

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

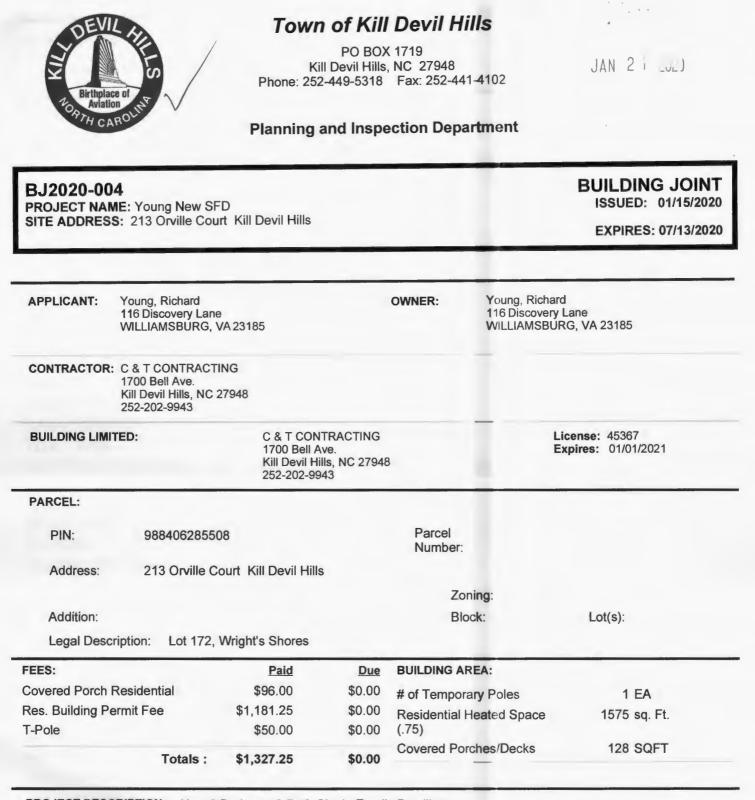
Zoning Final

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.

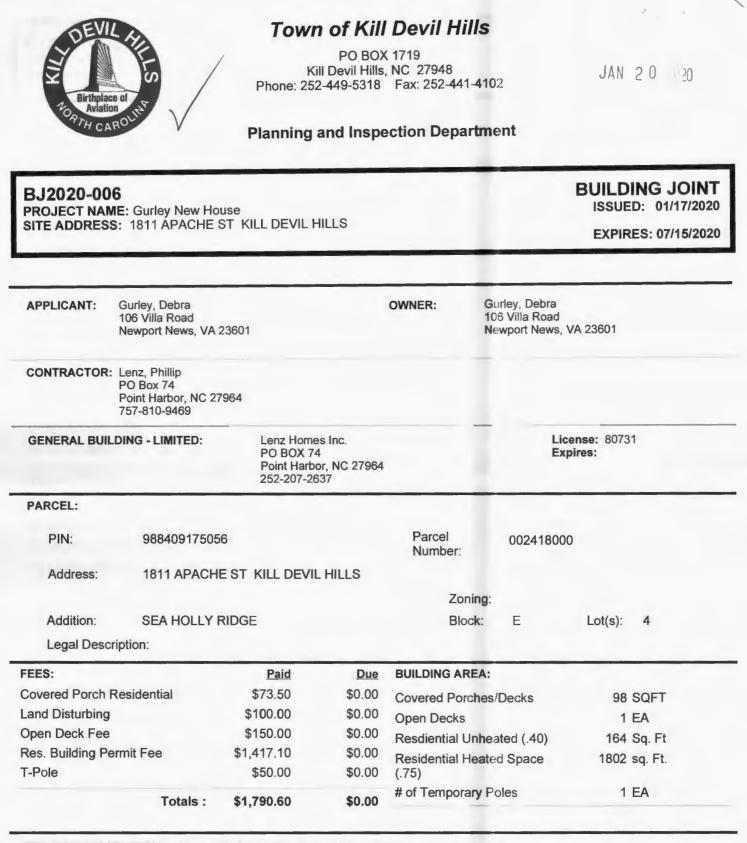
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

