

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

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-1	.564			01/29/2020	
Parcel Number: Location: Subdivision: Legal Description:	015305000 54212 SHORESURF LN – FRISCO SHORESURF LOT: 21 BLK: SEC:				
Owner Name: Owner Mail Address: Owner Phone and email:	RICKY L GOODLING 505 CASCADE RD MECHANICSBURG, PA 17055				
Contractor Name: Contractor Mail Address: Contractor Phone:	J&T CONSTRUCTION PO BOX 1316, KILL DEVIL HILLS, NC 27948 252-489-3950 Contractor NC License#: UNLICENSED				
BUILDING INFORMATION					
Proposed Construction Use:		REMODEL RES OR COM, ENLARGE EXISTING DECK, SIDING			
Proposed Construction Type:	SFD		Cost of Construction:	\$17,458	
Finished Square Footage:	0		CAMA Permit#:	N/A	
Unfinished Square Footage:	300		Septic Permit#:	29335	
Stories:	0.0		Septic Permit Date:	01/10/2020	
Building Height:	0		Survey/Site Plan:	YES	
Total Rooms:	0		Water Tap#:	N/A	
Footing Type:	PILING		Water Type:	Central Water	
Exterior Finish:			Flood Zone:		
Proposed Finished Floor	N/A		Base Flood Elevation:	0.0	
Elevation:			Lot/Ground Elevation:	N/A	
Bedrooms:	0		Baths/half baths:	0.00/0	
Comments: Any deviation from or site plan requires prior appro		PERMIT FEE			\$180.00
		HOME OWN	ERS RECOVERY FEE		10.00
		TOTAL FEES:	17		\$190.00
Applicant Signature:			J&T CONSTRUCT	ION	
Inspector Signature: LMF					



Manteo: (252) 475-5870

Northern Beach: (252) 475-5871

	ELECTRICAL F	PERMIT	
ELECTRICAL PERMIT#: E	LEC-1468		01/10/2020
Parcel Number: Location: Subdivision: Legal Description:	014822042 41403 OCEAN VIEW DR – AVO KINNAKEET SHORES PHASE 4 LOT: 5 BLK: SEC: 4	·N	
Owner Name: Owner Mail Address: Owner Contact Informa	SHEILA KATHLEEN MCGOVERN 606 CORNWALLIS PL - MANAI tion:		
Contractor Name: Contractor Mail Address Contractor Phone: Contractor NC License#	3369718055		
Amp Increase: Service Amps:		Cost of Job: ELECTRICAL PERMIT FEE:	\$3,300 \$150.00
The owner and builder ar construction and be certainformation on this permishown on the submitted	re responsible to comply with all regulate ain to comply with all zoning regulations it is correct. That he is owner or duly auplans and specifications that he understaply with applicable regulations and law	ions and laws, and should person and building setbacks. The appli thorized agent of owner. That all ands this permit is valid for six m	ally inspect all cant certifies that the construction shall be as
	4 Hours in advance) for inspections at D 71 or Frisco Office 252.475.5878	are County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:	pull N we	COMBS ELECTRIC	
Inspector Signature: W	/AYLAND JEANETTE	AYT	



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PLUMBING PROJECT

PLUMBING PROJECT#: PLM	01/31/2020		
Parcel Number: Location: Subdivision: Legal Description:	016655004 49994 NC 12 HWY – BUXTO BLADES TRACT~ A FOUR LO' LOT: 2A BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	PAX EX LLC 3840 DAWLEY RD - VIRGINI	A BEACH, VA 23457	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	OWNER - 757-449-5494 NA	₹	•
DETAILS	RESIDENTIAL	Cost of Job:	\$10,000
1		PLUMBING PROJECT FEE:	\$150.00

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

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

Applicant Signature: LLC PAX EX

Inspector Signature: KEVIN CLARK AYT

Comments: MOVING A SINK 12' TO NEW LOCATION



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MECHANICAL PROJECT

01/13/2020

Parcel Number:

014277004

Location:

25209 LA WAVES DR - WAVES

Subdivision:

LA WAVES SUBDIVISION

Legal Description:

LOT: 5 BLK: SEC: 2

Owner Name:

LLP NJB PARTNERS

Owner Mail Address:

1242 THOMAS OAKES DR - POTTSTOWN, PA 19465

Owner Contact Information:

Contractor Name:

ROBERSONS HEATING AND AC INC

Contractor Mail Address:

14698 US HIGHWAY 64 - WILLIAMSTON, NC 27892

Contractor Phone:

252-792-3006

Contractor NC License#:

L13851

DETAILS

RESIDENTIAL

UNITS:

1.00

Cost of Job:

\$4,275

Electrical Contractor ID:

13851

MECHANICAL PROJECT FEE: \$150.00

Comments: CHANGE OUT 2 1/2 HP SPLIT

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

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

Applicant Signature:

ROBERSONS HEATING AND AC INC

Inspector Signature: KEVIN CLARK

AYT



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1507				01/17/2020
Parcel Number: Location: Subdivision: Legal Description:	016655005 49958 NC 12 HV BLADES TRACT~ LOT: 3 BLK: SEC:	A FOUR LOT DIV		
Owner Name: Owner Mail Address: Owner Phone and email:	KEITH B HANDYS	SIDE RD ACCIDENT, MD 21520		
Contractor Name:	LEIGH TAYLOR C			
Contractor Mail Address:		ITTY HAWK, NC 27949		
Contractor Phone:	252-305-4668	Contractor NC License#:		
BUILDING INFORMATION				
Proposed Construction Use:	RESIDENTIAL ADI	DITION , FRAMED ELEVATOR SHAFT		
Proposed Construction Type:	SFD	Cost of Construction:	\$25,355	
Finished Square Footage:	0	CAMA Permit#:	N/A	
Unfinished Square Footage:	163	Septic Permit#:	29180	
Stories:	2.0	Septic Permit Date:	11/14/2019	
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:	PILING	Water Type:		
Exterior Finish:		Flood Zone:	AE	
Proposed Finished Floor		Base Flood Elevation:	8.0	
Elevation:		Lot/Ground Elevation:	N/A	
Bedrooms:	5	Baths/half baths:	4.00/1	
Comments: Any deviation from		PERMIT FEE		\$65.20
or site plan requires prior appr	ovai.	FLOOD DEVELOPMENT BLDG PERMIT HOME OWNERS RECOVERY FEE		75.00 10.00
	17	TOTAL FEES:		\$150.20
Applicant Signature:	LA	LEIGH TAYLOR CO	DNSTRUCTION	
Inspector Signature:	VV J / (ノ ブ LMF		



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ACCESSORY PERMIT

		ACCESSOR	LEIGH		
ACCESSORY PERMIT#: ACC-1	1506				01/17/2020
Parcel Number: Location: Subdivision: Legal Description:	012591049 NC 12 HWY – RC SUBDIVISION - N LOT: BLK: SEC:		· .		
Owner Name: Owner Mail Address: Owner Phone and email:	RYAN GILBERT G P O BOX 216 RO				
Contractor Name: Contractor Mail Address: Contractor Phone: ACCESSORY INFORMATION	OWNER/CONTR SAA 252-987-2503		r NC License#:		
Proposed Construction: Description of Work	RESIDENTIAL - DO		Cost of Construction: CAMA Permit#: Flood Zone: Base Flood Elevation: Lot/Ground Elevation:	\$5,000 GP N/A 0.0	
Comments:		PERMIT FEE			\$250.00
Applicant Signature:	Ulland	TOTAL FEES	RYAN GILBERT G	GENTRY	\$250.00
Inspector Signature:	CH	107	LMF		



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR	-1439			01/06/2020
Parcel Number:	012821077			
Location:	26172 OTTER WA	Y – SALVO		
Subdivision:	WIND OVER WAV	/ES - PH 2		
Legal Description:	LOT: 40 BLK: SEC:			
Owner Name:	KURT LEITHOLF	4)		
Owner Mail Address:	212 LOCUST LN D	ILLSBURG, PA 17019		
Owner Phone and email:				
Contractor Name:	GIBBS DAUGHTEI	RS NC LLC		
Contractor Mail Address:	PO BOX 2387, M	ANTEO, NC 27954		
Contractor Phone:	252-202-5991	Contractor NC License#: 76990		
BUILDING INFORMATION				
Proposed Construction Use:	REPAIR, SIDING			
Proposed Construction Type:	SFD	Cost of Construction:	\$47,500	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0.0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:		
Proposed Finished Floor		Base Flood Elevation:	0.0	
Elevation:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0.00/0	
Comments: Any deviation from	the building plan	PERMIT FEE		\$150.00
or site plan requires prior appr				
		HOME OWNERS RECOVERY FEE		10.00
/	11.	TOTAL FEES:		\$160.00
1.1	11/1	TOTAL LES,		\$200.00
Applicant Signature:		GIBBS DAUGHTE	BS NC LLC	
applicant signature.	011/10	GIDDS DAUGHTE	NO INC LLC	

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ACCESSORY PERMIT

		ACCESSORT	Litterin		
ACCESSORY PERMIT#: ACC-	1493				01/14/2020
Parcel Number:	014324114				
Location:	25221 SEA VIST		S		
Subdivision:	ST WAVES PHAS				
Legal Description:	LOT: 14 BLK: SE	C:			
Owner Name:	DANIEL L BUCZY				
Owner Mail Address: Owner Phone and email:	319 SPINNAKER	RD SEVERNA	PARK, MD 21146		
Contractor Name:	SOUNDSIDE PO		16 NG 27040		
Contractor Mail Address: Contractor Phone:	PO BOX 2996, 1 252-256-2684		LS, NC 27948 ctor NC License#: 62 035		
ACCESSORY INFORMATION	232-230-2004	Contra	Ctor NC Licensen. 62055		
Proposed Construction:			OLS;HOT TUBS, POOL		
Description of Work Septic Permit Date:	SWIMMING POO)L	Cost of Construction:	\$45,000	
Septic Permit #:	10/30/2019 29133		CAMA Permit#:	945,000 N/A	
Septic Permit #1	23133		Flood Zone:	NA	
			Base Flood Elevation:	0.0	
			Lot/Ground Elevation:		
			অ টু		
Comments:		PERMIT FEE			\$300.00
		TOTAL FEES	: 4		\$300.00
Applicant Signature:			SOUNDSIDE POO	OLS INC	
	CH/	12			

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ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-1494					
Parcel Number: Location: Subdivision: Legal Description:	014816000 40263 DUNE WAY KINNAKEET DUNES LOT: 4 BLK: SEC:				
Owner Name: Owner Mail Address: Owner Phone and email:	RAYMOND L IV KI 1834 RAUB RD FEL				
Contractor Name: Contractor Mail Address: Contractor Phone: ACCESSORY INFORMATION	SOUNDSIDE POOLS PO BOX 2996, KILI 252-256-2684	DEVIL HILL	S, NC 27948 stor NC License#: 62035		
Proposed Construction: Description of Work Septic Permit Date: Septic Permit #:	RESIDENTIAL - SWIF SWIMMING POOL 12/06/2019 29247	MMING POO	Cost of Construction: CAMA Permit#: Flood Zone: Base Flood Elevation: Lot/Ground Elevation:	\$40,000 N/A AE 0.0	
Comments:	1	PERMIT FEE	***************************************		\$300.00
		TOTAL FEES:			\$300.00
Applicant Signature:		and the second	SOUNDSIDE POO	OLS INC	
inspector Signature:	CH/C	T	LMF		



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: ACC-142	27		01/02/2020			
Parcel Number: Location: Subdivision: Legal Description:	ELEVY MANOR	015009000 51248 LULLABY LN – FRISCO ELEVY MANOR 2ND ADD LOT: O BLK: SEC:				
Owner Name: Owner Mail Address: Owner Phone and email:	MICHAEL W CAROLAN PO BOX 1486 BUXTON, NC 27920					
Contractor Name: Contractor Mail Address: Contractor Phone:		SHORE CONSTRUCTION INC BUXTON, NC 27920 Contractor NC License#: 46373				
BUILDING INFORMATION						
Proposed Construction Use: Proposed Construction Type: Finished Square Footage: Unfinished Square Footage: Stories: Building Height: Total Rooms: Footing Type: Exterior Finish: Proposed Finished Floor Elevation: Bedrooms:	ACCESSORY STRU ACC 0 528 0.0 0	Cost of Construction: CAMA Permit#: Septic Permit Date: Survey/Site Plan: Water Tap#: Water Type: Flood Zone: Base Flood Elevation: Lot/Ground Elevation: Baths/half baths:	\$10,000 AE 0.0 0.00/0			
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE FLOOD DEVELOPMENT BLDG PERMIT HOME OWNERS RECOVERY FEE	\$211.20 75.00 10.00			
		TOTAL FEES:	\$296.20			
Applicant Signature:	21/1	CAROLAN'S BAY	SHORE CONSTRUCTION INC			

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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR-	1438			01/06/2020		
Parcel Number: Location: Subdivision: Legal Description:	HATTERAS LAND	000507013 58963 SOUTH BEACH DR – HATTERAS HATTERAS LANDING PH 2 LOT: 10 BLK: SEC:				
Owner Name: Owner Mail Address: Owner Phone and email:	ANTONIO L MORANI 4131 KELLINGTON CT MURRYSVILLE, PA 15668					
Contractor Name:	T-WOLFF CONST	RUCTION INC				
Contractor Mail Address:		PO BOX 371, BUXTON, NC 27920				
Contractor Phone:	252.564.2684	Contractor NC License#: U	INLICENSED			
BUILDING INFORMATION						
Proposed Construction Use:	REPAIR, REPAIR	STAIRS AND STAIR LANDING				
Proposed Construction Type:	SFD	Cost of Construction:	\$25,633			
Finished Square Footage:	0	CAMA Permit#:				
Unfinished Square Footage:	0	Septic Permit#:				
Stories:	0.0	Septic Permit Date:				
Building Height:	0	Survey/Site Plan:				
Total Rooms:	0	Water Tap#:				
Footing Type:		Water Type:				
Exterior Finish:		Flood Zone:				
Proposed Finished Floor		Base Flood Elevation:	: 0.0			
Elevation:		Lot/Ground Elevation	1:			
Bedrooms:	0	Baths/half baths:	0.00/0			
Comments: Any deviation from		PERMIT FEE		\$150.00		
or site plan requires prior appr	oval.	HOME OWNERS RECOVERY FEE		10.00		
		TOTAL FEES:		\$160.00		
Applicant Signature:	mi	T-WOLFF CO	ONSTRUCTION INC			

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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1425				01/02/2020		
Parcel Number:	016855000					
Location:	48238 M QUIDL	EY LN — BUXTON				
Subdivision:	SANDERLING RI	SANDERLING RIDGE				
Legal Description:	LOT: 2 BLK: SEC:					
Owner Name:	AMADO ZENTEN	NO BRIONES				
Owner Mail Address:	PO BOX 1535 BU	JXTON, NC 27920				
Owner Phone and email:						
Contractor Name:	CAROLAN'S BAY	SHORE CONSTRUCTION INC				
Contractor Mail Address:	PO BOX 1486, B	BUXTON, NC 27920				
Contractor Phone:	252-473-9129	Contractor NC License#: 46373				
BUILDING INFORMATION						
Proposed Construction Use:	RESIDENTIAL ENG	CLOSURE, ENCLOSE UNDER HOUSE TO CRI	EATE A GARAGE			
Proposed Construction Type:	STR	Cost of Construction:	\$3,500			
Finished Square Footage:	0	CAMA Permit#:				
Unfinished Square Footage:	768	Septic Permit#:	29245			
Stories:	0.0	Septic Permit Date:	12/05/2019			
Building Height:	0	Survey/Site Plan:				
Total Rooms:	0	Water Tap#:				
Footing Type:		Water Type:				
Exterior Finish:		Flood Zone:		•		
Proposed Finished Floor		Base Flood Elevation:	0.0			
Elevation:		Lot/Ground Elevation:	4.0			
Bedrooms:	0	Baths/half baths:	0.00/0			
Comments: Any deviation from		PERMIT FEE		\$307.20		
or site plan requires prior appr	ovai,	FLOOD DEVELOPMENT BLDG PERMIT		75.00		
		HOME OWNERS RECOVERY FEE		10.00		
		HOME OWNERS RECOVERINGE		10.00		
		TOTAL FEES:		\$392.20		
,	/	1				
Applicant Signature:	my	CAROLAN'S BAY	SHORE CONSTRUC	CTION INC		

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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR	-1423			01/02/2020
Parcel Number:	015852000			
Location:	57253 SEA SCAPE	LN - HATTERAS		
Subdivision:	HATTERAS COLON	IY SOUTH		
Legal Description:	LOT: 26 BLK: SEC:	1		
Owner Name:	GEORGE CLYDE H	UNTER		
Owner Mail Address: Owner Phone and email:	15 OXFORD RD TROY, NY 12180			
Contractor Name:	GEORGE CLYDE H	UNTER		
Contractor Mail Address:	SAA			
Contractor Phone:	603-757-3512	Contractor NC License#: UNLICE	NSED	
BUILDING INFORMATION				
Proposed Construction Use:	REPAIR, REPAIR EX	TERIOR STAIRS AND DECK RAILING		
Proposed Construction Type:	SFD	Cost of Construction:	\$1,500	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0.0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:		
Proposed Finished Floor		Base Flood Elevation:	0.0	
Elevation:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0.00/0	
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE		\$150.00
, , , , , , , , , , , , , , , , , , , ,		HOME OWNERS RECOVERY FEE		10.00
	_	TOTAL FEES:		\$160.00
	1	IOIAL FEES:		\$180,00

GEORGE CLYDE HUNTER

LMF

Applicant Signature:



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	MECHANICAL	L PROJECT	
MECHANICAL PROJECT#: ME	CH-1441		01/07/2020
Parcel Number: Location: Subdivision: Legal Description:	016002000 56472 NC 12 HWY – HATTER SUBDIVISION - NONE LOT: BLK: SEC:	AS	
Owner Name: Owner Mail Address: Owner Contact Information:	COSMO MICHAEL JR RICCHU P O BOX 482 - P O BOX 482 -		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	CARTWRIGHTS HEATING ANI PO BOX 118 - HATTERAS, NO 252-986-2367 L17651		
UNITS: Electrical Contractor ID:	RESIDENTIAL 3.00 SP PH 32484	Cost of Job: MECHANICAL PROJECT FEE:	\$11,250 \$150.00
Comments: REPLACE 3 OUTD	OOR HP		
construction and be certain to information on this permit is o shown on the submitted plans revoked for failure to comply	comply with all zoning regulation correct. That he is owner or duly a s and specifications that he under with applicable regulations and la		ant certifies that the onstruction shall be as on this and may be
Call Building Inspector (24 House Beach Office 252,475,5871 or	· · · · · · · · · · · · · · · · · · ·	Dare County Offices Manteo Office 2	252.475.5870, Northern
Applicant Signature:	lenwood Cartury	CARTWRIGHTS HEATING	AND AIR INC
Inspector Signature:	WJ/CT	LMF	



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MECHANICAL PROJECT

	WILCHA	WICAL PROJECT	
MECHANICAL PROJECT#: ME	CH-1445		01/07/2020
Parcel Number: Location: Subdivision: Legal Description:	012766034 24213 SEABREEZE CT – TRADE WINDS BEACHES LOT: 34 BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	DANNY LYNN DAY 187 MUSTANG PT - RO	CKY POINT, NC 28457	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	C-BREEZE HEATING AND PO BOX 801 - AVON, NO 252-564-4031 L31244		
UNITS: Electrical Contractor ID:	RESIDENTIAL 2.00 SP PH 32045	Cost of Job:	\$3,400
Comments: REPLACE 2 UNITS	; INDOOR/OUTDOOR		
construction and be certain to information on this permit is o	comply with all zoning regu correct. That he is owner or a s and specifications that he u	regulations and laws, and should person lations and building setbacks. The appli duly authorized agent of owner. That al understands this permit is valid for six m and laws.	icant certifies that the I construction shall be as
Call Building Inspector (24 Hot Beach Office 252.475.5871 or		ns at Dare County Offices Manteo Office	e 252.475.5870, Northern
Applicant Signature:		7-2820 C-BREEZE HEATING AN	ID AIR CONDITIONING LL
Inspector Signature:	CH/UX	LMF	



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	MECHA	NICAL PROJECT	
MECHANICAL PROJECT#: ME	:CH-1444		01/07/2020
Parcel Number: Location: Subdivision: Legal Description:	016758005 48191 MAIL LANDING L SUBDIVISION - NONE LOT: SOUTHERN PART P		
Owner Name: Owner Mail Address: Owner Contact Information:	HENRY MAX SAUERS P O BOX 235 - WHITE M	MARSH, MD 21162	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	C-BREEZE HEATING AND PO BOX 801 - AVON, NO 252-564-4031 L31244		
DETAILS	RESIDENTIAL		
UNITS: Electrical Contractor ID:	2.00 SP PH 32045	Cost of Job:	\$3,050
		MECHANICAL PROJECT FE	EE: \$150.00
Comments: REPLACE 2 UNITS	; INDOOR/OUTDOOR		
construction and be certain to information on this permit is o	comply with all zoning regu correct. That he is owner or o s and specifications that he u	regulations and laws, and should personalistions and building setbacks. The appuly authorized agent of owner. That anderstands this permit is valid for six and laws.	olicant certifies that the all construction shall be as
Call Building Inspector (24 Hou Beach Office 252.475.5871 or		ns at Dare County Offices Manteo Offi	ce 252.475.5870, Northern
Applicant Signature:	1-1-	C-BREEZE HEATING A	AND AIR CONDITIONING LL
Inspector Signature:	CH/17	LMF	



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	MECHANICAL PRO	IECI	
MECHANICAL PROJECT#: MI	ECH-1446		01/07/2020
Parcel Number: Location: Subdivision: Legal Description:	027123000 50198 TREASURE CT – FRISCO BRIGANDS BAY LOT: 441 BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	JOHN FRANKLIN CORNELIUS P O BOX 430 - FRISCO, NC 27936		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	C-BREEZE HEATING AND AIR CONE PO BOX 801 - AVON, NC 27915 252-564-4031 L31244 RESIDENTIAL	DITIONING LL	
Electrical Contractor ID:	SP PH 32045	Cost of Job: MECHANICAL PROJECT FEE:	\$5,900 \$.00
Comments: STORM; REPLACE	E 2 UNITS, INDOOR/OUTDOOR		
construction and be certain to information on this permit is shown on the submitted plans revoked for failure to comply	sponsible to comply with all regulations of comply with all zoning regulations and correct. That he is owner or duly authors and specifications that he understand with applicable regulations and laws.	building setbacks. The applicative agent of owner. That all of this permit is valid for six mo	ant certifies that the construction shall be as nths and may be
Beach Office 252.475.5871 or		County Offices Manteo Office	232.473.3670, Not trieffi
Applicant Signature:	11/5/12	C-BREEZE HEATING AND	AIR CONDITIONING LL
Inspector Signature:	VV 3 / U)	LMF	



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	MECHANICAL PRO	JECT	
MECHANICAL PROJECT#: ME	CH-1448		01/07/2020
Parcel Number: Location: Subdivision: Legal Description:	012170021 52083 GONDYKE WAY – FRISCO ROGUES RETREAT LOT: 20 & 21 BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	THE KATHERINE MAE WILLIS REVO P O BOX 468 - FRISCO, NC 27936	OCABLE TRUST	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	AUGUST AIR LLC PO BOX 726 - AVON, NC 27915 252-423-9101 L33886		
DETAILS	RESIDENTIAL	Cost of John	ć2 500
Electrical Contractor ID:	15935-L	Cost of Job: MECHANICAL PROJECT FEE:	\$3,500 \$.00
Comments: STORM; REPLACE	21 REGISTERS		
construction and be certain to information on this permit is c shown on the submitted plans revoked for failure to comply to	ponsible to comply with all regulations comply with all zoning regulations and orrect. That he is owner or duly author and specifications that he understand with applicable regulations and laws.	d building setb ac ks. The application of the depth of the country of the depth of the country o	ant certifies that the construction shall be as nths and may be
Beach Office 252.475.5871 or Applicant Signature:		AUGUST AIR LLC	232.473.3670, Northern
Inspector Signature:	WJ/W	LMF	



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

	ECH-1459	01/08/202
Parcel Number:	015556000	
Location:	57192B PRICILLA CURVE RD – HATTERAS	
Subdivision:	SUBDIVISION - NONE	
Legal Description:	LOT: PARCEL 1B BLK: SEC:	
Owner Name:	GLENWOOD E CARTWRIGHT	
Owner Mail Address: Owner Contact Information	P O BOX 118 - HATTERAS, NC 27943	
Contractor Name:	CARTWRIGHTS HEATING AND AIR INC	•
Contractor Mail Address:	PO BOX 118 - HATTERAS, NC 27943	
Contractor Phone:	252-986-2367	
Contractor NC License#:	L17651	
DETAILS	RESIDENTIAL	
	Cost of Job:	\$5,000
Electrical Contractor ID:	SP PH 32484	•
	MECHANICAL PROJECT FEE:	\$.00
construction and be certain to information on this permit is	sponsible to comply with all regulations and laws, and should persona o comply with all zoning regulations and building setbacks. The applications correct. That he is owner or duly authorized agent of owner. That all cost and specifications that he understands this permit is valid for six mo	ont certifies that the onstruction shall be as
	with annicants requisitons and laws	
revoked for failure to comply	urs in advance) for inspections at Dare County Offices Manteo Office	252.475.5870, Northern
revoked for fallure to comply Call Building Inspector (24 Ho Beach Office 252.475.5871 or	urs in advance) for inspections at Dare County Offices Manteo Office	

Application Reference # 1231 on 01/08/2020



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MI	ECH-1460		01/08/2020
Parcel Number:	012945000		
Location:	53219 LESTER FARR	OW RD – FRISCO	
Subdivision:	SUBDIVISION - NON	E	
Legal Description:	LOT: BLK: SEC:		
Owner Name:	REBECCA J AUSTIN		
Owner Mail Address:	PO BOX 161 - FRISC	O. NC 27936	
Owner Contact Information:			
Contractor Name:	CALLAHAN HVAC RE	PAIRS AND SERVICE LLC	
Contractor Mail Address:	PO BOX 53 - HATTE		
Contractor Phone:	252-986-2757		
Contractor NC License#:	L17825		
DETAILS	RESIDENTIAL		
UNITS:	2.00	Cost of Job:	\$4,800
Electrical Contractor ID:	19768-L		
		MECHANICAL PROJECT FEE:	\$150.00
Comments: REPLACE 2 UNITS	S; 1 AH AND 1 HP		

The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as

shown on the submitted plans and specifications that he understands this permit is valid for six months and may be

revoked for failure to comply with applicable regulations and laws.

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

Applicant Signature: CALLAHAN HVAC REPAIRS AND SERVICE LLC

Inspector Signature: LMF



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

	MECHANICAL PROJECT	
MECHANICAL PROJECT#: ME	CH-1461	01/08/2020
Parcel Number: Location: Subdivision: Legal Description:	017347000 56193 CEDAR AVENUE – HATTERAS HATTERAS ESTATES SEC 3 LOT: 7 BLK: SEC: 3	
Owner Name: Owner Mail Address: Owner Contact Information:	TRACY A DAVENPORT 20 IONA RD - LEBANON, PA 17042	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	CALLAHAN HVAC REPAIRS AND SERVICE LLC PO BOX 53 - HATTERAS, NC 27943 252-986-2757 L17825	
DETAILS	RESIDENTIAL	
Electrical Contractor ID:	Cost of Job: 19768-L MECHANICAL PRO	\$8,800 OJECT FEE: \$.00
Comments: STORM; REPLACE	2 CONDENSERS	
construction and be certain to information on this permit is c shown on the submitted plans	ponsible to comply with all regulations and laws, and sho comply with all zoning regulations and building setbacks. orrect. That he is owner or duly authorized agent of owner and specifications that he understands this permit is valid with applicable regulations and laws.	The applicant certifies that the er. That all construction shall be as
Call Building Inspector (24 Hou Beach Office 252.475.5871 or	rs in advance) for inspections at Dare County Offices Mar Frisco Office 252.475.5878	nteo Office 252.475.5870, Northern
Applicant Signature:	CALLAHAN H	IVAC REPAIRS AND SERVICE LLC
Inspector Signature:	WT/LT LMF	



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

	MECHANICAL PRO	JECT	
MECHANICAL PROJECT#: MEC	CH-1480		01/13/2020
Parcel Number: Location: Subdivision: Legal Description:	014318000 25736 NC 12 HWY – WAVES SUBDIVISION - NONE LOT: BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	RED SHED LLC PO BOX 472 - WAVES, NC 27982		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	VILLAGE AIR INC PO BOX 421 - RODANTHE, NC 279 252-305-6149 L31489	968	
UNITS: Electrical Contractor ID:	RESIDENTIAL 2.00 26975-I	Cost of Job: MECHANICAL PROJECT FEE:	\$6,000 \$150.00
Comments: REPLACE 2 UNITS;	1 AH AND 1 HP		
construction and be certain to information on this permit is co shown on the submitted plans	consible to comply with all regulations comply with all zoning regulations and orrect. That he is owner or duly authorand specifications that he understand with applicable regulations and laws.	d building setb <mark>ac</mark> ks. The applica rized agent of owner. That all c	ant certifies that the onstruction shall be as
Call Building Inspector (24 Hou Beach Office 252.475.5871 or F	rs in advance) for inspections at Dare Frisco Office 252.475.5878	County Offices Manteo Office 2	252.475.5870, Northern
Applicant Signature:	Jano Pro-	VILLAGE AIR INC	
Inspector Signature:	CH/C)	LMF	



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

01/13/2020 MECHANICAL PROJECT#: MECH-1481 Parcel Number: 014297072 Location: 25218 SEA ISLE HILLS DR - WAVES Subdivision: SEA ISLE HILLS Legal Description: LOT: 2 BLK: SEC: 7 Owner Name: WEARE A ZWEMER Owner Mail Address: 604 HEANDON CT - CHESAPEAKE, VA 23322 Owner Contact Information: Contractor Name: VILLAGE AIR INC Contractor Mail Address: PO BOX 421 - RODANTHE, NC 27968 Contractor Phone: 252-305-6149 Contractor NC License#: L31489 DETAILS RESIDENTIAL UNITS: 2.00 Cost of Job: \$6,000 **Electrical Contractor ID:** 26975-I MECHANICAL PROJECT FEE: \$150.00

Comments: INSTALL 2 HP UNITS

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

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

Applicant Signature: No. Of VILLAGE AIR INC

Inspector Signature: LMF



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

	Wilder	AMORETHOSE	
MECHANICAL PROJECT#: MI	ECH-1483		01/13/2020
Parcel Number: Location: Subdivision: Legal Description:	012513000 23018 G A KOHLER CT RODANTHE BY THE SE LOT: 8 BLK: SEC:	Α	
Owner Name: Owner Mail Address: Owner Contact Information:	GOOD PROPERTIES LLC 3902 KIPLING CT - GR		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	VILLAGE AIR INC PO BOX 421 - RODAN 252-305-6149 L31489	THE, NC 27968	
DETAILS	RESIDENTIAL		
UNITS:	2.00	Cost of Job:	\$5,800
Electrical Contractor ID:	26975-I	MECHANICAL PROJECT FEE:	\$150.00
construction and be certain to information on this permit is	sponsible to comply with a o comply with all zoning re correct. That he is owner o	Il regulations and laws, and should persona gulations and building setbacks. The applica r duly authorized agent of owner. That all o	ant certifies that the construction shall be as
shown on the submitted plan revoked for failure to comply		e understands this permit is valid for six mo s and laws.	nths and may be
Call Building Inspector (24 Ho Beach Office 252.475.5871 or		ions at Dare County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:	Jour P	VILLAGE AIR INC	
Inspector Signature:		LMF	



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

	MILCHAMICAL PIN	SILCI	
MECHANICAL PROJECT#: ME	CH-1484		01/13/2020
Parcel Number: Location: Subdivision: Legal Description:	014320002 25207 IGNATIUS RD WAVES SUBDIVISION - NONE LOT: PAR A BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	IGNATIUS D SR MIDGETT BOX 3534 - WAVES, NC 27982		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	VILLAGE AIR INC PO BOX 421 - RODANTHE, NC 27 252-305-6149 L31489 RESIDENTIAL	7968	
UNITS: Electrical Contractor ID:	2.00 26975-I	Cost of Job: MECHANICAL PROJECT FEE:	\$6,500 \$150.00
Comments: INSTALL 1 HP AND) 1 AH		
construction and be certain to information on this permit is coshown on the submitted plans	consible to comply with all regulation comply with all zoning regulations are correct. That he is owner or duly authorand specifications that he understan with applicable regulations and laws.	nd building setb <mark>ac</mark> ks. The applica prized agent of owner. That all o	ant certifies that the construction shall be as
Call Building Inspector (24 Hou Beach Office 252.475.5871 or 1	rs in advance) for inspections at Dare Frisco Office 252.475.5878	e County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:	60	VILLAGE AIR INC	
Inspector Signature:	CH/CA	LMF	



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

Frisco: (252) 475-5878

	MECH	IANICAL PROJECT	
MECHANICAL PROJECT#: MI	ECH-1485		01/13/2020
Parcel Number:	012821057		
Location:	26163 OTTER WAY - :	SALVO	
Subdivision:	WIND OVER WAVES -	PH 2	
Legal Description:	LOT: 20 BLK: SEC:		
Owner Name:	GARY A HEALY	K / PRIC	
Owner Mail Address:	7376 WOODSTONE C	T - WARRENTON, VA 20187	
Owner Contact Information	:		
Contractor Name:	VILLAGE AIR INC		
Contractor Mail Address:	PO BOX 421 - RODAN	ITHE, NC 27968	
Contractor Phone:	252-305-6149		
Contractor NC License#:	L31489		
DETAILS	RESIDENTIAL		
UNITS:	2.00	Cost of Job:	\$6,400
Electrical Contractor ID:	26975-1		
		MECHANICAL PROJECT FEE:	\$150.00
Comments: INSTALL 1 HP AN	ID 1 AH		

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

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

Applicant Signature:	hall p	VILLAGE AIR INC
Inspector Signature:	CH/CX	LMF



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL	. PROJECT#:	MECH-1471
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01/13/2020

Parcel Number:

011674000

Location:

51164 LASSITER LN - FRISCO

Subdivision:

WIND-HAVEN SHORES

Legal Description:

LOT: 23 & W 1/2 LT 22 BLK: SEC:

Owner Name:

SCOTTY W III NICHOLSON

Owner Mail Address:

P O BOX 354 - P O BOX 354 - GLENVILLE, WV 26351

Owner Contact Information:

Contractor Name:

AUGUST AIR LLC

Contractor Mail Address:

PO BOX 726 - AVON, NC 27915

Contractor Phone:

252-423-9101

fan C. Mhr

Contractor NC License#:

L33886

DETAILS

RESIDENTIAL

Cost of Job:

\$6,100

Electrical Contractor ID:

15935-L

MECHANICAL PROJECT FEE: \$150.00

Comments: 1 AIR HANDLER, 12 REGISTERS

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

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

Applicant Signature:

AUGUST AIR LLC



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

	MECHAN	ICAL PROJECT	
MECHANICAL PROJECT#: MEC	CH-1476		01/13/2020
Parcel Number: Location: Subdivision: Legal Description:	011735000 50222 BLACKBEARDS CT BRIGANDS BAY LOT: 143 BLK: SEC:	– FRISCO	
Owner Name: Owner Mail Address: Owner Contact Information:	R DAVID FEHRMAN 6193 LOCUST HILL RD - [DAYTON, OH 45459	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	C-BREEZE HEATING AND PO BOX 801 - AVON, NC 252-564-4031 L31244		
DETAILS	RESIDENTIAL		
UNITS: Electrical Contractor ID:	2.00 SP PH 32045	Cost of Job: MECHANICAL PROJECT FEE:	\$5,800 \$150.00
Comments: INSTALL 1 INDOOR	R/OUTDOOR SYSTEM		
construction and be certain to information on this permit is co	comply with all zoning regula orrect. That he is owner or do and specifications that he ur	egulations and laws, and should persona ations and building setbacks. The applica uly authorized agent of owner. That all c nderstands this permit is valid for six mon	ant certifies that the construction shall be as
Call Building Inspector (24 Hour Beach Office 252.475.5871 or F		s at Dare County Offices Manteo Office 2	252.475.5870, Northern
Applicant Signature: 1/3-	- 1-16 1. # /100	C-BREEZE HEATING AND	AIR CONDITIONING LL
Inspector Signature:	WS/C)	LMF	



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

10.00

\$160.00

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR	-1522			01/22/2020
Parcel Number:	011567000			
Location:	25006 MAC OCA	CT – WAVES		
Subdivision:	MAC-OCA REEF			
Legal Description:	LOT: 6 BLK: SEC:			
Owner Name:	JAMES K GARDNE	R		
Owner Mail Address: Owner Phone and email:	13510 EDMONTH	ORPE RD MIDLOTHIAN, VA 23113		
Contractor Name:	EMANUELSON AN	ID DAD INC		
Contractor Mail Address:	PO BOX 448, NAG	SS HEAD, NC 27959		
Contractor Phone:	252-261-2212	Contractor NC License#: 79801		
BUILDING INFORMATION				
Proposed Construction Use:	REPAIR, REPAIR/R	EPLACE 4 EXISTING PILINGS		
Proposed Construction Type:	SFD	Cost of Construction:	\$1,200	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0.0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:		
Proposed Finished Floor		Base Flood Elevation:	0.0	
Elevation:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0.00/0	
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE		\$150.00

HOME OWNERS RECOVERY FEE

AL FEES?

Applicant Signature: EMANUELSON AND DAD INC



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

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR	-1510			01/17/2020
Parcel Number:	013053000			
Location:	26563 COLONY D	PR SALVO		
Subdivision:	HATTERAS COLO			
Legal Description:	LOT: 10 BLK: SEC:	В		
Owner Name: Owner Mail Address: Owner Phone and email:	GEORGE R BRANI 5020 WYNNEFOR	DES RD WAY RALEIGH, NC 27614		
Contractor Name:	GIBBS DAUGHTEI	RS NC LLC		
Contractor Mail Address:	PO BOX 2387, M	ANTEO, NC 27954		
Contractor Phone:	252-202-5991	Contractor NC License#: 76990		
BUILDING INFORMATION				
Proposed Construction Use:	REPAIR, DECK BAI	ND AND GABLE SIDING REPAIR/RELACEM	ENT	
Proposed Construction Type:	SFD	Cost of Construction:	\$14,250	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0.0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:		
Proposed Finished Floor		Base Flood Elevation:	0.0	
Elevation:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0.00/0	
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE		\$150.00
or site plan requires prior appr	Oyal.	HOME OWNERS RECOVERY FEE		10.00
	1			
	111.	TOTAL FEES:		\$160.00
Applicant Signatura		CIDDS DALIGHTE	DC NC LLC	

LMF

Application Reference # 1259 on 01/14/2020



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

	WIECHANICAL PROJECT		
MECHANICAL PROJECT#: MEC	H-1511		01/17/2020
Parcel Number: Location: Subdivision: Legal Description:	014875006 42163 PARK DR – AVON ASKINS CREEK SEC 2 & 3 LOT: 6 BLK: SEC: 2		
Owner Name: Owner Mail Address: Owner Contact Information:	KENNETH COYNE 305 MAPLEWOOD LN - MORRISVILLE, PA 19067		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	PAMLICO AIR INC PO BOX 579 - BUXTON, NC 27920 252-995-5435 L15256	*	
DETAILS	RESIDENTIAL		440.000
Electrical Contractor ID:	Cost of Job: 30600-L MECHANICAL	L PROJECT FEE:	\$10,600 \$150.00
Comments: REPLACE 2 INDOO	R/OUTDOOR UNITS		
construction and be certain to conformation on this permit is conshown on the submitted plans arevoked for failure to comply we	consible to comply with all regulations and laws, and comply with all zoning regulations and building set or rect. That he is owner or duly authorized agent of and specifications that he understands this permit is ith applicable regulations and laws. Is in advance) for inspections at Dare County Offices risco Office 252.475.5878	acks. The applica owner. That all o valid for six mo	ant certifies that the construction shall be as nths and may be
Applicant Signature:	PAMLICO	O AIR INC	
Inspector Signature:	CH/LY LMF		



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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-1	542			01/27/2020	
Parcel Number:	028785008				
Location:		27253 DORY RD – SALVO			
Subdivision:	SEA OATS SUBDIV	1			
Legal Description:	LOT: 8 BLK: SEC:				
Owner Name:	BALANIS ENTERP	RISES LLC			
Owner Mail Address: Owner Phone and email:	117 KEMP WILLIA	MSBURG, VA 23188			
Contractor Name:	RENOVATIONS BY				
Contractor Mail Address:		ANTEO, NC 27954			
Contractor Phone:	252-473-3312	Contractor NC License#: 26244			
BUILDING INFORMATION					
Proposed Construction Use:	REMODEL RES OR	COM , INSTALL ELEVATOR			
Proposed Construction Type:	SFD	Cost of Construction:	\$50,000		
Finished Square Footage:	0	CAMA Permit#:	N/A		
Unfinished Square Footage:	0	Septic Permit#:	29301		
Stories:	0.0	Septic Permit Date:	12/31/2019		
Building Height:	0	Survey/Site Plan:	YES		
Total Rooms:	0	Water Tap#:	N/A		
Footing Type:		Water Type:	Central Water		
Exterior Finish:		Flood Zone:			
Proposed Finished Floor	A1 / A	Base Flood Elevation:	0.0		
Elevation:	N/A	Lot/Ground Elevation:	N/A		
Bedrooms:	0	Baths/half baths:	0.00/0		
Comments: Any deviation from		PERMIT FEE		\$500.00	
or site plan requires prior appro	ovai.	HOME OWNERS RECOVERY FEE		10.00	
	-	TOTAL FEES:		\$510.00	
, A		> ,			
Applicant Signature:	A. ath	MENAISSANCE CO	ONSTRUCTION COM	IPANY INC	
Inspector Signature:	CHIC	LMF			

LMF



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

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-1	1539				01/24/2020
Parcel Number:	012928000				
Location:	26213 BOSUN C	T – SALVO			
Subdivision:	HATTERAS COLO	DNY SEC D			
Legal Description:	LOT: 23 BLK: SE	C: D			
Owner Name:	DAVID W ANDR	EWS (JOHN RUDIS)	3		
Owner Mail Address: Owner Phone and email:	1456 CORCUS F	ERRY RD HAMPSTEAD, NC 28	3443		
Contractor Name:	JOHN RUDIS (O	WNER/CONTRACTOR)			
Contractor Mail Address:		DANTHE NC 27968			
Contractor Phone:	757-439-8611	Contractor NC License	#: UNLICE	NSED	
BUILDING INFORMATION					
Proposed Construction Use:	REMODEL RES O	R COM , ENLARGE EXISTING D	ECK		
Proposed Construction Type:	SFD	Cost of Const	ruc tio n:	\$6,000	
Finished Square Footage:	0	CAMA Permit	#:	N/A	
Unfinished Square Footage:	0	Septic Permit	#:	29345	
Stories:	0.0	Septic Permit	Date:	01/14/2020	
Building Height:	0	Survey/Site P	lan:	YES	
Total Rooms:	0	Water Tap#:		N/A	
Footing Type:		Water Type:		Central Water	
Exterior Finish:		Flood Zone:			
Proposed Finished Floor	N/A	Base Flood El	eva tio n:	0.0	
Elevation:	N/A	Lot/Ground E	lev ati on:	N/A	
Bedrooms:	0	Baths/half ba	ths:	0.00/0	
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE			\$150.00
or one plan redailes prior appr	01411	HOME OWNERS RECOVERY	FEE		10.00

TOTAL FEES: \$160.00

Applicant Signature:

Inspector Signature

DAVID W ANDREWS

LMF



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

Frisco: (252) 475-5878

	MECHANICAL PRO	DJECT	
MECHANICAL PROJECT#: M	ECH-1516		01/21/2020
Parcel Number: Location: Subdivision: Legal Description:	011688000 50090 LIVE OAK LN – FRISCO INDIANTOWN SHORES BLK 5 LOT: 3 BLK: 5 SEC:		
Owner Name: Owner Mail Address: Owner Contact Information	ERIK JOHNSON P O BOX 64 - P O BOX 64 - MELB	OURNE, FL 32 902	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	AUGUST AIR LLC PO BOX 726 - AVON, NC 27915 252-423-9101 L33886		
DETAILS	RESIDENTIAL	Cost of Job:	\$9,900
Electrical Contractor ID:	15935-L	MECHANICAL PROJECT FEE:	\$150.00
Comments: INSTALL 1 INDO	DR/OUTDOOR SYSTEM		
	sponsible to comply with all regulations are	the state of the s	

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

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

Applicant Signature: A C h.	AUGUST AIR LLC
Inspector Signature:	LMF



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

Frisco: (252) 475-5878

MECHANICAL PROJECT 01/22/2020 MECHANICAL PROJECT#: MECH-1523 Parcel Number: 013355028 Location: 27073 FIFTH ST - SALVO Subdivision: SALVO BEACH NO 2 Legal Description: LOT: 28 BLK: SEC: Owner Name: JAMES A WARNER Owner Mail Address: 512 W CEDAR AVE - OAKLYN, NJ 08107 Owner Contact Information: Contractor Name: VILLAGE AIR INC Contractor Mail Address: PO BOX 421 - RODANTHE, NC 27968 Contractor Phone: 252-305-6149 Contractor NC License#: L31489 DETAILS RESIDENTIAL UNITS: 1.00 Cost of Job: \$3,200 **Electrical Contractor ID:** 26975-I MECHANICAL PROJECT FEE: \$150.00 Comments: INSTALL 1 HP UNIT The owner and builder are responsible to comply with all regulations and laws, and should personally inspect all construction and be certain to comply with all zoning regulations and building setbacks. The applicant certifies that the information on this permit is correct. That he is owner or duly authorized agent of owner. That all construction shall be as shown on the submitted plans and specifications that he understands this permit is valid for six months and may be revoked for failure to comply with applicable regulations and laws.

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

Applicant Signature: Daulo # VILLAGE AIR INC

Inspector Signature: LMF



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

Frisco: (252) 475-5878

	ME	CHANICAL PROJECT	
MECHANICAL PROJECT#: ME	CH-1524		01/22/2020
Parcel Number: Location:	012719001 24240 ATLANTIC D	R – RODANTHE	
Subdivision:	CHICAMACOMICO		
Legal Description:	LOT: 14 & 15 BLK: /	A SEC: 1	
Owner Name: Owner Mail Address: Owner Contact Information:	COREY D CROOKS 307 MONARES LN	- ERIE, CO 80516	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	VILLAGE AIR INC PO BOX 421 - ROD 252-305-6149 L31489	ANTHE, NC 27968	
DETAILS	RESIDENTIAL		
UNITS: Electrical Contractor ID:	1.00 26975-I	Cost of Job: MECHANICAL PROJECT FEE:	\$3,000 \$150.00
Comments: INSTALL 1 HP UN	IT	WECHANICAL PROJECT FEE.	\$130.00
The owner and builder are res	ponsible to comply wit	h all regulations and laws, and should persona	lly inspect all

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

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

Applicant Signature:	hadop-	VILLAGE AIR INC
Inspector Signature:	CH/LY	LMF



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

Frisco: (252) 475-5878

	MECH	ANICAL PROJECT	
MECHANICAL PROJECT#: ME	CH-1525		01/22/2020
Parcel Number: Location: Subdivision:	012722000 24230 ATLANTIC DR – CHICAMACOMICO BE	ACH SEC 1	
Legal Description:	LOT: 23 24 BLK: A SEC	:1	
Owner Name: Owner Mail Address: Owner Contact Information:	MONTGOMERY L FLEG 605 RICHMOND RD -	CK WILLIAMSBURG, VA 23185	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	VILLAGE AIR INC PO BOX 421 - RODAN 252-305-6149 L31489	THE, NC 27968	
DETAILS	RESIDENTIAL		
UNITS: Electrical Contractor ID:	1.00 26975-I	Cost of Job:	\$3,300
		MECHANICAL PROJECT FEE:	\$150.00
Comments: INSTALL 1 HP UN	IT		

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

Call Building Inspector (24 Hours in advance) for Inspections at Dare County Offices Manteo Office 252.475.5870, Northern Beach Office 252,475,5871 or Frisco Office 252,475,5878

Applicant Signature: _	hand pr	VILLAGE AIR IN	
Inspector Signature:	CH/LT	LMF	



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CAROLAN'S BAY SHORE CONSTRUCTION INC

LMF

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1530				01/23/2020
Parcel Number:	015086000			
Location:	53095 NC 12 HW	Y FRISCO		
Subdivision:	SUBDIVISION - NO	ONE		
Legal Description:	LOT: BLK: SEC:			
Owner Name:	SHERRY BUNTING	WILLIS		
Owner Mail Address: Owner Phone and email:	PO BOX 361 FRIS	CO, NC 27936		
Contractor Name:	CAROLAN'S BAY S	SHORE CONSTRUCTION INC		
Contractor Mail Address:	PO BOX 1486, BU	JXTON, NC 27920		
Contractor Phone:	252-473-9129	Contractor NC License#: 46373		
BUILDING INFORMATION				
Proposed Construction Use:	ELEVATION PERM	IT PROJECT , ICC; ELEVATE SFD		
Proposed Construction Type:		Cost of Construction:	\$50,000	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:		
Proposed Finished Floor		Base Flood Elevation:	0.0	
Elevation:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0/0	
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE		\$.00
		TOTAL FEES:		\$.00

Applicant Signature:

Inspector Signature:



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-1	.535			01/23/2020		
Parcel Number: Location: Subdivision: Legal Description:	015132025 54191 OSPREY W SURF & SOUND P LOT: 25 BLK: SEC	PHASE 2				
Owner Name: Owner Mail Address: Owner Phone and email:		SAMUEL F RHODES 5083 WENDI DR W ZIONSVILLE, PA 18092				
Contractor Name: Contractor Mail Address: Contractor Phone: BUILDING INFORMATION	JUSTIN CURCIO PO BOX 321, HA 252-473-8452	TTERAS, NC 27943 Contractor NC License#: UNLICEN	SED			
Proposed Construction Use: Proposed Construction Type: Finished Square Footage: Unfinished Square Footage: Stories: Building Height: Total Rooms: Footing Type: Exterior Finish: Proposed Finished Floor Elevation: Bedrooms:	REMODEL RES OR SFD 0 500 0.0 0 PILING	COM, ENLARGE EXISTING DECK Cost of Construction: CAMA Permit#: Septic Permit Date: Survey/Site Plan: Water Tap#: Water Type: Flood Zone: Base Flood Elevation: Lot/Ground Elevation: Baths/half baths:	\$25,000 Hi2019-15 29320 01/07/2020 YES N/A Central Water N/A 0.0 N/A			
Comments: Any deviation from or site plan requires prior appr		PERMIT FEE HOME OWNERS RECOVERY FEE		\$250.00 10.00		
Applicant Signature:	Jul Wort	JUSTIN CURCIO LMF		\$260.00		



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1551				01/27/2020
Parcel Number: Location: Subdivision: Legal Description:	015548000 57173 ALTONA L SUBDIVISION - N LOT: BLK: SEC:			
Owner Name: Owner Mail Address: Owner Phone and email:	JANE W ODEN P OBOX 342 HAT	TERAS, NC 27943		
Contractor Name: Contractor Mail Address: Contractor Phone: BUILDING INFORMATION		SHORE CONSTRUCTION INC UXTON, NC 27920 Contractor NC License#: 46373		
Proposed Construction Use: Proposed Construction Type: Finished Square Footage: Unfinished Square Footage: Stories: Building Height: Total Rooms: Footing Type: Exterior Finish: Proposed Finished Floor Elevation: Bedrooms:	0 0 0 0 0	Cost of Construction: CAMA Permit#: Septic Permit Date: Survey/Site Plan: Water Tap#: Water Type: Flood Zone: Base Flood Elevation: Lot/Ground Elevation: Baths/half baths:	\$69,000 AE 0.0 0/0	
Comments: Any deviation from or site plan requires prior appro		PERMIT FEE FLOOD DEVELOPMENT BLDG PERMIT REMODEL		\$.00
Applicant Signature:	affaction of the	CAROLAN'S BAY SH	IORE CONSTRU	\$.00



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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1544				01/27/2020
Parcel Number:	015091000			
Location:	53209 WILLIS RE) – FRISCO		
Subdivision:	SUBDIVISION - N	IONE		
Legal Description:	LOT: BLK: SEC:			
Owner Name:	FRISCO FIRE FIG	HTERS		
Owner Mail Address: Owner Phone and email:	127 RHINEWOO	D LN REIDSVILLE, NC 27320		
Contractor Name:	LES WEAVER DE	VELOPMENT INC		
Contractor Mail Address:	PO BOX 528, AV	ON, NC 27915		
Contractor Phone:	252-305-1259	Contractor NC License#: 51104		
BUILDING INFORMATION				
Proposed Construction Use:	ELEVATION PERM	IIT PROJECT , RAISE SFD		
Proposed Construction Type:		Cost of Construction:	\$28,000	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:	AE 7	
Proposed Finished Floor		Base Flood Elevation:	0.0	
Elevation:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0/0	
Comments: Any deviation from or site plan requires prior appro		PERMIT FEE		\$200.00
or one planted and o prior appri	3 V G II	FLOOD DEVELOPMENT BLDG PERMIT		75.00
		HOME OWNERS RECOVERY FEE		10.00
		TOTAL FEES:		\$285.00
1	0 0			
Applicant Signature:	- Colema	LES WEAVER DE	ELOPMENT INC	

LMF

Inspector Signature:



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

Frisco: (252) 475-5878

MECHANICAL PROJECT#: MEC	CH-1541	01/24/2020
Parcel Number: Location: Subdivision: Legal Description:	014925000 51976 NC 12 HWY – FRISCO SUBDIVISION - NONE LOT: 1 BLK: SEC:	
Owner Name: Owner Mail Address: Owner Contact Information:	PIRATE'S WAY LLC P O BOX 503 - HATTERAS, NC 27943	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	CALLAHAN HVAC REPAIRS AND SERVICE LLC PO BOX 53 - HATTERAS, NC 27943 252-986-2757 L17825	
DETAILS	RESIDENTIAL	
Electrical Contractor ID:	Cost of Job: 19768-L MECHANICAL PROJECT F	\$4,500 EE: \$150.00
Comments: REPLACE 1 HP UNI	т	
construction and be certain to conformation on this permit is conshown on the submitted plans revoked for failure to comply we	consible to comply with all regulations and laws, and should personnly with all zoning regulations and building setbacks. The apparent. That he is owner or duly authorized agent of owner. That and specifications that he understands this permit is valid for six with applicable regulations and laws. The set of the set	plicant certifies that the all construction shall be as months and may be
Applicant Signature:	CALLAHAN HVAC RE	PAIRS AND SERVICE LLC
Inspector Signature:	WJ/CF LMF	



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RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-1	555				01/28/2020	
Parcel Number: Location: Subdivision: Legal Description:	016112000 56152 ELIZABETH HATTERAS ESTAT LOT: 41 BLK: SEC	•				
Owner Name: Owner Mail Address: Owner Phone and email:	LYNNE L WOOD 8105 SEATON CT	LYNNE L WOOD 8105 SEATON CT RALEIGH, NC 27615				
Contractor Name: Contractor Mail Address: Contractor Phone: BUILDING INFORMATION	EMMET WOOD 8105 SEATON CT 919-280-3302		C 27615 tor NC License#: UNLICEN	SED		
Proposed Construction Use: Proposed Construction Type: Finished Square Footage: Unfinished Square Footage: Stories: Building Height: Total Rooms: Footing Type: Exterior Finish: Proposed Finished Floor Elevation: Bedrooms:	REMODEL RES OR SFD 0 0 0.0 0 0	COM, STORM	A; REPAIR INTERIOR, ROOF S Cost of Construction: CAMA Permit#: Septic Permit Date: Survey/Site Plan: Water Tap#: Water Type: Flood Zone: Base Flood Elevation: Lot/Ground Elevation: Baths/half baths:	SHINGLES \$10,000 N/A N/A N/A NO N/A Central Water 0.0 N/A 0.00/0		
Comments: Any deviation from or site plan requires prior appro		PERMIT FEE HOME OWN	ERS RECOVERY FEE		\$.00	
Applicant Signature:	mod Win	TOTAL FEES:	LYNNE L WOOD	*	\$.00	



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Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-1	.557			01/28/2020		
Parcel Number:	016666001					
Location:	48318 NC 12 HW	48318 NC 12 HWY - BUXTON				
Subdivision:	SUBDIVISION - N	SUBDIVISION - NONE				
Legal Description:	LOT:PARCEL 1 BI	LK: SEC:				
Owner Name:	MICHAEL OLEKS	YN				
Owner Mail Address:	PO BOX 1585 BU	JXTON, NC 27920				
Owner Phone and email:						
Contractor Name:	OWNER/CONTRA	ACTOR				
Contractor Mail Address:	SAA					
Contractor Phone:	315-771-2470	Contractor NC License#: UNLICE	NSED			
BUILDING INFORMATION						
Proposed Construction Use:	REMODEL RES OF	R COM , ENLARGE EXISTING ENCLOSURE U	NDER HOUSE			
Proposed Construction Type:	SFD	Cost of Construction:	\$2,000			
Finished Square Footage:	0	CAMA Permit#:	N/A			
Unfinished Square Footage:	0	Septic Permit#:	N/A			
Stories:	0.0	Septic Permit Date:	N/A			
Building Height:	0	Survey/Site Plan:	NO			
Total Rooms:	0	Water Tap#:	N/A			
Footing Type:		Water Type:	Central Water			
Exterior Finish:		Flood Zone:				
Proposed Finished Floor	NI/A	Base Flood Elevation:	0.0			
Elevation:	N/A	Lot/Ground Elevation:	N/A			
Bedrooms:	0	Baths/half baths:	0.00/0			
Comments: Any deviation from		PERMIT FEE		\$150.00		
or site plan requires prior appr	oval.	HOME OWNERS RECOVERY FEE		10.00		
		HOME OWNERS RECOVERT FEE		10.00		
		TOTAL FEES:		\$160.00		
And Private	4/11	AMADARIA	/A.I			
Applicant Signature: 1/1, 3	CIMI	MICHAEL OLEKSY	ſN			
Inspector Signature:	W)/	(C) LMF				



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RESIDENTIAL BUILDING PERMIT

BUILD	ING	PERMIT#	: REMD	1582

01/31/2020

Parcel Number:

011672000

Location:

51160 LASSITER LN - FRISCO

Subdivision:

WIND-HAVEN SHORES

Legal Description:

LOT: 21 & PT 22 BLK: SEC:

Owner Name:

JOHN M TTEE DIMIG

Owner Mail Address:

6765 CORTINA AVE HIGHLAND, MD 20777

Owner Phone and email:

Contractor Name:

JOHN DIMIG

Contractor Mail Address:

PO BOX 607, FRISCO, NC 27936

Contractor Phone:

240-227-9145

Contractor NC License#: UNLICENSED

BUILDING INFORMATION

Proposed Construction Use:

REMODEL RES OR COM, REMO REMOD INTERIOR

Proposed Construction Type:

SFD

Cost of Construction:

\$180,000

Finished Square Footage:

CAMA Permit#:

0

N/A

Unfinished Square Footage:

0

Septic Permit#:

N/A

Stories:

0.0

Septic Permit Date:

N/A

Building Height:

0

Survey/Site Plan:

NO

Total Rooms: Footing Type: 0

Water Tap#: Water Type: N/A Central Water

Exterior Finish:

Proposed Finished Floor

Elevation:

N/A

Flood Zone: Base Flood Elevation:

Baths/half baths:

0.0

Bedrooms:

0

Lot/Ground Elevation:

N/A

0.00/0

Comments: Any deviation from the building plan

PERMIT FEE

\$1,800.00

or site plan requires prior approval.

