINAL ELEVATION CERTIFICATE | N | | |
| CONSTRUCTION COST | 3600.00 | | |
| OCCUPANCY TYPE | Business | | |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

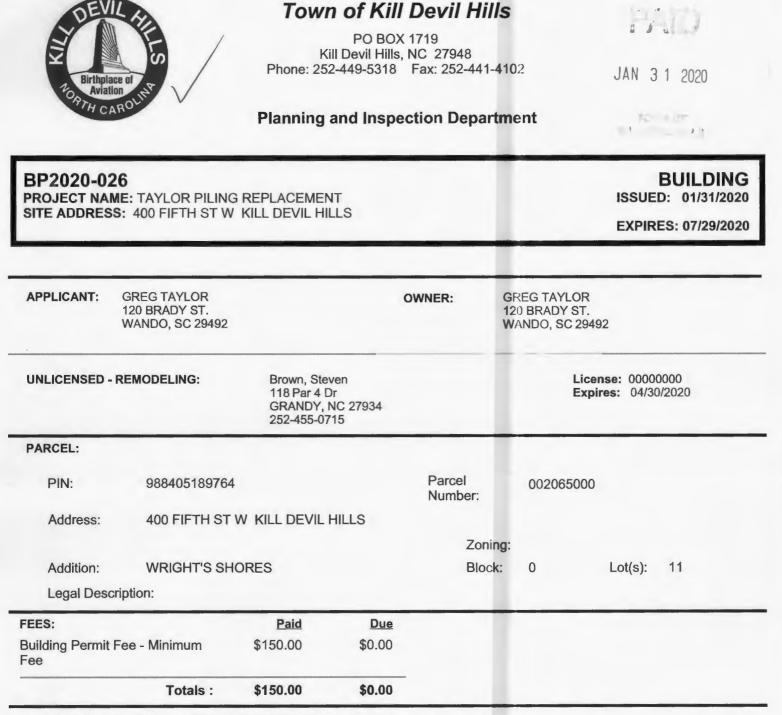
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

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

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

Issued By: Date: 1/29/2020 **Contractor or Authorized Agent:**



PROJECT DESCRIPTION: REPLACE NORTHEAST 6X6 PILING WITH 8X8

BP2020-026

- 3

PROJECT NAME: TAYLOR PILING REPLACEMENT **SITE ADDRESS:** 400 FIFTH ST W KILL DEVIL HILLS BUILDING

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

| | | DETA |
|--------------------------------|-------------------------------|------|
| Permit | | |
| Name | Value | |
| CAMA PERMIT | Ν | |
| CAMA EXEMPTION | N | |
| ZONING DISTRICT | RL | |
| PURPOSE | Residential Repair/Remodel | |
| FRONT YARD SETBACK | 30 | |
| SIDE YARD SETBACK | 8 | |
| REAR YARD SETBACK | 20% Depth >30 | |
| FLOOD ZONE | AE | |
| BASE FLOOD ELEVATION | 8.00 | |
| FINAL ELEVATION CERTIFICATE | Ν | |
| CONSTRUCTION COST | 950.00 | |
| CONSTRUCTION TYPE | V | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

| I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel |
|---|
| the provisions of any other state/local law regulating construction or the performance of construction. |
| Issued By: Jest Male state local in regulating construction of the performance of construction |
| Contractor or Authorized Agent: OBNOUN Date: 1-31-2020 |



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

Planning and Inspection Department

BP2020-020

PROJECT NAME: Sea Oats Villas windows and siding repair **SITE ADDRESS:** 1401 VA DARE TRL N KILL DEVIL HILLS BUILDING

ISSUED: 01/29/2020

EXPIRES: 07/27/2020

| APPLICANT: | RES 7949 | c | WNER: | C/O ADLAM VENTURES P.O. Box 2391 KITTY HAWK, NC 27949 | | |
|--------------------------|--|----------------|---|---|--------------|----------------------------------|
| CONTRACTOR: | JETTY CONSTRUC 1002 WEST Memoria Kill Devil Hills, NC 27 252-715-8025 | al BLVD | | | | |
| BUILDING LIMIT | ED: | 1002 WES | NSTRUCTION F Memorial BLV Ils, NC 27948 25 | /D | | ense: 79683 pires: 12/31/2020 |
| PARCEL: | | | | | * | |
| PIN: | 988411654107 | 700 | | Parcel Number: | 02811699 | 9 |
| Address: | 1401 VA DAR | E TRL N KILL D | EVIL HILLS | | | |
| | | | | Zonii | ng: | |
| Addition: | | | | Block | с: О | Lot(s): COMMON PROPERTY |
| Legal Desci | ription: | | | | | |
| FEES: | | Paid | Due | | | |
| Building Permit I Fee | Fee - Minimum | \$150.00 | \$0.00 | | | |
| | Totals : | \$150.00 | \$0.00 | | | |
| PROJECT DESC | Totals : RIPTION: remove | | | ws on NW and | SW buildings | |
| | | | | | j. v.c. | |

122

JAN 30 2020

BP2020-020

. .

- 41

PROJECT NAME: Sea Oats Villas windows and siding repair SITE ADDRESS: 1401 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 01/29/2020

EXPIRES: 07/27/2020

DETAILS

| Permit | | | | |
|--------------------------------|------------------------------|--|--|--|
| Name | Value | | | |
| CAMA PERMIT | N | | | |
| CAMA EXEMPTION | N | | | |
| ZONING DISTRICT | OIR | | | |
| PURPOSE | Commercial Repair/Remodel | | | |
| FRONT YARD SETBACK | 30 | | | |
| SIDE YARD SETBACK | 12 | | | |
| REAR YARD SETBACK | CAMA | | | |
| FLOOD ZONE | Х | | | |
| FINAL ELEVATION CERTIFICATE | Ν | | | |
| CONSTRUCTION COST | 75000.00 | | | |
| OCCUPANCY TYPE | Residential | | | |
| | | | | |

REQUIRED INSPECTIONS

Zoning Final Final Rough In

CONDITIONS

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

* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
* Draft stopping inspection required at interior of new windows.

BP2020-020 PROJECT NAME: Sea Oats Villas windows and siding repair

- ----

BUILDING ISSUED: 01/29/2020

SITE ADDRESS: 1401 VA DARE TRL N KILL DEVIL HILLS

EXPIRES: 07/27/2020

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction. Issued By: Date: 1-30-20)le Contractor or Authorized Agent:



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

Planning and Inspection Department

OP2020-004

1

3

PROJECT NAME: Hall Renovation mixed use SITE ADDRESS: 103 CLARK ST E KILL DEVIL HILLS OCCUPANCY ISSUED: 01/23/2020

SUED. 01/23/2020

EXPIRES:

| APPLICANT: | Herman Hall 1407 Percy St. Kill Devil Hillsl, NC 27948 305-7082 | | c | WNER: | Herman Hall 1407 Percy St. Kill Devil Hillsl, NC 27948 305-7082 | |
|-------------------|--|------------|--|-------------------|--|-------------|
| CONTRACTOR: | ERIC PRUITT UNKNOWN UNKNOWN, XX 00000 | | | | | |
| GENERAL: | | 2055 New | RIC GLADSTO Bern Street ills, NC 27948 | NE | License: 21008 Expires: 01/01/ | 2021 |
| PARCEL: | | | | | | |
| PIN: | 988308888078 | | | Parcel Number: | 008134000 | |
| Address: | 103 CLARK ST E | KILL DEVIL | HILLS | | | |
| | | | | Zoni | ng: | |
| Addition: | KILL DEVIL HILLS | REALTY CO | ORP | Bloc | k: 4 Lot(s): | 1 |
| Legal Desc | ription: | | | | | |
| FEES: | | Paid | Due | | | |
| Certificate of Oc | cupancy Fee | \$50.00 | \$0.00 | | | |
| | Totals : | \$50.00 | \$0.00 | | | |
| PROJECT DESC | | | space in 1st flo vill remain office | | dential dwelling units, 1 bedro | oom and a 2 |
| | | | DETAILS | 3 | | |

CONDITIONS

JAN 23 2020

| I hereby certify that I have read and examined this application and know the sa All provisions of Laws and Ordinances governing this type of work will be con specified herein or not. The granting of a permit does not presume to give aut | plied with whether |
|--|--------------------|
| the provisions of any other state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction or the performance and the state/local law regulating construction of the state/local law regulating construction or the state/local law regulating construction or the state/local law regulating construction or the state/local law regulating constructing construction or the state/local law regulating c | |



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

Planning and Inspection Department

OP2020-003

PROJECT NAME: 2031 SVDT LLC SITE ADDRESS: 2031 VA DARE TRL S KILL DEVIL HILLS JAN 8 2020

OCCUPANCY ISSUED: 01/07/2020

EXPIRES:

| APPLICANT: SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003 | | | 0 | WNER: | VNER: SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003 | | | |
|--|---------------------------------------|-------------------------|----------------------|-------------------|---|---------------------------------------|--|--|
| GENERAL BUI | LDING - LIMITED: | 1314 S Cro PO Box 90 | ills, NC 27948 | 301 | | .icense: 62306 Expires: 12/31/2020 | | |
| PARCEL: | | | | | | | | |
| PIN: | 989313231979 | | | Parcel Number: | 0085050 | 000 | | |
| Address: | 2031 VA DARE | TRLS KILL D | EVIL HILLS | | | | | |
| | | | | Zonin | g: | | | |
| Addition: | NAGS HEAD S | HORES AMEN | DED SEC 4 | Block | : 3 | Lot(s): 7 | | |
| | | | | | | | | |
| Legal Des | cription: | | | | | | | |
| Legal Des | cription: | Paid | Due | | | | | |
| | · · · · · · · · · · · · · · · · · · · | <u>Paid</u> \$50.00 | <u>Due</u> \$0.00 | | | | | |

PROJECT DESCRIPTION: Proposed 18 bedroom single family dwelling

OP2020-003

PROJECT NAME: 2031 SVDT LLC SITE ADDRESS: 2031 VA DARE TRL S KILL DEVIL HILLS OCCUPANCY ISSUED: 01/07/2020

EXPIRES:

| | DETAIL | LS |
|---|--|--|
| Permit | | |
| Name | Value | |
| PURPOSE | Residential New | |
| ZONING DISTRICT | OIR | |
| FLOOD ZONE | AE | |
| BASE FLOOD ELEVATION | 10 | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |
| | REQUIRED INS | SPECTIONS |
| Zoning Final | | |
| | CONDITIC | ONS |
| | UUUUUU | |
| | CONDITA | |
| | CONDITA | |
| All provisions of Laws and specified herein or not. Th | read and examined this app d Ordinances governing this a granting of a permit does r | lication and know the same to be true and correct type of work will be complied with whether not presume to give authority to violate or cancel onstruction or the performance of construction. |



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

Planning and Inspection Department

OP2020-001

PROJECT NAME: T & B Homes SITE ADDRESS: 3109 LEE AVE KILL DEVIL HILLS

OCCUPANCY ISSUED: 01/02/2020

EXPIRES:

PARENT PERMIT #: BJ2019-042

| APPLICANT: | T and B Homes, Inc. 1706 Virgina Ave. Kill Devil Hills, NC 27 252-207-9837 | 948 | O | | T and B Hom 1706 Virgina Kill Devil Hills 252-207-983 | Ave. s, NC 27948 | |
|--------------------|---|---|----------------|-------------------|--|----------------------------------|---|
| CONTRACTOR: | | T and B Ho 1706 Virgin Kill Devil H 252-207-98 | ills, NC 27948 | | | License: 80069 Expires: 03/31 | |
| CONTRACTOR: | | T and B Ho 1706 Virgin Kill Devil H 252-207-98 | ills, NC 27948 | | | License: 80069 Expires: 03/31 | |
| PARCEL: | | | | | | | |
| PIN: | 987516923843 | | | Parcel Number: | 026688 | 000 | |
| Address: | 3109 LEE AVE | KILL DEVIL HI | LLS | | | | |
| | | | | Zoning | j: | | |
| Addition: | MOOR SHORE | S | | Block: | 0 | Lot(s): | 5 |
| Legal Descr | ription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Certificate of Oce | cupancy Fee | \$50.00 | \$0.00 | | | | |
| Residential Tras | h Can | \$106.75 | \$0.00 | | | | |
| | Totals : | \$156.75 | \$0.00 | | | | |

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

JAN _ 3 2020

1 1 1.