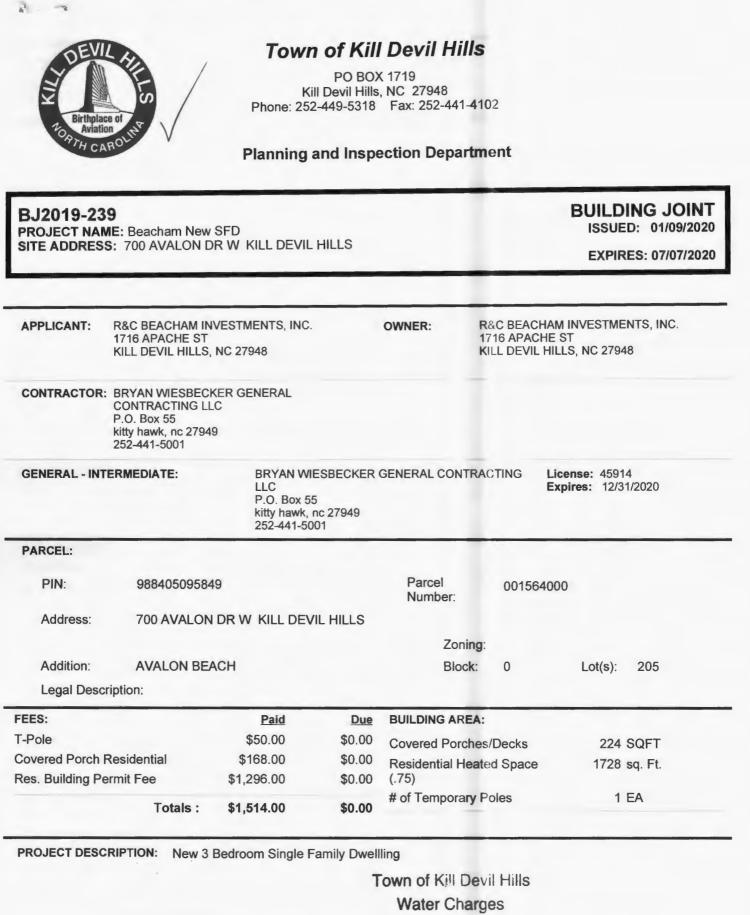
Town of Kill Devil Hills Water Charges PAID

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

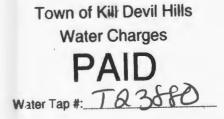
PROJECT NAME: Southwood Management, Inc. SITE ADDRESS: 807 KITTY CT KILL DEVIL HILLS BUILDING JOINT