HOME OWNERS RECOVERY FEE

PENALTY NO PERMIT

10.00 900.00

TOTAL FEES:

\$2,710.00

Applicant Signature:

JOHN M TTEE DIMIG

Inspector Signature:

LMF



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

Frisco: (252) 475-5878

MECHANICAL PROJECT#: MEG	CH-1547		01/27/2020
Parcel Number: Location: Subdivision: Legal Description:	029975003 47421 FLOWERS RIDGE RD – ANN B JENNETTE SUB. LOT: 3 BLK: SEC:	BUXTON	
Owner Name: Owner Mail Address: Owner Contact Information:	MARK ALEXANDER GOLDING P O BOX 174 - BUXTON, NC		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	C-BREEZE HEATING AND AIR PO BOX 801 - AVON, NC 279 252-564-4031 L31244		
DETAILS	RESIDENTIAL		
UNITS:	21,00	Cost of Job:	\$6,200
Electrical Contractor ID:	SP PH 32045	MECHANICAL PROJECT FEE:	\$150.00
Comments: REPLACE 1 INDOO	R/OUTDOOR SYSTEM		
construction and be certain to information on this permit is co shown on the submitted plans	comply with all zoning regulation prrect. That he is owner or duly a	ations and laws, and should personans and building setbacks. The applicate at the applicate at the applicate agent of owner. That all constants this permit is valid for six monws.	ent certifies that the onstruction shall be as
Call Building Inspector (24 Hour Beach Office 252.475.5871 or F	· · · · · · · · · · · · · · · · · · ·	Dare County Offices Manteo Office 2	252.475.5870, Northern
Applicant Signature:		C-BREEZE HEATING AND	AIR CONDITIONING LL
Inspector Signature:	W/(9	LMF	



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

Frisco: (252) 475-5878

	1012011		
MECHANICAL PROJECT#: ME	CH-1546		01/27/2020
Parcel Number: Location: Subdivision: Legal Description:	015487000 57813 NC 12 HWY MULT SUBDIVISION - NONE LOT: PARCEL B BLK: SEC:	HATTERAS	
Owner Name: Owner Mail Address: Owner Contact Information:	MIDGETT REALTY C LLC P O BOX 250 - HATTERA	S, NC 27943	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	C-BREEZE HEATING AND PO BOX 801 - AVON, NO 252-564-4031 L31244 RESIDENTIAL		
UNITS: Electrical Contractor ID:	(1,00 SP PH 32045	Cost of Job: MECHANICAL PROJECT FEE:	\$5,800 \$150.00
Comments: REPLACE 1 INDO	OR/OUTDOOR SYSTEM		
construction and be certain to information on this permit is of shown on the submitted plans revoked for failure to comply	comply with all zoning regul correct. That he is owner or d s and specifications that he u with applicable regulations a urs in advance) for inspection	egulations and laws, and should personal lations and building setbacks. The applicatuly authorized agent of owner. That all conderstands this permit is valid for six mond laws.	int certifies that the onstruction shall be as nths and may be
Applicant Signature:		C-BREEZE HEATING AND	AIR CONDITIONING LL
Inspector Signature:	WJ/U	LMF	



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Frisco: (252) 475-5878

	MECHANI	CALPROJECT	
MECHANICAL PROJECT#: ME	CH-1548		01/27/2020
Parcel Number: Location: Subdivision: Legal Description:	014822703 41194 BRIGANTINE CT – A KINNAKEET SHORES PH 7 LOT: 703 BLK: SEC: 7	AVON	
Owner Name: Owner Mail Address: Owner Contact Information:	STEPHEN C NELSON 2419 COLFAX AVE S - MIN	NNEAPOLIS, MN 55405	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	PAMLICO AIR INC PO BOX 579 - BUXTON, N 252-995-5435 L15256	IC 2 7 920	
DETAILS	RESIDENTIAL		
UNITS: Electrical Contractor ID:	3.00 30600-L	Cost of Job: MECHANICAL PROJECT FEE:	\$18,300 \$150.00
Comments: REPLACE 3 INDO			
construction and be certain to information on this permit is of	comply with all zoning regula correct. That he is owner or du and specifications that he un	gulations and laws, and should persona tions and building setbacks. The applica ily authorized agent of owner. That all o derstands this permit is valid for six mo d laws.	ant certifies that the construction shall be as
Call Building Inspector (24 Hou Beach Office 252.475.5871 or		at Dare County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:		PAMLICO AIR INC	
Inspector Signature:	CH/LA	LMF	



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Frisco: (252) 475-5878

	MECHA	ANICAL PROJECT	
MECHANICAL PROJECT#: MI	ECH-1556		01/28/2020
Parcel Number: Location: Subdivision: Legal Description:	017253000 46085 N TOWER CIRCL TOWER BEACH SUBD B LOT: 1 BLK: 6 SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:		- MILLERSVILLE, MD 21108	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	CARTWRIGHTS HEATIN PO BOX 118 - HATTER 252-986-2367 L17651		
DETAILS	RESIDENTIAL		
UNITS:	1.00	Cost of Job:	\$7,200
Electrical Contractor ID:	SP PH 32484	MECHANICAL PROJECT FEE:	\$150.00
Comments: REPLACE 1 INDO	OR/OUTDOOR SYSTEM		
construction and be certain to information on this permit is	o comply with all zoning reg correct. That he is owner or is and specifications that he	l regulations and laws, and should persona gulations and building setbacks. The applic r duly authorized agent of owner. That all o understands this permit is valid for six mo and laws.	ant certifies that the construction shall be as
Call Building Inspector (24 Ho Beach Office 252.475.5871 or		ons at Dare County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:	Henwood Carte	cartwrights HEATING	S AND AIR INC
	1. CT/10		

LMF

Inspector Signature:



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

Frisco: (252) 475-5878

	MECHANICAL PRO	JECT	
MECHANICAL PROJECT#: ME	CH-1583		01/31/2020
Parcel Number: Location: Subdivision: Legal Description:	012077000 50286 SPENCER LN – FRISCO SPENCERS WOOD LOT: 1 BLK: A SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	BARRY NUCKLES PO BOX 422 - FRISCO, NC 27936		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	AUGUST AIR LLC PO BOX 726 - AVON, NC 27915 252-423-9101 L33886		
DETAILS	RESIDENTIAL		
UNITS: Electrical Contractor ID:	1.00 15935-L	Cost of Job: MECHANICAL PROJECT FEE:	\$1,900 \$150.00
Comments: REPLACE 1 OUTDO	OOR HP		
construction and be certain to information on this permit is of shown on the submitted plans revoked for failure to comply v	ponsible to comply with all regulations comply with all zoning regulations an orrect. That he is owner or duly author and specifications that he understand with applicable regulations and laws. Its in advance) for inspections at Dare Frisco Office 252.475.5878	d building setbacks. The application of the depth of the country of the depth of the country of	ant certifies that the construction shall be as nths and may be

AUGUST AIR LLC

LMF

Applicant Signature:

Inspector Signature:



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

Frisco: (252) 475-5878

MECHANICAL PROJECT#: MEC	CH-1561	01/28/2020
Parcel Number:	011713000	
Location:	50210 BROOKS CT – FRISCO	
Subdivision:	BRIGANDS BAY	
Legal Description:	LOT: PAR 8 BLK: SEC:	
Owner Name:	ROBERT D EUSTIS	
Owner Mail Address:	78 KATO DR - SUDBURY, MA 01776	
Owner Contact Information:		
Contractor Name:	C-BREEZE HEATING AND AIR CONDITIONING LL	
Contractor Mail Address:	PO BOX 801 - AVON, NC 27915	
Contractor Phone:	252-564-4031	
Contractor NC License#:	L31244	
DETAILS	RESIDENTIAL	
	Cost of Job:	\$127,000
Electrical Contractor ID:	SP PH 32045	Y127,000
Licerical Contractor ID.	MECHANICAL PROJECT FEE	: \$.00
Comments: STORM; REPLACE 2	2 INDOOR/OUTDOOR SYSTEMS	
construction and be certain to conformation on this permit is conshown on the submitted plans a revoked for failure to comply we	onsible to comply with all regulations and laws, and should person comply with all zoning regulations and building setbacks. The appli rect. That he is owner or duly authorized agent of owner. That all and specifications that he understands this permit is valid for six mith applicable regulations and laws.	cant certifies that the construction shall be as onths and may be
Beach Office 252,475,5871 or F	s in advance) for inspections at Dare County Office s M anteo Office risco Office 252.475.5878	: 252.475.5670, Northern
Applicant Signature:	C-BREEZE HEATING AN	D AIR CONDITIONING LL
Inspector Signature:	W5/LX LMF	



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

Frisco: (252) 475-5878

	WECHANICAL PROJECT		
MECHANICAL PROJECT#: ME	CH-1562		01/28/2020
Parcel Number: Location:	012154000 50029 BAY SIDE CT — FRISCO		
Subdivision: Legal Description:	PARADISE BAY LOT: 37 BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	ALLISON L RUCKER 1721 SEA SWEPT RD - KILL DEVIL HILLS,	NC 27948	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	C-BREEZE HEATING AND AIR CONDITION PO BOX 801 - AVON, NC 27915 252-564-4031 L31244	VING LL	
DETAILS	RESIDENTIAL		
Electrical Contractor ID:	SP PH 32045	of Job:	\$12,300 \$.00
Comments: STORM; 4 UNITS/	2 INDOOR-OUTDOOR SYSTEMS		
construction and be certain to information on this permit is of shown on the submitted plans revoked for failure to comply w	consible to comply with all regulations and is comply with all zoning regulations and build be comply with all zoning regulations and build be considered. That he is owner or duly authorized a land specifications that he understands this with applicable regulations and laws. It is advance for inspections at Dare Counterisco Office 252.475.5878	ling setbacks. The applica agent of owner. That all co permit is valid for six mo	nt certifies that the onstruction shall be as nths and may be
Applicant Signature:		C-BREEZE HEATING AND	AIR CONDITIONING LL
Inspector Signature:	Wi/cr	LMF	



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

Frisco: (252) 475-5878

MECHANICAL PROJECT#: ME	CH-1563		01/28/2020
Parcel Number: Location: Subdivision: Legal Description:	016754000 48179 MAIL LANDING W R MEEKINS & J E JEN LOT: 3 BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	KENNETH S JR MOURA 11221 GRAVEL RD - BI	RANDY STATION, VA 22714	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	PO BOX 801 - AVON, N 252-564-4031 L31244	ID AIR CONDITIONING LL NC 27915	
DETAILS Electrical Contractor ID:	RESIDENTIAL SP PH 32045	Cost of Job: MECHANICAL PROJECT FEE:	\$11,850 \$.00
Comments: STORM; REPLACE	3 UNITS/HP		
construction and be certain to information on this permit is of shown on the submitted plans revoked for failure to comply	comply with all zoning reg orrect. That he is owner or and specifications that he with applicable regulations	I regulations and laws, and should personal gulations and building setbacks. The applicate duly authorized agent of owner. That all counderstands this permit is valid for six most and laws.	ant certifies that the construction shall be as onths and may be
Beach Office 252.475.5871 or	•	· · · · · · · · · · · · · · · · · · ·	
Applicant Signature:		C-BREEZE HEATING AND	AIR CONDITIONING LL
Inspector Signature:	W/17	LMF	



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Frisco: (252) 475-5878

	LLLCINIC	AL PENIALI	
ELECTRICAL PERMIT#: ELEC	-1466		01/10/2020
Parcel Number: Location: Subdivision: Legal Description:	029596056 41924 OCEAN VIEW DR – KINNAKEET SHORES PHAS LOT: 56 BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information	MICHAEL J MONTELEONE 4192 LIBERTY TRCE - MAR	RIETTA, GA 30066	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	MEEKINS ELECTRIC PO BOX 264 - HATTERAS, 2523055060 L-15935 RESIDENTIAL	NC 27943	
DETAILS	RESIDENTIAL	Cost of Job:	\$400
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$.00
construction and be certain to information on this permit is shown on the submitted plan	sponsible to comply with all rego comply with all zoning regular correct. That he is owner or dust and specifications that he under	gulations and laws, and should persor tions and building setbacks. The appli ly authorized agent of owner. That all derstands this permit is valid for six m	cant certifies that the construction shall be as
	with applicable regulations and ours in advance) for inspections	d laws. at Dare County Offices Manteo Office	e 252.475.5870, Northern
Beach Office 252.475.5871 or Applicant Signature:	Frisco Office 252.475.5878	MEEKINS ELECTRIC	



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Frisco: (252) 475-5878

	E	LECTRICAL PERIVIT		
ELECTRICAL PERMIT#: ELEC-1	467			01/10/2020
Parcel Number: Location: Subdivision: Legal Description:	017246000 46215 TOWER CIRC TOWER BEACH SUI LOT: 1 BLK: 4 SEC:			
Owner Name: Owner Mail Address: Owner Contact Information:	BOOGIE FISH PROP 17 CHESTNUT HILL 518-463-4154	PERTY LLC SOUTH - LOUDONVILLE	, NY 12 211	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	MEEKINS ELECTRIC PO BOX 264 - HAT 2523055060 L-15935 RESIDENTIAL			
		Cost of J	Job:	\$500
Amp increase:	0			
Service Amps:	400	ELECTRI	CAL PERMIT FEE:	\$.00
Comments: STORM; REPLACE	400A SERVICE			
The owner and builder are resp construction and be certain to a information on this permit is co shown on the submitted plans a revoked for failure to comply w	comply with all zoning prrect. That he is owne and specifications tha	regulations and building er or duly authorized ager t he understands this per	setbacks. The applicant of owner. That all	cant certifies that the construction shall be as
Call Building Inspector (24 Hour Beach Office 252.475.5871 or F			ffice s M anteo Office	252.475.5870, Northern
Applicant Signature:	char M	Lebr ME	EKINS ELECTRIC	
Inspector Signature:	WJ/C	} LM	F	



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Frisco: (252) 475-5878

ELECTRICAL PERMIT

		41 4111111	
ELECTRICAL PERMIT#: ELEC-	1469		01/10/2020
Parcel Number:	012949000		
Location:	26205 BOSUN ST - SALVO		
Subdivision:	HATTERAS COLONY SEC D		
Legal Description:	LOT: 44 BLK: SEC: D		
Owner Name:	JONN T JR GRIFFIN	46	
Owner Mail Address:	PO BOX 382 - RODANTHE, N	IC 27968	
Owner Contact Information			
Contractor Name:	JAMES F ELDER		
Contractor Mail Address:	PO BOX 484		
Contractor Phone:	757-651-3358		
Contractor NC License#:	L.29801	•	
DETAILS	RESIDENTIAL		
		Cost of Job:	\$3,000
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: INSTALL GENERA	TOR		
construction and be certain to information on this permit is shown on the submitted plan	comply with all zoning regulation correct. That he is owner or duly	lations and laws, and should person ins and building setbacks. The appli authorized agent of owner. That all rstands this permit is valid for six m aws.	cant certifies that the construction shall be as
Call Building Inspector (24 Ho Beach Office 252,475,5871 or		Dare County Offices Manteo Office	e 252.475.5870, Northern
Applicant Signature:	//	JAMES F ELDER	
	N 4 1 0 1		

LMF

Inspector Signature:



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

Frisco: (252) 475-5878

ELECTRICAL PERMIT#: ELEC-1	486		01/13/2020
Parcel Number:	015640000		
Location:	58322 NC 12 HWY – HATTERAS		
Subdivision:	SUBDIVISION - NONE		
Legal Description:	LOT: BLK: SEC:		
Legal Description.	LOT. DEN. SEC.		
Owner Name:	ALONZO ONEAL WILLIS		
Owner Mail Address:	PO BOX 213 - HATTERAS, NC 2794	3	
Owner Contact Information:			
Contractor Name:	HATTERAS ELECTRIC		
Contractor Mail Address:	PO BOX 161 - BUXTON, NC 27920		
Contractor Phone:	252-216-8517		
Contractor NC License#:	19768-L		
DETAILS	RESIDENTIAL		
	(ILOIDEITINE	Cost of Job:	\$100
Amp Increase:	0	Cost of Job.	\$100
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$.00
ocivice / timpo/	200	ELECTRICAL I ERWITT I EL	y 100
Comments: STORM; REPLACE I	Main Breaker (Chec Discon/Recon)	
construction and be certain to dinformation on this permit is coshown on the submitted plans a	onsible to comply with all regulations comply with all zoning regulations and rect. That he is owner or duly author and specifications that he understands ith applicable regulations and laws.	building setbacks. The applicized agent of owner. That all o	ant certifies that the construction shall be as
Call Building Inspector (24 Hour Beach Office 252.475.5871 or F	rs in advance) for inspections at Dare C risco Office 252.475.5878	County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:		HATTERAS ELECTRIC	
Inspector Signature:	WJ/LJ	LMF	



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Frisco: (252) 475-5878

	ELI	ECTRICAL PERMIT	
ELECTRICAL PERMIT#: ELEC	01/23/2020		
Parcel Number:	015893000		
Location:	57218 ISLAND CLUB	LN – HATTERAS	
Subdivision:	HATTERAS ISLAND O	CLUB	
Legal Description:	LOT: 14 BLK: SEC:		
Owner Name:	MICHAEL RAY VAUG	GHAN	
Owner Mail Address: Owner Contact Information		EEK LN - SMITHFIELD, VA 23430	·
Contractor Name:	OUTER BANKS ELEC	TRIC INC	
Contractor Mail Address:		- MANTEO, NC 27954	
Contractor Phone:	2524733033		
Contractor NC License#:	U-24451		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$800
Amp Increase:	0	COSE OF 70D.	7000
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REPLACE METER	BASE		
construction and be certain to information on this permit is	o comply with all zoning correct. That he is owner s and specifications that	a all regulations and laws, and should person regulations and building setbacks. The appli or duly authorized agent of owner. That all he understands this permit is valid for six m	cant certifies that the construction shall be as
	urs in advance) for inspe	ctions at Dare County Offices Manteo Office	e 252.475.5870, Northern

OUTER BANKS ELECTRIC INC

LMF

Applicant Signature:

Inspector Signature:



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Northern Beach: (252) 475-5871

Frisco: (252) 475-5878

	LLLOIM	CAL F LINIVITY	
ELECTRICAL PERMIT#: ELEC	C-1565		01/29/2020
Parcel Number:	029593303		
Location:	41573 OCEAN VIEW DR -	AVON	
Subdivision:	KINNAKEET SHORES PHAS	SE 3	
Legal Description:	LOT: 3 BLK: SEC: 3		
Owner Name:	JOHN R KUCINICH		
Owner Mail Address: Owner Contact Information	900 ASHBURN ST - HERN	DON, VA 20170	
Contractor Name:	MEEKINS ELECTRIC		
Contractor Mail Address:	PO BOX 264 - HATTERAS	, NC 27943	
Contractor Phone:	2523055060		
Contractor NC License#:	L-15935		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$700
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE	\$150.00
Comments: REPLACE AND E	LEVATE 200A METER BASE		
construction and be certain to information on this permit is shown on the submitted plan	to comply with all zoning regula correct. That he is owner or du	egulations and laws, and should personantions and building setbacks. The apuly authorized agent of owner. That derstands this permit is valid for signal laws.	plicant certifies that the all construction shall be as
Call Building Inspector (24 Ho Beach Office 252.475.5871 o		s at Dare County Offices Manteo Of	fice 252.475.5870, Northern
Applicant Signature:	rl Molh	MEEKINS ELECTRIC	
Inspector Signature:	CH/CY	LMF	



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Frisco: (252) 475-5878

	ELECTR	ICAL PERMIT	
ELECTRICAL PERMIT#: ELEC	-1566		01/29/2020
Parcel Number:	012754000		
Location:	24265 OCEAN DR - ROD	ANTHE	
Subdivision:	TRADE WINDS BEACHES		
Legal Description:	LOT: 13 BLK: SEC:		
Owner Name:	RONALD L SCOVELL		
Owner Mail Address:	13 S BEACH RD - WILKES	S BARRE, PA 18705	
Owner Contact Information	:		•
Contractor Name:	BURKE ELECTRIC		
Contractor Mail Address:	119 PETTIE SHORE RD -	COFIELD, NC 27922	
Contractor Phone:	2522877143		
Contractor NC License#:	L-26844		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$4,000
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$.00
Comments: STORM; REPLAC	E ENTIRE ELECTRICAL SERVICE		
construction and be certain to information on this permit is	o comply with all zoning regul correct. That he is owner or d s and specifications that he u	egulations and laws, and should person ations and building setbacks. The appliculy authorized agent of owner. That all nderstands this permit is valid for six mund laws.	cant certifies that the construction shall be as
	urs in advance) for inspection	s at Dare County Offices Manteo Office	252.475.5870, Northern

BURKE ELECTRIC

LMF

Applicant Signature:

Inspector Signature:



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

Frisco: (252) 475-5878

ELECTRICAL PERMIT#: ELEC-1	575		01/29/2020
Parcel Number: Location: Subdivision: Legal Description:	014822049 41230 TERN ST – AVON KINNAKEET SHORES PHASE 4 LOT: 12 BLK: SEC: 4		
Owner Name: Owner Mail Address: Owner Contact Information:	CARL JERRY JR REID 2625 LIZARD LICK RD - ZEBULON,	, NC 27597	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	BEACH ELECTRIC & REPAIR SERVICE PO BOX 321 - FRISCO, NC 27936 2523059696 U-31719 RESIDENTIAL	CES INC	
		Cost of Job:	\$420
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REPLACE METER 8	ASE; CHEC DISCON/RECON		
construction and be certain to conformation on this permit is conshown on the submitted plans a	onsible to comply with all regulation comply with all zoning regulations an rrect. That he is owner or duly authors and specifications that he understandith applicable regulations and laws.	d building setbacks. The applic orized agent of owner. That all	ant certifies that the construction shall be as
Call Building Inspector (24 Hour Beach Office 252.475.5871 or F	rs in advance) for inspections at Dare risco Office 252.475.5878	County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:		BEACH ELECTRIC & REPA	AIR SERVICES INC
Inspector Signature:	CH/VY	LMF	



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Frisco: (252) 475-5878

ELECTRICAL PERMIT#: ELEC-1	574		01/29/2020
Parcel Number: Location: Subdivision: Legal Description:	014478000 40019 MCMULLEN RD A - G – AVO SUBDIVISION - NONE LOT: BLK: SEC:	ON	
Owner Name: Owner Mail Address: Owner Contact Information:	KENRICK J ALBAUGH PO BOX 90 - AVON, NC 27915	\$ *#	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	BEACH ELECTRIC & REPAIR SERVICE PO BOX 321 - FRISCO, NC 27936 2523059696 U-31719 RESIDENTIAL	CES INC	
		Cost of Job:	\$420
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
construction and be certain to information on this permit is co shown on the submitted plans	onsible to comply with all regulations comply with all zoning regulations and prect. That he is owner or duly authorand specifications that he understance of the applicable regulations and laws.	d building setbacks. The application of the depth of the countries of the	cant certifies that the construction shall be as
Cail Building Inspector (24 Hou Beach Office 252.475.5871 or F	rs in advance) for inspections at Dare risco Office 252.475.5878	County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:	-1	BEACH ELECTRIC & REP	AIR SERVICES INC
Inspector Signature:	CH/LT	LMF	



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Frisco: (252) 475-5878

ELECTRICAL PERMIT#: ELEC-1	573		01/29/2020
Parcel Number: Location: Subdivision:	014875006 42163 PARK DR – AVON ASKINS CREEK SEC 2 & 3		
Legal Description:	LOT: 6 BLK: SEC: 2		
Owner Name: Owner Mail Address: Owner Contact Information:	KENNETH COYNE 305 MAPLEWOOD LN - MOI	RRISVILLE, PA 19067	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	BEACH ELECTRIC & REPAIR S PO BOX 321 - FRISCO, NC 27 2523059696 U-31719 RESIDENTIAL		
		Cost of Job:	\$800
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REPLACE METER B	ASE AND DISCONNECT; CHEC D	SCON/RECO	
construction and be certain to information on this permit is co	comply with all zoning regulation rect. That he is owner or duly a and specifications that he under	ations and laws, and should person ns and building setbacks. The applic authorized agent of owner. That all estands this permit is valid for six me	cant certifies that the construction shall be as
Call Building Inspector (24 Hour Beach Office 252.475.5871 or F	the state of the s	Dare County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:		BEACH ELECTRIC & REP	AIR SERVICES INC
Inspector Signature:	CH/LT	LMF	



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Frisco: (252) 475-5878

	-1572		
Parcel Number:	012678000		
Location:	24217 N HOLIDAY BLVD -	RODANTHE	
Subdivision:	ROWAN BEACH ESTATES		
Legal Description:	LOT: 79 BLK: SEC:		
Owner Name:	KENNETH FLEMING	, ,	
Owner Mail Address:	243 WINGRAVE RD - CHAI	RLOTTE, NC 28270	
Owner Contact Information	:		
Contractor Name:	BEACH ELECTRIC & REPAIR	SERVICES INC	
Contractor Mail Address:	PO BOX 321 - FRISCO, NC	27936	
Contractor Phone:	2523059696		
Contractor NC License#:	U-3 1 719		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$565
Amp Increase:	0		
Amp Increase: Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Service Amps: Comments: REPLACE METER	200 BASE AND ENTRANCE CABLE; C	HEC DISCON/RECON	
Service Amps: Comments: REPLACE METER The owner and builder are re construction and be certain to information on this permit is shown on the submitted plan	sponsible to comply with all reg o comply with all zoning regulat correct. That he is owner or dul	HEC DISCON/RECON ulations and laws, and should person lons and building setbacks. The applicy authorized agent of owner. That all lerstands this permit is valid for six m	nally inspect all cant certifies that the construction shall be as
Service Amps: Comments: REPLACE METER The owner and builder are re construction and be certain to information on this permit is shown on the submitted plan revoked for failure to comply Call Building Inspector (24 Ho	asponsible to comply with all rego comply with all zoning regulat correct. That he is owner or duly and specifications that he under with applicable regulations and purs in advance) for inspections	HEC DISCON/RECON ulations and laws, and should person lons and building setbacks. The applicy authorized agent of owner. That all lerstands this permit is valid for six m	rally inspect all cant certifies that the construction shall be as onths and may be
Service Amps: Comments: REPLACE METER The owner and builder are re construction and be certain to information on this permit is shown on the submitted plan revoked for failure to comply	asponsible to comply with all rego comply with all zoning regulat correct. That he is owner or duly and specifications that he under with applicable regulations and purs in advance) for inspections	ulations and laws, and should person lons and building setbacks. The applications and should person authorized agent of owner. That all erstands this permit is valid for six many laws.	rally inspect all cant certifies that the construction shall be as onths and may be



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Frisco: (252) 475-5878

ELECTRICAL PERMIT#: ELEC-1	571		01/29/2020
Parcel Number: Location: Subdivision: Legal Description:	014997000 51243 LULLABY LN – FRISCO ELEVY MANOR 2ND ADD LOT: D BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	JEFFREY D WOLGEMUTH PO BOX 27 - PO BOX 27 - TOW	/NSVILLE, NC 27584	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	BEACH ELECTRIC & REPAIR SEP PO BOX 321 - FRISCO, NC 279 2523059696 U-31719 RESIDENTIAL		
		Cost of Job:	\$610
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REPLACE SERVICE;	CHEC DISCON/RECON		
construction and be certain to conformation on this permit is conshown on the submitted plans a revoked for failure to comply we	comply with all zoning regulations rrect. That he is owner or duly au and specifications that he underst ith applicable regulations and law		ant certifies that the construction shall be as onths and may be
Call Building Inspector (24 Hour Beach Office 252.475.5871 or F		are County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:		BEACH ELECTRIC & REP.	AIR SERVICES INC
Inspector Signature:	WJ/L7	LMF	



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Frisco: (252) 475-5878

ELECTRICAL PERMIT#: ELEC-1	569		01/29/2020
Parcel Number: Location: Subdivision: Legal Description:	017242000 46207 TOWER CIRCLE RD TOWER BEACH SUBD BLK LOT: 1 BLK: 3 SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	DONALD C TRUSTEE OF T PO BOX 253 - HATTERAS		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	BEACH ELECTRIC & REPA PO BOX 321 - FRISCO, NO 2523059696 U-31719 RESIDENTIAL		
		Cost of Job:	\$465
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REPLACE METER B	ASE; CHEC DISCON/RECON		
construction and be certain to einformation on this permit is co	comply with all zoning regula rrect. That he is owner or d and specifications that he ur	egulations and laws, and should person ations and building setbacks. The applic uly authorized agent of owner. That all aderstands this permit is valid for six mond and laws.	cant certifies that the construction shall be as
Call Building Inspector (24 Hour Beach Office 252.475.5871 or F		s at Dare County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:		BEACH ELECTRIC & REP	AIR SERVICES INC
Inspector Signature:	WJ/cz	LMF	



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Frisco: (252) 475-5878

	ELECTRIC	ALPERIVIII	
ELECTRICAL PERMIT#: ELEC-	1568		01/29/2020
Parcel Number: Location: Subdivision: Legal Description:	015276000 54234 CAPE HATTERAS DR E R & CEDRIC MIDGETT LOT: 14 BŁK: SEC:	R – FRISCO	
Owner Name: Owner Mail Address: Owner Contact Information:	JOSEPH P TTEE COOLEY 14428 BRIARWOOD LN - U	URBANDALE, IA 50323	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	BEACH ELECTRIC & REPAIR PO BOX 321 - FRISCO, NC 2523059696 U-31719 RESIDENTIAL		
		Cost of Job:	\$604
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
The owner and builder are res		ON gulations and laws, and should person tions and building setbacks. The applic	
information on this permit is a shown on the submitted plans	correct. That he is owner or dul	ly authorized agent of owner. That all derstands this permit is valid for six m	construction shall be as
Call Building Inspector (24 Hou Beach Office 252.475.5871 or		at Dare County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:		BEACH ELECTRIC & REP	AIR SERVICES INC
Inspector Signature:	WJ/17	LMF	



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Frisco: (252) 475-5878

ELECTRICAL PERMIT

	ELLOTT	NOAL FERIUM	
ELECTRICAL PERMIT#: ELEC	-1579		01/30/2020
Parcel Number:	017350000		
Location:	56310 NC 12 HWY - HA	TTERAS	
Subdivision:	SUBDIVISION - NONE		
Legal Description:	LOT: BLK: SEC:		
Owner Name:	JEREMY D SHAVERS		
Owner Mail Address:	1001 WATER FRONT PL	- JASPER, TN 37347	
Owner Contact Information	:		
Contractor Name:	BEACH ELECTRIC & REP	AIR SERVICES INC	
Contractor Mail Address:	PO BOX 321 - FRISCO, N	NC 27936	
Contractor Phone:	2523059696		
Contractor NC License#:	U-31719		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$840
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REPLACE METER	AND DISCONNECT		

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

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

Applicant Signature:	warr	BEACH ELECTRIC & REPAIR SERVICES INC
Inspector Signature:	WU/W	LMF



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Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1434

01/03/2020

Parcel Number:

025516006

Location:

57059 LIGHTHOUSE CT - HATTERAS

Subdivision:

CAPTAIN'S BEACH

Legal Description:

LOT: 6 BLK: SEC:

Owner Name:

SALTY LLC

Owner Mail Address:

P O BOX 269 - PINEY POINT, MD 20674

Owner Contact Information:

Contractor Name:

SUBURBAN ELECTRIC SERVICES INC.

Contractor Mail Address:

1078 N HWY 64/264 - MANTEO, NC 27954

Contractor Phone:

252-475-1372

Contractor NC License#:

U-30633

DETAILS

RESIDENTIAL

Cost of Job:

\$1,000

Amp Increase:

0

Service Amps:

200

ELECTRICAL PERMIT FEE:

\$150.00

Comments: (2) 200 AMP DISCONNECTS.

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

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

SUBURBAN ELECTRIC SERVICES INC

Inspector Signature: Ed Kindervater/AD



ALD



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

Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1	458		01/08/2020
Parcel Number:	029596068		
Location:	42084 OCEAN VIEW DR – AVON		
Subdivision:	KINNAKEET SHORES PHASE 2		
Legal Description:	LOT: 68 BLK: SEC:		
Owner Name:	RICHARD B WYATT		
Owner Mail Address:	POBOX 344 - POBOX 344 - AVON, NC 27915	5	
Owner Contact Information:			
Contractor Name:	SUBURBAN ELECTRIC SERVICES INC		
Contractor Mail Address:	1078 N HWY 64/264 - MANTEO, NC 27954		
Contractor Phone:	252-475-1372		
Contractor NC License#:	U-30633		
DETAILS			
	Cost of Jo	ob:	\$800
Amp Increase:			
Service Amps:	ELECTRIC	CAL PERMIT FEE:	\$150.00
Comments:			

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

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

Applicant Signature:	SM_	SUBURBAN ELECTRIC SERVICES INC
Inspector Signature:	Ed and	NHG



Comments:

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

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

Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC	01/08/2020			
Parcel Number:	015395000			
Location:	KOHLER DR – HATTERAS			
Subdivision:	SUBDIVISION - NONE			
Legal Description:	LOT: PARCEL 3 BLK: SEC:			
Owner Name:	CLIFFORD WADE SWAIN			
Owner Mail Address:	PO BOX 204 ~ HATTERAS, NC 27943			
Owner Contact Information				
Contractor Name:	SUBURBAN ELECTRIC SERVICES INC			
Contractor Mail Address:	1078 N HWY 64/264 - MANTEO, NC 27954			
Contractor Phone:	252-475-1372			
Contractor NC License#:	U-30633			
DETAILS	RESIDENTIAL			
	Cost of Job	:	\$1,000	
Amp Increase:				
Service Amps:	ELECTRICA	L PERMIT FEE:	\$150.00	

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Applicant Signature:	SUBURBAN ELECTRIC SERVICES INC
Inspector Signature: Ellinois	NHG
Inspector signature:	NHG



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Frisco: (252) 475-5878

ELECTRICAL PERMIT

Εl	ECT	RICAL	PERMIT#:	ELEC-1478	
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01/13/2020

Parcel Number:

016655004

Location:

49994 NC 12 HWY - BUXTON

Subdivision:

BLADES TRACT~ A FOUR LOT DIV

Legal Description:

LOT: 2A BLK: SEC:

Owner Name:

PAX EX LLC

Owner Mail Address:

3840 DAWLEY RD - VIRGINIA BEACH, VA 23457

Owner Contact Information:

Contractor Name:

SUBURBAN ELECTRIC SERVICES INC

Contractor Mail Address:

1078 N HWY 64/264 - MANTEO, NC 27954

Contractor Phone:

252-475-1372

Contractor NC License#:

U-30633

DETAILS

RESIDENTIAL

Cost of Job:

\$2,000

Amp Increase:

0

Service Amps:

200

ELECTRICAL PERMIT FEE:

\$150.00

Comments: KITCHEN REMODEL. 200A. NEW FRIDGE CIRCUIT, NEW LIGHTS.

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Applicant Signature:

SUBURBAN ELECTRIC SERVICES INC

Inspector Signature:

ALD



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Frisco: (252) 475-5878

	MECHA	ANICAL PROJECT	
MECHANICAL PROJECT#: ME	ECH-1450		01/07/2020
Parcel Number: Location: Subdivision: Legal Description:	014227008 24251 SOUTH SHORE I SOUTH SHORE PHASE LOT: 8 BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	CYNTHIA J DOUGHTY PO BOX 396 - RODAN	THE, NC 27968	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	BEACH AIR OF THE OU PO BOX 1047 - MANTI 252-473-1995 L29768		
DETAILS UNITS: Electrical Contractor ID:	RESIDENTIAL 2.00 5354U	Cost of Job:	\$14,700
		MECHANICAL PROJECT	FEE: \$150.00
Comments: REMOVE (2) AIR PUMPS.	HANDLERS AND (2) HEAT P	UMPS. INSTALL (2) 2 TON AIR HANDL	ERS AND (2) 2 TON HEAT
construction and be certain to information on this permit is of	o comply with all zoning reg correct. That he is owner or s and specifications that he	I regulations and laws, and should pegulations and building setbacks. The arduly authorized agent of owner. The understands this permit is valid for stand laws.	applicant certifies that the at all construction shall be as
Call Building Inspector (24 Hor Beach Office 252.475.5871 or		ons at Dare County Offices Manteo C	Office 252.475.5870, Northern
Applicant Signature:	John	BEACH AIR OF THE	OUTER BANKS LLC
Inspector Signature: Ed King	dervater /	ALD	



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Frisco: (252) 475-5878

DEMOLITION PERMIT

BUILDING PERMIT#: DEMO-	1526	01/22/2020
Parcel Number: Location:	012458003 22035 SEA GULL ST – RODANTHE	
Subdivision: Legal Description:	MIRLO BEACH SECTION 2 LOT: 3 BLK: SEC: 2	
Owner Name:	XIN FENG LLC	
Owner Mail Address: Owner Contact Information:	2155 ELECTRIC RD STE B - ROANOKE, VA 24018	
Contractor Name:	CHARLIE BARNETT CONSTRUCTION INC	
Contractor Mail Address: BUILDING INFORMATION	PO BOX 430 - HATTERAS, NC 27943	
Proposed Construction Use:	- DEMOLITION PERMIT	
Estimated Cost: Comments:	Demo Bottom Floor due to Storm Damage \$10,000.00	
 All types of glass will it Pilings will be extracted All concrete must be it No burning! Site must 	pipes will be removed if applicable pe removed before demolition begins ed and removed removed t be completely cleaned of all debris y building inspector when complete	\$250.00
UNDERSTAND ALL CONDITIO TO COMPLETE THEM TO THE	NS AND AGREE	7230.00
ABILITY.	TOTAL FEES:	\$250.00
Applicant Signature:	13 CH/17 LMF	



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DEMOLITION PERMIT

	1464		01/09/2020
Parcel Number:	026756000		
Location:	24271 OCEAN I	DR – RODANTHE	
Subdivision:	TRADE WINDS	BEACHES	
Legal Description:	LOT: 14 BLK: SE	EC:	
Owner Name:	MICHAEL B MA	ALONE	
Owner Mail Address:	7225 WOLVERT	TON CT - CLARKSVILLE, MD 21029	
Owner Contact Information:		Add to the second secon	
Contractor Name:	CARROLL H MI		
Contractor Mail Address:	PO BOX 3558	WAVES NC 27982	
BUILDING INFORMATION			
Proposed Construction Use:	RESIDENTIAL - D STORM; POOL D	DEMOLITION PERMIT DEMOLITION	
Estimated Cost:	\$10,000.00		
Comments:			
The Following Conditions Mus	t Be Met:		
 The Following Conditions Must. Septic tank and drain p. All types of glass will b. Pilings will be extracted. All concrete must be respected. No burning! Site must. Site to be inspected by 	olpes will be remove e removed before d and removed emoved be completely clea	e demolition begins aned of all debris	
 Septic tank and drain p All types of glass will b Pilings will be extracted Ail concrete must be red No burning! Site must Site to be inspected by BY SIGNING THIS PERMIT, I FOUNDERSTAND ALL CONDITION	oipes will be remote e removed before d and removed emoved be completely clear building inspecto ULLY NS AND AGREE	e demolition begins aned of all debris	\$.00
 Septic tank and drain p All types of glass will b Pilings will be extracted Ail concrete must be red No burning! Site must Site to be inspected by BY SIGNING THIS PERMIT, 1 Fe	oipes will be remote e removed before d and removed emoved be completely clear building inspecto ULLY NS AND AGREE	e demolition begins aned of all debris or when complete	\$.00
 Septic tank and drain p All types of glass will b Pilings will be extracted Ail concrete must be red No burning! Site must Site to be inspected by BY SIGNING THIS PERMIT, I FOUNDERSTAND ALL CONDITION TO COMPLETE THEM TO THE ABILITY. 	oipes will be remote e removed before d and removed emoved be completely clear building inspecto ULLY NS AND AGREE	e demolition begins aned of all debris or when complete PERMIT FEE TOTAL FEES:	
 Septic tank and drain p All types of glass will b Pilings will be extracted All concrete must be red No burning! Site must Site to be inspected by BY SIGNING THIS PERMIT, I FOUNDERSTAND ALL CONDITION TO COMPLETE THEM TO THE 	oipes will be remote e removed before d and removed emoved be completely clear building inspecto ULLY NS AND AGREE	e demolition begins aned of all debris or when complete PERMIT FEE	
 Septic tank and drain p All types of glass will b Pilings will be extracted Ail concrete must be red No burning! Site must Site to be inspected by BY SIGNING THIS PERMIT, I FOUNDERSTAND ALL CONDITION TO COMPLETE THEM TO THE ABILITY. 	oipes will be remote e removed before d and removed emoved be completely clear building inspecto ULLY NS AND AGREE	e demolition begins aned of all debris or when complete PERMIT FEE TOTAL FEES:	



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Frisco: (252) 475-5878

	ELECT	TRICAL PERMIT	
ELECTRICAL PERMIT#: ELEC	-1436		01/06/2020
Parcel Number: Location: Subdivision: Legal Description:	014822002 41934 NC 12 HWY – A' SUBDIVISION - NONE LOT: LOT 1 BLK: SEC:	VON	
Owner Name: Owner Mail Address: Owner Contact Information		D - RALEIGH, NC 27604	·
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	KREISER ELECTRIC INC 3847 IVY LANE - Mant 252-564-2367 U.31684 COMMERCIAL		
		Cost of Job:	\$1,582
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REPLACING 200	A DISC		
construction and be certain t information on this permit is	o comply with all zoning reg correct. That he is owner or is and specifications that he	I regulations and laws, and should person gulations and building setbacks. The appli r duly authorized agent of owner. That all understands this permit is valid for six m and laws.	cant certifies that the construction shall be as
Call Building Inspector (24 Ho Beach Office 252.475.5871 or		ons at Dare County Offices Manteo Office	e 252.475.5870, Northern

KREISER ELECTRIC INC

AYT

Applicant Signature:

Inspector Signature: WAYLAND JEANETTE



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-	1502		01/16/2020
Parcel Number: Location: Subdivision: Legal Description:	014800000 41001 NC 12 HWY – AVON AVON THORTON L.P. LOT: 1R BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	AVON PIER LLC PO BOX 509 - AVON, NC 27915		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	JOSEPH E THOMPSON PO BOX 68 - FRISCO, NC 27936 252-996-0565 33334		
DETAILS	COMMERCIAL	Cost of Job:	\$500
Amp Increase: Service Amps:	0 400	ELECTRICAL PERMIT FEE:	\$.00
Comments: STORM; REPLACE	400A METER BASE		

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

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

Applicant Signature:

AVON PIER LL

Inspector Signature:

LMF



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Frisco: (252) 475-5878

538		01/24/2020
040740000		
012548000 23781 NC 12 HWY – RODANTHE SUBDIVISION - NONE LOT: BLK: SEC:		
JAZANIA H OʻNEAL PO BOX 40 - PO BOX 40 - RODAN	THE, NC 27968	
JOEY LANE O'NEAL PO BOX 7, RODANTHE NC 27968 252-305-2849		
COMMERCIAL		
	Cost of Job:	\$50
0 200	ELECTRICAL PERMIT FEE:	\$.00
onsible to comply with all regulations comply with all zoning regulations and prect. That he is owner or duly authound specifications that he understand	d building setb <mark>ac</mark> ks. The applic rized agent of owner. That all	cant certifies that the construction shall be as
	County Offices Manteo Office	252.475.5870, Northern
2AD CH/17	JAZANIA H O'NEAL	
	23781 NC 12 HWY — RODANTHE SUBDIVISION - NONE LOT: BLK: SEC: JAZANIA H O'NEAL PO BOX 40 - RODAN' JOEY LANE O'NEAL PO BOX 7, RODANTHE NC 27968 252-305-2849 COMMERCIAL 0 200 METER BASE comply with all regulations and comply with all zoning regulations and arrect. That he is owner or duly authorated specifications that he understance with applicable regulations and laws.	23781 NC 12 HWY – RODANTHE SUBDIVISION - NONE LOT: BLK: SEC: JAZANIA H O'NEAL PO BOX 40 - PO BOX 40 - RODANTHE, NC 27968 JOEY LANE O'NEAL PO BOX 7, RODANTHE NC 27968 252-305-2849 COMMERCIAL Cost of Job: 0 200 ELECTRICAL PERMIT FEE: METER BASE Consible to comply with all regulations and laws, and should person comply with all zoning regulations and building setbacks. The applicance of the complexity



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Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1	570		01/29/2020
Parcel Number: Location: Subdivision: Legal Description:	015354151 57866 NC 12 HWY – HATTER/ SUBDIVISION - NONE LOT: BLK: SEC:	AS	
Owner Name: Owner Mail Address: Owner Contact Information:	NEDO INC P O BOX 519 - HWY 12 - HAT	TERAS, NC 27943	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	BEACH ELECTRIC & REPAIR SE PO BOX 321 - FRISCO, NC 279 2523059696 U-31719 COMMERCIAL		
		Cost of Job:	\$711
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REPLACE SERVICE;		ntions and laws, and should person	ally inspect all
construction and be certain to dinformation on this permit is conshown on the submitted plans a	comply with all zoning regulation rrect. That he is owner or duly a	is and building setbacks. The applic uthorized agent of owner. That all stands this permit is valid for six me	cant certifies that the construction shall be as
Call Building Inspector (24 Hour Beach Office 252.475.5871 or F		Dare County Offices Manteo Office	252.475.5870, Northern
Applicant Signature:	,	BEACH ELECTRIC & REP	AIR SERVICES INC
Inspector Signature:	WJ/L7	LMF	



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ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1456

01/08/2020

Parcel Number:

013359000

Location:

39432 NC 12 HWY – AVON

Subdivision:

ATLANTIC ESTATES SEC 3 & 4

Legal Description:

LOT: 6-8 BLK: SEC: 3

Owner Name:

MIDGETT REALTY INC

Owner Mail Address:

P O BOX 250 - HATTERAS, NC 27943

Owner Contact Information:

Contractor Name:

OUTER BANKS ELECTRIC INC.

Contractor Mail Address:

714 N HWY 64/264 - MANTEO, NC 27954

Contractor Phone:

2524733033

Contractor NC License#:

U-24451

DETAILS

COMMERCIAL

Cost of Job:

\$2,500

Amp Increase:

Service Amps:

ELECTRICAL PERMIT FEE:

\$150.00

Comments:

Scot Can 473-7487

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

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Applicant Signature:

Januarder OUTER BANKS ELECTRIC INC

Inspector Signature:

NHG



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Frisco: (252) 475-5878

	ELE	CTRICAL PERMIT	
ELECTRICAL PERMIT#: ELEC-	-1465		01/10/2020
Parcel Number: Location: Subdivision: Legal Description:	023733000 46567 NC 12 HWY – SUBDIVISION - NONE LOT: BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	CAPE HATTERAS COU P O BOX 339 - BUXTO		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	MEEKINS ELECTRIC PO BOX 264 - HATTE 2523055060 L-15935	RAS, NC 27943	
DETAILS	COMMERCIAL	Cost of Job:	¢2.500
Amp Increase:	0	Cost of Job:	\$2,500
Service Amps:	1200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REPLACE 1200A	DISCONNECT		
construction and be certain to information on this permit is	comply with all zoning recorrect. That he is owner as and specifications that he	all regulations and laws, and should person egulations and building setbacks. The app or duly authorized agent of owner. That a ne understands this permit is valid for six r ans and laws.	licant certifies that the Il construction shall be as
Call Building Inspector (24 Ho Beach Office 252.475,5871 or		rtions at Dare County Offices Manteo Offic 78	e 252.475.58 70, N orthern
Applicant Signature:	ichand All	MEEKINS ELECTRIC	
Inspector Signature:	WJ/17	LMF	



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

COMMERCIAL BUILDING PERMIT

000 NC 12 HWY – BUXTON ISION - NONE K: SEC; OUNTY K 1000 MANTEO, NC 27954
ISION - NONE K: SEC; OUNTY
K: SEC; OUNTY
OUNTY
(1000 MANTEO, NC 27954
EY CONSTRUCTION LLC
694, KILL DEVIL HILLS, NC 27948
2-1469 Contractor NC Licensell: 66982
RCIAL BUILDING USE , STORM; REPAIR EXTERIOR MASONRY WALL/LIBRARY AREA
Cost of Construction: \$37,282
CAMA Permit#;
Septic Permit#:
Septic Permit Date:
Survey/Site Plan:
Water Tap#;
Water Type:
Flood Zone:
Base Flood Elevation: 0.0
Lot/Ground Elevation:
Baths/half baths: 0.00/0
ing plan PERMIT FEE \$.