4

OP2020-001 PROJECT NAME: T & B Homes SITE ADDRESS: 3109 LEE AVE KILL DEVIL HILLS

EXPIRES:

DETAILS

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

CONDITIONS



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

Planning and Inspection Department

OP2020-002

PROJECT NAME: Sandy Bottom Homes SITE ADDRESS: 529 W Palmetto Street Kill Devil Hills OCCUPANCY

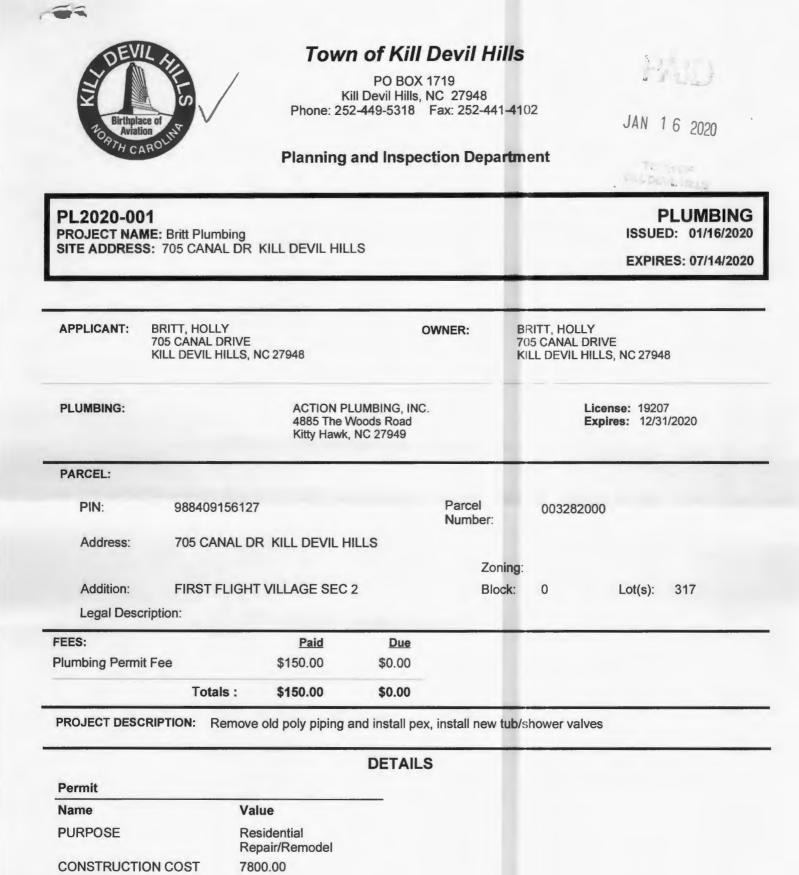
ISSUED: 01/02/2020

EXPIRES:

| | | | | | PARENT PERMIT #: BJ2019-050 |
|--|---|---|---------------|-------------------|---|
| APPLICANT: OBX COTTAGES LLC 200 EAST BLACKMAN ST Kill Devil Hillsl, NC 27948 252-207-5475 | | AN ST | c | WNER: | OBX COTTAGES LLC 200 EAST BLACKMAN ST Kill Devil Hillsl, NC 27948 252-207-5475 |
| CONTRACTOR: | Sandy Bottom Home 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162 | | | | |
| GENERAL BUIL | DING-LIMITED: | SANDY BC 400 DaVind kitty hawk, 757-448-81 | nc 27949 | 3 | License: 67524 Expires: 01/01/2021 |
| PARCEL: | | | | | 11-2 |
| PIN: | 987408997993 | 3 | | Parcel Number: | |
| Address: | 529 W Palmet | to Street Kill Dev | vil Hills | | |
| | | | | Zon | ing: |
| Addition: | | | | Bloc | ck: Lot(s): |
| Legal Desc | ription: Lot 10R B | lock 75 | | | |
| FEES: | | Paid | Due | | 27 T |
| Certificate of Oc | | \$50.00 | \$0.00 | | |
| Residential Tras | sh Can | \$106.75 | \$0.00 | | |
| | Totals : | \$156.75 | \$0.00 | | |
| PROJECT DESC | RIPTION: New 3 E | Bedroom 3 Bath | Single Family | Dwelling | 14 ¹ |
| | | · , | DETAIL | 3 | 7 |
| Permit | | u (* | | | |
| Name # OF TRASH C | | lue JAN - 3 | 2020 * | | |

| OP2020-002 PROJECT NAME: Sandy Bottom Homes SITE ADDRESS: 529 W Palmetto Street Kill Devil Hills | OCCUPANO ISSUED: 01/02/20 EXPIRES | |
|---|--|--|
| CONDITIONS | | |
| I hereby certify that I have read and examined this application and k All provisions of Laws and Ordinances governing this type of work specified herein or not. The granting of a permit does not presume to the provisions of any other state local law regulating construction of Issued By: | will be complied with whether o give authority to violate or cancel | |
| Contractor or Authorized Agent: 268 | Date: 1-3-19 | |

. 14



BASE FLOOD ELEVATION 8

V

AE

Printed by : CTHUMAN on: 01/16/2020 02:26 PM

CONSTRUCTION TYPE

FLOOD ZONE

- ---

PL2020-001 PROJECT NAME: Britt Plumbing SITE ADDRESS: 705 CANAL DR KILL DEVIL HILLS PLUMBING ISSUED: 01/16/2020

EXPIRES: 07/14/2020

REQUIRED INSPECTIONS

Final

Rough In

CONDITIONS

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

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

Issued By: Date: 1-17-20 **Contractor or Authorized Agent:**



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

Planning and Inspection Department

PL2019-022

PROJECT NAME: Zarchy Plumbing SITE ADDRESS: 700 F1 FIRST ST W KILL DEVIL HILLS

PLUMBING ISSUED: 12/05/2019

EXPIRES: 06/02/2020

| APPLICANT: Zarchy, Alan 276 Gilmore St MINEOLA, NY 11501 | | | OWNER: | Zarchy, Alan 276 Gilmore St MINEOLA, NY 11501 | | | |
|--|--------------|-------------------------|--------------|---|---------|------------------------------|----------------|
| RESIDENTIAL, LIMITED | : | UNKNO | WN, XX 00000 | | | icense: 2562 xpires: 12/3 | |
| PARCEL: | | | | | | | |
| PIN: 98 | 8413140426 | 71 | | Parcel Number: | 0080756 | 01 | |
| Address: 70 | 0 F1 FIRST | ST W KILL D | EVIL HILLS | | | | |
| | | | | Zonin | g: | | |
| Addition: | | | | Block | .: 0 | Lot(s): | UT 1 BLDG F |
| Legal Description: | | | | | | | |
| EES: | | Paid | Due | | | | |
| Plumbing Permit Fee | | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |
| PROJECT DESCRIPTION | N: Re-plum | b condo with | Pex | | | | |
| | | | DETAI | LS | | | |
| Permit | | | | | | | |
| Name | Val | ue | | | | | |
| PURPOSE | | idential air/Remodel | • • • • • | | | | |
| CONSTRUCTION COS | ST 710 | 0.00 | | | | | |
| CONSTRUCTION TYP | PE V | | | | | | |
| FLOOD ZONE | AE | | JAN -6 2 | 020 | | | |
| BASE FLOOD ELEVA | TION 9 | | | | | | |
| rinted by : CTHUMAN on: 12/05/20 | 019 02:13 PM | | , . | | | | Page 1 |
| | | | | | | | , ago |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Contractor or Authorized Agent: Date:

PL2019-022 **PROJECT NAME:** Zarchy Plumbing SITE ADDRESS: 700 F1 FIRST ST W KILL DEVIL HILLS

4 · · · ·

Rough In

PLUMBING ISSUED: 12/05/2019

EXPIRES: 06/02/2020



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

Planning and Inspection Department

PL2019-023

PROJECT NAME: SMITH PLUMBING SITE ADDRESS: 700 W First St Kill Devil Hills PLUMBING

ISSUED: 12/06/2019

EXPIRES: 06/03/2020

| APPLICANT: | T: OYSTER PT. HOME OWNERS ASS./CO Seaside Management 700 W. 1st. St. KILL DEVIL HILLS, NC 27948 261-1200 | | | OWNER: | OYSTER PT. HOME OWNERS ASS./CO Seaside Management 700 W. 1st. St. KILL DEVIL HILLS, NC 27948 261-1200 | | | |
|-----------------------|--|---|-----------------|-------------------|---|---------|--------------------|--|
| RESIDENTIAL, LIMITED: | | PLUMBING UNKNOWN UNKNOWN 252-599-655 | I , XX 00000 | | License: 25626 Expires: 12/31/2020 | | | |
| PARCEL: | | | | | | | | |
| PIN: | 988413140426 | 00 | | Parcel Number: | 008075 | 999 | | |
| Address: | 700 W First St | Kill Devil Hills | | | | | | |
| | | | | Zoni | ng: | | | |
| Addition: | | | | Bloc | ik: 0 | Lot(s): | COMMON PROPERTY | |
| Legal Desc | ription: | | | | | | | |
| FEES: | | Paid | Due | | | | | |
| Plumbing Permi | t Fee | \$150.00 | \$0.00 | | | | | |
| | Totals : | \$150.00 | \$0.00 | · | | | | |

PROJECT DESCRIPTION: RE-INSTALL PLUMBING SYSTEM FROM POLY TO PEX

ł . . , JAN - 6 2020

PL2019-023 PROJECT NAME: SMITH PLUMBING SITE ADDRESS: 700 W First St Kill Devil Hills

EXPIRES: 06/03/2020

DETAILS

| Permit | |
|----------------------|-------------------------------|
| Name | Value |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 7100.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 9.3 |
| OCCUPANCY TYPE | Residential |
| | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

| Issued By: | have | | |
|-----------------------------------|-------|-----|--------------|
| 0 | P. tA | | 1.1 |
| Contractor or Authorized Agent: _ | Rent | Jun | Date: 1/6/26 |



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

Planning and Inspection Department

PL2019-021 PROJECT NAME: SITE ADDRESS: 700 F9 FIRST ST W KILL DEVIL HILLS

PLUMBING ISSUED: 12/05/2019

EXPIRES: 06/02/2020

| APPLICANT: | Brooks, Marcia 700 WEST First ST F Kill Devil Hillsl, NC 2 703-501-0185 | | (| | Brooks, Marc 700 WEST Fi Kill Devil Hills 703-501-0185 | rst ST F9 I, NC 27948 | |
|---------------|--|---------------|-------------|-------------------|---|--------------------------------|----------------|
| RESIDENTIAL, | LIMITED: | UNKNOWN | N, XX 00000 | Unit | | License: 2562 Expires: 12/3 | |
| PARCEL: | | | | | | | |
| PIN: | 988413140426 | 379 | | Parcel Number: | 008075 | 609 | |
| Address: | 700 F9 FIRST | ST W KILL DEV | /IL HILLS | | | | |
| | | | | Zoning | g: | | |
| Addition: | | | | Block: | 0 | Lot(s): | UT 9 BLDG F |
| Legal Desc | cription: | | | | | | |
| FEES: | ······································ | Paid | Due | | | | |
| Plumbing Perm | it Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Replace water distribution lines.

