



Town of Kill Devil Hills

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

FEB 28 2020

Planning and Inspection Department

BJ2020-055

PROJECT NAME: Scott New Single Family Dwelling
SITE ADDRESS: 801 Sixth Avenue Kill Devil Hills

BUILDING JOINT

ISSUED: 02/28/2020

EXPIRES: 08/26/2020

APPLICANT: SCOTT, JAMES
1204 7th Avenue
Kill Devil Hills, NC 27948

OWNER: SCOTT, JAMES
1204 7th Avenue
Kill Devil Hills, NC 27948

GENERAL: OCEAN BUILDERS LLC
PO BOX 160
Manns Harbor, NC 27953
252-480-5514

License: 56420
Expires: 12/31/2020

PARCEL:

PIN: 9883119162

Parcel Number:

Address: 801 Sixth Avenue Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: LOT 10, BLOCK 32, KILL DEVIL HILL REALITY CORP ADDITION

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	# of Temporary Poles	1 EA
Covered Porch Residential	\$121.50	\$0.00	Residential Unheated (.40)	242 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	2342 sq. Ft.
Res. Building Permit Fee	\$1,853.30	\$0.00	Open Decks	1 EA
Totals :	\$2,174.80	\$0.00	Covered Porches/Decks	162 SQFT

PROJECT DESCRIPTION: new 4 Bedroom Single Family Dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T23916

107

BJ2020-055**PROJECT NAME:** Scott New Single Family Dwelling**SITE ADDRESS:** 801 Sixth Avenue Kill Devil Hills**BUILDING JOINT****ISSUED:** 02/28/2020**EXPIRES:** 08/26/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	29451
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	250000.00
LOT COVERAGE	26.60
LIVING SPACE (SQFT)	2342
COVERED PORCHES/DECKS (SQFT)	162
GARAGE (SQFT)	242
OPEN DECK (SQFT)	300
TOTAL SQUARE FOOTAGE	3046
SURVEYOR NAME AND NUMBER	Carlos F. Gomez
ARCHITECT NAME AND LICENSE NUMBER	Barrett Cook 027540
CULVERT	N
ROLL OUT CAN	2
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-055

PROJECT NAME: Scott New Single Family Dwelling
SITE ADDRESS: 801 Sixth Avenue Kill Devil Hills

BUILDING JOINT

ISSUED: 02/28/2020

EXPIRES: 08/26/2020

REQUIRED INSPECTIONS

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

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: Thomas Smith **Date:** 2/28/20



Town of Kill Devil Hills

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

Planning and Inspection Department

FEB 26 2020

BJ2020-054

PROJECT NAME: Del Gatto New House
SITE ADDRESS: 1728 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/20/2020

EXPIRES: 08/18/2020

APPLICANT: DEL GATTO, DONNA
124 BLUEBERRY HILL ROAD
BRIDGEWATER, CT 06752

OWNER: DEL GATTO, DONNA
124 BLUEBERRY HILL ROAD
BRIDGEWATER, CT 06752

CONTRACTOR: Sound and Shore Builders, Inc.
1851 W Ehringhaus Street
ELIZABETH CITY, NC 27909

BUILDING LIMITED: Sound and Shore Builders, Inc.
1851 W Ehringhaus Street
ELIZABETH CITY, NC 27909

License: 56500
Expires:

PARCEL:

PIN: 988406475742

Parcel Number: 002885000

Address: 1728 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES

Block: H **Lot(s):** 5

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$62.25	\$0.00	Covered Porches/Decks	83 SQFT
Land Disturbing	\$100.00	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Unheated (.40)	239 Sq. Ft
Pool/Hot Tub	\$200.00	\$0.00	Residential Heated Space	2076 sq. Ft.
Res. Building Permit Fee	\$1,652.60	\$0.00	(.75)	
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Totals :	\$2,214.85	\$0.00		

PROJECT DESCRIPTION: New 3 Bedroom Manufactured home on pilings

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #

134
723915

BJ2020-054

PROJECT NAME: Del Gatto New House
SITE ADDRESS: 1728 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/20/2020

EXPIRES: 08/18/2020

REQUIRED INSPECTIONS

In-Slab Plumbing

Insulation

Slab/Foundation/Piling

Final

Framing

Zoning Final

Rough In

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Obtain marriage wall connection inspections before covering connections.
- * Obtain tie down inspection prior to covering tie down of modular structure to engineered foundation system.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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FEB 13 2020

Planning and Inspection Department

BJ2020-046

PROJECT NAME: Sandy Bottom Homes New 3 Bedroom SFD
SITE ADDRESS: 527 EDEN ST W Kill Devil Hills

BUILDING JOINT

ISSUED: 02/13/2020

EXPIRES: 08/11/2020

APPLICANT: OBX COTTAGES LLC
200 EAST BLACKMAN ST
nags head, nc 27959
252-207-5475

OWNER: OBX COTTAGES LLC
200 EAST BLACKMAN ST
nags head, nc 27959
252-207-5475

CONTRACTOR: Sandy Bottom Homes
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

GENERAL BUILDING-LIMITED: SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

License: 67524
Expires: 01/01/2021

PARCEL:

PIN: 987520906245

Parcel Number:

Address: 527 EDEN ST W Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lots 7 & 8, Block 74

FEES:	Paid	Due	BUILDING AREA:	
T-Pole	\$50.00	\$0.00	Covered Porches/Decks	75 SQFT
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Covered Porch Residential	\$56.25	\$0.00	Residential Heated Space	1798 sq. Ft.
Res. Building Permit Fee	\$1,348.50	\$0.00	(.75)	
Totals :	\$1,604.75	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 3 Bedroom 3 Bath Single Family Dwelling

Water Charges

PAID

Water Tap #: 123911

106



Town of Kill Devil Hills

PO BOX 1719
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 Phone: 252-449-5318 Fax: 252-441-4102

JAN 31 2020

Planning and Inspection Department

BJ2020-018

PROJECT NAME: Smith Contracting New House
SITE ADDRESS: 3127 SEAGATE CT KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/30/2020

EXPIRES: 07/28/2020

APPLICANT: Smith Contracting LLC
 PO Box 471
 Kitty Hawk, NC 27949
 252-202-6602

OWNER: Smith Contracting LLC
 PO Box 471
 Kitty Hawk, NC 27949
 252-202-6602

GENERAL: Smith Contracting LLC
 PO Box 471
 Kitty Hawk, NC 27949
 252-202-6602

License: 79892
Expires: 12/31/2020

PARCEL:

PIN: 988513039968

Parcel Number: 000969000

Address: 3127 SEAGATE CT KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 16

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$190.50	\$0.00	Covered Porches/Decks	254 SQFT
Land Disturbing	\$100.00	\$0.00	Open Decks	2 EA
Open Deck Fee	\$300.00	\$0.00	Residential Unheated (.40)	119 Sq. Ft
Res. Building Permit Fee	\$1,528.10	\$0.00	Residential Heated Space	1974 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Totals :	\$2,168.60	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 4 Bedroom SFD

Town of Kill Devil Hills

Water Charges

168

PAID

Water Tap #:

123906

BJ2020-018**PROJECT NAME:** Smith Contracting New House
SITE ADDRESS: 3127 SEAGATE CT KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 01/30/2020**EXPIRES:** 07/28/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	29252
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.0
Proposed First Floor Elevation	11.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	330000.00
LOT COVERAGE	33.00
LIVING SPACE (SQFT)	1974
COVERED PORCHES/DECKS (SQFT)	254
STORAGE (SQFT)	119
OPEN DECK (SQFT)	72
TOTAL SQUARE FOOTAGE	2419
SURVEYOR NAME AND NUMBER	Jason A. Mizelle L-4917
ENGINEER AND LICENSE NUMBER	RAYMOND PATE 13018
CULVERT	N
ROLL OUT CAN	2
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-018

PROJECT NAME: Smith Contracting New House
SITE ADDRESS: 3127 SEAGATE CT KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/30/2020

EXPIRES: 07/28/2020

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 1/31/20



Town of Kill Devil Hills

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

FEB 19 2020

Planning and Inspection Department

BJ2020-053

PROJECT NAME: Frank Soles (H & K Lots LLC)
SITE ADDRESS: 502 West Archdale Street Kill Devil Hills

BUILDING JOINT

ISSUED: 02/19/2020

EXPIRES: 08/17/2020

APPLICANT: FRANK SOLES/SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

OWNER: FRANK SOLES/SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

CONTRACTOR: FRANK SOLES/SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

License: LEGACY UNKNOWN
Expires: 12/31/2020

PARCEL:

PIN: 987520914242

Parcel Number: 603026004

Address: 502 West Archdale Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lots 21-22, Block 70, Virginia Dare Shores Subdivision

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	# of Temporary Poles	1 EA
T-Pole	\$50.00	\$0.00	Open Decks	1 EA
Covered Porch Residential	\$56.25	\$0.00	Residential Unheated (.40)	378 Sq. Ft
Res. Building Permit Fee	\$1,555.95	\$0.00	Covered Porches/Decks	75 SQFT
Totals :	\$1,812.20	\$0.00	Residential Heated Space (.75)	1873 sq. Ft.

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: 123914

BJ2020-053

PROJECT NAME: Frank Soles (H & K Lots LLC)
SITE ADDRESS: 502 West Archdale Street Kill Devil Hills

BUILDING JOINT

ISSUED: 02/19/2020

EXPIRES: 08/17/2020

REQUIRED INSPECTIONS

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

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-19-2020



Town of Kill Devil Hills

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

FEB 10 2020

Planning and Inspection Department

BJ2020-025

PROJECT NAME: Sullivan New House
SITE ADDRESS: 510 Aycock Street W Kill Devil Hills

BUILDING JOINT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

APPLICANT: SULLIVAN, WAYNE
118 Mccarty Road
fredricksburg, va 22405

OWNER: SULLIVAN, WAYNE
118 Mccarty Road
fredricksburg, va 22405

CONTRACTOR: Sandy Bottom Homes
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

GENERAL BUILDING-LIMITED: SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

License: 67524
Expires: 01/01/2021

PARCEL:

PIN: 987520906712

Parcel Number: 000724025

Address: 510 Aycock Street W Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lots 25 and 26 Block 72

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$1,438.15	\$0.00	# of Temporary Poles	1 EA
Covered Porch Residential	\$101.25	\$0.00	Residential Unheated (.40)	301 Sq. Ft
T-Pole	\$50.00	\$0.00	Covered Porches/Decks	135 SQFT
Totals :	\$1,589.40	\$0.00	Residential Heated Space (.75)	1757 sq. Ft.

PROJECT DESCRIPTION: New 3 Bedroom SFD

Town of Kill Devil Hills
Water Charges

114

PAID

Water-Tap #: T23910

BJ2020-025

PROJECT NAME: Sullivan New House
SITE ADDRESS: 510 Aycok Street W Kill Devil Hills

BUILDING JOINT**ISSUED:** 02/07/2020**EXPIRES:** 08/05/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	29332
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	9.50
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION COST	200000.00
LOT COVERAGE	39.80
LIVING SPACE (SQFT)	1757
COVERED PORCHES/DECKS (SQFT)	135
GARAGE (SQFT)	301
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L-2592
ENGINEER AND LICENSE NUMBER	Mike Osteen 32628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-025

PROJECT NAME: Sullivan New House
SITE ADDRESS: 510 Aycock Street W Kill Devil Hills

BUILDING JOINT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

REQUIRED INSPECTIONS

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

CONDITIONS

- * **NOTICE:** Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

7-10-2020



Town of Kill Devil Hills

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

FEB - 6 2020

Planning and Inspection Department

BJ2020-032

PROJECT NAME: OBX Cottages LLC
SITE ADDRESS: 533 W. Palmetto Street Kill Devil Hills

BUILDING JOINT

ISSUED: 02/06/2020

EXPIRES: 08/04/2020

APPLICANT: Sandy Bottom Homes
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

OWNER: OBX COTTAGES LLC
200 EAST BLACKMAN ST
Kill Devil Hills, NC 27948
252-207-5475

GENERAL BUILDING-LIMITED: SANDY BOTTOM HOMES
400 DaVinci Lane
kitty hawk, nc 27949
757-448-8162

License: 67524
Expires: 01/01/2021

PARCEL:

PIN: 987408997940

Parcel Number: 000727009

Address: 533 W. Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 9R, Block 75, Virginia Dare Shores Subdivision

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$1,262.20	\$0.00	Covered Porches/Decks	96 SQFT
Covered Porch Residential	\$72.00	\$0.00	Residential Heated Space	1644 sq. Ft.
Open Deck Fee	\$150.00	\$0.00	(.75)	
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Totals :	\$1,534.20	\$0.00	Residential Unheated (.40)	73 Sq. Ft
			Open Decks	1 EA

PROJECT DESCRIPTION: Proposed 3 Bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T23909

113

BJ2020-032**PROJECT NAME:** OBX Cottages LLC
SITE ADDRESS: 533 W. Palmetto Street Kill Devil Hills**BUILDING JOINT****ISSUED:** 02/06/2020**EXPIRES:** 08/04/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	29381
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	6.20
SUBSTANTIAL IMPROVEMENT	NO
CONSTRUCTION COST	185000.00
LOT COVERAGE	38.90
LIVING SPACE (SQFT)	1644
COVERED PORCHES/DECKS (SQFT)	96
STORAGE (SQFT)	73
OPEN DECK (SQFT)	66
SURVEYOR NAME AND NUMBER	Seaboard Surveying
ENGINEER AND LICENSE NUMBER	Mike O'Steen 32628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y

