



Town of Kill Devil Hills

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

MAR - 5 2020

Planning and Inspection Department

BJ2020-037	BUILDING JOINT
PROJECT NAME: Gerald and Patricia Jordan	ISSUED: 03/05/2020
SITE ADDRESS: 1832 BAY DR KILL DEVIL HILLS	EXPIRES: 09/01/2020

APPLICANT: OCEAN CONSTRUCTION
4019 Smith St
kitty hawk, nc 27949
252-207-1019

OWNER: JORDAN, GERALD H
4217 MERCEDES COURT
VIRGINIA BEACH, VA 23455

GENERAL: OCEAN CONSTRUCTION
4019 Smith St
kitty hawk, nc 27949
252-207-1019

License: 65696
Expires: 03/03/2021

PARCEL:

PIN: 988409060727

Parcel Number: 002275000

Address: 1832 BAY DR KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES SEC 2

Block: 0 **Lot(s):** 48

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$758.25	\$0.00	Residential Heated Space	2655 sq. Ft.
Res. Building Permit Fee	\$2,418.45	\$0.00	(.75)	
Open Deck Fee	\$150.00	\$0.00	Open Decks	1 EA
Totals :	\$3,326.70	\$0.00	Covered Porches/Decks	1011 SQFT
			Residential Unheated (.40)	1068 Sq. Ft

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

BJ2020-037**PROJECT NAME:** Gerald and Patricia Jordan
SITE ADDRESS: 1832 BAY DR KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 03/05/2020**EXPIRES:** 09/01/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	29291
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	Y
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
Proposed First Floor Elevation	6.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	200000.00
LOT COVERAGE	31.40
LIVING SPACE (SQFT)	2655
COVERED PORCHES/DECKS (SQFT)	1011
GARAGE (SQFT)	1068
OPEN DECK (SQFT)	137
TOTAL SQUARE FOOTAGE	4871
ENGINEER AND LICENSE NUMBER	Mike O'steen 032628
CULVERT	N
DRIVEWAY INVERT 2	N

BJ2020-037

PROJECT NAME: Gerald and Patricia Jordan
SITE ADDRESS: 1832 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

REQUIRED INSPECTIONS

In-Slab Plumbing

Insulation

Slab/Foundation/Piling

Final

Framing

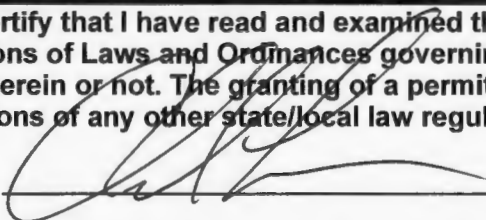
Zoning Final

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!
- * 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.
- * 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: 3/5/20



Town of Kill Devil Hills

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

MAR - 6 2020

Planning and Inspection Department

BJ2020-057

PROJECT NAME: Nonnemacker New House
SITE ADDRESS: 424 WALKER STREET W Kill Devil Hills

BUILDING JOINT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

APPLICANT: NONNEMACKER, MARY ANNE
10911 Elliot Street
Riverview, FL 33578

OWNER: NONNEMACKER, MARY ANNE
10911 Elliot Street
Riverview, FL 33578

CONTRACTOR: FORREST SEAL LLC
PO Box 2333
KITTY HAWK, NC 27949
252-599-2521

GENERAL, UNLIMITED: FORREST SEAL LLC
PO Box 2333
KITTY HAWK, NC 27949
252-599-2521

License: 57289
Expires: 01/01/2021

PARCEL:

PIN: 987520918124

Parcel Number:

Address: 424 WALKER STREET W Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: LOTS 31-33 BLOCK 54 VIRGINIA DARE SHORES

FEE:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$85.50	\$0.00	Covered Porches/Decks	114 SQFT
Land Disturbing	\$100.00	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Unheated (.40)	127 Sq. Ft
Res. Building Permit Fee	\$1,051.30	\$0.00	Residential Heated Space	1334 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Totals :	\$1,436.80	\$0.00	# of Temporary Poles	1 EA

Town of Kill Devil Hills

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

Water Charges

PAID

Water Tap #: 723940

BJ2020-057**PROJECT NAME:** Nonnemacker New House
SITE ADDRESS: 424 WALKER STREET W Kill Devil Hills**BUILDING JOINT****ISSUED:** 03/05/2020**EXPIRES:** 09/01/2020**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	29340
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	8.50
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	225000.00
LOT COVERAGE	35.50
LIVING SPACE (SQFT)	1334
COVERED PORCHES/DECKS (SQFT)	114
STORAGE (SQFT)	127
OPEN DECK (SQFT)	430
TOTAL SQUARE FOOTAGE	2005
SURVEYOR NAME AND NUMBER	M. Douglas Styons L-3227
ENGINEER AND LICENSE NUMBER	Rick House24740
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-057

PROJECT NAME: Nonnemacker New House

SITE ADDRESS: 424 WALKER STREET W Kill Devil Hills

BUILDING JOINT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

REQUIRED INSPECTIONS

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

Insulation
Final
Zoning Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 3/6/20



Town of Kill Devil Hills

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

MAR - 5 2020

Planning and Inspection Department

BJ2020-056

PROJECT NAME: Conway New SFD
SITE ADDRESS: 503 PALMETTO STREET W Kill Devil Hills

BUILDING JOINT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

APPLICANT: Conway, Matt
409 Palmetto St.
Kill Devil Hills, NC 27948
207-5322

OWNER: Conway, Matt
409 Palmetto St.
Kill Devil Hills, NC 27948
207-5322

CONTRACTOR: CONWAY CONSTRUCTION
208 Shiloh Street
Kill Devil Hills, NC 27948
252-207-5322

GENERAL: CONWAY CONSTRUCTION
208 Shiloh Street
Kill Devil Hills, NC 27948
252-207-5322

License: 57214
Expires: 01/01/2021

PARCEL:

PIN: 988517000078

Parcel Number:

Address: 503 PALMETTO STREET W Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: LOT 15R, Block 75, VIRGINIA DARE SHORES

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Residential Unheated (.40)	228 Sq. Ft
Covered Porch Residential	\$54.00	\$0.00	Residential Heated Space	1896 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Res. Building Permit Fee	\$1,513.20	\$0.00	Covered Porches/Decks	72 SQFT
Totals :	\$1,767.20	\$0.00	Open Decks	1 EA
			# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 3 Bedroom 3 Bath Single Family Dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T23939

BJ2020-056

PROJECT NAME: Conway New SFD

SITE ADDRESS: 503 PALMETTO STREET W Kill Devil Hills

BUILDING JOINT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	28303
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	9.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	200000.00
LOT COVERAGE	33.40
LIVING SPACE (SQFT)	1896
COVERED PORCHES/DECKS (SQFT)	72
GARAGE (SQFT)	228
OPEN DECK (SQFT)	117
SURVEYOR NAME AND NUMBER	M. Douglas Styons L- 3227
ENGINEER AND LICENSE NUMBER	Mike Osteen 032628
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-056

PROJECT NAME: Conway New SFD
SITE ADDRESS: 503 PALMETTO STREET W Kill Devil Hills

BUILDING JOINT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

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.
- * 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: 3-5-20



Town of Kill Devil Hills

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

PAID

MAR - 6 2020

Planning and Inspection Department

BJ2020-061	BUILDING JOINT
PROJECT NAME: Sandy Bottom Homes New SFD	ISSUED: 03/06/2020
SITE ADDRESS: 621 PALMETTO ST W KILL DEVIL HILLS	EXPIRES: 09/02/2020