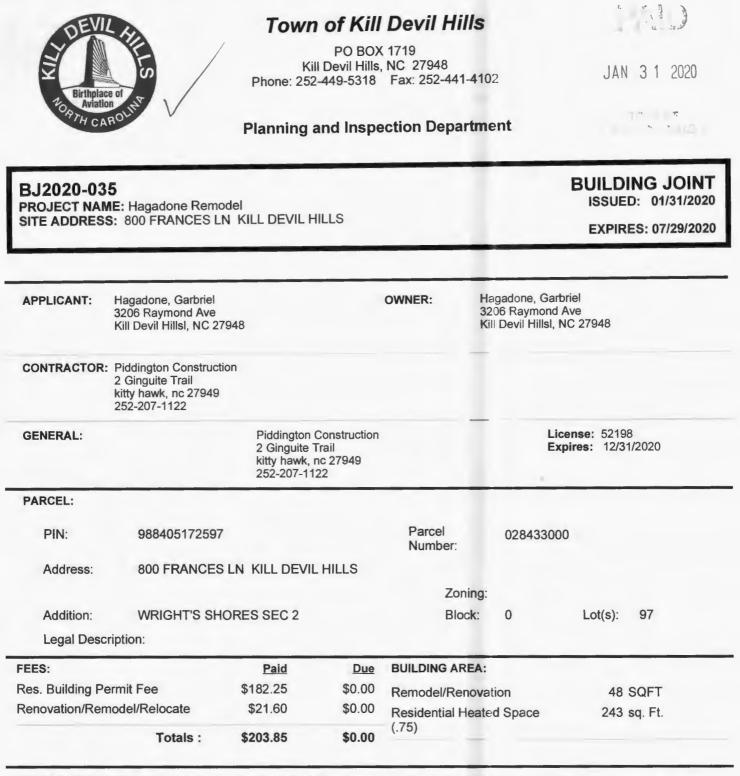
ISSUED: 01/06/2020

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

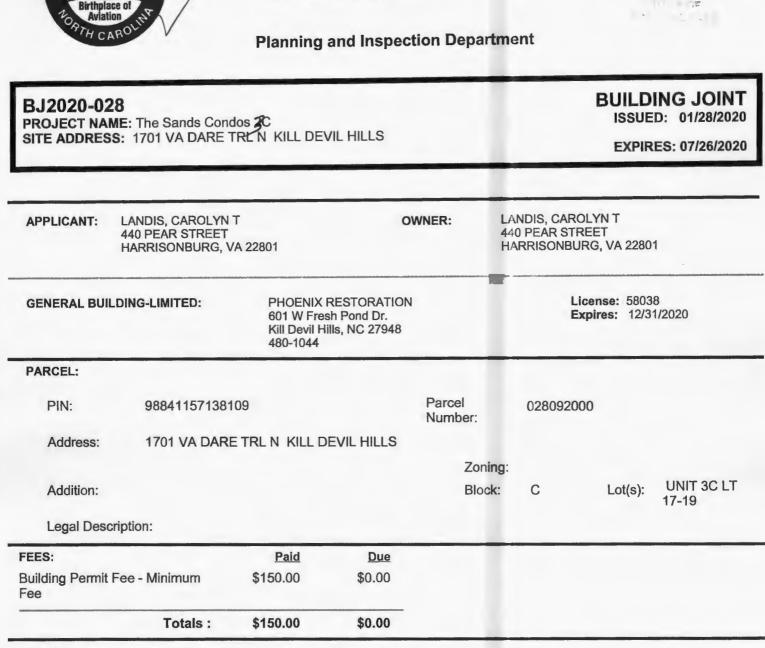
CONDITIONS

* 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

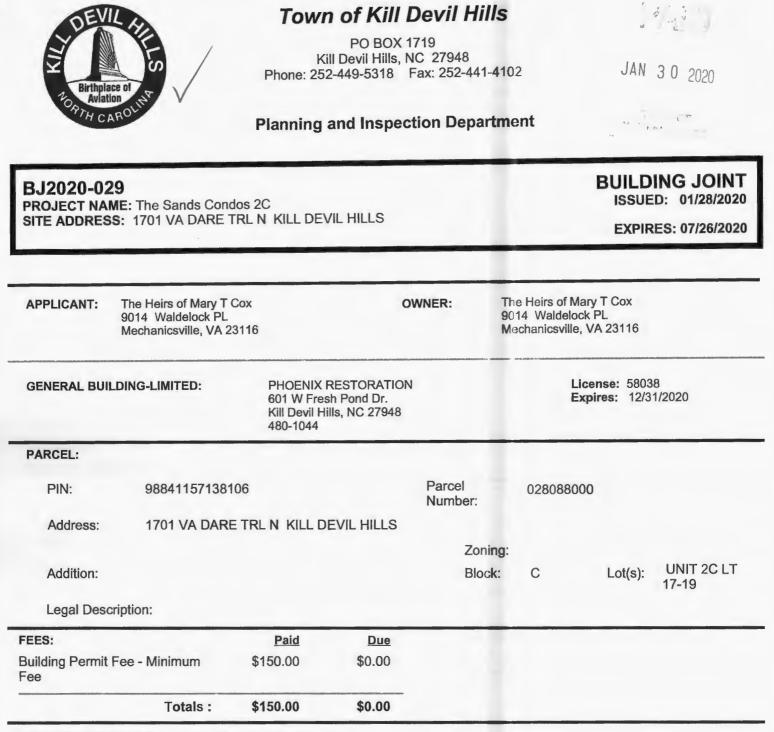
Rough In Insulation Final

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

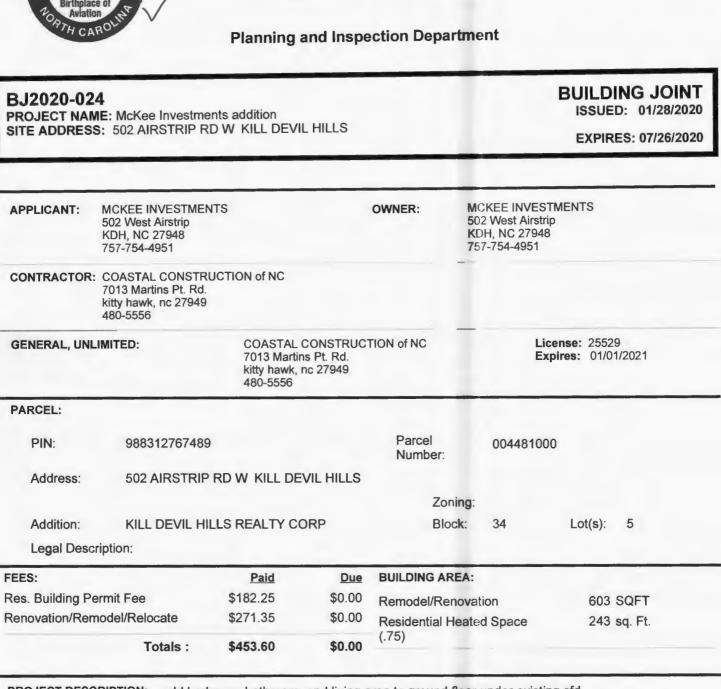
BUILDING JOINT ISSUED: 01/30/2020