4 JAN - 6 2020

EXPIRES: 06/02/2020

| | | DETAILS |
|---------------------|-------------------------------|---------|
| ermit | | |
| ame | Value | |
| URPOSE | Residential Repair/Remodel | |
| ONSTRUCTION COST | 7100.00 | |
| ONSTRUCTION TYPE | V | |
| LOOD ZONE | AE | |
| ASE FLOOD ELEVATION | 9 | |
| CCUPANCY TYPE | Residential | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

| Issued By: | 1 / | |
|---------------------------------|--------------|--|
| Contractor or Authorized Agent: | Date: 1/6/20 | |

| PDEV | HI | Tow | n of Kill | Devil Hil 1719 | ls | r. |
|---------------------------------------|--|---------------------------|--|--------------------------|---------------------------------------|---|
| X | in | | ill Devil Hills, N | | 4102 | м ^с |
| To Avia | AROLINE | | | | | JAN 2 3 2020 |
| - H C | | Planning | and Inspec | tion Depart | ment | 4 - |
| DM2020-0 PROJECT NA SITE ADDRES | | rl n kill de ^v | VIL HILLS | | | DEMOLITION ISSUED: 01/23/2020 EXPIRES: 07/21/2020 |
| APPLICANT: | Hickling, Jeff & Kathle | en | | WNER: | Hickling Je | ff & Kathleen |
| | 14 Belmont DR BLUFFTON, SC 2991 1-610-772-0923 | | | | 14 Belmont BLUFFTON 1-610-772-0 | t DR I, SC 29910 |
| GENERAL BUI | LDING - UNLIMITED: | 1703 Harbo PO Box 39 | CORPORATIO our View Drive 89 ills, NC 27948 | N | **35 | License: 54642 Expires: 01/01/2021 |
| PARCEL: | | | | | | |
| PIN: | 988518307029 | | | Parcel Number: | 00235 | 2000 |
| Address: | 2009 VA DARE | TRL N KILL D | EVIL HILLS | | | |
| | | | | Zonir | ig: | |
| Addition: | MILES CLARK | | | Block | :: 0 | Lot(s): 47 & 49 |
| Legal Des | cription: | | | | | |
| FEES: | | Paid | Due | | | |
| Demolition | | \$100.00 | \$0.00 | | | |
| | Totals : | \$100.00 | \$0.00 | | | |
| PROJECT DES | CRIPTION: Demo ex | isting structure. | | | | |
| | | | DETAILS | | | |

| Permit | | | | | | |
|-------------------|----------------|--|--|--|--|--|
| Name | Value | | | | | |
| ZONING DISTRICT | OIR | | | | | |
| FLOOD ZONE | VE AD | | | | | |
| CONSTRUCTION COST | 1200 15,000 00 | | | | | |

DM2020-001 PROJECT NAME: SITE ADDRESS: 2009 VA DARE TRL N KILL DEVIL HILLS DEMOLITION ISSUED: 01/23/2020

EXPIRES: 07/21/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

| I hereby certify that I have read and examined this application an All provisions of Laws and Ordinances governing this type of wo specified herein or not. The granting of a permit does not presum the provisions of any other state/local law regulating construction | rk will be complied with whether to give authority to violate or cancel |
|---|--|
| Issued By: May D | Date: 1.23.20 |
| Contractor or Authorized Agent: | Date: <u>(, 23. 23</u> |

| THE THE |
|---|
| Birthplace of Aviation PTH CAROLINE |

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

Planning and Inspection Department

JAN 9 2020

DM2019-015

PROJECT NAME: Times Printing Demo SITE ADDRESS: 2006 CROATAN HWY S KILL DEVIL HILLS

DEMOLITION ISSUED: 12/09/2019

EXPIRES: 06/06/2020

| APPLICANT: | Towne Bank 6001 Harbour V suffolk, va 2343 | 01 Harbour View Blvd | | OWNER: | TIMES PRIN P O BOX 400 MANTEO, N | |
|--------------|--|----------------------|---|-------------------|--|--|
| ABATEMENT | ND DEMOLITION | 176 Wind | ast Abatement and chester Way NC 27958 -7740 | d Demolition | | License: 2701030130 Expires: 12/31/2020 |
| PARCEL: | | | | | | |
| PIN: | 98931303 | 7456 | | Parcel Number: | 004896 | 6000 |
| Address: | 2006 CRC | ATAN HWY S KI | LL DEVIL HILLS | | | |
| | | | | Zonin | g: | |
| Addition: | SUBDIVIS | ION - NONE | | Block | : 0 | Lot(s): 0 |
| Legal Desc | cription: | | | | | |
| FEES: | | Paid | Due | | | |
| Demolition | | \$100.00 | \$0.00 | | | |
| | Totals | : \$100.00 | \$0.00 | | | |
| PROJECT DESC | CRIPTION: Den | no existing building | 9 | | | |
| | | | DETAIL | 6 | | |
| Permit | | | | | | |
| Name | | Value | | | | |
| ZONING DIST | RICT | С | | | | |
| | | | | | | |
| FLOOD ZONE | | Х | | | | |

DM2019-015 PROJECT NAME: Times Printing Demo SITE ADDRESS: 2006 CROATAN HWY S KILL DEVIL HILLS DEMOLITION ISSUED: 12/09/2019

EXPIRES: 06/06/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By

Contractor or Authorized Agent: Lauren Bathisie

_ Date: 01/09/2020



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

Planning and Inspection Department

| SG2020-005 PROJECT NAME: Dunkin Donuts SITE ADDRESS: 3210 N. Croatan Highway #5 Kill Devil Hills | | | | | | SIGN ISSUED: 01/23/2020 EXPIRES: 07/21/2020 |
|--|------------------------|---|-------------|-------------------|-------|---|
| APPLICANT: ADLIGHT SIGNS OWNER: 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800 | | | | | | Realty Realty, LLC x 2084 vil Hills, NC 27948 9-4677 |
| CONTRACTOR: | | ADLIGHT SIC 600 West Boy Kill Devil Hills 252-449-2800 | , NC 27948 | | 1.233 | License: LEGACY UNKNOWN Expires: 12/31/2030 |
| PARCEL: | | | | | | |
| PIN: | 9875169461950 | 5 | | Parcel Number: | | |
| Address: | 3210 N. Croatan | Highway #5 Kill | Devil Hills | | | |
| | | | | Zoni | ng: | |
| Addition: | | | | Bloc | k: | Lot(s): |
| Legal Descr | iption: Unit 5, Island | d Land Centre C | omm Cn | | | |
| FEES: | | Paid | Due | | | · · · · · · · · · · · · · · · · · · · |
| Sign Permit Fee | | \$600.00 | \$0.00 | | | |
| | Totals : | \$600.00 | \$0.00 | | | |

PROJECT DESCRIPTION: Signs on the building

JAN 28 2020

PROJECT NAME: Dunkin Donuts SITE ADDRESS: 3210 N. Croatan Highway #5 Kill Devil Hills SIGN ISSUED: 01/23/2020

EXPIRES: 07/21/2020

DETAILS

| Ρ | e | r | n | ni | t | |
|---|---|---|---|----|---|--|
| | - | | | | - | |

| Name | Value |
|---------------------------------|----------------------|
| # OF SIGNS | 6 |
| SIGN - WALL PERMITTED (SQFT) | 97.20 |
| SIGN- WALL PROPOSED (SQ FT) | 92.80 |
| ZONING DISTRICT | С |
| PURPOSE | Commercial Accessory |
| CONSTRUCTION COST | 9000.00 |
| FLOOD ZONE | AE |
| | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone. * Window signs cannot exceed 25% of the gross glazing area of the building and cannot be separately illuminated or backlit by lighting installed for that purpose.

* Zoning Final Inspection is required.

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

Issued By:



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

JAN 28 2020

Planning and Inspection Department

| SG2020-00 PROJECT NAM SITE ADDRESS | | HWY N KILL D | evil Hills | | | | SIGN D: 01/15/2020 ES: 07/13/2020 |
|--|--|-------------------------------|-------------|-------------------|--|--------------------------------|---|
| APPLICANT: | LOWES CORP. P.O. Box 1111 1605 Curtis Bridge Re Wilkesboro, NC 2869 | | c | WNER: | LOWES CO P.O. Box11 1605 Curtis Wilkesboro, | 11 Bridge Rd. | |
| CONTRACTOR: | | SAME AS UNKNOWI UNKNOWI | | | | License: Same Expires: 12/3 | |
| PARCEL: | | | | | | | |
| PIN: | 988410454012 | | | Parcel Number: | 00274 | 6000 | |
| Address: | 1500 CROATA | NHWYN KILL | DEVIL HILLS | | | | |
| | | | | Zonin | g: | | |
| Addition: | SUBDIVISION | NONE | | Block: | 0 | Lot(s): | 0 |
| Legal Descr | ription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Banner Fee | | \$50.00 | \$0.00 | | | | |
| | Totals : | \$50.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Banner

SG2020-004 PROJECT NAME: Lowe's SITE ADDRESS: 1500 CROATAN HWY N KILL DEVIL HILLS

ISSUED: 01/15/2020

EXPIRES: 07/13/2020

DETAILS

| Permit | |
|---------------------------------|----------------------|
| Name | Value |
| # OF BANNERS | 1 |
| SIGN - WALL PERMITTED (SQFT) | 100.00 |
| SIGN- WALL PROPOSED (SQ FT) | 40.00 |
| ZONING DISTRICT | С |
| PURPOSE | Commercial Accessory |
| CONSTRUCTION COST | 100.00 |
| FLOOD ZONE | AE |
| | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

* No such banner shall exceed 100 square feet. Banners shall be attached to a building. Banner may be displayed for a period not to exceed 90 days.

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

Issued By:

Contractor or Authorized Agent:

Date: 1/28/2020

SIG



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

Planning and Inspection Department

SIGN SG2020-001 ISSUED: 01/23/2020 PROJECT NAME: Overrun II, LLC SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS EXPIRES: 07/21/2020 Overrun II, LLC **APPLICANT: ADLIGHT SIGNS OWNER:** 600 West Boundry Street P.O. Box 389 Kill Devil Hills, NC 27948 Kill Devil Hills, NC 27948 252-449-2800 CONTRACTOR: License: LEGACY UNKNOWN ADLIGHT SIGNS 600 West Boundry Street Expires: 12/31/2030 Kill Devil Hills, NC 27948 252-449-2800 PARCEL: Parcel PIN: 988420706411 003858001 Number: Address: 109 OCEAN BAY BLVD KILL DEVIL HILLS Zoning: Addition: KITTY HAWK SHORES - REVISED Block: 36 Lot(s): 13-17 Legal Description: FEES: Paid Due **Banner** Fee \$0.00 \$0.00 Sign Permit Fee \$100.00 \$0.00 Totals : \$100.00 \$0.00

PROJECT DESCRIPTION: Signs on the building and free-standing sign

2 .

SG2020-001

PROJECT NAME: Overrun II, LLC SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS SIGN ISSUED: 01/23/2020

EXPIRES: 07/21/2020

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

shattery

Issued By:

Contractor or Authorized Agent: _

Date: 1-28-2020



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

JAN 1 5 2020

PAID

C

Planning and Inspection Department

| SG2020-00 PROJECT NAM SITE ADDRESS | 13 IE: Craig Burrett/KE S: 1001 CROATAN | DH Glass Compa I HWY S KILL D | ny EVIL HILLS | | | | SIGN D: 01/15/2020 ES: 07/13/2020 | |
|--|--|-----------------------------------|------------------|-------------------|---|---------|---|--|
| APPLICANT: | Burrett, Craig 1001 South Croatan highway Kill Devil Hills, NC 27948 757-701-4237 | | | OWNER: | SMALL, PRISCILLA PO BOX 426 Kill Devil Hillsl, NC 27948 252-449-5565 | | | |
| CONTRACTOR: | | SAME AS / 0000000 00000000, | APPLICANT | | L icense: 1234 E xpires: 04/3 | | | |
| PARCEL: | | | | | | | | |
| PIN: | 988308877997 | 7 | | Parcel Number: | 027929 | 000 | | |
| Address: | 1001 CROATA | N HWY S KILL | DEVIL HILL | S | | | | |
| | | | | Zonir | ng: | | | |
| Addition: | KILL DEVIL H | ILLS REALTY CO | ORP | Block | :: 4 | Lot(s): | PT 10 & PT 9 | |
| Legal Descr | ription: | | | | | | | |
| FEES: | | Paid | Due | | | | | |
| Sign Permit Fee | | \$200.00 | \$0.00 | | | | | |
| | Totals : | \$200.00 | \$0.00 | | | | | |

PROJECT DESCRIPTION: Add signs to the building

| THE S | |
|--|---|
| Birthplace of Aviation Arrh CAROLINE | / |

.