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: 987408992775	Parcel Number: 008525000
Address: 621 PALMETTO ST W KILL DEVIL HILLS	Zoning:
Addition: VIRGINIA DARE SHORES	Block: 76 Lot(s): 5-8
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$152.25	\$0.00	# of Temporary Poles	1 EA
Res. Building Permit Fee	\$1,418.35	\$0.00	Covered Porches/Decks	203 SQFT
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1833 sq. Ft.
Totals :	\$1,620.60	\$0.00	Residential Unheated (.40)	109 Sq. Ft

PROJECT DESCRIPTION: New 3 Bedroom SFD

Town of Kill Devil Hills Water Charges

PAID
Water Tap #: 123946

BJ2020-061**PROJECT NAME:** Sandy Bottom Homes New SFD
SITE ADDRESS: 621 PALMETTO ST W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 03/06/2020**EXPIRES:** 09/02/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	20
HEALTH DEPARTMENT PERMIT #	29475
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	5.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	185000.00
LOT COVERAGE	39.50
LIVING SPACE (SQFT)	1833
COVERED PORCHES/DECKS (SQFT)	203
STORAGE (SQFT)	109
TOTAL SQUARE FOOTAGE	2145
SURVEYOR NAME AND NUMBER	Manson Ray Meekins L-2592
ENGINEER AND LICENSE NUMBER	Mike O'Steen 032628
ARCHITECT NAME AND LICENSE NUMBER	Michael Florez 14163
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-061

PROJECT NAME: Sandy Bottom Homes New SFD
SITE ADDRESS: 621 PALMETTO ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/06/2020

EXPIRES: 09/02/2020

REQUIRED INSPECTIONS

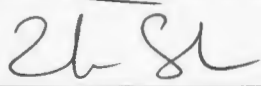
T-Pole	Rough In
In-Slab Plumbing	Insulation
Slab/Foundation/Piling	Final
Framing	Zoning Final

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.
- * 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: 3-6-2020



Town of Kill Devil Hills

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

PAID
MAR 11 2020

Planning and Inspection Department

BJ2020-059	BUILDING JOINT
PROJECT NAME: Harris New SFD	ISSUED: 03/06/2020
SITE ADDRESS: 415 COOKE PL KILL DEVIL HILLS	EXPIRES: 03/06/2021

APPLICANT: HARRIS, JACKIE L P O BOX 3301 KILL DEVIL HILLS, NC 27948	OWNER: HARRIS, JACKIE L P O BOX 3301 KILL DEVIL HILLS, NC 27948
--	--

CONTRACTOR: DUNSTAN, GARLAND
PO BOX 402
kitty hawk, nc 27949

CONTRACTOR: G. Dunstan PO BOX 402 Kitty Hawk, NC 27949 252-202-1100	License: 19436 Expres: 04/01/2020
---	--

PARCEL:

PIN: 988414248736	Parcel Number: 003378000
Address: 415 COOKE PL KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 1	Block: 0 Lot(s): 109
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$63.00	\$0.00	Covered Porches/Decks	84 SQFT
Land Disturbing	\$100.00	\$0.00	Residential Unheated (.40)	462 Sq. Ft
Res. Building Permit Fee	\$1,595.55	\$0.00	Residential Heated Space	1881 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Totals :	\$1,808.55	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 4 Bedroom SFD

Town of Kill Devil Hills
Water Charges
PAID
Water Tap #: T23945

BJ2020-059**PROJECT NAME:** Harris New SFD**SITE ADDRESS:** 415 COOKE PL KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 03/06/2020**EXPIRES:** 03/06/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
HEALTH DEPARTMENT PERMIT #	29471
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
Proposed First Floor Elevation	11.50
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	225000.00
# OF UNITS	2
LOT COVERAGE	23.40
LIVING SPACE (SQFT)	1881
COVERED PORCHES/DECKS (SQFT)	84
GARAGE (SQFT)	462
TOTAL SQUARE FOOTAGE	2427
ENGINEER AND LICENSE NUMBER	M. Douglas Styons L-3227
CULVERT	N
ROLL OUT CAN	2
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-059

PROJECT NAME: Harris New SFD

SITE ADDRESS: 415 COOKE PL KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/06/2020

EXPIRES: 03/06/2021

REQUIRED INSPECTIONS

In-Slab Plumbing

Insulation

Slab/Foundation/Piling

Final

Framing

Zoning Final

Rough In

T-Pole

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.
- * 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.
- * Floor & Roof truss shop drawings shall be submitted for review PRIOR to installation.

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: 3-11-2020



Town of Kill Devil Hills

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

MAR 25 2020

Planning and Inspection Department

BJ2020-064

PROJECT NAME: OBX Cottages
SITE ADDRESS: 527 AYCOCK ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2020

EXPIRES: 09/16/2020

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

OWNER: OBX COTTAGES LLC
200 EAST BLACKMAN ST
nags head, nc 27959
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: 987520904498

Parcel Number: 000725001

Address: 527 AYCOCK ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 73 **Lot(s):** 1-10

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$152.25	\$0.00	Covered Porches/Decks	203 SQFT
Land Disturbing	\$100.00	\$0.00	Residential Unheated (.40)	109 Sq. Ft
Res. Building Permit Fee	\$1,334.35	\$0.00	Residential Heated Space (.75)	1721 sq. Ft.
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Totals :			\$1,636.60	\$0.00

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T23948

BJ2020-064

PROJECT NAME: OBX Cottages

SITE ADDRESS: 527 AYCOCK ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2020

EXPIRES: 09/16/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	29474
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	190000.00
LOT COVERAGE	39.70
LIVING SPACE (SQFT)	1721
COVERED PORCHES/DECKS (SQFT)	203
STORAGE (SQFT)	109
TOTAL SQUARE FOOTAGE	2033
SURVEYOR NAME AND NUMBER	Seaboard Surveying
ENGINEER AND LICENSE NUMBER	Mike Osteen 032628
CULVERT	Y
ROLL OUT CAN	1
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2020-064

PROJECT NAME: OBX Cottages

SITE ADDRESS: 527 AYCOCK ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/20/2020

EXPIRES: 09/16/2020

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.
- * 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: Ch Sh **Date:** 3-25-2020



Town of Kill Devil Hills

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

PAID
 MAR 11 2020

Planning and Inspection Department

TOWN OF
 KILL DEVIL HILLS

BJ2020-066	BUILDING JOINT
PROJECT NAME: Dixon siding replacement, mini split installation	ISSUED: 03/11/2020
SITE ADDRESS: 1904 BAY DR KILL DEVIL HILLS	EXPIRES: 09/07/2020

APPLICANT: DIXON, BRIAN
 1904 BAY DRVE
 Kill Devil Hills, NC 27948

OWNER: DIXON, BRIAN
 1904 BAY DRVE
 Kill Devil Hills, NC 27948

CONTRACTOR: Cynergy Solutions LLC
 PO BOX 153
 Powells Point, NC 27966

BUILDING LIMITED: Cynergy Solutions LLC
 PO BOX 153
 Powells Point, NC 27966

License: 83295
Expires:

PARCEL:

PIN: 987412969966

Parcel Number: 027145000

Address: 1904 BAY DR KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES SEC 2

Block: 0 **Lot(s):** 51

Legal Description:

FEES:	Paid	Due
Building Permit Fee - Minimum Fee	\$150.00	\$0.00
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$300.00	\$0.00

PROJECT DESCRIPTION: new siding, windows replaced, hvac mini splits

BJ2020-066

PROJECT NAME: Dixon siding replacement, mini split installation
SITE ADDRESS: 1904 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/11/2020

EXPIRES: 09/07/2020

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	9
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	38500.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Rough In	Final
Mechanical	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.