BJ2020-032

PROJECT NAME: OBX Cottages LLC
SITE ADDRESS: 533 W. Palmetto Street Kill Devil Hills

BUILDING JOINT

ISSUED: 02/06/2020

EXPIRES: 08/04/2020

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-6-20



Town of Kill Devil Hills

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

FEB - 6 2020

Planning and Inspection Department

BJ2020-022

PROJECT NAME: Smith Contracting New House
SITE ADDRESS: 2010 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/30/2020

EXPIRES: 07/28/2020

APPLICANT: Smith Contracting LLC
PO Box 471
Kitty Hawk, NC 27949
252-202-6602

OWNER: Smith Contracting LLC
PO Box 471
Kitty Hawk, NC 27949
252-202-6602

GENERAL: Smith Contracting LLC
PO Box 471
Kitty Hawk, NC 27949
252-202-6602

License: 79892
Expires: 12/31/2020

PARCEL:

PIN: 987408977831

Parcel Number: 002016000

Address: 2010 BAY DR KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 1046

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Res. Building Permit Fee	\$2,402.20	\$0.00	Covered Porches/Decks	648 SQFT
Covered Porch Residential	\$486.00	\$0.00	# of Temporary Poles	1 EA
T-Pole	\$50.00	\$0.00	Residential Unheated (.40)	853 Sq. Ft
Pool/Hot Tub	\$200.00	\$0.00	Residential Heated Space	2748 sq. Ft.
			(.75)	
Totals :	\$3,138.20	\$0.00		

PROJECT DESCRIPTION: New 4 Bedroom SFD and pool in rear yard

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T23907

160

BJ2020-022**PROJECT NAME:** Smith Contracting New House
SITE ADDRESS: 2010 BAY DR KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 01/30/2020**EXPIRES:** 07/28/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	29242
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
Proposed First Floor Elevation	5.70
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	440000.00
LOT COVERAGE	30.10
LIVING SPACE (SQFT)	2964
COVERED PORCHES/DECKS (SQFT)	648
GARAGE (SQFT)	637
TOTAL SQUARE FOOTAGE	4249
SURVEYOR NAME AND NUMBER	Jason A. Mizelle L-4917
ENGINEER AND LICENSE NUMBER	Raymond Pate 13018
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-022

PROJECT NAME: Smith Contracting New House
SITE ADDRESS: 2010 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/30/2020

EXPIRES: 07/28/2020

REQUIRED INSPECTIONS

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

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/6/20



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-019

PROJECT NAME: Hickling New House
SITE ADDRESS: 2009 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

APPLICANT: Hickling, Jeff & Kathleen
 14 Belmont DR
 BLUFFTON, SC 29910
 1-610-772-0923

OWNER: Hickling, Jeff & Kathleen
 14 Belmont DR
 BLUFFTON, SC 29910
 1-610-772-0923

CONTRACTOR: OVERTON CORPORATION
 PO Box 7804
 Kill Devil Hills, NC 27948
 252-207-1121

GENERAL BUILDING - UNLIMITED: OVERTON CORPORATION
 1703 Harbour View Drive
 PO Box 3989
 Kill Devil Hills, NC 27948

License: 54642
Expires: 01/01/2021

PARCEL:

PIN: 988518307029

Parcel Number: 002352000 FEB - 4 2020

Address: 2009 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: MILES CLARK

Block: 0 **Lot(s):** 47 & 49

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$2,808.75	\$0.00	# of Temporary Poles	1 EA
Covered Porch Residential	\$452.25	\$0.00	Residential Unheated (.40)	150 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space	3665 sq. Ft.
Open Deck Fee	\$150.00	\$0.00	(.75)	
Totals :	\$3,461.00	\$0.00	Covered Porches/Decks	603 SQFT
			Open Decks	1 EA

PROJECT DESCRIPTION: New 4 Bedroom SFD

190

BJ2020-019**PROJECT NAME:** Hickling New House**SITE ADDRESS:** 2009 VA DARE TRL N KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/04/2020**EXPIRES:** 08/02/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	OIR
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	12
HEALTH DEPARTMENT PERMIT #	29267
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
Proposed First Floor Elevation	14.10
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION COST	695000.00
LOT COVERAGE	27.70
LIVING SPACE (SQFT)	3665
COVERED PORCHES/DECKS (SQFT)	603
STORAGE (SQFT)	150
OPEN DECK (SQFT)	316
SURVEYOR NAME AND NUMBER	James L Overton
ENGINEER AND LICENSE NUMBER	John DeLucia 16759
ARCHITECT NAME AND LICENSE NUMBER	Bob Lamm 3036
CULVERT	N
ROLL OUT CAN	2
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-019

PROJECT NAME: Hickling New House
SITE ADDRESS: 2009 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

REQUIRED INSPECTIONS

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

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Elevation Certificate will be required 21 days after establishment of the reference level in accordance with 151.41(C).
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Per §153.186(D)(1) Mechanical equipment shall not be visible from any right-of-way and (2) All Mechanical equipment and appurtenances shall be screened.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 1/4/20



Town of Kill Devil Hills

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

FEB 11 2020

Planning and Inspection Department

BJ2020-047

PROJECT NAME: PATCHEL WINDOWS AND LAUNDRY
SITE ADDRESS: 300 ST LOUIS ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

APPLICANT: OWEN PATCHEL
300 ST. LOUIS ST
Kill Devil Hills, NC 27948
252-305-4627

OWNER: OWEN PATCHEL
300 ST. LOUIS ST
Kill Devil Hills, NC 27948
252-305-4627

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987516942506

Parcel Number: 000185000

Address: 300 ST LOUIS ST KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:
Block: 0 **Lot(s):** 78

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: CONSTRUCT NON-LOAD BEARING WALLS TO ENCLOSE LAUNDRY AREA, 6'X7.5', REPLACE SHEATHING BELOW GIRDER and INSULATION DUE TO WATER DAMAGE, INSTALL MINISPLIT

BJ2020-047

PROJECT NAME: PATCHEL WINDOWS AND LAUNDRY
SITE ADDRESS: 300 ST LOUIS ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	10000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

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

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

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

BJ2020-047

PROJECT NAME: PATCHEL WINDOWS AND LAUNDRY
SITE ADDRESS: 300 ST LOUIS ST KILL DEVIL HILLS

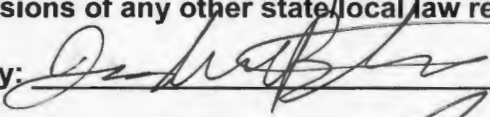
BUILDING JOINT

ISSUED: 02/11/2020


EXPIRES: 08/09/2020

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

Issued By:



Contractor or Authorized Agent:



Date:

2/11/20



Town of Kill Devil Hills

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

FEB 12 2020

Planning and Inspection Department

BJ2020-043

PROJECT NAME: Fernandez Garage Enclosure
SITE ADDRESS: 1809 UPPER DUNE RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

APPLICANT: SALVADOR FERNANDEZ
314 Fil Lane
KDH, NC 27948
267-2639

OWNER: SALVADOR FERNANDEZ
314 Fil Lane
KDH, NC 27948
267-2639

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988409163837

Parcel Number: 002383000

Address: 1809 UPPER DUNE RD KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

Block: D **Lot(s):** 3

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: enclose area under existing house for garage

BJ2020-043

PROJECT NAME: Fernandez Garage Enclosure
SITE ADDRESS: 1809 UPPER DUNE RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	8
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	6500.00
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L-2592
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

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

BJ2020-043

PROJECT NAME: Fernandez Garage Enclosure
SITE ADDRESS: 1809 UPPER DUNE RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-12-20



Town of Kill Devil Hills

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

PAID
FEB 13 2020
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2020-040

PROJECT NAME: Byrum Pool
SITE ADDRESS: 302 EIGHTH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

APPLICANT: Michael & Margaret Byrum
3428 Village Sq. Pl.
suffolk, va 23435
817-909-4472

OWNER: Michael & Margaret Byrum
3428 Village Sq. Pl.
suffolk, va 23435
817-909-4472

CONTRACTOR: CARIBBEAN POOLS
3017 Martins Point Rd
kitty hawk, nc 27949
252-207-1773

License: 73571
Expires: 12/31/2020

PARCEL:

PIN: 989313138564

Parcel Number: 008514005

Address: 302 EIGHTH ST E KILL DEVIL HILLS

Addition: NAGS HEAD SHORES AMENDED SEC 4

Zoning:
Block: 4 **Lot(s):** 5

Legal Description:

FEES:	Paid	Due
Pool/Hot Tub	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Install 10x20 inground pool w/ concrete deck

BJ2020-040

PROJECT NAME: Byrum Pool
SITE ADDRESS: 302 EIGHTH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Accessory
CONSTRUCTION COST	32599.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Pool Bonding
Final

Zoning Final

CONDITIONS

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

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

BJ2020-040

PROJECT NAME: Byrum Pool

SITE ADDRESS: 302 EIGHTH ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 2-13-20



Town of Kill Devil Hills

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

PAID
FEB - 7 2020

Planning and Inspection Department

BJ2020-038

PROJECT NAME: Alphin Remodel
SITE ADDRESS: 3101 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/06/2020

EXPIRES: 08/04/2020

APPLICANT: Alphin, Rex & Debra
26196 River Run Road
Zuni, VA 23898
757-328-8029

OWNER: Alphin, Rex & Debra
26196 River Run Road
Zuni, VA 23898
757-328-8029

GENERAL BUILDING - LIMITED: Lenz Homes Inc.
PO BOX 74
Point Harbor, NC 27964
252-207-2637

License: 80731
Expires:

PARCEL:

PIN: 988513136615

Parcel Number: 003032000

Address: 3101 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES PLAT B

Block: 0 **Lot(s):** 9-11

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$294.75	\$0.00	Remodel/Renovation 655 SQFT
Totals :	\$294.75	\$0.00	

PROJECT DESCRIPTION: Convert bedroom into dining area, windows, siding, flooring and kitchen

BJ2020-038

PROJECT NAME: Alphin Remodel
SITE ADDRESS: 3101 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/06/2020

EXPIRES: 08/04/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	OIR
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	106500.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

BJ2020-038

PROJECT NAME: Alphin Remodel
SITE ADDRESS: 3101 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/06/2020

EXPIRES: 08/04/2020

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 2/7/20



Town of Kill Devil Hills

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

PAID

FEB - 4 2020

Planning and Inspection Department

BJ2020-036

PROJECT NAME: Storage room
SITE ADDRESS: 300 HELGA ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

APPLICANT: SCHIED, PATRICIA
6725 Hopewell Ave.
SPRINGFIELD, VA 22151

OWNER: SCHIED, PATRICIA
6725 Hopewell Ave.
SPRINGFIELD, VA 22151

BUILDER UNLIMITED: W M DUNN CONSTRUCTION LLC
UNKNOWN
UNKNOWN, XX 00000

License: 70411
Expires: 01/02/2021

PARCEL:

PIN: 988513046414

Parcel Number: 000088000

Address: 300 HELGA ST E KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 5

Zoning:
Block: 5 **Lot(s):** 11

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Add 6x6 storage room under new residence. Provide interior lighting, flood vents, and break away wall construction as required.

BJ2020-036

PROJECT NAME: Storage room

SITE ADDRESS: 300 HELGA ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	3000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

BJ2020-036

PROJECT NAME: Storage room

SITE ADDRESS: 300 HELGA ST E KILL DEVIL HILLS

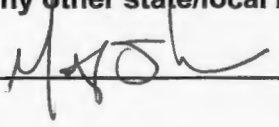
BUILDING JOINT

ISSUED: 02/04/2020

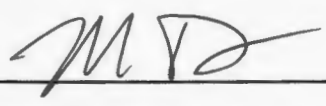
EXPIRES: 08/02/2020

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/4/20



Town of Kill Devil Hills

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

PAID
FEB 10 2020

Planning and Inspection Department

BJ2020-039

PROJECT NAME: NEBORSKY ADDITION
SITE ADDRESS: 905 EIGHTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

APPLICANT: CORY NEBORSKY
905 EIGHTH AVE
Kill Devil Hills, NC 27948
252-599-2166

OWNER: CORY NEBORSKY
905 EIGHTH AVE
Kill Devil Hills, NC 27948
252-599-2166

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988311669379

Parcel Number: 004547000

Address: 905 EIGHTH AVE KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 45 **Lot(s):** 8

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: CONSTRUCT 10'X13.3' CONDITIONED LIVING SPACE ADDITION, REPAIR FRONT DECK PORCH PILING, MOVE EAST DECK BACK BY 1.5' TO MEET SIDE YARD SETBACK

BJ2020-039

PROJECT NAME: NEBORSKY ADDITION
SITE ADDRESS: 905 EIGHTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling
Final

Zoning Final

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * House to remain 2 bedroom.
- * Deck must meet side yard setbacks.