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	

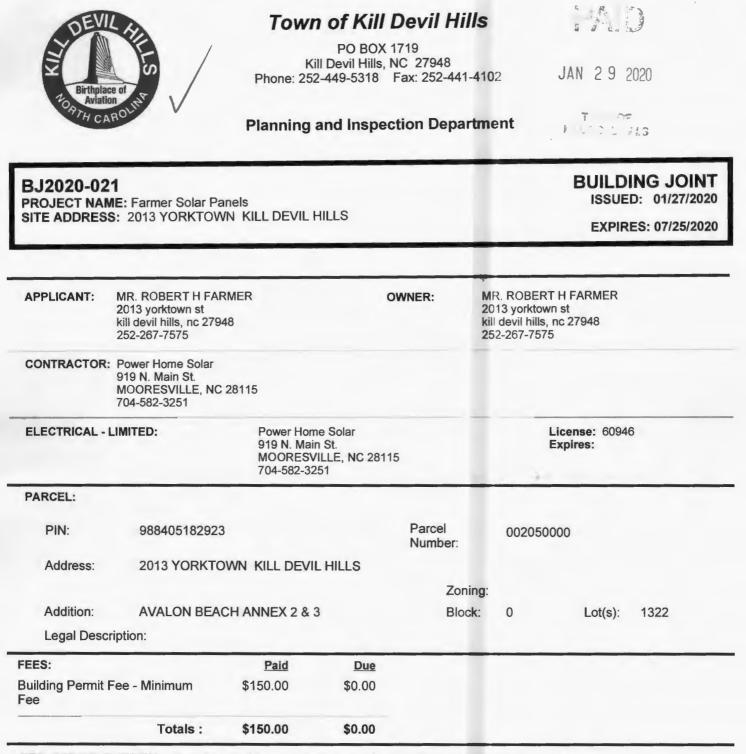
CONDITIONS

* 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

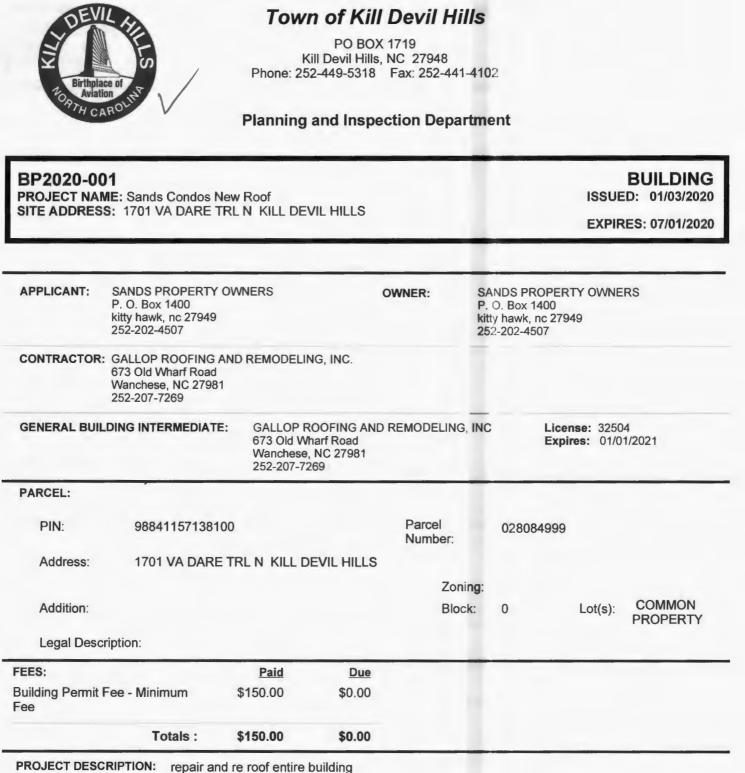
Zoning Final

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

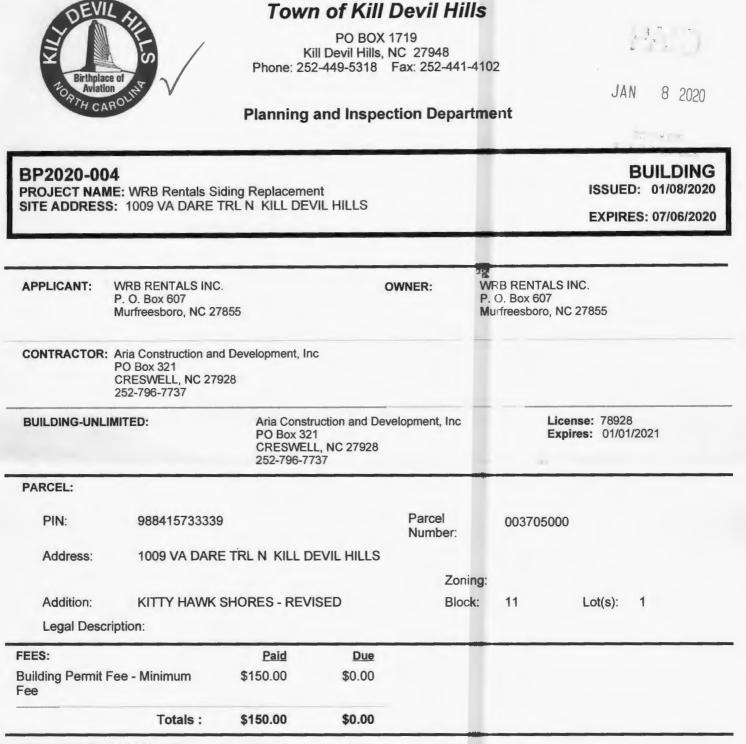
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

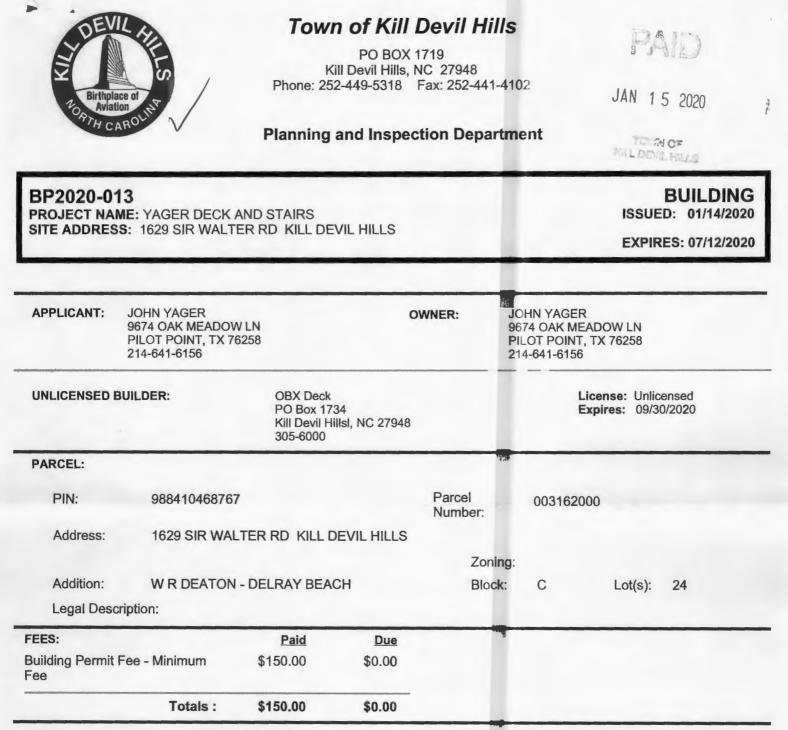