Town of Kill Devil Hills

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

Planning and Inspection Department

| SG2020-00 PROJECT NAM SITE ADDRESS | 2 IE: Weatherly Insurand S: 2810 CROATAN H | ce WYN KILL D | EVIL HILLS | | | ISSUE EXPIR | SIGN D: 01/13/2020 RES: 07/11/2020 |
|---|--|---|----------------------------------|-------------------|---|-----------------------|--|
| APPLICANT: | ADLIGHT SIGNS 600 West Boundry Stree Kill Devil Hills, NC 2794 252-449-2800 | | O | | WEATHERLY, RI P O BOX 3426 KILL DEVIL HILLS | | 8 |
| CONTRACTOR: | | ADLIGHT 3 600 West E Kill Devil H 252-449-28 | Boundry Street ills, NC 27948 | | | nse: LEG res: 12/3 | ACY UNKNOWN 1/2030 |
| PARCEL: | | | | | | | |
| PIN: | 988517027484 | | | Parcel Number: | 000430000 | | |
| Address: | 2810 CROATAN | HWY N KILL | DEVIL HILLS | | | | |
| | | | | Zoning | g: | | |
| Addition: | VIRGINIA DARE | SHORES | | Block: | 18 | Lot(s): | 1-3&PT 4,BLK 31 5,6 |
| Legal Descr | iption: | | | | | | |
| FEES: | · · · · · · · · · · · · · · · · · · · | Paid | Due | | | | |
| Sign Permit Fee | | \$100.00 | \$0.00 | | | | |
| hana aqaqaqqaqqaqatatingtigtigtini ooqad 🕈 so-freqramor | Totals : | \$100.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Free-standing sign

i

SG2020-002

PROJECT NAME: Weatherly Insurance SITE ADDRESS: 2810 CROATAN HWY N KILL DEVIL HILLS ISSUED: 01/13/2020

EXPIRES: 07/11/2020

DETAILS

| Permit | |
|--|----------------------|
| Name | Value |
| # OF SIGNS | 1 |
| SIGN - FREE STANDING PERMITTED (SQFT) | 64.00 |
| SIGN - FREE STANDING PROPOSED (SQ FT) | 47.22 |
| ZONING DISTRICT | С |
| PURPOSE | Commercial Accessory |
| CONSTRUCTION COST | 10000.00 |
| FLOOD ZONE | AE |
| | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

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

* Zoning Final Inspection is required.

* Will be using existing pilings.

SG2020-002

PROJECT NAME: Weatherly Insurance SITE ADDRESS: 2810 CROATAN HWY N KILL DEVIL HILLS SIGN ISSUED: 01/13/2020

EXPIRES: 07/11/2020

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

Issued By: Date: (-28-76 Contractor or Authorized Agent:

| Biritiplace of Aviation | Ling A | Ki Phone: 252 | PO BOX 1 III Devil Hills, N 2-449-5318 | | 1102 | JAN 3 | 1 2020 |
|--|-------------------|----------------------------------|--|---|--------|-------------------------------|---|
| SG2020-006 PROJECT NAME SITE ADDRESS: | : Outer Banks Pre | sbyterian Churc łWY S KILL DE | h VIL HILLS | | | | SIGN ED: 01/23/2020 RES: 07/21/2020 |
| APPLICANT: OUTER BANKS PRESBYTERIAN O PO BOX 2199 KILL DEVIL HILLS, NC 27948 | | | OWNER: | OUTER BANKS PRESBYTERIAN PO BOX 2199 KILL DEVIL HILLS, NC 27948 | | | |
| CONTRACTOR: | | SAME AS O UNKNOWN UNKNOWN | | | | License: Sam Expires: 12/3 | |
| PARCEL: | <u> </u> | | | | | | |
| PIN: | 988308886310 |) | | Parcel Number: | 008529 | 9000 | |
| Address: | 907 CROATAN | N HWY S KILL D | DEVIL HILLS | | | | |
| Addition: | KILL DEVIL HI | LLS REALTY CO | ORP | Zonir Block | - | Lot(s): | 1 -4 & 7-10 PT OF 5 |
| Legal Descrip | tion: | | | | | | |
| | | Paid | Due | | | | |
| FEES: | | \$100.00 | \$0.00 | | | | |
| FEES: Sign Permit Fee | | \$100.00 | | | | | |

| A DEVI Birthplac Post Aviatio | ROLINA R | Ki Phone: 252 | PO BOX Il Devil Hills 2-449-5318 | (1719 , NC 27948 Fax: 252-441-4 | 1102 | JAN 3 | 1 2020 |
|-------------------------------------|---|--|--|---------------------------------------|---|--------------------------------|---|
| | 9 E: OROSOS HVAC S: 115 SOTHEL ST | | | | | ME | CHANICAL ED: 01/31/2020 RES: 07/29/2020 |
| APPLICANT: | Orosos, George 115 E Sothel St Kill Devil Hills, NC 279 | 948 | | OWNER: | Orosos, Geo 115 E Sothe Kill Devil Hill | l St | |
| MECHANICAL: | | DELTA T 162 Yaupor Kitty Hawk, 252-261-04 | NC 27949 | | | License: 2329 Expires: 12/3 | |
| PARCEL: | | | | | | | |
| PIN: | 988513121665 | | | Parcel Number: | 002998 | 3000 | |
| Address: | 115 SOTHEL S | | L HILLS | | | | |
| | | | | Zonir | ig: | | |
| Addition: | VIRGINIA DAR | E SHORES | | Block | :: 18 | Lot(s): | 17-20 |
| Legal Desci | ription: | | | | | | |
| | | Paid | Due | | | | |
| FEES: | | \$150.00 | \$0.00 | | | | |
| FEES: Mechanical Perr | nit Fee | φ100.00 | | | | | |

PROJECT DESCRIPTION: INSTALL 6-DUCTLESS HEAT PUMPS AND 14 HEADS, 10 TONS 20,000 BTU

MC2020-019

3

PROJECT NAME: OROSOS HVAC SITE ADDRESS: 115 SOTHEL ST E KILL DEVIL HILLS MECHANICAL ISSUED: 01/31/2020

EXPIRES: 07/29/2020

DETAILS

| Permit | |
|----------------------|------------------------------|
| Name | Value |
| PURPOSE | Commercial Repair/Remodel |
| CONSTRUCTION COST | 22000.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 9.00 |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | Business |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: S Jan Zo Date: Contractor or Authorized Agent:



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

Planning and Inspection Department

| | 18 ME: Sumrada HVAC S: 1502 Virginia Da | | EVIL HILLS | | | ISSUE | CHANICAL ED: 01/28/2020 RES: 07/26/2020 |
|----------------|--|---|---------------------|-------------------|--|--------------------------------|---|
| APPLICANT: | Sumrada, John 138 Linter Ave JOHNSTOWN, PA 1 | 5902 | | OWNER: | Sumrada, J 138 Linter / JOHNSTO | | |
| ELECTRICAL, F | PLUMBING AND HEA | TING: AIR HANDI 8788 Carat Harbinger, 252-216-89 | oke Hwy NC 27941 | | | License: 3293 Expires: 01/3 | - |
| PARCEL: | | | | | | | |
| PIN: | 98930905880 | 6 | | Parcel Number: | 00471 | 1001 | |
| Address: | 1502 Virginia | Dare Tr. S. KILL | DEVIL HILL | S | | | |
| | | | | Zoni | ng: | | |
| Addition: | KILL DEVIL B | EACH SEC 1 RE | VISED | Bloc | k: E | Lot(s): | 9 |
| Legal Desc | ription: | | | | | | |
| FEES: | | Paid | Due | | and the second sec | | |
| Mechanical Per | mit Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: C/O Midlevel air handler

JAN 282020

MC2020-018 PROJECT NAME: Sumrada HVAC

SITE ADDRESS: 1502 Virginia Dare Tr. S. KILL DEVIL HILLS

MECHANICAL ISSUED: 01/28/2020

EXPIRES: 07/26/2020

Permit Name Value PURPOSE Residential Repair/Remodel CONSTRUCTION COST 3752.00 CONSTRUCTION TYPE V FLOOD ZONE AE **BASE FLOOD ELEVATION** 9 NATURAL GAS SIGNOFF N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Date: 1/28/2020 Contractor or Authorized Agent:

DETAILS

DETANO



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

Planning and Inspection Department

| | 16 ME: WHITE HVAC SS: 108 WILSON ST | KILL DEVIL HIL | LS | | | ISSUE | EHANICAL 0: 01/27/2020 ES: 07/25/2020 |
|---------------|--|--|------------|-------------------|---|---------|---|
| APPLICANT: | WHITE, ANGELA W P O BOX 1014 ROANOKE RAPIDS, | NC 27870 | | OWNER: | WHITE, AND P O BOX 10 ROANOKE F | | 70 |
| GENERAL: | | Self UNKNOWN UNKNOWN 917-862-90 | , XX 00000 | | License: Unlicensed Expires: 12/31/2020 | | |
| PARCEL: | | | | | | | |
| PIN: | 988517203611 | | | Parcel Number: | 001816 | 6000 | |
| Address: | 108 WILSON S | ST KILL DEVIL I | HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | AVALON BEA | CH ANNEX 1 | | Bloc | k: 0 | Lot(s): | 367 |
| Legal Des | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Mechanical Pe | rmit Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: HVAC CHANGE OUT

1111 Ji 1 2 7 2020 3 1 2 * 2

MC2020-016

PROJECT NAME: WHITE HVAC SITE ADDRESS: 108 WILSON ST KILL DEVIL HILLS

EXPIRES: 07/25/2020

DETAILS Permit Value Name Residential PURPOSE Repair/Remodel CONSTRUCTION COST 9400.00 V CONSTRUCTION TYPE FLOOD ZONE AE BASE FLOOD ELEVATION 9.00 NATURAL GAS SIGNOFF N OCCUPANCY TYPE **One & Two Family** Dwelling