BJ2020-039

PROJECT NAME: NEBORSKY ADDITION
SITE ADDRESS: 905 EIGHTH AVE KILL DEVIL HILLS

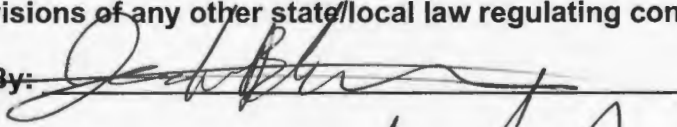
BUILDING JOINT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

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

Issued By:



Contractor or Authorized Agent:



Date:

FEB 10 2020



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-041

PROJECT NAME: GROUP HOLDINGS REMODEL
SITE ADDRESS: 808 SIXTH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/10/2020

EXPIRES: 08/08/2020

APPLICANT: GROUP HOLDINGS LLC
353 SOUNDVIEW DR
Kill Devil Hills, NC 27948
252-202-1292

OWNER: GROUP HOLDINGS LLC
353 SOUNDVIEW DR
Kill Devil Hills, NC 27948
252-202-1292

GENERAL, UNLIMITED: COASTAL CONSTRUCTION of NC
7013 Martins Pt. Rd.
kitty hawk, nc 27949
480-5556

License: 25529
Expires: 01/01/2021

PARCEL:

PIN: 988311771063

Parcel Number: 004503000

Address: 808 SIXTH AVE KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 38 **Lot(s):** 5

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: REPLACE WINDOWS AND SLIDER, REMODEL KITCHEN AND 1 BATHROOM. INSTALL NEW FLOORING

FEB 10 2020

BJ2020-041**PROJECT NAME:** GROUP HOLDINGS REMODEL
SITE ADDRESS: 808 SIXTH AVE KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/10/2020**EXPIRES:** 08/08/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	2700.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

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

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

BJ2020-041

PROJECT NAME: GROUP HOLDINGS REMODEL
SITE ADDRESS: 808 SIXTH AVE KILL DEVIL HILLS

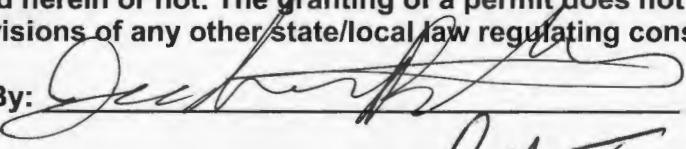
BUILDING JOINT

ISSUED: 02/10/2020

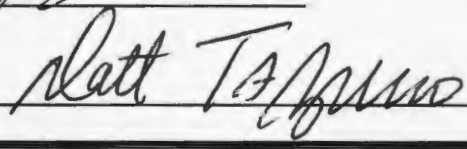
EXPIRES: 08/08/2020

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

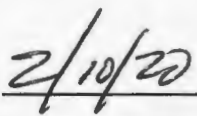
Issued By:



Contractor or Authorized Agent:



Date:





Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-051

PROJECT NAME: PIT Renovation of unpermitted work
SITE ADDRESS: 1209 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/14/2020

EXPIRES: 08/12/2020

APPLICANT: BORIS & STOVE INC
P O BOX 2920
KILL DEVIL HILLS, NC 27948

OWNER: BORIS & STOVE INC
P O BOX 2920
KILL DEVIL HILLS, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312964923

Parcel Number: 004328000

Address: 1209 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 6

Lot(s): 6 & 13, S. 1/2
LT 1

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Renovation/Remodel/Relocate	\$224.10	\$0.00	Remodel/Renovation 498 SQFT
Totals :	\$224.10	\$0.00	

PROJECT DESCRIPTION: removal of interior walls constructed without a permit, new interior ramp

FEB 14 2020

BJ2020-051

PROJECT NAME: PIT Renovation of unpermitted work

SITE ADDRESS: 1209 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/14/2020

EXPIRES: 08/12/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	1500.00
ARCHITECT NAME AND LICENSE NUMBER	Mark Kasten 7220
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Framing	Zoning Final
Final	

CONDITIONS

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

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

* Zoning Final Inspection is required.
.....

BJ2020-051

PROJECT NAME: PIT Renovation of unpermitted work
SITE ADDRESS: 1209 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/14/2020

EXPIRES: 08/12/2020

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

Issued By: 

Contractor or Authorized Agent:  Date: 2/14/20



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-045

PROJECT NAME: Wood Addition
SITE ADDRESS: 3128 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

APPLICANT: Wood, Douglas Todd
5963 Elm Street #102
BETHESDA, MD 20814

OWNER: Wood, Douglas Todd
5963 Elm Street #102
BETHESDA, MD 20814

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988513049263

Parcel Number: 026650000

Address: 3128 VA DARE TRL N KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 8

Zoning:
Block: 8 **Lot(s):** 5

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Building Permit Fee - Minimum Fee	\$150.00	\$0.00	Covered Porches/Decks	116 SQFT
			Residential Heated Space	80 sq. Ft.
Totals :	\$150.00	\$0.00	(.75)	

PROJECT DESCRIPTION: addition of two closets and extend roof over existing rear deck, no change to building footprint

FEB 14 2020

BJ2020-045**PROJECT NAME:** Wood Addition**SITE ADDRESS:** 3128 VA DARE TRL N KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/11/2020**EXPIRES:** 08/09/2020**DETAILS****Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
Proposed First Floor Elevation	21.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	28000.00
LOT COVERAGE	60.70
LIVING SPACE (SQFT)	80
COVERED PORCHES/DECKS (SQFT)	116
SURVEYOR NAME AND NUMBER	Carlos F. Gomez 14071
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

BJ2020-045

PROJECT NAME: Wood Addition

SITE ADDRESS: 3128 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2020

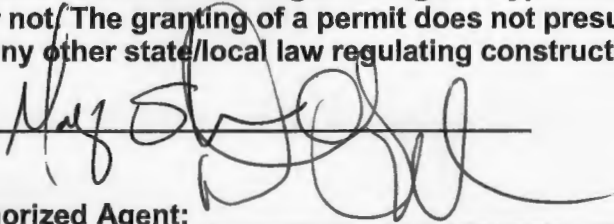
EXPIRES: 08/09/2020

CONDITIONS

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

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

Issued By: _____



Contractor or Authorized Agent: _____

Date: _____

2-14-20



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-044

PROJECT NAME: SUNSET BAY POOL
SITE ADDRESS: 3132 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

APPLICANT: SUNSET BAY LLC
803 CYPRESS CHAPEL RD
NORFOLK, VA 23434

OWNER: SUNSET BAY LLC
803 CYPRESS CHAPEL RD
NORFOLK, VA 23434

POOL: Island Concrete
618 W. Kitty Hawk Rd.
kitty hawk, nc 27949
252-207-5716

License: 123456
Expires: 02/11/2021

PARCEL:

PIN: 987516822593

Parcel Number: 003056000

Address: 3132 BAY DR KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:
Block: 0 **Lot(s):** 132

Legal Description:

FEES:	Paid	Due
Pool/Hot Tub	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: CONSTRUCT CONCRETE SWIMMING POOL AND DECK

PAID

FEB 14 2020

2020-044

BUILDING JOINT

PROJECT NAME: SUNSET BAY POOL
SITE ADDRESS: 3132 BAY DR KILL DEVIL HILLS

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	29000.00
LOT COVERAGE	39.59
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final Pool Bonding
Zoning Final

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * The Town of Kill Devil Hills approved the use of the neighboring lot for access only. No storage of material or debris.

02020-044

PROJECT NAME: SUNSET BAY POOL
SITE ADDRESS: 3132 BAY DR KILL DEVIL HILLS

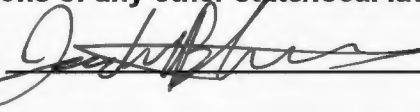
BUILDING JOINT

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/14/20



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-052

PROJECT NAME: FLORES ADDITION
SITE ADDRESS: 1103 Swan St. Kill Devil Hills

BUILDING JOINT

ISSUED: 02/13/2020

EXPIRES: 08/11/2020

APPLICANT: Flores, Jose
1103 Swan St.
KILL DEVIL HILLS, NC 27948
252-256-0460

OWNER: Flores, Jose
1103 Swan St.
KILL DEVIL HILLS, NC 27948
252-256-0460

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312861318

Parcel Number: 004456008

Address: 1103 Swan St. Kill Devil Hills

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 29 **Lot(s):** 8

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Driveway Permit Fee	\$50.00	\$0.00	Covered Porches/Decks	200 SQFT
Covered Porch Residential	\$150.00	\$0.00	Residential Heated Space	211 sq. Ft.
Res. Building Permit Fee	\$158.25	\$0.00	(.75)	
Totals :	\$358.25	\$0.00		

PROJECT DESCRIPTION: CONVERT COVERED PORCH TO LIVING SPACE 12'X8', CONSTRUCT NEW CLOSET ADDITION 10'X11.5', CONSTRUCT NEW COVERED PORCH, DRIVEWAY ADDITION - 24'X6' ON PROPERTY, 12'X4' IN R.O.W.

FEB 25 2020

2020-052

PROJECT NAME: FLORES ADDITION
SITE ADDRESS: 1103 Swan St. Kill Devil Hills

BUILDING JOINT

ISSUED: 02/13/2020

EXPIRES: 08/11/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	11000.00
LIVING SPACE (SQFT)	211
COVERED PORCHES/DECKS (SQFT)	200
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Insulation
Framing	Final
Rough In	Zoning Final

CONDITIONS

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

2020-052

PROJECT NAME: FLORES ADDITION
SITE ADDRESS: 1103 Swan St. Kill Devil Hills

BUILDING JOINT

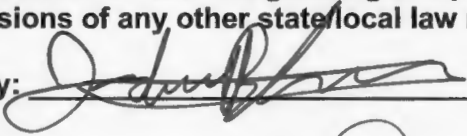
ISSUED: 02/13/2020

EXPIRES: 08/11/2020

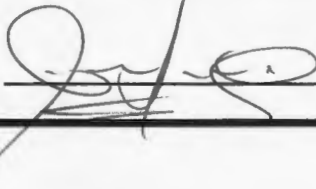
* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2-25-2020



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-050

PROJECT NAME: FLORES INTERIOR REMODEL
SITE ADDRESS: 1103 CARDINAL ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

APPLICANT: Flores, Jose
1103 Swan Street
Kill Devil Hills, NC 27948

OWNER: Flores, Jose
1103 Swan Street
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312863644

Parcel Number: 004417000

Address: 1103 CARDINAL ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 23 **Lot(s):** 8

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Renovation/Remodel/Relocate	\$664.20	\$0.00	Remodel/Renovation 1476 SQFT
Totals :	\$664.20	\$0.00	

PROJECT DESCRIPTION: FULL INTERIOR REMODEL, REPLACE SOME OUTLETS, PLUMBING REPAIRS, HVAC, AND DECKING, INSTALL DOORS AND WINDOWS

PAID
FEB 25 2020

2020-050

BUILDING JOINT

PROJECT NAME: FLORES INTERIOR REMODEL
SITE ADDRESS: 1103 CARDINAL ST KILL DEVIL HILLS

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.3
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	17900.00
LIVING SPACE (SQFT)	1476
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * If property will be used for sale or rent all trade work must be completed by an appropriately licensed individual.
- * If trade work is completed by unlicensed individual, the property shall not be listed for rent or sale withing 365 days from date of Certificate of Compliance.
- * Final cost of construction paperwork due prior to Certificate of Compliance.

2020-050

BUILDING JOINT

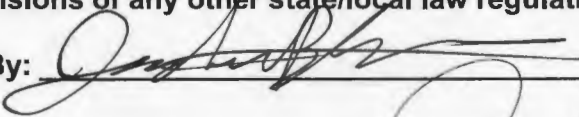
PROJECT NAME: FLORES INTERIOR REMODEL
SITE ADDRESS: 1103 CARDINAL ST KILL DEVIL HILLS

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: 2-25-2020



Town of Kill Devil Hills

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

Planning and Inspection Department

BJ2020-058

PROJECT NAME: Keyser storage renovation
SITE ADDRESS: 2047 EDENTON ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/25/2020

EXPIRES: 08/23/2020

APPLICANT: KEYSER, CHRIS
2047 EDENTON ST
Kill Devil Hills, NC 27948
703-209-4144

OWNER: KEYSER, CHRIS
2047 EDENTON ST
Kill Devil Hills, NC 27948
703-209-4144

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987408996175

Parcel Number: 001253000

Address: 2047 EDENTON ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 802

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: reside storage area, replacing windows and door, add exterior lights for door entry

PAID

FEB 25 2020

BJ2020-058**PROJECT NAME:** Keyser storage renovation
SITE ADDRESS: 2047 EDENTON ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/25/2020**EXPIRES:** 08/23/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In

Zoning Final

Final

CONDITIONS

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

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

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

BJ2020-058

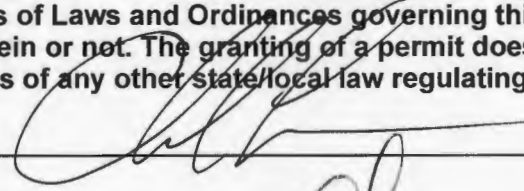
PROJECT NAME: Keyser storage renovation
SITE ADDRESS: 2047 EDENTON ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/25/2020

EXPIRES: 08/23/2020

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

Issued By:  _____

Contractor or Authorized Agent:  _____

Date: 2/25/2020



Town of Kill Devil Hills

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

FEB 20 2020

Planning and Inspection Department

BJ2020-035A

PROJECT NAME: Swaim Bedroom addition
SITE ADDRESS: 1615 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/20/2020

EXPIRES: 08/18/2020

APPLICANT: ROBERT SWAIN
3461 Francis Berkely
Williamsburg, VA 23188

OWNER: ROBERT SWAIN
3461 Francis Berkely
Williamsburg, VA 23188

CONTRACTOR: B & A BUILDERS
180 Watersedge Drive
Kill Devil Hills, NC 27948
441-6366

RESIDENTIAL-INTERMEDIATE: B & A BUILDERS
180 Watersedge Drive
Kill Devil Hills, NC 27948
202-9030

License: 45496
Expires: 12/31/2020

PARCEL:

PIN: 988411565722

Parcel Number: 002777000

Address: 1615 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES

Block: B **Lot(s):** 12

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: convert existing heated living space to bedroom, no change in footprint of structure

BJ2020-035A

PROJECT NAME: Swaim Bedroom addition

SITE ADDRESS: 1615 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/20/2020

EXPIRES: 08/18/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
HEALTH DEPARTMENT PERMIT #	29279
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6800.00
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L- 2592
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Rough In

Final

CONDITIONS

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

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

* Must meet 2017 NEC electrical requirements.