Inspector Signature:



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

COMMERCIAL BUILDING PERMIT

Parcel Number:	015366001			
Location:	57762 NC 12 HWY	- HATTERAS		
Subdivision:	SUBDIVISION - NO	NE		
Legal Description:	LOT: 2 BLK: SEC:			
Owner Name:	DANIEL C JOHNSON	V		
Owner Mail Address:	P O BOX 637 HATTE	ERAS, NC 2 7 943		
Owner Phone and email:				
Contractor Name:	OWNER/CONTRAC	TOR		
Contractor Mail Address:	SAA			
Contractor Phone:	252.305.6323	Contractor NC License#: N/A		
BUILDING INFORMATION				
Proposed Construction Use:	COMMERCIAL; ELEV	ATE STRUCTURE		
Occupancy:				
Proposed Construction Type:	ELEVATE STRUCTUR	E Cost of Construction:	\$22,000	
Finished Square Footage:	0	CAMA Permit#:	N/A	
Unfinished Square Footage:	0	Septic Permit#:	29206	
Stories:	0	Septic Permit Date:	11/21/2019	
Building Height:	0	Survey/Site Plan:	YES	
Total Rooms:	0	Water Tap#:	N/A	
Footing Type:	N/A	Water Type:	N/A	
Exterior Finish:	N/A	Flood Zone:	AE	
Sprinkler System:	SMOKE ALARMS	Base Flood Elevation:	0.0	
Proposed Finished Floor Elev:	N/A	Lot/Ground Elevation:	N/A	
Bedrooms:	0	Baths/half baths:	0/0	
Comments: Any deviation from	n the building plan P	PERMIT FEE		\$200.00
or site plan requires prior appre				
		LOOD DEVELOPMENT BLDG PERMIT		75.00
	r	HOME OWNERS RECOVERY FEE		10.00
		OTAL FEES:		\$285.00

LMF

Inspector Signature:



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\$500.00

COMMERCIAL BUILDING PERMIT 01/28/2020 **BUILDING PERMIT#: C-1560** Parcel Number: 015331000 Location: 58058 NC 12 HWY - HATTERAS Subdivision: SUBDIVISION - NONE Legal Description: LOT: PARCEL 4 BLK: SEC: Owner Name: **CHARLIE ROBINSON** Owner Mail Address: C/O HATTERAS HARBOR MARINA HATTERAS, NC 27943 Owner Phone and email: Contractor Name: MID ATLANTIC PETROLEUM SERVICES INC Contractor Mail Address: THOMAS H SALAMON, 814 PROFESSIONAL PLACE W CHESAPEAKE, VA 23320 Contractor Phone: 7574249726 Contractor NC License#: U-21632 **BUILDING INFORMATION Proposed Construction Use: FUEL TANK REPLACEMENT** Occupancy: Proposed Construction Type: Cost of Construction: \$244,896 Finished Square Footage: 0 CAMA Permit#: **Unfinished Square Footage:** 0 Septic Permit#: Stories: 0 Septic Permit Date: **Building Height:** 0 Survey/Site Plan: **Total Rooms:** 0 Water Tap#: Footing Type: Water Type: **Exterior Finish:** Flood Zone: Sprinkler System: Base Flood Elevation: 0.0 Proposed Finished Floor Elev: Lot/Ground Elevation: Bedrooms: 0 0/0 Baths/half baths:

TOTAL FEES: \$500.00

Applicant Signature: MID ATLANTIC PETROLEUM SERVICES INC

PERMIT FEE

Inspector Signature:

Comments: Any deviation from the building plan

or site plan requires prior approval.



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	IVIEC	HANICAL PROJECT	
MECHANICAL PROJECT#: ME	CH-1477		01/13/2020
Parcel Number: Location: Subdivision: Legal Description:	015617000 58646 NC 12 HWY – SUBDIVISION - NONE LOT: BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:	TEACH'S LAIR DEVELO	OPMENT COMPANY LLC ERAS, NC 27943	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	PO BOX 801 - AVON 252-564-4031 L31244	AND AIR CONDITIONING LL , NC 27915	
UNITS: Electrical Contractor ID:	2.00 SP PH 32045	Cost of Job: MECHANICAL PROJECT FEE	\$18,200 : \$150.00
Comments: INSTALL 1 INDOO	R/OUTDOOR SYSTEM (D	UCT/SPLIT SYSTEM)	
construction and be certain to information on this permit is of shown on the submitted plans revoked for failure to comply v	comply with all zoning rorrect. That he is owner and specifications that hother applicable regulations.		cant certifies that the construction shall be as onths and may be
Call Building Inspector (24 Hou Beach Office 252.475.5871 or		ctions at Dare County Office s Ma nteo Office 78	252.475.5870, Northern
Applicant Signature:Ke_	- / /-	/6〜み1より C-BREE ZE HEATING AN	D AIR CONDITIONING LL
Inspector Signature:	WJ/L	T LMF	



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Frisco: (252) 475-5878

COMMERCIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-1	1501		01/16/2020
Parcel Number:	014693003		
Location:	40920 NC 12 HWY		
Subdivision:	SUBDIVISION - NO		
Legal Description:	LOT: PARCEL 2 BLI	K: SEC:	
Owner Name:	LAND'S END DEVE	LOPMENT LLC	
Owner Mail Address: Owner Phone and email:	P O BOX 890 AVO	N, NC 27915	
Contractor Name:	JOSEPH E THOMPS	SON	
Contractor Mail Address:	PO BOX 68, FRISC	O, NC 27936	
Contractor Phone:	252-996-0565	Contractor NC License#: 33334	
BUILDING INFORMATION			
Proposed Construction Use:	COMMERCIAL BUILT	DING USE , REMODEL	
Occupancy:			
Proposed Construction Type:		Cost of Construction:	\$210,000
Finished Square Footage:	0	CAMA Permit#:	N/A
Unfinished Square Footage:	0	Septic Permit#:	29100
Stories:	0.0	Septic Permit Date:	10/22/2019
Building Height:	0	Survey/Site Plan:	YES
Total Rooms:	0	Water Tap#:	
Footing Type:		Water Type:	Central Water
Exterior Finish:		Flood Zone:	AE
Sprinkler System:		Base Flood Elevation:	8.0
Proposed Finished Floor Elev:		Lot/Ground Elevation:	
Bedrooms:	0	Baths/half baths:	0.00/0

TOTAL FEES:

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

\$2,100.00

\$2,100.00

Applicant Signature:

JOSEPHE-THOMPSON

Inspector Signature:

LMF



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

Frisco: (252) 475-5878

	MECHA	NICAL PROJECT	
MECHANICAL PROJECT#: MEG	CH-1514		01/21/2020
Parcel Number: Location: Subdivision: Legal Description:	014234008 24250 RESORT RODAN' RESORT RODANTHE~ A LOT: UT 9A BLK: SEC: 3		
Owner Name: Owner Mail Address: Owner Contact Information:	JAMES S BOSWELL 9820 ROLLING HILL DR	- CHARLES CITY, VA 23030	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	ALL IN ONE MECHANIC PO BOX 3392 - KITTY H 252-491-5334 L27675		
DETAILS	COMMERCIAL		
UNITS: Electrical Contractor ID:	3.00 L 07784	Cost of Job:	\$12,000
	20	MECHANICAL PROJEC	CT FEE: \$150.00
The owner and builder are resp construction and be certain to information on this permit is co shown on the submitted plans revoked for failure to comply w	consible to comply with all comply with all zoning regorect. That he is owner or and specifications that he with applicable regulations rs in advance) for inspections	ons at Dare County Offices Manteo	personally inspect all e applicant certifies that the That all construction shall be as r six months and may be
	. W. 7 rani		HANICAL LLC



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

Frisco: (252) 475-5878

COMMERCIAL BUILDING PERMIT

	COIVI	WENCIAL BUILDING PERIVIT		
BUILDING PERMIT#: REPAIR	1433			01/03/2020
Parcel Number:	013648013			
Location:	40175 BONITO F	RD 2-13 – AVON		
Subdivision:	PAMLICO COND	O AT MARINERS COVE		
Legal Description:	LOT: UNIT 13 BL	DG 2 BLK: SEC:		
Owner Name:	BAREFOOTIN' LL	С		
Owner Mail Address: Owner Phone and email:	13845 HADLEY S	T OVERLAND PARK, KS 66223		
Contractor Name:	KENRICK J ALBA	JGH INC		
Contractor Mail Address:	PO BOX 90, AVO	ON, NC 27915		
Contractor Phone:	252-305-1569	Contractor NC License#: 60766		
BUILDING INFORMATION		•		
Proposed Construction Use:	CONDO/APT R-2 C	OCCUPANCY , RESKIN DECKS		
Occupancy:				
Proposed Construction Type:		Cost of Construction:	\$150,000	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0.0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:		
Sprinkler System:		Base Flood Elevation:	0.0	
Proposed Finished Floor Elev:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0.00/0	
Comments: Any deviation from or site plan requires prior appro		PERMIT FEE		\$150.00
		HOME OWNERS RECOVERY FEE		10.00
		TOTAL FEES:	V-18-19	\$160.00
	1/	£ 2		

KENRICK J ALBAUGH INC

LMF

Applicant Signature:

Inspector Signature:



WCA Bill McLaughlin 252-216-5422

SIGN PERMIT

PERMIT NUMBER: 4800	DATE: 12/23/19
APPLICANT: VI Vage Mac - Charles Ulmer ADDRESS: 207 Queen Flizabeth Avc	
PHONE: 252-564-2219	
THIS PERMIT IS TO: ERECT ALTER: A SIGN. (PLEAS	SE CHECK ONE.)
TYPE OF SIGN: Hanging sign - vinge	
LOCATION OF SIGN: Within Manteo Waterfront Si Infront of windows	nops - Hanging
PARCEL NUMBER: WITH 4	
ZONING DISTRICT: SQUARE FOOTAGE OF SIGN: 24" ×	124
THIS PERMIT MUST BE ACCOMPANIED BY: DRAWING OF SIGN TO SCALE LOCATION OF PROPOSED SIGN AND ANY OTHER SIGNS ON THE SAME LOT DRAWING TO SCALE OF FACE OF BUILDING IF THE SIGN IS TO BE MOUNTED OF	N THE FACE OF A BUILDING
Charles leer	
CONTRACTOR/OWNER SIGNATURE DATE	
ellelle for Forther for 12/23/19 BUILDING INSPECTOR DATE	
COMMENTS:	
Cost of Permit: \$\\\\\$50	

RESIDENTIAL: NEW COMMERCIAL: NEW X ALTERATION NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) SERVICE AMPS: HOCKEASED TO: WORK ORDER NUMBER: 14118-L COST: 3200.00 If repairing or attering, please describe work: Replacing (7) MH Parking Lot Fixtures with equivalent 250w LED fixtures. Specs 6 Lumen/Watt specification sheets attached. ****CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS**** DATE OF ISSUANCE: A County of the product	PHONE: 252,473,5063 506 S Hwy 64/264, Manteo PARCEL NUMBER: 025700001	OWNER: Dare County Alcohol / Beverage Control Board Contractor: Ace Services Address: PO Box 1879 Address: PO Box 160 City: Nags Head State: NC ZIP: 27959 City: Manns Harbor State: NC ZIP: 27953	ELECTRICAL PERMIT	HI. JOYAN. OF DAOSY12
---	--	--	-------------------	-----------------------



PERMIT NUMBER: 4862 BUILDING PERMIT
DATE:_1.6.2020
OWNER: Robert & Laura Rider ADDRESS: 827 Richard Laura Builder: Lyn Small, Inc.
CITY: Virginia Beach Trans VA = CONTRACTOR LICENSE #: 29760
in the property of the propert
CITY: Powells Point STATE: NC ZIP: 27966 PHONE: 252-491-8562 LOCATION OF BUILDING SITE: 36 Sailfish Drive, Manteo, NC 2795 PARCEL NUMBER: 025694344 FLOOD ZONE: AE BFE: N/A FFE: N/A NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IE APPLICABLE)
PARCEL NUMBER: 025694344 FLOOD ZONE: AF REE: NVA
NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) ERECT: ALTER: REPAIR:
SQUARE FOOTAGE OF HEATED SPACE: UNHEATED SPACE: UNHEATED SPACE: FINISHES: FINISHES:
EXTERIOR WALLS: FINISHES: FINISHES:
HEAT TYPE:INSULATION & R VALUE:ROOF TYPE AND MATERIAL:
EXTERIOR WALLS: INTERIOR WALLS: ROOF TYPE AND MATERIAL: FOOTING: FOUNDATION: FLOORING:
A COUNTY MOTES. BUILDING
- Daikireau
EACH APPLICATION MUST BE ACCOMPANIED BY:
SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING TWO SETS OF WORKING DRAWINGS
II LI ELEVATION OF THE SITE
RESTAURANTS: HEALTH DEPARTMENT APPROVALS CAMA PERMIT IF REQUIRED
*** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
This building is to be seed to
This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior politication of the subject to prior politication.
and Zoning Department and the Building Inspector.
Estimated or Contract Cost: \$22 900
Date of Issuance: VOI 2 Permit Cost: 74.60
Seals:
Applicant Spector A YW
Conditions of Permit:



BUILDING PERMIT

PERMIT NUMBER: 48011	DOLEDING! ENWIT	DATE: 12 23 19
OWNER: John Wilson IV ADDRESS: POBY 721 CITY: Mandro STATE: NZIP: 27	934 ADDRESS: PO BO	Building Inc ISE#: X 39 XSTATE: NC ZIP: 27063
LOCATION OF BUILDING SITE: 303 QUE PARCEL NUMBER: 024 747000 NC POWER WORK REQUEST NUMBER OR POWE ERECT:	FLOOD ZONE: BFE:	FFE: BLE)
SQUARE FOOTAGE OF HEATED NUMBER OF STORIES: INTER	FINISHES:	
EXTERIOR WALLS:INTER HEAT TYPE:INSUL FOOTING:	ATION & R VALUE:FOUNDATION:	FLOORING:
ADDITIONAL NOTES: Replace 2,	nd Story deck	due to Hurricane
EACH APPLICATION MUST BE ACCOMPANIED SITE PLAN SHOWING ACTUAL DIMEN TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMENT CAMA PERMIT IF REQUIRED	SIONS OF THE LOT, ALL STRUC	CTURES, DRIVEWAYS AND PARKING
*** CALL BUILDING INSPECT	OR 24 HOURS IN ADVANCE FO	R ALL INSPECTIONS***
This building is to be erected or altered in accordance amendments as adopted by the Town of Manteo. This responsibility of the undersigned applicant. Any changand Zoning Department and the Building Inspector.	s permit is valid for six (6) months. (Compliance with Building Regulations is the
Estimated or Contract Cost: \$15,000 Date	of Issuance: 1/10/20 Perm	it Cost: NA
Seals: Applicant	Inspector	Zoning Official
Conditions of Permit:		



BUILDING PERMIT PERMIT NUMBER: (BUILDER: JL HORRIS GOVERNOCTUAL OWNER: 1000 CONTRACTOR LICENSE #: 31599 ADDRESS: 107 Sales ST CITY: MALTEO STATE: N.C. ZIP: 278 S Electuc# 009589 LOCATION OF BUILDING SITE: ZONING DISTRICT: PARCEL NUMBER: FFE: FFE: NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) ERECT: ____ ALTER: ____ REPAIR: ____ SQUARE FOOTAGE OF HEATED SPACE: UNHEATED SPACE: NUMBER OF STORIES: ROOMS: BATHS: FIREPLACES: _____ FINISHES: EXTERIOR WALLS: ROOF TYPE AND MATERIAL: HEAT TYPE: INSULATION & R VALUE: FLOORING: FOOTING: FOUNDATION: ADDITIONAL NOTES: KITCHEL PENEDA EACH APPLICATION MUST BE ACCOMPANIED BY: □ SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING □ TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMENT APPROVALS. □ CAMA PERMIT IF REQUIRED *** CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR ALL INSPECTIONS*** This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector. Review 50.00 Estimated or Contract Cost: 12,000 Date of Issuance: Permit Cost: Seals Conditions of Permit:



ELECT	RICAL PERMIT			
PERMIT NUMBER: 4806			DATE: 1/	0606 8
OWNER: Bich Fiddler	CONTRACTOR	R: Gault Electric, L	LC	
ADDRESS: 34 Hammock Dr	Address:	11840 Canon Bl	vd. Ste 200	
CITY: Maneo STATE: No ZIP:27954	CITY:	Newport News	STATE: VA	ZIP: 23606
PHONE: 703 - 307 - 1796	PHONE:	757-930-0587		
LOCATION: 34 HOMMOCK Dr BUILDER:	Parcel N	UMBER:		
RESIDENTIAL: New ALTERATION	I			
COMMERCIAL: NEW ALTERATION				
NC POWER WORK REQUEST NUMBER OR POWER METER				
	NCREASED TO:		<u> </u>	
	VORK ORDER N Permit Cost:			-
COST. <u>3-711-7.00</u>	errint Cost.	(30100		
If repairing or altering, please describe work:	tall 33	Kw gen	erator	m 300 amp
				·
***CALL BUILDING INSPECTOR 24 HOLD DATE OF ISSUANCE: Willie SEALS: Willie		EE FOR ALL IN	ISPECTIONS*	spector



110 7	BUILDING PERMIT
PERMIT NUMBER: 4807	DATE: 1/15/20
OWNER: 5,0, C LIC ADDRESS: 120 W. Wind Jamass ld. CITY: ng, Hend STATE: NC ZIP: 2795	Builder: Renaissance Construction
ADDRESS: 120 W. Wind in and Pd	CONTRACTOR LICENSE #: 26244
CITY: New Hand STATE: N/ 718: 278 C	ADDRESS: PO And 1411
	ADDRESS: PO Box 1411 CITY: Manteo STATE: DL ZIP: 27954
	Public (1-2 22.)
LOCATION OF BUILDING SITE: 207 Queen F	FLOOD ZONE: 45 BFE: Existing FFE: Existing
PARCEL NUMBER: 0247 80038	FLOOD ZONE: AF & REE: FY AV FEE: F. J.
NC POWER WORK REQUEST NUMBER OR POWER	METER NUMBER (IE APPLICABLE)
	ALTER: X REPAIR:
	
SQUARE FOOTAGE OF HEATED S	SPACE: UNHEATED SPACE:
NUMBER OF STORIES:	ROOMS: BATHS: FIREPLACES:
2.44	RWALLS: ROOF TYPE AND MATERIAL: N/A-TION & R VALUE: Fx: FLOORING: Concept.
EXTERIOR WALLS: 2-X-1 INTERIO	R WALLS: ROOF TYPE AND MATERIAL: NA
HEAT TYPE: Heat TundINSULAT	TION & R VALUE: Fright FLOORING: Concrete
FOOTING: Long	FOUNDATION: Con act &
ADDITIONAL NOTES:	
EACH APPLICATION MUST BE ACCOMPANIED B SITE PLAN SHOWING ACTUAL DIMENSION TWO SETS OF WORKING DRAWINGS ELEVATION OF THE SITE RESTAURANTS: HEALTH DEPARTMENT CAMA PERMIT IF REQUIRED	ONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
*** CALL BUILDING INSPECTOR	24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
amendments as adopted by the Town of Manteo. This p	rith the latest edition of the General Building Laws of North Carolina and all permit is valid for six (6) months. Compliance with Building Regulations is the in construction or site plans will be subject to prior notification of the Planning
Estimated or Contract Cost: 29,000 Date of	Issuance: 121 20 330.00
Seals: Mild diff	Det icheerd
Applicant	Inspector Zoning Official
Conditions of Permit:	
<u>- </u>	



11000	BUILDING PERMIT
PERMIT NUMBER: 4808	DATE: 1/15/2020
	[]
OWNER: CHRISTINE L. LOCKE	BUILDER: HADDON HOMES INC
ADDRESS: PO BOX 721	CONTRACTOR LICENSE #: 55566
CITY: MANTEO STATE: NC ZIP: 27954	ADDRESS: PO BOX 1868
	CITY: NAGS HEAD STATE: NC ZIP: 27959
	PHONE: 252+-267-2287
LOCATION OF BUILDING SITE: 707 S. GEORGE HOW	E STREET ZONING DISTRICT:
PARCEL NUMBER: 024526059	FLOOD ZONE: AE 8.2 BFE: 8.2 FFE: 11.4
NC POWER WORK REQUEST NUMBER OR POWER	R METER NUMBER (IF APPLICABLE)
ERECT: SFH	ALTER: REPAIR:
SQUARE FOOTAGE OF HEATED S	SPACE: 1232 UNHEATED SPACE: 140
NUMBER OF STORIES: 1	ROOMS: 8 BATHS: 2 FIREPLACES: 1
EXTERIOR MALL C: 2Y4	FINISHES:
HEAT TYPE: HEAT PLIMP INCLUDE	R WALLS: 2X4 ROOF TYPE AND MATERIAL: ASPHALT
FOOTING: PILING	FION & R VALUE: BATT - CODE FLOORING: LVT S FOUNDATION: PILINGS
1 OOTING. TENO	FOUNDATION; FILINGS
ADDITIONAL NOTES:	
ADDITIONAL NOTES.	
EACH APPLICATION MUST BE ACCOMPANIED B	A44
TWO SETS OF WORKING DRAWINGS	ONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING
	- A .
RESTAURANTS: HEALTH DEPARTMENT	APPROVALS
☐ CAMA PERMIT IF REQUIRED	
*** 0	
*** CALL BUILDING INSPECTOR	24 HOURS IN ADVANCE FOR ALL INSPECTIONS***
This is the state of the state	
I his building is to be erected or altered in accordance w	vith the latest edition of the General Building Laws of North Carolina and all
responsibility of the undersigned applicant. Any change	permit is valid for six (6) months. Compliance with Building Regulations is the in construction or site plans will be subject to prior notification of the Planning
and Zoning Department and the Building Inspector.	Leview 100.00
F-th the Alberta	
Estimated or Contract Cost: 181,000.0	Permit Cost: 651.00
Date of	(Issuance: 1 28 20 751.00
M. Host M.	000000
Seals: IMERIA PROPRIETO	Try ullust
Applicant /	Inspector Zoning Official
Conditions of Permit:	
CONGRESSION OF FORMER	



PREPARED BY Mike Melantky Cell (252) 256-2318 EMAIL : MACDADDYENTER Q GMAIL GOM

BUILDING PERMIT DATE: 1/28/2020 PERMIT NUMBER: 4809 BUILDER: PRE FARRICATED by OBX Sheds
CONTRACTOR LICENSE #: OWNER: Shallow BAG BAY HOA ADDRESS: 90 S. BAY CLUB DRIVE CITY: MANTED STATE: NCZIP: 27954 Address:____ CITY: STATE: ZIP: PHONE: LOCATION OF BUILDING SITE: Shallow bag Bay Near Dung Zoning DISTRICT: MANTE O
PARCEL NUMBER: NOR 030935003 FLOOD ZONE: BFE: 8H FFE: 8H REPAIR: ALTER: ERECT: _____ SQUARE FOOTAGE OF HEATED SPACE: -0- UNHEATED SPACE: 1920911

NUMBER OF STORIES: 1 ROOMS: 1 BATHS: -0-FIREPLACES: -611 EXTERIOR WALLS: Lumber Interior Walls: Lumber Roof Type and Material: Shingle HEAT TYPE: N/A INSULATION & R VALUE: N/A FLOORING: WOOD DAY
FOOTING: N/A FOUNDATION: N/A ADDITIONAL NOTES: Adding a prefabricated storage shed. Electrical Lighting and outlets will be installed by a CERTIFEED Electrician. Tommy Two DDY-ACE Mechanical). EACH APPLICATION MUST BE ACCOMPANIED BY: SITE PLAN SHOWING ACTUAL DIMENSIONS OF THE LOT, ALL STRUCTURES, DRIVEWAYS AND PARKING TWO SETS OF WORKING DRAWINGS $oxed{oxed}$ ELEVATION OF THE SITE AE8RESTAURANTS: HEALTH DEPARTMENT APPROVALS - N/A CAMA PERMIT IF REQUIRED - N/A application for Bulding Permit for Strage Stod at Stallowbogts This building is to be erected or altered in accordance with the latest edition of the General Building Laws of North Carolina and all amendments as adopted by the Town of Manteo. This permit is valid for six (6) months. Compliance with Building Regulations is the responsibility of the undersigned applicant. Any change in construction or site plans will be subject to prior notification of the Planning and Zoning Department and the Building Inspector. Permit Cost: ico 00 Estimated or Contract Cost: 24300.00

Date of Issuance: Conditions of Permit:



SIGN PERMIT

	ATE 1/30/2020
APPLICANT: The Gourmet OLIVE ADDRESS: 101-C Budleigh St. MATIFED, NC 21954 PHONE: 252-216-9039	
PHONE: 252-216-9039	
THIS PERMIT IS TO: ERECT / ALTER: REPAIR: A SIGN. (PLEASE CHEC	CK ONE)
TYPE OF SIGN: Retail Shop	
LOCATION OF SIGN: See attached Photo of Locate	iza
PARCEL NUMBER: 024585000	
ZONING DISTRICT: SQUARE FOOTAGE OF SIGN: 36" X 24"	Su lettaled
THIS PERMIT MUST BE ACCOMPANIED BY: DRAWING OF SIGN TO SCALE DLOCATION OF PROPOSED SIGN AND ANY OTHER SIGNS ON THE SAME LOT DRAWING TO SCALE OF FACE OF BUILDING IF THE SIGN IS TO BE MOUNTED ON THE	
CONTRACTOR/OWNER SIGNATURE DATE	
Enace Bishing CONTRACTOR/OWNER SIGNATURE 1/30/2010 DATE 1/30/20	
BUILDING INSPECTOR DATE /	
COMMENTS.	
COST OF PERMIT: #50	



SIGN PERMIT

PERMIT NUMBER: 4811 DATE: 1-15-2020
APPLICANT: Loven Life ADDRESS: 400 US Main HUY 64264 Manter NC 27974
PHONE: 252 473 & 30
THIS PERMIT IS TO: ERECT ALTER: A SIGN. (PLEASE CHECK ONE.)
Type of sign: Wood
LOCATION OF SIGN: Same location
PARCEL NUMBER: 02573300
ZONING DISTRICT: 3 2 SQUARE FOOTAGE OF SIGN: 36 59 54.
THIS PERMIT MUST BE ACCOMPANIED BY: DRAWING OF SIGN TO SCALE LOCATION OF PROPOSED SIGN AND ANY OTHER SIGNS ON THE SAME LOT DRAWING TO SCALE OF FACE OF BUILDING IF THE SIGN IS TO BE MOUNTED ON THE FACE OF A BUILDING
MWWWW 1-31-2020 Contractor/Owner Signature Date
CONTRACTOR/OWNER SIGNATURE DATE
Building Inspector Date
COMMENTS:
COST OF PERMIT: \$50



Lot

Town of Kitty Hawk, NC 101 Veterans Memorial Drive

Kitty Hawk, NC 27949 Phone: (252) 261-3552 PERMIT

Permit NO. 20004 Permit Type: Residential

Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/03/2020

Expires: 07/01/2020

Main Permit: Main Permit

Project AddressZoningSubdivision5016 N Virginia Dare TrailBR-1KITTY HAWK BEACH REV SEC A

Block

 Flood Zone
 Constuction Type
 Building Code

 VE
 Repair/Replace
 BLDG2018

Owner Information Address Phone
RICHARD A ROTH 203 TIFFANY DR

BRIDGEWATER VA 22812

Applicant Information Address Phone

KICZ Maintenance & Remodeling P O Box 875 252-619-2599

Grandy, NC 27939

00000

KICZ Maintenance & 252-619-2599 General

Description of Work: Remove & replace the deck boards and handrails on the southside deck and the elevated walkway. NO CHANGE IN FOOTPRINT

Building Comments:

Permit Cost - \$95.00

Value of House - \$89,900; 50% Cost of House - \$44,950; Cost of Work - \$7500; Value Work Left In 12 Months - \$37,450;

Planning Conditions:

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

Owner	1	Applicant	/ Contractor	1	Agent	Date	
Building	a O	fficial				Date	



<u>Town of Kitty Hawk, NC</u> 101 Veterans Memorial Drive

Kitty Hawk, NC 27949 Phone: (252) 261-3552 PERMIT

Permit NO. 20005 Permit Type: Residential

Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/03/2020

Expires: 07/01/2020

Main Permit: Main Permit

Project Address Zoning Subdivision 3804 Rock Court BR-1 **KEEPERS HILL SEC 4** Lot Block PIN 53 987511673422 Flood Zone **Constuction Type Building Code** X Pool **Owner Information** Address Phone Michael A & Marsha B Spivey 3804 Rock Court 540-522-0236 Kitty Hawk NC 27949 **Applicant Information** Address Phone Caribbean Pools 252-480-2900 P O Box 65 Kitty Hawk, NC 27949

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost: Unheated Sq. Feet Total Sq. Feet:	.00 .00
TBD	000-000-0000	Electrical	00000		
Caribbean Pool & Spa of the Outer Banks, Inc.	(252)480-2900	General	73571		
Building Comments:				Description of Work: 30 in-ground pool wit utility building	

Permit Cost - \$360.00

Planning Conditions:

Flood Zone - Shaded X; Map# - 3720987500J; Effective - 09/20/2006; An As-Built Survey to be submitted prior to scheduling final inspection

Owner	1	Applicant	/ Contractor	/ Agent	Date	
Building	g O	fficial				Date



Town of Kitty Hawk, NC

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

Permit NO. 20011

Permit Type: Residential

Work Classification: [Permit Type]

Permit Status: Open

Issue Date: 01/07/2020

Expires: 07/05/2020

Main Permit: Main Permit

Project Address Zoning Subdivision

4242 N Virginia Dare Trail BC-1 KITTY HAWK BEACH REV SEC A

Lot Block PIN

6 987615534585

Flood Zone Constuction Type Building Code
AE Pool BLDG2018

Owner Information Address Phone

Donny D & Marlena D Meletta 64 Poplar Grove Terrace

West Milford NJ 07480

Applicant Information Address Phone

Caribeean Pools & Spas P O Box 65 252-207-1773

Kitty Hawk, NC 27949

Construction Cost: 42000.00
Unheated Sq. Feet .00

Contractor(s) Phone Contractor Type License Number Total Sq. Feet: .00

Caribbean Pool & Spa of the Outer Banks, Inc. (252)480-2900 General 73571

Godfrey Electrical 252-202-1450 Electrical 08204-L

Description of Work: Install inground pool with concrete deck; Relocate septic as shown;

Remove rear deck with only 3' of

deck remaining; Revised

01/29/2020 to add

thereplacement of five 8 x 8 pilings 3.5' feet off the rear of house and rebuild deck due to

rot being found

Permit Cost - \$340.00

Planning Conditions:

Building Comments:

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

Pool equipment shown on site plan encroaches on the 10' side yard setback - Must comply with setback requirements if greater than 30 inches in height from grade; Elevation of bottom of pool equipment to be at or above 11 NAVD; Finished Construction Elevation Certificate required prior to final inspection; As Built Survey required prior to Final Inspection;



Town of Kitty Hawk, NC 101 Veterans Memorial Drive

Kitty Hawk, NC 27949 Phone: (252) 261-3552

PERMIT

Permit NO. **20013** Permit Type: Residential

Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/08/2020

Expires: 07/06/2020

Main Permit: Main Permit

Project AddressZoningSubdivision3836 N Virginia Dare Trail, Unit F-5BR-3SEA DUNES PHASE 2LotBlockPINBldg F Unit 5987508880918

Flood Zone
AE
Constuction Type
Repair/Replace
BLDG2018
Address
Phone

Owner InformationAddressPhoneHenry Gwaltney Estate c/o William D Gwaltney615 Sampson Street919-522-7929

Raleigh NC 27609

Applicant Information Address Phone

Sea Thru Construction P O Box 2471 252-491-6964

Kitty Hawk, NC 27949

Sea Thru Construction (252)491-6964 General 57130

Description of Work: Remove all deck boards, rails and 2 x 4 ledgers. Install a 2 x 4 to each joist; Install new 2 x 4 ledger; Install new deck boards and 2 x 8 band boards and 4 x 4 post bolted; Install new rails with 2 x 2 pickets 4" on center; Stain new deck bards, rails and posts for top level deck - No change in

footprint

Building Comments:

Permit Cost - \$90.00

Planning Conditions:

Flood Zone-AE; Elevation-10'+1'=11'; Map#-3720097500J; Effective-09/20/2006

Owner	1	Applicant	/ Contractor	1	Agent	Date
Buildin	7.0	fficial				Date



Building Official

Town of Kitty Hawk, NC

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

PERMIT

Permit NO. 20014

Date

Permit Type: Residential Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/10/2020

Expires: 07/08/2020

Main Permit: Main Permit

				Main Permi	t: Main Perm			
Project Address		Zoning		Subdivision				
5013 N Virginia Dare	Trail	BR-1		KITTY HAWK BEACH REV SEC A				
Lot		Block		PIN	PIN			
				987606296508				
Flood Zone		Constuction	4 7 TABLE	Building Code				
VE		Remodeling		BLDG2018				
Owner Information	230.03	Address		Phone				
Irvin Lanier, Elizabeth	n Lanier	175 Holly To Southern Sh Carolina 279	ores North	252-255-7990				
Applicant Information	on	Address	,10	Phone				
Earl McDowell Wood		P O Box 124	11	252-261-2656				
		Kitty Hawk, I						
				Construction Cost:	46643.00			
	226			Unheated Sq. Feet	.00			
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00			
Earl McDowell Wood	lard 252-261-2656	General	72054					
TBD	000-000-0000	Electrical	00000					
TBD	000-000-0000	Plumbing	00000					
Building Comments	<u>s:</u>			Description of Work: remodel - new kitche replumb, floor struct - no changes to floor	n, rewire, ural repairs,			
Permit Cost - \$685.00								
Planning Condition	s:							
at or above 13'. All attend structural member is at 1	dant utilities must be at 8.3' NAVD; lowest mac	or above 13' MSL. Per hinery/equipment service	Elevation Certificate date sing structure is at 20.1' N	owest horizontal structural m d 01/06/2020, the lowest hor NAVD. No additional elevation shall be no fill used for structi	izontal required.			
Governing Building Cons	truction in the State of	North Carolina and ordi	nances adopted by the To	wk Zoning Restrictions and w	vith the Laws			
Any change in the work a	as specified is subject to	prior approval of the B	uilding Inspector.					
				42-7-	-			
Owner / Applicar	nt / Contractor /	Agent		Date				



Building Official

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

PERMIT

Permit NO. **20002**Permit Type: Residential
Work Classification: [Permit Type]

Permit Status: Pending

Date

Issue Date: 01/02/2020

Expires: 06/30/2020

Main Permit: Main Permit

Project Address		Zoning		Subdivision SUBDIVISION - NONE PIN 987615539149 Building Code BLDG2018			
4219 N Virginia Dare T	rail	BR-1					
Lot		Block					
Flood Zone VE		Constuction Repair/Repla					
Owner Information		Address	300	Phone			
Seaform Sally LLC		861 S Atlant	ic Avenue	757-469-4508			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Virginia Bea		101 100 1000			
Applicant Information		Address		Phone			
Seaform Sally LLC		861 S Atlant	ic Avenue	757-469-4508			
		Virginia Bead	ch, VA 23451				
				Construction Cost:	5000.00		
Asset and the second				Unheated Sq. Feet	.00		
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00		
Owner	000-000-0000	General	00000				
Building Comments:				Description of Work: landings & stairs on b house - No change in	oack of		
Permit Cost - \$70.00							
Planning Conditions:							
Flood Zone-VE; Elevation-1	2'+1'=13'; Map#-372	:0987600J; Effective-09/	/20/2006				
The work authorized by this Governing Building Constru Any change in the work as s	ction in the State of I	North Carolina and ordin	nances adopted by the To	wk Zoning Restrictions and wi	th the Laws		
Owner / Applicant	/ Contractor /	Agent		Date			



Town of Kitty Hawk, NC

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

PERMIT

Permit NO. 20019

Permit Type: Residential Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/15/2020

Expires: 07/13/2020

Main Permit: Main Permit

Zoning	Subdivision
VR-1	SUBDIVISION - NONE
Block	PIN
	987505273897
Constuction Type	Building Code
Addition	BLDG2018
Address	Phone
	VR-1 Block Constuction Type Addition

Matthew M Soriente 857 Herbert Perry Road Kitty Hawk NC 27949

Applicant Information Address

Matthew Soriente 857 Herbert Perry Road Kitty Hawk, NC 27949

Phone

252-305-0250

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost: Unheated Sq. Feet Total Sq. Feet:	13000.00 96.00 240.00
TBD	000-000-0000	Electrical	00000		
Owner	000-000-0000	General	00000		
TBD	000-000-0000	Mechanical	00000		
TBD	000-000-0000	Plumbing	00000		
				Description of Work:	Add 12 x

28 addition to south side of existing house for a dining room and utility area; Add 96 sq ft

deck:

Permit Cost - \$420.00

Building Comments:

A Termite Affidavit due prior to Rough-In Inspection

Planning Conditions:

Flood Zone-AE; Elevation-8.3'+1'=9.3'; Map#-3720987500J; Effective-09/20/2006;

Addition is to a Pre-FIRM structure - not a substantial improvement; If existing 1st floor elevation is below 9.3' NAVD 88, the addition must be designed to minimize flood damages and must not be any more nonconforming than the existing structure.

A Finished Elevation Certificate due prior to pre-final inspection.

Owner	1	Applicant	/ Contractor	1	Agent	Date



Town of Kitty Hawk, NC 101 Veterans Memorial Drive

Kitty Hawk, NC 27949 Phone: (252) 261-3552

PERMIT

Permit NO. **20024**Permit Type: Residential
Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/16/2020

Expires: 07/14/2020 Main Permit: Main Permit

Project Address Zoning Subdivision 5121 Lindbergh Avenue **BR-1** KITTY HAWK BEACH REV SEC A Lot Block PIN 23 S Pt 22 21 987717107237 Flood Zone Constuction Type **Building Code** AE Elevator **BLDG2018** Owner Information Address Phone Penny Woods Mullins 5121 Lindbergh Avenue 423-754-2616

Applicant Information Kitty Hawk NC 27949
Address

DeBoy Construction & Remodeling

303 Eagle Drive

Kill Devil Hills, NC 27948

Phone

252-480-9921

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost: Unheated Sq. Feet Total Sq. Feet:	53000.00 .00
TBD	000-000-0000	Electrical	00000	_	
DeBoy Construction & Remodeling Inc.	(252)480-9921	General	61498		

Building Comments:

Description of Work: Add a 3 stop elevator & shaft at south

end of dwelling

Permit Cost - \$530.00

Planning Conditions:

Flood Zone-AE; Elevation-9'+1=10'; Map#-3720987700J; Dated 09/20/2006; Finished Elevation Certificate due prior to final inspection.

Elevation of elevator equipment to be at or above 10' NAVD 88; All materials below 10' NAVD 88 must be flood resistant; If elevator cab is designed to provide access to areas below the 10' NAVD 88, it must be equipped with controls that prevent the cab from descending into floodwaters; Elevator shaft must either have flood openings at 1 square inch per square foot of enclosure, or be engineered to resist flood loads;

NOTE: NOT HAVING FLOOD OPENINGS MAY RESULT IN HIGHER INSURANCE PREMIUMS

Owner	1	Applicant	/ Contractor	/ Agent		Date
Building	q O	fficial				Date



Building Official

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

PERMIT

Permit NO. 20025 Permit Type: Commercial Work Classification: [Permit Type]

Permit Status: Pending

Date

Issue Date: 01/17/2020

Expires: 07/15/2020

Main Permit: Main Permit

Project Address		Zoning		Subdivision			
800 Angler Way		BR-2		Sandpiper Cay Condos PH 6 & 7			
Lot		Block					
Common Property Bldg	800	Bldg 800		98761951231600			
Flood Zone		Constuction	т Туре	Building Code			
X		Repair/Repla	ace	BLDG2018			
Owner Information		Address		Phone			
Sandpiper Cay Property	/ Owners	P O Box 449					
		Kitty Hawk N	IC 27949				
Applicant Information		Address		Phone 252-261-2188			
Sandpiper Cay COA		P O Box 449					
		Kitty Hawk, I	NC 27949				
				Construction Cost:	25000.00		
				Unheated Sq. Feet	.00		
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00		
Sandpiper Cay COA	252-261-2188	Other	0000				
Building Comments:				Description of Work: cedar shakes	Replace		
Permit Cost - \$170.00							
Planning Conditions:							
Flood Zone-Shaded X; Map	#-3720987600J; Effe	ective-09/20/2006					
The work authorized by this Governing Building Construct Any change in the work as s	ction in the State of I	North Carolina and ordin	nances adopted by the To	wk Zoning Restrictions and wown of Kitty Hawk.	ith the Laws		
Owner / Applicant	/ Contractor /	Agent		Date	-		



Town of Kitty Hawk, NC 101 Veterans Memorial Drive

Kitty Hawk, NC 27949 Phone: (252) 261-3552

PERMIT

Permit NO. 20027 Permit Type: Residential Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/17/2020

Expires: 07/15/2020

Main Permit: Main Permit

Project Address Zoning Subdivision 3937 Tarkle Ridge Drive VR-1 KITTY HAWK LANDING SEC 5 Lot Block 40 986515549892 Flood Zone **Constuction Type Building Code** AF Pier/Dock BLDG2018 Owner Information Address Phone **Ernest Rodney Douglas** 716 B 16th Street 757-630-2666 Virginia Beach VA 23451 Applicant Information Address Phone Millstone Marine 7000 Maritime Woods Drive 252-305-8842

Contractor(s)	Phone	Control to Tues	Paris Nontra	Construction Cost: Unheated Sq. Feet	27017.00 972.00
	- Other Burner	Contractor Type	License Number	_ Total Sq. Feet:	.00
TBD Millstone Marine	000-000-0000	Electrical	00000		

Manteo, NC 27954

Milistone Marine 252-305-8842 General 78077 Construction, Inc.

> Description of Work: Construct a 43 x 6 pier, 45 x 6 fixed platform & a 30 x 13 fixed platform

Permit Cost - \$262.00

Planning Conditions:

Building Comments:

Flood Zone-AE; Elevation-8.3'+1'=9.3'; Map#-3720986500J; Effective-09/20/2006

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

Owner	1	Applicant	/ Contractor	1	Agent	Date	
Building	0.0	fficial				Date	



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

PERMIT

Permit NO. 20029 Permit Type: Residential
Work Classification: [Permit Type]

Permit Status: Pending

Date

Issue Date: 01/17/2020

Expires: 07/15/2020

Project Address		Zoning		Subdivision		
4108 Ivy Lane		VR-1		KITTY HAWK LANDING SEC 1		
Lot		Block		PIN		
1				986510472178		
Flood Zone		Constuction	Туре	Building Code		
AE		Bulkhead/Re	taining Wall	BLDG2018		
Owner Information		Address		Phone		
Gordon B & Helen M Jo	nes	4108 Ivy Lan	ie			
		Kitty Hawk N				
Applicant Information		Address		Phone		
Millstone Marine			ne Woods Drive	252-305-8842		
		Manteo, NC		202 000 00.2		
	***************************************			Construction Cost:	25680.00	
				Unheated Sq. Feet	.00	
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00	
Millstone Marine Construction, Inc.	252-305-8842	General	78077			
Building Comments:				Description of Work: a new 100' bulkhead	Construct	
Permit Cost - \$175.00						
Planning Conditions:						
Flood Zone-AE; Elevation-8.	3'+1'=9.3'; Map#-37	20096500J; Effective-0	9/20/2006			
The work authorized by this	permit is to be perfo	ormed in accordance with	h the applicable Kitty Hav	wk Zoning Restrictions and w	vith the Laws	
Governing Building Construct Any change in the work as s				own of Kitty Hawk.		
Any change in the work as s	pecified is subject to	prior approvar or the B	uliding inspector.			
Owner / Applicant	/ Contractor /	Agent		Date		



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

PERMIT

Permit NO. 20031 Permit Type: Residential
Work Classification: [Permit Type]
Permit Status: Pending

Date

Issue Date: 01/23/2020

Expires: 07/21/2020

Project Address		Zoning		Subdivision	
4608 Seascape Drive Lot 343		BR-1		SEA SCAPE SEC 1	
		Block		PIN	
				987610257610	
Flood Zone		Constuction	туре	Building Code	
X		Repair/Repla	ace	BLDG2018	
Owner Information	Park Co.	Address		Phone	
Alan K Stegner & C	harlote A Pedigo	101 Waters I	Edge Drive	443-481-8269	
		Chocowinity	NC 27817		
Applicant Informat	tion	Address		Phone	
Alan Stegner		4608 Seasca	ape Drive	443-481-8269	
		Kitty Hawk, N	NC 27949		
		33-13-13		Construction Cost:	8000.00
				Unheated Sq. Feet	.00
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00
Owner	000-000-0000	General	00000		
Building Commen	nts:			Description of Work: replace decks and sta	
Permit Cost - \$85.00					
Planning Conditio	ns:				
Flood Zone-Shaded X;	Map#-3720987600J; Effe	ective-09/20/2006			
	this permit is to be performatruction in the State of			wk Zoning Restrictions and w	ith the Laws
Any change in the work	as specified is subject to	prior approval of the B	uilding Inspector.		
		F 1 1 2 2 2 2			-4
Owner / Applica	ant / Contractor /	Agent		Date	



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

PERMIT

Permit NO. 20041

Permit Type: Residential Work Classification: [Permit Type]

Permit Status: Pending

Date

Issue Date: 01/29/2020

Expires: 07/27/2020

Project Address		Zoning		Subdivision	
4216 Lindbergh Avenue Lot 41		BR-1		KITTY HAWK BEACH REV SEC A	
		Block		PIN	
		Α		987615524826	
Flood Zone		Constuction	n Type	Building Code	
AE		Repair/Repla	ace	BLDG2018	
Owner Information		Address		Phone	
Stephanie Duncan & 7	Thomas Anderson	2205 Californ	nia Street NW, Apt 60	2	
		Washington	DC 20008		
Applicant Informatio	n	Address		Phone	
Thomas Anderson		2205 Californ	nia Street NW, Apt 60	2 703-475-9460	
		Washington,	DC 20008		
				Construction Cost:	15000.00
				Unheated Sq. Feet	.00
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00
Owner	000-000-0000	General	00000		
Building Comments	£			Description of Work: replace windows, sid and rear decking boards/handrails on house - no change in	ing, soffitt existing
Permit Cost - \$95.00				nouse - no change in	Tootprint
Planning Conditions	<u>s:</u>				
Flood Zone-AE; Elevation Value of House - \$91,100				ue left for next 12 months - \$	35,550
The work authorized by th Governing Building Const Any change in the work as	ruction in the State of I	North Carolina and ordin	nances adopted by the To	wk Zoning Restrictions and wown of Kitty Hawk.	vith the Laws
Owner / Applican	t / Contractor /	Agent		Date	-



PERMIT

Permit NO. 20035 Permit Type: Residential
Work Classification: [Permit Type]
Permit Status: Open

Issue Date: 01/27/2020

Expires: 07/25/2020

Building Official				Date	-
Owner / Applicant	/ Contractor /	Agent		Date	
The work authorized by this p Governing Building Construc Any change in the work as sp	tion in the State of N	North Carolina and ordin	nances adopted by the To	wk Zoning Restrictions and wown of Kitty Hawk.	ith the Laws
Flood Zone-Shaded X; Map#	:-3720987600J; Effe	ective-09/20/2006			
Planning Conditions:					
Building Comments:			Description of reinstall meter is replaced		
Inc.	(252)441-5334	Electrical	23077-U		
Jeffrey C Thompson BRS Electrical Services	(252)441-4208	General	49467		
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00
				Construction Cost: Unheated Sq. Feet	5000.00
		Kitty Hawk, N			
Applicant Information Jeff Thompson		Address 6071 Curritue	ck Road	Phone 252-202-2675	
		Alexandria V	A 22309	2,23	
Jose Vieitez & Concha S	eara Barros	8301 Carlwo	od Road	, mente	
Owner Information		Repair/Repla Address	ace	Phone	
Flood Zone X		Constuction		Building Code NEC2017	
Unit 1908 Bldg 1900				98761841675808	
Lot		Block		PHASE 8	
1908 Neptune Way		BR-2		SANDPIPER CAY CONDOS	
Project Address		Zoning		Subdivision	



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

PERMIT

Permit NO. 20030 Permit Type: Residential Work Classification: [Permit Type] Permit Status: Open

Date

Issue Date: 01/22/2020

Expires: 07/20/2020

Project Address 3836 N Virginia Dare Trail, Unit K-6 Lot Flood Zone AE Owner Information DOMINIC A PARIS		Zoning BR-3 Block Constuction Type Repair/Replace Address 884 DOGWOOD DELL LAND MIDLOTHIAN VA 23113		Subdivision SEA DUNES PHASES 3 & 4 PIN 987508789671 Building Code NEC2017 Phone	
Applicant Information		Address		Phone	
Beacon Electric		129 Scupper Manteo, NC		252-489-5680	
				Construction Cost:	1200.00
Contractor/s\	Disease		TO A SERVICE INCIDENCE	Unheated Sq. Feet	.00
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00
Beacon Electrical Contractor	(252)489-5680	Electrical	28692-I		
Building Comments:				Description of Work: 2 gang 200 amp ruste meter base and house	d out
Permit Cost - \$190.00					
Planning Conditions:					
Flood Zone-AE; Elevation-1	0'+1'=11'; Map#-3720	0987500J; Effective-09/	20/2006		
The work authorized by this Governing Building Construct Any change in the work as s	ction in the State of N	North Carolina and oroir	nances adopted by the To	wk Zoning Restrictions and wi	th the Laws
Owner / Applicant	/ Contractor /	Agent		Date	



Owner / Applicant / Contractor / Agent

Building Official

PERMIT

Permit NO. 20028

Permit Type: Residential Work Classification: [Permit Type]

Permit Status: Open

Date

Date

Issue Date: 01/17/2020

Expires: 07/15/2020

Project Address		Zoning		Subdivision	
4522 Seascape Drive		BR-1		SEA SCAPE SEC 1	
Lot		Block		PIN	
		Diock		987610259097	
Flood Zone		Constuction	Type	Building Code	
X		Electrical	, , , , , , , , , , , , , , , , ,	NEC2017	
Owner Information		Address		Phone	
LEONARD J ULICNY		159 CREAM	POT RD	1,0141,0	
		DURHAM C	Т 6422		
Applicant Information		Address		Phone	
Above Code Electric		P O Box 688		804-432-3488	
		Kitty Haw, No	C 27949		
	**************************************			Construction Cost:	675.00
				Unheated Sq. Feet	.00
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00
Above Code Electric, LLC	252-375-3232	Electrical	31933		
Building Comments:			9	Description of Work: A circuits in lower level for sauna, garage GFI convenience receptace	of home and
Permit Cost - \$65.00					
Planning Conditions:					
Flood Zone-Shaded X; Map#	#-3720987600J; Effe	ective-09/20/2006			
The work authorized by this Governing Building Construction Any change in the work as s	tion in the State of I	North Carolina and ordin	nances adopted by the To	wk Zoning Restrictions and wil own of Kitty Hawk.	h the Laws



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

PERMIT

Permit NO. 20026 Permit Type: Commercial Work Classification: [Permit Type] Permit Status: Pending

Issue Date: 01/17/2020

Date

Expires: 07/15/2020

Project Address 5353 N Virginia Dare Trail Lot		Zoning BH-2 Block		Subdivision SUBDIVISION - NONE PIN 987717112528	
Flood Zone VE		Constuction	Type - Remodel/Repair	Building Code Fuel2018	
Owner Information LLC OBX RESORT		Address PO BOX 106 KITTY HAWI	9	Phone	
Applicant Information Tarheel Fireplace & Gril	I Shop Inc	Address 657 Ocean F Hertford, NC	lighway S	Phone 252-426-1426	
				Construction Cost:	14000.00
Contractor(s)	Phone	Contractor Type	License Number	Unheated Sq. Feet Total Sq. Feet:	.00
Tarhell Fireplace and Grill Shop, Inc.	(252)426-1426	Fuel Piping	21798		
Building Comments:				Description of Work: replace North Tower and vent system	
Permit Cost - \$50.00					
Planning Conditions:			20000		
Flood Zone- VE; Elevation-	4'+1=15'; Map#-372	0987700J; Effective-09.	/20/2006		
The work authorized by this Governing Building Constru Any change in the work as s	ction in the State of N	North Carolina and ordin	nances adopted by the To	wk Zoning Restrictions and wown of Kitty Hawk.	rith the Laws
Owner / Applicant	/ Contractor /	Agent		Date	-1



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

PERMIT

Permit NO. 20021 Permit Type: Residential Work Classification: [Permit Type] Permit Status: Open

Date

Issue Date: 01/15/2020

Expires: 07/13/2020

2903 Seahorse Court		BR-2		SANDPIPER CAY COL	IDOC
Lot		BR-2		SANDPIPER CAY CONDOS PHASE 21	
Unit 2903 Bldg 2900		Block		PIN 98761841004302	
Flood Zone X		Constuction		Building Code	
Owner Information		Repair/Repla Address	ice	MECH2018 Phone	
Deborah J Norton & Lea	h Joyce Harris	7013 Hunder Norfolk VA 2		riione	
Applicant Information		Address		Phone	
Dusty Rhoads HVAC		3822 Elijah E Kitty Hawk, N		252-255-0032	
				Construction Cost: Unheated Sq. Feet	<u>2500.00</u>
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00
TBD	000-000-0000	Electrical	00000		
Dusty Rhoads HVAC, Inc.	(252)261-5892	Mechanical	21691		
Building Comments:				Description of Work: change out of a 2 ton unit only	
Permit Cost - \$50.00					
Planning Conditions: Flood Zone-Shaded X; Map#	≠3720987600J; Effe	ctive-09/20/2006			
The work authorized by this Governing Building Construction Any change in the work as s	tion in the State of N	orth Carolina and ordin	nances adopted by the To	vk Zoning Restrictions and wi wn of Kitty Hawk.	th the Laws
Owner / Applicant	/ Contractor /	Agent		Date	



<u>Town of Kitty Hawk, NC</u> 101 Veterans Memorial Drive

Kitty Hawk, NC 27949 Phone: (252) 261-3552

PERMIT

Permit NO. 20023
Permit Type: Commercial
Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/16/2020

Expires: 07/14/2020

Main Permit: Main Permit

Project Address	Zoning	Subdivision
6146 N Croatan Highway	BC-1	KITTY HAWK BEACH
Lot	Block	PIN
12-16	64	986606398081
Flood Zone	Constuction Type	Building Code
AE	Mechanical	MECH2018
Owner Information	Address	Phone
Banks Land Company LLC	P O Box 432	252-202-1482
2,22,23,23,23	Kitty Hawk NC 27949	
Applicant Information	Address	Phone
North Beach Services	P O Box 181	252-491-2878
	Kitty Hawk, NC 27949	

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost: Unheated Sq. Feet _ Total Sq. Feet:	.00 .00
North Beach Services (Elect)	(252)491-2878	Electrical	24744-SP-PH		
North Beach Services	(252)491-2878	Mechanical	22053		
Building Comments:				Description of Work:	Install 2

Permit Cost - \$152.00

Planning Conditions:

Flood Zone-AE; Elevation-8.3'+1'=9.3'; Map#-3720986600J; Effective-09/20/2006

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

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

Owner	1	Applicant	/ Contractor	1	Agent	Date	
Buildin	g O	fficial				Date	



PERMIT

Permit NO. 20015
Permit Type: Residential
Work Classification: [Permit Type]
Permit Status: Pending

Date

Issue Date: 01/13/2020

Expires: 07/11/2020

Project Address 3805 Hallett Street		Zoning BR-1		Subdivision N E HURDLE ESTATE		
Lot		Block		PIN		
6		DIOCK		987508882377		
Flood Zone		Constuction	Type	Building Code		
AE		Repair/Repla	1	MECH2018		
Owner Information		Address		Phone		
Alice R Franklin		3805 Hallett	Street			
		Kitty Hawk N	IC 27949			
Applicant Information		Address		Phone		
OBHC dba One Hour Ho Conditioning	eating & Air	P O Box 260	0	252-441-1740		
		Kill Devil Hill	s, NC 27948			
				Construction Cost:	3907.00	
				Unheated Sq. Feet	.00	
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00	
OBHC, Inc. DBA One Hour Heating & Air Conditioning	(252)441-1740	Mechanical	12643			
Fischer Building Company	(252)480-1288	Electrical	15973-U			
Building Comments:				Description of Work: change out of the out only		
Permit Cost - \$50.00						
Planning Conditions:						
Flood Zone-AE; Elevation-10	0'+1'=11'; Map#-3720	0987500J; Effective-09/	20/2006			
The work authorized by this Governing Building Construct Any change in the work as s	ction in the State of N	North Carolina and ordin	nances adopted by the To	wk Zoning Restrictions and wi	th the Laws	
Owner / Applicant	/ Contractor /	Agent		Date		
Building Official				Date		



Town of Kitty Hawk, NC 101 Veterans Memorial Drive

Kitty Hawk, NC 27949 Phone: (252) 261-3552

PERMIT

Permit NO. 20016
Permit Type: Commercial
Work Classification: [Permit Type

Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/13/2020

Expires: 07/11/2020

Main Permit: Main Permit

evil Hills, NC 27948
Box 132 252-441-7642
ress Phone
Hawk NC 27949
Box 46
ress Phone
air/Replace MECH2018
stuction Type Building Code
987610364567
k PIN
KITTY HAWK BEACH REV SEC
ng Subdivision
1 6 11

Contractor(s)	Phone	Contractor Type	License Number	Unheated Sq. Feet _ Total Sq. Feet:	.00
Winston Peoples King	252-473-7745	Electrical	07274-L		
Atlantic Heating & Cooling Ltd	(252)441-7642	Mechanical	11618		
Building Comments:				Description of Work: I	HVAC

Description of Work: HVAC change out of a 5 ton system

Permit Cost - \$50.00

Planning Conditions:

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

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

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

Owner	1	Applicant	/ Contractor	1	Agent	Date
Building	g O	fficial				Date



Town of Kitty Hawk, NC 101 Veterans Memorial Drive

Kitty Hawk, NC 27949 Phone: (252) 261-3552

PERMIT

Permit NO. 20017 Permit Type: Residential Work Classification: [Permit Type] Permit Status: Open

Date

Issue Date: 01/13/2020

Expires: 07/11/2020

Project Address		Zoning		Subdivision		
3730 N Virginia Dare Tra	ail	BR-1		HURDLE, PERRY, JOHNSON & WHITE		
Lot		Block		PIN		
				987508886152		
Flood Zone		Constuction	n Type	Building Code		
VE		Repair/Repla	ace	MECh2018		
Owner Information		Address		Phone		
JOHN F & WEAVER		2222 W CLU CAROLINE	JB BLVD C/O WEAVER			
		DURHAM N	C 27705			
Applicant Information		Address		Phone		
R A Hoy Heating & Air		3908 N Croa	atan Highway	252-261-2008		
		Kitty Hawk, I	NC 27949			
				Construction Cost:	6949.00	
				Unheated Sq. Feet	.00	
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00	
R. A. Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Mechanical	13056			
R A Hoy Heating & Air Conditioning, Inc.	(252)261-2008	Electrical	22222-L			
Building Comments:				Description of Work: change out of a 2.5 to		
Permit \$50.00						
Planning Conditions:						
The work authorized by this p Governing Building Construct Any change in the work as sp	tion in the State of N	North Carolina and ordir	nances adopted by the To	wk Zoning Restrictions and wi	th the Laws	
Owner / Applicant	/ Contractor /	Agent		Date	-	



PERMIT

Permit NO. 20006
Permit Type: Residential
Work Classification: [Permit Type]
Permit Status: Pending

Issue Date: 01/07/2020

Expires: 07/05/2020

Building Official				Date	
Owner / Applicant	/ Contractor /	Agent		Date	
The work authorized by this Governing Building Construc Any change in the work as s	dion in the otate of h	orun Carolina and Ordin	lances adopted by the lo	vk Zoning Restrictions and wit wn of Kitty Hawk.	th the Laws
Flood Zone-AE; Elevation-8	.3'+1'=9.3'; Map#-372	20986500J; Effective-09	9/20/2006		
Planning Conditions:					
Building Comments: Permit Cost - \$50.00				Description of Work: HVAC change out of a 3 ton system	
All-In-One Mechanical, L.L.C.	(252)491-5334	Mechanical	27675		
Herbert Wallace Franci Jr.	s (252)202-5350	Electrical	07784-L		
Contractor(s)	Phone	Contractor Type	License Number	Unheated Sq. Feet _ Total Sq. Feet:	.00
				Construction Cost:	4900.00
	4.44.44.44.44.44.44.44.44.44.44.44.44.4	Kitty Hawk,	NC 27949		
All-In-One Mechanical		P O Box 339	92	252-202-5350	
Applicant Information		Kitty Hawk N	NC 27949	Phone	
William C & Jane D Gu	enther, Jr.	4001 Ivy La			
Owner Information		Address	400	Phone	
AE		Constuctio Repair/Repl		Building Code MECH2018	
17 & 18 Flood Zone		Zeliania.		986510450729	
Lot		Block		KITTY HAWK LANDING SEC 2	
4001 Ivy Lane		VR-1		Subdivision KITTY HAWK LANDING SEC.	