REQUIRED INSPECTIONS

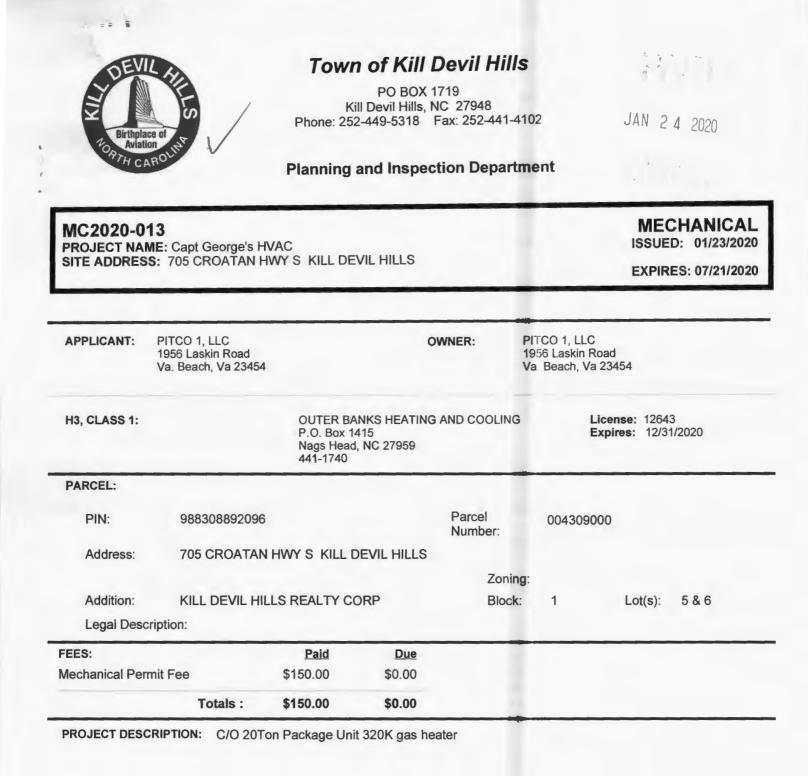
Final

CONDITIONS

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

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

Issued By: mak white Date: 1-27-20 Contractor or Authorized Agent: E



| Aviation of the second | LE OL NP | K Phone: 25 | PO BOX ill Devil Hills, I 2-449-5318 | | 4102 | JAN 2 | 2 4 2020 |
|---|--|---|--|------------------------|------------|-----------------------------------|---|
| | 15 ME: AWFUL ARTHU S: 2106 VA DARE | | | | | ISSUE | CHANICAL ED: 01/24/2020 RES: 07/22/2020 |
| APPLICANT: | Willowbrook Estates, PO Box 1653 Kill Devil Hillsl, NC 2 | | C | OWNER: | PO Box 165 | Estates, LLC 3 sl, NC 27948 | |
| MECHANICAL | H-3 CLASS 1: | Coastal Ele 172 Bean I Harbinger, 252-548-42 | anding Rd. NC 27941 | | | License: 3260 Expires: 12/3 | |
| PARCEL: | | | | | | | |
| PIN: | 988518216261 | | | Parcel Number: | 00307 | 5000 | |
| Address: | 2106 VA DARI | ETRL N KILL D | EVIL HILLS | | | | |
| Addition: | AVALON BEA | СН | | Zonii Blo ci | | Lot(s): | 11,12 & 30'OF 10 |
| Legal Desc | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Mechanical Per | mit Fee | \$150.00 | \$0.00 | | | | |
| | | | | | | | |



FLOOD ZONE

NATURAL GAS SIGNOFF

Х

Ν

Town of Kill Devil Hills

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

JAN 24 2020

Planning and Inspection Department

MECHANICAL MC2020-014 ISSUED: 01/23/2020 **PROJECT NAME: Pace HVAC** SITE ADDRESS: 1401 2-A VA DARE TRL N KILL DEVIL HILLS EXPIRES: 07/21/2020 **APPLICANT:** Pace, Ladon Cotton OWNER: Pace, Ladon Cotton 7037 Lantana Ln 7037 Lantana Ln **MECHANICSVILLE, VA 23111** MECHANICSVILLE, VA 23111 PARCEL: PIN: Parcel 98841165410704 028118000 Number: Address: 1401 2-A VA DARE TRL N KILL DEVIL HILLS Zoning: UNIT 2-A Addition: Block: 0 Lot(s): Legal Description: FEES: Paid Due Mechanical Permit Fee \$150.00 \$0.00 Totals : \$150.00 \$0.00 PROJECT DESCRIPTION: C/O 2Ton HVAC System DETAILS Permit Name Value PURPOSE Residential Repair/Remodel CONSTRUCTION COST 6598.00 CONSTRUCTION TYPE V

MC 2020-014 PROJECT NAME: Pace HVAC SITE ADDRESS: 1401 2-A VA DARE TRL N KILL DEVIL HILLS MECHANICAL ISSUED: 01/23/2020

EXPIRES: 07/21/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

issued By: Alm Contractor or Authorized Agent:

Date: 1-24-20



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

Planning and Inspection Department

| MC2020-009 PROJECT NAME: Yancey SITE ADDRESS: 1201 SP | HVAC ORTSMAN DR W KIL | MECHANICAL ISSUED: 01/16/2020 EXPIRES: 07/14/2020 | | | |
|---|--|---|-------------------|--|---------------------------------------|
| | | | | | |
| | ay I SPORTSMAN DR IISI, NC 27948 | c | | Yancey, Clay 1201 WEST Kill Devil Hill | y SPORTSMAN DR sl, NC 27948 |
| H3, CLASS 1: | P.O. Box | 1415 ad, NC 27959 | AND COOLING | | License: 12643 Expires: 12/31/2020 |
| PARCEL: | | | | | |
| PIN: 98740 | 8994317 | | Parcel Number: | 001653 | 3000 |
| Address: 1201 S | SPORTSMAN DR W K | ILL DEVIL HILL | _S | | |
| | | | Zoning | g: | |
| Addition: AVAL | ON BEACH | | Block: | : 0 | Lot(s): 300 |
| Legal Description: | | | | | |
| FEES: | Paid | Due | | | |
| Mechanical Permit Fee | \$150.00 | \$0.00 | | | |
| Το | tals : \$150.00 | \$0.00 | | | |
| PROJECT DESCRIPTION: | C/O 3 Ton heat pump | only | | | |
| | | DETAIL | S | | 6 . x |
| Permit | | | | - 4 | · · · A |
| Name | Value | | | | |
| PURPOSE | Residential Repair/Remodel | | | JAN | 2 4 2020 |
| CONSTRUCTION COST | 4763.00 | | | | 1 |
| FLOOD ZONE | AE | | |) | . ,1 |
| BASE FLOOD ELEVATION | 8 1 | | | | |

MC2020-009 PROJECT NAME: Yancey HVAC SITE ADDRESS: 1201 SPORTSMAN DR W KILL DEVIL HILLS MECHANICAL ISSUED: 01/16/2020

EXPIRES: 07/14/2020

REQUIRED INSPECTIONS

Final

1 1000

2

CONDITIONS

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

| I hereby certify that I have read and examined this application and know the same to be true and correct. |
|---|
| All provisions of Laws and Ordinances governing this type of work will be complied with whether |
| specified herein or not. The granting of a permit does not presume to give authority to violate or cancel |
| the provisions of any other state/local law regulating construction or the performance of construction. |
| Issued By: |
| Contractor or Authorized Agent: Date: 1-24-20 |



ł

Town of Kill Devil Hills

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

Planning and Inspection Department

| MC2020-001 PROJECT NAME: SITE ADDRESS: 1600 CROATAN HWY S KILL DEVIL HILLS | | | | | | MECHANICAL ISSUED: 01/02/2020 EXPIRES: 06/30/2020 | | | |
|--|---|------------------------|--|-------------------|--|---|---------|--|--|
| APPLICANT: | OBX Ellie Mae, LLC 3045 Creek Rd kitty hawk, nc 27949 | | C | | OBX Ellie Ma 3045 Creek F kitty hawk, no | Rd | | | |
| PLUMBING, MECHANICAL: | | P.O. Box 2 HARBINGE | NORRIS MECHANICAL P.O. Box 217 HARBINGER, NC 27941 252-491-2673 | | License: 11100 Expires: 12/31/2020 | | - | | |
| PARCEL: | | | | | | | | | |
| PIN: | 989309150433 | 3 | | Parcel Number: | 008299 | 000 | | | |
| Address: | 1600 CROATA | N HWY S KILL | DEVIL HILLS | | | | | | |
| | | | | Zonin | g: | | | | |
| Addition: | OCEAN ACRE | INC SINC | | Block: | 0 | Lot(s): | 176-179 | | |
| Legal Desc | cription: | | | | | | | | |
| FEES: | | Paid | Due | | | | | | |
| Mechanical Per | mit Fee | \$150.00 | \$0.00 | | | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | | | |

PROJECT DESCRIPTION: Replace make up air ventilation system.

JAN - 2 2020

. * .

MC2020-001 PROJECT NAME:

SITE ADDRESS: 1600 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL ISSUED: 01/02/2020

EXPIRES: 06/30/2020

DETAILS

| Permit | |
|----------------------|------------------------------|
| Name | Value |
| PURPOSE | Commercial Repair/Remodel |
| CONSTRUCTION COST | 34900.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 9 |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | Assembly |
| | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

| I hereby certify that I have read and examined this application and know the same to be true and correct. |
|---|
| All provisions of Laws and Ordinances governing this type of work will be complied with whether |
| specified herein or not. The granting of a permit does not presume to give authority to violate or cancel |
| the provisions of any other state/local law regulating construction or the performance of construction. |
| Issued By: Matthew |
| |
| Contractor or Authorized Agent: Kernen Bhan Date: Carry 2, 2020 |
| Contractor or Authorized Agent: <u>Hermany</u> Date: <u>OM 2, 2020</u> |



-

Town of Kill Devil Hills

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

Planning and Inspection Department

2 J -

JAN 22 2020

TO DO T

| MC2020-011 PROJECT NAME: First Flight Retrist SITE ADDRESS: 815 S Va Dare T | MECHANICA ISSUED: 01/22/202 EXPIRES: 07/20/202 | | | | |
|---|--|--------|-------------------------------|-----------|---|
| APPLICANT: FIRST FLIGHT RET 815 South Virginia D Kill Devil Hills, NC 2 | Dare Trail | c | WNER: | 815 South | GHT RETREAT Virginia Dare Trail Iills, NC 27948 |
| MECHANICAL, H-2, H-3: P.O. Box 132 Kill Devil Hills, N 441-7642 | | 32 | ATING AND COOLING NC 27948 | | License: 11618 Expires: 12/31/2020 |
| PARCEL: | | | | | |
| PIN: 98830899420 | 300 | | Parcel Number: | | |
| Address: 815 S Va Dare | e Trl Kill Devil Hi | lls | | | |
| | | | Zoni | ing: | |
| Addition: | | | Bloc | k: | Lot(s): |
| Legal Description: First Fligh | t Retreat Condos | 3 | | | |
| FEES: | Paid | Due | | | |
| Mechanical Permit Fee | \$150.00 | \$0.00 | | | |
| Totals : | \$150.00 | \$0.00 | | | |

PROJECT DESCRIPTION: C/O HVAC systems for middle south hallways with ductless mini-split systems

MC2020-011 PROJECT NAME: First Flight Retreat HVAC SITE ADDRESS: 815 S Va Dare Trl Kill Devil Hills

MECHANICAL ISSUED: 01/22/2020

EXPIRES: 07/20/2020

| | | DETAILS |
|----------------------|------------------------------|---------|
| Permit | | |
| Name | Value | |
| PURPOSE | Commercial Repair/Remodel | |
| CONSTRUCTION COST | 9600.00 | |
| CONSTRUCTION TYPE | V | |
| FLOOD ZONE | AE | |
| BASE FLOOD ELEVATION | 8 | |
| NATURAL GAS SIGNOFF | N | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Date: 1-22-2020 Contractor or Authorized Agent:



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

Planning and Inspection Department

MC2020-012 PROJECT NAME: STOKES CHANGE OUT SITE ADDRESS: 704 CANAL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/23/2020

EXPIRES: 07/21/2020

| APPLICANT: | STOKES, LEVIN S 702 CANAL DRIVE KILL DEVIL HILLS, NC 27948 R A HOY PO Box 265 Kitty Hawk, NC 27949 252-261-2008 | | | OWNER: | STOKES, LEVIN S 702 CANAL DRIVE KILL DEVIL HILLS, NC 27948 | | | |
|-----------------|---|----------------|--------|-------------------|--|---------|-----------|--|
| MECHANICAL: | | | | | License: 1305 Expires: 12/3 | - | | |
| PARCEL: | | | | | | | | |
| PIN: | 988409159208 | 3 | | Parcel Number: | 0032 | 67000 | | |
| Address: | 704 CANAL D | R KILL DEVIL H | ILLS | | | | | |
| | | | | Zoni | ng: | | | |
| Addition: | FIRST FLIGH | T VILLAGE SEC | 2 | Bloc | k : 0 | Lot(s): | 300 & 301 | |
| Legal Desc | ription: | | | | | | | |
| EES: | | Paid | Due | | | | | |
| Mechanical Perr | nit Fee | \$150.00 | \$0.00 | | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | | |

PROJECT DESCRIPTION: CHANGE OUT 4 TON 18 SEER TRANE SYSTEM W. CONT 850 THERMOSTAT

JAN 2 3 2020

* ***

MC2020-012

PROJECT NAME: STOKES CHANGE OUT SITE ADDRESS: 704 CANAL DR KILL DEVIL HILLS

MECHANICAL ISSUED: 01/23/2020

EXPIRES: 07/21/2020

DETAILS

| Permit | |
|----------------------|-------------------------------|
| Name | Value |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 13627.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 8.00 |
| NATURAL GAS SIGNOFF | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Contractor or Authorized Agent:

Date: 1-23-20

a -. 5



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

Planning and Inspection Department

| MC2019-2 PROJECT NA SITE ADDRES | | ALL DEVIL HILLS | 6 | | | ISSUE | CHANICAL D: 07/24/2019 ES: 01/20/2020 |
|---------------------------------------|--|-----------------|--------|-------------------|---|--------------------------------------|---|
| APPLICANT: | JARRETT, KENNET 2214 EXECUTIVE D SUITE E HAMPTON, VA 2366 | RIVE | c | | IARRETT, K 2214 EXECU SUITE E HAMPTON, | Kenneth L JTIVE DRIVE VA 23666 | |
| H-1, H-2, H-3, (| CLASS I: | 833 Live O | | RIC SERVICE, INC | | License: 1117 Expires: 12/31 | |
| PARCEL: | | | | | | | |
| PIN: | 987520824099 | 9 | | Parcel Number: | 001010 | 0000 | |
| Address: | 3111 BAY DR | KILL DEVIL HIL | LS | | | | |
| | | | | Zoning | : | | |
| Addition: | MOOR SHOR | ES | | Block: | 0 | Lot(s): | 61 |
| Legal Des | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Mechanical Pe | rmit Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: HVAC changout

PAL

JAN 15 2020

TUNGER

MC2019-225

PROJECT NAME: SITE ADDRESS: 3111 BAY DR KILL DEVIL HILLS

MECHANICAL ISSUED: 07/24/2019

EXPIRES: 01/20/2020

| | | DETAILS | ₹RF | |
|----------------------|-------------------------------|---------|-----|--|
| Permit | | | | |
| Name | Value | | | |
| PURPOSE | Residential Repair/Remodel | | | |
| CONSTRUCTION COST | 5500.00 | | | |
| CONSTRUCTION TYPE | V | | | |
| FLOOD ZONE | AE | | | |
| BASE FLOOD ELEVATION | 8 | | | |
| NATURAL GAS SIGNOFF | N | | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

| I hereby certify that I have read and examined this application and know the same to be true and correct. |
|---|
| All provisions of Laws and Ordinances governing this type of work will be complied with whether |
| specified herein or not. The granting of a permit does not presume to give authority to violate or cancel |
| the provisions of any other state/logal law regulating construction or the performance of construction. |
| |
| Issued By: |
| |
| · · · · · · · · · · · · · · · · · · · |
| Contractor or Authorized Agent: King m Date: 1-15-22 |



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

Planning and Inspection Department

| MC2020-010 |) | | | |
|---------------------|-----|-------|----|-------------------------|
| PROJECT NAME | : | | | |
| SITE ADDRESS: | 607 | CANAL | DR | KILL DEVIL HILLS |

MECHANICAL ISSUED: 01/20/2020

EXPIRES: 07/18/2020

| APPLICANT: | TOLSON, RICHARE 607 Canal Drive Kill Devil Hills, NC 2 252-202-9199 | | c | OWNER: | TOLSON, RI 607 Canal Di Kill Devil Hills 252-202-919 | rive s, NC 27948 |
|----------------|--|-------------------------|----------|-------------------|---|---------------------------------------|
| MECHANICAL | H-3: | CONDITIO P.O. Box 44 | NC 27949 | NG AND AIR | | License: 21691 Expires: 12/31/2020 |
| PARCEL: | | | | | | |
| PIN: | 98841324411 | 7 | | Parcel Number: | 003326 | 000 |
| Address: | 607 CANAL D | R KILL DEVIL H | IILLS | | | |
| | | | | Zonin | g: | |
| Addition: | FIRST FLIGH | T VILLAGE SEC | 1 | Block | : 0 | Lot(s): 40 |
| Legal Desc | ription: | | | | | |
| FEES: | | Paid | Due | | | |
| Mechanical Per | mit Fee | \$150.00 | \$0.00 | | | |
| | Totals : | \$150.00 | \$0.00 | | | |

PROJECT DESCRIPTION: HVAC REPLACEMENT

JAN 2 0 2020

| A DEVI A Birthplac 20 A TH CA | ROLINF | K Phone: 25 | PO BO) ill Devil Hills 2-449-5318 | Devil Hill (1719 , NC 27948 Fax: 252-441-4 | \$102 | JAN | AID 1 4 2020 | |
|--|--|--|---|---|----------|---|---|-----|
| MC2020-00 PROJECT NAM SITE ADDRESS | | T KILL DEVIL H | HILLS | | | ISS | ECHANIC UED: 01/13/2 PIRES: 07/11/2 | 020 |
| APPLICANT: | R&C BEACHAM INV 1716 APACHE ST KILL DEVIL HILLS, N | | | OWNER: | 1716 APA | CHAM INVEST CHE ST IL HILLS, NC 2 | | |
| MECHANICAL: | | American F P.O. Box 8 nags head, 252-305-53 | nc 27959 | | | License: 2 Expires: 1 | | |
| PARCEL: | | | | | | | | |
| PIN: | 988409167179 | | | Parcel Number: | 0023 | 360006 | | |
| Address: | 1716 APACHE | ST KILL DEVI | L HILLS | | | | | |
| | | | | Zonir | ig: | | | |
| Addition: | APACHE STR | EET | | Block | :: 0 | Lot(s | s): 4 | |
| Legal Desc | ription: | | | | | | | |
| FEES: | | Paid | Due | | | | | |
| | nit Fee | \$150.00 | \$0.00 | - | | | | |
| Mechanical Perr | and a second | | | | | | | |

MC2020-008

PROJECT NAME: SITE ADDRESS: 1716 APACHE ST KILL DEVIL HILLS

MECHANICAL ISSUED: 01/13/2020

EXPIRES: 07/11/2020

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

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

| Issued By:/ | and the second s |
|--------------------------|--|
| | |
| Contractor or Authorized | Agent: 419 Teen Date: 1-14-20 |



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

Planning and Inspection Department

| MC2020-002 PROJECT NAME: Hamm H | | | 6 | | MECHANICAL ISSUED: 01/03/2020 |
|-------------------------------------|---|------------|---------------------|-----------------------------|---------------------------------------|
| SITE ADDRESS: 318 OCEA | AN ACRES DR W KILL | | EXPIRES: 07/01/2020 | | |
| APPLICANT: RAYMOND F 25 Open Mea | | | OWNER: | RAYMOND I 25 Open Me | |
| Elkton, MD 2 443-206-271 | 1921 | | | Elkton, MD 2 443-206-271 | 21921 |
| MECHANICAL: | R A HOY PO Box 265 Kitty Hawk, 1 252-261-200 | NC 27949 | | | License: 13056 Expires: 12/31/2020 |
| PARCEL: | | | | | |
| PIN: 988316 | 839712 | | Parcel Number: | 008478 | 8000 |
| Address: 318 OC | EAN ACRES DR W KIL | L DEVIL HI | LLS | | · · · · · |
| | | | Zon | ing: | |
| Addition: OCEAN | ACRES TRACT 3 SEC | 1 | Bloc | ok: F | Lot(s): 20 |
| Legal Description: | | | | | |
| FEES: | Paid | Due | | | |
| Mechanical Permit Fee | \$150.00 | \$0.00 | | | |
| Tota | lls : \$150.00 | \$0.00 | | | |
| PROJECT DESCRIPTION: (| C/O 1.5 Ton HVAC Syste | m | | | |
| | | DETAIL | S | | |
| Permit | | | | | |
| Name | Value | | | | |
| PURPOSE | Residential Repair/Remodel | | 1 | | |
| CONSTRUCTION COST | 5508.00 | | | | |
| CONSTRUCTION TYPE | V | | JAN - 3 2 |)00 | |
| FLOOD ZONE | Х | | JAN - > C | UL | |

MC2020-002 PROJECT NAME: Hamm HVAC SITE ADDRESS: 318 OCEAN ACRES DR W KILL DEVIL HILLS MECHANICAL ISSUED: 01/03/2020

EXPIRES: 07/01/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

| TO BEVIL | STILL'S | Ki | PO BOX ill Devil Hills, | | |
|---|---|--|----------------------------|-----------------|--|
| THCAN | ^{to} | Planning | and Inspec | ction Depar | tment |
| | 4 E: CAMPBELL HV C: 205 MARTIN ST | | | | MECHANICA ISSUED: 01/07/20 EXPIRES: 07/05/20 |
| | JOSEPH CAMBELL 1864 ROCKWOOD I CHESAPEAKE, VA 2 757-620-9895 | | (| OWNER: | JOSEPH CAMBELL 1864 ROCKWOOD DR CHESAPEAKE, VA 23323 757-620-9895 |
| MECHANICAL, H | I-3, I: | MASTER H P.O. Box 70 Kitty Hawk, 255-0095 | | COOLING | License: 18066 Expires: 12/31/2020 |
| PARCEL: | | | | | |
| FARCEL. | | | | Parcel | 004231003 |
| PIN: | 988312975420 | | | Number: | 004231003 |
| | |) ST E KILL DEVIL | - HILLS | | 004231003 |
| PIN: Address: | 205 MARTIN S | IT E KILL DEVIL | . HILLS | | |
| PIN: | 205 MARTIN S | IT E KILL DEVIL | . HILLS | Number: | ng: |
| PIN: Address: Addition: Legal Descri | 205 MARTIN S | IT E KILL DEVIL | - HILLS Due | Number: Zoni | ng: |
| PIN: Address: Addition: | 205 MARTIN S KILL DEVIL HI | ST E KILL DEVIL | | Number: Zoni | ng: |

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-004

PROJECT NAME: CAMPBELL HVAC CHANGE OUT **SITE ADDRESS:** 205 MARTIN ST E KILL DEVIL HILLS

EXPIRES: 07/05/2020

| | | DETAILS | |
|----------------------|-------------------------------|---------|--|
| Permit | | | |
| Name | Value | | |
| PURPOSE | Residential Repair/Remodel | | |
| CONSTRUCTION COST | 6800.00 | | |
| CONSTRUCTION TYPE | V | | |
| FLOOD ZONE | AE | | |
| BASE FLOOD ELEVATION | 8.00 | | |
| NATURAL GAS SIGNOFF | N | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Fland Date: 17/26 Contractor or Authorized Agent:



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

Planning and Inspection Department

| MC2020-003 PROJECT NAME: Kagi HVAC SITE ADDRESS: 1718 SEMINOLE ST KILL DEVIL HILLS | | | | | MECHANICAL ISSUED: 01/06/2020 EXPIRES: 07/04/2020 | | | | |
|--|--|---|-----------|---|---|---------|----|--|--|
| APPLICANT: | Kagi, Paul OW 7452 Hidden Lake CIR Mechanicsville, VA 23111 | | | DWNER: Kagi, Paul 7452 Hidden Lake CIR Mechanicsville, VA 23111 | | | | | |
| H-3, CLASS I: | | AIR-O-SMITH 330 North Dogwood Trail Southern Shores, NC 27949 252-261-5238 | | | License: 30070 Expires: 12/31/2020 | | | | |
| PARCEL: | | | | | | | | | |
| PIN: | 988410267970 | 0 | | Parcel Number: | 002668 | 000 | • | | |
| Address: | 1718 SEMINO | LE ST KILL DE | VIL HILLS | | | | | | |
| | | | | Zoning | j : | | | | |
| Addition: | HIGH VIEW - | HEDRICKS ADD | | Block: | В | Lot(s): | 23 | | |
| Legal Desc | cription: | | | | | | | | |
| FEES: | | Paid | Due | | | | | | |
| Mechanical Per | mit Fee | \$150.00 | \$0.00 | | | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | | | |

DETAILS

| Permit | | |
|---------------------|-------------------------------|-----|
| Name | Value | |
| PURPOSE | Residential Repair/Remodel | |
| CONSTRUCTION COST | 5750.00 JAN - 6 20 | 00 |
| CONSTRUCTION TYPE | V JAN - 0 ZU | 120 |
| FLOOD ZONE | Х | |
| NATURAL GAS GIONOFF | | |

P. 24.

MC2020-003 PROJECT NAME: Kagi HVAC SITE ADDRESS: 1718 SEMINOLE ST KILL DEVIL HILLS

MECHANICAL ISSUED: 01/06/2020

EXPIRES: 07/04/2020

Date:

REQUIRED INSPECTIONS

Final

Contractor or Authorized Agent.