BJ2020-035A

PROJECT NAME: Swaim Bedroom addition

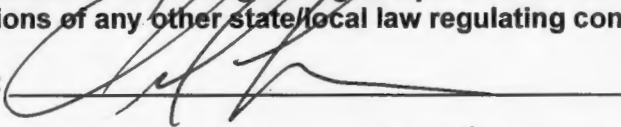
SITE ADDRESS: 1615 VA DARE TRL N KILL DEVIL HILLS

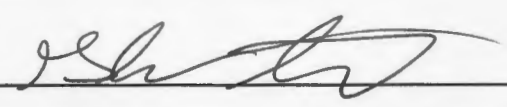
BUILDING JOINT

ISSUED: 02/20/2020

EXPIRES: 08/18/2020

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2-26-20



Town of Kill Devil Hills

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

FEB 11 2020

Planning and Inspection Department

BP2020-018

PROJECT NAME: Tuten Deck repair
SITE ADDRESS: 204 CALVIN ST KILL DEVIL HILLS

BUILDING

ISSUED: 01/23/2020

EXPIRES: 07/21/2020

APPLICANT: TUTEN, A ALAN
389 SYLVAN DRIVE
STUARTS DRAFT, VA 24477

OWNER: TUTEN, A ALAN
389 SYLVAN DRIVE
STUARTS DRAFT, VA 24477

CONTRACTOR: Simple Side Construction
308 W. Helga St.
Kill Devil Hills, NC 27948
252-564-8307

BUILDING LIMITED: Simple Side Construction
308 W. Helga St.
Kill Devil Hills, NC 27948
252-564-8307

License: 78583
Expires:

PARCEL:

PIN: 988308972939

Parcel Number: 004226000

Address: 204 CALVIN ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS SEC 1

Block: 14 **Lot(s):** 10

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: replace back deck railing with vinyl railing, replace 4x4 post, replace front deck railing with vinyl and new 4x4 post

BP2020-018

PROJECT NAME: Tuten Deck repair

SITE ADDRESS: 204 CALVIN ST KILL DEVIL HILLS

BUILDING

ISSUED: 01/23/2020

EXPIRES: 07/21/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5500.00
LOT COVERAGE	43.00
SURVEYOR NAME AND NUMBER	Martin Barnette L-3740
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2020-018

PROJECT NAME: Tuten Deck repair

SITE ADDRESS: 204 CALVIN ST KILL DEVIL HILLS

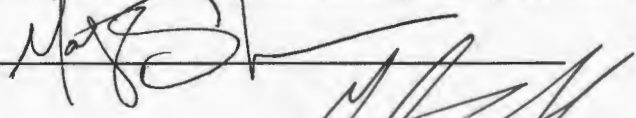
BUILDING

ISSUED: 01/23/2020

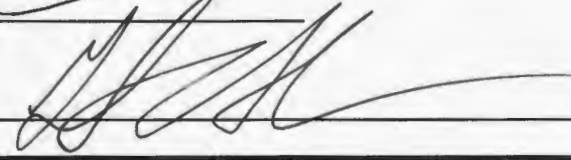
EXPIRES: 07/21/2020

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/11/2020



Town of Kill Devil Hills

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

FEB - 4 2020

Planning and Inspection Department

BP2020-024

PROJECT NAME: Wilson covered porch
SITE ADDRESS: 207 SOTHEL ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

APPLICANT: Linda Wilson Trust
16 Hopemont Rd
Newport News, VA 23606

OWNER: Linda Wilson Trust
16 Hopemont Rd
Newport News, VA 23606

CONTRACTOR: RELIANT CONSTRUCTION LLC
4275 Worthington Lane
kitty hawk, nc 27949
252-202-7007

GENERAL, UNLIMITED: RELIANT CONSTRUCTION LLC
4275 Worthington Lane
kitty hawk, nc 27949
252-202-7007

License: 62339
Expires: 12/31/2020

PARCEL:

PIN: 988513124709

Parcel Number: 000392000

Address: 207 SOTHEL ST E KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 7 **Lot(s):** 13-14

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Building Permit Fee - Minimum Fee	\$150.00	\$0.00	Open Decks 1 EA
Open Deck Fee	\$150.00	\$0.00	
Totals :	\$300.00	\$0.00	

PROJECT DESCRIPTION: remove upper deck and extend roof to create covered porch, redo existing crows nest, no change to footprint

BP2020-024

PROJECT NAME: Wilson covered porch
SITE ADDRESS: 207 SOTHEL ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	25000.00
LOT COVERAGE	41.70
SURVEYOR NAME AND NUMBER	Micheal W. Strader Jr 037813
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Zoning Final Inspection is required.

BP2020-024

PROJECT NAME: Wilson covered porch
SITE ADDRESS: 207 SOTHEL ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 2/4/2020



Town of Kill Devil Hills

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

JAN 31 2020

Planning and Inspection Department

BP2020-025

PROJECT NAME: HUFFMAN DECK
SITE ADDRESS: 707 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

APPLICANT: BRAD AND ANDREA HUFFMAN
21 River Rd
Newport News, VA 23601
252-473-3312

OWNER: BRAD AND ANDREA HUFFMAN
21 River Rd
Newport News, VA 23601
252-473-3312

RESIDENTIAL, LIMITED: Emanuelson and Dad
6705 CROATAN HWY SOUTH
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

License: 79801
Expires: 01/01/2021

PARCEL:

PIN: 988308992544

Parcel Number: 008144000

Address: 707 VA DARE TRL S KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

Zoning:
Block: 0 **Lot(s):** 0

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: 15'X28' DECK IN REAR YARD

2020-025

PROJECT NAME: HUFFMAN DECK
SITE ADDRESS: 707 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	23550.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final
Final

Slab/Foundation/Piling

CONDITIONS

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



Town of Kill Devil Hills

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

JAN 31 2020

Planning and Inspection Department

BP2020-027

PROJECT NAME:

SITE ADDRESS: 206 WALKER ST E KILL DEVIL HILLS

BUILDING

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

APPLICANT: CBHI Properties LLC
206 EAST Walker ST
Kill Devil Hills, NC 27948
757-576-0628

OWNER: CBHI Properties LLC
206 EAST Walker ST
Kill Devil Hills, NC 27948
757-576-0628

CONTRACTOR: LIGHTING MARINE
803 W Martin St
Kill Devil Hills, NC 27948
252-202-7713

License: LEGACY UNKNOWN
Expires: 12/31/2020

PARCEL:

PIN: 988517127274

Parcel Number: 000799000

Address: 206 WALKER ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES AMD BLK 5

Zoning:

Block: 5 **Lot(s):** 4

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Remove & replace 18 pilings.

BP2020-027**PROJECT NAME:****SITE ADDRESS:** 206 WALKER ST E KILL DEVIL HILLS**BUILDING**

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	9770.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Slab/Foundation/Piling

CONDITIONS

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

Issued By: Contractor or Authorized Agent:  Date: 1/31/20



Town of Kill Devil Hills

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

Planning and Inspection Department

FEB 10 2020

BP2020-031

PROJECT NAME: MOSEBERTH STAIR REBUILD
SITE ADDRESS: 101 WRIGHT AVE E KILL DEVIL HILLS

BUILDING

ISSUED: 02/10/2020

EXPIRES: 08/08/2020

APPLICANT: BRUCE MOSEBERTH
211 Deep Water Way
CARROLLTON, VA23314
252-480-3589

OWNER: BRUCE MOSEBERTH
211 Deep Water Way
CARROLLTON, VA23314
252-480-3589

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988419704603

Parcel Number: 003876000

Address: 101 WRIGHT AVE E KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 37 **Lot(s):** 13

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: REPLACE FRONT EXTERIOR STAIRS

BP2020-031

PROJECT NAME: MOSEBERTH STAIR REBUILD
SITE ADDRESS: 101 WRIGHT AVE E KILL DEVIL HILLS

BUILDING

ISSUED: 02/10/2020

EXPIRES: 08/08/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/10/2020



Town of Kill Devil Hills

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

PAID
FEB - 7 2020

Planning and Inspection Department

BP2020-029

PROJECT NAME: Rannenberg Deck
SITE ADDRESS: 1513A PRINCESS ANNE DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

APPLICANT: Paul Rannenburg
53 Janelle Dr.
Agawam, MA 01001
413 789-4937

OWNER: Paul Rannenburg
53 Janelle Dr.
Agawam, MA 01001
413 789-4937

UNLICENSED - REMODELING: Morales, Miguel
513 Burns Drive
Kill Devil Hills, NC 27948

License: 12345
Expires:

PARCEL:

PIN: 988411550649

Parcel Number: 003128000

Address: 1513A PRINCESS ANNE DR KILL DEVIL HILLS

Addition: W R DEATON - DELRAY BEACH

Zoning:
Block: 2 **Lot(s):** 13

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Rebuild back deck and steps

BP2020-029PROJECT NAME: Rannenberg Deck
SITE ADDRESS: 1513A PRINCESS ANNE DR KILL DEVIL HILLS**BUILDING**

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	15000.00

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
Zoning Final

CONDITIONS

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

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 27 2020



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-028

PROJECT NAME: Greenlee Pier
SITE ADDRESS: 1404 FIRST ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/06/2020

EXPIRES: 08/04/2020

APPLICANT: GREENLEE, RICHARD P
1402 W FIRST STREET
KILL DEVIL HILLS, NC 27948

OWNER: GREENLEE, RICHARD P
1402 W FIRST STREET
KILL DEVIL HILLS, NC 27948

UNLICENSED BUILDER: ALBEMARLE BULKHEADS
PO BOX 50
KILL DEVIL HILLS, NC 27948
252-256-0857

License: 00000
Expires: 04/30/2020

PARCEL:

PIN: 988417117707

Parcel Number: 004046046

Address: 1404 FIRST ST W KILL DEVIL HILLS

Addition: WRIGHT WOODS

Zoning:
Block: 0 **Lot(s):** 46

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Install walkway, pier and deck

FEB 10 2020

BP2020-028

PROJECT NAME: Greenlee Pier

SITE ADDRESS: 1404 FIRST ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/06/2020

EXPIRES: 08/04/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	24000.00

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

Zoning Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/10/20



Town of Kill Devil Hills

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

FEB 21 2020

Planning and Inspection Department

BP2020-038

PROJECT NAME: Reichart Deck Replacement
SITE ADDRESS: 126 SECOND ST E KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2020

EXPIRES: 08/19/2020

APPLICANT: REICHERT, JAMES A
P O BOX 8215
NORFOLK, VA 23503

OWNER: REICHERT, JAMES A
P O BOX 8215
NORFOLK, VA 23503

CONTRACTOR: Perrin, Jay - OBX Deck
PO Box 1734
Kill Devil Hills, NC 27948
252-305-6000

UNLICENSED BUILDER: OBX Deck
PO Box 1734
Kill Devil Hills, NC 27948
305-6000

License: Unlicensed
Expires: 09/30/2020

PARCEL:

PIN: 988410477055

Parcel Number: 003194000

Address: 126 SECOND ST E KILL DEVIL HILLS

Zoning:

Addition: W R DEATON - DELRAY BEACH

Block: H **Lot(s):** PT 37 & 38

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: replace decking, framing and stairs to existing footpring



Town of Kill Devil Hills

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

FEB 12 2020

Planning and Inspection Department

BP2020-030

PROJECT NAME: TRIVETT PILING REPLACEMENT
SITE ADDRESS: 2038 NORFOLK ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/10/2020

EXPIRES: 08/08/2020

APPLICANT: William Trivett
344 Moondance Dr.
COLONIAL BEACH, VA 22443
804-761-0663

OWNER: William Trivett
344 Moondance Dr.
COLONIAL BEACH, VA 22443
804-761-0663

RESIDENTIAL, LIMITED: Emanuelson and Dad
6705 CROATAN HWY SOUTH
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

License: 79801
Expires: 01/01/2021

PARCEL:

PIN: 988405196941

Parcel Number: 001237000

Address: 2038 NORFOLK ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 783

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: REPLACE 12 EXTERIOR PILES - 8"X8"X12'

BP2020-030

PROJECT NAME: TRIVETT PILING REPLACEMENT
SITE ADDRESS: 2038 NORFOLK ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/10/2020

EXPIRES: 08/08/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	9500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

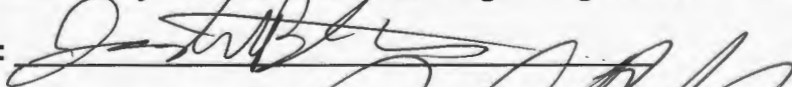

Final

Slab/Foundation/Piling

CONDITIONS

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

Issued By: 
Contractor or Authorized Agent: 

Date: 2-12-20



Town of Kill Devil Hills

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

PAID
FEB 20 2020

Planning and Inspection Department

BP2020-039	BUILDING
PROJECT NAME:	ISSUED: 02/20/2020
SITE ADDRESS: 111 WOODMERE AVE KILL DEVIL HILLS	EXPIRES: 08/18/2020

APPLICANT: Devers, Douglas & Dina
111 Woodmere AVE
Kill Devil Hills, NC 27948
443-771-2799

OWNER: Devers, Douglas & Dina
111 Woodmere AVE
Kill Devil Hills, NC 27948
443-771-2799

PARCEL:

PIN: 988415626559

Parcel Number: 004005000

Address: 111 WOODMERE AVE KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 45 **Lot(s):** 18

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Repair/replace decking and guard rails. Add concrete for parking underneath house within existing footprint.