* THIS PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD AREA.

1. All Special Flood Hazard Areas limit the use of enclosures below the lowest floor for parking, building access and limited storage only.
2. In the VE Zone, there shall be no alteration of the sand dunes which would increase potential flood damage.
3. In the VE Zone, there shall be no fill used for structural support.
4. Elevation Certificate will be required at time of application, 21 days from the establishment of the lowest floor and at construction completion.

DEVELOPER MUST OBTAIN ALL THE NECESSARY FEDERAL, STATE AND LOCAL PERMITS BEFORE THIS PERMIT CAN BE ISSUED.

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

BJ2020-066

PROJECT NAME: Dixon siding replacement, mini split installation
SITE ADDRESS: 1904 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/11/2020

EXPIRES: 09/07/2020

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: 3-11-2020



Town of Kill Devil Hills

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

PAID
 MAR 18 2020

Planning and Inspection Department

TOWN OF
 KILL DEVIL HILLS

BJ2020-068

PROJECT NAME: Chisman fire damage repair
SITE ADDRESS: 507 BURNS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/17/2020

EXPIRES: 09/13/2020

APPLICANT: MAX CHISMAN
 507 Burns Dr.
 KDH, NC 27948
 489-3558

OWNER: MAX CHISMAN
 507 Burns Dr.
 KDH, NC 27948
 489-3558

GENERAL BUILDING-LIMITED: PHOENIX RESTORATION
 601 W Fresh Pond Dr.
 Kill Devil Hills, NC 27948
 480-1044

License: 58038
Expires: 12/31/2020

PARCEL:

PIN: 988316728965

Parcel Number: 005019000

Address: 507 BURNS DR KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2

Zoning:

Block: H **Lot(s):** 39 & 41

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$270.00	\$0.00	Remodel/Renovation 600 SQFT
Totals :	\$270.00	\$0.00	

PROJECT DESCRIPTION: Fire damage repairs, HVAC, electrical, plumbing, insulation and drywall

BJ2020-068**PROJECT NAME:** Chisman fire damage repair
SITE ADDRESS: 507 BURNS DR KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 03/17/2020**EXPIRES:** 09/13/2020

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	X
SUBSTANTIAL IMPROVEMENT	NO
CONSTRUCTION TYPE	V
CONSTRUCTION COST	50000.00
CULVERT	N
DRIVEWAY INVERT 2	N

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.

BJ2020-068

PROJECT NAME: Chisman fire damage repair
SITE ADDRESS: 507 BURNS DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/17/2020

EXPIRES: 09/13/2020

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3/18/20



Town of Kill Devil Hills

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

MAR 13 2020

Planning and Inspection Department

BJ2020-067

PROJECT NAME: Kill Devil Grill new walk-in Cooler
SITE ADDRESS: 2008 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/13/2020

EXPIRES: 09/09/2020

APPLICANT: Grace Lane Holdings LLC
PO Box 53
Kill Devil Hills, NC 27948
252-449-8181

OWNER: Grace Lane Holdings LLC
PO Box 53
Kill Devil Hills, NC 27948
252-449-8181

CONTRACTOR: B&B Contractors
P. O. Box 2998
Kitty Hawk, NC 27949
252-489-9551

GENERAL BUILDING - LIMITED: B&B Contractors
P. O. Box 2998
Kitty Hawk, NC 27949
252-489-9551

License: 60944
Expires:

PARCEL:

PIN: 989313144114

Parcel Number: 005151001

Address: 2008 VA DARE TRL S KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: add exterior walk in cooler to rear of existing restaurant

BJ2020-067**PROJECT NAME:** Kill Devil Grill new walk-in Cooler
SITE ADDRESS: 2008 VA DARE TRL S KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 03/13/2020**EXPIRES:** 09/09/2020**DETAILS****Permit**

Name	Value
ZONING DISTRICT	C
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	10.0
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Accessory
CONSTRUCTION COST	30000.00
LOT COVERAGE	58.70
ENGINEER AND LICENSE NUMBER	Ralph D. Calfee 12286
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

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

CONDITIONS

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

BJ2020-067

PROJECT NAME: Kill Devil Grill new walk-in Cooler
SITE ADDRESS: 2008 VA DARE TRL S KILL DEVIL HILLS


BUILDING JOINT

ISSUED: 03/13/2020

EXPIRES: 09/09/2020

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: 3/13/2020



Town of Kill Devil Hills

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

PAID

MAR 27 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2020-072

PROJECT NAME: Walton Bedroom addition
SITE ADDRESS: 900 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/27/2020

EXPIRES: 09/23/2020

APPLICANT: GARY AND GINA WALTON
1103 Redding Court
CHESAPEAKE, VA 23322

OWNER: GARY AND GINA WALTON
1103 Redding Court
CHESAPEAKE, VA 23322

CONTRACTOR: PREMIERE COASTAL CONTRACTING
PO BOX 2359
Wanchese, NC 27954
757-761-0103

BUILDING LIMITED: PREMIERE COASTAL CONTRACTING
PO BOX 2359
Wanchese, NC 27954
757-761-0103

License: 78086
Expires:

PARCEL:

PIN: 988409170156

Parcel Number: 002367000

Address: 900 CLAM SHELL DR KILL DEVIL HILLS

Zoning:

Addition: SEA HOLLY RIDGE

Block: A **Lot(s):** 7

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$345.00	\$0.00	Residential Heated Space (.75)	460 sq. Ft.
Totals :	\$345.00	\$0.00		

PROJECT DESCRIPTION: add 1 bedroom, game room and bathroom under existing sfd

BJ2020-072

PROJECT NAME: Walton Bedroom addition
SITE ADDRESS: 900 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/27/2020

EXPIRES: 09/23/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	29552
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	48146.65
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing	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.
- * 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.

BJ2020-072

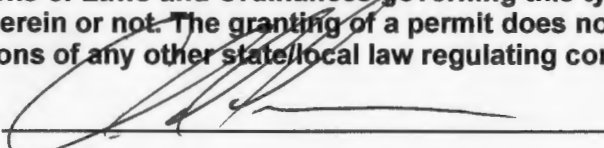
PROJECT NAME: Walton Bedroom addition
SITE ADDRESS: 900 CLAM SHELL DR KILL DEVIL HILLS

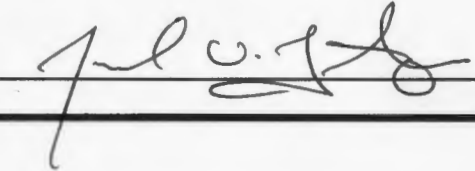
BUILDING JOINT

ISSUED: 03/27/2020

EXPIRES: 09/23/2020

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: 3/27/2020



Town of Kill Devil Hills

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

PAID
CTHUMAN 3/31/2020

Planning and Inspection Department

BJ2020-073

PROJECT NAME: Debra G. Mason
SITE ADDRESS: 1227 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/30/2020

EXPIRES: 09/26/2020

APPLICANT: Porter, Donald
163 Sand Hills Rd.
Camden, NC 27921
252-333-5213

OWNER: MASON, DEBRA G
343 S HWY 343
SHILOH, NC 27974

BUILDING LIMITED: Porter, Donald
163 Sandhills Rd
Camden, NC 27921
252-333-5213

License: 60715
Expires: 01/14/2021

PARCEL:

PIN: 989309060948

Parcel Number: 004694000

Address: 1227 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: Re-construction of fire damage - siding, deck, roof overhang, interior floor, 4 windows, (1) 6X6 piling

BJ2020-073

PROJECT NAME: Debra G. Mason

SITE ADDRESS: 1227 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/30/2020

EXPIRES: 09/26/2020

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
SUBSTANTIAL IMPROVEMENT	NO
CONSTRUCTION COST	30200.00
SURVEYOR NAME AND NUMBER	W.M. Meekins
CULVERT	N
DRIVEWAY INVERT 2	N

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.
- * 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.