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

PERMIT

Permit NO. 20007
Permit Type: Residential
Work Classification: [Permit Type]
Permit Status: Pending

Issue Date: 01/07/2020

Date

Expires: 07/05/2020

B						
Project Address		Zoning		Subdivision		
104 Shell Circle		BR-2		BAY RIDGE		
Lot		Block		PIN		
ru de				987511678479		
Flood Zone		Constuctio	n Type	Building Code		
X		Mechanical		MECH2018		
Owner Information		Address		Phone		
JOHNNY HILL		716 MILL PI	KE			
		CHESAPEA	KE VA 23322			
Applicant Information		Address		Phone		
Atlantic Heating & Cooli	ng	P O Box 132		252-441-7642		
			s, NC 27948	232-441-1042		
		The state of the s		Construction Cost:	4200.00	
				Unheated Sq. Feet	.00	
Contractor(s)	Phone	Contractor Type	License Number	Total Sq. Feet:	.00	
Winston Peoples King	252-473-7745	Electrical	07274-L	_		
Atlantic Heating & Cooling Ltd	(252)441-7642	Mechanical	11618			
Building Comments:				Description of Work: ductless mini-split sydetached garage zone	stem for	
Permit Cost - \$50.00						
Planning Conditions:						
Flood Zone-Shaded X; Map#	≠3720987500J; Effe	ctive-09/20/2006;				
The work authorized by this properties of the construction of the work as spaced and the work and the work as spaced and the work as spac	HOLL ILLE STATE OLIV	ioitii Garolina and ordin	ances adonted by the To	wk Zoning Restrictions and wit own of Kitty Hawk.	th the Laws	
Owner / Applicant	/ Contractor /	Agent		Date	£ _	
		4.5400				



PERMIT

Permit NO. 20022 Permit Type: Residential Work Classification: [Permit Type] Permit Status: Pending

Issue Date: 01/16/2020

Expires: 07/14/2020

Main Permit: Main Permit

Project Address Zoning Subdivision 5142 Amadas Avenue VR-1 KITTY HAWK WOODS Lot Block PIN 361A 986610372181 Flood Zone Constuction Type **Building Code** AE Addition BLDG2018 Owner Information Address Phone Frederrick P Marasca & Denise M Rockey 5142 Amadas Avenue Kitty Hawk NC 27949 Applicant Information Address Phone William K Gibson

P O Box 2622

252-207-2700 Kitty Hawk, NC 27949

Construction Cost: 40000.00 Unheated Sq. Feet 624.00 Contractor(s) Phone Contractor Type License Number Total Sq. Feet: 576.00 TBD 000-000-0000 Electrical 00000 000-000-0000 Mechanical 00000

TBD TBD 000-000-0000 Plumbing 00000 William K Gibson 252-207-2700 General 81900

Description of Work: Add garage

with studio above

Permit Cost - \$615.00

The following items are required: Termite Affidavit prior to Rough-In Inspecction; Energy Certificate prior to Pre-Final Inspection; Complete Septic Permit prior to Final Inspection;

Planning Conditions:

Building Comments:

Flood Zone-AE; Elevation-8.3'+1'=9.3'; NAVD88; Map # 3720986600J; Effective: 09/20/2006

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

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

Owner	1	Applicant	/ Contractor	1	Agent	Date
Building	0	fficial		=		Date



PERMIT

Permit NO. 20038 Permit Type: Commercial Work Classification: [Permit Type]
Permit Status: Pending

Issue Date: 01/27/2020

Date

Expires: 07/25/2020

3934 N Croatan Highwa	ay	BC-2		TED WOOD KITTY HAWK TERF ADD		
Lot 3 & PT of Lot to South		Block		PIN		
Flood Zone		A Constuction	n Tuno	987619604046		
AE		Repair/Repl	1.05311	Building Code MECH2018		
Owner Information		Address		Phone		
Franklin E Adams		P O Box 818	3			
		Manteo NC	27949			
Applicant Information		Address		Phone		
Beach Air of the Outer E	Banks LLC	P O Box 104		252-473-1995		
		Manteo, NC	27954			
				Construction Cost:	4694.00	
Contract	2.0			Unheated Sq. Feet	.00	
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00	
TBD	000-000-0000	Electrical	00000			
Beach Air of The Outer Banks, LLC	252-473-1995	Mechanical	29768			
Building Comments:				Description of Work: change out of a 2.5 to		
Permit Cost - \$50.00				onange out of a 2.5 to	ii system	
Planning Conditions:						
Flood Zone-AE; Elevation- 10	0'+1'=11'; Map#-372	20987600J; Effective09	9/20/2006			
The work authorized by this p Governing Building Construct Any change in the work as sp	tion in the State of P	North Carolina and ordin	ances adopted by the To	vk Zoning Restrictions and wi wn of Kitty Hawk.	th the Laws	
Owner / Applicant	/ Contractor /	Agent		Date	,	
Building Official				Date		



Owner / Applicant / Contractor / Agent

Building Official

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

PERMIT

Permit NO. **20040**Permit Type: Commercial
Work Classification: [Permit Type]

Permit Status: Pending

Date

Date

Issue Date: 01/29/2020

Expires: 07/27/2020

				main r dim	it. Walit i Citi
Project Address 4624 N Virginia Dare Trail Lot 4 Flood Zone VE Owner Information ART'S PLACE PRESENTS THE PHOENIX LLC Applicant Information BLH OBX, Inc.		Address	- Remodel/Repair	Subdivision KITTY HAWK BEACH REV SEC PIN 987610368627 Building Code MECH2018 Phone 252-261-3233 Phone 252-441-2798	
		KITTY HAW Address P O Box 182 Nags Head,	K NC 27949		
Contractor(s)	Phone	Contractor Type	License Number	Construction Cost: Unheated Sq. Feet Total Sq. Feet:	40000.00 .00
BLH OBX, Inc.	252-441-2798	Mechanical	00000	10tal 04.1 eet.	.00
Building Comments:				Description of Work: exhaust hood and fire suppression system	
Planning Conditions:					
Flood Zone-VE; Elevation-		0987600J; Effective-09/	20/2006		
The work authorized by this Governing Building Constru Any change in the work as	otion in the State of It	orun Carolina and orgin	ances adopted by the To	vk Zoning Restrictions and work of Kitty Hawk.	ith the Laws



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

PERMIT

Permit NO. **20045**Permit Type: Residential
Work Classification: [Permit Type]
Permit Status: Open

Issue Date: 01/31/2020

Date

Expires: 07/29/2020

wner / Applicant	/ Contractor /	Agent		Date		
ny change in the work as sp	ecified is subject to	prior approval of the Bu	ances adonted by the lo	vk Zoning Restrictions and wit wn of Kitty Hawk.	h the Laws	
lood Zone-Shaded X; Map#	-3720987600J; Effe	ctive-09/20/2006				
Planning Conditions:						
Permit Cost - \$50.00				change out of a 2 ton	system	
Building Comments:				Description of Work: I	HVAC	
nc.	(252)261-5892	Mechanical	21691			
Dusty Rhoads HVAC,	000-000-0000	Electrical	00000			
Contractor(s) TBD	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00	
Control	2.5			Construction Cost: Unheated Sq. Feet	6100.0	
,		3822 Elijah E Kitty Hawk, N		252-261-5892		
Applicant Information Dusty Rhoads HVAC		Address	Davina Data	Phone		
in a second		Kitty Hawk I				
Matthew J Russell		Address 30 Duck Wo	ods Road	Phone		
X Owner Information		Repair/Repla	ace	MECH2018		
Flood Zone		Constuction		98761840865304 Building Code		
Lot Unit 3404 Bldg 3400		Block		PIN		
3404 Barnacle Lane		BR-2		SANDPIPER CAY CONDOS PHASE 33		
		Zoning		Subdivision		



PERMIT

Permit NO. 20009 Permit Type: Residential Work Classification: [Permit Type]

Permit Status: Pending

Issue Date: 01/07/2020

Expires: 07/05/2020

Main Permit: Main Permit

Project Address Zoning Subdivision 5104 Lindbergh Avenue BC-2 KITTY HAWK BEACH REV SEC A Lot Block PIN N 1/4 38, S 1/2 37 31 987605197826 Flood Zone Constuction Type **Building Code** X Repair/Replace MECH2018 **Owner Information** Address Phone Kenneth E Fanshaw C/O Linda Johnson 4418 Clearbrook Lane Suffolk VA 23434 Applicant Information Address Phone

Master Heating & Cooling P O Box 707 252-255-0095 Kitty Hawk, NC 27949

Contractor(s)	Phone	Contractor Type	License Number	Construction Cost: Unheated Sq. Feet Total Sq. Feet:	.00 .00
Master Heating & Cooling	(252)255-0095	Mechanical	18066	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.00
Precise Electrical Services	(252)796-7900	Electrical	26395-L		

Building Comments:

Description of Work: HVAC change out of a 1.5 ton system for top level - Ressiue of expired permit

Permit Cost - \$50.00

Planning Conditions:

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

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

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

Owner	/ Applicant	/ Contractor	1	Agent	Date
D. Hall	000				
Bullaing	g Official				Date



PERMIT

Permit NO. 20003 Permit Type: Residential Work Classification: [Permit Type] Permit Status: Pending

Issue Date: 01/02/2020

Date

Expires: 06/30/2020

Building Official				Data	
Owner / Applicant /	Contractor /	Agent		Date	
The work authorized by this per Governing Building Construction Any change in the work as specific				vk Zoning Restrictions and with which was a with which was a subject to the world with the world	h the Laws
Flood Zone-Shaded X; Map#-	3720987600J; Effe	ctive-09/20/2006			
Planning Conditions:					
Permit Cost - \$50.00				logs	
Building Comments:				Description of Work: relocation; Remove o stubbed out to a burie Add new line that will under the deck to mid grill & continue aroun under deck joist to tie	ld gas line ed tank; be run level gas d house &
Absolute Plumbing, Inc.	252-489-1439	Plumbing	30190		
Contractor(s)	Phone	Contractor Type	License Number	_ Total Sq. Feet:	.00
ala alah				Construction Cost: Unheated Sq. Feet	1100.00
All and the second seco		Harbinger, N		252-489-1439f	
Applicant Information Absolute Plumbing		Address	Landing Court	Phone	
LEONARD J ULICNY		159 CREAM DURHAM C		. none	
Owner Information		Repair/Repl Address	ace	PLMB2018 Phone	
Flood Zone X		Constuctio		987610259097 Building Code	
Lot		Block		PIN	
4522 Seascape Drive		Zoning BR-1		Subdivision SEA SCAPE SEC 1	
Project Address		Zanton			t. Main Pem



PERMIT

Permit NO. 20008 Permit Type: Residential Work Classification: [Permit Type] Permit Status: Pending

Issue Date: 01/07/2020

Expires: 07/05/2020

Main Permit: Main Permit

Project Address Zoning Subdivision 3402 Raymond Avenue **BH-1** B M HEDRICK Lot Block PIN 6 987512959340 Flood Zone Constuction Type **Building Code** AE Accessory Structure **BLDG2018** Owner Information Address Phone Ellen F & Bruce W Strain 1702 Stuart Point Lane 703-439-4742 Herndon VA 20170 Applicant Information Address Phone Bruce Strain 1702 Stuart Pointe Lane 703-439-4742 Hernden, Virginia 20170

				Construction Cost:	1760.00	
Contractor(s)	Phone	Contractor		Unheated Sq. Feet	25.00	
	riione	Contractor Type	License Number	_ Total Sq. Feet:	.00	
Owner	000-000-0000	General	00000			

Building Comments:

Description of Work: Add 5 x 5

utility building

Permit Cost - \$35.00

Shed must be shifted north of where shown on site plan to stay out of setback. Estimated propsoed lot coverage is 29.96%. Owner's responsibility not to exceed 30% coverage.

Planning Conditions:

Flood Zone-AE; Elevation-9'+1'=10'; Map#-3720987500J; Effective-09/20/2006; If top of shed floor is located below an elevation of 10' NAVD, provide a minimum of two (2) openings on oppoiste or adjacent wall with a total area of not less than 160 sq inches. The bottom of the openings shall not be greater than one (1) foot above the ground elevation at the perimeter of the foundation wall. Vent openings are calculated at one square inch per one square foot of strucuture footprint below BFE. All material below 9.3' MSL to be flood resistant. Below BFE enclosures are to be used for parking vehicles, building access, or storage only. If it can be confirmed in field that the shed does not encroach into side setbacks an As-Built Survey will not be required prior to scheduling final inspection.

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

Owner	1	Applicant	/ Contractor	1	Agent	Date
Building	9 0	fficial				Date



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

ACCESSORY PERMIT

	ACCESSORY I	EKIVIII		
ACCESSORY PERMIT#: ACC-1	586			01/31/2020
Parcel Number: Location: Subdivision: Legal Description:	019915000 1160 HARBOUR VIEW DR – CO COLINGTON HARBOR SEC N LOT: 23 BLK: SEC: N	DLINGTON		
Owner Name: Owner Mail Address: Owner Phone and email:	THOMAS C DEARING 1117 MADISON LYNN WAY CH	IESAPEAKE, VA 2 33 22		
Contractor Name: Contractor Mail Address: Contractor Phone: ACCESSORY INFORMATION Proposed Construction: Description of Work	THOMAS DEARING 1160 HARBOUR VIEW, KILL DE 757-879-8247 Contrac RESIDENTIAL - DOCKS; PIERS; BU	tor NC License#:		
Description of Work		Cost of Construction: CAMA Permit#: Flood Zone: Base Flood Elevation: Lot/Ground Elevation:	\$7,400 75501 8.0	
Comments:	PERMIT FEE			\$250.00
	TOTAL FEES	;		\$250.00
Applicant Signature: Kevin C	Clark	AYT		



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

	MECH	IANICAL PROJECT	
MECHANICAL PROJECT#: MI	ECH-1527		01/23/2020
Parcel Number: Location: Subdivision: Legal Description:	019603000 210 E SIR WALTER RA COLINGTON HARBOR LOT: 134 & 135 BLK: S		
Owner Name: Owner Mail Address: Owner Contact Information:		LEIGH - KILL DEVIL HILLS, NC 27948	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	R A HOY HEATING AN PO BOX 265 - KITTY H 252-261-8178 L13056	ID AIR CONDITIONING INC HAWK, NC 27949	•
DETAILS UNITS: Electrical Contractor ID:	RESIDENTIAL 1.00 222221	Cost of Job:	\$6,239
Comments: CHANGE OUT 1.5	5 TON 16 SEER SYSTEM WI	TH TCONT724 THERMOSTAT DOWN ST	AIRS UNIT
construction and be certain to information on this permit is	comply with all zoning re correct. That he is owner of and specifications that he	all regulations and laws, and should per egulations and building setbacks. The ap or duly authorized agent of owner. That e understands this permit is valid for sizes as and laws.	oplicant certifies that the all construction shall be as
Call Building Inspector (24 Ho Beach Office 252.475.5871 or	-	tions at Dare County Offices Manteo Of 8	fice 252.475.5870, Northern
Applicant Signature:	Malledde	R A HOY HEATING A	AND AIR CONDITIONING INC
Inspector Signature: KEVIN	CLARK	AYT	



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

	MECH	IANICAL PROJECT	
MECHANICAL PROJECT#: MI	ECH-1536		01/24/2020
Parcel Number:	019649000		
Location:	214 SUNSET DR - COL	LINGTON	
Subdivision:	COLINGTON HARBOR	SEC L	
Legal Description:	LOT: 2A BLK: SEC: L		
Owner Name:	RICHARD K JR KICHLIN		
Owner Mail Address: Owner Contact Information:		DEVIL HILLS, NC 27948	
Contractor Name:		ATION AND HEATING PUMP	
Contractor Mail Address: Contractor Phone:	PO BOX 835 - KILL DE	VIL HILLS, NC 27948	
Contractor NC License#:	252-305-4423 L29031		
DETAILS	RESIDENTIAL		
UNITS:	1.00	Cost of Job:	\$6,400
Electrical Contractor ID:	14-104-L	2007 27 702	40,100
:		MECHANICAL PROJECT	T FEE: \$150.00
The owner and builder are resconstruction and be certain to information on this permit is a shown on the submitted plans revoked for failure to comply	sponsible to comply with a comply with all zoning re correct. That he is owner of s and specifications that he with applicable regulation urs in advance) for inspect	tions at Dare County Offices Manteo	ersonally inspect all applicant certifies that the lat all construction shall be as six months and may be
Applicant Signature:	ill Cree	AMERICAN REFRIC	GERATION AND HEATING
Inspector Signature: KEVIN	CLARK	AYT	



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

•	REMODEL RES OR CO	M	
REMODEL RES OR COM#: RE	MD-1529		01/23/2020
Parcel Number: Location: Subdivision: Legal Description:	009164000 141 BAYBERRY RD – KILL DEVIL HILL BAUM BAY HARBOR SECS 1-4 LOT: 27 BLK: SEC: 1	S	
Owner Name: Owner Mail Address: Owner Contact Information:	DANNY R CLARK 141 BAYBERRY RD - KILL DEVIL HILL	S, NC 27948	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	DANNY CLARK 141 BAYBERRY RD - KILL DEVIL HILL 252-305-4514 NA RESIDENTIAL	S, NC 27948	
DETAILS		Cost of Job:	\$4,000
CAMA Permit			
Septic Permit		REMODEL RES OR COM FEE:	\$150.00
Comments: INTERIOR REMO FOOTPRINT CHANGES	DEL DIVIDING AND EXISTING INTERIOR R	OOM IN TO BEDROOM ANI	D ADD A FULL BATH. NO
construction and be certain to information on this permit is shown on the submitted plan revoked for failure to comply Call Building Inspector (24 Ho	sponsible to comply with all regulations as comply with all zoning regulations and later that he is owner or duly authorized and specifications that he understands with applicable regulations and laws.	ouilding setbacks. The appli ed agent of owner. That all this permit is valid for six m	icant certifies that the I construction shall be as nonths and may be
Beach Office 252.475.5871 or	Frisco Office 252.475.5878		
Applicant Signature:	ughl Clanic	DANNY CLARK	
nspector Signature: KEVIN	CLARK	AYT	



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

	MECHA	NICAL PROJECT	
MECHANICAL PROJECT#: ME	CH-1479		01/13/2020
Parcel Number: Location: Subdivision: Legal Description:	019460000 207 HARBOUR RD – CO COLINGTON HARBOR SI LOT: 124 BLK: SEC: H		
Owner Name: Owner Mail Address: Owner Contact Information:	JOSEPH W NEWMARK 445 APPALOOSA WAY	- RED LION, PA 17356	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	R A HOY HEATING AND PO BOX 265 - KITTY HA 252-261-8178 L13056	AIR CONDITIONING INC WK, NC 27949	
DETAILS UNITS: Electrical Contractor ID:	RESIDENTIAL 1.00 222221	Cost of Job:	\$7,066
:		MECHANICAL PROJECT	FEE: \$150.00
		MID LEVEL WITH XL724 THERMOST	
construction and be certain to information on this permit is	comply with all zoning regular correct. That he is owner or a s and specifications that he u	regulations and laws, and should peulations and building setbacks. The aduly authorized agent of owner. The understands this permit is valid for sand laws.	applicant certifies that the at all construction shall be as
Call Building Inspector (24 Hor Beach Office 252.475.5871 or		ns at Dare County Offices Manteo C	Office 252.475.5870, Northern
Applicant Signature:	and the second	R A HOY HEATING	AND AIR CONDITIONING INC
Inspector Signature: KEVIN	CLARK	AYT	



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

	MECHANICAL PROJEC	Т	
MECHANICAL PROJECT#: MI	ECH-1513		01/21/2020
Parcel Number: Location:	014471000 159 FOXX GRAPE – KILL DEVIL HILLS		
Subdivision: Legal Description:	BAUM BAY HARBOR SECS 1-4 LOT: 13 BLK: SEC: 1		
Owner Name: Owner Mail Address: Owner Contact Information:	ADAM T BLANKENSHIP 159 FOXX GRAPE - KILL DEVIL HILLS,		
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	ALL IN ONE MECHANICAL LLC PO BOX 3392 - KITTY HAWK, NC 2794 252-491-5334 L27675	19	
DETAILS	RESIDENTIAL	ost of Job:	\$5,800
Electrical Contractor ID:		ECHANICAL PROJECT FEE:	
Comments: REMOVE OLD AN	ND INSTALL NEW 2 TON, R-410A 17 SEER AI	MERICAN STANDARD HEAT	PUMP SYSTEM WITH 10
construction and be certain to information on this permit is shown on the submitted plan revoked for failure to comply	sponsible to comply with all regulations and ocomply with all zoning regulations and bucorrect. That he is owner or duly authorizes and specifications that he understands the with applicable regulations and laws. urs in advance) for inspections at Dare Courting of the	ailding setbacks. The applic d agent of owner. That all o his permit is valid for six mo	ant certifies that the construction shall be as onths and may be
Applicant Signature: 21.0	W. Frances	ALL IN ONE MECHANICA	AL LLC
Inspector Signature: KEVIN	CLARK	_ AYT	



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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-1		01/13/2020						
Parcel Number:	020021000							
Location:	1901 HARBOUR VIEW DR -	COLINGTON						
Subdivision:	COLINGTON HARBOR SEC	OLINGTON HARBOR SEC O						
Legal Description:	LOT: 31 BLK: SEC: O	OT: 31 BLK: SEC: O						
Owner Name:	CHRISTOPHER M MAHON	PE						
Owner Mail Address:	6795 W LONE CACTUS DR	GLENDALE, AZ 85308						
Owner Phone and email:								
Contractor Name:	KATHERINE MAHON	457						
Contractor Mail Address:	1901 HARBOUR VIEW, Manteo, NC 27954							
Contractor Phone:	Contractor NC Lice							
BUILDING INFORMATION								
Proposed Construction Use:	REMODEL RES OR COM							
Proposed Construction Type:	SFD	Cost of Construction:	\$10,000					
Finished Square Footage:	0	CAMA Permit#:						
Unfinished Square Footage:	0	Septic Permit#:						
Stories:	0.0	Septic Permit Date:						
Building Height:	0	Survey/Site Plan:						
Total Rooms:	0	Water Tap#:						
Footing Type:		Water Type:						
Exterior Finish:		Flood Zone:						
Proposed Finished Floor		Base Flood Elevation:	0.0					
Elevation:		Lot/Ground Elevation:						
Bedrooms:	0	Baths/half baths:	0.00/0					
Comments: Any deviation from or site plan requires prior appr		EE		\$150.00				

TOTAL FEES: \$150.00

Applicant Signature: CHRISTOPHER M MAHON

Inspector Signature: KEVIN CLARK AYT



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

Frisco: (252) 475-5878

DOCKS;PIERS;BULKHEADS;DUNEWLK

DOCKS;PIERS;BULKHEADS;DUI	NEWLK#: ACC-1497		01/15/2020
Parcel Number: Location: Subdivision: Legal Description:	020347000 130 SIR RICHARD WEST DR – COLII COLINGTON HARBOR SEC R LOT: 81 BLK: SEC: R	NGTON	
Owner Name: Owner Mail Address: Owner Contact Information:	DONALD T READ PO BOX 6920 - CHESAPEAKE, VA 2	23323	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	WAYNE BURCH 115 ALEX LANE - MOYOCK, NC 275 NA NA RESIDENTIAL		
CARAA Damak	75003	Cost of Job:	\$10,000
CAMA Permit Lot/Ground elevation (ft)	75683	DOCKS;PIERS;BULKHEADS; DUNEWLK FEE:	\$250.00
Comments:			
construction and be certain to information on this permit is co shown on the submitted plans revoked for failure to comply w	consible to comply with all regulations comply with all zoning regulations and orrect. That he is owner or duly author and specifications that he understand with applicable regulations and laws.	I building setbacks. The application is building setbacks. The application is consistent and the set of the se	ant certifies that the construction shall be as onths and may be
Beach Office 252.475.5871 or F	· · · · · · · · · · · · · · · · · · ·	county offices wanted office	232.473.3070, NOT METH
Applicant Signature:	~ N	WAYNE BURCH	
Inspector Signature: KEVIN C	CLARK	AYT	



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

	MECH	HANICAL PROJECT	
MECHANICAL PROJECT#: ME	CH-1455		01/08/2020
Parcel Number: Location: Subdivision: Legal Description:	020490000 615 HARBOUR VIEW COLINGTON HARBOR LOT: 2 BLK: SEC: T		
Owner Name: Owner Mail Address: Owner Contact Information:	PRESTON L JR SEARS P O BOX 13 - KILL DE	VIL HILLS, NC 27948	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	ATLANTIC HEATING A PO BOX 132 - KILL DE 252-441-7642 L11618 RESIDENTIAL		
UNITS: Electrical Contractor ID:	1.00 I.07274	Cost of Job: MECHANICAL PROJECT FE	\$5,600 E: \$150.00
		ITDOOR SECTIONS OF THE DUCTLESS MIN MATCHING DAIKIN AIR HANDLERS	I-SPLIT HVAC SYSTEM
construction and be certain to information on this permit is co	comply with all zoning re prrect. That he is owner o and specifications that h	all regulations and laws, and should person egulations and building setbacks. The applor duly authorized agent of owner. That a e understands this permit is valid for six needs and laws.	licant certifies that the
Call Building Inspector (24 Hours Beach Office 252.475.5871 or F		tions at Dare County Offices Manteo Offic 8	e 252.475.5870, Northern
Applicant Signature:	ndfen	ATLANTIC HEATING A	ND COOLING
Inspector Signature: KEVIN C	CLARK	AYT	



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

	MECH	HANICAL PROJECT	
MECHANICAL PROJECT#: ME	CH-1452		01/07/2020
Parcel Number: Location: Subdivision: Legal Description:	019822000 218 BROADBAY DR – COLINGTON HARBOR LOT: 69 BLK: SEC: M	R SEC M	
Owner Name: Owner Mail Address: Owner Contact Information:	JOSEPH H GOON 8038 FAIR VIEW LN -	- EAGLEVILLE, PA 19403	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	R A HOY HEATING AN PO BOX 265 - KITTY I 252-261-8178 L13056	ND AIR CONDITIONING INC HAWK, NC 27949	
DETAILS	RESIDENTIAL		
UNITS: Electrical Contractor ID:	1.00 22222	Cost of Job:	\$6,157
Comments: CHANGE OUT 2.5	TON SEER TRANE SYSTEM	M TOP LEVEL KEEP EXISTING THERMOS	TAT
construction and be certain to information on this permit is c	comply with all zoning re orrect. That he is owner and specifications that h	all regulations and laws, and should per egulations and building setbacks. The a or duly authorized agent of owner. Tha ne understands this permit is valid for si ns and laws.	pplicant certifies that the tall construction shall be as
Call Building Inspector (24 Hou Beach Office 252.475.5871 or		ctions at Dare County Offices Manteo O	ffice 252.475.5870, Northern
Applicant Signature:	- del 20	R A HOY HEATING A	and air conditioning inc
Inspector Signature: KEVIN	CLARK	AYT	



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

Frisco: (252) 475-5878

DOCKS:PIERS;BULKHEADS;DUNEWLK

DOCKS;PIERS;BULKHEADS;DUNEWLK#:	ACC-1454
---------------------------------	----------

01/07/2020

Parcel Number:

019622000

Location:

105 SIR JOHN WHITE CT - COLINGTON

Subdivision:

COLINGTON HARBOR SEC K

Legal Description:

LOT: 158 BLK: SEC: K

Owner Name:

COLIN T COX

Owner Mail Address:

105 SIR JOHN WHITE CT - KILL DEVIL HILLS, NC 27948

Owner Contact Information:

Contractor Name:

COLIN COX

Contractor Mail Address:

105 SIR JOHN WHITE CT - KDH, NC 27948

Contractor Phone:

NA

Contractor NC License#:

NA

DETAILS

RESIDENTIAL

\$10,000

CAMA Permit

73806

DOCKS; PIERS; BULKHEADS;

\$250.00

Lot/Ground elevation (ft)

DUNEWLK FEE:

Cost of Job:

Comments: BULKHEAD

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

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

Applicant Signature:

COLIN T COX

Inspector Signature: KEVIN CLARK



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

Frisco: (252) 475-5878

REMODEL RES OR COM

	KENIODELK	ES ON COM	
REMODEL RES OR CO	M#: REMD-1475		01/13/2020
Parcel Number: Location: Subdivision: Legal Description:	020121000 142 LEE CT – COLINGTON COLINGTON HARBOR SEC P LOT: 42 BLK: SEC: P		
Owner Name: Owner Mail Address: Owner Contact Infor			
Contractor Name: Contractor Mail Add Contractor Phone: Contractor NC Licens	252-480-5556		
DETAILS	RESIDENTIAL	Cost of Job:	\$23,000
CAMA Permit		Section to the Control	
Septic Permit		REMODEL RES OR COM FEE:	\$230.00
Comments: REPLACE SIDING, WIR	NDOWS, DECKING, STEPS AND DECK RA	ILS	
construction and be conformation on this possible shown on the submitted	er are responsible to comply with all regreertain to comply with all zoning regulation are correct. That he is owner or duly ted plans and specifications that he und comply with applicable regulations and	ons and building setbacks. The appl authorized agent of owner. That alerstands this permit is valid for six n	icant certifies that the I construction shall be as
	r (24 Hours in advance) for inspections a 5871 or Frisco Office 252.475.5878	nt Dare County Offices Manteo Offic	e 252.475.5870, Northern
Applicant Signature:	COASTAL CONSTRUCTION OF NC	COASTAL CONSTRUCT	ION OF NORTH CAROLINA
Inspector Signature:	KEVIN CLARK	AYT	



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

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-1	482			01/13/2020
Parcel Number:	019759000			
Location:	205 OUTRIGGER	OR - COLINGTON		
Subdivision:	COLINGTON HARBOR SEC L			
Legal Description:	LOT: 143 BLK: SEC	:: L		
Owner Name:	ANTHONY SEAN N	IFVI		
Owner Mail Address:		ECHANICSVILLE, VA 23111		
Owner Phone and email:	7.102710512 511 111	in the second se		
Contractor Name:	ANTHONY SEAN N	ICM		
Contractor Mail Address:		DR, Manteo, NC 27954		
Contractor Phone:	804-512-6896	Contractor NC License#:		
BUILDING INFORMATION				
Proposed Construction Use:	REMODEL RES OR	СОМ		
Proposed Construction Type:	SFD	Cost of Construction:	\$20,000	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0.0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:		
Proposed Finished Floor		Base Flood Elevation:	0.0	
Elevation:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0.00/0	
Comments: Any deviation from		PERMIT FEE		\$200.00
or site plan requires prior appr	oval.			
	A 1			
\wedge		TOTAL FEES:		\$200.00
1	Una	/		
Applicant Signature:	0	ANTHONY SEAN	NEVI	•

Inspector Signature: KEVIN CLARK



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

•	IVIE	CHANICAL PROJECT	
MECHANICAL PROJECT#: ME	CH-1451		01/07/2020
Parcel Number: Location: Subdivision: Legal Description:	019608000 209 E SIR WALTER F COLINGTON HARBO LOT: 140R BLK: SEC		
Owner Name: Owner Mail Address: Owner Contact Information:	MICHAEL ERWIN NO 209 SIR WALTER RA	ORMAN ALEIGH - KILL DEVIL HILLS, NC 27948	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	R A HOY HEATING A PO BOX 265 - KITTY 252-261-8178 L13056 RESIDENTIAL	AND AIR CONDITIONING INC Y HAWK, NC 27949	
UNITS: Electrical Contractor ID:	1.00	Cost of Job: MECHANICAL PROJECT FEE:	\$9,171 \$150.00
Comments: CHANGE OUT 5 To	ON 16 SEER TRANE SYS	TEM WHOLE HOUSE WITH T6 WIFI THERMOST	rat
construction and be certain to information on this permit is c	comply with all zoning orrect. That he is owner and specifications that	h all regulations and laws, and should personal regulations and building setbacks. The applications of authorized agent of owner. That all of the understands this permit is valid for six molons and laws.	ant certifies that the construction shall be as
Call Building Inspector (24 Hou Beach Office 252.475.5871 or		ections at Dare County Offices Manteo Office : 878	252.475.5870, Northern
Applicant Signature:	- falled	R A HOY HEATING AND A	AIR CONDITIONING INC
Inspector Signature: KEVIN (CLARK	AYT	



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

Frisco: (252) 475-5878

REMODEL RES OR COM

REMODEL RES OR COM#: REMD-1463	01/08/2020

Parcel Number:

020889000

Location:

119 W SIR WALTER RALEIGH DR - COLINGTON

Subdivision:

COLINGTON HARBOR SEC Z LOT: (NO LOT #) BLK: SEC: Z

Legal Description:
Owner Name:

RANDOLPH L BANKS

Owner Mail Address:

119 SIR WALTER RALEIGH DR - KILL DEVIL HILLS, NC 27948

Owner Contact Information:

Contractor Name:

RANDOLPH BANKS

Contractor Mail Address:

119 SIR WALTER RALEIGH ST - Manteo, NC 27954

Contractor Phone:

252-473-0551

Contractor NC License#:

NA

DETAILS

RESIDENTIAL

Cost of Job:

\$16,500

CAMA Permit

Septic Permit

29295

REMODEL RES OR COM

\$170.00

Comments:

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

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

Applicant Signature:

RANDOLPH BANKS

inspector Signature:

KEVIN CLARK

AYT



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

Frisco: (252) 475-5878

	MECHA	NICAL PROJECT	
MECHANICAL PROJECT#: MI	ECH-1424		01/02/2020
Parcel Number: Location: Subdivision: Legal Description:	008081000 1193 COLINGTON RD – SUBDIVISION - NONE LOT:LEASEHOLD BLK: SE		
Owner Name: Owner Mail Address: Owner Contact Information:	DABNEY EPPES III SHOP 7502 CHURCH RD - PET	ERSBURG, VA 23803	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	BELL COW HEATING AN PO BOX 2587 - FAYETTI 910-484-6163 SP.PH.30101		
DETAILS	RESIDENTIAL		
UNITS: Electrical Contractor ID:	1.00	Cost of Job:	\$4,437
) ·		MECHANICAL PROJECT	FEE: \$150.00
construction and be certain to	sponsible to comply with all o comply with all	regulations and laws, and should pe lations and building setbacks. The a duly authorized agent of owner. Tha	pplicant certifies that the
	s and specifications that he u	inderstands this permit is valid for s	
Call Building Inspector (24 Ho Beach Office 252.475.5871 or		ns at Dare County Offices Manteo O	office 252.475.5870, Northern
Applicant Signature	emplant M	BELL COW HEATIN	g and cooling
Inspector Signature: KEVIN	CLARK	AYT	



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

Frisco: (252) 475-5878

	MECHAN	ICAL PROJECT	
MECHANICAL PROJECT#: MI	ECH-1580		01/31/2020
Parcel Number: Location: Subdivision:	018948000 245 EAGLE DR – COLING COLINGTON HARBOR SE		
Legal Description:	LOT: 20 BLK: SEC: B		
Owner Name: Owner Mail Address: Owner Contact Information:		- WILLIAMSBURG, VA 23 188	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#:	R A HOY HEATING AND A PO BOX 265 - KITTY HAV 252-261-8178 L13056		
DETAILS	RESIDENTIAL		
UNITS: Electrical Contractor ID:	1.00 222221	Cost of Job: MECHANICAL PROJECT FEE:	\$2,988 \$150.00
Comments: INSTALL DEHUM	IDIFIER ON GROUND FLOOR L	EVEL	
construction and be certain to information on this permit is shown on the submitted plan revoked for failure to comply	o comply with all zoning regul correct. That he is owner or d s and specifications that he un with applicable regulations an		ant certifies that the construction shall be as onths and may be
Beach Office 252.475.5871 or		s at Dare County Offices Manteo Office	252.475.5870, Northern AIR CONDITIONING INC
Applicant Signature: KEVIN		AVT	AIN CONDITIONING INC



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

Frisco: (252) 475-5878

ACCESSORY PERMIT

	Addisorti I sittetti	
ACCESSORY PERMIT#: ACC-1	581	01/31/2020
Parcel Number: Location: Subdivision: Legal Description:	019170000 306 COLINGTON DR – COLINGTON COLINGTON HARBOR SEC D LOT: 128 BLK: SEC: D	
Owner Name: Owner Mail Address: Owner Phone and email:	WALTER D SR SANTO 306 COLINGTON DR KILL DEVIL HILLS, NC 27948	
Contractor Name: Contractor Mail Address: Contractor Phone:	SHORELINE ELECTRICAL OF KDH 126 WATERVIEW CT, GRANDY, NC 27959 252-599-1967 Contractor NC License#: 9716u	
ACCESSORY INFORMATION Proposed Construction: Description of Work Septic Permit Date: Septic Permit #:	RESIDENTIAL - MISC ACCESSORY, Cost of Construction: \$4,000 CAMA Permit#: Flood Zone: Base Flood Elevation: 0.0 Lot/Ground Elevation:	
Comments: GENERATOR AND INSTALLATION	PLATFORM PERMIT FEE	\$150.00
Applicant Signature:	TOTAL FEES: SHORELINE ELECTRICAL OF KDH	\$150.00

AYT

Inspector Signature: KEVIN CLARK



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

Frisco: (252) 475-5878

ELECTRICAL PERMIT

	LLLCI	INICAL PERIVIT	
ELECTRICAL PERMIT#: ELEC	-1474		01/13/2020
Parcel Number:	019653000		
Location:	222 SUNSET DR - COLI	NGTON	
Subdivision:	COLINGTON HARBORS	SEC L	
Legal Description:	LOT: 32 BLK: SEC: L		
Owner Name:	ARTHUR W WARDELL		
Owner Mail Address: Owner Contact Information	4021 RIVER PARK DR -	SUFFOLK, VA 23435	
Contractor Name:	SHORELINE ELECTRICA	L OF KDH	
Contractor Mail Address:	126 WATERVIEW CT -	GRANDY, NC 27959	
Contractor Phone:	252-599-1967		
Contractor NC License#:	9716u		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$1,700
Amp Increase:	0		
Service Amps:	200	ELECTRICAL PERMIT FEE:	\$150.00
Comments: REMOVE AND RI	EPLACE EXISTING SERVICE PA	ANEL	
construction and be certain to information on this permit is	o comply with all zoning reg correct. That he is owner or as and specifications that he	regulations and laws, and should perseculations and building setbacks. The appearance duly authorized agent of owner. That understands this permit is valid for six and laws.	plicant certifies that the all construction shall be as
Call Building Inspector (24 Ho Beach Office 252.475.5871 or		ons at Dare County Offices Manteo Off	ice 252.475.5870, Northern
Applicant Signature:	Day Stalle	SHORELINE ELECTRIC	CAL OF KDH
Inspector Signature: KEVIN	I CLARK	AYT	



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

Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL I	PERMIT#:	ELEC-1437
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01/06/2020

Parcel Number:

019495000

Location:

425 KITTY HAWK BAY DR - COLINGTON

Subdivision:

COLINGTON HARBOR SEC H

Legal Description:

LOT: 159 BLK: SEC: H

Owner Name:

WALTER L LOWE

Owner Mail Address:

425 KITTY HAWK BAY DR - KILL DEVIL HILLS, NC 27948

Owner Contact Information:

Contractor Name:

BRS ELECTRICAL SERVICES INC

Contractor Mail Address:

PO BOX 2108 - KILL DEVIL HILLS, NC 27948

Contractor Phone:

2524415334

Contractor NC License#:

U-23077

DETAILS

RESIDENTIAL

Cost of Job:

\$500

Amp Increase:

Service Amps:

ELECTRICAL PERMIT FEE:

\$150.00

Comments: REPLACING METER BASE

OK. KC. 1.8.2020

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

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

BRS ELECTRICAL SERVICES INC

Inspector Signature: KEVIN CLARK

AYT



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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMITH: ACC-13	85			12/17/2019
Parcel Number: Location: Subdivision: Legal Description:	019816001 130 BROADBAY DR COLINGTON COLINGTON HARBOR SEC E LOT: 114 BLK: SEC: E			
Owner Name: Owner Mail Address: Owner Phone and email:	JOHN C POLK 130 BROADBAY DR KILL DEVIL HILLS, NC 27948			
Contractor Name: Contractor Mall Address: Contractor Phone: BUILDING INFORMATION	757420-1231	HESAPEAKE, V 23327 Contractor NC License#: 2701005	5782 A	
Proposed Construction Use: Proposed Construction Type: Finished Square Footage: Unfinished Square Footage: Stories: Building Height: Total Rooms: Footing Type: Exterior Finish: Proposed Finished Floor Elevation: Bedrooms:	MISC ACCESSORY 0 0 0 0	Cost of Construction: CAMA Permit#: Septic Permit#: Septic Permit Date: Survey/Site Plan: Water Tap#: Water Type: Flood Zone: Base Flood Elevation: Lot/Ground Elevation: Baths/half baths:	\$500 0.0 0/0	
Comments: Any deviation from or site plan requires prior appr INSTALL 200 AMP TRANSFER S WHOLE HOUSE GENERATOR PO FLOOD PLATFORM. WILL BE CO EXISTING GAS LINE	roval. WITCH FOR UT UP ON 57'	PERMIT FEE		\$150.00
Applicant Signature:	en Quent	SMITH AND KEEN	ĄE	\$150.00

Application Reference # 1181 on 12/17/2019



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

Frisco: (252) 475-5878

	MIS	SC ACCESSORY	
MISC ACCESSORY#: ACC-1	472		01/13/2020
Parcel Number:	008091000		
Location:	1024 COLINGTON RD -	- KILL DEVIL HILLS	
Subdivision:	SUBDIVISION - NONE		
Legal Description:	LOT: BŁK: SEC:		
Owner Name:	JEFFREY D JACOBSON	,,,,,	
Owner Mail Address: Owner Contact Informatio		- KILL DEVIL HILLS, NC 27948	
Contractor Name:	JES CONSTRUCTION LL	.c	
Contractor Mail Address:		IDING PKWY STE 101 - VIRGINIA BEAC	H, VA 23454
Contractor Phone: Contractor NC License#:	757-558-9909 69678		
DETAILS	RESIDENTIAL		
		Cost of Job:	\$12,400
CAMA Permit ot/Ground elevation (ft)		MISC ACCESSORY FEE:	\$150.00
200 Ground elevation (10)		WISC ACCESSOR! TEE.	9230.00
The owner and builder are a construction and be certain information on this permit is shown on the submitted pla revoked for failure to comp	responsible to comply with a to comply with all zoning re is correct. That he is owner o ans and specifications that he ly with applicable regulations		olicant certifies that the all construction shall be as months and may be
	lours in advance) for inspecti or Frisco Office 252.475.5878	ions at Dare County Offices Manteo Offi B	ce 252.475.5870, Northern
Applicant Signature:	Wille	JES CONSTRUCTION I	TC
Inspector Signature: KEV	IN CLARK	AYT	

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 4414290



Residential Project Approval Application # 202000020

Property Address:

2508 SOUTH MEMORIAL AVE

PIN #: 989318302472 Parcel: 005504000

Lot/Block/Sec: LOT: 8 BLK: 9 SEC: 2 Subdivision: NAGS HEAD SHORES AMENDED SEC 2

Zoning: HIGH DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 11

Map Panel No: 9893

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

HUNTING, RICHARD B - HUNTING, CYNTHIA H

Owner Address:

101 HUMMINGBIRD LN

Contractor Name:

PUGH BROTHERS CONSTRUCTION, LLC

Contractor Phone:

252-207-1468

Contractor Address:

172 SWAN VIEW DR

KILL DEVIL HILLS, NC 27948

Description: Construct new Single Family Dwelling, 3 bedrooms, 3 bathrooms, on piling foundation

Construction Value: \$367797

Classification of Work: NEW RESIDENTIAL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due Approved By: Approved Date:

BR202000165 RESIDENTIAL NEW CONST SFD

\$2359.49

SS

01/27/2020

Conditions of Approval:

RFE = 11. Building under construction and final flood elevation certificate required. All material below RFE shall be pressure treated. Call for required inspections. All subs shall pull permits prior to starting work. Review zoning and storm water permit conditions. Call for final inspection.

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

FL202000164 FLOOD PERMIT

\$0.00

SS

01/27/2020

Conditions of Approval:

PUBLIC WORKS INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

PW202000163 PW APPROVAL RES NEW

\$235.00

01/27/2020

Conditions of Approval:

- See Public Works Approval handout for detailed project information

All driveways constructed within the Town of Nags Head must be sloped away from the street 1/4-inch per foot for the first six (6) feet off the edge of the street. Contractor MUST call for an inspection AFTER driveway is formed-up and PRIOR to pouring concrete or laying asphalt.

- 36-4(f):max. driveway width is restricted to 26' w/a max. of 15R, min. driveway width is 12'

- 36-4(f):max. driveway apron shall be a min. of 10' in length, 4" thick, 3,000 psi conc. and designed for access purposes only. The driveway apron shall be sloped a min. of 1/4" per foot from the eop to a point 6' offset from the eop, creating a valley section within the driveway, (2" min. drop)

- For Public Works related inspections please call the Public Works Department at 252-441-1122. Please call 24 hours in advance. CALL FOR PW FINAL INSPECTION.

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

ZN202000162 ZONING PERMIT - RES

\$0.00

MK

01/27/2020

Conditions of Approval:

installation of silt fencing and construction entrance prior to any land disturbance shall be maintained throughout

Addition of fill for septic drain field and some for the house pad approx. 4" - shall all meet a 3:1 slope with the toe

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 4414290



Residential Project Approval Application # 201901028

Property Address:

106 EAST PIONEER ST

PIN #: 071815644299 Parcel: 009012000

Lot/Block/Sec: LOT: 72 & PT 83 BLK: SEC:

Subdivision: OCEAN COLONY SOUTH

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: VE

Base Flood Elevation: 11.0

Map Panel No: 0718

Regulatory Flood Elevation: 12 Suffix: J

Datum Used: NAVD 1988

Owner Name:

LALUNA, ALFRED J

Owner Address:

13191 ALBANO RD

BARBOURSVILLE, VA 22923

Contractor Name:

SOUTHERN SCAPES POOL & LANDSCAPE DESIGN

Map Panel Date: 09/20/2006

Contractor Phone:

252-202-1654 Contractor Address:

7441 CARATOKE HWY, BOX 359

Description: Install fiberglass pool w/concrete deck <500'

Construction Value: \$42350

Classification of Work: RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

RE202000041 RES ADD-REM-REP-ACC

\$0.00

01/08/2020

Conditions of Approval:

Pool fence shall be designed to breakaway. Concrete under home and around pool area to be frangible (cut in 4 foot by 4 foot sections). Wire mesh is prohibited. Concrete shall not be in contact with deck or house pilings. Structural house or deck pilings within 8 feet of swimming pool shall require engineer certification and approval. All pool equipment shall be elevated to the Regulatory Flood Elevation / RFE = 12 feet

- All insulated conductors required for pool sub panel feeders(corrosive locations)

- Call for any trench inspection. Call for bonding inspections. Don t forget water bonding

\$250.00

\$0.00

\$0.00

POOL INFORMATION

Permit # SP202000039 SWIMMING POOL

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

01/08/2020 SS

FLOOD INFORMATION

Permit #

Permit Description FL202000040 FLOOD PERMIT

Total Fees Paid/Due

Approved By:

SS

Approved Date:

01/08/2020

Conditions of Approval:

ZONING INFORMATION

Permit # ZN202000038 ZONING PERMIT - RES

Permit Description

Total Fees Paid/Due

Approved By: MK

Approved Date:

01/08/2020

Conditions of Approval:

Addition of pool fiberglass and concrete apron 510.28 sqft

Silt fencing shall be installed prior to beginning work

must maintain 5 ft side and rear setback

Fence height shall not exceed 6 ft in height - must remain within property boundaries and construction side of fence shall face inward

As-built required prior to final inspection

Stabilization required prior to final zoning inspection 252-449-6045

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 201901048

Property Address:

9515 SOUTH OLD OREGON INLET RD

PIN #: 071806494374 Parcel: 007257000

Lot/Block/Sec: LOT: 9 BŁK: 2 SEC: 1 Subdivision: HOLLYWOOD BEACH SEC 1

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE

Base Flood Elevation: 11.0

Regulatory Flood Elevation: 12

Map Panel No: 0718

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

MCGRUDER, DAWN MARIE - MCGRUDER, RICHARD

Owner Address:

3925 CHAIN BRIDGE RD STE 302

FAIRFAX, VA 22030

Contractor Name:

Premiere Contracting, Inc.