*	This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction
0	r work is suspended for a period of 12 months at any time after work has started.
*	Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.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

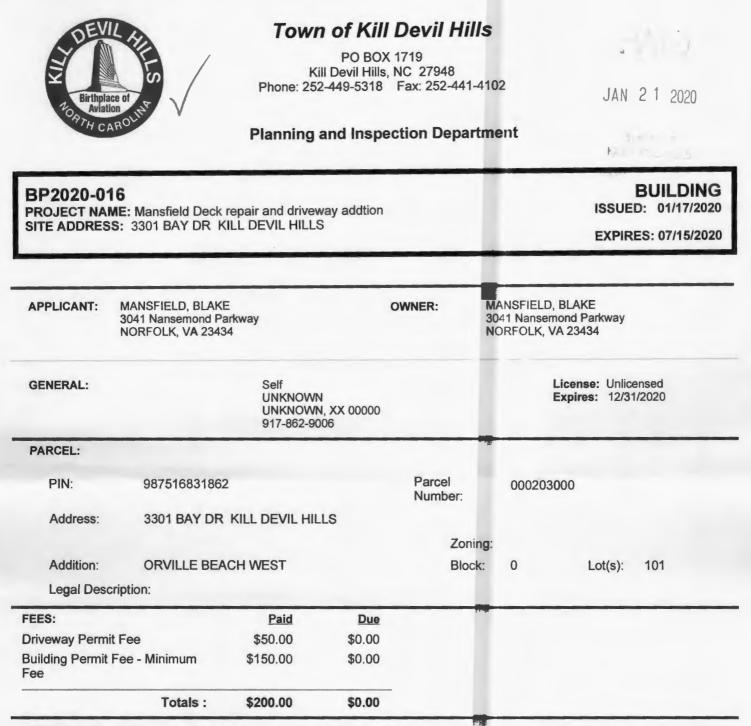
PROJECT NAME: Gough Deck and Stair Replacement SITE ADDRESS: 233 CHOWAN ST W KILL DEVIL HILLS BUILDING ISSUED: 01/16/2020