BJ2020-073

PROJECT NAME: Debra G. Mason

SITE ADDRESS: 1227 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/30/2020

EXPIRES: 09/26/2020

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: _____

Debra G. Mason
3/31/20



Town of Kill Devil Hills

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

PAID

MAR - 6 2020

Planning and Inspection Department

BJ2020-060	BUILDING JOINT
PROJECT NAME: Foard Remodel	ISSUED: 03/04/2020
SITE ADDRESS: 609 CEDAR DR KILL DEVIL HILLS	EXPIRES: 08/31/2020

APPLICANT: FOARD, TIM
609 EAST CEDAR DRIVE
KILL DEVIL HILLS, NC 27948

OWNER: FOARD, TIM
609 EAST CEDAR DRIVE
KILL DEVIL HILLS, NC 27948

CONTRACTOR: PREMIERE COASTAL CONTRACTING
PO BOX 2359
Wanchese, NC 27954
757-761-0103

BUILDING LIMITED:	PREMIERE COASTAL CONTRACTING PO BOX 2359 Wanchese, NC 27954 757-761-0103	License: 78086 Expires:
--------------------------	---	--

PARCEL:

PIN: 988413232488	Parcel Number: 026953008
Address: 609 CEDAR DR KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VLG PH A SEC 3	Block: 0 Lot(s): 8
Legal Description:	

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:
Building Permit Fee - Minimum Fee	\$150.00	\$0.00	Remodel/Renovation 258 SQFT
Totals :	\$150.00	\$0.00	

PROJECT DESCRIPTION: Kitchen Cabinenry remodel and bathroom remodel, no change to fixture layouts

BJ2020-060

PROJECT NAME: Foard Remodel
SITE ADDRESS: 609 CEDAR DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/04/2020

EXPIRES: 08/31/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	34078.00
LIVING SPACE (SQFT)	258
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!

BJ2020-060

PROJECT NAME: Foard Remodel

SITE ADDRESS: 609 CEDAR DR KILL DEVIL HILLS

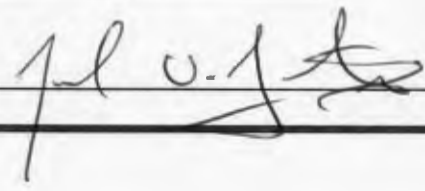
BUILDING JOINT

ISSUED: 03/04/2020

EXPIRES: 08/31/2020

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: 3/6/2020



Town of Kill Devil Hills

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

PAID

MAR - 6 2020

Planning and Inspection Department

BJ2020-063	BUILDING JOINT
PROJECT NAME: Rogers Bonus Room	ISSUED: 03/06/2020
SITE ADDRESS: 803 AIRSTRIP RD W KILL DEVIL HILLS	EXPIRES: 09/02/2020

APPLICANT: ROGERS, MICHAEL & ERIN
803 WEST AIRSTRIP RD
Kill Devil Hills, NC 27948

OWNER: ROGERS, MICHAEL & ERIN
803 WEST AIRSTRIP RD
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988311751573

Parcel Number: 004595000

Address: 803 AIRSTRIP RD W KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS REALTY CORP

Block: 52 **Lot(s):** 5

Legal Description:

FEES:

	<u>Paid</u>	<u>Due</u>
Res. Building Permit Fee	\$203.25	\$0.00
Totals :	\$203.25	\$0.00

BUILDING AREA:

Residential Heated Space 271 sq. Ft.
(.75)

PROJECT DESCRIPTION: enclose under house for bonus room, full bathroom and wet bar, mini split hvac

BJ2020-063**PROJECT NAME:** Rogers Bonus Room**SITE ADDRESS:** 803 AIRSTRIP RD W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 03/06/2020**EXPIRES:** 09/02/2020**DETAILS****Permit**

Name	Value
ZONING DISTRICT	LI-2
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	10000.00
LOT COVERAGE	30.00
LIVING SPACE (SQFT)	271
SURVEYOR NAME AND NUMBER	Mark Kohlhafer
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

* 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.

BJ2020-063

PROJECT NAME: Rogers Bonus Room

SITE ADDRESS: 803 AIRSTRIP RD W KILL DEVIL HILLS

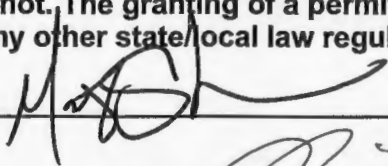
BUILDING JOINT

ISSUED: 03/06/2020

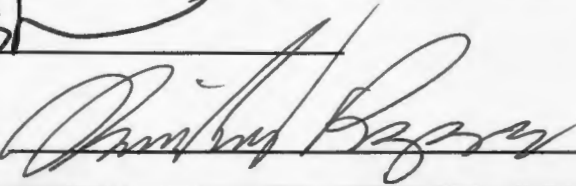
EXPIRES: 09/02/2020

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: _____

3/6/2020



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

BJ2020-065

PROJECT NAME: Eure Kitchen Remodel
SITE ADDRESS: 300 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/10/2020

EXPIRES: 09/06/2020

APPLICANT: Dornblaser, Kathy
PO BOX 1622
Wanchese, NC 27954

OWNER: Dornblaser, Kathy
PO BOX 1622
Wanchese, NC 27954

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988312873017

Parcel Number: 027085000

Address: 300 AIRSTRIP RD W KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 22 **Lot(s):** 4

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Renovation/Remodel/Relocate	\$201.60	\$0.00	Remodel/Renovation	448 SQFT
Totals :	\$201.60	\$0.00		

PROJECT DESCRIPTION: replace drywall and insulation in kitchen, add dishwasher, add lighting in kitchen and living room

PAID

MAR 10 2020

TOWN OF
KILL DEVIL HILLS

BJ2020-065

PROJECT NAME: Eure Kitchen Remodel

SITE ADDRESS: 300 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/10/2020

EXPIRES: 09/06/2020

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7500.00
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.

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: 3/10/20



Town of Kill Devil Hills

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

PAID

MAR - 9 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2020-062

PROJECT NAME: Custer Remodel
SITE ADDRESS: 309 WILKINSON ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

APPLICANT: Custer, Timothy
1413 Whittier Road
VIRGINIA BEACH, VA23454

OWNER: Custer, Timothy
1413 Whittier Road
VIRGINIA BEACH, VA23454

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: 987516929504

Parcel Number: 000551000

Address: 309 WILKINSON ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 41 **Lot(s):** 16-18

Legal Description:

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

PROJECT DESCRIPTION: Redo existing stairs and and handrails, remodel bathroom and kitchen, no change to layout

BJ2020-062

PROJECT NAME: Custer Remodel

SITE ADDRESS: 309 WILKINSON ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

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	8.3
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	30000.00
SURVEYOR NAME AND NUMBER	F. Richard Quible L-1157
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

* 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.