Contractor Phone:

252-207-9935

Contractor Address:

PO Box 269

Kitty Hawk, NC 27949

Description:

Replace 3 windows, remodel 5 baths, kitchen, replace 7 fan/lts; 14 lt fixtures, new lvt & carpet firs,

fireplace

Construction Value: \$177676

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

01/16/2020

RE202000092

RES ADD-REM-REP-ACC

\$651.51

Conditions of Approval:

Address #s on home if none are present. All subs shall pull permits prior to starting work. All plumbing clearances shall be met. Job cost shall not exceed the FEMA 50 percent rule. Smokes and Co2 detectors to code throughout home. Call for all required inspections. Substantial improvement form is required. Call for final inspection

FLOOD INFORMATION

Permit#

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000091

FLOOD PERMIT

\$0.00

SS

01/16/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959





Residential Project Approval Application # 202000074

Zoning: VILLAGE ATTACHED SF 5

Property Address:

5011 SOUTH VA DARE TRL

PIN #: 080114235498 Parcel: 000380021

Lot/Block/Sec: LOT: 4 BLK: SEC:

Subdivision: DUNERIDGE ESTATES

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE

Base Flood Elevation: 11.0

Regulatory Flood Elevation:

Map Panel No:

Map Panel Date:

Suffix: Datum Used:

Owner Name:

BOYD, FREDEICK KITTEE - BOYD, SHERRI L

Owner Address:

P. O. BOX 73644

SAN CLEMENTE, CA 92683

Contractor Name:

Gallop Roofing & Remodeling, Inc.

Contractor Phone:

252-473-2888

Contractor Address:

PO Box 157

WANCHESE, NC 27981

Description: Remove & replace cedar shake roof

Construction Value: \$42920

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000118

RES ADD-REM-REP-ACC

\$280.00

SS

01/22/2020

Conditions of Approval:

Call for material check. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000117

FLOOD PERMIT

\$0.00

SS

01/22/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290





Property Address:

100 EAST SUN DANCER CT

PIN #: 080006484828 Parcel: 030995000

Lot/Block/Sec: LOT: 34 BLK: SEC:

Subdivision: SEASIDE SOUTH

Zoning: VILLAGE DET SF 3

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 9.0

Regulatory Flood Elevation: 10

Map Panel No: 0800

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

ROBINSON MADONIA, TRACI W

Owner Address:

P O BOX 1632

Contractor Name:

CC906, Violet Rae Meyer T/A

Contractor Phone:

610-804-3517

Contractor Address:

P0 Box 284

Kill Devil Hills, NC 27948

Description: Reenforcing deck for new hot tub, using existing electric for disconnect & outlet

Construction Value:

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202002823

RES ADD-REM-REP-ACC

\$100.00

SS 01/02/2020

Conditions of Approval:

Address #s on home if none are present. Pull electrical permit. Electrical work shall comply with Article 680 of the 2017 NEC. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202002822

FLOOD PERMIT

\$0.00

SS

01/02/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

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Residential Project Approval Application # 202000003

Property Address:

5624 SOUTH SANDBAR DR

PIN #: 080118303747 Parcel: 000380121

Lot/Block/Sec: LOT: 19 BLK: SEC:

Subdivision: DOLPHIN RUN

Zoning: VILLAGE DET RES SF 2

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 9.0

Regulatory Flood Elevation: 10

Map Panel No: 0801

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

WHITE, CLAY K SR - WHITE, SUSAN B

Owner Address:

537 W RIVERVIEW DR

SUFFOLK, VA 23434

Contractor Name:

Contractor Phone: 252-

441-2955

Contractor Address:

P O BOX 1775

KILL DEVIL HILL, NC 27948

Description:

Tear off roof, replace with 29" Handsplit cedar shakes class B

MICHAEL O'BRIEN DBA ROOF BUSTERS INC

Construction Value:

\$26115

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000007

RES ADD-REM-REP-ACC

\$220.00

SS

01/02/2020

Conditions of Approval:

Address #s on home if none are present. Call for material check. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000006

FLOOD PERMIT

\$0.00

SS

01/02/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 201901092

Property Address:

4619 SOUTH COBIA WAY

Base Flood Elevation: 9.0

PIN #: 080109052378 Parcel: 006262000

Lot/Block/Sec: LOT: 9 BLK: SEC: B Subdivision: OLD NAGS HEAD COVE SEC B

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Regulatory Flood Elevation: 10

Flood Zone: AE

Map Panel No: 0801

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

MCGARRY, BETTIE C.

Owner Address:

1802 ASTON LN

Contractor Name:

JEREMY MORTON DBA PRECISION REMODELING

Contractor Phone:

252-767-3377

Contractor Address:

965 WASHINGTON ST

MANTEO, NC 27954

Description:

Redeck all decking boards, replace 10 rotten joist, replace 3 sections of railing

Construction Value: \$9350

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE201902820

RES ADD-REM-REP-ACC

\$160.00

SS

01/02/2020

Conditions of Approval:

Address #s on home if none are present. Review deck condition handout we have provided. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL201902819

FLOOD PERMIT

\$0.00

SS

01/02/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 201901043

Property Address:

307 WEST BRIDGE LN

PIN #: 989205280658 Parcel: 005927034

Lot/Block/Sec: LOT: 34 BLK: SEC: 5 Subdivision: NAGS HEAD ACRES SECTION 5

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X

Owner Name:

WOOTEN, JAMES BII - NOELL, JENNIFER S

Owner Address:

307 W BRIDGE LN

NAGS HEAD, NC 27959

Contractor Name:

Contractor Address:

PROPERTY OWNER

Contractor Phone:

See Above

Description:

Replace front & side porch as is, side porch will have 6x5' outdoor shower

Construction Value:

\$6000

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

RE202000017 RES ADD-REM-REP-ACC

\$160.00

SS

01/03/2020

Conditions of Approval:

Address #s on home if none are present. Call for a site visit before construction starts. All work shall comply with current code. Call for final inspection

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

ZN202000016 ZONING PERMIT - RES

\$0.00

01/03/2020

Conditions of Approval:

Must maintain 5 ft side setback

- Phone conversation with Mr. Wooten 1/3/2019 @ 11:19am replacing and adding outdoor shower to meet 5 ft setback- moving pilings aprox 2.4" closer to structure to meet 5 ft setback
- Final zoning inspection required 252-449-6045

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

Pursuant to Section 48-594(b)(1) of the Nags Head Zoning Ordinance, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959





Residential Project Approval Application # 201901045

Property Address:

113 WEST MARSH COVE DR

PIN #: 080006297537 Parcel: 024961054

Lot/Block/Sec: LOT: 7 BLK: SEC:

Subdivision: MARSH LINKS PARCEL D

Zoning: VILLAGE DET SF 3

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 9.0

Regulatory Flood Elevation: 10

Map Panel No: 0800

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

ANDERSON, CHRISTOPHER R - ANDERSON, TRAC

Owner Address:

2700 VERILY CT

OAKTON, VA 22124

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

000,0000000

Description:

Replace tile, vanity & fixtures in two bathrooms, change drain to larger pipe, add z can lites on existing

switch

Construction Value:

\$25000

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000012

RES ADD-REM-REP-ACC

\$220.00

01/03/2020

Conditions of Approval:

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000011

FLOOD PERMIT

\$0.00

01/03/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

l, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

Responsible Party

- 29 - 2020

PO Box 99 Nags Head, NC 27959





Residential Project Approval Application # 202000005

Property Address:

108 EAST OCEANWATCH CT

PIN #: 080006486375 Parcel: 000380159

Lot/Block/Sec: LOT: 14 BLK: SEC:

Subdivision: OCEANWATCH

Zoning: VILLAGE DET RES SF 2

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation:

Map Panel No:

Map Panel Date:

Suffix: Datum Used:

Owner Name:

SUPERIOR INVESTMENTS INC

Owner Address:

P O BOX 547

SOUTH HILL, VA 23970

Contractor Name:

Coastal Roofing and Siding, Inc.

Contractor Phone:

252-256-1814

Contractor Address:

8181 CARATOKE HWY UNIT A

POWELLS POINT, NC 27966

Description:

Replacement of the exterior cedar shake roofing system, inst install & supply new 1/2"x24" Waldun Fire

treated Class B

Construction Value:

\$24900

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000025

RES ADD-REM-REP-ACC

\$220.00

SS

01/06/2020

Conditions of Approval:

Address #s on home if none are present. Call for material check. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000024

FLOOD PERMIT

\$0.00

SS

01/06/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 201901074

Property Address:

311 WEST STURGEON DR

PIN #: 989112950254 Parcel: 006446000

Lot/Block/Sec: LOT: 15 BLK: SEC: G Subdivision: OLD NAGS HEAD COVE SEC G

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 9.0

Regulatory Flood Elevation: 10

Map Panel No: 9891

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

LOWE, ANGELINA P

Owner Address:

311 W STURGEON DR

NAGS HEAD, NC 27959

Contractor Name:

Contractor Phone:

Contractor Address:

Description: Replace deck & reside East & West sides

Construction Value:

\$9000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000030

RES ADD-REM-REP-ACC

\$160.00

SS

01/07/2020

Conditions of Approval:

Address #s on home if none are present. Need plans for deck replacement. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000029

FLOOD PERMIT

\$0.00

SS

01/07/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000018

Property Address:

5707 SOUTH VA DARE TRL

PIN #: 080118309715 Parcel: 000380100

Lot/Block/Sec: LOT: LOT 2 BLK: SEC: Subdivision: BEACH HAVEN

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE

Base Flood Elevation: 11.0

Regulatory Flood Elevation: 12

Map Panel No: 0801

Zoning: VILLAGE DET SF 3

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

LACY, CONSTANCE CITTEE

Owner Address:

2304 CRANBORNE RD

MIDLOTHIAN, VA 23113

Contractor Name:

GranPlan, Inc.

Contractor Phone:

252-305-6881

Contractor Address:

349C Water Plant Rd

Manteo, NC 27954

Description:

Remove & replace deck boards on East side of home & around pool replace handrails as need & repair

deck step flashing

Construction Value:

\$23000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000057

RES ADD-REM-REP-ACC

\$220.00

01/10/2020

Conditions of Approval:

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000056

FLOOD PERMIT

\$0.00

01/10/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000019

Property Address:

10039 SOUTH OLD OREGON INLET RD

PIN #: 071815642527 Parcel:

009030000

Lot/Block/Sec: LOT: 98 PT 97 & PT 99 BLK: SEC:

Subdivision: OCEAN COLONY SOUTH

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Suffix: .

Flood Zone: VE

Base Flood Elevation: 11.0

Regulatory Flood Elevation: 12

Map Panel No: 0718

Map Panel Date: 09/20/2006

Datum Used: NAVD 1988

Owner Name:

ROSELIUS, JAMES C.

Owner Address:

3 S POINT TER

Contractor Name:

Gibbs Daughters NC, LLC

Contractor Phone:

252-202-5991

Contractor Address:

PO Box 2387

Manteo, NC 27954

Description:

Demo existing siding down to bare plywood, install new under layment & Bevel Cedar siding

Construction Value:

\$31500

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000059

RES ADD-REM-REP-ACC

\$250.00

SS

01/10/2020

Conditions of Approval:

Address #s on home if none are present. If rot is found, call for inspection of repairs. Pull electrical permit to deal with electrical issues as they arise. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000058

FLOOD PERMIT

\$0.00

01/10/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

Responsible Party

1-13-20

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000015

Property Address:

9009 SOUTH OLD OREGON INLET RD

PIN #: 071913234586 Parcel: 028774000

Lot/Block/Sec: LOT: 12 BLK: 13 SEC: 3

Subdivision: HOLLYWOOD BEACH SEC 3

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: VE

Base Flood Elevation: 11.0 Regulatory Flood Elevation: 12

Map Panel No: 0719

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVd 1988

Owner Name:

HEEZEN CHANDLER PROPERTIES LLC

Owner Address:

1629 SANDPIPER CT

SAINT MARYS, GA 31558

Contractor Name:

SHARP HOMES INC.

Contractor Phone:

252-489-1682

Contractor Address:

501 DARA DR

MANTEO, NC 27954

Description: Remove/replace east upper deck boards, rails, joists 1/24/20 Additional framing/sheething dot to rot

Construction Value:

\$13000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000055

RES ADD-REM-REP-ACC

\$190.00

SS 01/10/2020

Conditions of Approval:

Address #s to TONH ordinance if not currently. Pile replacement is not part of the job. Remove unsafe conditions. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000054

FLOOD PERMIT

\$0.00

SS

01/10/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

med R. Slaph 1/27/2020

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000037

Property Address:

2504 SOUTH MEMORIAL AVE

PIN #: 989318302511 Parcel: 005506000

Lot/Block/Sec: LOT: 10 BLK: 9 SEC: 2 Subdivision: NAGS HEAD SHORES AMENDED SEC 2

Zoning: HIGH DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 11

Map Panel No: 9893

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

BOAS, EDWARD E JR - BOAS, PENELOPE D

Owner Address:

741 MT NEBO RD

CHESAPEAKE CITY, MD 21915

Contractor Name:

ERMAL SINANAJ

Contractor Phone:

252-480-6468

Contractor Address:

205 W Morning Dove

Nags Head, NC 27959

Description: Removing 16' of existing rails & replace with new

Construction Value:

\$12000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000067

RES ADD-REM-REP-ACC

\$190.00

SS

01/13/2020

Conditions of Approval:

Stop work order. Work is complete. Address #s on house if none are present. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000066

FLOOD PERMIT

\$0.00

SS

01/13/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

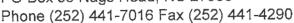
All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959





Residential Project Approval Application # 202000026

Property Address:

304 RIDGEVIEW WAY

PIN #: 989108891151 Parcel: 006749030

Lot/Block/Sec: LOT: 25 BLK: SEC: 4 Subdivision: SOUTHRIDGE - SEC 4

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 9.0

Regulatory Flood Elevation: 10

Map Panel No: 9891

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

GARRETT, MICHAEL R - GARRETT, DENISE D

Owner Address:

304 RIDGEVIEW WAY

NAGS HEAD, NC 27959

Contractor Name:

DANIEL ANDRONOWITZ DBA D AND B BULKHEADS

Contractor Phone:

252-455-6322

Contractor Address:

1105 SWORDFISH WAY

KITTY HAWK, NC 27949

Description:

Add support pilings right side of house where deck & house connect under triple girder system

Construction Value: \$1000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000090

RES ADD-REM-REP-ACC

\$100.00

Conditions of Approval:

Address #s on home if none are present. Call for piling inspection. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000089

FLOOD PERMIT

\$0.00

SS

01/16/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959





Residential Project Approval Application # 202000021

Property Address:

8921 SOUTH OLD OREGON INLET RD

PIN #: 071913242035 Parcel: 007166000

Lot/Block/Sec: LOT: 6 BLK: 14 SEC: 4 Subdivision: HOLLYWOOD BEACH SEC 4

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE

Base Flood Elevation: 11.0 Regulatory Flood Elevation: 12

Map Panel No: 0719

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

DUKE, JACQUELIN M

Owner Address:

113 BELL RD

FREDERICKSBURG, VA 22405

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

000, 00 00000

Description: Replacement of existing decking consisting of walkway to the beach and two staircases

Construction Value:

\$2000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000083

RES ADD-REM-REP-ACC

\$100.00

SS

01/16/2020

Conditions of Approval:

Address #s on home if none are present. Review stair and beach walkway handout we have provided. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000082

FLOOD PERMIT

\$0.00

SS 01/16/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

l, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000042

Property Address:

3937 SOUTH VA DARE TRL

PIN #: 989220809848 Parcel: 007738000

Lot/Block/Sec: LOT: BLK: SEC:

Subdivision: SUBDIVISION - NONE

Zoning: LOW DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE

Base Flood Elevation: 11.0 Regulatory Flood Elevation: 12

Map Panel No: 9892

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

FELPS, MARTIN J - FELPS, KATHRYN W

Owner Address:

3937 S VIRGINIA DARE TRL

NAGS HEAD, NC 27959

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

000,0000000

Description: Repair pilings under East side of house & porch by sistering the pilings

Construction Value: \$15000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due Approved By: Approved Date:

RE202000085

RES ADD-REM-REP-ACC

\$190.00

SS

01/16/2020

Conditions of Approval:

Address #s to TONH ordinance if not currently. Call for material check. Call for final inspection

FLOOD INFORMATION

Permit#

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000084

FLOOD PERMIT

\$0.00

SS

01/16/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

l, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000025

Property Address:

130 SOUTH MARINA DR

PIN #: 070905096111 Parcel: 007854000

Lot/Block/Sec: LOT: 9 BLK: SEC: 1

Subdivision: POND ISLAND MARINA

Zoning: LOW DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 11

Map Panel No: 0709

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

MCCASKILL, WILLIAM WILKINS

Owner Address:

130 W MARINA DR

NAGS HEAD, NC 27959

Contractor Name:

RMF Mechanical & Construction

Contractor Phone:

Contractor Address:

PO Box 2063

Kill Devil Hills, NC 27948

Description: Reskin deck in front only with new railing & stairs

Construction Value:

\$2000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due Approved By: Approved Date:

RE202000087

RES ADD-REM-REP-ACC

\$100.00

SS

01/16/2020

Conditions of Approval:

Address #s on home if none are present. All work to meet todays code. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000086

FLOOD PERMIT

\$0.00

01/16/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

Responsible Party

-17-2020

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000041

Property Address:

5201 SOUTH LINKS DR

PIN #: 080117029242 Parcel: 024961308

Lot/Block/Sec: LOT: 8 BLK: SEC:

Subdivision: WEDGES, THE

Zoning: VILLAGE DET SF 3

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X

Owner Name:

O'HARA, JOHN BERNARD JR

Owner Address:

5201 S LINKS DR

NAGS HEAD, NC 27959

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

Description:

Replacing siding on two sides of the house, replacing deckin g on all decks, no handrails are being

replaced

Construction Value:

\$10000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

RE202000088

RES ADD-REM-REP-ACC

\$160.00

SS

01/16/2020

Conditions of Approval:

Address #s on home if none are present. Review stair handout we have provided. Call for sheathing repair if needed. Licensed electrician shall correct wiring as needed. Electrician may need to pull permit. Call for final inspection.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000044

Property Address:

210 WEST CAROLINIAN CIR

PIN #: 989317113093 Parcel: 005651000

Lot/Block/Sec: LOT: E BLK: SEC:

Subdivision: CAROLINIAN COLONY

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X

Owner Name:

MILLS, DAVID LYNN - MILLS, DANA SHAGEEVA

Owner Address:

210 W CAROLINIAN CIR

NAGS HEAD, NC 27959

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

Description: Install a 20'x20' prefab metal shed, digging footings per engineered plans

Construction Value:

\$6500

Classification of Work: RESIDENTIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

RE202000105 RES ADD-REM-REP-ACC

\$160.00

SS

01/17/2020

Conditions of Approval:

Call for footing /slab inspection. Pull electrical permit if doing electrical work. Call for electrical trench inspections. Call for final inspection

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

ZN202000106 ZONING PERMIT - RES

\$0.00

MK

01/17/2020

Conditions of Approval:

Shed shall meet 5 ft side and rear setback

Tree removal in footprint of proposed shed. Fill shall meet a 5 ft no fill setback from property line.

Call for final zoning 252-449-6045

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

Pursuant to Section 48-594(b)(1) of the Nags Head Zoning Ordinance, you have the right to appeal this decision to the Nags Head Board of Adjustment within thirty (30) days of the date of this notice. This decision shall become final and unappealable if not appealed during this thirty (30) day period.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959





Residential Project Approval Application # 202000063

Property Address:

10109 SOUTH COLONY SOUTH DR

PIN #: 071815642041 Parcel: 009041000

Lot/Block/Sec: LOT: 110 BLK: SEC: Subdivision: OCEAN COLONY SOUTH

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use:

Flood Zone: AE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 11

Map Panel No: 0718

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

MERCER, JOHN D - MERCER, ROSA L

Owner Address:

10109 S Colony South Dr

Contractor Name:

Contractor Address:

PROPERTY OWNER

Contractor Phone:

See Above

000,0000000

Description:

Replace stairs & railings

Construction Value:

\$1500

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000101

RES ADD-REM-REP-ACC

\$100.00

SS

01/17/2020

Conditions of Approval:

This was a SWO. Work will be inspected and corrections may need to be made. Review stair handout we have provided. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000102

FLOOD PERMIT

\$0.00

SS

01/17/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS, All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

Responsible Party

1-28-2020

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000076

Property Address:

116 EAST OCEANWATCH CT

PIN #: 080006485109 Parcel: 000380155

Lot/Block/Sec: LOT: 10 BLK: SEC:

Subdivision: OCEANWATCH

Zoning: VILLAGE DET RES SF 2

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X

Owner Name:

EVANS, P MICHAEL TTEE - EVANS, MARY M TT

Owner Address:

8714 CARRIAGE HILLS DR

COLUMBIA, MD 21046

Contractor Name:

Coastal Roofing and Siding, Inc.

Contractor Phone:

252-256-1814

Contractor Address:

8181 CARATOKE HWY UNIT A

Description:

Replacement of exterior cedar shake roofing system, install & supply new 3/4"x24" Waldun Fire treated

class B

Construction Value: \$29700

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

RE202000111

RES ADD-REM-REP-ACC

SS

01/22/2020

Conditions of Approval:

Call for material check. Call for final inspection

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000069

Property Address:

4809 SOUTH VA DARE TRL

PIN #: 080113149836 Parcel: 008735002

Lot/Block/Sec: LOT: 3 BLK: SEC:

Subdivision: BRANT SHORES

Zoning: COMMERCIAL/RESIDENTIAL DISTRIC

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE

Base Flood Elevation: 11.0

Map Panel No:

Map Panel Date:

Regulatory Flood Elevation:

Suffix: Datum Used:

Owner Name:

DEPARTO, MICHAEL A - DEPARTO, ANNE

Owner Address:

46 ORCHARD RD

WATCHUNG, NJ 07069

Contractor Name:

MACKO OBX CONSTRUCTION, INC.

Contractor Phone:

252-480-6411

Contractor Address:

PO Box 3689

Kill Devil Hills, NC 27948

Description: Remove underpinning & insulation, reinsulate & install new underpinning

Construction Value:

\$25000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000114

RES ADD-REM-REP-ACC

\$220.00

01/22/2020

Conditions of Approval:

Address #s-to TONH ordinance if not currently. Call for insulation inspection. Properly air seal underpinning. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000113

FLOOD PERMIT

\$0.00

SS

01/22/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

/23/2020

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000075

Property Address:

4808 EAST ENGAGEMENT HILL LOOP

PIN #: 080113142799 Parcel: 027839021

Lot/Block/Sec: LOT: 5 BLK: SEC:

Subdivision: SEVEN SISTERS

Zoning: VILLAGE DET RES SF 2

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 11.0

Regulatory Flood Elevation:

Map Panel No:

Map Panel Date:

Suffix: Datum Used:

Owner Name:

WISNIEWSKI, EUGENE M - WISNIEWSKI, MARGA

Owner Address:

17 HEDGEROW DR

FAIRLESS HILLS, PA 19030

Contractor Name:

Gallop Roofing & Remodeling, Inc.

Contractor Phone:

252-473-2888

Contractor Address:

PO Box 157

WANCHESE, NC 27981

Description: Remove & replace cedar shake roof

Construction Value: \$17527

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000120

RES ADD-REM-REP-ACC

\$190.00

SS 01/22/2020

Conditions of Approval:

Call for material check. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000119

FLOOD PERMIT

\$0.00

01/22/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000073

Property Address:

4909 EAST KATIE CT

PIN #: 080113145416 Parcel: 027839041

Lot/Block/Sec: LOT: 25 BLK: SEC:

Subdivision: SEVEN SISTERS

Zoning: VILLAGE DET RES SF 2

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: AE

Base Flood Elevation: 11.0

Regulatory Flood Elevation:

Map Panel No:

Map Panel Date:

Suffix: Datum Used:

Owner Name:

ABBITT, ALFRED L - ABBITT, BEVERLY V

Owner Address:

. 1210 SCOTTLAND TER

NEWPORT NEWS, VA 23606

SS

Contractor Name:

Gallop Roofing & Remodeling, Inc.

Contractor Phone:

252-473-2888

Contractor Address:

PO Box 157

WANCHESE, NC 27981

Description:

Remove and replace cedar shake roof

Construction Value:

\$32000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000116

RES ADD-REM-REP-ACC

\$250.00

01/22/2020

Conditions of Approval:

Call for material check. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000115

FLOOD PERMIT

01/22/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000103

Property Address:

5301 SOUTH VA DARE TRL

PIN #: 080114229743C2

Parcel: 000380060

Lot/Block/Sec: LOT: LOT 8 BLK: SEC: Subdivision: SEA POINTE

Zoning: VILLAGE TOWNHOUSE

Flood Zone: VE

Base Flood Elevation: 11.0 Regulatory Flood Elevation: 12

Land Use: SINGLE FAMILY DWELLING, LARGE

Map Panel No: 0801

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD1988

Owner Name:

GLENROIE LLC

Owner Address:

1661 WILL O WISP DR

VIRGINIA BEACH, VA 23454

Contractor Name:

BRIAN K. SUSCO

Contractor Phone:

252-202-2028

Contractor Address:

318 Harbour Rd

Kill Devil Hills, NC 27948

Description: Remodel 2 bathrooms in mid-level, remove & replace all siding & install new LP prefinished siding

Construction Value:

\$28000

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due Approved By: Approved Date:

RE202000158

RES ADD-REM-REP-ACC

\$220.00

SS

01/24/2020

Conditions of Approval:

Address #s on home if none are present. Install siding per product Evaluation report. NC licensed electrician shall deal with wiring issues as they arise. Pull electrical permit. Smokes and Co2 detectors to code in home. All subs shall pull permits prior to starting work. Call for all required inspections. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000157

FLOOD PERMIT

\$0.00

SS

01/24/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959





Residential Project Approval Application # 202000096

Property Address:

5612 SOUTH SANDBAR DR

PIN #: 080118312015 Parcel: 000380127

Lot/Block/Sec: LOT: 25 BLK: SEC:

Subdivision: DOLPHIN RUN

Zoning: VILLAGE DET RES SF 2

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 9.0

Regulatory Flood Elevation: 10

Map Panel No: 0801

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

WILLIAMS, DALTON - WILLIAMS, JUDY

Owner Address:

1302 TENNYSON LN

WINDSOR, NC 27983

Confractor Name:

Coastal Roofing and Siding, Inc.

Contractor Phone:

252-256-1814

Contractor Address:

8181 CARATOKE HWY UNIT A

POWELLS POINT, NC 27966

Description:

Remove & replacement of roofing system with 3/4'x24' Waldun fire treated class b blue label cedar shake

roof.

Construction Value: \$18940

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000133

RES ADD-REM-REP-ACC

\$190.00

01/24/2020

Conditions of Approval:

Call for material check. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000132

FLOOD PERMIT

\$0.00

SS 01/24/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000055

Property Address:

3011 SOUTH VA DARE TRL

PIN #: 989207583042 Parcel: 005253001

Lot/Block/Sec: LOT: 7 & PT 8 BLK: 2 SEC: 1 Subdivision: NAGS HEAD SHORES AMENDED SEC 1

Zoning: COMMERCIAL/RESIDENTIAL DISTRIC

Land Use: SINGLE FAMILY DWELLING

Flood Zone: VE

Base Flood Elevation: 11.0

Regulatory Flood Elevation: 12

Map Panel No: 9892

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

JERNIGAN, MRS R H

Owner Address:

125 PITTMAN RD

AULANDER, NC 27805

Contractor Name:

Coastal Cottage Contracting, LLC

Contractor Phone:

Contractor Address:

PO Box 433

Nags Head, NC 27959

Description: Replace rafters and roof sheeting on porch locations @ W S E sides

Construction Value:

\$23000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000135

RES ADD-REM-REP-ACC

\$220.00

SS 01/24/2020

Conditions of Approval:

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000134

FLOOD PERMIT

\$0.00

SS

01/24/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

ponsible Party

Date 1/24/20

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000080

Property Address:

2620 SOUTH ANCHOR LN

PIN #: 989206296151 Parcel: 005967000

Lot/Block/Sec: LOT: 11-12 BLK: SEC: Subdivision: NAGS HEAD ACRES SECTION 1

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood

Owner Name:

Zone: X

MASSEY, ALLEN D

Owner Address:

2620 S ANCHOR LN

NAGS HEAD, NC 27959

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

Description: Replace living room ridge beam (roof)

Construction Value: \$5000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

RE202000154

RES ADD-REM-REP-ACC

SS

01/24/2020

Conditions of Approval:

Address #s on home if none are present. Provide information for ridge beam.

Call for final inspection.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000056

Property Address:

10247G EAST LOON CT

PIN #: 071815723836 Parcel: 007419000

Lot/Block/Sec: LOT: 7 BLK: SEC:

Subdivision: GLENLEA BEACH

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: VE

Base Flood Elevation: 11.0

Regulatory Flood Elevation: 12

Map Panel No: 0718

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

FENNELL III, JAMES G.

Owner Address:

2334 MT TABOR RD

Contractor Name:

Coastal Cottage Contracting, LLC

Contractor Phone:

Contractor Address:

PO Box 433

Nags Head, NC 27959

Description: Replace decking, railing & joist on South & East deck using existing pilings

Construction Value:

\$8000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit#

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000137

RES ADD-REM-REP-ACC

\$160.00

SS

01/24/2020

Conditions of Approval:

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000136

FLOOD PERMIT

\$0.00

SS

01/24/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000027

Property Address:

10221 SOUTH BODIE ISLE CT

PIN #: 071815639345 Parcel: 007476000

Lot/Block/Sec: LOT: 44 BLK: SEC:

Subdivision: GOOSE WING

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: VE

Base Flood Elevation: 11.0

Regulatory Flood Elevation: 12

Map Panel No: 0718

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

HACKWORTH INVESTMENT GROUP LLC

Owner Address:

513 BRENTMEADE DR

YORKTOWN, VA 23693

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

000, 00 00000

Description: Replacing old staircase from middle deck to stop landing

Construction Value: \$2800

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000139

RES ADD-REM-REP-ACC

\$130.00

SS

01/24/2020

Conditions of Approval:

Address #s on home if none are currently present. Middle deck can only be done with engineering design and approval. If adding pilings than a V zone cert will be required. All new work shall comply with the 2018 NC REs Code. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000138

FLOOD PERMIT

\$0.00

SS

01/24/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000081

Property Address:

8720 SOUTH OLD OREGON INLET RD

PIN #: 071909150311 Parcel: 007970230

Lot/Block/Sec: LOT: 30 BLK: SEC:

Subdivision: SOUTH CREEK ACRES PH 2

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: AE

Base Flood Elevation: 11.0 Regulatory Flood Elevation: 12

Map Panel No: 0719

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

WISE, SAMUEL C - WISE, WANDA M

Owner Address:

123 POTESKEET TRL

KITTY HAWK, NC 27949

Contractor Name:

Premier Coastal Contracting, LLC

Contractor Phone:

252-305-8067

Contractor Address:

PO Box 2359

Manteo, NC 27954

Description:

Remove & replace decking to match existing, replace handrail s to match existing, no replacing benches

they will remain

Construction Value:

\$31500

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000152

RES ADD-REM-REP-ACC

\$250.00

01/24/2020

Conditions of Approval:

Address #s on home if none are present. this is a SWO. All work shall meet todays code. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000151

FLOOD PERMIT

\$0.00

SS

01/24/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000079

Property Address:

5316 WEST CAPTAINS WAY

PIN #: 080117115423 Parcel: 024961405

Lot/Block/Sec: LOT: 26 BLK: SEC:

Subdivision: CAPTAIN'S WATCH

Zone: X

Zoning: VILLAGE ATTACHED SF 4

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood

Owner Name:

SCHOEDLER, SCOTT G - SCHOEDLER, JANIS H

Owner Address:

206 EDGEMORE AVE

CARY, NC 27519

Contractor Name:

SALTY SOULS INC

Contractor Phone:

252-564-5101

Contractor Address:

P. O. BOX 69

NAGS HEAD, NC 27959

Description:

Replace siding & soffit with LP Smartside and PVC trim

Construction Value: \$24500

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

RE202000150

RES ADD-REM-REP-ACC

\$220.00

SS

01/24/2020

Conditions of Approval:

Address #s on home. Pull electrical permit to contend with electrical as it arises. Call for final inspectiuon

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000097

Property Address:

401 WEST GREEN JACKET WAY

PIN #: 080117113263 Parcel: 024961558

Lot/Block/Sec: LOT: 33 BLK: SEC:

Subdivision: MASTERS, THE

Zoning: VILLAGE DET RES SF 2

Land Use: SINGLE FAMILY DWELLING

Flood Zone: X

Owner Name:

ALBERTSON, WILLIAM A SR - ALBERTSON, CHR

Owner Address:

227 WAYSIDE DR

WARRINGTON, PA 18976

Contractor Name:

Coastal Roofing and Siding, Inc.

Contractor Phone:

252-256-1814

Contractor Address:

8181 CARATOKE HWY UNIT A

Description:

Replacement of the existing roof system with new Waldun fire treated 3/4'x24' blue label class b cedar

shake roofing syst

Construction Value: \$27230

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

RE202000131

RES ADD-REM-REP-ACC

\$220.00

01/24/2020

Conditions of Approval:

Call for material check. Call for final inspection

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959





Residential Project Approval Application # 202000105

Property Address:

6013 EAST BAYMEADOW DR

PIN #: 080006491221 Parcel: 030978000

Lot/Block/Sec: LOT: 17 BLK: SEC:

Subdivision: SEASIDE SOUTH

Zoning: VILLAGE DET SF 3

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: AE

Base Flood Elevation: 9.0

Regulatory Flood Elevation: 10

Map Panel No: 0800

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

REYNOLDS, LORI A - REYNOLDS, JAY D

Owner Address:

7315 FRANKLIN RD

CRANBERRY TWP, PA 16066

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

000,0000000

Description: Replacement of deck boards, hand rails, spindels and stair stringers to front enterence

Construction Value:

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000156

RES ADD-REM-REP-ACC

\$100.00

SS

01/24/2020

Conditions of Approval:

Review stair handout we have provided. Stairs as built are not code compliant. Call with any Questions 252 449 2005

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000155

FLOOD PERMIT

\$0.00

SS

01/24/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000099

Property Address:

311 WEST DANUBE ST

PIN #: 989112857457 Parcel: 006841001

Lot/Block/Sec: LOT: 22 BLK: D SEC: 3

Subdivision: ROANOKE SOUND SHORES SEC 3

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 9.0

Regulatory Flood Elevation: 10

Map Panel No: 9891

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

DENNEY, JASON FIELDEN

Owner Address:

311 W DANUBE ST

Contractor Name:

Lowe Custom Builders, LLC

Contractor Phone:

252-202-6452

Contractor Address:

4705 S Pamlico Way

Nags Head, NC 27959

Description: Relocate master bath & laundry, add closet

Construction Value: \$24260

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000199

RES ADD-REM-REP-ACC

\$230.00

SS

01/31/2020

Conditions of Approval:

Address #s on home if none are present. Call for a site visit once you get started. Smoke and Co2 detectors to code throughout home. Provide make up air in laundry closet. All subs shall pull permits prior to starting work. Call for all required inspections. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000198

FLOOD PERMIT

\$0.00

SS

01/31/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000068

Property Address:

6915 SOUTH VA DARE TRL

PIN #: 080011654801 Parcel: 006573000

Lot/Block/Sec: LOT: 9 & PT 8 BLK: 4 SEC:

Subdivision: WHALEBONE BEACHES - COMP. MAP

Zoning: COMMERCIAL/RESIDENTIAL DISTRIC

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE

Base Flood Elevation: 11.0

Regulatory Flood Elevation: 12

Map Panel No: 0800

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

KROBATH, JOHN - KROBATH, PATRICIA

Owner Address:

25979 KREBS LN

SOUTH RIDING, VA 20152

Contractor Name:

MACKO OBX CONSTRUCTION, INC.

Contractor Phone:

252-480-6411

Contractor Address:

PO Box 3689

Kill Devil Hills, NC 27948

Description: Top level deck replacement & stair treads with Trex enhanced

Construction Value:

\$14000

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000202

RES ADD-REM-REP-ACC

\$190.00

SS

01/31/2020

Conditions of Approval:

Address #s on home if none are present. Install trex per Evaluation report. Call for fianl inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000201

FLOOD PERMIT

\$0,00

SS

01/31/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

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DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000070

Zoning: MEDIUM DENSITY RES DISTRICT

Property Address:

9225 SOUTH OLD OREGON INLET RD

PIN #: 071918314627 Parcel: 007221001

Lot/Block/Sec: LOT: 4 BLK: 9 SEC: 2 Subdivision: HOLLYWOOD BEACH SEC 2

Land Use: SINGLE FAMILY DWELLING, LARGE

Flood Zone: VE

Base Flood Elevation: 11.0

Regulatory Flood Elevation: 12

Map Panel No: 0719

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

DOWNEY, THOMAS W - DOWNEY, PATRICIA

Owner Address:

2230 CASSINO CT

PUNTA GORDA, FL 33950

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

000,0000000

Description:

Replace & repair existing walkway over dunes 40" wide x approx 36 ' with stairs

Construction Value: \$800

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000207

RES ADD-REM-REP-ACC

\$100.00

SS

01/31/2020

Conditions of Approval:

Address #s to TONH ordinance. Review permit information given. Call for material check, Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000206

FLOOD PERMIT

\$0.00

SS

01/31/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

Responsible Party	Date

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000120

Property Address:

10238 SOUTH COLONY SOUTH DR

PIN #: 071815626648 Parcel: 007521000

Lot/Block/Sec: LOT: 30 BLK: SEC:

Subdivision: BODIE ISLAND

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 10.0 Regulatory Flood Elevation: 11

Map Panel No: 0718

Suffix: J

Datum Used: NAVD 1988

Owner Name:

VANLANDINGHAM, JOSEPH - VANLANDINGHAM, L

Map Panel Date: 09/20/2006

Owner Address:

314 LOUVICK ST

NORFOLK, VA 23503

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

000, 00 00000

Description: Replace deck stair railing from ground level to 1st floor level

Construction Value:

\$300

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000197

RES ADD-REM-REP-ACC

\$100.00

SS

01/31/2020

Conditions of Approval:

Call for final inspections. Rail construction shall meet todays code.

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000196

FLOOD PERMIT

\$0.00

01/31/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000077

Property Address:

106 EAST MCCALL CT

PIN #: 071820718163 Parcel: 026868000

Lot/Block/Sec: LOT: 13 BLK: SEC:

Subdivision: JOHNSTON V MCCALL JR

Zoning: MEDIUM DENSITY RES DISTRICT

Land Use: SINGLE FAMILY DWELLING

Flood Zone: AE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 11

Map Panel No: 0718

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

MOHLMANN, NEAL M - MOHLMANN, NANCY S

Owner Address:

285 SPRUCE ST

MONTEREY, VA 24465

Contractor Name:

Victor Villamil Construction

Contractor Phone:

Contractor Address:

102 Hickory Nut Ct

Grandy, NC 27939

Description: Remove & replace deck including girder, joist, oceanside top rails, back stairs, all in existing footprint

Construction Value:

\$14500

Classification of Work: RESIDENTIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000210

RES ADD-REM-REP-ACC

\$190.00

SS

01/31/2020

Conditions of Approval:

Address #s on home if none are present. Install vinyl rails per the evaluation report. Lets talk about how this is being built back before you start. Call me 252 449 2005 Steve

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000209

FLOOD PERMIT

\$0.00

SS

01/31/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

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In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

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31/2020

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



Residential Project Approval Application # 202000064

Property Address:

2716 SOUTH VA DARE TRL

PIN #: 989206492253 Parcel: 005460000

Lot/Block/Sec: LOT: 3-4 & 21 BLK: 6 SEC: 2 Subdivision: NAGS HEAD SHORES AMENDED SEC 2

Zoning: GENERAL COMMERCIAL DISTRICT

Land Use: COTTAGE COURT

Flood Zone: AE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 11

Map Panel No: 9892

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

SMITH, MELANIE ANNETTE

Owner Address:

PO BOX 1

NAGS HEAD, NC 27959

Contractor Name:

MORRIS CONSTRUCTION COMPANY LLC

Contractor Phone:

252-

715-1194

Contractor Address:

P O BOX 1189

KITTY HAWK, NC 27949

Hse in back replacing flooring paneling cabinets counter top 3 ceiling fans, update wiring fixtures new Description:

appliances ect

Construction Value:

\$26750

Classification of Work: RESIDENTIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

RE202000124

RES ADD-REM-REP-ACC

\$220.00

SS

01/22/2020

Conditions of Approval:

Address #s on home if none are present. Call for all required inspections. Pull sub permits prior to starting work. Provide job receipts prior to scheduling final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000123

FLOOD PERMIT

\$0.00

SS

01/22/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Commercial Project Approval Application # 201901044

Property Address:

6504 SOUTH CROATAN HWY

PIN #: 080010463879 Parcel: 008822005

Lot/Block/Sec: LOT: 1 BLK: K SEC: Subdivision: WHALEBONE BEACH EXT AT NH

Zoning: GENERAL COMMERCIAL DISTRICT

Land Use: OFFICE/RETAIL

Flood Zone: AF

Base Flood Elevation: 9.0

Regulatory Flood Elevation:

Map Panel No:

Map Panel Date:

Suffix: Datum Used:

Owner Name:

SANDAR LLC

Owner Address:

280 AIRPORT RD

MANTEO, NC 27954

Contractor Name:

PROPERTY OWNER

Contractor Phone:

Contractor Address:

See Above

Description:

Adding a 12x24' storage shed on the parking lot in rear sec of property, This is a temp removable

structure Full Thr

Construction Value:

\$7000

Classification of Work: COMMERCIAL ACC STRUCTURE

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

CA202000215 COMM ADD-REM-REP-ACC

\$160.00

SS

01/31/2020

Conditions of Approval:

Address #s on property. All material below RFE of 10 feet shall be pressure treated. Flood vent to code of 1 square inch per square feet of building. Provide final flood elevation certificate. Tie down shed on all four corners. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

FL202000214 FLOOD PERMIT

\$0.00

SS

01/31/2020

Conditions of Approval:

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

ZN202000213 ZONING PERMIT - COMM

KW

01/31/2020

Conditions of Approval:

Zoning approved for the placement of a 12 x 24 storage shed/accessory structure on site as shown on approved aerial photograph.

No increase in impervious area as shed is being placed on existing overflow parking area.

Adequate parking remains onsite with placement of shed, 40 go-carts and 6 employees requires 46 parking spaces; excess of 60 available parking spaces.

Any deviation requires additional zoning review and approval.

Final Zoning Inspection required prior to issuance of Certificate of Compliance.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

PO Box 99 Nags Head, NC 27959

Phone (252) 441-7016 Fax (252) 441-4290



Commercial Project Approval **Application # 202000082**

Property Address:

4104 SOUTH VA DARE TRL

PIN #: 989108983875 Parcel: 027419000

Lot/Block/Sec: LOT: 42-51 BLK: SEC: Subdivision: C W HOLLOWELL DB 17-79

Zoning: GENERAL COMMERCIAL DISTRICT

Land Use: SHOPPING CENTER

Flood Zone: AE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 11

Map Panel No: 9891

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD-88

Owner Name:

SURFSIDE PLAZA PROPERTIES, LLC

Owner Address:

P O BOX 745

NAGS HEAD, NC 27959

Contractor Name:

TECCON, Tim Chambers dba

Contractor Phone:252-599-6401

Contractor Address:

219 W Windjammer Rd

Nags Head, NC 27959

Description: Add 2x4 16 walls nonload bearing for storage, add opening between next unit 50" for Blue Moon

Construction Value:

\$6500

Classification of Work: COMMERCIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

CA202000190 COMM ADD-REM-REP-ACC

\$160.00

01/29/2020

Conditions of Approval:

- New non-load bearing walls to be covered with 5/8" fire rated drywall to height of existing ceiling material.

- Add battery back-up emergency egress lighting in new space.

- New area NOT to be used as serving area for guests.

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

FL202000189 FLOOD PERMIT

\$0.00

01/29/2020

Conditions of Approval:

ZONING INFORMATION

Permit#

Permit Description

Total Fees Paid/Due 0.00

Approved By:

Approved Date:

ZN202000188 ZONING PERMIT - COMM

KW

01/29/2020

Conditions of Approval:

Zoning is approved for the expansion of Blue Moon Restaurant into Tenant Space C for Storage and Waiting Area Only. No customer service area/food or beverage service is permitted in this location.

All work to be within the existing footprint, no increase in footprint or lot coverage.

Final Zoning inspection required prior to issuance of Certificate of Occupancy.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIQR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

(ZONING) RIGHT OF APPEAL

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Commercial Project Approval Application # 202000002

Property Address:

101 EAST DOVE ST

PIN #: 080109062755 Parcel: 008621000

Lot/Block/Sec: LOT: NEW PARCEL A BLK: C1 SEC: 3 Subdivision: ROANOKE SOUND SHORES RESUB S 3

Zoning: GENERAL COMMERCIAL DISTRICT

Land Use: VACANT

Flood Zone: AE

Owner Name:

GANDT DEVELOPMENT LLC

Owner Address:

P. O. BOX 5

KITTY HAWK, NC 27949

Contractor Name:

Ad Light Signs

Contractor Phone:

252-202-4625

Contractor Address:

600 W Boundary St

Kill Devil Hills, NC 27948

Description:

Install 29.65 sq ft freestanding sign

Construction Value:

\$9000

Classification of Work: COMMERCIAL SIGN

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

SG202000020

BUILDING SIGN PERMIT

\$75.00

01/03/2020

Conditions of Approval:

Call for piling inspection. Pull electrical permit. Call for trench inspection for wiring. Call for final inspection

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

ZS202000019

ZONING - COMMERCIAL SIGN \$75.00

KW

01/03/2020

Conditions of Approval:

Electrical Permit required; Must comply with all conditions of Electrical Permit

Building Permit required; Must comply with all conditions of Building Permit

Zoning approved for installation of 30 sf, freestanding sign as shown on Board of Commissioners Approved Site Plan. Any deviation in location requires additional review and approval.

Sign must be within the property boundary and outside of the 10 x 70 sight triangle.

Final Zoning Inspection required prior to issuance of Certificate of Compliance.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

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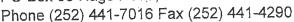
I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

Responsible Party

Date

PO Box 99 Nags Head, NC 27959





Commercial Project Approval Application # 202000016

Property Address:

2236 SOUTH CROATAN HWY

PIN #: 989317117538 Parcel: 017886000

Lot/Block/Sec: LOT: [BLK: SEC:

Subdivision: CAROLINIAN COLONY

Zoning: GENERAL COMMERCIAL DISTRICT

Land Use: SHOPPING CENTER

Flood Zone: X

Owner Name:

QUAIL RUN BUSINESS CENTER LLC

Owner Address:

406 W LAKE DR

KILL DEVIL HILLS, NC 27948

Contractor Name:

Ad Light Signs

Contractor Phone:

252-202-4625

Contractor Address:

600 W Boundary St

Kill Devil Hills, NC 27948

Description: 32.29 sq ft Illuminated channel letter sign for Poke Box

Construction Value:

\$3500

Classification of Work: COMMERCIAL SIGN

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

SG202000034

BUILDING SIGN PERMIT

\$75.00

SS

01/07/2020

Conditions of Approval:

Address #s on unit. Pull electrical permit. Call for final inspection

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

ZS202000033

ZONING - COMMERCIAL SIGN \$75.00

KW

01/07/2020

Conditions of Approval:

Electrical Permit required; Must comply with all conditions of Electrical Permit

Building Permit required; Must comply with all conditions of Building Permit

Zoning is approved for installation of a 33 sf. internally illuminated channel letter sign for Poke Box.

Final Zoning Inspection required prior to issuance of Certificate of Completion.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Commercial Project Approval Application # 202000028

Property Address:

3532 SOUTH VA DARE TRL

PIN #: 989215647299 Parcel: 007655000

Lot/Block/Sec: LOT: 265 PT 266 BLK; SEC: Subdivision: GEO T STRONACH

Zoning: GENERAL COMMERCIAL DISTRICT

Land Use: RESTAURANT

Flood Zone: AE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 11

Map Panel No: 9892

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 88

Owner Name:

GESSFORD, HAROLD EDWARD

Owner Address:

P O BOX 3719

KILL DEVIL HILLS, NC 27948

Contractor Name:

Constantine Zinovis

Contractor Phone:

757-287-0686

Contractor Address:

P O Box 417 Nags Head NC 27959

Description:

Adding overhang front on existing building (15x40 per site plan)

Construction Value:

\$10000

Classification of Work: COMMERCIAL REMODEL

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

CA202000076 COMM ADD-REM-REP-ACC \$160.00

CT

01/14/2020

Conditions of Approval:

- All metal fasteners, straps, hangers, and bolts must be a minimum of hot dipped galvanized steel. Alternatively, stainless fasteners, straps, hangers, and bolts are acceptable.

- No plans were submitted with application. As-built engineering may be required to confirm structural integrity of roof attachment to existing building. WCT met applicant on-site 1/13/20 to confirm additional engineering may be required to approve design of roof attachment to existing structure. Applicant agreed to provide additional engineering at discretion of building official.

- Removal of soffit material may be required to confirm attachment of roof to existing structure.

- Pile spacing beneath girder for rafter support cannot exceed 6 feet on center for 6" x 6" piles or eight feet on center for 8"x 8" piles. Piles must be embedded a minimum of eight feet below grade, or provide engineered detail for concrete column footers.

All timber materials to be minimum #2 southern yellow pine pressure preservative treated to resist rot & decay. Piles must be treated for use in contact with the ground.

Polycarbonate panels used for roofing must be wind related panels listed for use in 140 mph wind zones. Alternatively, proof of approval by Miami-Dade Inspections Department for use in hurricane prone areas is acceptable. Providing documentation to prove panels are acceptable for use in high wind zones. Manufacture's instructions must be followed, particularly in reference to attaching polycarbonate panels to framing.

All construction to meet the requirement of the 2018 NC Building Code generally, but specifically with reference to rafter spans, girder spans and ledger board attachment.

Contractor must meet with Building Inspector to discuss construction prior to starting work.

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

FL202000075 FLOOD PERMIT

\$0.00

01/14/2020

Conditions of Approval:

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due Approved By:

Approved Date:

ZN202000074 ZONING PERMIT - COMM

0.00

KW

01/14/2020

Conditions of Approval:

Zoning is approved for construction of approx. 15 x 40 covered pergola overhang extending from east side of commercial structure as shown on the approved plan.

No component of the pergola shall obstruct any existing parking space onsite as parking is currently nonconforming and the degree of nonconformity cannot be increased in any way.

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Commercial Project Approval **Application # 202000062**

Property Address:

3941 SOUTH CROATAN HWY

PIN #: 989220805679 Parcel: 007711000

Lot/Block/Sec: LOT: BLK: SEC:

Subdivision: SUBDIVISION - NONE

Zoning: GENERAL COMMERCIAL DISTRICT

Land Use: RETAIL

Flood Zone: AE

Base Flood Elevation: 10.0

Regulatory Flood Elevation: 11

Map Panel No: 9892

Map Panel Date: 09/20/2006

Suffix: J

Datum Used: NAVD 1988

Owner Name:

JOCKEY'S RIDGE CROSSING, LLC

Owner Address:

Contractor Name:

PO BOX 1839

NAGS HEAD, NC 27959

Contractor Phone:

252-423-0744

Contractor Address:

1053 MARTINS POINT RD

H & W SERVICES GROUP, LLC

KITTY HAWK, NC 27949

Description: Replacing existing roof top deck on clothing store

Construction Value:

\$15000

Classification of Work: COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

CA202000107

COMM ADD-REM-REP-ACC

\$190.00

SS

01/17/2020

Conditions of Approval:

Call for material check. Pull electrical permit and mechanical permit to deal with all equipment. Allow us to see all connections before covering. Call for final inspection

FLOOD INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

FL202000108

FLOOD PERMIT

\$0.00

01/17/2020

Conditions of Approval:

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)

Responsible Party

122/20

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Commercial Project Approval Application # 202000102

Property Address:

2214 SOUTH CROATAN HWY

PIN #: 989317125128 Parcel: 027934009

Lot/Block/Sec: LOT: 2 BLK: SEC:

Subdivision: SATTERFIELD LANDING

Zoning: GENERAL COMMERCIAL DISTRICT Land Use: RETAIL

Flood Zone: X

Owner Name:

WHALEBONE JUNCTION INVESTMENTS LLC

Owner Address:

5017 LUNAR DR

KITTY HAWK, NC 27949

Contractor Name:

Gallop Roofing & Remodeling, Inc.

Contractor Phone:

252-473-2888

Contractor Address:

PO Box 157

WANCHESE, NC 27981

Description:

Removing all metal panels, installing shingles on main roof sec & metal on front accent roof section

Whalebone Surf Shop

Construction Value: \$21300

Classification of Work: COMMERCIAL REPAIR

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By:

Approved Date:

CA202000159 COMM ADD-REM-REP-ACC

\$220.00

SS

01/24/2020

Conditions of Approval:

Address #s on building if none are there currently. Call for material check. Provide info about metal roof and it installation and use in the 140 mph wind zone. Call for inspection of any repairs. Call for final inspection

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

DECISION: Approved with Conditions (See above)

Pooponsible Porty	Data
Responsible Party	Date

PO Box 99 Nags Head, NC 27959 Phone (252) 441-7016 Fax (252) 441-4290



Commercial Project Approval Application # 202000116

Property Address:

4900 SOUTH CROATAN HWY

PIN #: 080113132845 Parcel: 028843000

Lot/Block/Sec: LOT: 1 BLK: SEC:

Subdivision: OUTER BANKS MALL

Zoning: VILLAGE COMMERCIAL 1

Land Use: SHOPPING CENTER

Flood Zone: X Base Flood Elevation: 0.0

Regulatory Flood Elevation:

Map Panel No:

Map Panel Date:

Suffix: Datum Used:

Owner Name:

NAGS HEAD COMPANY LLC

Owner Address:

PO BOX 108

HENDERSON, NC 27536

Contractor Name:

Cardinal Signs

Contractor Phone:

757-328-0272

Contractor Address:

2629 Dean Dr

VIRGINIA BEACH, NC 23452

Description:

Install a wall sign for GNC store

Construction Value:

\$4500

Classification of Work: COMMERCIAL SIGN

BUILDING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

SG202000217

BUILDING SIGN PERMIT

\$75.00

01/31/2020

Conditions of Approval:

Pull electrical permit. Call for final inspection

ZONING INFORMATION

Permit #

Permit Description

Total Fees Paid/Due

Approved By: Approved Date:

ZS202000216

ZONING - COMMERCIAL SIGN

\$75.00

KW

01/31/2020

Conditions of Approval:

Electrical Permit required; Must comply with all conditions of Electrical Permit

Building Permit required; Must comply with all conditions of Building Permit

Zoning approved for installation of illuminated wall sign, final zoning inspection required prior to issuance of Certificate of Compliance.