BP2020-039

PROJECT NAME:

SITE ADDRESS: 111 WOODMERE AVE KILL DEVIL HILLS

BUILDING

ISSUED: 02/20/2020

EXPIRES: 08/18/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 2-20-2020



Town of Kill Devil Hills

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

PAID
FEB 18 2020
TOWN OF KILL DEVIL HILLS

Planning and Inspection Department

BP2020-033

PROJECT NAME: SCHLACHTER WINDOWS, DOORS, AND SHEATHING
SITE ADDRESS: 2042 VA DARE TRL S KILL DEVIL HILLS

BUILDING
ISSUED: 02/12/2020
EXPIRES: 08/10/2020

APPLICANT: SCHLACHTER, WILLIAM J
310 BELL ROAD
CINNAMONSON, NJ 08077

OWNER: SCHLACHTER, WILLIAM J
310 BELL ROAD
CINNAMONSON, NJ 08077

UNLICENSED BUILDER: CHRIS STEWART
4179 CARATOKE HWY
BARCO, NC 27917
252-564-5643

License: XXXXXXXX
Expires:

PARCEL:

PIN: 989313230516

Parcel Number: 008513001

Address: 2042 VA DARE TRL S KILL DEVIL HILLS

Addition: NAGS HEAD SHORES AMENDED SEC 4

Zoning:

Block: 4 **Lot(s):** 1

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: REPLACE WINDOWS, SLIDERS, AND ROTTEN SHEATHING

BP2020-033**PROJECT NAME:** SCHLACHTER WINDOWS, DOORS, AND SHEATHING**SITE ADDRESS:** 2042 VA DARE TRL S KILL DEVIL HILLS**BUILDING****ISSUED:** 02/12/2020**EXPIRES:** 08/10/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	12000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

BP2020-033

PROJECT NAME: SCHLACHTER WINDOWS, DOORS, AND SHEATHING

SITE ADDRESS: 2042 VA DARE TRL S KILL DEVIL HILLS

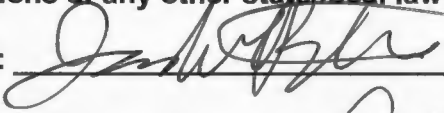
BUILDING

ISSUED: 02/12/2020

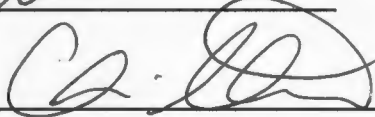
EXPIRES: 08/10/2020

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

Issued By:



Contractor or Authorized Agent:



Date: 2-18-2020



Town of Kill Devil Hills

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

FEB 21 2020

Planning and Inspection Department

BP2020-041	BUILDING
PROJECT NAME: Wright Rear Deck	ISSUED: 02/21/2020
SITE ADDRESS: 909 SPORTSMAN DR W KILL DEVIL HILLS	EXPIRES: 08/19/2020

APPLICANT: WRIGHT, STEPHEN 4202 Natilus Avenue CHESAPEAKE, VA 23325	OWNER: WRIGHT, STEPHEN 4202 Natilus Avenue CHESAPEAKE, VA 23325
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:			
PIN:	987408998684	Parcel Number:	001615000
Address:	909 SPORTSMAN DR W KILL DEVIL HILLS		
Addition:	AVALON BEACH	Zoning:	
Legal Description:		Block:	0
		Lot(s):	259

FEES:	<u>Paid</u>	<u>Due</u>
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Add 10x16 rear deck

BP2020-041

PROJECT NAME: Wright Rear Deck

SITE ADDRESS: 909 SPORTSMAN DR W KILL DEVIL HILLS

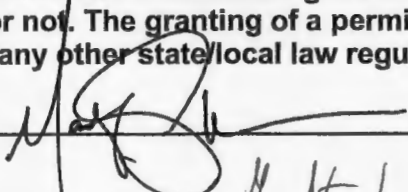
BUILDING

ISSUED: 02/21/2020

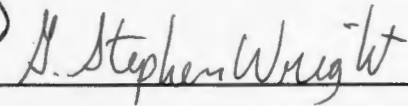
EXPIRES: 08/19/2020

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: 02-21-2020



Town of Kill Devil Hills

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

PAID

FEB 28 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-036

PROJECT NAME:

SITE ADDRESS: 1815 WYANDOTTE ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/19/2020

EXPIRES: 08/17/2020

APPLICANT: Mendez, Julio
1008 W 5th Street
Kill Devil Hills, NC 27948

OWNER: Mendez, Julio
1008 W 5th Street
Kill Devil Hills, NC 27948

GENERAL LIMITED: J.D. Johnson Realty & Construction, LLC
PO BOX 340
Wanchese, NC 27954
252-305-9982

License: 73168
Expires:

PARCEL:

PIN: 988409177351

Parcel Number: 002432000

Address: 1815 WYANDOTTE ST KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

Block: F **Lot(s):** 6

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Add 11x20 grade level deck under existing structure.

BP2020-036

PROJECT NAME:

SITE ADDRESS: 1815 WYANDOTTE ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/19/2020

EXPIRES: 08/17/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

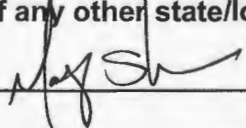
Zoning Final

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 02-28-2020



Town of Kill Devil Hills

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

FEB 28 2020

Planning and Inspection Department

BP2020-044	BUILDING
PROJECT NAME: Grimes Deck and stair replacement	ISSUED: 02/27/2020
SITE ADDRESS: 200 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 08/25/2020

APPLICANT: Grimes, Thomas
P O BOX 26
GATESVILLE, NC 27938

OWNER: Grimes, Thomas
P O BOX 26
GATESVILLE, NC 27938

CONTRACTOR: Harrup Construction
119 John Lloyd Drive
Point Harbor, NC 27964
252-489-0523

UNLICENSED - REMODELING: Harrup Construction
119 John Lloyd Drive
Point Harbor, NC 27964
252-489-0523

License: 12345
Expires: 06/07/2030

PARCEL:

PIN: 988420810152

Parcel Number: 003764001

Address: 200 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 26 **Lot(s):** S PT 13-16

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: replace existing deck and stairs, no change to existing footprint



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-032	BUILDING
PROJECT NAME:	ISSUED: 02/12/2020
SITE ADDRESS: 804 Sixth Avenue Kill Devil Hills	EXPIRES: 08/10/2020

APPLICANT: Delp, Earnest
32 Woodlawn Drive
PALMYRA, VA22963

OWNER: Delp, Earnest
32 Woodlawn Drive
PALMYRA, VA 22963

GENERAL BUILDING-LIMITED: MOYE, CHRISTOPHER A
3923 SMITH ST
kitty hawk, nc 27949
252-216-8155

License: 76610
Expires: 12/31/2020

PARCEL:

PIN: 988311771107

**Parcel
Number:**

Address: 804 Sixth Avenue Kill Devil Hills

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 38 **Lot(s):** 3

Legal Description: Lot 3, Block 38 Kill Devil Hills Realty Corp

FEES:	Paid	Due
Accessory Residential (MIN)	\$100.00	\$0.00
Fence	\$100.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Construct shed and fence

FEB 12 2020

BP2020-032

PROJECT NAME:

SITE ADDRESS: 804 Sixth Avenue Kill Devil Hills

BUILDING

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	13900.00
LOT COVERAGE	34.90
ACCESSORY STRUCTURE (SQFT)	96

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-12-20



Town of Kill Devil Hills

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

FEB 21 2020

Planning and Inspection Department

BP2020-034

PROJECT NAME: Outer Banks Beach Club Ramp replacement
SITE ADDRESS: 1110 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 02/20/2020

EXPIRES: 08/18/2020

APPLICANT: OUTER BANKS BEACH CLUB
1110 S. Va. Dare Tr.
Kill Devil Hills, NC 27948

OWNER: OUTER BANKS BEACH CLUB
1110 S. Va. Dare Tr.
Kill Devil Hills, NC 27948

CONTRACTOR: RENAISSANCE / RENAISSANCE
CONSTRUCTION COMPANY
PO Box 1411
Manteo, NC 27954
252-982-6059

GENERAL: RENAISSANCE / RENAISSANCE CONSTRUCTION COMPANY
PO Box 1411
Manteo, NC 27954
252-982-6059
License: 26244
Expires:

PARCEL:

PIN: 98930508005501

Parcel Number: 027867000

Address: 1110 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:

Block: 4

Lot(s): 1-8/CONDO-BLDGS 1-2

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: remove existing concrete ramp, replace ramp to meet ada compliant slope, new doors at entry

BP2020-034**PROJECT NAME:** Outer Banks Beach Club Ramp replacement**SITE ADDRESS:** 1110 VA DARE TRL S KILL DEVIL HILLS**BUILDING****ISSUED:** 02/20/2020**EXPIRES:** 08/18/2020**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	44000.00
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L- 2592
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.

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

BP2020-034

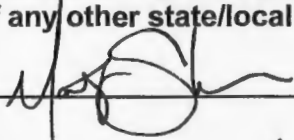
PROJECT NAME: Outer Banks Beach Club Ramp replacement
SITE ADDRESS: 1110 VA DARE TRL S KILL DEVIL HILLS

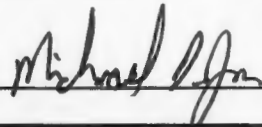
BUILDING

ISSUED: 02/20/2020

EXPIRES: 08/18/2020

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 2/21/20



Town of Kill Devil Hills

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

PAID

FEB 13 2020

Planning and Inspection Department

MC2020-029	MECHANICAL
PROJECT NAME: WEATHERFORD HVAC	ISSUED: 02/13/2020
SITE ADDRESS: 906 DURHAM ST W KILL DEVIL HILLS	EXPIRES: 08/11/2020

APPLICANT: SUSAN WEATHERFORD
906 W DURHAM ST.
Kill Devil Hills, NC 27948
252-441-3225

OWNER: SUSAN WEATHERFORD
906 W DURHAM ST.
Kill Devil Hills, NC 27948
252-441-3225

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 988405086381

Parcel Number: 001388000

Address: 906 DURHAM ST W KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 683

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-029

PROJECT NAME: WEATHERFORD HVAC
SITE ADDRESS: 906 DURHAM ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/13/2020

EXPIRES: 08/11/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7196.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 2-13-20



Town of Kill Devil Hills

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

PAD

FEB 12 2020

Planning and Inspection Department

MC2020-027	MECHANICAL
PROJECT NAME:	ISSUED: 02/12/2020
SITE ADDRESS: 3134 RAYMOND AVE KILL DEVIL HILLS	EXPIRES: 08/10/2020

APPLICANT: Scripture, Stephen & Deborah
2275 Mila RD
HEATHSVILLE, VA 22473
804-724-0441

OWNER: Scripture, Stephen & Deborah
2275 Mila RD
HEATHSVILLE, VA 22473
804-724-0441

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 988513046065

Parcel Number: 000029000

Address: 3134 RAYMOND AVE KILL DEVIL HILLS

Zoning:

Addition:

Block: 9 **Lot(s):** 3

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-027

PROJECT NAME:

SITE ADDRESS: 3134 RAYMOND AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8184.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____ Date: 2-12-20



Town of Kill Devil Hills

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

PAID

FEB 13 2020

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2020-028

PROJECT NAME: Wilson HVAC
SITE ADDRESS: 300 AVALON DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/13/2020