BJ2020-062

PROJECT NAME: Custer Remodel

SITE ADDRESS: 309 WILKINSON ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

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: 3-9-2020



Town of Kill Devil Hills

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

PAID

MAR 26 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-079	BUILDING
PROJECT NAME:	ISSUED: 03/25/2020
SITE ADDRESS: 125 CAROLYN DR KILL DEVIL HILLS	EXPIRES: 09/21/2020

APPLICANT: HUNTER SHARP
4622 Cobia Way
KILL DEVIL HILLS, NC 27949

OWNER: HUNTER SHARP
4622 Cobia Way
KILL DEVIL HILLS, NC 27949

CONTRACTOR: SETH JOHNSON CONSTRUCTION CO., INC.
PO Box 1433
NAGS HEAD, NC 27959
252-216-8853

License: 61904
Expires: 01/01/2021

PARCEL:

PIN: 989313142826

Parcel Number: 004903000

Address: 125 CAROLYN DR KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **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, siding and railings.

BP2020-079

PROJECT NAME:

SITE ADDRESS: 125 CAROLYN DR KILL DEVIL HILLS

BUILDING

ISSUED: 03/25/2020

EXPIRES: 09/21/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	35000.00
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: 3-26-20



Town of Kill Devil Hills

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

PAID

MAR 26 2020

Planning and Inspection Department

MC2020-056

PROJECT NAME: BURNS HVAC
SITE ADDRESS: 2013 FRANKLIN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/26/2020

EXPIRES: 09/22/2020

APPLICANT: Burns, Bradley and Pamela
310 Giles PL
STERLING, VA 20164
571-723-8170

OWNER: Burns, Bradley and Pamela
310 Giles PL
STERLING, VA 20164
571-723-8170

MECHANICAL, H-2, H-3:

ATLANTIC HEATING AND COOLING
P.O. Box 132
Kill Devil Hills, NC 27948
441-7642

License: 11618
Expires: 12/31/2020

PARCEL:

PIN: 988405194045

Parcel Number: 001422001

Address: 2013 FRANKLIN ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 1286

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-056

PROJECT NAME: BURNS HVAC

SITE ADDRESS: 2013 FRANKLIN ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/26/2020

EXPIRES: 09/22/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5300.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3-26-2020



Town of Kill Devil Hills

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

PAID
MAR 13 2020
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2020-052	MECHANICAL
PROJECT NAME:	ISSUED: 03/13/2020
SITE ADDRESS: 1808 CROATAN HWY S. KILL DEVIL HILLS	EXPIRES: 09/09/2020

APPLICANT:	HIGH BANKS LLC C/O RICHARD M QUIDLEY 1634 VILLAGE LANE KILL DEVIL HILLS, NC 27948	OWNER:	HIGH BANKS LLC C/O RICHARD M QUIDLEY 1634 VILLAGE LANE KILL DEVIL HILLS, NC 27948
-------------------	--	---------------	--

H-3:	GEORGE & CO. 105 Beau Pkwy Elizabeth City, NC 27909 335-2596	License: 31510 Expires: 12/31/2020
-------------	---	---

PARCEL:

PIN:	989313044067	Parcel Number:	008323039
Address:	1808 CROATAN HWY S. KILL DEVIL HILLS		
Addition:	LAKE DRIVE DEVELOPMENT	Zoning:	
Legal Description:		Block: 0	Lot(s): 41 43 45 47 PT 39

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-052

PROJECT NAME:

SITE ADDRESS: 1808 CROATAN HWY S. KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/13/2020

EXPIRES: 09/09/2020

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5950.00
CONSTRUCTION TYPE	III
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 3/13/20



Town of Kill Devil Hills

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

PAID

MAR 12 2020

Planning and Inspection Department

MC2020-051

PROJECT NAME:

SITE ADDRESS: 101 FIRST ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/12/2020

EXPIRES: 09/08/2020

APPLICANT: DAVID BASS
268 MARINA BCH
CHESAPEAKE, VA 23320
757-577-1024

OWNER: DAVID BASS
268 MARINA BCH
CHESAPEAKE, VA 23320
757-577-1024

MECHANICAL H-3 CLASS 1: NORTH BEACH SERVICES
P.O. Box 181
Kitty Hawk, NC 27949
252-491-2878

License: 22053
Expires: 12/31/2020

PARCEL:

PIN: 988410456791

Parcel Number: 002756000

Address: 101 FIRST ST E KILL DEVIL HILLS

Addition: GEORGE LEE GRIMES JR SUBDIV

Zoning:

Block: 0

Lot(s): PAR. A

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-051

PROJECT NAME:

SITE ADDRESS: 101 FIRST ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/12/2020

EXPIRES: 09/08/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

* 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: 3/12/2020



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

MC2020-054	MECHANICAL
PROJECT NAME: RMW Investments HVAC	ISSUED: 03/17/2020
SITE ADDRESS: 1101 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 09/13/2020

APPLICANT: RMW INVESTMENTS P O BOX 31268 RALEIGH, NC 27622	OWNER: RMW INVESTMENTS P O BOX 31268 RALEIGH, NC 27622
---	---

MECHANICAL H-3 CLASS 1:	NORTH BEACH SERVICES P.O. Box 181 Kitty Hawk, NC 27949 252-491-2878	License: 22053 Expires: 12/31/2020
--------------------------------	--	---

PARCEL:

PIN: 988415730851	Parcel Number: 003708000
Address: 1101 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: KITTY HAWK SHORES - REVISED	Block: 2A Lot(s): 1 & PT LOWELL AVE
Legal Description:	

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

PAID
MAR 17 2020
TOWN OF
KILL DEVIL HILLS

MC2020-054

PROJECT NAME: RMW Investments HVAC

SITE ADDRESS: 1101 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/17/2020

EXPIRES: 09/13/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10000.00
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

* 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: 3/17/2020



Town of Kill Devil Hills

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

PAID

MAR 12 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2020-050

PROJECT NAME: Simon HVAC
SITE ADDRESS: 2007 PHOEBUS ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/12/2020

EXPIRES: 09/08/2020

APPLICANT: STEPHEN SIMON
2007 Phoebus St.
KDH, NC 27948
216-7329

OWNER: STEPHEN SIMON
2007 Phoebus St.
KDH, NC 27948
216-7329

MECHANICAL: American Refrigeration
P.O. Box 835
nags head, nc 27959
252-305-5320

License: 29031
Expires: 12/31/2020

PARCEL:

PIN: 988405088555

Parcel Number: 000907001

Address: 2007 PHOEBUS ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 Lot(s): 1174

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	5000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N

MC2020-050

PROJECT NAME: Simon HVAC

SITE ADDRESS: 2007 PHOEBUS ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/12/2020

EXPIRES: 09/08/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

4/12/2020



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

MC2020-047

PROJECT NAME: Beach Realty HVAC
SITE ADDRESS: 113 CHOWAN ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/11/2020