Additional Conditions:

CALL FOR ALL REQUIRED INSPECTIONS; All new work to meet current code; FINAL INSPECTION REQUIRED PRIOR TO ISSUANCE OF CERTIFICATION OF COMPLIANCE

PLEASE NOTE:

All work shall conform to all applicable North Carolina State Building codes and Ordinances of the Town of Nags Head and shall be the responsibility of the undersigned applicant.

In accordance with GS160A-418, a permit expires 6 months after the date of issuance if the work authorized by the permit has not been commenced. If, after commencement, the work is discontinued for a period of 12 months (no inspections have taken place) the permit immediately expires. No work authorized by a permit that has expired may be performed until a new permit has been issued.

I, the undersigned, understand that the issuance of a floodplain development permit approval is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required, including but not limited to a proposed elevation certificate and or V-Zone certificate. Note: all elevation certificates must be signed by a professional engineer or registered land surveyor.

DECISION: Approved with Conditions (See above)



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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1553	01/27/2020

Parcel Number:

024652018

Location:

101 FRIAR TUCK CT - MANTEO

Subdivision:

NOTTINGHAM (REVISED)

Legal Description:

LOT: 8 BLK: SEC:

Owner Name:

MARK A WARE

Owner Mail Address:

PO BOX 1263 MANTEO, NC 27954

Owner Phone and email:

Contractor Name:

BOBBY WARE BUILDERS INC

Contractor Mail Address:

PO BOX 157, MANTEO, NC 27954

Contractor Phone:

252-473-8846

Contractor NC License#: 61267

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW, NEW SFD

Proposed Construction Type:

SFD Cost of Construction: \$225,000

Finished Square Footage:

2312

CAMA Permit#:

Unfinished Square Footage:

Septic Permit#:

29359

NA

Stories:

778

1/21/2020

Building Height:

2.0

Septic Permit Date: Survey/Site Plan:

YES

0

Water Tap#:

52986

Total Rooms:

Footing Type: Exterior Finish: CONCRETE LAP SIDING Water Type: Flood Zone:

AE

Proposed Finished Floor

11.50

Base Flood Elevation: Lot/Ground Elevation: 7.0

Elevation: Bedrooms:

3

Baths/half baths:

7.8 2.00/1

Comments: Any deviation from the building plan

PERMIT FEE

\$2,045.00

or site plan requires prior approval.

75.00

FLOOD DEVELOPMENT BLDG PERMIT HOME OWNERS RECOVERY FEE RESIDENTIAL ZONING APPROVAL

10.00 100.00

TOTAL FEES:

\$2,230.00

Applicant Signature:

BOBBY WARE BUILDERS INC

Inspector Signature:



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

Frisco: (252) 475-5878

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1515	01/21/2020

Parcel Number:

024432014

Location:

137 MADELINE DR - MANTEO

Subdivision:

ALDER BRANCH ESTATES

Legal Description:

LOT: 14 BLK: SEC:

Owner Name:

PHILLIP BARKER

Owner Mail Address:

2005 EASTWOOD RD STE 201 WILMINGTON, NC 28403

Owner Phone and email:

910-231-2020

Contractor Name:

ROBERT BARKER

Contractor Mail Address:

112 WALTER CT, MANTEO, NC 27954

Contractor Phone:

2523335449

Contractor NC License#: 82837

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW, NEW CONSTRUCTION SFD

Proposed Construction Type:

SFD

Cost of Construction:

\$300,000

Finished Square Footage:

2423

CAMA Permit#:

NA

Septic Permit#:

29327

Unfinished Square Footage:

960

Septic Permit Date:

01/09/2020

Stories: **Building Height:** 1.5 0

Survey/Site Plan:

YES

Total Rooms:

Water Tap#:

51815

Footing Type:

CONCRETE LAP SIDING Water Type: Flood Zone:

Community Water

Exterior Finish:

Base Flood Elevation:

X 0.0

Proposed Finished Floor

13.1

Lot/Ground Elevation:

9.5

Elevation: Bedrooms:

3

Baths/half baths:

3.00/1

Comments: Any deviation from the building plan

PERMIT FEE

\$2,201.00

or site plan requires prior approval.

HOME OWNERS RECOVERY FEE

10.00

RESIDENTIAL ZONING APPROVAL

100.00

TOTAL FEES:

\$2,311.00

Applicant Signature:

ROBERT BARKER

Inspector Signature:



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

RESIDENTIAL BUILDING PERMIT

BUI	LDI	NG F	PERMI	T#:	K-1491

01/13/2020

Parcel Number:

031116007

Location:

100 LIBBS WAY - MANTEO

Subdivision:

ISLAND WOODS

Legal Description:

LOT: 9 BLK: SEC:

Owner Name:

ISLAND WOODS LLC

Owner Mail Address:

P O BOX 90 KILL DEVIL HILLS, NC 27948

Owner Phone and email:

Contractor Name:

SAGA CONSTRUCTION INC

Contractor Mail Address:

STE 301, 1314 S CROATAN HWY KILL DEVIL HILLS, NC 27948

Contractor Phone:

252-441-9003

Contractor NC License#: 62306

BUILDING INFORMATION

Proposed Construction Use:

SINGLE FAMILY DWELLING NEW, NEW CONSTRUCTION

Proposed Construction Type:

SFD 1454 Cost of Construction:

\$120,000

Finished Square Footage:

CAMA Permit#:

NA

Unfinished Square Footage:

526

Septic Permit#:

27589

Stories:

1.0

Septic Permit Date: Survey/Site Plan:

2/27/2018 YES

Building Height:

0 6

Water Tap#:

52981

Total Rooms: Footing Type:

Bedrooms:

PILING

Water Type:

Exterior Finish: Proposed Finished Floor LAP SIDING

Flood Zone: Base Flood Elevation: AE 7.0

Elevation:

8.5

Lot/Ground Elevation:

Baths/half baths:

5.8 2.00/0

Comments: Any deviation from the building plan

PERMIT FEE

\$1,301.00

or site plan requires prior approval.

FLOOD DEVELOPMENT BLDG PERMIT HOME OWNERS RECOVERY FEE RESIDENTIAL ZONING APPROVAL

75.00 10.00 100.00

TOTAL FEES:

\$1,486.00

Applicant Signature:

SAGA CONSTRUCTION INC

Inspector Signature:



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

\$175.00

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: R-1505			01/16/2020
Parcel Number:	016412000		
Location:	944 WINGINA A	VENUE – MANTEO	
Subdivision:	ROANOKE PARK	EXTENDED	
Legal Description:	LOT: PT 3 BLK: 3	SEC:	
Owner Name:	SANDRA L WEST		
Owner Mail Address: Owner Phone and email:	944 WINGINA A	VE MANTEO, NC 27954	
Contractor Name:	PAUL CREEF		
Contractor Mail Address:	1318 US HWY 64	4, MANTEO, NC 27954	
Contractor Phone:	2524806053	Contractor NC License#: 28283	
BUILDING INFORMATION			
Proposed Construction Use:	RESIDENTIAL ADI	DITION , CONVERT EXIST SCREEN PORCH TO	O CLOSET/BATH & ADD NEW
Proposed Construction Type:	SFD	Cost of Construction:	\$52,000
Finished Square Footage:	96	CAMA Permit#:	NA
Unfinished Square Footage:	232	Septic Permit#:	4991
Stories:	1.0	Septic Permit Date:	12/05/2019
Building Height:	0	Survey/Site Plan:	YES
Total Rooms:	0	Water Tap#:	
Footing Type:	PILING	Water Type:	
Exterior Finish:	VINYL SIDING	Flood Zone:	X
Proposed Finished Floor		Base Flood Elevation:	0.0
Elevation:		Lot/Ground Elevation:	9.6
Bedrooms:	0	Baths/half baths:	0.00/0
Comments: Any deviation from or site plan requires prior appro		PERMIT FEE	\$165.00
or one plan requires prior appro	oval.	HOME OWNERS RECOVERY FEE	10.00

TOTAL FEES:

Applicant Signature:

: 1

PAUL CREEF

Inspector Signature:



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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REPAIR-	1540			01/24/2020
Parcel Number: Location:	025025000 134 HOLLY HILLS I	N – MANTEO		
Subdivision:	SUBDIVISION - NO	DNE		
Legal Description:	LOT: B BLK: SEC:			
Owner Name: Owner Mail Address: Owner Phone and email:	WILLIAM KENNET 134 HOLLY HILLS I	H JR BROWN LN MANTEO, NC 27954		
Contractor Name:	EMANUELSON AN			
Contractor Mail Address:		SS HEAD, NC 27959		
Contractor Phone:	252-261-2212	Contractor NC License#: 79 801		
BUILDING INFORMATION				
Proposed Construction Use:	REPAIR, REPLACE	3 WINDOWS BACK OF HOUSE		
Proposed Construction Type:		Cost of Construction:	\$6,200	
Finished Square Footage:	0	CAMA Permit#:		
Unfinished Square Footage:	0	Septic Permit#:		
Stories:	0	Septic Permit Date:		
Building Height:	0	Survey/Site Plan:		
Total Rooms:	0	Water Tap#:		
Footing Type:		Water Type:		
Exterior Finish:		Flood Zone:		
Proposed Finished Floor		Base Flood Elevation:	0.0	
Elevation:		Lot/Ground Elevation:		
Bedrooms:	0	Baths/half baths:	0/0	
Comments: Any deviation from or site plan requires prior appr REPLACE 3 WINDOWS AT BACK STACKED OVER TOP OF EACH O ON GRD FLOOR GOING TO THIS	oval. COF HOUSE - OTHER - STARTING	PERMIT FEE		\$150.00
	7 1	TOTAL PEES:		\$150.00

EMANUELSON AND DAD INC

ALD

Application Reference # 1277 on 01/22/2020

Inspector Signature: Ed Kindervater AD

Applicant Signature:



BUILDING PERMIT#: ACC-1543

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

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

01/27/2020

\$150.00

RESIDENTIAL BUILDING PERMIT

Parcel Number:	024652074			
Location:		D DR – MANTEO		
Subdivision:	CARL WORSLE	DIVISION		
Legal Description:	LOT: 1 BLK: SEC	:		
Owner Name:	DONALD W LA	BONTE'		
Owner Mail Address:	PO BOX 276 M	ANTEO, NC 27954		
Owner Phone and email:				
Contractor Name:	DONALD LABO	NTE		
Contractor Mail Address:	111 SHERWOO	D DR, MANTEO, NC 27954		
Contractor Phone:	914260933	Contractor NC License#:	UNLICENSED	
BUILDING INFORMATION				
Proposed Construction Use:	MISC ACCESSO	RY , ADDING METAL CARPORT FO	OR BOAT	
Proposed Construction Type:	ACC	Cost of Constru	uc tion :	\$2,700
	-			

Finished Square Footage: CAMA Permit#: **Unfinished Square Footage:** 312 Septic Permit#: Stories: 0.0 Septic Permit Date: **Building Height:** 0 Survey/Site Plan: **Total Rooms:** Water Tap#: **Footing Type:** Water Type: **Exterior Finish:** Flood Zone:

Proposed Finished Floor Base Flood Elevation: 0.0

Elevation: Lot/Ground Elevation:

Bedrooms: 0 Baths/half baths: 0.00/0

Comments: Any deviation from the building plan PERMIT FEE

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

ADDING METAL CARPORT FOR BOAT

TOTAL FEES: \$150.00

Applicant Signature:

DONALD W LABONTE'

Inspector Signature: ALD



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

RESIDENTIAL BUILDING PERMIT

BUILDING PERMIT#: REMD-	1559		01/28/2020
Parcel Number:	025025000		
Location:	134 HOLLY HILLS	S LN – MANTEO	
Subdivision:	SUBDIVISION - N	IONE	
Legal Description:	LOT: B BLK: SEC:		
Owner Name:	WILLIAM KENNE	TH JR BROWN	
Owner Mail Address:	134 HOLLY HILLS	S LN MANTEO, NC 27954	
Owner Phone and email:			
Contractor Name:	WILLIAM KENNE	TH JR BROWN	
Contractor Mail Address:	134 HOLLY HILLS	S LN, MANTEO, NC 27954	
Contractor Phone:	2522169463	Contractor NC License#:	
BUILDING INFORMATION			
Proposed Construction Use:	REMODEL RES OI	R COM , ADD CAN LIGHTS, REMOVE WALI	LADD INTERIOR DOOR, ADD GAS
Proposed Construction Type:		Cost of Construction:	\$5,000
Finished Square Footage:	0	CAMA Permit#:	
Unfinished Square Footage:	0	Septic Permit#:	
Stories:	0	Septic Permit Date:	
Building Height:	0	Survey/Site Plan:	
Total Rooms:	0	Water Tap#:	
Footing Type:		Water Type:	
Exterior Finish:		Flood Zone:	
Proposed Finished Floor		Base Flood Elevation:	0.0

TOTAL FEES:

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

0

\$150.00

\$150.00

Applicant Signature:

Elevation:

Bedrooms:

WILLIAM KENNETH JR BROWN

0/0

Inspector Signature:

ALD

Lot/Ground Elevation:

Baths/half baths:



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

MECHANICAL PROJECT#: MECH-1447

01/07/2020

Parcel Number:

024363000

Location:

203 SCUPPERNONG RD - MANTEO

Subdivision:

MOTHER VINEYARD EXT

Legal Description:

LOT: 28 BLK: SEC:

Owner Name:

ANDREW M BERRY

Owner Mail Address:

203 SCUPPERNONG - MANTEO, NC 27954

Owner Contact Information:

Contractor Name:

ARMSTRONG AND SON HEATING AND AIR LLC

Contractor Mail Address:

3978 ALBEMARLE CHURCH RD - COLUMBIA, NC 27925

Contractor Phone:

252-797-4100

Contractor NC License#:

L22516

DETAILS

RESIDENTIAL

UNITS:

1.00

Cost of Job:

\$11,500

Electrical Contractor ID:

UO248

MECHANICAL PROJECT FEE: \$150.00

Comments: 4 TON TRANE PACKAGE & DUCTWORK

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

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

Applicant Signature:

ARMSTRONG AND SON HEATING AND AIR LLC

Inspector Signature:



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

Frisco: (252) 475-5878

ACCESSORY PERMIT

ACCESSORY PERMIT#: ACC-1431

01/03/2020

Parcel Number:

025753025

Location:

616 VISTA LAKE DR - MANTEO

Subdivision:

VISTA LAKE REVISED

Legal Description:

LOT: 25 BLK: SEC:

Owner Name:

SETH TYLER KOPP

Owner Mail Address:

616 VISTA LAKE DR MANTEO, NC 27954

Owner Phone and email:

Contractor Name:

Owner

Contractor Mail Address:

616 Vista Lake Dr -Manteo

Contractor Phone:

Contractor NC License#: Unlicensed

ACCESSORY INFORMATION

Proposed Construction:

RESIDENTIAL - ACCESSORY STRUCT OVER 12 FT, ACC

Description of Work

BUILD NEW OFFICE/STORAGE BLDG NEXT TO EXISTING HOUSE

Septic Permit Date:

12/10/2019

Cost of Construction:

\$60,000

Septic Permit #:

29253

CAMA Permit#:

NA

Footing Type:

PILING

Flood Zone:

AE

Finished Square Footage:

400

Base Flood Elevation:

8.2 2.9

Unfinished Square Footage:

112

Lot/Ground Elevation:

Comments: NOT TO BE USED FOR SHORT TERM

RENTALS. IF USED FOR STUDIO NO SIGNAGE

ALLOWED. UNDER CONSTRUCTION ELEVATION CERTIFICATE REQUIRED BEFORE ROUGH-IN,

FINISHED CONSTRUCTION ELEVATION

CERTIFICATE AND AS-BUILT SURVEY REQUIRED BEFORE CO.

PERMIT FEE

FLOOD DEVELOPMENT BLDG PERMIT

\$150.00

75.00

TOTAL FEES:

\$225.00

Applicant Signature:

SETH TYLER KOPP

Inspector Signature:

AL



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

Frisco: (252) 475-5878

ELECTRICAL PERMIT

ELECTRICAL PERMIT#: ELEC-1567

01/29/2020

Parcel Number:

027253000

Location:

359 WATER PLANT RD - MANTEO

Subdivision:

SUBDIVISION - NONE

Legal Description:

LOT: BLK: SEC:

Owner Name:

DARE COUNTY

Owner Mail Address:

P O BOX 1000 - MANTEO, NC 27954

Owner Contact Information:

Contractor Name:

WILLIAMS GOETZ ELECTRIC, LLC

Contractor Mail Address:

5299 OLD WILSON ROAD - ROCKY MOUNT, NC 27801

Contractor Phone:

2522004517

Contractor NC License#:

U29557

DETAILS

COMMERCIAL

Cost of Job:

ELECTRICAL PERMIT FEE:

\$13,000

Amp Increase:

0

Service Amps:

150

\$.00

Comments: INSTALL NEW AUTO TRANSFER SWITCH AND 80 K GEN

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

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

Applicant Signature:

WILLIAMS GOETZ ELECTRIC, LLC

Inspector Signature:



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

	WIECE	HANICAL PROJECT	
MECHANICAL PROJECT#: MI	ECH-1435		01/06/2020
Parcel Number: Location: Subdivision: Legal Description:	024652071 123 SHERWOOD DR - NOTTINGHAM PHASE LOT: 60 BLK: SEC:		
Owner Name: Owner Mail Address: Owner Contact Information:		- MANTEO, NC 27954	
Contractor Name: Contractor Mail Address: Contractor Phone: Contractor NC License#: DETAILS	R A HOY HEATING AN PO BOX 265 - KITTY H 252-261-8178 L13056 RESIDENTIAL	ND AIR CONDITIONING INC HAWK, NC 27949	
UNITS: Electrical Contractor ID:	1.00 22222L	Cost of Job: MECHANICAL PROJECT FEE:	\$9,000 \$150.00
Comments: REMOVAL & COM	MPLETE REPLACEMENT OF	F SUPPLY & RETURN AIR DUCTS	·
construction and be certain to information on this permit is shown on the submitted plans revoked for failure to comply Call Building Inspector (24 Ho	o comply with all zoning re correct. That he is owner of s and specifications that he with applicable regulation urs in advance) for inspec	tions at Dare County Offices Manteo Office	ant certifies that the construction shall be as onths and may be
Beach Office 252.475.5871 or Applicant Signature:	Galla San Carlotte Control of the Co	R A HOY HEATING AND	AIR CONDITIONING INC
Inspector Signature: KEVIN	CLARK	AYT	



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

Frisco: (252) 475-5878

MECHANICAL PROJECT

	MECHA	IICAL PROJECT	
MECHANICAL PROJECT#: M	ECH-1537		01/24/2020
Parcel Number:	025480000		
Location:	1343 BURNSIDE RD – MA	ANTEO	
Subdivision:	CALIFORNIA PINES SUBE	DIV	
Legal Description:	LOT: 8 BLK: SEC:		
Owner Name:	HERBERT W WYNN		
Owner Mail Address: Owner Contact Information	P O BOX 83 - MANTEO,	NC 27954	
Contractor Name:	OBHC INC DBA ONE HOL	JR HEATING & AIR COND	
Contractor Mail Address:	PO BOX 2600 - KILL DEV	IL HILLS, NC 27948	
Contractor Phone:	252-441-1740		
Contractor NC License#:	L12643		
DETAILS	RESIDENTIAL		
UNITS:	1.00	Cost of Job:	\$5,670
Electrical Contractor ID:	15973-004		
)		MECHANICAL PROJECT FEE	: \$150.00
Comments: replace hvac wit			
construction and be certain t information on this permit is	o comply with all zoning regu correct. That he is owner or one as and specifications that he u	regulations and laws, and should person lations and building setbacks. The appli luly authorized agent of owner. That al nderstands this permit is valid for six m nd laws.	cant certifies that the construction shall be as
Call Building Inspector (24 Ho Beach Office 252.475.5871 or		ns at Dare County Offices Manteo Offic	e 252.475.5870, Northern
Applicant Signature:	D. a Muss	OBHC INC DBA ONE H	OUR HEATING & AIR
Applicant Signature:	Josephile	COND	



Department of Community Development PO Box 8369 1200 Duck Road Town of Duck, North Carolina 27949 (252) 255-1234

Date Issued: 01/02/2020

Permit #: TR19-000318

Mechanical Trade Permit

Project Address: 166 FOUR SEASONS LN Property Owner: GARDNER, PAUL D TTEE PIN #: 986913126879

Malling Address: 8304 BERNANE FOREST CT

CROUCH, PAIGE G TTEE MC LEAN, VA 22102

Permit Types:

Plumbing

Electrical

Mechanical

Gas

 $\frac{1/2/20}{\text{Date}}$

Contractor:

Company Name: All Seasons Heating & Cooling

Phone: (252) 491-9232

NC State License #: H3Class1: 19091

Contact Name: Joe Simpson

P.O. Box 244

Address:

Point Harbor, NC 27964

Description of Work:

Replace existing south mid/ground floor system with a 3.5 ton split system heat pump and air handler.

Project Cost Estimate: 9,580.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.



Department of Community Development PO B x 83 9, 1200 Duck Road Town of Duck, North Carolina 27949 (252) 255-1234

Date Issued:

JAN 0 3 2020 B19-000303

Building Permit

Project Address: 103 BEACHCOMBER CT Property Owner: MUELLER, CRAIG L

PIN#: Mailing Address:

985916921768

7428 CLIFTON QUARRY DR

CLIFTON, VA 20124

Contractor/Company Name: Cozy Kitchens

Phone: (252) 261-2696 Email: nate@cozyk.com **Contact Name:** Address:

Nathan Neal

921 Kitty Hawk Road Kitty Hawk, NC 27949 Classification: Unlicensed Contractor

NC State License #: **Expiration Date:**

Description of Work:

Kitchen remodel; installation of new cabinets, counter, and back splash; disconnect and reconnect faucet and dishwashers; perform

Use:

\$100.00

Single Family

Permit Amount:

Structure/Work Type:

Primary Structure: 3.Remodel

Pool/Hot Tub:

Deck: Demo:

Accessory Building: Bukhead (L.F.):

Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated: 130

Remodel Unheated:

Proposed Finished Grade (ft.):

N/A: <

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A: 🗹

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

Project Cost Estimate:

Building \$0.00

Electrical \$0.00

Mechanical \$0.00

Plumbing \$700.00

Gas \$0.00

Other \$18,000.00

Total \$18,700.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit. - The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of
- 7 am and 6 pm, Monday through Saturday is prohibited.
- Repair & maintenance only
- No change to coverage or footprint.
- Typical trade inspections required.
- Call for final inspection.

Signatule

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with





Date Issued:

JAN 0 3 2020 Permit #: B19-000305

Building/Floodplain Development Permit

Project Address: 113 HALYARD CT

Property Owner: NUGENT FAMILY OPERATING CO., LP

PIN #: 986913123503

Mailing Address: 11700 PRESTON RD STE 660

BOX 520

DALLAS, TX 75230

Contractor:

Company Name: Cynergy Solutions LLC

Phone:

Email: cynergyhomesolutions@gmail.com

Contact Name: Mike Dawson Address: PO Box 153

Powells Point, NC 27966

Classification: Other NC State License #:

Expiration Date:

Description of Work:

Replacement of deck boards on second and third floor decks

Use:

225.00

Single Family

Permit Amount:

Structure/Work Type:

Primary Structure: Pool/Hot Tub:

Deck: Repair

Demo:

Accessory Building: Bukhead (L.F.):

Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated:

Remodel Unheated: 1500

Proposed Finished Grade (ft.):

N/A:

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: AE-9

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A: 🎺

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Building

Electrical

Mechanical

Plumbing

Gas

Other

Total

\$14,500.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00 \$14,500.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

- Repair & maintenance only

- No change to coverage or footprint.

- Notching of rall posts are prohibited, 2- 3/8" bolts required per post. All spacing of openings shall be constructed so that a 4" sphere cannot pass through.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature



Date Issued: 01/07/2020

Permit #: TR20-000001

Mechanical Trade Permit

Project Address: 111 SCARBOROUGH LN	Project Ad	dress: 111	SCARBOR	OUGH LN
-------------------------------------	------------	------------	---------	---------

Property Owner: MARSHALL, JOHN

PIN #: 985916933372

Mailing Address: 111 SCARBOROUGH LN

DUCK, NC 27949

Permit Types:	
Plumbing Electrical Mechanical Gas	
Contractor:	
Company Name: R.A. Hoy Heating & A/C	Contact Name: Douglas Wakeley
Рhоле: (252) 261-2008	P.O. Box 179
	Address:
NC State License #: 13056	Kitty Hawk, NC 27949
Description of Work: C/O 3.5 TON TRANE SYSTEMS LOW	VER LEVELS WITH T6 WIFI THERMOSTAT
Project Cost Estimate: 14,412.00	Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature	Date	



Date Issued: 01/07/2020

Permit #: TR20-000002

Mechanical Trade Permit

Applicant Signature

Project Address: 111 SCAF	RBURUUGH LN	FIN #:	985916933372	
Property Owner: MARSHA	LL, JOHN	Malling Address:	111 SCARBOROUGH LN DUCK, NC 27948	
Permit Types:				
Plumbing Electric	al Mechanical Ga	s		
Contractor:				
Company Name: R.A. Hoy	Heating & A/C		Contact Name:	Douglas Wakeley
Phone: (252) 261-2008				P.O. Box 179
			Address:	
NC State License #: 13056				Kitty Hawk, NC 27949
Description of Work:	C/O 4 TON TRANE SYSTE	EM UPPER LEVELS WITH	16 WIFI THERMOSTAT	
Project Cost Estimate: 7,20	06.00		Permit Amount: 160.0	00
all applicable state and local l the NC General Statutes and	laws and regulations pertaining	to the work for which this pe I resign or am no longer affil	rmit is issued, and that I posse iated with this project, I will no	ny knowledge. I certify that I will comply with ess all trade contractor licenses required by tify the local authority (Town of Duck Building



PIN #: 985912851136

Date Issued: 01/08/2020

Permit #: TR20-000003

Plumbing Trade Permit

Project Address: 1209 DUCK RD

Property Owner: CAPE OIL CORPORATION	Mailing Address: PO BOX 469 CLINTON, NC 28329
Permit Types:	
Plumbing Electrical Mechanical	Gas
Contractor:	
Company Name: Absolute Plumbing	Contact Name: Ken Long, Sr.
Phone: (252) 996-0691	110 Quarter Landing Court
	Address:
NC State License #: 30190	Harbinger, NC 27941
Description of Work: Cravings: 1209 Duck R	oad: Installation of tankless water heater
Project Cost Estimate: 5,000.00	Permit Amount: 110.00
all applicable state and local laws and regulations pertaining	upport of this application is true and accurate to the best of my knowledge. I certify that I will comply with ng to the work for which this permit is issued, and that I possess all trade contractor licenses required by If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building g within three (3) working days.
Applicant Signature Date	



Date Issued: 01/08/2020

Permit #: TR20-000004

Mechanical Trade Permit

Project Address: 1240 DUCK RD PIN #: 985911761465
Property Owner: ALLIS HOLDINGS LLC Mailing Address: P O BOX 1544

Mailing Address: P O BOX 1544 VIRGINIA BEACH, VA 23451

Mechanical Gas		
leating & Cooling	Contact Name:	Joseph Kline
		P.O. Box 2554
	Address:	
		Kitty Hawk, NC 27949
00	Permit Amount: 160.00	
vs and regulations pertaining to the work for e NC Administrative Code. If I resign or am	r which this permit is issued, and that I possess no longer affiliated with this project, I will notify	all trade contractor licenses required by
Date		
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	Install walk- in cooler/ freezer complet othersThe Blue Point Oo mation provided by me in support of this ap we and regulations pertaining to the work fo e NC Administrative Code. If I resign or am e or in person and in writing within three (3)	Address: Install walk- in cooler/ freezer complete with drains and checking of proper operatothersThe Blue Point OO Permit Amount: 160.00 mation provided by me in support of this application is true and accurate to the best of my lys and regulations pertaining to the work for which this permit is issued, and that I possesse NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify e or in person and in writing within three (3) working days.





Date Issued:

Permit #: B19-000315

Building/Floodplain Development Permit

Project Address: 131 SHIPS WATCH DR **Property Owner: SHIPS WATCH ASSOCIATION**

PIN #: 985908887721 Mailing Address: 1251 DUCK RD

KITTY HAWK, NC 27949

Contractor:

Company Name: Sea Thru Construction, Inc.

Phone: (252) 491-6964

Email: vickie@seathruconstruction.com

Contact Name: Scott Woolard

Address: P.O. Box 2471 Kitty Hawk, NC 27949 Classification: General Contractor

NC State License #: 57130

Expiration Date:

Description of Work:

Kitchen remodel, powder room flooring

Use:

Single Family

Permit Amount:

135.00

Structure/Work Type:

Primary Structure: 3.Remodel

Pool/Hot Tub:

Deck: Demo: Accessory Building: Bukhead (L.F.):

Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated:

Remodel Unheated:

Proposed Finished Grade (ft.):

N/A: 🌌

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: AE-9

RFPE: 11

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A:

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Building

\$48,375.08

Electrical \$2,000.00 Mechanical

\$0.00

Plumbing \$1,800.00

Gas \$0.00 Other

\$0.00

Total \$52,175.08

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

- Repair & maintenance only

- No change to coverage or footprint.

Typical trade inspections required.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature





Date Issued:

AN 1 8 20-20 B19-000316

Building Permit

Project Address: 125 FORESAIL CT

Property Owner: SHIPS WATCH ASSOCIATION

PIN #:

Malling Address:

985908885536

1251 DUCK RD

KITTY HAWK, NC 27949

Contractor/Company Name: Sea Thru Construction, Inc.

Phone: (252) 491-6964

Email: vickie@seathruconstruction.com

Contact Name: Address:

Scott Woolard P.O. Box 2471

Kitty Hawk, NC 27949

Classification: General Contractor

NC State License #: 57130

Expiration Date:

Description of Work:

Bathroom Renovations

Use:

\$245.00

Single Family

Permit Amount:

Structure/Work Type:

Primary Structure: 3.Remodel

Pool/Hot Tub:

Deck: Demo: Accessory Building: Bukhead (L.F.):

Bukhead (L Pier (L.F.):

House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated: 420

Remodel Unheated:

Proposed Finished Grade (ft.):

N/A:

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A: 🗹

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

Project Cost Estimate:

Building \$67,635.22

Electrical \$2,600.00 Mechanical \$0.00 Plumbing \$5,500.00

Gas \$0.00 **Other** \$0.00

Total \$75,735.22

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

- Repair & maintenance only

- No change to coverage or footprint.

- Typical trade inspections required.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature





Date Issued:

JAN () 8 2019 Permit #: B19-000317

Building Permit

Project Address: 126 SHIPS WATCH DR
Property Owner: SHIPS WATCH ASSOCIATION

PIN #: Mailing Address: 985908885817 1251 DUCK RD

KITTY HAWK, NC 27949

Contractor/Company Name: Sea Thru Construction, Inc.

Phone: (252) 491-6964

Email: vickle@seathruconstruction.com

Contact Name: Address:

Scott Woolard P.O. Box 2471

Kitty Hawk, NC 27949

Classification: General Contractor NC State License #: 57130

Expiration Date:

Description of Work:

Kitchen/wet bar/powder room remodel

Use:

\$148.00

Single Family

Permit Amount:

Structure/Work Type:

Primary Structure: 3.Remodel

Pool/Hot Tub:

Deck: Demo: Accessory Building: Bukhead (L.F.): Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated: 226

Remodel Unheated:

Proposed Finished Grade (ft.):

N/A: ⊻

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A: ✓

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

Project Cost Estimate:

Building \$46,355.84 **Electrical** \$1,800.00

Mechanical \$0.00 Plumbing \$1,500.00 Gas \$0.00 Other \$0.00

Total \$49,655.84

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm. Monday through Saturday is prohibited.

- Repair & maintenance only

- No change to coverage or footprint.

- Typical trade inspections required.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

pplicant Signature



Date Issued:
JAN 0 8 2019
Permit #:
B20-000002

Building Permit

Project A	\ddress:	100	HATCH	COVER	CT

Property Owner: WILLEMS, JAY

PIN #:

985916925805

Malling Address:

100 HATCH COVER CT 196 PRESIDENT ST

ANNAPOLIS, MD 21403

Contractor/Company Name: Jeffrey H. Haskett Homes, Inc.

Phone: (252) 261-8016

Email: jeffhaskett@earthlink.net

Contact Name: Address: Jeff Haskett

4711 Lindberg Avenue Kitty Hawk, NC 27949 Classification: NC State License #: Expiration Date:

Description of Work:

Remove and replace siding

Use: Single Family Structure/Work Type:

Primary Structure: 4.Repair/Maintenance

Pool/Hot Tub:

Permit Amount: \$110.00 Deck: Demo: ----

Accessory Building: Bukhead (L.F.): Pler (L.F.):

House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A:

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A: 💉

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

Project Cost Estimate:

Bullding \$28,000.00

Electrical \$0.00 Mechanical \$0.00 Plumbing \$0.00 Gas \$0.00 **Other** \$0.00

Total \$28,000.00

Romit Conditions

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- Repair & maintenance only

Call for inspection if rot is found; if no rot is found provide letter stating same for CO.

- Typical trade inspections required.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature

Dete





Building/Floodplain Development Permit

Project Address:	127	TRI	NITIE	DR
Property Owner:	IFII	NG	JOSE	DH

PIN #: 995011567938 Mailing Address: 8053 GLEN GARRIFF RD

CLEMMONS, NC 27012

Contractor:

Company Name: Piddington Construction

Phone: 252-207-1122

Email: mikelmia@gmail.com

Contact Name: Mike Piddington Address: 2 Ginguite Trail

Kitty Hawk, NC 27949

Classification: General Contractor

NC State License #: 52198

Expiration Date:

Description of Work:

Taking out fiberglass tub & putting in walk-in shower

Adding a bath fan and 2 LED disk light

Use: Single Family

Structure/Work Type:

Primary Structure: 4.Repair/Maintenance

Pool/Hot Tub:

Permit Amount:

110.00

Deck: Demo:

Bukhead (L.F.): Pier (L.F.):

Accessory Building:

House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A: 🗹

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: AE-10

RFPE: 12

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A: 🗹

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Building

Electrical

Mechanical

Plumbing

Gas

Other

Total

\$7,000.00

\$1,000.00

\$0.00

\$2,000.00

\$0.00

\$0.00

\$10,000.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Repair & maintenance only
- No change to coverage or footprint.
- Typical trade inspections required.
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature



Date Issued:

B20-000010

Bullding/Floodplain Development Permit

Project Address: 110 STATION BAY DR

Property Owner: PAMELA J KOKOMOOR TITEE OF THE

PIN #: 995114248977

Mailing Address: 501 WOODBURY DR

AKRON, OH 44333

Contractor:

Company Name: Ken Green & Associates

Phone: (252) 491-8127 Email: mdehus@kg-a.com Contact Name: Mike Dehus Address: P.O. Box372

Harbinger, NC 27941

Classification: NC State License #:

Expiration Date:

Description of Work:

Remove fiberglass tub/shower and prep for tiled shower

Use: Single Family Structure/Work Type:

Primary Structure: 4.Repair/Maintenance

Permit Amount:

110.00

Pool/Hot Tub:

Deck:

Demo:

Accessory Building: Bukhead (L.F.):

Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A: *

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: VE-12

RFPE: + 2 above HAG

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A:

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Building

Electrical

Mechanical

Plumbing

Gas

Other

Total

\$400.00

\$0.00

\$0.00

\$1,800.00

\$0.00

\$0.00

\$2,200.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- No change to coverage or footprint.

- Typical trade inspections required.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

pplicant Signature



Date Issued: 01/09/2020

Permit #: TR20-000005

Electrical Trade Permit

Project Address: 107 CANVAS BACK DR

Property Owner: URCH, SCOTT ERIC EUX

PIN #: 995011559164

Mailing Address: 14 ELMO DR

MACOMB, IL 61455

Permit Types:

Plumbing

Electrical

Mechanical

0--

Contractor:

Company Name: Paul King Electric

Phone: (252) 207-5438

NC State License #: 26212

Contact Name: Paul King

P.O. Box 7304

Address:

Kill Devil Hills, NC 27948

Description of Work:

Install light fixtures on new pool fence.

Project Cost Estimate: 1,500.00

Permit Amount: 130.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.





Building/Floodplain Development Permit

Project Address: 131 12 GEORGETOWN SANDS	RD
--	----

Property Owner: STAPLES, BENJAMIN C

PIN #: 986917125031 Mailing Address: 20 HARVEY PL

DURHAM, NC 27705

Company Name: Jetty Construction, LLC

Phone: (252) 715-1452

Email: jettyconstruction@gmail.com

Contact Name: Frank Slowikowski

Address: 1002 W. Dean Street

Kili Devil Hills, NC 27948

Classification: General Contractor

NC State License #: 79683

Expiration Date:

Description of Work: Repair water damage in a bedroom; replace insulation and drywall, texture and paint drywall, repairing damage in one

bedroom

Use: **Multi Family**

Contractor:

Structure/Work Type:

Primary Structure: 4.Repair/Maintenance

\$2,756.00

Pool/Hot Tub:

Permit Amount:

142.00

Deck: Demo: Accessory Building:

Bukhead (L.F.): Pier (L.F.): House Moving:

\$0.00

\$0.00

\$0.00

\$2,756.00

Proposed Area Schedule (Sq.Ft.):	Heated:	Unheated:	Remode	Heated: 165		Remode	Unheated	
Proposed Finished Grade (ft.):	N/A:	House:	Pool:	Driveway		Parking:		Other:
Floodplain Development:	Flood Zone: Al	E-9 RFF	PE: 11	Structure Value:	s	itorage Belo	ow BFE:	
Vegetation Management (Sq.Ft.):	N/A: 🕙	Required Covers	age: 0.0	Area Pres	erved:	Require	ed Plantings	: 0.0
Project Cost Estimate:	Buildin	g Electrica	l Med	chanical f	Plumbing	Gas	Other	То

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

\$0.00

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

\$0.00

- Repair & maintenance only
- Typical trade inspections required.
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature Date



PIN #: 986805290888

Date Issued: 01/13/2020

Permit #: TR20-000006

Mechanical Trade Permit

Project Address: 117 East CHARLES JENKINS LN

Property Owner: JOHNSON,	ROBERT LANDER	Malling Address:	7806 STABLE WAY POTOMAC, MD 20854	
Permit Types:				
Plumbing Electrical	Mechanical Gas			
Contractor:				
Company Name: One Hour H	eating & Air Conditioning		Contact Name:	Brian McDonald
Phone: (252) 441-1740				P.O. Box 1415
			Address:	
NC State License #: 12643				Nags Head, NC 27959
Description of Work:	Replace 2 Hvac systems w	rith 14 seer 3 and 3.5 ton Carr	ler air handlers and heat pu	тр
Project Cost Estimate: 15,813	3.00		Permit Amount: 220.00	
all applicable state and local lav	vs and regulations pertaining to e NC Administrative Code. If I r	the work for which this permit i resign or am no longer affiliated	s issued, and that I possess a	owledge. I certify that I will comply with all trade contractor licenses required by he local authority (Town of Duck Building
Applicant Signature	Date	_		



Date Issued:

Ped 1 4 201! B19-000314

Building Permit

Project Address: 118 MAINSAIL CT

Property Owner: SHIPS WATCH ASSOCIATION

PIN #:

Mailing Address:

985908882885 **1251 DUCK RD**

KITTY HAWK, NC 27949

Contractor/Company Name: Gibbs Daughters NC, LLC

Phone: (252) 202-5991 Email: clgibbsjr@yahoo.com **Contact Name:** Address:

Clarence Gibbs PO Box 2387

Classification: General Contractor

NC State License #: 76990 Manteo, NC 27954 Expiration Date: 01/01/2018

Description of Work: Demo existing decking, installing new deck bans, installing new joists, deck platform, handrails and stairs within existing footprint

Use:

\$307.30

Single Family **Permit Amount:** Structure/Work Type:

Primary Structure: Pool/Hot Tub:

Deck: Repair Demo:

Accessory Building: Bukhead (L.F.):

Pier (L.F.); House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated:

Remodel Unheated: 1982

Proposed Finished Grade (ft.):

N/A: 🗹

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A: 🗹

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

roject Cost Estimate:

Bullding \$44,000.00

Electrical \$0.00

Mechanical \$0.00

Plumbing \$0.00

Gas \$0.00 Other \$0.00

Total \$44,000.00

ermit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and

- No change to coverage or footprint.

- Notching of rall posts are prohibited, 2- 3/8" boits required per post. All spacing of openings shall be constructed so that a 4" sphere cannot pass through.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws ordinances and regulations. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not

Applicant Signatur

-14-20 Date



Date Issued:

JAN 1 4 2019

Permit #: B20-000009

Building/Floodplain Development Permit

Project Address: 106 PELICAN WAY Property Owner: LANGE, PHILIP J

PIN #: 995118415216

Mailing Address: 38 HICKORY MEADOW RD

COCKEYSVILLE HUNT VA, MD 21030

Contractor

Company Name: Ken Green & Associates

Phone: (252) 491-8127 Email: mdehus@kg-a.com Contact Name: Mike Dehus Address: P.O. Box372

Harbinger, NC 27941

Classification: NC State License #: **Expiration Date:**

Description of Work:

Permit Amount:

Replace decking boards, rails, and two sets of deck steps

Use: Other

154.30

Structure/Work Type: Primary Structure:

Pool/Hot Tub: Deck: Repair

Demo:

Accessory Building:

Bukhead (L.F.): Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A: *

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: VE-12

RFPE: + 2 above HAG

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A: "

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Building

Electrical

Mechanical

Plumbing

Gas Other

Total

\$36,030.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$36,030.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit. - The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of

7 am and 6 pm, Monday through Saturday is prohibited.

- Repair & maintenance only

- No change to coverage or footprint.
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

1/14/20 Date



Permit #: B20-000013

Building/Floodplain Development Permit

Project Address: 126 North BAUM TRL Property Owner: LES DUNES LLC

PIN#: 995105175992 Mailing Address: 22 LOWER MALL

HAMMERSMITH, LN W69DJ

Contractor:

Company Name: Ken Green & Associates

Phone: (252) 491-8127

Email: mdehus@kg-a.com

Contact Name: Mike Dehus Address: P.O. Box372

Harbinger, NC 27941

Classification: NC State License #: **Expiration Date:**

Description of Work:

Install new powder room (converting mid-level closet); replace wet bar cabinets and appliances; install large screen tv

Use:

135.00

Single Family

Permit Amount:

Structure/Work Type:

Primary Structure: 3.Remodel Pool/Hot Tub:

Deck:

Demo:

Accessory Building: Bukhead (L.F.):

Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated: 15

Remodel Unheated:

Proposed Finished Grade (ft.):

N/A: 💙

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: VE-12

RFPE: + 2 above HAG

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A: 🗹

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Electrical

Mechanical

Plumbing

Gas

Total

Building \$24,402.00

\$1,250,00

\$0.00

\$2,000.00

\$0.00

Other \$0.00

\$27,652.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

No change to coverage or footprint.

- Typical trade inspections required.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not

licant Signature



Date Issued:

JAN 1-6 2020 Permit#: B20-000015

Building/Floodplain Development Permit

Project Address: 106 STATION BAY DR Property Owner: GOLDSMITH, BARRY

PIN #: 995114249811

Malling Address: 11185 PARK AVE APT 8B

NEW YORK, NY 22401

Contractor:

Company Name: Ken Green & Associates

Phone: (252) 491-8127 Email: mdehus@kg-a.com Contact Name: Mike Dehus

Address: P.O. Box372

Harbinger, NC 27941

Classification: NC State License #:

Expiration Date:

Description of Work:

Replace gas fireplace, replace kitchen appliances and recessed light trims, dimmer switches, and kitchen faucets

Use: Single Family

Permit Amount:

110.00

Structure/Work Type:

Primary Structure: 4.Repair/Maintenance

Pool/Hot Tub:

Deck:

Demo:

Accessory Building: Bukhead (L.F.):

Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A: 🌱

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: VE-12

RFPE: + 2 above HAG

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A:

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Building \$16,000.00

Electrical \$5,200.00

Mechanical

\$0.00

Plumbing \$1,000.00

Gas \$6,500.00 Other

\$0.00

Total \$28,700.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demoiltion, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

- Repair & maintenance only

- No change to coverage or footprint.

- Typical trade inspections required.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature



Applicant Signature

Department of Community Development PO Box 8369 1200 Duck Road Town of Duck, North Carolina 27949 (252) 255-1234

D	ate Issue	d:
1	15	2020
Po Bi	ermit #: 20-00001	8

Building/Floodplain Development Permit

Project Address: 114 SKIMMER V Property Owner: GILLIAM, FRANI		PIN #: 995118402280 Mailing Address: 10 CHARNWOOD RD RICHMOND, VA 23229						
Contractor: Company Name: Ken Green & Ass Phone: (252) 491-8127 Email: mdehus@kg-a.com	sociates	Contact Name: Mike Dehus Classification: Address: P.O. Box372 NC State License : Harbinger, NC 27941 Expiration Date:						
Description of Work: Rep	elace decking and railin	gs on second floor	deck; replace railing	and step treads	on entry sta	airs		
Use: Single Family Permit Amount: 110.00	Structure/Work Primary Structur Pool/Hot Tub: Deck: Repair Demo:		Bu Pie	cessory Building khead (L.F.): or (L.F.): use Moving:	Ð			
Proposed Area Schedule (Sq.Ft.)	Heated:	Unheated:	Remodel Heated:	Re	emodel Uni	neated: 656		
Proposed Finished Grade (ft.):	N/A:	House:	Pool: Driv	/eway:	Parking	g:	Other:	
Fioodplain Development:	Flood Zone: Al	-9 RFPE	: 11 Structure	/alue:	Storage Be	low BFE:		
Vegetation Management (Sq.Ft.):	N/A:	Required Coverag	e: 0.0 Area	Preserved:	Requi	red Planting	s: 0.0	
Project Cost Estimate:	Buildi \$18,000.	-	Mechanical \$0.00	Plumbing \$0.00	Gas \$0.00	Other \$0.00	Tot \$18,000.0	
Permit Conditions: - Repair & maintenance only. - The erection (including excavation of the excavati	Saturday is prohibited. rint.							
This permit is issued on the express applicable State and Local laws, ord whether specified herein or not.	sed condition that all in dinances and regulation	formation is correct ns. All provisions of	and all work will com laws and ordinances	ply with the Stat governing this t	e Building (ype of work	Code and all will be com	other plied with	



Date Issued: 5 2.020 Permit #: B20-000019

Building Permit

Project Address: 114 OLD SQUAW DR Property Owner: O'SULLIVAN, MICHAEL

PIN #: Mailing Address:

995011568083

8506 DARK HAWK CIRCLE COLUMBIA, MD 21045

Contractor/Company Name: CASTRO CONSTRUCTION

Phone: (252) 305-7941 Email:

Contact Name: Address:

UBALDO CASTRO 1100 CLAM SHELL DR

KILL DEVIL HILLS, NC 27948

Classification: Citizen NC State License #: **Expiration Date:**

Description of Work:

Permit Amount:

Replace front steps; filling in deck under decking on east side of house

Use: Other

\$125.00

Structure/Work Type: Primary Structure: Pool/Hot Tub:

Deck: Repair Demo:

Accessory Building: Bukhead (L.F.): Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A: W

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A: 🌌

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

Estimate:

Building \$5,500.00

Electrical \$0.00

Mechanical \$0.00

Plumbing \$0.00

Gas \$0.00 Other \$0.00

Total \$5,500.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

- No change to coverage or footprint.

- Notching of rail posts are prohibited, 2- 3/8" bolts required per post. All spacing of openings shall be constructed so that a 4" sphere cannot pass through.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature



Applicant Signature

Department of Community Development PO Box 8369 1200 Duck Road Town of Duck, North Carolina 27949 (252) 255-1234

Date Issued: B20-000006

Building/Floodplain Development Permit

Proj	ect /	\ddress:	122	BLUE	HERO	N LN
Pro	perty	Owner:	O'BI	RIEN.	DEBRA	

PIN#: 995118414530 Mailing Address: 8925 REARDEN RD

RICHMOND, VA 23229

Contractor:	Danata "									
Company Name: Macko (Phone:	Construction			ct Name: Tyler	•				neral Contr	actor
Email: info@mackoconstr	rustion som		Address: PO Box 3689 Kill Devil Hills, NC 27948			NC State				
Email: imo@mackoconsti	ucuon.com			KIII L	Jevii milis, NC	2/948	Expiratio	n Date: 1	2/31/2020	
Description of Work:	Insulation	n, sheet rock, p	ainting,	tile work, refini	shing floor					
Use:	Structur	e/Work Type:								
Single Family	Primary 9	Structure: 4.Re	pair/Ma	intenance						
	Pool/Hot	Tub:						ory Buildi	ng:	
Permit Amount:	Deck:							d (L.F.):		
338.00	Demo:						Pier (L. House	F.); Moving:		
Proposed Area Schedule	(Sq.Ft.):	Heated:	Uni	neated:	Remodel H	eated: 656	6	Remod	iel Unheate	d:
Proposed Finished Grade	e (ft.):	N/A:		House:	Pool:	Drivev	vay:	Parking	j :	Other:
Floodplain Development:		Flood Zone:	VE-12	RFPE: +	2 above HAG	St	ructure Value:	Store	age Below E	BFE:
Vegetation Management ((Sq.Ft.):	N/A:	Req	uired Coverage	a: 0.0	Area P	reserved:	Requi	red Planting	gs: 0.0
Project Cost Estimate:		Buil	lding	Electrical	Mecha	nical	Plumbing	Gas	Other	Tota
		\$27,30	00.00	\$0.00	:	0.00	\$0.00	\$0.00	\$0.00	\$27,300.0
Permit Conditions: - Any change or changes - The erection (including of am and 6 pm, Monday) - Repair & maintenance of the coverage - Typical trade inspection - Call for final inspection.	excavation), d through Satur only or footprint. s required.	lemolition, alter	ration o	ruction or land repair of any b	use activities uilding in a re	will require sidential o	e a re-evaluation pr business dist	on and mo	dification of than betwe	f this permit. en the hours of
- Typical trade inspection	s required. expressed collaws, ordinance	ondition that all ces and regula	l informa tions. A	ation is correct:	and all work v aws and ordi	rill comply nances go	with the State	Building (be of work	Code and al	I other nplied with



Applicant Signature

Department of Community Development PO Box 8369 1200 Duck Road Town of Duck, North Carolina 27949 (252) 255-1234



Building/Floodplain Development Permit

Project Address: 125 SPECKLE TROUT DR Property Owner: ASHBAUGH, NOEL E TRUSTEE				PIN #: 986909062726 Mailing Address: 2507 SANDCHERRY DR SE GRAND RAPIDS, MI 49512							
						0.0	-110 IVAI 100, II	11 75012			
Contractor: Company Name: Aubrey C. Phone: (252) 202-8520 Email:		Contact Name: Aubrey Kitchin Address: 114 Seahawk Drive West Duck, NC 27949				Classifica NC State Expiration	License #	: 16865	actor		
Description of Work:	Remove	all existing win	idows an	d replace with	350 series Pe	lla doub	le hung; same s	ize as exi	sting		
Use: Single Family	Primary S Pool/Hot	e/Work Type: Structure: 4.Re Tub:		intenance				ory Buildir	ng: 🗐		
Permit Amount: 110.00	Deck: Demo:					Bukhead (L.F.): Pier (L.F.): House Moving:					
Proposed Area Schedule (Sq.Ft.):	Heated:	Unt	neated:	Accessory	Heated:		Accessory	Unheated	:	
Proposed Finished Grade ((ft.):	N/A: 💆		House:	Pool:	Drive	way:	Parking	j :	Other:	
Floodplain Development:		Flood Zone:	VE-12	RFPE; + 2	2 above HAG	s	tructure Value:	Stora	ige Below	BFE:	
Vegetation Management (S	q.Ft.):	N/A:	Requ	uired Coverage	o: 0.0	Area F	Preserved:	Requi	red Plantin	gs: 0.0	
Project Cost Estimate:		Bui	lding	Electrical	Mechar	nical	Plumbing	Gas	Other	Total	
		\$38,76	B2.00	\$0.00	\$	0.00	\$0.00	\$0.00	\$0.00	\$38,782.00	
Permit Conditions: - Any change or changes in - The erection (including extended of the change of the change of the coverage of the change o	ccavation), d rough Satur lly r footprint.	emolition, alte day is prohibit	ration or ed.	repair of any b	ouilding in a re	sidential	re a re-evaluati or business dis	on and mo	dification of than between	of this permit. een the hours of	
This permit is issued on the eapplicable State and Local la whether specified herein or n	ws, ordinand	ondition that al ces and regula	l informa itions. Al	tion is correct a provisions of I	and all work w laws and ordin	ill compl ances g	y with the State overning this ty	Building (pe of work	Code and a will be con	all other mplied with	





Building/Floodplain Development Permit

Project Address: 1566 DUCK RD	Project	Address:	1566	DUCK	RD
-------------------------------	----------------	----------	------	------	----

Property Owner: SPEIGHT, JOSEPH POWELL III

PIN #: 995109251267

Mailing Address: 160 HOLLY TRL

KITTY HAWK, NC 27949

Contractor:

Company Name: DUCK CYCLE

Phone: (252) 261-2060

Email: KHCCLL@GMAIL.COM

Contact Name: MICHAEL GIBSON

Address: 4044 POOR RIDGE RD

KITTY HAWK, NC 27949

Classification: Citizen

NC State License #: Expiration Date:

Description of Work:

Build ADA wheelchair ramp and movable stairs

Use:

150.00

Commercial

Permit Amount:

Structure/Work Type:

Primary Structure:

Pool/Hot Tub:

Deck: Addition Demo: Accessory Building:

Bukhead (L.F.): Pier (L.F.):

House Moving:

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

Proposed Area Schedule (Sq.Ft.):

N/A:

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: AE-8

RFPE: 10

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A:

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Building

Electrical

Mechanical

Plumbing

Gas

Other

Total

\$1,200.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$1,200.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (Including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of
- 7 am and 6 pm, Monday through Saturday is prohibited.
- Call for final inspection.
- -CAMA Minor permit D-2019-430 conditions apply.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature



Date Issued: 01/16/2020

Permit #: TR20-000007

Plumbing Trade Permit

Project Address: 1324 DUCK RD	PIN#: 99501553	7393
Property Owner: DAVENPORT, DOUGLAS W JR	Malling Address: 4897 THE KITTY HAV	WOODS RD WK, NC 27949
Permit Types:		
Plumbing Electrical Mechanical Gas		
Contractor:		
Company Name: Absolute Plumbing	Contact N	ame: Ken Long, Sr.
Phone: (252) 996-0691		110 Quarter Landing Court
	Addr	988:
NC State License #: 30190		Harbinger, NC 27941
Description of Work: 1324 Duck Road: Decreasing the	size of the home's water heater	from 80 gallons to 50 gallons
Project Cost Estimate: 1,500.00	Permit	Amount: 110.00
I hereby certify that all the information provided by me in support of tall applicable state and local laws and regulations pertaining to the with the NC General Statutes and the NC Administrative Code. If I resign Inspector) immediately by phone or in person and in writing within the	rk for which this permit is issued, a r am no longer affiliated with this p	and that I possess, all trade contractor licenses required by
Applicant Signature Date		



Date Issued: 01/17/2020

Permit #: TR20-000009

Mechanical Trade Permit

Applicant Signature

CASTLE CT		PIN#:	995015639085		
, JOHN A		Mailing Address:		NC 27949	
al Mechanical	Gas				
Heating & A/C			C	ontact Name:	Douglas Wakeley
					P.O. Box 179
				Address:	
					Kitty Hawk, NC 27949
c/o 2 ton 16 Seer	Trane system o	on top level			
01.00			Permit .	Amount: 160.0	00
aws and regulations pe the NC Administrative	ertaining to the w Code. If I resign	ork for which this p or am no longer at	permit is issued, a ffillated with this p	and that I poss	ess all trade contractor licenses required by
	Mechanical Heating & A/C c/o 2 ton 16 Seer	Mechanical Gas Heating & A/C c/o 2 ton 16 Seer Trane system of the way and regulations pertaining to the way the NC Administrative Code. If I resign	Mechanical Gas Heating & A/C c/o 2 ton 16 Seer Trane system on top level cranation provided by me in support of this application is traws and regulations pertaining to the work for which this pithe NC Administrative Code. If I resign or am no longer at	Mailing Address: P O BOX 8397 KITTY HAWK, I Mechanical Gas Heating & A/C C/O 2 ton 16 Seer Trane system on top level Ormation provided by me in support of this application is true and accurate aws and regulations pertaining to the work for which this permit is issued.	Mailing Address: P O BOX 8397 KITTY HAWK, NC 27949 Mechanical Gas Heating & A/C Contact Name: Address: c/o 2 ton 16 Seer Trane system on top level Permit Amount: 160.6 Tomation provided by me in support of this application is true and accurate to the best of naws and regulations pertaining to the work for which this permit is issued, and that I possitie NC Administrative Code. If I resign or am no longer affiliated with this project, I will not the NC Administrative Code. If I resign or am no longer affiliated with this project, I will not the NC Administrative Code. If I resign or am no longer affiliated with this project, I will not the NC Administrative Code.