EXPIRES: 08/11/2020

APPLICANT: Wilson, Jerry
4249 Capps Creek Dr
Suffolk, VA 23435

OWNER: Wilson, Jerry
4249 Capps Creek Dr
Suffolk, VA 23435

MECHANICAL: Comfort First Heating & Cooling
148 IRIE LANE
Powels Point, NC 27966

License: 33486
Expires: 12/31/2020

PARCEL:

PIN: 988517104308

Parcel Number: 001756000

Address: 300 AVALON DR W KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 Lot(s): 125

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

MC2020-028

PROJECT NAME: Wilson HVAC

SITE ADDRESS: 300 AVALON DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/13/2020

EXPIRES: 08/11/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2180.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/13/20



Town of Kill Devil Hills

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

PAID

FEB - 4 2020

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2020-022

PROJECT NAME: STEVENS CHANGE OUT
SITE ADDRESS: 510 QUAIL LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

APPLICANT: SHARON STEVENS
510 Quail Ln.
Kill Devil Hills, NC 27948

OWNER: SHARON STEVENS
510 Quail Ln.
Kill Devil Hills, NC 27948

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 988315734591

Parcel Number: 004890315

Address: 510 QUAIL LN KILL DEVIL HILLS

Addition: WHISPERING PINES SEC 2 & 3

Zoning:

Block: H **Lot(s):** 15

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-022

PROJECT NAME: STEVENS CHANGE OUT
SITE ADDRESS: 510 QUAIL LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	12776.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-4-20



Town of Kill Devil Hills

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

PAID
FEB - 4 2020

Planning and Inspection Department

MC2020-021

PROJECT NAME: HUDGINS HVAC
SITE ADDRESS: 1400 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

APPLICANT: CHRIS HUDGINS
101 BUSH SPRINGS RD
TOANO, VA 23168
757-784-8774

OWNER: CHRIS HUDGINS
101 BUSH SPRINGS RD
TOANO, VA 23168
757-784-8774

H-3: GEORGE & CO.
105 Beau Pkwy
Elizabeth City, NC 27909
335-2596

License: 31510
Expires: 12/31/2020

PARCEL:

PIN: 989309066221

Parcel Number: 004705001

Address: 1400 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

Zoning:
Block: E **Lot(s):** 1

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-021

PROJECT NAME: HUDGINS HVAC

SITE ADDRESS: 1400 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4850.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

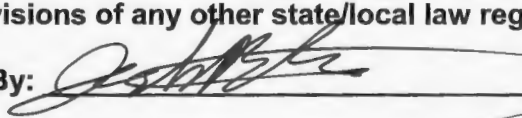
REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 2/4/20



Town of Kill Devil Hills

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

PAID

FEB - 4 2020

Planning and Inspection Department

MC2019-307	MECHANICAL
PROJECT NAME: MARKHAM HVAC CHANGE OUT	ISSUED: 11/20/2019
SITE ADDRESS: 1620 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 05/18/2020

APPLICANT: JERRY MARKHAM
119 BLACKBEARD DR.
ELIZABETH CITY, NC 27909
252-339-0961

OWNER: JERRY MARKHAM
119 BLACKBEARD DR.
ELIZABETH CITY, NC 27909
252-339-0961

H-3: GEORGE & CO.
105 Beau Pkwy
Elizabeth City, NC 27909
335-2596

License: 31510
Expires: 12/31/2019

PARCEL:

PIN: 988411560675

Parcel Number: 002822009

Address: 1620 VA DARE TRL N KILL DEVIL HILLS

Addition: CROATAN SHORES

Zoning:

Block: C **Lot(s):** 9

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: CHANGE OUT AIR HANDLER AND HEAT PUMP

MC2019-307

PROJECT NAME: MARKHAM HVAC CHANGE OUT
SITE ADDRESS: 1620 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 11/20/2019

EXPIRES: 05/18/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

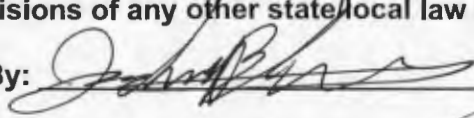
Final

CONDITIONS

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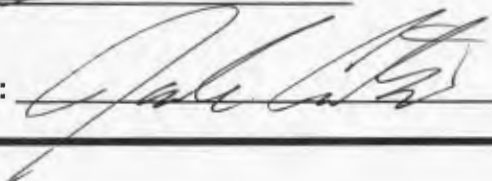
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or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

Issued By:



2/4/20

Contractor or Authorized Agent:



Date:

1/4/20



Town of Kill Devil Hills

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

PAD

FEB - 5 2020

Planning and Inspection Department

MC2020-023

PROJECT NAME: BERMAN HVAC
SITE ADDRESS: 3320 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

APPLICANT: JUDITH BERMAN
1317 Covington St.
Baltimore, MD 21230

OWNER: JUDITH BERMAN
1317 Covington St.
Baltimore, MD 21230

PLUMBING, MECHANICAL: NORRIS MECHANICAL
P.O. Box 217
HARBINGER, NC 27941
252-491-2673

License: 11100
Expires: 12/31/2020

PARCEL:

PIN: 988509053322

Parcel Number: 000059000

Address: 3320 VA DARE TRL N KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 2

Zoning:
Block: 2 **Lot(s):** 1

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-023

PROJECT NAME: BERMAN HVAC

SITE ADDRESS: 3320 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

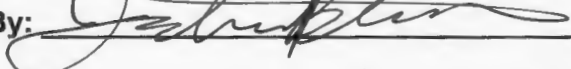
REQUIRED INSPECTIONS

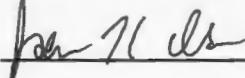
Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 2/5/2020



Town of Kill Devil Hills

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

FEB 11 2020

Planning and Inspection Department

MC2020-025

PROJECT NAME: Edwards HVAC
SITE ADDRESS: 200 Landing Dr. E. Kill Devil Hills

MECHANICAL

ISSUED: 02/10/2020

EXPIRES: 08/08/2020

APPLICANT: Edwards, Daniel M.
29232 Smith's Ferry Road
FRANKLIN, VA 23851
757-377-6741

OWNER: Edwards, Daniel M.
29232 Smith's Ferry Road
FRANKLIN, VA 23851
757-377-6741

MECHANICAL H-3, CLASS 1: Land and Sea Mech Michael Brynteson
128 Oberlin Rd
Wanchese, NC 27981
252-473-7585

License: 33550
Expires: 12/31/2020

PARCEL:

PIN: 988411555156-7312

Parcel Number:

Address: 200 Landing Dr. E. Kill Devil Hills

Zoning:

Addition:

Block: D **Lot(s):** 40

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: C/O upper and lower HVAC systems

MC2020-025

PROJECT NAME: Edwards HVAC

SITE ADDRESS: 200 Landing Dr. E. Kill Devil Hills

MECHANICAL

ISSUED: 02/10/2020

EXPIRES: 08/08/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

FEB 12 2020

Planning and Inspection Department

MC2020-026	MECHANICAL
PROJECT NAME:	ISSUED: 02/11/2020
SITE ADDRESS: 808 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 08/09/2020

APPLICANT: Carolina Shores 808 LLC 21 Sunny Woods LN JACKSON, NJ 08527	OWNER: Carolina Shores 808 LLC 21 Sunny Woods LN JACKSON, NJ 08527
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H3, CLASS 1:	OUTER BANKS HEATING AND COOLING P.O. Box 1415 Nags Head, NC 27959 441-1740	License: 12643 Expires: 12/31/2020
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PARCEL:

PIN: 988308981935	Parcel Number: 008135002
Address: 808 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: SUBDIVISION - Patel S/D	Block: 0 Lot(s): 3
Legal Description:	

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace heat pump only.

MC2020-026

PROJECT NAME:

SITE ADDRESS: 808 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/11/2020

EXPIRES: 08/09/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4342.00
CONSTRUCTION TYPE	I
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 2.12.20



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2019-272

PROJECT NAME: Midgett HVAC
SITE ADDRESS: 314 Eden St. W. Kill Devil Hills

MECHANICAL

ISSUED: 09/17/2019

EXPIRES: 03/15/2020

APPLICANT: JULIA O MIDGETT
PO Box 2
ISABELLA, OK 73747

OWNER: JULIA O MIDGETT
PO Box 2
ISABELLA, OK 73747

H-3, CLASS I: AIR-O-SMITH
330 North Dogwood Trail
Southern Shores, NC 27949
252-261-5238

License: 30070
Expires: 12/31/2019

PARCEL:

PIN: 988517005983-7351

**Parcel
Number:**

Address: 314 Eden St. W. Kill Devil Hills

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 47

Lot(s): 27-28

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace mini split system

PWD
FEB 11 2020

MC2019-272

PROJECT NAME: Midgett HVAC
SITE ADDRESS: 314 Eden St. W. Kill Devil Hills

MECHANICAL

ISSUED: 09/17/2019

EXPIRES: 03/15/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1700.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 2/11/2020



Town of Kill Devil Hills

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

FEB 19 2020

Planning and Inspection Department

MC2020-030	MECHANICAL
PROJECT NAME:	ISSUED: 02/18/2020
SITE ADDRESS: 314 REMELE PL KILL DEVIL HILLS	EXPIRES: 08/16/2020

APPLICANT: Shree Fulcher 314 Remle Pl Kill Devil Hills, NC 27948 804-366-7076	OWNER: Shree Fulcher 314 Remle Pl Kill Devil Hills, NC 27948 804-366-7076
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MECHANICAL:	Comfort First Heating & Cooling 148 IRIE LANE Powels Point, NC 27966	License: 33486 Expires: 12/31/2020
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PARCEL:

PIN: 988414344862	Parcel Number: 013312000
Address: 314 REMELE PL KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 1	Block: 0 Lot(s): 178
Legal Description:	

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC REPLACEMENT

MC2020-030

PROJECT NAME:

SITE ADDRESS: 314 REMELE PL KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/18/2020

EXPIRES: 08/16/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	2052.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 2-19-20



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2020-031

PROJECT NAME:

SITE ADDRESS: 710 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/19/2020

EXPIRES: 08/17/2020

APPLICANT: DANIEL-GAL DEV. LLC
P.O. Box 1532
Kill Devil Hills, NC 27948

OWNER: DANIEL-GAL DEV. LLC
P.O. Box 1532
Kill Devil Hills, NC 27948

H3, CLASS 1:

OUTER BANKS HEATING AND COOLING
P.O. Box 1415
Nags Head, NC 27959
441-1740

License: 12643
Expires: 12/31/2020

PARCEL:

PIN: 988308880735

Parcel Number: 028741000

Address: 710 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 12 **Lot(s):** 5-8 & PT 1-4

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT

PAID

FEB 19 2020

MC2020-031

PROJECT NAME:

SITE ADDRESS: 710 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/19/2020

EXPIRES: 08/17/2020

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	14066.00
CONSTRUCTION TYPE	III
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent:  Date: 2-19-20



Town of Kill Devil Hills

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

FEB 18 2020

Planning and Inspection Department

MC2019-128

PROJECT NAME: Credle HVAC
SITE ADDRESS: 3111 COLUMBIA AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

APPLICANT: Credle, Bryan
3111 Columbia AVE
Kill Devil Hills, NC 27948

OWNER: Credle, Bryan
3111 Columbia AVE
Kill Devil Hills, NC 27948

H-3, CLASS 2: OBX Air Pro's Heating and Cooling
197 WEST MOBILE
HARBINGER, NC 27941
252-435-8782

License: 29480
Expires: 12/31/2019

PARCEL:

PIN: 987516938370

Parcel Number: 028720172

Address: 3111 COLUMBIA AVE KILL DEVIL HILLS

Addition: MOOR SHORES TWO

Zoning:

Block: 0 **Lot(s):** 172

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: C/O HVAC System

MC2019-128

PROJECT NAME: Credle HVAC

SITE ADDRESS: 3111 COLUMBIA AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 05/10/2019

EXPIRES: 11/06/2019

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-20-2020



Town of Kill Devil Hills

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

PAID
FEB 21 2020

Planning and Inspection Department

MC2020-032

PROJECT NAME: Dadisman HVAC
SITE ADDRESS: 103 SPORTSMAN DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/21/2020

EXPIRES: 08/19/2020

APPLICANT: Dadisman, David & Becky
1091 Scenic DR
WILLIAMSTON, NC 27892
252-217-4260

OWNER: Dadisman, David & Becky
1091 Scenic DR
WILLIAMSTON, NC 27892
252-217-4260

MECHANICAL: R A HOY
PO Box 265
Kitty Hawk, NC 27949
252-261-2008

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 988517200813

Parcel Number: 001712000

Address: 103 SPORTSMAN DR E KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:

Block: 0 **Lot(s):** 60

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: C/O Heat pump only

MC2020-032

PROJECT NAME: Dadisman HVAC
SITE ADDRESS: 103 SPORTSMAN DR E KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/21/2020

EXPIRES: 08/19/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3589.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-21-20



Town of Kill Devil Hills

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

PAID
FEB 26 2020

Planning and Inspection Department

MC2020-033

PROJECT NAME: Wallace HVAC
SITE ADDRESS: 705 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/25/2020