EXPIRES: 09/07/2020

APPLICANT: BEACH REALTY
UNKNOWN
KDH, NC 27948
252-441-7166

OWNER: BEACH REALTY
UNKNOWN
KDH, NC 27948
252-441-7166

MECHANICAL: DELTA T
162 Yaupon Tr.
Kitty Hawk, NC 27949
252-261-0404

License: 23299
Expires: 12/31/2020

PARCEL:

PIN: 988513029874

Parcel Number: 000425000

Address: 113 CHOWAN ST E KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 17 **Lot(s):** 15-16

Legal Description:

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

PROJECT DESCRIPTION: C/O 1.5 Ton HVAC System

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3900.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

PAID
MAR 11 2020
TOWN OF KILL DEVIL HILLS

MC2020-047

PROJECT NAME: Beach Realty HVAC
SITE ADDRESS: 113 CHOWAN ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/11/2020

EXPIRES: 09/07/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

PAID

MAR 11 2020

Planning and Inspection Department

MC2020-049	MECHANICAL
PROJECT NAME:	ISSUED: 03/11/2020
SITE ADDRESS: 305 FOURTH ST W KILL DEVIL HILLS	EXPIRES: 09/07/2020

APPLICANT: JAMES & DIANE BARBIE
1806 Riggers Station Dr.
COLONIAL HEIGHTS, VA 23834

OWNER: JAMES & DIANE BARBIE
1806 Riggers Station Dr.
COLONIAL HEIGHTS, VA 23834

MECHANICAL H-3, CLASS 1: Anderson Heating and Cooling Co., LLC
PO Box 396
Kitty Hawk, NC 27949
252-619-3105

License: 31438
Expires: 12/31/2020

PARCEL:

PIN: 988405284074

Parcel Number: 007720000

Address: 305 FOURTH ST W KILL DEVIL HILLS

Zoning:

Addition: WRIGHT'S SHORES SEC 2

Block: 0 **Lot(s):** 7

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT



Town of Kill Devil Hills

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

MAR - 3 2020

Planning and Inspection Department

MC2020-042

PROJECT NAME: YINGER HVAC
SITE ADDRESS: 503 AVALON DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/03/2020

EXPIRES: 08/30/2020

APPLICANT: Yinger, Robert
503 W. Avalon Drive
Kill Devil Hills, NC 27948
252-305-5924

OWNER: Yinger, Robert
503 W. Avalon Drive
Kill Devil Hills, NC 27948
252-305-5924

MECHANICAL: American Refrigeration
P.O. Box 835
nags head, nc 27959
252-305-5320

License: 29031
Expires: 12/31/2020

PARCEL:

PIN: 988405190908

Parcel Number: 001524000

Address: 503 AVALON DR W KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:
Block: 0 **Lot(s):** 156

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT



Town of Kill Devil Hills

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

PAID

MAR 26 2020

Planning and Inspection Department

MC2020-057	MECHANICAL
PROJECT NAME: Craig HVAC	ISSUED: 03/26/2020
SITE ADDRESS: 301 HOLLY ST E KILL DEVIL HILLS	EXPIRES: 09/22/2020

APPLICANT: CRAIG, RALPH L JR
808 PATTERSON MILL ROAD
GROTTOES, VA24441

OWNER: CRAIG, RALPH L JR
808 PATTERSON MILL ROAD
GROTTOES, VA24441

MECHANICAL: DELTA T
162 Yaupon Tr.
Kitty Hawk, NC 27949
252-261-0404

License: 23299
Expires: 12/31/2020

PARCEL:

PIN: 989309064194

Parcel Number: 004719001

Address: 301 HOLLY ST E KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

Zoning:
Block: E **Lot(s):** 20A

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

MC2020-057

PROJECT NAME: Craig HVAC

SITE ADDRESS: 301 HOLLY ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/26/2020

EXPIRES: 09/22/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5200.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 26 Mar 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

MC2020-055

PROJECT NAME: Tlw Beach Holdings, Llc
SITE ADDRESS: 2001 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/20/2020

EXPIRES: 09/16/2020

APPLICANT: Tommy Phelps
250 Albermarle Shores Rd.
Columbia, NC 27925
252-945-1369

OWNER: Tommy Phelps
250 Albermarle Shores Rd.
Columbia, NC 27925
252-945-1369

MECHANICAL H-3: ARMSTRONG AND SON
3978 Albermarle Curch rd.
Columbia, NC 27925
252-394-5316

License: 22516
Expires: 12/31/2020

PARCEL:

PIN: 989313148642

Parcel Number: 005178000

Address: 2001 VA DARE TRL S KILL DEVIL HILLS

Addition: H B CAWTHORNE ESTATE LANDS

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

Legal Description:

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

PROJECT DESCRIPTION: Heat Pump changeout

PAID
3/30/2020
[Signature]

MC2020-055

PROJECT NAME: Tlw Beach Holdings, Llc
SITE ADDRESS: 2001 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/20/2020

EXPIRES: 09/16/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	17000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	10
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3-30-20



Town of Kill Devil Hills

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

MAR - 4 2020

Planning and Inspection Department

MC2020-043

PROJECT NAME: GOLL MINI SPLIT
SITE ADDRESS: 216 HAYMAN BLVD E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/03/2020

EXPIRES: 08/30/2020

APPLICANT: GOLL, KEITH E
401 Bicklser Sq
LEESBURG, VA 20175

OWNER: GOLL, KEITH E
401 Bicklser Sq
LEESBURG, VA 20175

ELECTRICAL, PLUMBING AND HEATING: NORTH BEACH SERVICES
P.O. Box 181
Kitty Hawk, NC 27949
252-491-2878

License: 24744-SP-PH
Expires: 04/23/2020

PARCEL:

PIN: 988513126708

Parcel Number: 000400000

Address: 216 HAYMAN BLVD E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 7 **Lot(s):** 29&30

Legal Description:

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

PROJECT DESCRIPTION: REPLACEMENT OF 2 MINI-SPLIT SYSTEMS

MC2020-043

PROJECT NAME: GOLL MINI SPLIT

SITE ADDRESS: 216 HAYMAN BLVD E KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/03/2020

EXPIRES: 08/30/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.3
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3/4/2020



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

MC2020-045

PROJECT NAME:

SITE ADDRESS: 1221 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/06/2020

EXPIRES: 09/02/2020

APPLICANT: Rogers, Joseph & Christy
8165 Tillinghast LN
Gainesville, VA 20155
703-789-0899

OWNER: Rogers, Joseph & Christy
8165 Tillinghast LN
Gainesville, VA 20155
703-789-0899

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

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 989309073323A2

Parcel Number: 028962000

Address: 1221 VA DARE TRL S KILL DEVIL HILLS

Addition:

Zoning:

Block: 5

Lot(s): UNIT A-2 LT
11-12

Legal Description:

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

PROJECT DESCRIPTION: HVAC REPLACEMENT

MAR - 6 2020

MC2020-045

PROJECT NAME:

SITE ADDRESS: 1221 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/06/2020

EXPIRES: 09/02/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5766.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
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: 3-6-20



Town of Kill Devil Hills

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

PAID

MAR 10 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2020-046

PROJECT NAME: WYNDIECREST HVAC
SITE ADDRESS: 1239A VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/10/2020

EXPIRES: 09/06/2020

APPLICANT: WYNDIE CREST DEVELOPMENT, LLL
PO Box 492
Kill Devil Hills, NC 27948

OWNER: WYNDIE CREST DEVELOPMENT, LLL
PO Box 492
Kill Devil Hills, NC 27948

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

License: 11100
Expires: 12/31/2020

PARCEL:

PIN: 989309065812

Parcel Number: 004881000

Address: 1239A VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-046

PROJECT NAME: WYNDIECREST HVAC

SITE ADDRESS: 1239A VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/10/2020

EXPIRES: 09/06/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5200.00
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

* 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: 3/10/20



Town of Kill Devil Hills

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

PAID

MAR - 3 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2020-040

PROJECT NAME: Church HVAC
SITE ADDRESS: 2008 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/02/2020

EXPIRES: 08/29/2020

APPLICANT: LINWOOD CHURCH
240 High Crest Lane
Nellysford, VA 22958
703-587-5981

OWNER: LINWOOD CHURCH
240 High Crest Lane
Nellysford, VA 22958
703-587-5981

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

License: 13056
Expires: 12/31/2020

PARCEL:

PIN: 987408977745

Parcel Number: 002018000

Address: 2008 BAY DR KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 1048

Legal Description:

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

PROJECT DESCRIPTION: C/O Indoor air handler only

MC2020-040

PROJECT NAME: Church HVAC
SITE ADDRESS: 2008 BAY DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/02/2020

EXPIRES: 08/29/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3-3-20



Town of Kill Devil Hills

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

MAR - 3 2020

Planning and Inspection Department

MC2020-041

PROJECT NAME: LEAVELL HVAC
SITE ADDRESS: 1934 FIFTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/03/2020

EXPIRES: 08/30/2020

APPLICANT: LEAVELL, ELIZABETH P
P O BOX 562
NAGS HEAD, NC 27959

OWNER: LEAVELL, ELIZABETH P
P O BOX 562
NAGS HEAD, NC 27959

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

License: 11100
Expires: 12/31/2020

PARCEL:

PIN: 987408978502

Parcel Number: 002159000

Address: 1934 FIFTH ST W KILL DEVIL HILLS

Addition: WRIGHT'S SHORES

Zoning:
Block: 0 **Lot(s):** 56

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-041

PROJECT NAME: LEAVELL HVAC

SITE ADDRESS: 1934 FIFTH ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/03/2020

EXPIRES: 08/30/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5700.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.3
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

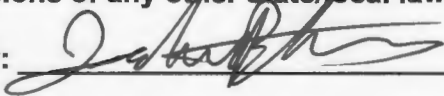
Final

CONDITIONS

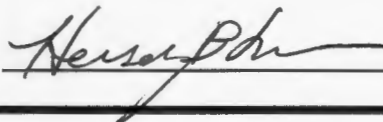
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

Issued By:



Contractor or Authorized Agent:



Date:

3-3-20



Town of Kill Devil Hills

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

MAR - 2 2020

Planning and Inspection Department

MC2020-038

PROJECT NAME: Hodges HVAC
SITE ADDRESS: 1715 SEMINOLE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/02/2020

EXPIRES: 08/29/2020

APPLICANT: Hodges, Sandra
336 Jessteen Lane
BASSETT, VA24055

OWNER: Hodges, Sandra
336 Jessteen Lane
BASSETT, VA24055

H-3, CLASS I: Beach Air Heating and Cooling
PO Box 1047
Manteo, NC 27954
252-216-7544

License: 29768
Expires: 12/31/2020

PARCEL:

PIN: 988410269896

Parcel Number: 002641000

Address: 1715 SEMINOLE ST KILL DEVIL HILLS

Addition: HIGH VIEW - HEDRICKS ADD

Zoning:

Block: A **Lot(s):** 6 & PT 7

Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system

MC2020-038

PROJECT NAME: Hodges HVAC

SITE ADDRESS: 1715 SEMINOLE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/02/2020

EXPIRES: 08/29/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4118.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
NATURAL GAS SIGNOFF	N

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

MAR - 2 2020

Planning and Inspection Department

MC2020-039

PROJECT NAME: VANLEEUEWEN HVAC
SITE ADDRESS: 2005 YORKTOWN KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/02/2020

EXPIRES: 08/29/2020

APPLICANT: SARAH VANLEEUEWEN
2005 YORKTOWN ST.
Kill Devil Hills, NC 27948
813-990-9193

OWNER: SARAH VANLEEUEWEN
2005 YORKTOWN ST.
Kill Devil Hills, NC 27948
813-990-9193

H-3, CLASS I: Beach Air Heating and Cooling
PO Box 1047
Manteo, NC 27954
252-216-7544

License: 29768
Expires: 12/31/2020

PARCEL:

PIN: 988405183725

Parcel Number: 002054000

Address: 2005 YORKTOWN KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 1414

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT

MC2020-039

PROJECT NAME: VANLEEUEWEN HVAC
SITE ADDRESS: 2005 YORKTOWN KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/02/2020

EXPIRES: 08/29/2020

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6376.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

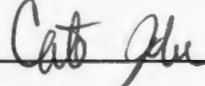
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 3/24/2020



Town of Kill Devil Hills

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

PAID

MAR - 2 2020

Planning and Inspection Department

MC2020-037

PROJECT NAME: RAMADA TIKI BAR PATIO HEATERS
SITE ADDRESS: 1701 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/02/2020

EXPIRES: 08/29/2020

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
Mechanical Permit Fee	\$150.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: INSTALL 4 PATIO HEATERS AND GAS PIPING

MC2020-037

PROJECT NAME: RAMADA TIKI BAR PATIO HEATERS
SITE ADDRESS: 1701 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/02/2020

EXPIRES: 08/29/2020

DETAILS

Permit

Name	Value
PURPOSE	Commercial Accessory
CONSTRUCTION COST	19000.00
CONSTRUCTION TYPE	IV
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

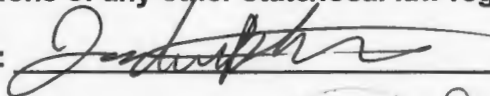
Rough In

CONDITIONS

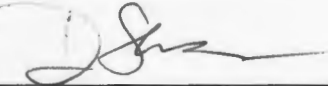
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

I hereby certify that I have read and 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: _____

3/2/20



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

DW2020-003

PROJECT NAME: WATER OAK DRIVEWAY
SITE ADDRESS: 611 Zen Lane Kill Devil Hills

DRIVEWAY

ISSUED: 03/12/2020

EXPIRES: 09/08/2020

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

Zoning:

Addition:

Block:

Lot(s):

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

FEES:	Paid	Due
Driveway Permit Fee	\$50.00	\$0.00
Accessory Residential (MIN)	\$100.00	\$0.00
Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: REMOVE 10'X3' SECTION OF CONCRETE, REPLACE WITH 7" STONE BASE AND PAVERS, INSTALL 2 CONCRETE PAVER WALKWAYS

PAID

MAR 12 2020

TOWN OF
KILL DEVIL HILLS

DW2020-003

PROJECT NAME: WATER OAK DRIVEWAY
SITE ADDRESS: 611 Zen Lane Kill Devil Hills

DRIVEWAY

ISSUED: 03/12/2020

EXPIRES: 09/08/2020

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
ZONING DISTRICT	RL
CONSTRUCTION COST	1000.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
LOT COVERAGE	39.93

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.