Building/Floodplain Development Permit

Project Address: 132 SHIPS WATC Property Owner: SHIPS WATCH AS		PIN #: 985908888921 Mailing Address: 1251 DUCK RD KITTY HAWK, NC 27949						
Contractor: Company Name: Ships Watch Assor Phone: Email: gpowell@shipswatch.com	ciation		Contact Nar Addres	ne: Garet ss: 1251 Duck,	Duck Rd		cation: Citic License i on Date:	
Description of Work: Quee	n bath remodel mid-f	loor, tile shower						
Single Family	Structure/Work Typ Primary Structure: 3. Pool/Hot Tub:		Accessory Building:					
Permit Amount:	Deck: Demo:		Bukhead (L.F.): Pier (L.F.): House Moving:					
Proposed Area Schedule (Sq.Ft.):	Heated: 40	Unheated	Remo	del Heate	ed:	Remodel t	Jnheated:	40
Proposed Finished Grade (ft.):	N/A: 🗹	House:	Pool:	Drive	eway:	Parking] :	Other:
Floodplain Development:	Flood Zone: Al	E-9 RI	FPE: 11 S	tructure V	/alue:	Storage Be	low BFE:	
Vegetation Management (Sq.Ft.):	N/A: 🕙	Required Cove	rage: 0.0	Area	Preserved:	Requi	ired Plantin	gs: 0.0
Project Cost Estimate:	B uildi \$13,400.	· -		anical \$0.00	Plumbing \$1,800.00	Gas \$0.00	Other \$0.00	Total
Permit Conditions: - Any change or changes in the pla - The erection (including excavation 7 am and 6 pm, Monday through Sa - Repair & maintenance only - No change to coverage or footprin - Typical trade inspections required - Call for final inspection.	n), demolition, alterat aturday is prohibited. at.	ion or repair of a	and use activitie iny building in a	s will requ residentia	uire a re-evalua Il or business d	ation and mo	odification of than between	of this permit. een the hours of
This permit is issued on the expresse applicable State and Local laws, ordin whether specified herein or not.	d condition that all in nances and regulatio	formation is con	rect and all work s of laws and ord	will comp dinances (oly with the Sta governing this	te Building (type of work	Code and a	all other mplied with
Applicant Signature		Date						



Date ssued: (17 (20 20) Permit #: B20-000011

Building Permit

Project Address: 118 B C	ARD, KIMBERLY	PIN Maii	#: ling Address:		6512 ANEY MILL DI CK, MD 21702		
Contractor/Company Name: Ro Phone: (252) 202-3401 Email: rgomezjr3110@gmail.com			ontact Name: ddress:	Bob Gomez 3110 Bay Drive Kill Devil Hills, NO	NC S	itate License f	
Description of Work: Add poolsi	de deck with stairs and	landings to rear p	property line; m	ove hot tub; pools	ide bar with sr	nall appliances	; prune trees
Use: Other Permit Amount: \$267.00	Structure/Work Type: Primary Structure: Pool/Hot Tub: Hot Tub Deck: New Demo:			B P	ccessory Build wkhead (L.F.): lier (L.F.): louse Moving:	•	
Proposed Area Schedule (Sq.Ft	t.): Heated:	Unheated: 320	Acces	ssory Heated:	Acc	essory Unheate	ed:
Proposed Finished Grade (ft.):	N/A:	House:	Pool:	Driveway:	Pa	arking:	Other:
Vegetation Management (Sq.Ft.): N/A: 🔲	Area Preserved	d: Req	uired Coverage: 0.	.0 R	Required Plantin	ngs: 0.0
Project Cost Estimate:	Building \$45,000.00	Electrical \$2,000.00	Mechanical \$0.00	Plumbing \$0.00	Gas \$1,000.00	Other \$2,000.00	Total \$50,000.00
Permit Conditions:							
 Any change or changes in the The erection (including excava 7 am and 6 pm, Monday throug Typical trade inspections requi As-built Survey required prior All stairways and decks excees hall have a continuous handral outlet required 10" from hot tub. Call for final inspection. 	ation), demolition, altera h Saturday is prohibited ired. to CO; ding 30" from grade (u il @34" to 38" and shall	tion or repair of a l p to 3' out from st	iny building in a	residential or bus	iness district o	other than betw	een the hours of
This permit is issued on the expre applicable State and Local laws, o whether specified herein or not.	essed condition that all li ordinances and regulation	nformation is corr ons. All provisions	rect and all wor s of laws and or	k will comply with training the distribution of the complete compl	the State Building this type of	ling Code and a work will be co	all other mplied with
Applicant Signature	Date						



Applicant Signature

Department of Community Development PO Box 8369 1200 Duck Road Town of Duck, North Carolina 27949 (252) 255-1234



Building/Floodplain Development Permit

Project Address: 155 MARLIN CT				PIN #: 986909062462							
Property Owner: HOLDER	R, LAWRENC	CE RONALD		'	failing Addr		SEABROOKE SAPEAKE, VA				
Contractor: Company Name: Sea Thru Phone: (252) 491-6964 Email: vickie@seathrucon			(Contact Name: Scott Woolard Address: P.O. Box 2471 Kitty Hawk, NC 27949				Classification: General Contractor NC State License #: 57130 Expiration Date:			
Description of Work:	hardwar	el top level mast re, light and pain el ground level b	nt bathroo	om.				er. Install n	ew vanity,	toilet, bathroom	
Use: Single Family Permit Amount: 110.00	Pri Po De	ructure/Work T imary Structure: iol/Hot Tub: ick: imo:		del			Accessory Bui Bukhead (L.F. Pier (L.F.): House Moving):			
Proposed Area Schedule (Sq.Ft.): Heated:		Heated:	Unheated:		Accessory	Heated:		Accessory Unheated:			
Proposed Finished Grade (ft.):		N/A:		House:	Pool: Drivewa		way:	Parking:		Other:	
Floodplain Development: Flood Zone:		VE-12	VE-12 RFPE: + 2 above HAG		G Structure Value:		e: Storage Below BFE:		BFE:		
Vegetation Management (egetation Management (Sq.Ft.):		Requ	Required Coverage: 0.0		Area Preserved:		Required Plantings: 0.0		gs: 0.0	
Project Cost Estimate:		Buil \$16,19	ding 95.00	Electrical \$0.00	Mecha \$	nical 60.00	Plumbing \$1,500.00	Gas \$0.00	Other \$0.00	Total \$17,695.00	
Permit Conditions: - Any change or changes - The erection (including e 7 am and 6 pm, Monday t - Repair & maintenance o - No change to coverage e - Typical trade inspections - Call for final inspection.	excavation), hrough Satu nly or footprint	demolition, alter	ration or i	uction or land (repair of any b	use activities uilding in a re	will requi sidential	re a re-evaluati or business dis	on and mo trict other	odification of than betwe	of this permit. een the hours of	
This permit is issued on the applicable State and Local is whether specified herein or	aws, ordinar	condition that all nces and regulat	Informat tions. All	ion is correct a provisions of l	and all work w aws and ordin	rill compl nances g	y with the State overning this ty	Building (pe of work	Code and a will be co	all other mplied with	



Date Issued: 01/21/2020

Permit #: TR20-000008

Electrical Trade Permit

Project Address: 171 OCEAN WAY

Property Owner: B STEPHEN BOWMER, III TTEE

PIN#: 986913039998

Mailing Address: 103 CARR HILL RDREVOCABLE TRUST

WILLIAMSBURG, VA 23185

Perm	ıit	Tv	pes	
------	-----	----	-----	--

Contractor:

Company Name: Precise Electrical Services, Inc.

Phone: (252) 207-8251

Contact Name: Daniel Muthler

534 Levels Rd.

Address:

Columbia, NC 27925

NC State License #: **Description of Work:**

replace 200 amp meter base, add supplemental ground rod and terminal block

Project Cost Estimate: 750.00

Permit Amount: 100.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.



Date Issued: 01/23/2020

Permit #: TR20-000011

Mechanical Trade Permit

Project Address: 119 SHIPS WATCH DR

Property Owner: SHIPS WATCH ASSOCIATION

PIN #: 985908882526

Mailing Address: 1251 DUCK RD

KITTY HAWK, NC 27949

Permit Types:

Plumbing

Electrical

Mechanical

Gas

Contractor:

Company Name: North Beach Services Heating and Cooling

Phone: (252) 491-2878

Contact Name: Gabby Willis

PO Box 181

Address:

Kitty Hawk , NC 27949

NC State License #:

Description of Work:

Replace lower level HVAC system with Trane 14 Seer 1.5 ton heat pump and matching air handler

Project Cost Estimate: 5,000.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature



PIN #: 986805294727

Date Issued: 01/23/2020

Permit #: TR20-000012

Electrical Trade Permit

Project Address: 125 East CHARLES JENKINS LN

Property Owner: GERLAC	H, BRYCE M EUX	Malling Address:	3516 SLADE RUN DR FALLS CHURCH, VA 22042	2
Permit Types:				
Plumbing Electric	cal Mechanical Gas	s		
Contractor:				
Company Name: Suburbar	Electric Contractors of NC, Inc.		Contact Name:	Mark Melton
Phone: (252) 475-1372				1400 Maritime Woods Dr
			Address:	
NC State License #: 30633				Manteo, NC 27954
Description of Work:	Replace 400 amp meter a	nd (2) 200 amp disconnects.		
Project Cost Estimate: 2,0	00.00		Permit Amount: 150.00	
all applicable state and local the NC General Statutes and	laws and regulations pertaining t	to the work for which this permit i I resign or am no longer affiliated	s issued, and that I possess	nowledge. I certify that I will comply with all trade contractor licenses required by the local authority (Town of Duck Building
Applicant Signature	Date			





Building/Floodplain Development Permit

Pool/Hot Tub:

Deck: Repair

Demo:

Project Address:	135 TH	IRUSH CT	
Property Owner:	FINCH	. GEORGIA	4 C

PIN #: 986918205852
Mailing Address: 116 SANDY RIDGE RD

KITTY HAWK, NC 27949

Accessory Building:

Bukhead (L.F.):

House Moving:

Pier (L.F.):

		Delite of the second	
Contractor:			
Company Name: Olin Fine	ch & Co.	Contact Name: Marc Murray	Classification: General Contractor
Phone: 252-202-9879		Address: 116 Sandy Ridge Road	NC State License #: 52567
Email: marcemurray@gm	nail.com	Duck, NC 27949	Expiration Date:
Description of Work:	Replace existi	ing siding and decking and handrails (700 s.f. of decki	ng)
Use:	Structure/Wo		
Single Family	Primary Struc	ture: 4.Repair/Maintenance	

Proposed Area Schedule (Sq.Ft.):	Heated:	Heated: Unhea		neated: Remodel Heated:		Rer	Remodel Unheated: 700		
Proposed Finished Grade (ft.):	N/A: 🗹		House:	Pool:	Drivew	ay:	Parking	g:	Other:
Floodplain Development:	Flood Zone:	VE-12	RFPE: + 2	above HAG	Str	ucture Value:	Store	age Below B	FE:
Vegetation Management (Sq.Ft.):	N/A: Required Covers		ired Coverage	: 0.0	Area Pr	eserved:	Requi	red Planting	js: 0.0
Project Cost Estimate:	Buil	ding	Electrical	Mechar	nical	Plumbing	Gas	Other	Tota
	\$25,00	00.00	\$0.00	\$	0.00	\$0.00	\$0.00	\$0.00	\$25,000.0

Permit Conditions:

Permit Amount:

115.00

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Repair & maintenance only
- No change to coverage or footprint.
- Notching of rail posts are prohibited, 2- 3/8" bolts required per post. All spacing of openings shall be constructed so that a 4" sphere cannot pass through.
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Ar	pplicant Signature	Date



Date Issued: 01/23/2020

Permit #: B20-000023

Building/Floodplain Development Permit

Project A	ddress:	1174	DUCK R	.D
Property	Owner:	WINE	DUCKS	LLC

Applicant Signature

PIN #: 985916834244 Mailing Address: 1174 DUCK RD DUCK, NC 27949

Contractor: Company Name: R. Allen F Phone: (252) 256-2614 Email:	Presgraves	C		Name: R. Allen dress: 1706 Se Kill Devi		load	Classificati NC State L Expiration	icense #:	insed Cont	ractor
Description of Work:	Change o	out 10 windows	i							
Use: Commercial		e/Work Type: Structure: 4.Re Tub:	pair/Ma	intenance				sory Buildi	ng: 🔲	
Permit Amount: 100.00	Demo:						Pier (L	ad (L.F.): F.): Moving:		
Proposed Area Schedule (Sq.Ft.):	Heated:	Unt	neated:	Accessor	y Heated:		Accessory	/ Unheated	:
Proposed Finished Grade	(ft.):	N/A:		House:	Pool:	Drive	way:	Parking) :	Other:
Floodplain Development:		Flood Zone:	AE-7	RFPE:	9 Str	ucture Va	lue: S	torage Bel	ow BFE:	1
Vegetation Management (S	iq.Ft.):	N/A:	Requ	uired Coverage:	0.0	Area	Preserved:	Requi	red Plantin	gs: 0.0
Project Cost Estimate:		Buile	ding	Electrical	Mech	anical	Plumbing	Gas	Other	Tota
		\$21,00	0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$21,000.00
Permit Conditions: - Any change or changes i - The erection (including er 7 am and 6 pm, Monday tr - No change to coverage o - All new glass will need to - Call for final inspection. This permit is issued on the capplicable State and Local is whether specified herein or response.	xcavation), d nrough Satur or footprint. meet wind-t expressed co ws, ordinance	lemolition, alter day is prohibite properties or the properties of the properties of the prohibition that all the prohibitions are prohibitions and the prohibition that all the prohibitions are prohibitions and the prohibition that all the prohibitions are prohibiti	ation or ed. ovisions informa	of NC Resident	ilding in a ial Building	residentia g Code. will comp	or business dis	strict other	than betwee	een the hours of





Building/Floodplain Development Permit

Project Address: 107 East SEA HAWK DR Property Owner: HIRSCH, JAMES Q

PIN #: 986917110185 Mailing Address: P O BOX 755

435 INLET VIEW EAST MATTITUCK, NY 11952

Contractor:

Company Name: Olin Finch & Co.

Phone: 252-202-9879

Email: marcemurray@gmail.com

Contact Name: Marc Murray

Address: 116 Sandy Ridge Road

Duck. NC 27949

Classification: General Contractor

NC State License #: 52567

Expiration Date:

Description of Work:

Replace decking and handrails, existing framing to remain, no change in footprint. Repair and Maintenance only. 456 s.f.

\$0.00

\$0.00

\$0.00

\$0.00

\$12,000.00

of decking and associated handrall being replaced. Add risers to stairs.

Use:

Single Family

Structure/Work Type:

Primary Structure:

Deck: Repair

Permit Amount: Demo:

110.00

Accessory Building: Pool/Hot Tub:

Bukhead (L.F.): Pier (L.F.):

House Moving:

Proposed Area Schedule (Sq.Ft.): Heated: Unheated: Remodel Heated: Remodel Unheated: 456 Proposed Finished Grade (ft.): House: Pool: Driveway: N/A: 🗹 Parking: Other: Floodplain Development: Flood Zone: AE-9 **RFPE: 11** Structure Value: Storage Below BFE: Vegetation Management (Sq.Ft.): Required Coverage: 0.0 Area Preserved: Required Plantings: 0.0 N/A: **Project Cost Estimate:** Building Electrical Mechanical Plumbing Gas Other Total \$12,000.00 \$0.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Repair & maintenance only
- No change to coverage or footprint.
- Notching of rail posts are prohibited, 2- 3/8" bolts required per post. All spacing of openings shall be constructed so that a 4" sphere cannot pass
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature	Date





Building Permit

Project Address: 117 WAM Property Owner: DEL GAN		IN #: lailing Address:		57863 9 HOUSE CT RSBURG, MD :	20882		
Contractor/Company Name: Costi Phone: (252) 261-5177 Email: travis@costincreations.com	Contact N Address:		rest Road	st Road NC State License #			
Description of Work:	R	emodel two bathroo	oms, same layout				
Use: Single Family	Structure/Work Typ Primary Structure: 3 Pool/Hot Tub:			Accesso	ory Building:		
Permit Amount: \$110.00	Deck: Demo:		Bukhead (L.F.): Pier (L.F.): House Moving:				
Proposed Area Schedule (Sq.Ft.):	Heated:	Unheated:	Remodel Heated: 90		Remod	Remodel Unheated:	
Proposed Finished Grade (ft.):	N/A:	House:	Pool: Driveway:		Parki	ng:	Other:
Vegetation Management (Sq.Ft.):	N/A: 🕊	Area Preserved:	Required 0	Required Coverage: 0.0		Required Plantings: 0.	
Project Cost Estimate:	Building \$20,000.00	Electrical \$0.00	Mechanical \$0.00	Plumbii \$8,000.0		Other \$0.00	Total \$28,000.00
Permit Conditions:				-			
 Any change or changes in the plant of the erection (including excavation) 7 am and 6 pm, Monday through 8 No change to coverage or footpring trade inspections required Call for final inspection. 	n), demolition, alterat Saturday is prohibited. int.	ion or repair of any	l use activities will building in a reside	require a re-evential or busine	valuation and r ess district othe	nodification or than bety	n of this permit. ween the hours of
This permit is issued on the express applicable State and Local laws, ord whether specified herein or not.	ed condition that all in inances and regulatio	nformation is correct ns. All provisions of	t and all work will of flaws and ordinand	comply with the	State Building this type of wo	Code and ork will be c	l all other complied with
Applicant Signature	Date						



Date Issued: 01/24/2020

Permit #: TR20-000013

Plumbing Trade Permit

Project Address: 155 SCHOO	INER RIDGE DR	PIN #:	986909056457	
Property Owner: DOZIER, LAI	RRY	Mailing Address:	: 1116 DEL HAVEN CT VIRGINIA BEACH, VA 23455	
Permit Types:				
Plumbing Electrical	Mechanical Gas			
Contractor:				
Company Name: Absolute Plus	mbing		Contact Name: Ken Long, Sr.	
Phone: (252) 996-0691			110 Quarter Landing Court	
			Address:	
NC State License #: 30190			Harbinger, NC 27941	
Description of Work:	Replacement of home's poly	butylene water distribution	ion piping	
Project Cost Estimate: 8,000.6	00		Permit Amount: 250.00	
all applicable state and local law the NC General Statutes and the	s and regulations pertaining to the	ne work for which this perm sign or am no longer affiliat	and accurate to the best of my knowledge. I certify that I will omit is issued, and that I possess all trade contractor licenses ated with this project, I will notify the local authority (Town of D	required by
Applicant Signature	Date	_		



PIN #: 9869171264213C

Date Issued: 01/24/2020

Permit #: TR20-000014

Mechanical Trade Permit

Project Address: 134 3C PLOVER DR

Property Owner: EBBESEN	, RACHEL Malling Addre	SS: 5009 RED FOX DR ANNANDALE, VA 22003	
Permit Types:			
Plumbing Electrica	Mechanical Gas		
Contractor:			
Company Name: One Hour	Heating & Air Conditioning	Contact Name:	Brian McDonald
Phone: (252) 441-1740			P.O. Box 1415
		Address:	
NC State License #: 12643			Nags Head, NC 27959
Description of Work:	Replace heat pump [outdoor only] with 14	seer 2.5 ton Carrier heat pump	
Project Cost Estimate: 4,27	8.00	Permit Amount: 130.00	
all applicable state and local is the NC General Statutes and t	rmation provided by me in support of this applicate aws and regulations pertaining to the work for which the NC Administrative Code. If I resign or am no identify the or in person and in writing within three (3) work	ch this permit is issued, and that I possess a onger affiliated with this project, I will notify the	all trade contractor licenses required by
Applicant Signature	Date		



Date Issued: 01/24/2020

Permit #: TR20-000015

Project Address: 117 SANDT KIDGE KD	ru #.	985908896061	
Property Owner: LEE, JAMES FOREST JR	Malling Address:	12809 GOLDEN OAK DR LAUREL, MD 20708	
Permit Types:			
Plumbing Electrical Mechanical Gas			
Contractor:			
Company Name: One Hour Heating & Air Conditioning		Contact Name:	Brian McDonald
Phone: (252) 441-1740			P.O. Box 1415
		Address:	
NC State License #: 12643			Nags Head, NC 27959
Description of Work: Replace Hvac with 14 seer 2 to	on Daikin air handler	and heat pump	
Project Cost Estimate: 7,463.00		Permit Amount: 160.00	
I hereby certify that all the information provided by me in support of all applicable state and local laws and regulations pertaining to the NC General Statutes and the NC Administrative Code. If I resi Inspector) immediately by phone or in person and in writing within	e work for which this pe ign or am no longer affil	rmit is issued, and that I possess a lated with this project, I will notify the	all trade contractor licenses required by
Applicant Signature Date	-		





Building Permit

Project Address: 126 BUFFELL HEAD RD Property Owner: BERLIN, DOUGLAS				l#: iling Address:	9950116 817 MO HERND	NROE S			
Contractor/Company Name: Dan Os Phone: (252) 202-4599 Email: osmandanny@gmail.com	man	Contac Addre	ct Name: ss:	Dan Osman PO Box 7403 Kill Devil Hills, NC 27948 Classification: General Contractor NC State License #: 76259 Expiration Date: 12/31/2015				9	
Description of Work: Remove existing deck boards and guard			d guardrails a	ind replace with ne	w; addendu	m to per	mit B19-25	2	
Use: Single Family Permit Amount: \$179.40	Structure/V Primary Str Pool/Hot Tu Deck: Repa Demo:	ucture: b:	De:		Accessory Bukhead (Pier (L.F.) House Mo	(L.F.): :	g: 🔲		
Proposed Area Schedule (Sq.Ft.):	Heated:	Unh	eated:	Remodel Heate	d:	Rem	nodel Unh	eated: 1196	3
Proposed Finished Grade (ft.):	N/A:		House:	Pool:	Driveway:		Parki	ng:	Other:
Vegetation Management (Sq.Ft.):	nagement (Sq.Ft.): N/A: Area		ea Preserved	: Required	Required Coverage: 0.0		Required Plantings: 0.0		ings: 0.0
Project Cost Estimate:	Bulld \$24,00		Electrical \$0.00	Mechanica \$0.00		nbing 0.00	Gas \$0.00	Other \$0.00	Total \$24,000.00
Permit Conditions:									
 Any change or changes in the plan The erection (including excavation) 7 am and 6 pm, Monday through Sa Repair & maintenance only No change to coverage or footprint Notching of rail posts are prohibited through. Typical trade inspections required. Call for final inspection. 	, demolition, al turday is prohib	teration o ited.	or repair of ar	ny building in a resi	dential or bu	ısiness (district othe	r than betv	veen the hours of
This permit is issued on the expressed applicable State and Local laws, ordina whether specified herein or not.	condition that ances and regu	all inform lations.	nation is corre All provisions	ect and all work will of laws and ordina	comply with	n the Sta ning this	te Building type of wo	Code and	all other omplied with
Applicant Signature	Date		_						



Date Issued: 01/27/2020

Permit #: B20-000008

Building/Floodplain Development Permit

Project A	Address:	1247 I	DUCK F	RD
Property	Owner:	GOLD	DUCK	LLC

Applicant Signature

PIN #: 985907784201 Mailing Address: P. O. BOX 633 NAGS HEAD, NC 27959

Non and D	onico IIIO	One-to-st No.	D 1114				
ung and D	esign, LLC						
nail.com		Additi			Expiration Date: 12/31/2020		
Remod	el 2,630 s.f. of offic	ce space on mid-leve	al; replace window	/s.			
Pool/Hot Tub:				Accesso	ry Building:		
Permit Amount: 2,129.00 Demo:							
Proposed Area Schedule (Sq.Ft.): Heated:		Unheated:	Accessory Hea	ated:	Acces	sory Unheated	:
(ft.):	N/A:	House:	Pool:	Driveway:	way: Parking:		Other:
	Flood Zone: X	RFPE:	Structure Val	ue:	Storage Below BFE:		
Vegetation Management (Sq.Ft.):		Required Coverage: 0.0 Area Preser		vea Preserved	ved: Required Plantings: 0		gs: 0.0
	Buildir	ng Electrical	Mechanical	Plumbing	Gas	Other	Total
	\$20,000.0	\$4,000.00	\$7,500.00	\$5,000.00		\$9,300.00	\$45,800.00
cavation), rough Sat r footprint. found; if n	demolition, altera urday is prohibited to rot is found prov	tion or repair of any b l. vide letter stating sam	ouilding in a residence for CO.	ential or busine	valuation and	d modification of ther than betwe	of this permit. sen the hours of
	Remod Remod S P P D D Sq.Ft.): (ft.): q.Ft.):	Remodel 2,630 s.f. of offit Structure/Work Ty Primary Structure: 3 Pool/Hot Tub: Deck: Demo: Sq.Ft.): Heated: (ft.): N/A: Flood Zone: X Q.Ft.): N/A: Buildin \$20,000. In the plans for development, coavation), demolition, aftera grough Saturday is prohibited or footprint. found; if no rot is found proved meet wind-borne debris promeet wind-borne debris pro	Remodel 2,630 s.f. of office space on mid-level Structure/Work Type: Primary Structure: 3.Remodel Pool/Hot Tub: Deck: Demo: Sq.Ft.): Heated: Unheated: (ft.): N/A: House: Flood Zone: X RFPE: Required Coverage Building Electrical \$20,000.00 \$4,000.00 In the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded in the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded in the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded in the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded in the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded in the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded in the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded in the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded in the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded in the plans for development, construction or land coavation), demolition, alteration or repair of any be recorded.	Address: 1 Point Comfriction Ritty Hawk, N Remodel 2,630 s.f. of office space on mid-level; replace window Structure/Work Type: Primary Structure: 3.Remodel Pool/Hot Tub: Deck: Demo: Sq.Ft.): Heated: Unheated: Accessory Heater: (ft.): N/A: House: Pool: Flood Zone: X RFPE: Structure Val G.Ft.): N/A: Required Coverage: 0.0 Building Electrical Mechanical \$20,000.00 \$4,000.00 \$7,500.00 In the plans for development, construction or land use activities will acceptable to the plans for development or repair of any building in a reside rough Saturday is prohibited. In footprint. Found; if no rot is found provide letter stating same for CO. meet wind-borne debris provisions of NC Residential Building Cod	Address: 1 Point Comfort Lane Kitty Hawk, NC 27949 Remodel 2,630 s.f. of office space on mid-level; replace windows. Structure/Work Type: Primary Structure: 3.Remodel Pool/Hot Tub: Deck: Demo: Accessory Bukheae Pier (L.F. House) Sq.Ft.): Heated: Unheated: Accessory Heated: Flood Zone: X RFPE: Structure Value: Required Coverage: 0.0 Area Preserved Bullding Electrical Mechanical Plumbing \$20,000.00 \$4,000.00 \$7,500.00 \$5,000.00 In the plans for development, construction or land use activities will require a re-evicavation), demolition, alteration or repair of any bullding in a residential or busine grouph Saturday is prohibited. In footprint. Found; if no rot is found provide letter stating same for CO. The meet wind-borne debris provisions of NC Residential Bullding Code.	Address: 1 Point Comfort Lane Kitty Hawk, NC 27949 Remodel 2,630 s.f. of office space on mid-level; replace windows. Structure/Work Type: Primary Structure: 3.Remodel Pool/Hot Tub: Deck: Demo: Accessory Building: Bukhead (L.F.): House Moving: Sq.Ft.): Heated: Unheated: Accessory Heated: Accessory Heated: Accessory Heated: Accessory Fool: Briveway: Pa Flood Zone: X RFPE: Structure Value: Storage Be Q.Ft.): N/A: Required Coverage: 0.0 Area Preserved: R Building Electrical Mechanical Plumbing Gas \$20,000.00 \$20,000.00 \$4,000.00 \$7,500.00 \$5,000.00 \$0.00 The plans for development, construction or land use activities will require a re-evaluation and coavation), demolition, alteration or repair of any building in a residential or business district or rough Saturday is prohibited. Footprint. Found; if no rot is found provide letter stating same for CO. The province of the provisions of NC Residential Building Code.	Remodel 2,630 s.f. of office space on mid-level; replace windows. Structure/Work Type: Primary Structure: 3.Remodel Pool/Hot Tub: Deck: Demo: Heated: Unheated: Accessory Heated: Accessory Unheated: The Pool: N/A: House: Pool: Driveway: Parking: Flood Zone: X RFPE: Structure Value: Storage Below BFE: Q.Ft.): N/A: Required Coverage: 0.0 Area Preserved: Required Plantin Building Electrical Mechanical Plumbing Gas Other \$20,000.00 \$4,000.00 \$7,500.00 \$5,000.00 \$9,300.00 The plans for development, construction or land use activities will require a re-evaluation and modification or caevation), demolition, alteration or repair of any building in a residential or business district other than between rough Saturday is prohibited. r footprint. found, if no rot is found provide letter stating same for CO. meet wind-borne debris provisions of NC Residential Building Code.

Date



B19-000320

Building Permit

Project Address: 106 OLD SQUAW DR Property Owner: THOMAS, WALTER

PIN #: Mailing Address: 995011555994

11390 PRIMROSE LN

CONNEAULT LAKE, PA 16316

Contractor/Company Name: Southern Scapes Pools & Landscape

Phone: (252) 491-5303

Email: admin@southernscapeslic.com

Contact Name: Address:

Tom May 7441 Caratoke Highway

Jarvisburg, NC 27947

Classification: Pool Contractors NC State License #: 64251

Expiration Date:

Description of Work:

Use:

Single Family

Permit Amount: \$300.00

Structure/Work Type:

Primary Structure: Pool/Hot Tub: Pool Only

Deck: Demo: install pool

Accessory Building: Bukhead (L.F.): Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A:

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A:

Area Preserved: 0

Required Coverage: 1246.35

Required Plantings: 1246.35

Project Cost Estimate:

Building \$53,308,00 Electrical \$1,600.00 Mechanical \$0.00

Plumbing \$0.00

Gas \$0.00 Other \$0.00

Total \$54,908.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including exparation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm. Monday through Saurday is prohibited.

No land disturbing activity within 5 feet of property line.

- Stabilize all disturbed areas prior to CO.

- Vegetation canopy at completion of development and prior to CO must be greater than or equal to 15% coverage of Net Lot Area. or 1246 s.f.

- Pool fence height limited to six (6) feet above adjacent grade.

- Provide Final As-Built Survey with Updated Coverage Breakdown.

Call for final Inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

/-29-20 Date



Date Issued:

JAN 2 9 2020 Permit #: B20-000016

Building/Floodplain Development Permit

Project Address: 109 ROYAL TERN LN

Property Owner: HALE LENOX, MICHAEL JAMES

PIN #: 995118305619

Mailing Address: 1477 OLD BALLARD RD

CHARLOTTESVILLE, VA 22901

Contractor:

Company Name: Ken Green & Associates

Phone: (252) 491-8127 Email: mdehus@kg-a.com Contact Name: Mike Dehus Address: P.O. Box372

Harbinger, NC 27941

Classification: NC State License #: **Expiration Date:**

Description of Work:

Construct dormer and modify attic to add one bedroom and bathroom

Use: Single Family Structure/Work Type:

Primary Structure: 2.Addition

Pool/Hot Tub:

Permit Amount:

322.20

Deck: Demo: Accessory Building:

Bukhead (L.F.): Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated: 288

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A: *

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: AE-7

RFPE: 8

Structure Value: \$118,600.00

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A:

Required Coverage: 1715.85

Area Preserved: 0

Required Plantings: 1715.85

Project Cost Estimate:

Building

Electrical

Mechanical

Plumbing

Gas

Other

Total

\$77,050.00

\$3,500.00

\$2,800,00

\$4,550.00

\$0.00

\$0.00

\$87,900.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (Including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- No change to coverage or footprint.
- Typical trade inspections required.
- Projected project costs exceed 50% of the tax assessed value of the existing structure which will require the entire structure comply with current flood zone standards; applicant may supply independent appraisal for further consideration of flood determination requirement (initial)

- Vegetation canopy at completion of development and prior to CO must be greater than or equal to 15% coverage of Net Lot Area. or 1,716 s.f.

- Elevation Certificate required prior to CO.

- Conditions associated with CAMA Exemption DE159-2020-01-14 apply.

- Parking layout shown on the site plan must be revised to comply with setback standards. Call for final Inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.





Building Permit

Project Address: 119 MALLARD DR Property Owner: GOUR, ATUL			PIN #: Mailing Ad	ddress:	995011569681 11787 ANTIETAM WOODBRIDGE, \			
Contractor/Compa Phone: 252-261-22 Email: emanuelson	nny Name: Emanue 212 @embarqmail.com		Contact Na Address:	PO Box	448	Classificatio NC State Lic Expiration D	ense #:	l Contractor
Description of Work:	Install new toilet.	new shower pan, s	shower valve, new v	anity top and fac	ucet - top floor mas	ter bath. Relo	ocate can li	ght over new
Use: Single Family Permit Amount: \$100.00		ure/Work Type: y Structure: 4.Repo ot Tub:	air/Maintenance		Bu Pie	cessory Build khead (L.F.): ir (L.F.):	ing:	
Proposed Area Sc	hedule (Sq.Ft.):	Heated:	Unheated:	Accessory He		use Moving: Accessory	Unheated	
Proposed Finished	d Grade (ft.):	N/A:	House:	Pool:	Driveway:	Parkin	g:	Other:
Vegetation Manage	ement (Sq.Ft.):	N/A: 🗹	Area Preserved:	Required	i Coverage: 0.0	Requ	ired Plantir	ngs: 0.0
Project Cost Estim	nate:	Building \$9,400.00	Electrical \$0.00	Mechanica \$0,00	Plumbing \$0.00	Gas \$0.00	Other \$0.00	Total \$9,400.00
Permit Conditions								
 The erection (inc 7 am and 6 pm, N No change to co 	cluding excavation), fonday through Sati overage or footprint. opections required.	demolition, altera urday is prohibited	construction or land tion or repair of any	l use activities w building in a res	ill require a re-eval idential or business	uation and m s district other	odification r than betw	of this permit. een the hours of
This permit is issued applicable State and whether specified he	d Local laws, ordina	condition that all in	nformation is correct ons. All provisions of	and all work wil laws and ordina	I comply with the S inces governing th	tate Building is type of wor	Code and a k will be co	all other mplied with
Applicant Signature		Date						



Date Issued: 01/29/2020

Permit #: B20-000029

Bullding Permit

Project Address: 123 BAYBERRY DR

Property Owner: SHANK, RANDALL FISHBURN

PIN #: Mailing Address: 985912960447

11425 TIMBER POINT DR CHESTERFIELD, VA 23838

Contractor/Company Name: Aubrey C. Kitchin

Phone: (252) 202-8520

Contact Name: Address: Aubrey Kitchin

114 Seahawk Drive West

Duck, NC 27949

Classification: General Contractor

NC State License #: 16865 Expiration Date: 12/31/2010

Description of Work:

Replace 6 house pilings, 9 deck pilings and add 1x2 foot concrete footing to outside edge of ground floor.

Use: Single Family

\$110.00

Permit Amount:

Email:

Structure/Work Type:

Primary Structure: 4.Repair/Maintenance

Pool/Hot Tub:

Deck:

Accessory Building: Bukhead (L.F.):

Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A: ✓

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A:

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

Project Cost Estimate:

Building \$16,500.00 Electricat \$0.00 Mechanical \$0.00 Plumbing \$0.00 Gas \$0.00 Other \$0.00 Total \$16,500.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

- Repair & maintenance only

- No change to coverage or footprint.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicable Signature

Date



Date Issued:

2020 B20-000035

Building Permit

Project Address: 120 West TUCKAHOE DR

Property Owner: SCHNARWILER, JUERG

PIN#:

986917001879

Mailing Address:

120 W TUCKAHOE DR

DUCK, NC 27949

Contractor/Company Name: Olin Finch & Co.

Phone: 252-202-9879

Email: marcemurray@gmail.com

Contact Name: Address:

Marc Murray 116 Sandy Ridge Road

Duck, NC 27949

Classification: General Contractor

NC State License #: 52567

Expiration Date:

Description of Work:

Remodel of existing bathroom. Convert Fiberglass shower to tile shower. Add window in the shower,

Single Family

Structure/Work Type:

Primary Structure: 3.Remodel

Pool/Hot Tub:

Permit Amount: \$110.00

Deck: Demo: Accessory Building:

Bukhead (L.F.): Pier (L.F.):

House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated: 0

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A: 💜

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A:

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

-Reject Cost Estimate:

Bullding \$5,000.00

Electrical \$0.00

Mechanical \$0.00

Plumbing \$3,000.00

Gas \$0.00 Other \$0.00

Total \$8,000.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- No change to coverage or footprint.
- Typical trade inspections required.
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature

19/2020



Date Issued:
JAN 2 9 2020
Permit #:
B20-00036

Building Permit

Project Address: 103 WOOD DUCK DR Property Owner: HANKINS, JAMES W PIN #: Mailing Address:

Address:

995015547791 1386 PAGE RD

MIDLOTHIAN, VA 23113

Contractor/Company Name: Stan White Realty and Construction

Phone: (252) 261-4614

Email: cmfunk@outerbanksrentals.com

Contact Name: CM Funk

P.O. Drawer 1447

Nage Head, NC 27959

Classification: General Contractor

NC State License #: Expiration Date:

Description of Work:

Remodel two existing bathrooms; replacing bathtubs, toilets, vanities, and flooring

Use: Single Family Structure/Work Type:

Primary Structure: 3.Remodel

Pool/Hot Tub:

Permit Amount: \$110.00 Deck: Demo: Accessory Building:

Bukhead (L.F.): Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated: 120

Remodel Unheated:

Proposed Finished Grade (ft.):

N/A: ♥

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A:

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

Project Cost Estimate:

Building \$18,400.00

Electrical \$1,000,00

Mechanical \$0.00 Plumbing \$6,000.00

Gas \$0.00 Other \$0.00

Total \$25,400.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

- No change to coverage or footprint.

- Typical trade inspections required.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature

/-29-20



Date Issued: JAN 3 0 2020 Permit #: B20-000038

Building Permit

Project Address: 138 DUNE RD

Property Owner: SLYE, JULIANA MARIE

PIN#:

985912971343

145 IGNAUO VALLEY CIRCLE Mailing Address:

NOVATO, CA 94949

Contractor/Company Name: Aubrey C. Kitchin

Phone: (252) 202-8520 Email:

Contact Name: Address:

Aubrey Kitchin

114 Seahawk Drive West

Duck, NC 27949

Classification: General Contractor

NC State License #: 16865 Expiration Date: 12/31/2010

Description of Re-side south facing walls, replace three windows, remodel one bathroom, re-deck second floor south side deck and rails, repair ceiling, painting, replace lattice work around ground floor Work:

Use:

Single Family

Structure/Work Type:

Primary Structure: 4.Repair/Maintenance

Pool/Hot Tub:

Permit Amount:

\$110.00

Deck: Repair

Demo:

Accessory Building:

Bukhead (L.F.): Pier (L.F.):

House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated:

Remodel Unheated: 250

Proposed Finished Grade (ft.):

N/A:

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A:

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

Project Cost Estimate:

Building \$43,934.00

Electrical \$4,900.00

Mechanical \$0.00

Plumbing \$3,500.00

Gas \$0.00

Other \$16,000.00

Total \$68,334.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of

7 am and 6 pm, Monday through Saturday is prohibited.

- No change to coverage or footprint.

- All new glass will need to meet wind-borne debris provisions of NC Residential Building Code.

- Notching of rail posts are prohibited, 2- 3/8" bolts required per post. All spacing of openings shall be constructed so that a 4" sphere cannot pass through.

- Typical trade inspections required.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.



Date Issued: JAN 3 0 2020 Permit #: B20-000028

Building Permit

Project Address: 143 South SPINNAKER CT **Property Owner: SHIPS WATCH ASSOCIATION** PIN#: Mailing Address: 985908984672

1251 DUCK RD

KITTY HAWK, NC 27949

Contractor/Company Name: Sea Thru Construction, Inc.

Phone: (252) 491-6964

Email: vickie@seathruconstruction.com

Contact Name: Address:

Scott Woolard P.O. Box 2471 Classification: General Contractor

NC State License #: 57130

Kitty Hawk, NC 27949

Expiration Date:

Description of Work:

Remodel of kitchen, powder room and wet bar. (Kitchen is 11x10, bath is 5x5 and wet bar is 9x3).

Use:

\$110.00

Structure/Work Type:

Single Family

Permit Amount:

Primary Structure: 3.Remodel

Pool/Hot Tub:

Deck:

Demo:

Accessory Building: Bukhead (L.F.):

Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated: 162

Remodel Unheated:

Proposed Finished Grade (ft.):

N/A: 🗹

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A: 🗹

Area Preserved:

Required Coverage: 0.0

Required Plantings: 0.0

Project Cost Estimate:

Building \$47,170.00 Electrical \$600.00

Mechanical \$0.00

Plumbing \$1,000.00

Gas \$0.00 Other \$0.00

Total \$48,770.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (Including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- Repair & maintenance only
- No change to coverage or footprint.
- Typical trade inspections required.
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature

1/30/20 Date



Date Issued:

JAN 3 6 2020 Permit #: B20-000032

Building/Floodplain Development Permit

Project Address: 1546 DUCK RD Property Owner: DWECK, JACOB

PIN #: 995113244384

Mailing Address: 5058 LOWELL ST NW

WASHINGTON, DC 20016

Contractor:

Company Name: Coastal Construction of NC

Phone: (252) 480-5556 Email: matt@obxccc.com Contact Name: Matt Tappero

Address: 7013 Martin's Point Road Kitty Hawk, NC 27949 Classification: General Contractor NC State License #: 25529

Expiration Date: 12/31/2014

Description of Work:

Remodel kitchen and all bathrooms; remove five windows, install sliding glass door

Use: Single Family

Permit Amount:

385.00

Structure/Work Type:

Primary Structure: 3.Remodel

Pool/Hot Tub:

Deck: Demo: Accessory Building: Bukhead (L.F.):

Pier (L.F.): House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Remodel Heated: 750

Remodel Unheated:

Proposed Finished Grade (ft.):

N/A: 🗹

House:

Pool:

Driveway:

Parking:

Other:

Pleedplain Development:

Flood Zone: AE-8

RFPE: 10

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A:

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Building

Electrical

Mechanical

Plumbing

Gas

Other

Total

rioject coat Laumaia.

\$14,000.00

\$3,000.00

nechanicai \$0.00

\$12,000.00

\$0.00

\$30,000,00

\$59.000.00

Permit Conditions:
- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.

- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

- No change to coverage or footprint.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether) specified herein or not.

Applicant Signat

Date



Date Issued: 01/30/2020

Permit #: TR20-000016

Project Address: 1390 DUCK RD	PIN #:	995010468099	
Property Owner: NORTHPOINT ASSOCIATION INC	Mailing Address:	2600 N CROATAN HWY KILL DEVIL HILLS, NC 27	948
Permit Types:			
Plumbing Etectrical Mechanical	Gas		
Contractor:			
Company Name: Anderson Heating & Cooling		Contact Name:	Gil Anderson
Phone: (252) 619-3105			P.O. Box 396
		Address:	
NC State License #: 30003			Kitty Hawk, NC 27949
Description of Work: Replace existing 2.5T work.	HVAC system with Bryant Coasta	l heat pump and matching	air handler, and all associated duct
Project Cost Estimate: 10,675.00		Permit Amount: 160.00	
I hereby certify that all the information provided by me in all applicable state and local laws and regulations pertain the NC General Statutes and the NC Administrative Code Inspector) immediately by phone or in person and in writing	ing to the work for which this permit . If I resign or am no longer affiliated	is issued, and that I possess	all trade contractor licenses required by
Applicant Signature Date			



Date Issued: 01/30/2020

Permit #: TR20-000017

Project Address: 125 DIANNE ST	File #- 995011665553
Property Owner: NORTHPOINT ASSOCIATION INC	Malling Address: 2600 N CROATAN HWY KILL DEVIL HILLS, NC 27948
Permit Types:	
Plumbing Electrical Mechanical Gas	
Contractor:	
Company Name: Anderson Heating & Cooling	Contact Name: Gil Anderson
Phone: (252) 619-3105	P.O. Box 396
	Address:
NC State License #: 30003	Kitty Hawk, NC 27949
Description of Work: Replace existing 2.5T system w	rith Bryant heat pump and air handler
Project Cost Estimate: 10,675.00	Permit Amount: 160.00
all applicable state and local laws and regulations pertaining to the w	this application is true and accurate to the best of my knowledge. I certify that I will comply with work for which this permit is issued, and that I possess all trade contractor licenses required by a or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building tree (3) working days.
Applicant Signature Date	



Date Issued: 01/30/2020

Permit #: TR20-000018

Company Name: Anderson Heating & Cooling Phone: (252) 619-3105 Robert State License #: 30003 Replace existing 2.5T system with Bryant heat pump and air handler on top level. Project Cost Estimate: 10,675.00 Permit Amount: 160.00 I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Bulnspector) immediately by phone or in person and in writing within three (3) working days.	Project Address: 123 DIANNE ST	PIN #: 995011665476					
Contractor: Company Name: Anderson Heating & Cooling Phone: (252) 619-3105 P.O. Box 396 Address: NC State License #: 30003 Replace existing 2.5T system with Bryant heat pump and air handler on top level. Project Cost Estimate: 10,675.00 Permit Amount: 160.00 Permit Amount: 160.00 I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck But Inspector) immediately by phone or in person and in writing within three (3) working days.	Property Owner: NORTHPOINT ASSOCIATION INC						
Contractor: Company Name: Anderson Heating & Cooling Contact Name: Gil Anderson Phone: (252) 619-3105 P.O. Box 396 Address: NC State License #: 30003 Kitty Hawk, NC 27949 Description of Work: Replace existing 2.5T system with Bryant heat pump and air handler on top level. Project Cost Estimate: 10,675.00 Permit Amount: 160.00 I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Brinspector) immediately by phone or in person and in writing within three (3) working days.	Permit Types:						
Phone: (252) 619-3105 NC State License #: 30003 Replace existing 2.5T system with Bryant heat pump and air handler on top level. Project Cost Estimate: 10,675.00 Permit Amount: 160.00 I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Bullspector) immediately by phone or in person and in writing within three (3) working days.	Plumbing Electrical Mechanical Gas						
Phone: (252) 619-3105 NC State License #: 30003 Replace existing 2.5T system with Bryant heat pump and air handler on top level. Project Cost Estimate: 10,675.00 Permit Amount: 160.00 I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Bullspector) immediately by phone or in person and in writing within three (3) working days.	Contractor:						
NC State License #: 30003 Replace existing 2.5T system with Bryant heat pump and air handler on top level. Project Cost Estimate: 10,675.00 Permit Amount: 160.00 It hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Butspector) immediately by phone or in person and in writing within three (3) working days.	Company Name: Anderson Heating & Cooling	Contact Name: Gil Anderson					
Description of Work: Replace existing 2.5T system with Bryant heat pump and air handler on top level. Project Cost Estimate: 10,675.00 Permit Amount: 160.00 I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comptly all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Britispector) immediately by phone or in person and in writing within three (3) working days.	Phone: (252) 619-3105	P.O. Box 396					
Description of Work: Replace existing 2.5T system with Bryant heat pump and air handler on top level. Project Cost Estimate: 10,675.00 Permit Amount: 160.00 I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comptly all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Brinspector) immediately by phone or in person and in writing within three (3) working days.		Address:					
Project Cost Estimate: 10,675.00 Permit Amount: 160.00 I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Beinspector) immediately by phone or in person and in writing within three (3) working days.	NC State License #: 30003	Kitty Hawk, NC 27949					
I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will compty all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Bull Inspector) immediately by phone or in person and in writing within three (3) working days.	Description of Work: Replace existing 2.5T system	m with Bryant heat pump and air handler on top level.					
all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses require the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Build Inspector) Immediately by phone or in person and in writing within three (3) working days.	Project Cost Estimate: 10,675.00	Permit Amount: 160.00					
Applicant Signature Date	all applicable state and local laws and regulations pertaining to t the NC General Statutes and the NC Administrative Code. If I re	the work for which this permit is issued, and that I possess-all trade contractor licenses required by sign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Buildir					
	Applicant Signature Date						



Date Issued: 01/31/2020

Permit #: TR20-000019

Mechanical Trade Permit

Project Address: 139 SEA HAWK CT

PIN #: 986917213314 Property Owner: HUTSON, THOMAS H

Malling Address: 2205 TUFTON RIDGE RD **REISTERSTOWN, MD 21136**

Permit Types:

Plumbing Electrical

Mechanical

Gas

Contractor:

Company Name: R.A. Hoy Heating & A/C

Phone: (252) 261-2008

Contact Name: Douglas Wakeley

P.O. Box 179

Address:

NC State License #: 13056

Kitty Hawk, NC 27949

Description of Work:

C/O 5 TON 14 SEER TRANE OUTDOOR UNIT ONLY FOR THE TOP LEVEL

Project Cost Estimate: 4,783.00

Permit Amount: 160.00

I hereby certify that all the information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable state and local laws and regulations pertaining to the work for which this permit is issued, and that I possess all trade contractor licenses required by the NC General Statutes and the NC Administrative Code. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Applicant Signature



Date Issued:

JAN 3 1 2020

Permit #: B20-000027

Building/Floodplain Development Permit

Project Address: 125 DIANNE ST

Property Owner: NORTHPOINT ASSOCIATION INC

PIN #: 995011665553

Mailing Address: 2600 N CROATAN HWY

KILL DEVIL HILLS, NC 27948

Contractor:

Company Name: JT Construction OBX

Phone: (252) 202-2675

Email: jtconstructionobx@gmail.com

Contact Name: Jeffrey C. Thompson

Address: PO Box 1154

Kitty Hawk, NC 27949

Classification: General Contractor

NC State License #: 49467 Expiration Date: 12/31/2015

Description of Work:

Replacing 550 sf deck boards and new hand rails

Use:

110.00

Single Family

Permit Amount:

Structure/Work Type:

Primary Structure: Pool/Hot Tub:

Deck: Repair Demo:

Accessory Building:

Bukhead (L.F.): Pier (L.F.):

House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated:

Unheated:

Accessory Heated:

Accessory Unheated:

Proposed Finished Grade (ft.):

N/A: 🗹

House:

Pool:

Driveway:

Parking:

Other:

Floodplain Development:

Flood Zone: VE-12

RFPE: + 2 above HAG

Structure Value:

Storage Below BFE:

Vegetation Management (Sq.Ft.):

N/A: 🗸

Required Coverage: 0.0

Area Preserved:

Required Plantings: 0.0

Project Cost Estimate:

Building

Electrical

Mechanical

Plumbing

Gas

Other

Total

\$9,000.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$9,000.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.

- Repair & maintenance only

- No change to coverage or footprint.

- Notching of rall posts are prohibited, 2- 3/8" bolts required per post. All spacing of openings shall be constructed so that a 4" sphere cannot pass through.

- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.



Date Issued: JAN 3 1 2020 Permit #: B20-000022

Building Permit

Project Address: 178 SCHOONER RIDGE DR

Property Owner: MOSIER, MICHELLE O

PIN #:

Mailing Address:

985912954561

4503 W FRANKLIN ST RICHMOND, VA 23221

Contractor/Company Name: Olin Finch & Co.