EXPIRES: 08/23/2020

APPLICANT: WALLACE, JOSEPH F
10250 Dakins Dr
Richmond, VA 23236

OWNER: WALLACE, JOSEPH F
10250 Dakins Dr
Richmond, VA 23236

H-3, CLASS 2: OBX Air Pro's Heating and Cooling
197 WEST MOBILE
HARBINGER, NC 27941
252-435-8782

License: 29480
Expires: 12/31/2020

PARCEL:

PIN: 988308894283

Parcel Number: 027829000

Address: 705 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS SEC 1

Block: 11 **Lot(s):** 14

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6200.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
NATURAL GAS SIGNOFF	N

MC2020-033

PROJECT NAME: Wallace HVAC

SITE ADDRESS: 705 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/25/2020

EXPIRES: 08/23/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-26-2020



Town of Kill Devil Hills

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

Planning and Inspection Department

MC2020-036

PROJECT NAME: VIRGINIA DARE HVAC
SITE ADDRESS: 701 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/26/2020

EXPIRES: 08/24/2020

APPLICANT: VIRGINIA DARE LLC
201 DEXTER ST W
CHESAPEAKE, VA 23324
757-812-2042

OWNER: VIRGINIA DARE LLC
201 DEXTER ST W
CHESAPEAKE, VA 23324
757-812-2042

MECHANICAL, H-3, I:

MASTER HEATING AND COOLING
P.O. Box 707
Kitty Hawk, NC 27949
255-0095

License: 18066
Expires: 12/31/2020

PARCEL:

PIN: 988308990599-2104

Parcel Number: 027931001

Address: 701 VA DARE TRL S KILL DEVIL HILLS

Zoning: OIR

Addition: SUBDIVISION - NONE

Block: 0 **Lot(s):** 1

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC CHANGE OUT 2 SYSTEMS 1 AT LOWER LEVEL WEST SIDE, 1 AT CABANA

PAID
FEB 26 2020

IC2020-036

PROJECT NAME: VIRGINIA DARE HVAC
SITE ADDRESS: 701 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/26/2020

EXPIRES: 08/24/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	11800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

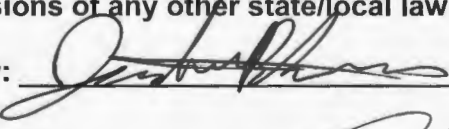
REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 2/26/2020



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-040

PROJECT NAME: Golden Strand Handrails
SITE ADDRESS: 1529 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2020

EXPIRES: 08/19/2020

APPLICANT: GOLDEN STRAND INTERVAL
P O BOX 1917
1529 N VA DARE TRAIL
KILL DEVIL HILLS, NC 27948

OWNER: GOLDEN STRAND INTERVAL
P O BOX 1917
1529 N VA DARE TRAIL
KILL DEVIL HILLS, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 98841156728602

Parcel Number: 030956000

Address: 1529 VA DARE TRL N KILL DEVIL HILLS

Addition: GOLDEN STRAND CONDOS

Zoning:

Block: A

Lot(s): 1-5 - 21
TSHARE
UTS

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Replace handrails on steps south building

FEB 21 2020

BP2020-040

PROJECT NAME: Golden Strand Handrails
SITE ADDRESS: 1529 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/21/2020

EXPIRES: 08/19/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Commercial Repair/Remodel
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: Stacy Parker

Date: 2-21-20



Town of Kill Devil Hills

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

FEB 12 2020

Planning and Inspection Department

EL2020-012

PROJECT NAME: MCANIFF FIREPLACE CIRCUIT
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

APPLICANT: KATHERINE MCANIFF
7706 MAID MARIAN CT.
ALEXANDRIA, VA 22306

OWNER: KATHERINE MCANIFF
7706 MAID MARIAN CT.
ALEXANDRIA, VA 22306

ELECTRICAL - LIMITED:

Angel Advanced Technologies, LLC
PO Box 254
Point Harbor, NC 27964
252-207-7519

License: 30701-L
Expires: 10/02/2020

PARCEL:

PIN: 98830897368903

Parcel Number: 004302012

Address: 200 MARTIN ST E KILL DEVIL HILLS

Addition:

Zoning:

Block: 15

Lot(s): UT 102
LOTS 6-14

Legal Description:

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: INSTALL CIRCUIT WIRING FROM PANEL TO LIVING ROOM FOR ELECTRIC FIREPLACE.

EL2020-012

PROJECT NAME: MCANIFF FIREPLACE CIRCUIT
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 2.12.20



Town of Kill Devil Hills

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

FEB 12 2020

Planning and Inspection Department

EL2020-013

PROJECT NAME: SHARER FIREPLACE CIRCUIT
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

APPLICANT: PEGGY SHARER
105 KING OF FRANCE CT.
suffolk, va 23435
757-408-8551

OWNER: PEGGY SHARER
105 KING OF FRANCE CT.
suffolk, va 23435
757-408-8551

ELECTRICAL - LIMITED: Angel Advanced Technologies, LLC
PO Box 254
Point Harbor, NC 27964
252-207-7519

License: 30701-L
Expires: 10/02/2020

PARCEL:

PIN: 98830897368909

Parcel Number: 004302018

Address: 200 MARTIN ST E KILL DEVIL HILLS

Addition:

Zoning:

Block: 15

Lot(s): UT 104
LOTS 6-14

Legal Description:

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: INSTALL CIRCUIT WIRING ROM PANEL TO LIVING ROOM FOR ELECTRIC FIREPLACE

EL2020-013

PROJECT NAME: SHARER FIREPLACE CIRCUIT
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: 

Contractor or Authorized Agent: 

Date: 2.12.20



Town of Kill Devil Hills

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

FEB 12 2020

Planning and Inspection Department

EL2020-014	ELECTRICAL
PROJECT NAME: BRAGG FIREPLACE CIRCUIT	ISSUED: 02/12/2020
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS	EXPIRES: 08/10/2020

APPLICANT: RICHARD BRAGG
5430 DORCHESTER RD
RICHMOND, VA 23225

OWNER: RICHARD BRAGG
5430 DORCHESTER RD
RICHMOND, VA 23225

ELECTRICAL - LIMITED:

Angel Advanced Technologies, LLC
PO Box 254
Point Harbor, NC 27964
252-207-7519

License: 30701-L
Expires: 10/02/2020

PARCEL:

PIN: 98830897368911

Parcel Number: 004302020

Address: 200 MARTIN ST E KILL DEVIL HILLS

Addition:

Zoning:

Block: 15

Lot(s): UT 304
LOTS 6-14

Legal Description:

FEES:	Paid	Due
Electrical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: INSTALL CIRCUIT FROM PANEL TO LIVING ROOM FOR ELECTRIC FIREPLACE

EL2020-014

**PROJECT NAME: BRAGG FIREPLACE CIRCUIT
SITE ADDRESS: 200 MARTIN ST E KILL DEVIL HILLS**

ELECTRICAL

ISSUED: 02/12/2020

EXPIRES: 08/10/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

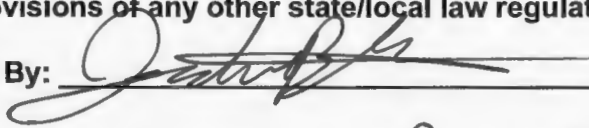
Final

CONDITIONS

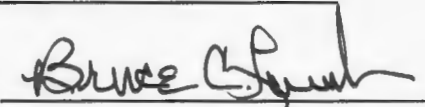
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Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2.12.20



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2020-006

PROJECT NAME: SAGA FENCE
SITE ADDRESS: 611 Zen Lane Kill Devil Hills

ZONING PERMIT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

APPLICANT: Water Oaks Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

OWNER: Water Oaks Residential, LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

GENERAL BUILDING - LIMITED: SAGA CONSTRUCTION
1314 S Croatan Hwy, Suite 301
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

License: 62306
Expires: 12/31/2020

PARCEL:

PIN: 988417223448

Parcel Number:

Address: 611 Zen Lane Kill Devil Hills

Addition:

Zoning:

Block:

Lot(s):

Legal Description: Lot 56, Phase 1, Water Oak Residential Community

FEES:	Paid	Due
Fence	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: INSTALL 5FT HIGH VINYL FENCE W/ 2 POOL CODE GATES. FENCE ALONG PROPERTY LINE ENCLOSING REAR YARD

FEB 10 2020

ZP2020-006

PROJECT NAME: SAGA FENCE

SITE ADDRESS: 611 Zen Lane Kill Devil Hills

ZONING PERMIT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Accessory
CONSTRUCTION COST	7000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

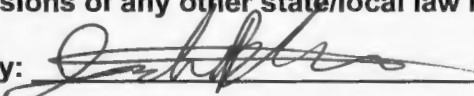
Stringline

CONDITIONS

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Issued By:



Contractor or Authorized Agent:

Grace Murch

Date:

2.10.2020



Town of Kill Devil Hills

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

Planning and Inspection Department

ZP2020-005	ZONING PERMIT
PROJECT NAME: SAGA FENCE	ISSUED: 02/07/2020
SITE ADDRESS: 701 Zen Lane Kill Devil Hills	EXPIRES: 08/05/2020

APPLICANT: Water Oak Residential, LLC PO Box 90 Kill Devil Hills, NC 27948 252-441-9003	OWNER: Water Oak Residential, LLC PO Box 90 Kill Devil Hills, NC 27948 252-441-9003
---	---

GENERAL BUILDING - LIMITED:	SAGA CONSTRUCTION 1314 S Croatan Hwy, Suite 301 PO Box 90 Kill Devil Hills, NC 27948 252-441-9003	License: 62306 Expires: 12/31/2020
------------------------------------	---	---

PARCEL:

PIN: 988417222496	Parcel Number:
Address: 701 Zen Lane Kill Devil Hills	
Addition:	Zoning:
	Block: Lot(s):
Legal Description: Lot 57, Water Oak Subdivision	

FEES:	Paid	Due
Fence	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: 5FT HIGH VINYL FENCE W/ 2 POOL CODE GATES. FENCE ALONG PROPERTY LINE CLOSING IN REAR YARD

5313

FEB 10 2020

ZP2020-005

PROJECT NAME: SAGA FENCE

SITE ADDRESS: 701 Zen Lane Kill Devil Hills

ZONING PERMIT

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
PURPOSE	Residential Accessory
CONSTRUCTION COST	7000.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Stringline

CONDITIONS

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 2.10.2020



Town of Kill Devil Hills

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

PAID
FEB 27 2020

Planning and Inspection Department

SG2020-007	SIGN
PROJECT NAME: Kallie Rubendall/Fresh Designs and Company	ISSUED: 02/14/2020
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 08/12/2020

APPLICANT: Rubendall, Kallie/Fresh Designs and Company 4504 Johnston Ln. kitty hawk, nc 27949 757-540-8116	OWNER: JOHN HIGH 203 Forest Hill Ave. Rocky Mount, NC 27801
--	--

CONTRACTOR:	SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2020
--------------------	--	--

PARCEL:

PIN:	988513035596	Parcel Number:	002991000
Address:	3105 CROATAN HWY N KILL DEVIL HILLS		
Addition:	SUBDIVISION - NONE	Zoning:	
Legal Description:		Block:	0
		Lot(s):	0

FEES:	Paid	Due
Sign Permit Fee	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Sign on the building

SG2020-007

PROJECT NAME: Kallie Rubendall/Fresh Designs and Company
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 02/14/2020

EXPIRES: 08/12/2020

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN - WALL PERMITTED (SQFT)	32.00
SIGN- WALL PROPOSED (SQ FT)	36.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	850.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

* Window signs cannot exceed 25% of the gross glazing area of the building and cannot be separately illuminated or backlit by lighting installed for that purpose.

* Zoning Final Inspection is required.

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

Issued By: [Signature]

Contractor or Authorized Agent: Kallie Rubendall Date: 2/27/20



Town of Kill Devil Hills

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

1430

FEB - 4 2020

Planning and Inspection Department

DW2020-002

PROJECT NAME: LOPEZ DRIVEWAY
SITE ADDRESS: 1208 CARDINAL ST KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

APPLICANT: Lopez, Gerardo
PO Box 2851
Kitty Hawk, NC 27949
252-255-8484

OWNER: Lopez, Gerardo
PO Box 2851
Kitty Hawk, NC 27949
252-255-8484

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
917-862-9006

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312854977

Parcel Number: 004460000

Address: 1208 CARDINAL ST KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 30

Lot(s): PTS OF 4 & 5

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Driveway Permit Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: REPLACE 18" OF CONCRETE DRIVEWAY WITH PAVERS/ FOOTPRINT TO STAY THE SAME AT MAX LOT COVERAGE, NOT TO TOUCH ROW

DW2020-002

PROJECT NAME: LOPEZ DRIVEWAY

SITE ADDRESS: 1208 CARDINAL ST KILL DEVIL HILLS

DRIVEWAY

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
ZONING DISTRICT	RL
CONSTRUCTION COST	3000.00
FLOOD ZONE	X
LOT COVERAGE	40.00

REQUIRED INSPECTIONS

Zoning Final

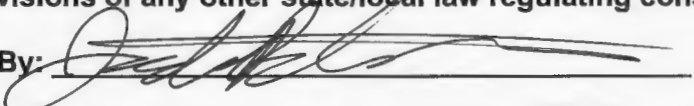
Final

CONDITIONS

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

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

1 4 2020



Town of Kill Devil Hills

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

FEB 27 2020

Planning and Inspection Department

BP2020-043	BUILDING
PROJECT NAME: Nail Salon Segate North Unit 13 &14 Rear Door	ISSUED: 02/25/2020
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 08/23/2020

APPLICANT: JOHN HIGH 203 Forest Hill Ave. Rocky Mount, NC 27801	OWNER: JOHN HIGH 203 Forest Hill Ave. Rocky Mount, NC 27801
--	--

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 988513035596	Parcel Number: 002991000
Address: 3105 CROATAN HWY N KILL DEVIL HILLS	
Addition: SUBDIVISION - NONE	Zoning:
Legal Description:	Block: 0 Lot(s): 0

FEE:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: add rear door to existing unit

BP2020-043**PROJECT NAME:** Nail Salon Segate North Unit 13 &14 Rear Door
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS**BUILDING****ISSUED:** 02/25/2020**EXPIRES:** 08/23/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1500.00
SURVEYOR NAME AND NUMBER	Carlos F Gomez
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Zoning Final

Framing

Final

CONDITIONS

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

* Call for a rough framing inspection of door opening and lintel prior to installing door frame.