CONDITIONS

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

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

0



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

JAN 9 2020

· · · · ·

Planning and Inspection Department

| MC2020-005 PROJECT NAME: Parr HVAC SITE ADDRESS: 115 FERRIS AVE KILL DEVIL HILLS | | | | | MECHANICA ISSUED: 01/08/202 EXPIRES: 07/06/202 | | | | |
|--|---|---------------|----------------|-------------------|--|--|----|--|--|
| APPLICANT: | Parr, Jennifer 1316 Steling Dr YORK, PA 17404 | | C | OWNER: | Parr, Jennife 1316 Steling YORK, PA 1 | Dr | | | |
| MECHANICAL: | | PO Box 25 | ills, NC 27948 | ling | | License: 313 ⁴ Expires: 12/3 | | | |
| PARCEL: | | | | | | | | | |
| PIN: | 988419628460 | 0 | | Parcel Number: | 009161 | 000 | | | |
| Address: | 115 FERRIS A | VE KILL DEVIL | HILLS | | | | | | |
| | | | | Zonii | ng: | | | | |
| Addition: | KITTY HAWK | SHORES - REV | ISED | Block | c: 44 | Lot(s): | 20 | | |
| Legal Desc | ription: | | | | | | | | |
| FEES: | | Paid | Due | | | | | | |
| Mechanical Perr | nit Fee | \$150.00 | \$0.00 | | | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | | | |

PROJECT DESCRIPTION: C/O HVAC System

MC2020-005 PROJECT NAME: Parr HVAC SITE ADDRESS: 115 FERRIS AVE KILL DEVIL HILLS

MECHANICAL ISSUED: 01/08/2020

EXPIRES: 07/06/2020

| | | DETAILS |
|----------------------|-------------------------------|---------|
| Permit | | |
| Name | Value | |
| PURPOSE | Residential Repair/Remodel | |
| CONSTRUCTION COST | 5892.00 | |
| CONSTRUCTION TYPE | V | |
| FLOOD ZONE | AE | |
| BASE FLOOD ELEVATION | 8 | |
| NATURAL GAS SIGNOFF | N | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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



2

Town of Kill Devil Hills

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

Planning and Inspection Department

| MC2020-00 PROJECT NAM SITE ADDRESS | | WY N KILL DEV | IL HILLS | | | ISSUE | CHANICAL D: 01/10/2020 ES: 07/08/2020 |
|--|---|--|------------|-------------------|--|--------------------------------|---|
| APPLICANT: | Chase, Jeffery 105 Mill Point Rd kitty hawk, nc 27949 | | | OWNER: | Chase, Jeffe 105 Mill Poir kitty hawk, n | t Rd | |
| MECHANICAL: | | DELTA T 162 Yaupo Kitty Hawk 252-261-04 | NC 27949 | | | License: 2329 Expires: 12/3 | |
| PARCEL: | | | | | | | |
| PIN: | 98851303410 | 5 | | Parcel Number: | 000334 | 000 | |
| Address: | 3102 Croatan | HWY N KILL DE | EVIL HILLS | | | | |
| | | | | Zonii | ng: | | |
| Addition: | SUBDIVISION | - NONE | | Block | c : 0 | Lot(s): | 0 |
| Legal Desc | ription: | | | | | | |
| EES: | | Paid | Due | | | | |
| Mechanical Perr | nit Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: C/O 6 Ton HVAC System

18)

JAN 1 0 2020

MC2020-006 PROJECT NAME: SITE ADDRESS: 3102 Croatan HWY N KILL DEVIL HILLS

MECHANICAL ISSUED: 01/10/2020

EXPIRES: 07/08/2020

| | | DETAILS | |
|----------------------|------------------------------|---------|--|
| Permit | | | |
| Name | Value | | |
| PURPOSE | Commercial Repair/Remodel | | |
| CONSTRUCTION COST | 8000.00 | | |
| CONSTRUCTION TYPE | V | | |
| FLOOD ZONE | AE | | |
| BASE FLOOD ELEVATION | 8 | | |
| NATURAL GAS SIGNOFF | Ν | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Date: OJan 20 Contractor or Authorized Agent: _



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

Planning and Inspection Department

| EL2020-006 PROJECT NAME: Orosos Electric Panels SITE ADDRESS: 115 SOTHEL ST E KILL DEVIL HILLS | | | | | ELECTRICAL ISSUED: 01/27/2020 EXPIRES: 07/25/2020 | | | |
|--|--|---|---------|-------------------|---|----------------------------------|-------|--|
| APPLICANT: | Orosos, George 115 E Sothel St Kill Devil Hills, NC 27 | 7948 | | OWNER: | Orosos, Geor 115 E Sothel Kill Devil Hills | St | | |
| ELECTRICAL-I: | | Bryan Oros 203 Eagle Kill Devil H 256-1560 | | | | License: 24814 Expires: 06/24 | | |
| PARCEL: | | | | | | | | |
| PIN: | 988513121665 | 5 | | Parcel Number: | 0029980 | 000 | | |
| Address: | 115 SOTHEL | ST E KILL DEVI | L HILLS | | | | | |
| | | | | Zonin | g: | | | |
| Addition: | VIRGINIA DAF | RE SHORES | | Block | 18 | Lot(s): | 17-20 | |
| Legal Desci | ription: | | | | | | | |
| FEES: | | Paid | Due | | | | | |
| Electrical Permit | Fee | \$150.00 | \$0.00 | | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | | |

PROJECT DESCRIPTION: C/O old Federal Electric Panels in each unit

EL2020-006

PROJECT NAME: Orosos Electric Panels SITE ADDRESS: 115 SOTHEL ST E KILL DEVIL HILLS ELECTRICAL ISSUED: 01/27/2020

EXPIRES: 07/25/2020

| | | DETAILS | |
|----------------------|------------------------------|---------|--|
| Permit | | | |
| Name | Value | | |
| ZONING DISTRICT | С | | |
| PURPOSE | Commercial Repair/Remodel | | |
| CONSTRUCTION COST | 5000.00 | | |
| CONSTRUCTION TYPE | V | | |
| FLOOD ZONE | AE | | |
| BASE FLOOD ELEVATION | 9 | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Date: /-27-20 Contractor or Authorized Agent:

| NORTH CA | S | Ki Phone: 252 | PO BOX III Devil Hills, I 2-449-5318 | | 02 | JAN | 3 1 2020 |
|---------------------------|---|--|--|-------------------|---|----------------------------------|---|
| EL2020-00 | | ER BASE | | ction Departin | lent | ISSUE | ECTRICAL D: 01/31/2020 ES: 07/29/2020 |
| APPLICANT: | KENNETH PEEBLES P. O. Box 428 Kitty Hawk, NC 2794 | | (| F | KENNETH P P. O. Box 42i Kitty Hawk, M | 8 | |
| ELECTRICAL-U | INLIMITED: | SUBURBA PO Box 92 Manteo, NO 252-475-13 | 5 C 27954 | CONTRACTORS C | | License: 30633 Expires: 08/06 | |
| PARCEL: | | | | | | | |
| PIN: | 987516921846 | 3 | | Parcel Number: | 028398 | 8000 | |
| Address: | 3112 LEE AVE | KILL DEVIL HI | LLS | | | | |
| Addition: | MOOR SHORI | =9 | | Zoning Block: | : 0 | Lot(s): | 106 |
| Legal Desc | | _0 | | DIUCK. | 0 | LUI(3). | 100 |
| | | Paid | Due | | | | |
| FEES: | | \$150.00 | \$0.00 | | | | |
| FEES: Electrical Permi | t Fee | \$150.00 | ψ0.00 | | | | |

1 200

* ***

EL2020-009 PROJECT NAME: PEEBLES METER BASE SITE ADDRESS: 3112 LEE AVE KILL DEVIL HILLS

EXPIRES: 07/29/2020

DETAILS

| Permit | |
|-------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 600.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | Х |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

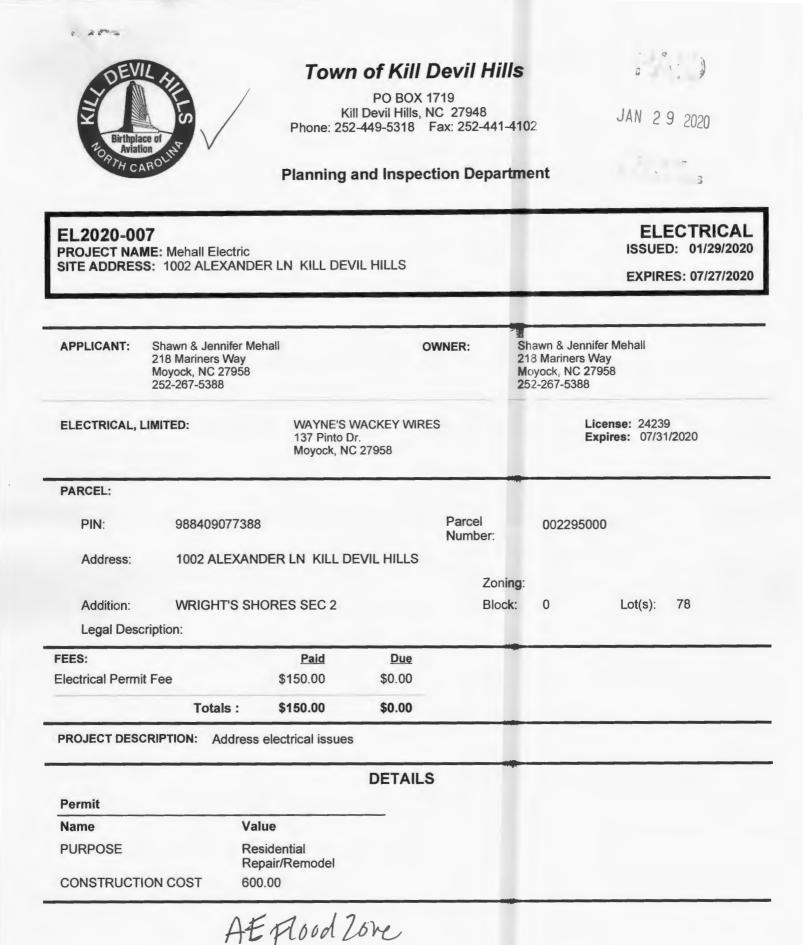
Final

CONDITIONS

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

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

Issued Bya Contractor or Authorized Agent: Date:



EL2020-007 PROJECT NAME: Mehall Electric SITE ADDRESS: 1002 ALEXANDER LN KILL DEVIL HILLS ELECTRICAL ISSUED: 01/29/2020

EXPIRES: 07/27/2020

REQUIRED INSPECTIONS

Final

.