Phone: 252-202-9879

Email: marcemurray@gmail.com

Contact Name: Address:

Marc Murray

116 Sandy Ridge Road

Duck, NC 27949

Classification: General Contractor

NC State License #: 52567

Expiration Date:

Remodel existing house per submitted plans. Modifying existing bedroom and bathroom suite to create two bedrooms (increase in Description occupancy from 5 sleeping 10 to 6 sleeping 12). New drainfield located in the same location as existing drainfield. No vegetation removal or grading proposed. Porch addition, over existing front deck and pavers, no new lot coverage proposed. Parking improvements to of Work: accommodate increased occupancy.

Use:

Single Family

Structure/Work Type:

Primary Structure: 3.Remodel

Pool/Hot Tub:

Permit Amount: \$349.50

Deck: New Demo:

Accessory Building:

Bukhead (L.F.): Pier (L.F.):

House Moving:

Proposed Area Schedule (Sq.Ft.):

Heated: 96

Unheated: 56

Remodel Heated: 465

Remodel Unheated:

Proposed Finished Grade (ft.):

N/A: 💜

House:

Pool:

Driveway:

Parking:

Other:

Vegetation Management (Sq.Ft.):

N/A:

Area Preserved:

Required Coverage: 2250.0

Required Plantings: 2250.0

Project Cost Estimate:

Building \$200,000.00

Electrical \$12,000.00 Mechanical \$800.00

Plumbing \$14,000.00

Gas \$0.00 Other \$0.00

Total \$226,800.00

Permit Conditions:

- Any change or changes in the plans for development, construction or land use activities will require a re-evaluation and modification of this permit.
- The erection (including excavation), demolition, alteration or repair of any building in a residential or business district other than between the hours of 7 am and 6 pm, Monday through Saturday is prohibited.
- No change to coverage or footprint.
- Typical trade inspections required.
- All parking outside of 20 feet wide drive aisle to be gravel or semi-permeable material shall be bordered in a manner which retains the stone in the driveway area.
- Driveways and associated parking areas shall be located no closer than 5 feet to a side or rear lot line.
- As-built Survey required prior to CO;
- Call for final inspection.

This permit is issued on the expressed condition that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Signature

1/31/2020

TOWN OF **SOUTHERN SHORES**

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

Permit Number Fee\$ \(\)\(\)\(\)

Company Name___

City State & zip____

Description of Work:

Address



P O BOX 179

KITTY HAWK, NC 27949

<u>SUBCONTRACTOR SIGN OFF</u> AND/OR <u>PERMIT</u> Date 12/23/2019 PROJECT ADDRESS 1 MOCKINGBIRD LANE Owner LISA EMIG Mailing Address 1142 SHANNON LANE City, State, Zip <u>CARLISLE</u>, PA 17013 Phone 717-858-3790 EXISTING Building Permit Number ______ NO FEE _____ ELECTRICAL = Licensee Name FREDERICK MARKLIN NC License/Classification __22222-L / LTD R A HOY HEATING & A/C, INC Phone (252) 261-2008 Estimated Project Cost _INCL in MECH CONNECTION OF MECH EQUIP BELOW NC License/Classification Phone ____ Estimated Project Cost _____ NC License/Classification _____

PLUMBING = Licensee Name_____ Company Name___ Address_ City State & zip__ Description of Work: GAS = Licensee Name_____ Company Name__ Address_ Phone __ City State & zip__ Estimated Project Cost ____ Description of Work: MECHANICAL = Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1 Company Name_ RAHOY HEATING & A/C, INC Address_ P O BOX 179 Phone (252) 261-2008 City State & zip____KITTY HAWK, NC 27949 4217.00 Estimated Project Cost _ Description of Work: REPLACED DUCT WORK TOP LEVEL NORTH WING

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

12/23/2019

Signature of Permit Official



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10758

Location: 107 Duck Woods Drive

Parcel: 030179000 PIN: 986710459168

District: 20- SOUTHERN SHORES
Subdivision: SO/SH BLK 227A
LotBlkSect: LOT: 28 BLK: 227A SEC:

CROATAN CUSTOM HOMES LLC P. O. BOX 1292

KITTY HAWK NC 27949

PHONE #: 619-886-6107

CELL #:

BUSINESS NAME: Croatan Custom Homes, LLC

CONTRACTOR'S NAME: Austin Kelly ADDRESS: 112 Mariners View

CITY, STATE, ZIP: Kitty Hawk, NC 27949

OFFICE#:

CELL#: 619-886-6107

FAX#: EMAIL: NC G.C. LICENSED CONTRACTOR: __X_YES ___NO

NC G.C. LICENSE NUMBER: 76893

LIMITATION: Intermediate CLASSIFICATION: Building QUALIFIER: Austin Kelly

LIEN AGENT: Old Republic National Title Insurance Company Entry #

19 W. Hargett St., Suite 507/Raleigh, NC 27601

1154334

DESCRIPTION OF WORK — (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of new single family dwelling with attached garage

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: New	FOUNDATION: Piling	ZONING DISTRICT: RS-1
	HEAT: Heat Pump	ZONING PERMIT #: 2019-99
BUILDING USE: Single Family Dwelling	A/C: Heat Pump	DATE APPROVED: 1/2/2020
TOTAL HEATED/LIVING AREAS (SF): 2,525	INTERIOR WALLS: Drywall	PERMITTED/CONDITIONAL USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 981	EXTERIOR WALLS: Lap Siding	RESIDENTIAL TYPE: Residence
NUMBER OF STORIES: 2	FIREPLACE: Gas	
BEDROOMS: 4	ROOF: Asphalt	
SEPTIC CAPACITY # OF PERSONS: 8	INSULATION: Batt	
BATHS: 3 ½ BATHS: 2	ELEVATOR (SF): n/a	
DETACHED/ATTACHED GARAGE(SF): 528	DECKS (SF): 213	CAMA PERMIT #: n/a
STORAGE ENCLOSURE(SF): n/a POOL(SF): n/a	PORCHES (SF): 240	DATE ISSUED:
FLOOD ZONE: AE	WINDOWS MAKE: Jeld-Wen	SEPTIC PERMIT #: 29224
BASE FLOOD ELEVATION: 7FT PLUS 2FT= 9FT	TYPE: Single Hung	DATE ISSUED: 12/2/2019

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

TOTAL CONSTRUCTION COST	\$350,000		
HEATED/LIVING AREA (sf)	2,525	X .60/sf (single family) =	\$1,515.00
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)	981	X .30/sf (single family) =	\$294.30
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$	X \$10 per \$1,000 of cost =	Ś
(no additional square footage)	-		•
		Pool = \$125	\$
·		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$pd
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$1,869.30

Applicant - Owner/Contractor

Building/Code/Zoning Official

(Please print and sign name)

Date Issued

-U-2020

5376 N Virginia Dare Tri Southern Shores NC 27949 (252) 261-2394 ext 4 tel (252) 255-0878 fax www.southernshores-nc.gov

Address_P O Box 132

Company Name___

City State & zip____

Description of Work:

Address_

City State & zip Kill Devil Hills NC 27948

FIRE SPRINKLER = Licensee Name



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 01/06/20

Owner

PROJECT ADDRESS 113 Ocean Boulevard

Patricia Knight

Malling Address 817 N Lincoln Street City, State, Zlp Arlington VA 22201

Phone 202-510-5264 Permit Number Fee \$ 100 EXISTING Building Permit Number ______ NO FEE (If work is associated with a Building Permit) _____ ELECTRICAL= Licensee Name_ NC License/Classification _____ Company Name____ Phone ____ Address City State & zip_ Estimated Project Cost _____ Description of Work: PLUMBING = Licensee Name_____ NC License/Classification _____ Company Name_ Address_ Phone _ City State & zip____ Estimated Project Cost _____ Description of Work: GAS = Licensee Name____ NC License/Classification ____ Company Name____ Address Phone __ City State & zip____ Estimated Project Cost _____ Description of Work: MECHANICAL = Licensee Name Henry J Liverman NC License/Classification 11618 H2 / H3-I Company Name Atlantic Heating & Cooling, Ltd.

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

Date

Description of Work: Remove & replace the indoor & outdoor sections of the ductiess mini-split HVAC system

01/06/2020 Signature of Licers

using a 17 SEER 12,000 BTU heat pump & a matching Dalkin air handler.

Signature of Permit Official

Estimated Project Cost _____

Phone _252-441-7642

Phone __

Estimated Project Cost \$4,430.00

NC License/Classification _____

TOWN OF SOUTHERN SHORES

5375 N Virginia Dare Trl Southern Shores NC 27949 (252) 261-2394 tel (252) 255-0876 fax

www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 12/27/19

PROJECT ADDRESS 162 Duck Rd

Owner Thomas Aldridge
Mailing Address 161 Clear Rd
City, State, Zip Bridgeport WV 26630
Phone 501-467-5372

Dormit Number	10	710	7	
Permit Number Fee \$ ()	1	14	,	

EXISTING Building Permit Number NO FEE (if work	k is associated with a Building Permit)
ELECTRICAL= Licensee Name Al-Panotto	NC License/Classification 32935
Company Name Arr Hadlers OBX	207 1101-6137
Address 8788 Corredo he HWY	Phone 252-491-8637
City State & zip Harr Swyger NC 27941	Estimated Project Cost
Description of Work: CONVICTIONS Serving 1.5	1 rome - System
PLUMBING = Licensee Name	NC License/Classification
Company Name	
Address	Phone
City State & zip	Estimated Project Cost
Description of Work:	
GAS = Licensee Name	NC License/Classification
Company Name	·
Address	Phone
City State & zip	Estimated Project Cost
Description of Work:	
MECHANICAL = Licensee Name A\ Defaites	NC License/Classification 36599 H3-1
Company Name A: 1 Handlers OBX	
Address 8788 Caratone HWY	Phone 252-4191-8637
City State & zip Han bonger NC 27941	Estimated Project Cost \$5.706
Description of Work: Remove and Replace	1.ST Trans System
FIRE SPRINKLER = Licensee Name	NC License/Classification
Company Name	
Address	Phone
City State & zip	Estimated Project Cost
Description of Work:	

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

1/3/2020 Planatura of Licenson Budy Shelton 1-8-2000



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

DOUGHERTY, DAVID E EUX DOUGHERTY, BARBARA G EUX

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10750

Location: 151 Duck Woods Drive

Parcel: 022357026 PIN: 986710472208

District: 20- SOUTHERN SHORES Subdivision: SO/SH BLK 227-B LotBlkSect: LOT: 24 BLK: 227B SEC:

PHONE #:

P O BOX 912

SUFFOLK VA 23434

CELL #:

BUSINESS NAME: Sanderling Construction, Inc

CONTRACTOR'S NAME: Hal Moore

ADDRESS: 517 Elm Ct

CITY, STATE, ZIP: Kill Devil Hills, NC 27948

OFFICE#:

CELL#: 252-996-0079

FAX#: EMAIL: NC G.C. LICENSED CONTRACTOR: X YES NO

NC G.C. LICENSE NUMBER: 47372

LIMITATION: Intermediate CLASSIFICATION: Building

QUALIFIER: Harold Hooks Moore, Jr

LIEN AGENT: n/a

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): Repair - plumbing, electrical and interior steps

SPECIAL CONDITIONS -

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

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

TOTAL CONSTRUCTION COST	\$10,000		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	<u> </u>
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$10,000	X \$10 per \$1,000 of cost =	\$100.00
(no additional square footage)			•
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
1		TOTAL FEE	\$110.00

Applica	nt\0	wne	r/Contractor
\Box . \Box	- 1	_	

(Please print and sign name)

Date Issued

TOWN OF SOUTHERN SHORES 5375 N Virginia Dare Trl Southern Shores NC 27949 (252) 261-2394 tel (252) 255-0876 fax



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date	1/8/30
PROJECT	ADDRESS 135 Baybery Tr.
Owner	Faloni, John
Mailing Add City, State,	
Phone_	252-715-4430 27949

Fee \$\ () ()	
EXISTING Building Permit Number NO FEE (if work	k is associated with a Building Permit)
Company Name North Beach Services	NC License/Classification _ Q4744
Address PO Box 181 City State & zip Kitty Hauk no Description of Work: Oll necessary e	Phone <u>352-491-2878</u> Estimated Project Cost
PLUMBING = Licensee Name	NC License/Classification
Company Name Address City State & zip Description of Work:	Phone Estimated Project Cost
GAS = Licensee Name	NC License/Classification
Company Name	Phone Estimated Project Cost
MECHANICAL = Licensee Name Sungane Rich Company Name Oorth Beach Services	NC Licénse/Classification _33023
Address P-0 Box 18 City State & zip Kitty Hawk no Description of Work: Replace existing to	Phone 252-491-2878 Estimated Project Cost 7000.00
IRE SPRINKLER = Licensee Name Company Name	2 to heat pump sairhandle
AddressCity State & zip	Phone Estimated Project Cost

ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

January & Dewer

Signature of Licensee

1/8/20

Signature of Permit Official

) 1-9-abac



SUB-CONTRACTOR SIGN C	OFF A	ND/OR	PERMIT
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TOWN OF SOUTHERN SHORES 5375 N Virginia Dare Trl Southern Shores NC 27949 (252) 261-2394 tel (252) 255-0876 fax www.southernshores-nc.gov Permit Number Fee \$	PROJECT ADDRESS 10 Bear Track Owner Wilson, Thomas Mailing Address 10 Bear Track City, State, Zip Southorn Shores nc 27949 Phone 252 - 261 - 5 22 4 (If work is associated with a Building Permit)
ELECTRICAL= Licensee Name Jowny Wear	VEY NC License/Classification 04744
Company Name North Beach Serva	
Address P.O Box 181	Phone 252-491-2879
City State & zip Kithy Harde no	Estimated Project Cost 100
Description of Work: all necessary	
PLUMBING = Licensee Name	NC License/Classification
Company Name	
Address	Phone
City State & zip	Estimated Project Cost
Description of Work:	
GAS = Licensee Name	NC License/Classification
Company Name	
Address	
City State & zip	
Description of Work:	
MECHANICAL = Licensee Name Sungane Ric Company Name Novth Beach Sema	
Address P-D Box 181	Phone 252-491- 2878
City State & zip Kithy Hawle DC	Estimated Project Cost 15,000
Description of Work: Réplace existin	1
handler with match	ring 2 ton heat pump ar hardle
IRE SPRINKLER = Licensee Name	NC License/Classification
Company Name	· · · · · · · · · · · · · · · · · · ·
Address	Phone
City State & zip	Estimated Project Cost
Description of Work:	

Signature of Licensee

Signature of Permit Official

Date



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10770

.ocation:	115	Poteskeet	Trail

Parcel: 022383476 PIN: 986710468940

District: 20- SOUTHERN SHORES

Subdivision: CHICAHAUK LotBlkSect: LOT: 476 BLK: SEC

BUSINESS NAME: Intreppid Construction, Inc., T/A Piddington Construction

CONTRACTOR'S NAME: Michael Piddington

ADDRESS: 2 Ginguite Trl

CITY, STATE, ZIP: Kitty Hawk, NC 27949

OFFICE#:

CELL#: 252-207-1122 / 252-564-5199

FAX#:

EMAIL: mkikelmia@gmail.com

KEEL, EARL E JR EUX KEEL, GLENDA S EUX 115 POTESKEET TRL **KITTY HAWK NC 27949**

PHONE #: 252-261-5214

CELL #:

NC G.C. LICENSED CONTRACTOR: __X_YES ___NO

NC G.C. LICENSE NUMBER: 52198

LIMITATION: Limited **CLASSIFICATION: Building**

QUALIFIER: Michael S. Piddington

LIEN AGENT: n/a

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): Remodel master bathroom

SPECIAL CONDITIONS -

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

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

TOTAL CONSTRUCTION COST	\$10,500		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	•
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	•
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$10,500	X \$10 per \$1,000 of cost =	\$105.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$115.00

Kelly Piddington	1/10/20	
Applicant - Owner/Contractor (Please print and sign name)	Date Issued	
Building/Code/Zoning Official	Date Approved	



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

<u>RESIDENTIAL</u>

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10769

Location: 305 Duck Road

Parcel: 020973000 PIN: 986810360026 District: 20- SOUTHERN SHORES

Subdivision: SO/SH BEACH BLKS 62 72 82

LotBlkSect: LOT: 13 BLK: 62 SEC:

JT BEACH HOUSE LLC 570 CARDAMON DR VIRGINIA BEACH VA 23464

PHONE #:

CELL #:

BUSINESS NAME: Coastal NC Holdings, LLC

CONTRACTOR'S NAME: David Hines/Alex Wolcott

ADDRESS: PO Box 1446

CITY, STATE, ZIP: Kitty Hawk, NC 27949

OFFICE#:

CELL#: 252-564-9547

FAX#:

EMAIL: david@coastalncobx.com

NC G.C. LICENSED CONTRACTOR: __X_YES ___NO

NC G.C. LICENSE NUMBER: 79309

LIMITATION: Limited CLASSIFICATION: Building

QUALIFIER: Alexander Stone Wolcott

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): New additions to include enlarging bedroom/bathroom, new deck and ground level workshop

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Addition	FOUNDATION: Piling	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: 2020-04
BUILDING USE: Single Family Dwelling	A/C:	DATE APPROVED: 1/10/2020
TOTAL HEATED/LIVING AREAS (SF): 212	INTERIOR WALLS: Drywall	PERMITTED USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 430	EXTERIOR WALLS: LP	RESIDENTIAL TYPE: Residence
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS: remaining 4 total	ROOF: Asphalt	
SEPTIC CAPACITY # OF PERSONS: remaining 8	INSULATION: Batt	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF): 218	CAMA PERMIT #: n/a
WORKSHOP ENCLOSURE(SF): 212	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE: Pella	SEPTIC PERMIT #: 970011228
BASE FLOOD ELEVATION: FT PLUS 2FT=	TYPE: Double Hung	DATE ISSUED: 11/22/2019

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

TOTAL CONSTRUCTION COST	\$52,000		
HEATED/LIVING AREA (sf)	212	X .60/sf (single family) =	\$127.20
(new square footage)		X .75/sf (all others) =	<i>'</i>
NON-HEATED AREA (sf) (new square footage)	430	X .30/sf (single family) = X .35/sf (all others) =	\$129.00
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$316.20

Dario Hma

01-10-2020

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

Building/Code/Zoning Official



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10768

Location: 284 N Dogwood Trail

Parcel: 013338000 PIN: 986813145617

District: 20- SOUTHERN SHORES

Subdivision: SO/SH SOUNDSIDE BLK 109

LotBlkSect: LOT: 3 BLK: 109 SEC:

BUSINESS NAME: JES Construction, LLC CONTRACTOR'S NAME: Jessica Mitchell ADDRESS: 1741 Corporate Landing Pkwy CITY, STATE, ZIP: Virginia Beach, VA 23454

OFFICE#: 757-486-2607 CELL#: 757-337-4221 FAX#: 757-486-2607

EMAIL: jmitchell@jeswork.com

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

PHONE #: 252-261-1406

CELL #:

NC G.C. LICENSED CONTRACTOR: __X_YES NO

NC G.C. LICENSE NUMBER: 69678

LIMITATION: Limited **CLASSIFICATION: Building** QUALIFIER: William Scott Davis

LIEN AGENT: n/a

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): Repair foundation with

encapsulation of the crawlspace

SPECIAL CONDITIONS -

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

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

Building/Code/Zoning Official

TOTAL CONSTRUCTION COST	\$13,500		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	Ś
(new square footage)		X .75/sf (all others) =	•
NON-HEATED AREA (sf)		X .30/sf (single family) =	Ś
(new square footage)		X .35/sf (all others) =	, •
REMODEL/REPAIR/ALTERATION	\$13,500	X \$10 per \$1,000 of cost =	\$135.00
(no additional square footage)			-
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$145.00

Applicant - Owner/Contractor,

(Please print and sign name)

Date Issued

113/20



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10766

Location: 134 Clam Shell Trail

Parcel: 026002000 PIN: 986707784054

District: 20- SOUTHERN SHORES

Subdivision: CHICAHAUK LotBlkSect: LOT: 54 BLK: SEC:

BUSINESS NAME: Solar Services, Inc

CONTRACTOR'S NAME:

ADDRESS: 877 Seahawk Cir STE 101 CITY, STATE, ZIP: Virginia Beach, VA 23452

OFFICE#: 757-427-6300

CELL#: FAX#:

EMAIL: ed@solarservices.com

TOWNSEND, WILLIAM O EUX TOWNSEND, SHANON S EUX 2265 CALVERT ST **VIRGINIA BEACH VA 23451**

PHONE #: 757-285-0523

CELL #:

NC G.C. LICENSED CONTRACTOR: ____YES __X_NO

NC G.C. LICENSE NUMBER:

LIMITATION: **CLASSIFICATION:** QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): Installation of roof mounted solar electric system panels

SPECIAL CONDITIONS -

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

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

TOTAL CONSTRUCTION COST	\$20,925		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION		X \$10 per \$1,000 of cost =	\$
(no additional square footage)			
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
-		Homeowner's Recovery Fund\$10	\$
		TOTAL FEE	\$100.00

			,
	/• -	/	
Annlican	t - Owner/C	`ontra'c	tor
ADDIICAII	L - OWINEI/C	ullia	LUI

E.GAGLIOIR 1-13-2020

Building/Code/Zoning Official

(Please print and sign name)

Date_Issued



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10760

Location: 129 W Holly Trail

Parcel: 026112000 PIN: 986706287369 District: 20- SOUTHERN SHORES

Subdivision: SO/SH SOUNDSIDE BLK 106

LotBlkSect: LOT: 17 BLK: 106 SEC

BUSINESS NAME: Northeastern Marine Construction

CONTRACTOR'S NAME: Bill Jones

ADDRESS: PO Box 42

CITY, STATE, ZIP: Kitty Hawk, NC 27949

OFFICE#: 252-21613682

CELL#:

FAX#: 252-261-2275

EMAIL: julie@nemarineconst.com

DAVIS, RICHARD E TRUSTEE OF THE TRS
RICHARD E DAVIS DECLARATION OF TRUST TRS
C/O RICHARD L DAVIS 59-468 HOALIKE RD
HALEIWA HI 96712

PHONE #: 203-984-5161

CELL #:

NC G.C. LICENSED CONTRACTOR: __X_YES ___NO

NC G.C. LICENSE NUMBER: 30026

LIMITATION: Limited

CLASSIFICATION: Marine

QUALIFIER: William Jones

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a new 2' x 12'

dock on land / 4' x 12' dock over water

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory - Dock	FOUNDATION:	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: 2020-01
BUILDING USE: Accessory	A/C:	DATE APPROVED: 1/6/2020
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	PERMITTED/CONDITIONAL USE: Single Family Dwelling
NUMBER OF STORIES:	FIREPLACE:	RESIDENTIAL TYPE: 2 nd Home
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: General 75694A
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED: 12/10/2019
FLOOD ZONE: AE	WINDOWS MAKE:	
BASE FLOOD ELEVATION: 7 FT PLUS 2FT= 9FT	TYPE:	

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

TOTAL CONSTRUCTION COST	\$3,500.00		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$100.00
		Homeowner's Recovery Fund\$10	\$
		TOTAL FEE	\$150.00

^		
Auli E Emor	4 Julie Emory	1-13-2020
Applicant - Owner/Contractor	(Please print and sign name)	Date Issued
Building/Code/Zoning Official	IMIS	Date Approved

5375 N Virginia Dare Trl



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

PROJECT ADDRESS 15 KINGFISHER TRL

(252) 261-2394 ext 3 tel (252) 255-0876 fax www.southernshores-nc.gov	Owner GIATZ, Margaret Mailing Address IS KENGFISHE THE City, State, Zip KENTY HANJE NC 27949 Phone
Permit Number O O Fee \$ O	
EXISTING Building Permit Number	NO FEE (if work is associated with a Building Permit)
ELECTRICAL= Licensee Name NATMAW	6 OWERS NC License/Classification 3360 LIMITED
Company Name DESSE N. OW EN	
Address 123 DETSE OWEND	DRMS Phone 252-473-8923 c2/1
City State & zip HARBING 50 A	
Description of Work: REPIACE M	
PLUMBING = Licensee Name_	NC License/Classification
Company Name	
Address	
City State & zip	Estimated Project Cost
Description of Work:	
GAS = Licensee Name_	NC License/Classification
Company Name	
Address	Phone
City State & zip	Estimated Project Cost
Description of Work:	
MECHANICAL = Licensee Name_	NC License/Classification
Company Name	
Address	Phone
City State & zip	Estimated Project Cost
Description of Work:	
FIRE SPRINKLER = Licensee Name_	
Company Name	
Address	
City State & zip	
Description of Work:	

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

Signature of Licensee

Signature of Permit Official

Date



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10772

Location: 98 Poteskeet Trail

Parcel: 022383454 PIN: 986711563390 District: 20- SOUTHERN SHORES

Subdivision: CHICAHAUK

LotBlkSect: LOT: 454 BLK: SEC:

WALLENSTEIN, DAVID F EUX WALLENSTEIN, MARY E EUX

109 BIRCH DR

DOWNINGTOWN PA 19335

PHONE #: 484-885-3745

CELL #:

BUSINESS NAME: May's Landing Enterprises, Inc. T/A Southern Scapes Pool &

Landscape Design

CONTRACTOR'S NAME: Tom May

ADDRESS: PO Box 351

CITY, STATE, ZIP: Jarvisburg, NC 27947

OFFICE#: 252-491-5303 CELL#: 252-202-4301 FAX#: 252-491-5202

EMAIL: admin@southernscapesllc.com

NC G.C. LICENSED CONTRACTOR: __X_YES ___NO

NC G.C. LICENSE NUMBER: 77270

LIMITATION: Limited

CLASSIFICATION: Residential QUALIFIER: Thomas Harry May, Jr.

LIEN AGENT: Stewart Title Guarantee Company Entry #1127603

19 W Hargett St., Suite 507 / Raleigh, NC 27601

DESCRIPTION OF WORK — (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a new accessory pool-pool deck and barrier fence = 1,414sf

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory	FOUNDATION:	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: 2020-05
BUILDING USE: Single Family Dwelling	A/C:	DATE APPROVED: 1/16/2020
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	PERMITTED USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	RESIDENTIAL TYPE: 2 nd Home
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: n/a
STORAGE ENCLOSURE(SF): POOL(SF): 1,414	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE:	SEPTIC PERMIT #: 29072
BASE FLOOD ELEVATION: FT PLUS 2FT=	TYPE:	DATE ISSUED: 10/11/2019

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

TOTAL CONSTRUCTION COST	\$95,100		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$	X \$10 per \$1,000 of cost =	\$
(no additional square footage)			
		Pool = \$125	\$125.00
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$185.00

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Applicant - Owner/Contractor

Building/Code/Zoning Official

(Please print and sign name)

Date Issued

1-16-2020



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10771

Location:	82 Ocean	Boulevard

Parcel: 022637000 PIN: 986712951997 District: 20- SOUTHERN SHORES

Subdivision: SO/SH AMENDED SECTION 1

LotBlkSect: LOT: 9-10 BLK: 7 SEC: 1

BUSINESS NAME: Macko OBX Construction, Inc

CONTRACTOR'S NAME: John Macko

ADDRESS: PO Box 3689

CITY, STATE, ZIP: Kill Devil Hills, NC 27948

OFFICE#: 252-480-6411 CELL#: 252-207-3499

FAX#:

EMAIL: info@mackoconstruction.com

FORD, ROBERT E JR TTEE TRE 11201 BALTIMORE RD FORD VA 23850

PHONE #:

CELL #:

NC G.C. LICENSED CONTRACTOR: __X_YES ___NO

NC G.C. LICENSE NUMBER: 81540

LIMITATION: Unlimited
CLASSIFICATION: Building
QUALIFIER: John A Macko

LIEN AGENT: Chicago Title Company, LLC Entry# 1170275

19 W Hargett St., Suite 507 / Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Replace siding on portions of dwelling and railings on deck

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Repair	FOUNDATION:	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: n/a
BUILDING USE: Single Family Dwelling	A/C:	
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS: LP Smart siding	
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: n/a
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: VE	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
BASE FLOOD ELEVATION: 12FT PLUS 2FT= 14FT	TYPE:	DATE ISSUED:

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

TOTAL CONSTRUCTION COST	\$40,500		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$40,500	X \$10 per \$1,000 of cost =	\$405.00
(no additional square footage)		·	
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$415.00

Us	le	4/S	In.	4	La	
6.6		60	6	Sept.	6,	
Applicant	- Owr	ner/Co	ontra	acto	r	

(Please print and sign name)

TYLER SPRENKLE

Date Issued

-14-2020



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10774

Location: 1 Ocean View Loop

Parcel: 022819106 PIN: 987717022415 District: 20- SOUTHERN SHORES

Subdivision: OCEAN VIEW SUBDIVISION

LotBlkSect: LOT: 6 BLK: SEC:

MEIGGS, SARAH L H EVR MEIGGS, NATHANIEL E EVR

508 S SWAIN ST RALEIGH NC 27601

PHONE #:

CELL #: 252-312-6123

BUSINESS NAME: Nathaniel Edwin Meiggs CONTRACTOR'S NAME: Nathaniel Meiggs

ADDRESS: 508 S Swain St

CITY, STATE, ZIP: Raleigh, NC 27601

OFFICE#:

CELL#: 252-312-6123

FAX#:

EMAIL: info@natespace.co

NC G.C. LICENSED CONTRACTOR: _X_YES ___NO

NC G.C. LICENSE NUMBER: 79052

LIMITATION: Limited

CLASSIFICATION: Residential QUALIFIER: Nathaniel Edwin Meiggs

LIEN AGENT: Old Republic National Title Insurance Company Entry #

19 W Hargett St., Suite 507 / Raleigh, NC 27601

1170461

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a new single

family dwelling

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: New	FOUNDATION: Concrete/Pile	ZONING DISTRICT: RS-1
	HEAT: Gas	ZONING PERMIT #: 2020-07
BUILDING USE: Single Family Dwelling	A/C: Heat Pump	DATE APPROVED: 1/16/2020
TOTAL HEATED/LIVING AREAS (SF): 2,500	INTERIOR WALLS: Drywaii	PERMITTED/CONDITIONAL USE: Single Family Dwelling
TOTAL NON-HEATED AREAS (SF): 900	EXTERIOR WALLS: Wood siding	RESIDENTIAL TYPE: Residence
NUMBER OF STORIES: 2	FIREPLACE: n/a	
BEDROOMS: 4	ROOF: membrane	
SEPTIC CAPACITY # OF PERSONS: 8	INSULATION: Batt/Blown	
BATHS: 3 ½ BATHS: 1	ELEVATOR (SF): n/a	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF): 400	CAMA PERMIT #: n/a
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF): 500	DATE ISSUED:
FLOOD ZONE: Shaded X	WINDOWS MAKE: Andersen	SEPTIC PERMIT #: 29185
BASE FLOOD ELEVATION: FT PLUS 2FT=	TYPE: 100 series	DATE ISSUED: 11/15/2019

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

TOTAL CONSTRUCTION COST	\$350,000		
HEATED/LIVING AREA (sf)	2,500	X .60/sf (single family) =	\$1,500.00
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)	900	X .30/sf (single family) =	\$270.00
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$	X \$10 per \$1,000 of cost =	\$
(no additional square footage)			
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$pd
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$1,830.00

Applicant ner/Contractor, (Please print and sign name)

EIGOS

Building/Code/Zoning Official®

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



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 1-21-20

PROJECT ADDRESS 23 Duck Woods DR

Owner Jeffrey Tohnson
Mailing Address 50310 Amber Clay Ln.
City, State, Zip Raleigh, NG 27612
Phone

Permit Number Fee \$	Phone
EXISTING Building Permit Number NO FE	E (if work is associated with a Building Permit)
Company Name Jesse N. Oweng Electron Address 23 Jesse Owens Lin City State & zip Harlowgy, NC 2794	Phone 473, -8923 Estimated Project Cost
Description of Work: Electrical ass	ocidità (D)
PLUMBING = Licensee Name_	NC License/Classification
Company Name	
Address	Phone
City State & zip	
Description of Work:	
GAS = Licensee Name_	NC License/Classification
Company Name	
Address	
City State & zip	Estimated Project Cost
Description of Work:	
MECHANICAL = Licensee Name Joe Supsor	NC License/Classification 19091 Group 2 = 3
Company Name All Soasons Heating	
Address PO Poox D44	Phone 491-9232
City State & zip Point Harbon NC 279	
Description of Work: Replace Upstar	is system us a 2.5. ton
Split system wheat sump	
FIRE SPRINKLER = Licensee Name_	NC License/Classification
Company Name	
Address	Phone
OTHER DESIGNATION OF THE PERSON OF THE PERSO	
City State & zip	Estimated Project Cost

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

Signature of Licensee

Date

Signature of Permit Official

Data Charl

Date



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

COMMERCIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10754

Town Street Right of Way S Dogwood Trail Southern Shores, NC 27949 Town of Southern Shores 5375 N Virginia Dare Trail Southern Shores, NC 27949

PHONE #: 252-261-2394

CELL #:

BUSINESS NAME: Millstone Marine Construction, Inc

associated with the Town S. Dogwood Trail Walking Path project

CONTRACTOR'S NAME: Kevin Linebarger ADDRESS: 7000 Maritime Woods Dr CITY, STATE, ZIP: Manteo, NC 27954

OFFICE#: 252-305-8842 CELL#: 252-202-2678 FAX#: 252-305-8259

EMAIL: millstonemarine@gmail.com

NC G.C. LICENSED CONTRACTOR: __X__YES ___NO

NC G.C. LICENSE NUMBER: 78077

LIMITATION: Limited CLASSIFICATION: Building

QUALIFIER: Kevin Mark Lineberger

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of retaining walls

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Accessory - Retaining FOUNDATION: ZONING DISTRICT: RS-1 Walls HEAT: ZONING PERMIT #: 2002-02 **BUILDING USE: Public Improvement** A/C: DATE APPROVED: 1/7/2020 TOTAL HEATED/LIVING AREAS (SF): **INTERIOR WALLS:** PERMITTED USE: Public Improvement TOTAL NON-HEATED AREAS (SF): **EXTERIOR WALLS:** COMMERCIAL USE: Public Walking Path FIREPLACE: ROOF: NUMBER OF STORIES: INSULATION: BATHS: ½ BATHS: ELEVATOR (SF): DETACHED/ATTACHED GARAGE(SF): DECKS (SF): CAMA PERMIT #: n/a STORAGE ENCLOSURE(SF): PORCHES (SF): DATE ISSUED: FLOOD ZONE: Shaded X and AE 7ft plus 2ft WINDOWS MAKE: SEPTIC PERMIT #: n/a

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

TOTAL CONSTRUCTION COST	\$250,738			
HEATED/LIVING AREA (sf) (new square footage)		X .75/sf (all others)	=	\$
NON-HEATED AREA (sf) (new square footage)		X .35/sf (all others)	=	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost	=	\$
		Pool	= \$125	\$
	•	Zoning Permit Fee	= \$50	\$
		Plan Review Fee = \$150	or \$100	\$
		Minimum Permit Fee	= \$100	\$
Town Project – Permit fees waived		TOTAL FEE		\$Fees waived

their trapplan

(Please print and sign name)

1-23-2620

Date Issued

1-7-2020

Date Approv

Building/Code/Zoning Official



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10775

Location: 28 Eleventh Avenue

Parcel: 021278000 PIN: 986805280660 District: 20- SOUTHERN SHORES Subdivision: SEA CREST VILLAGE LotBlkSect: LOT: 17 BLK: 57 SEC: FEIDLER, JEFFREY L EUX FEIDLER, CHRISTINE EUX 3706 OAKRIDGE RD WILMINGTON DE 19808

PHONE #: 302-540-2167

CELL#:

BUSINESS NAME: Daniel S Osman CONTRACTOR'S NAME: Dan Osman

ADDRESS: PO Box 7403

CITY, STATE, ZIP: Kill Devil Hills, NC 27948

OFFICE#:

CELL#: 252-202-4599

FAX#:

EMAIL: osmandanny@gmail.com

NC G.C. LICENSED CONTRACTOR: __X_YES ___NO

NC G.C. LICENSE NUMBER: 76259

LIMITATION: Limited CLASSIFICATION: Building

QUALIFIER: Daniel Stephen Osman

LIEN AGENT: Chicago Title Company, LLC Entry #1169635

19 Hargett St., Suite 507 / Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Construction of a 14'x16' 224sf enclosed living space addition (over portion of existing deck) to become a kitchen and add new 6'x16' 96sf deck

SPECIAL CONDITIONS -

BASE FLOOD ELEVATION: 9FT PLUS 2FT= 11FT	TYPE: Casement	DATE ISSUED: 1/13/2020	
FLOOD ZONE: AE	WINDOWS MAKE: Anderson	SEPTIC PERMIT #: 29339	
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED:	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF): 96	CAMA PERMIT #: n/a	
BATHS: ½ BATHS:	ELEVATOR (SF):		
SEPTIC CAPACITY # OF PERSONS:	INSULATION:		
BEDROOMS:	ROOF:		
NUMBER OF STORIES:	FIREPLACE:		
TOTAL NON-HEATED AREAS (SF): 96	EXTERIOR WALLS: fiber cement		
TOTAL HEATED/LIVING AREAS (SF): 224	INTERIOR WALLS: drywall	RESIDENTIAL TYPE: 2 nd Home	
BUILDING USE: Single Family Dwelling	A/C: heat pump	DATE APPROVED: 1/16/2020	
	HEAT: heat pump	ZONING PERMIT #: 2020-06	
TYPE OF CONSTRUCTION: Addition	FOUNDATION: Piling	ZONING DISTRICT: RS-1	

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

TOTAL CONSTRUCTION COST	\$65,000	111111111111111111111111111111111111111	
HEATED/LIVING AREA (sf) (new square footage)	224	X .60/sf (single family) = X .75/sf (all others) =	\$134.40
NON-HEATED AREA (sf) (new square footage)	96	X .30/sf (single family) = X .35/sf (all others) =	\$28.80
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$	X \$10 per \$1,000 of cost =	\$
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$223.20

Applicant - Owner/	Contracto
--------------------	-----------

(Please print and sign name)

Date Issued

- 16-2020

Date Approved

Building/Code/Zoning Official

5375 N Virginia Dare Trl Southern Shores NC 27949 (252) 261-2394 ext 3 tel (252) 255-0876 fax www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date 1-24-2020

PROJECT ADDRESS 187 Holly Trl

Owner Gar Y 5 m j th

City, State, Zip
Phone 252 C46 9181

Permit Number Fee \$ 100 EXISTING Building Permit Number _____ NO FEE (if work is associated with a Building Permit) ___ **ELECTRICAL**= Licensee Name NC License/Classification ___ Company Name_ Phone 25L 489 Address P.O. BOX City State & zip_Kill Devil 141VI 700,00 Estimated Project Cost Description of Work: Moding to year circle 60 amo 30 amo PLUMBING = Licensee Name NC License/Classification _____ Company Name_____ Address_ Phone ___ City State & zip____ Estimated Project Cost _____ Description of Work: GAS = Licensee Name____ NC License/Classification _____ Company Name____ Address_____ Phone _____ City State & zip__ Estimated Project Cost _____ Description of Work: MECHANICAL = Licensee Name_____ NC License/Classification _____ Company Name___ Address____ City State & zip____ Estimated Project Cost _____ Description of Work: FIRE SPRINKLER = Licensee Name_____ NC License/Classification _____ Company Name____ Address_ Phone __ City State & zip_____ Estimated Project Cost _____ Description of Work:

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

Signature of Licensee

Date

Signature of Permit Φfficial_

Date

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

Signature of Licensee



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

PROJECT ADDRESS 187 Holly Tr.

Owner Geary Smith

Mailing Address 187 Holly Tr.
City, State, Zip Southern Shores, WC. 27949

Phone_

Fee \$ 100	
EXISTING Building Permit Number NO FEE (if work	c is associated with a Building Permit)
Company Name Licensee Name Nothan Owens Company Name Lesse No Owens Stector Address 123 Jesse Owens Dr City State & zip How by Jesse Owens Dr Description of Work: Electrical Ossociated PLUMBING = Licensee Name Company Name Address City State & zip	Phone
City State & zip Description of Work:	Estimated Project Cost
GAS = Licensee Name	NC License/Classification
Company NameAddressCity State & zip	Phone Estimated Project Cost
Company Name Al Selsons Heating & Cooling Address Po Boy 244 City State & zip Point Harber, U. 77949 Description of Work: Replace main would sus pump & air handler Replace made Fire Sprinkler = Licensee Name	Phone 491-9232 Estimated Project Cost 13715.00 Lime UP a 5 time solut sustem heat
Company Name	Phone Estimated Project Cost



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10781

Location:	4 Kin	gfisher	Trail
Location.	7 IVIII	RUSHEL	Han

Parcel: 022523024 PIN: 986809170359

District: 20- SOUTHERN SHORES

Subdivision: SO/SH BLK 61-A LOTS 1-25 PH 1

LotBlkSect: LOT: 24-A BLK: 61A SEC: 1

BUSINESS NAME: RGR JD Corporation, T/A So Nice Again

CONTRACTOR'S NAME: Arthur Jason Gomez, Jr

ADDRESS: PO Box 253

CITY, STATE, ZIP: Kitty Hawk, NC 27949

OFFICE#: 252-261-8448

CELL#:

FAX#: 252-441-9829

EMAIL: workorders@soniceagain.com

GINSBERG, MICHAEL H EUX GINSBERG, CATHY D EUX 7320 BRIGHTON RD PITTSBURGH PA 15202

PHONE #: 412-394-7919

CELL #:

NC G.C. LICENSED CONTRACTOR: __X__YES ___NO

NC G.C. LICENSE NUMBER: 79762

LIMITATION: CLASSIFICATION: QUALIFIER:

LIEN AGENT: Fidelity National Title Company, LLC Entry#1178560

19 W Hargett St., Suite 507/ Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Repair consisting of interior work (flooring/walls, plumbing, electrical) due to water damage

SPECIAL CONDITIONS -

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

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

TOTAL CONSTRUCTION COST	\$32,887		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	1
REMODEL/REPAIR/ALTERATION	\$	X \$10 per \$1,000 of cost =	\$328.87
(no additional square footage)			
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$338.87

Peula Snyde /50 nice Again Paula Snyde	1-27/2020
Applicant - Owner/Contractor (Please print and sign name)	Date Issued
Building/Code/Zoning Official	Date Approved



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10780

Location: 21 Twelfth Avenue

Parcel: 021274000 PIN: 986805282824

District: 20- SOUTHERN SHORES
Subdivision: SEA CREST VILLAGE
LotBlkSect: LOT: 13 BLK: 57 SEC:

HUTCHENS, ANNE L EVR HUTCHENS, TIMOTHY C EVR

6005 COREWOOD LN BETHESDA MD 20816

PHONE #: 301-801-7305

CELL #:

BUSINESS NAME: Snearer Construction, Inc

CONTRACTOR'S NAME: Paul Snearer

ADDRESS: PO Box 2875

CITY, STATE, ZIP: Kitty Hawk, NC 27949

OFFICE#: 252-261-2228 CELL#: 252-619-8717

FAX#:

EMAIL: paulsnearerhomes@gmail.com

NC G.C. LICENSED CONTRACTOR: __X_YES ___NO

NC G.C. LICENSE NUMBER: 25865

LIMITATION: Unlimited
CLASSIFICATION: Building
QUALIFIER: Paul S Snearer

LIEN AGENT: First American Title Insurance Company Entry # 1177417

19 W Hargett St., Suite 507 / Raleigh, NC 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Convert deck into 104sf

heated office/closet space

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Addition	FOUNDATION: Piling	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: n/a
BUILDING USE: Single Family Dwelling	A/C:	
TOTAL HEATED/LIVING AREAS (SF): 104	INTERIOR WALLS: Drywall	
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS: Shakes	
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF: Line X	
SEPTIC CAPACITY # OF PERSONS:	INSULATION: Batt	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: n/a
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: AE	WINDOWS MAKE: Andersen	SEPTIC PERMIT #: 29366
BASE FLOOD ELEVATION: 9FT PLUS 2FT= 11FT	TYPE: Casement	DATE ISSUED: 1/23/2020

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

TOTAL CONSTRUCTION COST	\$35,000		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$35,000	X \$10 per \$1,000 of cost =	\$350.00
(no additional square footage)			
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
	4.4	TOTAL FEE	\$360.00

Applicant -		

Building/Code/Zoning Official

(Please print and sign name)

Date Issued

-34-3030



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Phone (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

BUILDING PERMIT #: 10746

Parcel: 021450000 **PIN:** 986813142444

Location: 283 N DOGWOOD TRL

District: [20] SOUTHERN SHORES

Subdiv: [S626] SO/SH SECTIONS A&B

Lot-Block-Sect: LOT: 1R BLK: E SEC: B

Owner: HEAD, JOHN H TTEE
Owner: HEAD, LATISA M TTEE
Address: 700 INNSBRUCK AVE
GREAT FALLS VA 22066

PHONE #: CELL #:

BUSINESS NAME: Finch and Company, Inc CONTRACTOR'S NAME: Olin E. Finch ADDRESS: 116 Sandy Ridge Rd. CITY, STATE, ZIP: Duck, NC 27949

OFFICE#: 252-261-8710 CELL#: 252-202-9879 FAX#: 252-261-6719

EMAIL: marcemurray@gmail.com

NC G.C. LICENSED CONTRACTOR: __X_YES ____NO

NC G.C. LICENSE NUMBER: 52567 LIMITATION: Unlimited

CLASSIFICATION: Building QUALIFIER: Olin E. Finch

LIEN AGENT: Chicago Title Company, LLC Entry#1137849

19 W Hargett St., Suite 507 / Raleigh, Nc 27601

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Addition – enclose and enlarge screened porch to become a $14' \times 20' = 280$ sf sunroom with a gas fireplace

SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Addition	TYPE OF FOUNDATION:	PERMIT TYPE: Residential
HEATED/LIVING AREAS (SF): 280	HEAT: gas fireplace	RESIDENCE/2 nd HOME/RENTAL: 2 nd Home
NON-HEATED AREAS (SF):	A / C:	PROPERTY USE: Single Family Dwelling
NUMBER OF STORIES:	INTERIOR WALLS:	ZONING DISTRICT: RS-1
HABITABLE ROOMS:	EXTERIOR WALLS:	ZONING PERMIT #:
BEDROOMS:	FIREPLACE: gas	DATE ISSUED:
OCCUPANCY:	ROOF: Asphalt	
BATHS: ½ BATHS:	INSULATION:	CAMA PERMIT #: 2019-14
GARAGE: SHED: STORAGE ENCLOSURE:	FLOORING:	DATE ISSUED: 11/13/2019
FLOOD ZONE: Shaded X	ELEVATOR (SF):	SEPTIC PERMIT #: 29137
BASE FLOOD ELEVATION: PLUS 2FT=	WINDOWS:	DATE ISSUED: 10/30/2019
·	MAKE: EZ Breeze	
	TYPE: Vinyl Awning	

***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the Information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.

TOTAL CONSTRUCTION COST	\$45,000		***************************************
HEATED/LIVING AREA (sf)	280	X .60/sf (single family) =	\$168.00
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$	X \$10 per \$1,000 of cost =	\$
(no additional square footage)			
		Pool = \$125	
		Zoning Permit = \$50	\$50.00
		Plan Review Fee = \$150 or \$100	
		Minimum Permit Fee = \$100	
		Homeowner's Recovery Fund\$10	\$10.00
·		TOTAL FEE	\$228.00

Miller Marc MURRAY	1/28/2020
Applicant - Owner/Contractor (Please print and sign name)	Date Issued - 2 7 - 2000
Building/Code/Zoning Official DU XX	Date Approved



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10785

Location:	21.0	cean	Boule	vard

Parcel: 010214000 PIN: 987713023892

District: 20- SOUTHERN SHORES

Subdivision: SO/SH AMENDED PORTION SEC 1

LotBlkSect: LOT: 11-12 BLK: 10 SEC: 1

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CONTRACTOR'S NAME: Property Owner

ADDRESS:

CITY, STATE, ZIP:

OFFICE#: CELL#:

FAX#: EMAIL:

WIOTNAHAN, ANDREW EUX
MOYNAHAN, MARY EUX
189 HIGH DUNE LOOP
SOLITHERN SHORES NC 2794

PHONE #: 252-261-1222

CELL #:

NC G.C. LICENSED CONTRACTOR: YES X NO NC G.C. LICENSE NUMBER:

LIMITATION: CLASSIFICATION:

QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Repair deck boards, handrails and add additional structural support hardware

SPECIAL CONDITIONS -

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

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

TOTAL CONSTRUCTION COST	\$12,500		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$12,500	X \$10 per \$1,000 of cost =	\$125.00
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$
		TOTAL FEE	\$125.00

Applicant - Owner/Contractor

(Please print and sign name)

Date Issued

Date Approved

Building/Code/Zoning Official



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 3 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

COMMERCIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10735

CELL #:

Location: 148A Ocean Boulevard Parcel: 021906000 PIN: 986708785800 **District: 20- SOUTHERN SHORES**

Subdivision: SO/SH AMENDED PLAT B SEC 2

LotBlkSect: LOT: A BLK: 24 SEC: 2

SOUTHERN SHORES CIVIC ASSOC INC 5377 VIRGINIA DARE TRL N **KITTY HAWK NC 27949**

NC G.C. LICENSED CONTRACTOR: __X__YES ___NO NC G.C. LICENSE NUMBER: 47777

LIMITATION: Unlimited CLASSIFICATION: Building QUALIFIER: Thomas Scott Norton

PHONE #: 252-261-8617

LIEN AGENT: Linked to Entry #1167110

BUSINESS NAME: Carrick Contracting Corporation CONTRACTOR'S NAME: Thomas Scott Norton

ADDRESS: 1450 Kinetic Rd Ste A

CITY, STATE, ZIP: Lake Park, FL 33403-1935

OFFICE#: 561-844-5322

CELL#: FAX#:

EMAIL: jwilkie@carrickcontracting.com

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): Wireless collocation and installation of accessory structure - generator cabinet

312 Party Inspection Required - BS SPECIAL CONDITIONS -

TYPE OF CONSTRUCTION: Wireless collocation	ZONING DISTRICT: RS-1
and Accessory structure	ZONING PERMIT #: 2020-08
BUILDING USE: Utility (Communications)	DATE APPROVED: 1/23/2020
	CONDITIONAL USE: Wireless Communication
FLOOD ZONE: AE	Tower – Amended CUP-13-01
BASE FLOOD ELEVATION: 9FT PLUS 2FT= 11FT	COMMERCIAL USE: Wireless Communication
	Tower
	CAMA PERMIT #: n/a
	DATE ISSUED:
	SEPTIC PERMIT #: n/a
	DATE ISSUED:

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

TOTAL CONSTRUCTION COST	\$124,962			
HEATED/LIVING AREA (sf) (new square footage)		X .75/sf (all others)	=	\$
NON-HEATED AREA (sf) (new square footage)		X .35/sf (all others)	=	\$
REMODEL/REPAIR/ALTERATION (no additional square footage)	\$124,962	X \$10 per \$1,000 of cost	: =	\$n/a
		Pool	= \$125	\$
		Zoning Permit Fee	= \$50	\$50.00
		Plan Review Fee = \$150	or \$100	\$
		Minimum Permit Fee	= \$100	\$100.00
		TOTAL FEE		\$150.00

	1 1	
	Consult.	
Applicant / Ow	ner/Contra	actor
	- 1	

(Please print and sign name)

/-30-2020

Date Issued
/-23-2020



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RESIDENTIAL

BUILDING/FLOODPLAIN DEVELOPMENT PERMIT BUILDING PERMIT #10786

Location:	1 Seventh Avenue

Parcel: 021143000 PIN: 986810461798

District: 20- SOUTHERN SHORES Subdivision: SEA CREST VILLAGE LotBlkSect: LOT: 4 BLK: 51 SEC: HUFFMAN, BRADFORD W 12284 WARWICK BLVD STE 2A NEWPORT NEWS VA 23606

PHONE #: 757-871-6051

CELL#:

BUSINESS NAME: Renaissance Construction Company, Inc

CONTRACTOR'S NAME: Michael Jones

ADDRESS: PO Box 1411

CITY, STATE, ZIP: Manteo, NC 27954

OFFICE#: 252-473-3312 CELL#: 252-423-0740

FAX#:

EMAIL: mike@renconstructobx.com

NC G.C. LICENSED CONTRACTOR: ____YES ____NO

NC G.C. LICENSE NUMBER:

LIMITATION: CLASSIFICATION: QUALIFIER:

LIEN AGENT: n/a

DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): Repair pool barrier fence in the same location –

SPECIAL CONDITIONS -POOL FENCE SHALL BE BUILT AS BREAKAWAY - MAXIMUM FENCE HEIGHT 6FT - FENCE PANELS SHALL NOT BE BELOW GRADE

TYPE OF CONSTRUCTION: Repair	FOUNDATION:	ZONING DISTRICT: RS-1
	HEAT:	ZONING PERMIT #: n/a
BUILDING USE: Single Family Dwelling	A/C:	
TOTAL HEATED/LIVING AREAS (SF):	INTERIOR WALLS:	
TOTAL NON-HEATED AREAS (SF):	EXTERIOR WALLS:	
NUMBER OF STORIES:	FIREPLACE:	
BEDROOMS:	ROOF:	
SEPTIC CAPACITY # OF PERSONS:	INSULATION:	
BATHS: ½ BATHS:	ELEVATOR (SF):	
DETACHED/ATTACHED GARAGE(SF):	DECKS (SF):	CAMA PERMIT #: N/A
STORAGE ENCLOSURE(SF): POOL(SF):	PORCHES (SF):	DATE ISSUED:
FLOOD ZONE: VE	WINDOWS MAKE:	SEPTIC PERMIT #: n/a
BASE FLOOD ELEVATION: 12FT PLUS 2FT= 14FT	TYPE:	DATE ISSUED:

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

TOTAL CONSTRUCTION COST	\$10,000		
HEATED/LIVING AREA (sf)		X .60/sf (single family) =	\$
(new square footage)		X .75/sf (all others) =	
NON-HEATED AREA (sf)		X .30/sf (single family) =	\$
(new square footage)		X .35/sf (all others) =	
REMODEL/REPAIR/ALTERATION	\$10,000	X \$10 per \$1,000 of cost =	\$100.00
(no additional square footage)			
		Pool = \$125	\$
		Zoning Permit Fee = \$50	\$
		Plan Review Fee = \$150 or \$100	\$
		Minimum Permit Fee = \$100	\$
		Homeowner's Recovery Fund\$10	\$10.00
		TOTAL FEE	\$110.00

W.D. atkinson	W. J. ATKINSON	1-30-2020,
Applicant - Owner/Contractor Buthu 1000	(Please print and sign name)	Date Issued 1 - 30 - 30 - 30
Building/Code/Zoning Official	NS	Date Approved