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

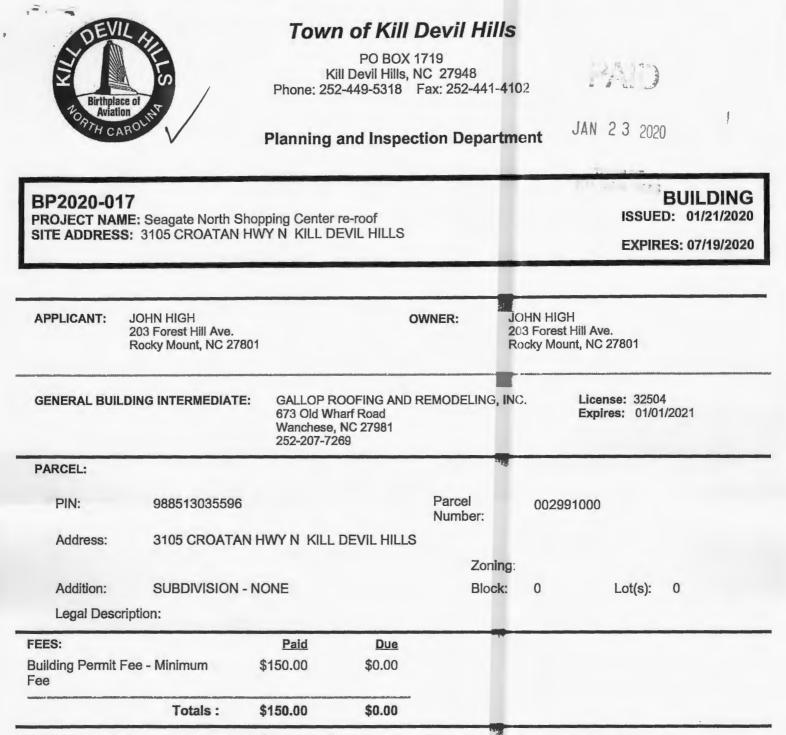
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
 * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
 * Construction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

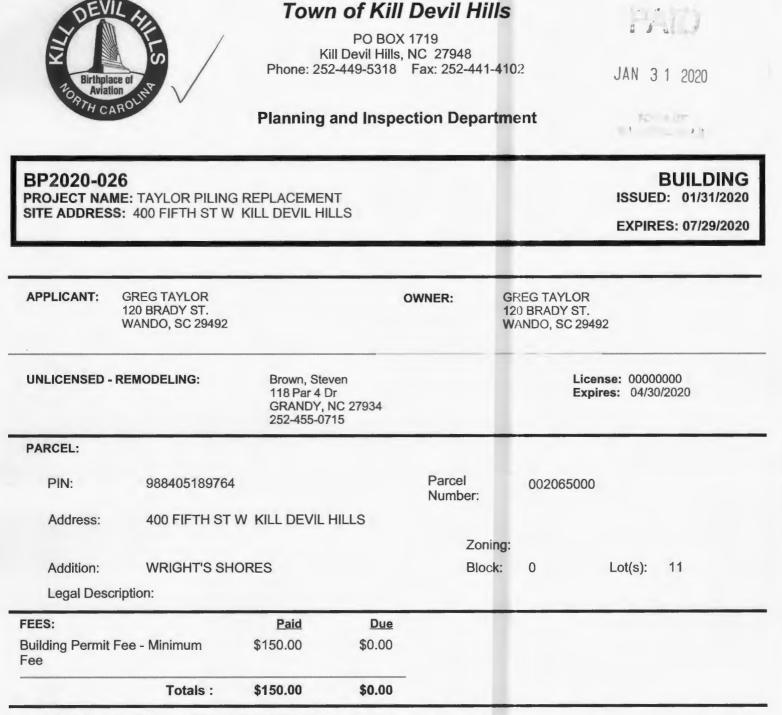
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* 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