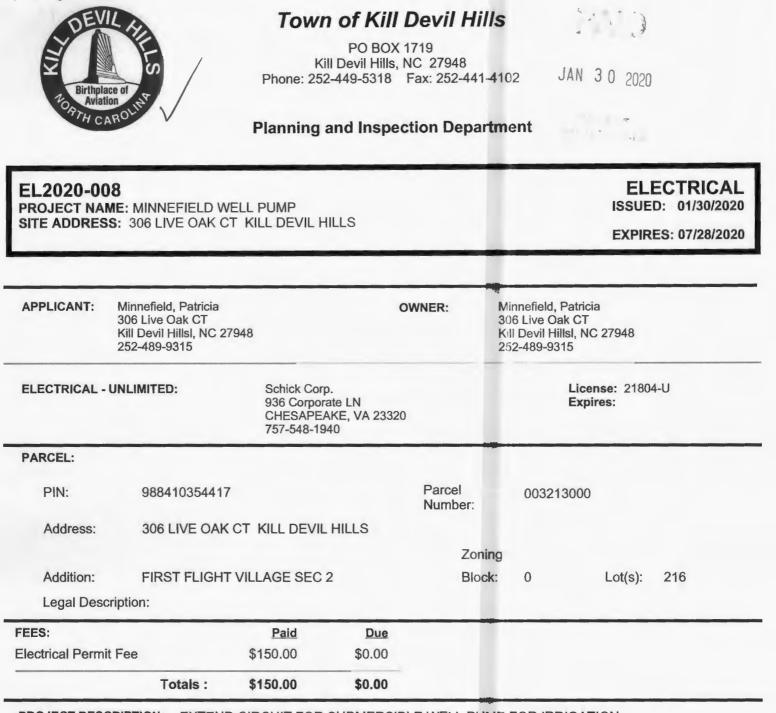
CONDITIONS

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

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

Contractor or Authorized Agent: ______

Date: 1- 21-2020



PROJECT DESCRIPTION: EXTEND CIRCUIT FOR SUBMERSIBLE WELL PUMP FOR IRRIGATION

EL2020-008

. - 2

PROJECT NAME: MINNEFIELD WELL PUMP SITE ADDRESS: 306 LIVE OAK CT KILL DEVIL HILLS ELECTRICAL ISSUED: 01/30/2020

EXPIRES: 07/28/2020

DETAILS

| Permit | |
|----------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 847.23 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 9.00 |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: 1 L Achich Q Date: 1 36 2020 **Contractor or Authorized Agent:**

| r' - is | | Tour | | | | | |
|----------------------------|--|-----------------------------|--|-------------------|---|----------------------------------|---|
| Right Ca | ROLINP | K Phone: 25 | PO BOX ill Devil Hills, 2-449-5318 | | -4102 | JAN 2 | 3 2020 |
| | 4 IE: BURCH METER S: 102 SPORTSMA | | DEVIL HILLS | | | ISSUE | ECTRICAL D: 01/23/2020 ES: 07/21/2020 |
| APPLICANT: | JODY BURCH 5905 MAYBROOK D GLEN ALLEN, VA 23 804-517-1934 | | c | OWNER: | JODY BURC 5905 MAYBI GLEN ALLE 804-517-193 | ROOK DR N, VA 23059 | |
| ELECTRICAL-U | NLIMITED: | 406 W Lak | ECTRIC INC. e Drive ills, NC 27948 | | | License: 04354 Expires: 02/28 | |
| PARCEL: | | | | | | | |
| PIN: | 98851710688 | I | | Parcel Number: | 001739 | 0000 | |
| Address: | 102 SPORTS | MAN DR W KILL | DEVIL HILLS | 6 | | , | |
| | | | | Zoni | | | |
| Addition: | AVALON BEA | СН | | Bloc | k: 0 | Lot(s): | 106 |
| Legal Descr | iption: | | | | | | |
| | | Paid | Due | | | | |
| FEES: | F | | \$0.00 | | | | |
| FEES: Electrical Permit | Fee Totals : | \$150.00 \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: REPLACE 200AMP SERVICE

2mg

EL2020-004

PROJECT NAME: BURCH METER BASE SITE ADDRESS: 102 SPORTSMAN DR W KILL DEVIL HILLS ELECTRICAL ISSUED: 01/23/2020

EXPIRES: 07/21/2020

DETAILS

| Permit | |
|----------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 1200.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 9.00 |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

| I hereby certify that I have read and examined this application and know the same to be true and correct. |
|---|
| All provisions of Laws and Ordinances governing this type of work will be complied with whether |
| specified herein or not. The granting of a permit does not presume to give authority to violate or cancel |
| the provisions of any other, state/local law regulating construction or the performance of construction. |
| Issued By: |
| |
| Contractor or Authorized Agent: Date: 1-23-20 |



EL2020-005

Town of Kill Devil Hills

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

Planning and Inspection Department

r di . r

JAN 23 2020

ELECTRICAL

| | | s electrical upgrades Dr. KILL DEVIL HILLS | | EXPIRES: 07/21/2020 |
|-------------|---|---|-------------------|---|
| APPLICANT: | TOWN OF KILL DE P O BOX 1719 102 Town Hall Drive KILL DEVIL HILLS, | e | OWNER: | TOWN OF KILL DEVIL HILLS P O BOX 1719 102 Town Hall Drive KILL DEVIL HILLS, NC 27948 |
| ELECTRICAL, | LIMITED: | LOWIRE UNKNOWN UNKNOWN, XX (| 00000 | License: 19403 Expires: 10/02/2020 |
| PARCEL: | | | | |
| PIN: | PARC2010-2 | | Parcel Number: | |
| Address: | 107 Town Ha | II Dr. KILL DEVIL HILL | S | |
| | | | Zon | ing: |
| Addition: | | | Bloc | ck: Lot(s): |
| Legal Desc | cription: | | | |
| EES: | | Paid | Due | |
| | Totals : | 0.00 |) | |

PROJECT DESCRIPTION: (2) 200A auto transfer switches. Run service from existing generator.

PROJECT NAME: Public Services electrical upgrades **SITE ADDRESS:** 107 Town Hall Dr. KILL DEVIL HILLS

EXPIRES: 07/21/2020

| | | DETA |
|-------------------|------------------------------|------|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | G&I Private | |
| PURPOSE | Commercial Repair/Remodel | |
| CONSTRUCTION COST | 10000.00 | |
| CONSTRUCTION TYPE | V | |
| FLOOD ZONE | Х | |
| OCCUPANCY TYPE | Business | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Date: 1 Contractor or Authorized Agent: t



1

Town of Kill Devil Hills

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

Planning and Inspection Department

| EL2020-00 PROJECT NAM SITE ADDRESS | | TRL S KILL DE | VIL HILLS | | | ISSUE | ECTRICAL ED: 01/10/2020 RES: 07/08/2020 |
|--|----------------------------------|----------------|--------------|-------------------|-------------------------|--------------------------------|---|
| APPLICANT: | O W L NEAL PARTI | NERSHIP | | OWNER: | | PARTNERSHI | P |
| | PO BOX 2716 KILL DEVIL HILLS, | NC 27948 | | | PO BOX 27 KILL DEVIL | 16 HILLS, NC 2794 | 48 |
| ELECTRICAL - L | IMITED: | PO Box 25 | or, NC 27964 | ogles, LLC | | License: 3070 Expires: 10/0 | |
| PARCEL: | | | | | | | |
| PIN: | 98930915444 | 4 | | Parcel Number: | 008235 | 5000 | |
| Address: | 1701 VA DAR | E TRL S KILL D | EVIL HILLS | | | | |
| | | | | . Zoni | ng: | | |
| Addition: | OCEAN ACRE | ES INC | | Bloc | k: 0 | Lot(s): | C&D |
| Legal Descr | iption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Electrical Permit | Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Replace overhead lighting fixtures in the ball room.

PAL

JAN 1 4 2020

EL2020-003 PROJECT NAME:

1

-

SITE ADDRESS: 1701 VA DARE TRL S KILL DEVIL HILLS

ELECTRICAL ISSUED: 01/10/2020

EXPIRES: 07/08/2020

DETAILS Permit Value Name ZONING DISTRICT OIR PURPOSE Commercial Repair/Remodel CONSTRUCTION COST 10000.00 CONSTRUCTION TYPE 111 FLOOD ZONE VE **BASE FLOOD ELEVATION** 11 OCCUPANCY TYPE Residential **REQUIRED INSPECTIONS** Final Rough In

CONDITIONS

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

| I hereby certify that I have read and on All provisions of Laws and Ordinance specified herein or not. The granting | es governing this type of work will I | be complied with whether |
|---|---------------------------------------|------------------------------|
| the provisions of any other state/loc | | |
| the provisions of any other statenoc | al law regulating construction of the | performance of construction. |
| Issued By: | - | |
| | 0 | ,) |
| Contractor or Authorized Agent: | as | Date: 1/14/2020 |



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

Planning and Inspection Department

| | D1 ME: WHITE METER SS: 2400 VA DARE | | /IL HILLS | | | ISSU | LECTRICAL IED: 01/06/2020 IRES: 07/04/2020 |
|--|--|----------------|--|-------------------|-------------------------------------|------------------------------|--|
| APPLICANT: | GLENN E WHITE 1913 Rock Hill Rd Fayetteville, NC 283 | 12 | C | WNER: | GLENN E 1913 Rock Fayettevill | | |
| ELECTRICAL-U | JNLIMITED: | 406 W Lake | ECTRIC INC. e Drive ills, NC 27948 | | | License: 043 Expires: 02/ | |
| PARCEL: | | | | | | | |
| PIN: | 988517212869 |) | | Parcel Number: | 0003 | 54000 | |
| Address: | 2400 VA DAR | E TRL N KILL D | EVIL HILLS | | | | |
| | | | | Zonir | ig: | | |
| Addition: | VIRGINIA DAR | RE SHORES | | Block | :: 3 | Lot(s): | 4 |
| Legal Desc | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Electrical Permi | it Fee | \$150.00 | \$0.00 | | | | |
| and the second design of the second sec | Totals : | \$150.00 | \$0.00 | | | | |

JAN - 6 2020

EL2020-001 PROJECT NAME: WHITE METER BASE SITE ADDRESS: 2400 VA DARE TRL N KILL DEVIL HILLS

ELECTRICAL ISSUED: 01/06/2020

EXPIRES: 07/04/2020

DETAILS Permit Value Name ZONING DISTRICT С PURPOSE Residential Repair/Remodel CONSTRUCTION COST 750.00 CONSTRUCTION TYPE V FLOOD ZONE VE **BASE FLOOD ELEVATION** 11.00 OCCUPANCY TYPE One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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



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

Planning and Inspection Department

EL2020-002

PROJECT NAME: Wheeler Service C/O SITE ADDRESS: 1915 VA DARE TRL N KILL DEVIL HILLS

JAN - 7 2020

ELECTRICAL ISSUED: 01/07/2020

EXPIRES: 07/05/2020

| APPLICANT: | Wheeler, Julia 2553 Holkham Drive Charlottesville, VA 2 434-984-6065 | | C | OWNER: | Wheeler, Juli 2553 Holkhar Charlottesvill 434-984-606 | m Drive e, VA 22901 | |
|------------------|---|----------------|----------------|-------------------|--|----------------------------------|----|
| ELECTRICAL-U | JNLIMITED: | PO Box 12 | ills, NC 27948 | SERVICES | | License: 26395 Expires: 09/29 | |
| PARCEL: | | | | | | | |
| PIN: | 988406491313 | 3 | | Parcel Number: | 002813 | 000 | |
| Address: | 1915 VA DAR | E TRL N KILL D | EVIL HILLS | | | | |
| | | | | Zonir | ig: | | |
| Addition: | CROATAN SH | ORES | | Block | : Е | Lot(s): | 12 |
| Legal Desc | cription: | | | | | | |
| EES: | | Paid | Due | | | | |
| Electrical Permi | it Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Replace two 200amp service disconnects

2 .. 3

EL2020-002

PROJECT NAME: Wheeler Service C/O SITE ADDRESS: 1915 VA DARE TRL N KILL DEVIL HILLS ELECTRICAL ISSUED: 01/07/2020

EXPIRES: 07/05/2020

| | | DETAILS | |
|----------------------|-------------------------------|---------|--|
| Permit | | | |
| Name | Value | | |
| ZONING DISTRICT | OIR | | |
| PURPOSE | Residential Repair/Remodel | | |
| CONSTRUCTION COST | 1800.00 | | |
| CONSTRUCTION TYPE | V | | |
| FLOOD ZONE | VE | | |
| BASE FLOOD ELEVATION | 11 | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Date: 1/7/20 **Contractor or Authorized Agent:**