BP2020-043

PROJECT NAME: Nail Salon Segate North Unit 13 &14 Rear Door
SITE ADDRESS: 3105 CROATAN HWY N KILL DEVIL HILLS

BUILDING

ISSUED: 02/25/2020

EXPIRES: 08/23/2020

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

Issued By:  _____

Contractor or Authorized Agent:  _____

Date: 2/27/2020



Town of Kill Devil Hills

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

PAID

FEB 26 2020

Planning and Inspection Department

BANNER2020-002	BANNER
PROJECT NAME: WENDYS BANNER	ISSUED: 02/26/2020
SITE ADDRESS: 1503 CROATAN HWY S. KILL DEVIL HILLS	EXPIRES: 05/26/2020

APPLICANT: WENDY'S 1503 S. Croatan Hwy. KILL DEVIL HILLS, NC 27948	OWNER: WENDY'S 1503 S. Croatan Hwy. KILL DEVIL HILLS, NC 27948
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 917-862-9006	License: Unlicensed Expires: 12/31/2020
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PARCEL:

PIN: 989309051463	Parcel Number: 004862000
Address: 1503 CROATAN HWY S. KILL DEVIL HILLS	
Addition: KILL DEVIL BEACH SEC 1 AMENDED	Zoning:
	Block: L Lot(s): SEE COMMENT
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>
Banner Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: 10'X4' BANNER

DETAILS

Permit	
Name	Value
# OF BANNERS	1
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	50.00
FLOOD ZONE	AE

BANNNER2020-002

PROJECT NAME: WENDYS BANNER

SITE ADDRESS: 1503 CROATAN HWY S. KILL DEVIL HILLS

BANNER

ISSUED: 02/26/2020

EXPIRES: 05/26/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

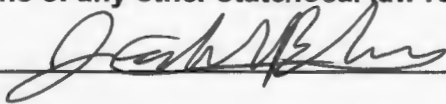
No exposed neon, argon, krypton or similar gas lighting allowed except as permitted in Section 153.077(B)(10).

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

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

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/26/2020



Town of Kill Devil Hills

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

PAD

FEB 20 2020

Planning and Inspection Department

SG2020-008

PROJECT NAME: Ascension Studio OBX, LLC
SITE ADDRESS: 1209 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 02/14/2020

EXPIRES: 08/12/2020

APPLICANT: Barnett, Linda/Ascension Studio OBX, LLC
4310 Steger Creek Dr.
Powhatan, VA 23139
804-382-3583

OWNER: BORIS & STOVE INC
P O BOX 2920
KILL DEVIL HILLS, NC 27948

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2020

PARCEL:

PIN: 988312964923

Parcel Number: 004328000

Address: 1209 CROATAN HWY S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 6

Lot(s): 6 & 13, S. 1/2
LT 1

Legal Description:

FEES:	Paid	Due
Sign Permit Fee	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Add sign to building

SG2020-008

PROJECT NAME: Ascension Studio OBX, LLC
SITE ADDRESS: 1209 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 02/14/2020

EXPIRES: 08/12/2020

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN - WALL PERMITTED (SQFT)	36.00
SIGN- WALL PROPOSED (SQ FT)	31.29
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	1000.00
FLOOD ZONE	AE

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

* Window signs cannot exceed 25% of the gross glazing area of the building and cannot be separately illuminated or backlit by lighting installed for that purpose.

* Zoning Final Inspection is required.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-20-2020



Town of Kill Devil Hills

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

FEB 20 2020

Planning and Inspection Department

BP2020-037	BUILDING
PROJECT NAME: Fire Training Building	ISSUED: 02/20/2020
SITE ADDRESS: 1634 CROATAN HWY N KILL DEVIL HILLS	EXPIRES: 08/18/2020

APPLICANT: TOWN OF KILL DEVIL HILLS
P O BOX 1719
102 Town Hall Drive
KILL DEVIL HILLS, NC 27948

OWNER: TOWN OF KILL DEVIL HILLS
P O BOX 1719
102 Town Hall Drive
KILL DEVIL HILLS, NC 27948

GENERAL BUILDING INTERMEDIATE: GALLOP ROOFING AND REMODELING, INC.
673 Old Wharf Road
Wanchese, NC 27981
252-207-7269

License: 32504
Expires: 01/01/2021

PARCEL:

PIN: 988410369451

Parcel Number: 008129000

Address: 1634 CROATAN HWY N KILL DEVIL HILLS

Zoning: .

Addition: SUBDIVISION - NONE

Block: 0 **Lot(s):** 0

Legal Description:

FEES:	Paid	Due
Totals :		

PROJECT DESCRIPTION: Replace membrane roof

BP2020-037

PROJECT NAME: Fire Training Building
SITE ADDRESS: 1634 CROATAN HWY N KILL DEVIL HILLS

BUILDING

ISSUED: 02/20/2020

EXPIRES: 08/18/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	31574.00

REQUIRED INSPECTIONS

Progress Final
Zoning Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/20/20



Town of Kill Devil Hills

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

Planning and Inspection Department

BANNER2020-001

PROJECT NAME: K-Mart - Transformco
SITE ADDRESS: 1901 CROATAN HWY N KILL DEVIL HILLS

BANNER

ISSUED: 02/14/2020
EXPIRES: 05/14/2020

APPLICANT: Transformco
3100 W. Big Beaver
TROY, MI 48084

OWNER: Transformco
3100 W. Big Beaver
TROY, MI 48084

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2020

PARCEL:

PIN: 988406383994

Parcel Number: 029832000

Address: 1901 CROATAN HWY N KILL DEVIL HILLS

Addition: WRIGHT'S SHORES

Zoning:

Block: 0 Lot(s): KMART

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Banner Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: Banner

DETAILS

Permit

Name	Value
# OF BANNERS	1
ZONING DISTRICT	C
PURPOSE	Commercial Accessory FEB 14 2020
CONSTRUCTION COST	600.00
FLOOD ZONE	AE

BANNER2020-001

PROJECT NAME: K-Mart - Transformco
SITE ADDRESS: 1901 CROATAN HWY N KILL DEVIL HILLS

BANNER

ISSUED: 02/14/2020

EXPIRES: 05/14/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

* Zoning Final Inspection is required.

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

Issued By: Donna Elliott

Contractor or Authorized Agent: [Signature]

Date: 2-14-20



Town of Kill Devil Hills

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

FEB 10 2020

Planning and Inspection Department

PL2020-003

PROJECT NAME: RAMADA WATER RISERS
SITE ADDRESS: 1701 VA DARE TRL S KILL DEVIL HILLS

PLUMBING

ISSUED: 02/10/2020

EXPIRES: 08/08/2020

APPLICANT: O W L NEAL PARTNERSHIP
PO BOX 2716
KILL DEVIL HILLS, NC 27948

OWNER: O W L NEAL PARTNERSHIP
PO BOX 2716
KILL DEVIL HILLS, NC 27948

PLUMBING CLASS I: ABSOLUTE PLUMBING
101 Quarter Landing
Harbinger, NC 27941
252-489-1439

License: 30190
Expires: 12/31/2020

PARCEL:

PIN: 989309154444

Parcel Number: 008235000

Address: 1701 VA DARE TRL S KILL DEVIL HILLS

Addition: OCEAN ACRES INC

Zoning:

Block: 0 **Lot(s):** C & D

Legal Description:

FEES:	Paid	Due
Plumbing Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: CUT IN ISOLATION VALVES FOR WATER RISERS

2020-003

PROJECT NAME: RAMADA WATER RISERS
SITE ADDRESS: 1701 VA DARE TRL S KILL DEVIL HILLS

PLUMBING

ISSUED: 02/10/2020

EXPIRES: 08/08/2020

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	9000.00
CONSTRUCTION TYPE	IV
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
OCCUPANCY TYPE	Residential


REQUIRED INSPECTIONS

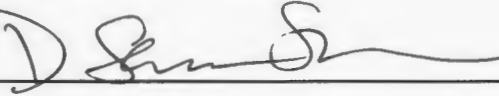
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/10/20



Town of Kill Devil Hills

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

PAID
FEB - 7 2020

Planning and Inspection Department

PLANNING AND INSPECTION DEPARTMENT

PL2020-002	PLUMBING
PROJECT NAME: Dairy Queen Plumbing	ISSUED: 02/07/2020
SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS	EXPIRES: 08/05/2020

APPLICANT: Overrun II, LLC
P.O. Box 389
Kill Devil Hills, NC 27948

OWNER: Overrun II, LLC
P.O. Box 389
Kill Devil Hills, NC 27948

PLUMBING CLASS I: ABSOLUTE PLUMBING
101 Quarter Landing
Harbinger, NC 27941
252-489-1439

License: 30190
Expires: 12/31/2020

PARCEL:

PIN: 988420706411

Parcel Number: 003858001

Address: 109 OCEAN BAY BLVD KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 36 **Lot(s):** 13-17

Legal Description:

FEES:	Paid	Due
Plumbing Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: Relocate 3 compartment sink

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	2400.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8

PL2020-002

PROJECT NAME: Dairy Queen Plumbing
SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS

PLUMBING

ISSUED: 02/07/2020

EXPIRES: 08/05/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2/7/20



Town of Kill Devil Hills

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

FEB - 5 2020

Planning and Inspection Department

MC2020-020

PROJECT NAME: Harris Teeter Mech
SITE ADDRESS: 2012 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

APPLICANT: Harris Teeter
701 Crestdale Drive
MATTHEWS, NC 28105

OWNER: Harris Teeter
701 Crestdale Drive
MATTHEWS, NC 28105

GENERAL: BRR REFRIGERATION
961 Reon Drive
Virginia Beach, VA 23464
757-474-9675

License: 4611 CIT
Expires: 12/31/2020

PARCEL:

PIN: 989313034150

Parcel Number: 028829000

Address: 2012 CROATAN HWY S KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

Zoning:

Block: 0 Lot(s): BLKS 3,5,7 &

Legal Description:

FEES:	Paid	Due
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: C/O three refrigeration condensers

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	15311.00
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2020-020

PROJECT NAME: Harris Teeter Mech
SITE ADDRESS: 2012 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/31/2020

EXPIRES: 07/29/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

FEB 18 2020

Planning and Inspection Department

BJ2020-034

PROJECT NAME: Dunkin Doughnuts remodel
SITE ADDRESS: 3210 N. Croatan Highway #5 Kill Devil Hills

BUILDING JOINT

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

APPLICANT: WEDG Realty Realty, LLC
 PO Box 2084
 Kill Devil Hills, NC 27948
 252-489-4677

OWNER: WEDG Realty Realty, LLC
 PO Box 2084
 Kill Devil Hills, NC 27948
 252-489-4677

BUILDING UNLIMITED: Dodson & Company Construction, Inc
 3246 Anthony Court South
 BURLINGTON, NC 27215

License: 52814
Expires:

PARCEL:

PIN: 98751694619505

**Parcel
 Number:**

Address: 3210 N. Croatan Highway #5 Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Unit 5, Island Land Centre Comm Cn

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Renovation/Remodel/Relocate	\$0.00	\$427.50	Remodel/Renovation	950 SQFT
Accessory Structure	\$0.00	\$100.00	Commercial Accessory Structure	60 Sq. Ft.
Totals :	\$0.00	\$527.50		

PROJECT DESCRIPTION: remodel interior, install pergola on front entrance

BJ2020-034**PROJECT NAME:** Dunkin Doughnuts remodel
SITE ADDRESS: 3210 N. Croatan Highway #5 Kill Devil Hills**BUILDING JOINT****ISSUED:** 02/04/2020**EXPIRES:** 08/02/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	85000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

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

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

BJ2020-034

PROJECT NAME: Dunkin Doughnuts remodel
SITE ADDRESS: 3210 N. Croatan Highway #5 Kill Devil Hills

BUILDING JOINT

ISSUED: 02/04/2020

EXPIRES: 08/02/2020

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

Issued By:  _____

Contractor or Authorized Agent: Scotty E. Timms Date: 2-18-20