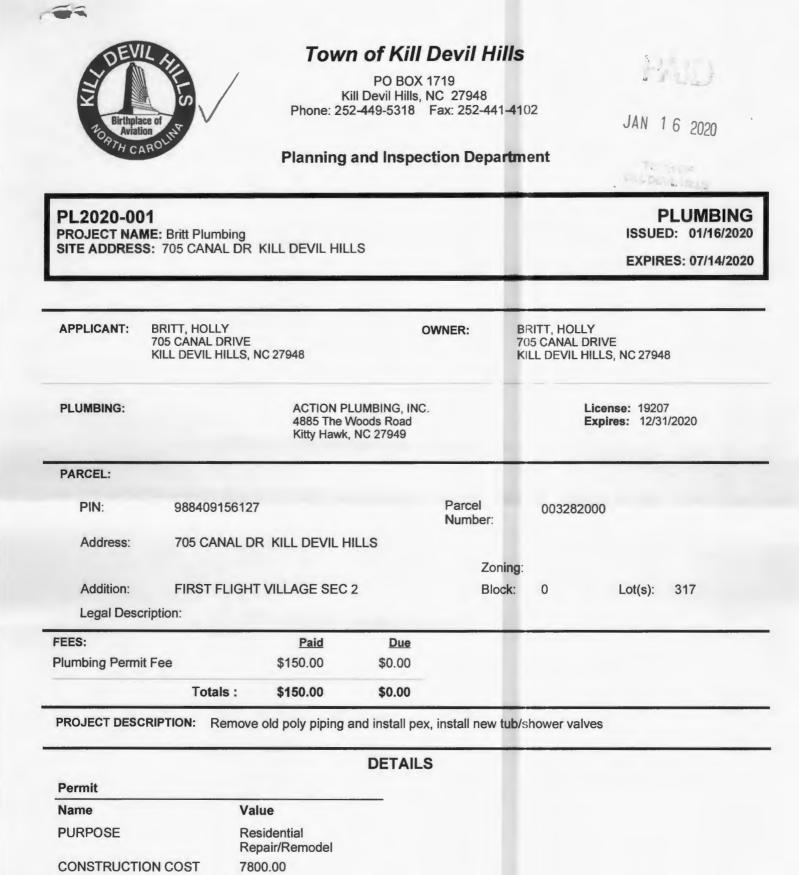
ISSUED: 01/02/2020

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

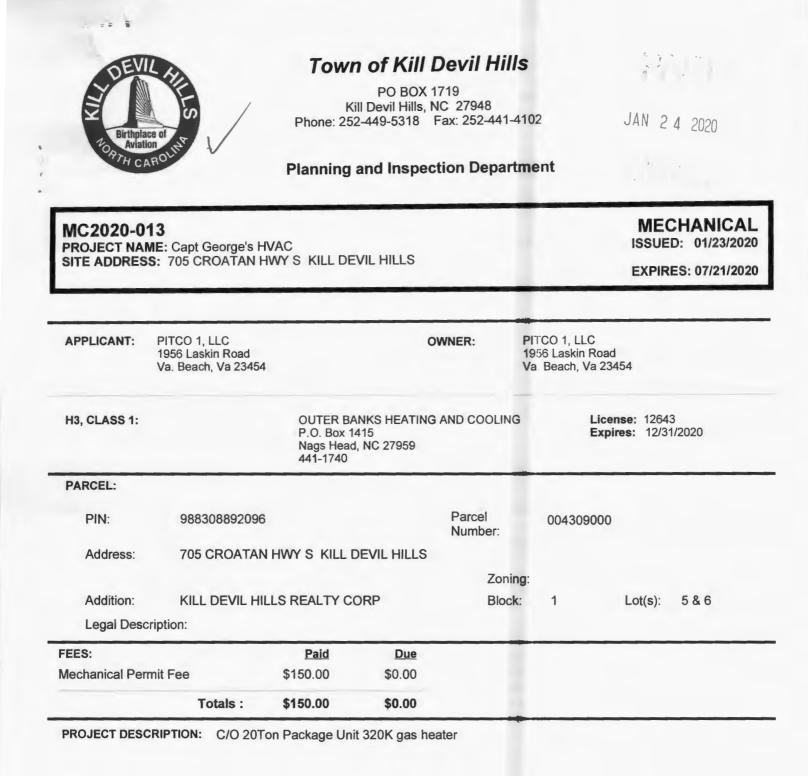
Final

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

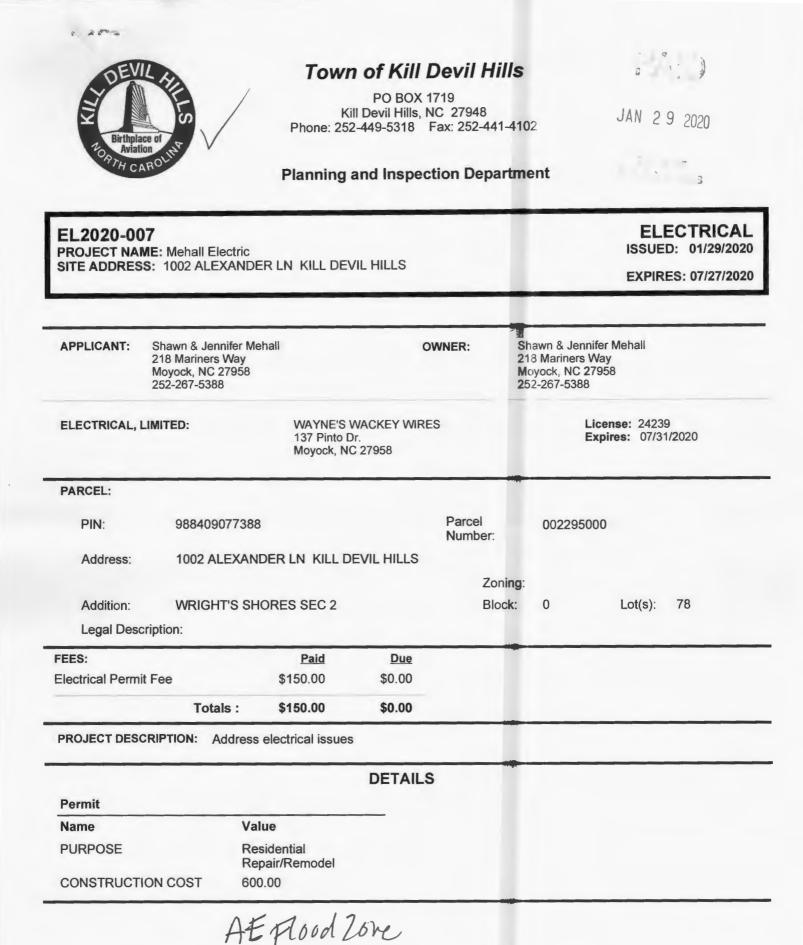
Final

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

.

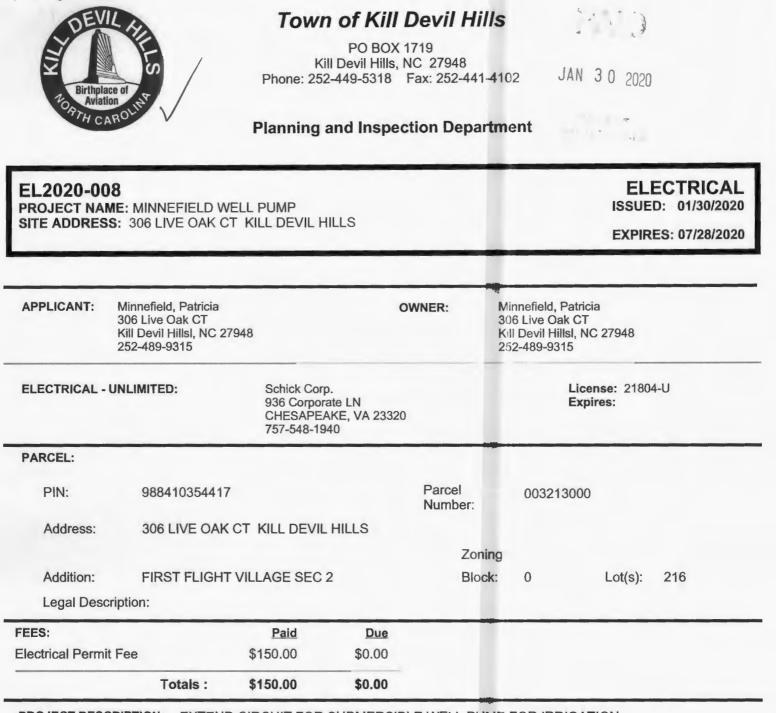
CONDITIONS

* 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:**