* Washed stone base shall be inspected and approved before installation of pavers

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: _____

Grace M. Muck

3.12.2020



Town of Kill Devil Hills

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

Paid
MAR 30 2020

Planning and Inspection Department

DW2020-005	DRIVEWAY
PROJECT NAME: Buben Driveway Addition	ISSUED: 03/30/2020
SITE ADDRESS: 1813 BAY DR KILL DEVIL HILLS	EXPIRES: 09/26/2020

APPLICANT: BUBEN, THOMAS
1813 BAY DRIVE
Kill Devil Hills, NC 27948

OWNER: BUBEN, THOMAS
1813 BAY DRIVE
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988409062474

Parcel Number: 002526000

Address: 1813 BAY DR KILL DEVIL HILLS

Addition: CROATAN SHORES INC SEC 1

Zoning:

Block: 19 **Lot(s):** 14

Legal Description:

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

PROJECT DESCRIPTION: adding 209 sq ft gravel driveway addition

DW2020-005PROJECT NAME: Buben Driveway Addition
SITE ADDRESS: 1813 BAY DR KILL DEVIL HILLS**DRIVEWAY**

ISSUED: 03/30/2020

EXPIRES: 09/26/2020

DETAILS**Permit**

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	Jamie Furr L-4692
ZONING DISTRICT	RL
CONSTRUCTION COST	750.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
LOT COVERAGE	33.30
TOTAL SQUARE FOOTAGE	209

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.
- * 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: 03/30/20



Town of Kill Devil Hills

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

PAID
WITH
CASH

MAR 31 2020

Planning and Inspection Department

DW2020-004

PROJECT NAME: Kitts Driveway Addition
SITE ADDRESS: 1721 BOBBY LEE TRL KILL DEVIL HILLS

DRIVEWAY

ISSUED: 03/30/2020

EXPIRES: 09/26/2020

APPLICANT: Kitts, Kevin
1721 Bobby Lee Trail
Kill Devil Hills, NC 27948

OWNER: Kitts, Kevin
1721 Bobby Lee Trail
Kill Devil Hills, NC 27948

CONTRACTOR: ALM Concrete, LLC
PO Box 205
kitty hawk, nc 27949

UNLICENSED BUILDER: ALM Concrete, LLC
PO Box 205
kitty hawk, nc 27949

License: 1234
Expires: 04/30/2020

PARCEL:

PIN: 988410474438

Parcel Number: 002894015

Address: 1721 BOBBY LEE TRL KILL DEVIL HILLS

Addition: NINE ESTATES

Zoning:
Block: 0 **Lot(s):** 5

Legal Description:

FEES:	Paid	Due
Driveway Permit Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: add 10x27 driveway addition

DW2020-004

PROJECT NAME: Kitts Driveway Addition
SITE ADDRESS: 1721 BOBBY LEE TRL KILL DEVIL HILLS

DRIVEWAY

ISSUED: 03/30/2020

EXPIRES: 09/26/2020

DETAILS

Permit

Name	Value
DRIVEWAY INVERT 2	N
CULVERT	N
SURVEYOR NAME AND NUMBER	WL Norris L-4554
ZONING DISTRICT	RL
CONSTRUCTION COST	2777.50
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
LOT COVERAGE	32.00
TOTAL SQUARE FOOTAGE	270

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.

* 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: 03-31-2020



Town of Kill Devil Hills

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

PAID
MAR 19 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

SG2020-012

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

SIGN

ISSUED: 03/19/2020

EXPIRES: 09/15/2020

APPLICANT: ADLIGHT SIGNS
600 West Boundry Street
Kill Devil Hills, NC 27948
252-449-2800

OWNER: OLIVOLA, MARK
NANCY O WALTON
P O BOX 364
KILL DEVIL HILLS, NC 27948

CONTRACTOR: ADLIGHT SIGNS
600 West Boundry Street
Kill Devil Hills, NC 27948
252-449-2800

License: LEGACY UNKNOWN
Expires: 12/31/2030

PARCEL:

PIN: 988410374122

Parcel Number: 002739000

Address: 1700 CROATAN HWY N KILL DEVIL HILLS

Addition: HEDRICKS ADDITION - CROATAN SH

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

Legal Description:

FEES:	Paid	Due
Banner Fee	\$100.00	\$0.00
Sign Permit Fee	\$300.00	\$0.00
Totals :	\$400.00	\$0.00

PROJECT DESCRIPTION: Signs on the building, add sign to free-standing sign, banners

SG2020-012

PROJECT NAME: Lumber Liquidators

SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 03/19/2020

EXPIRES: 09/15/2020

DETAILS

Permit

Name	Value
# OF BANNERS	2
# OF SIGNS	3
SIGN - FREE STANDING PERMITTED (SQFT)	2.24
SIGN - FREE STANDING PROPOSED (SQ FT)	2.24
SIGN - WALL PERMITTED (SQFT)	50.00
SIGN- WALL PROPOSED (SQ FT)	49.07
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	3000.00
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.

* 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.

* Zoning Final Inspection is required.

* Electrical trade affidavit required.

SG2020-012

PROJECT NAME: Lumber Liquidators

SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

SIGN

ISSUED: 03/19/2020

EXPIRES: 09/15/2020

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____



Town of Kill Devil Hills

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

PAID
MAR 19 2020

Planning and Inspection Department

SG2020-010

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

SIGN

ISSUED: 03/16/2020

EXPIRES: 09/12/2020

APPLICANT: ADLIGHT SIGNS
600 West Boundry Street
Kill Devil Hills, NC 27948
252-449-2800

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

CONTRACTOR: ADLIGHT SIGNS
600 West Boundry Street
Kill Devil Hills, NC 27948
252-449-2800

License: LEGACY UNKNOWN
Expires: 12/31/2030

PARCEL:

PIN: 988420706411

Parcel Number: 003858001

Address: 109 OCEAN BAY BLVD KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

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

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Sign Permit Fee	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Removing sign from south side of building and adding a new sign to building

SG2020-010

PROJECT NAME: Dairy Queen

SITE ADDRESS: 109 OCEAN BAY BLVD KILL DEVIL HILLS

SIGN

ISSUED: 03/16/2020

EXPIRES: 09/12/2020

DETAILS

Permit

Name	Value
# OF SIGNS	1
SIGN- WALL PROPOSED (SQ FT)	21.39
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.

* Zoning Final Inspection is required.

* Must remove existing 21.39 square foot sign on south side of building. This sign will be added to the south wall under the canopy.

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: 3-19-2020



Town of Kill Devil Hills

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

MAR - 5 2020

Planning and Inspection Department

EL2020-016

PROJECT NAME: HEINRICH METER BASE
SITE ADDRESS: 906 SEVENTH AVE KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/04/2020

EXPIRES: 08/31/2020

APPLICANT: RICHARD HEINRICH
906 Seventh Ave
Kill Devil Hills, NC 27948

OWNER: RICHARD HEINRICH
906 Seventh Ave
Kill Devil Hills, NC 27948

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988311761404

Parcel Number: 004544000

Address: 906 SEVENTH AVE KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 45 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: METER BASE CHANGE OUT, INSTALL DISCONNECT

EL2020-016

PROJECT NAME: HEINRICH METER BASE
SITE ADDRESS: 906 SEVENTH AVE KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/04/2020

EXPIRES: 08/31/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	1000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

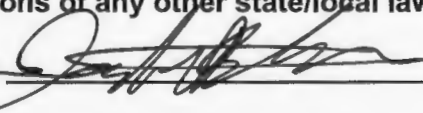
CONDITIONS

* 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.

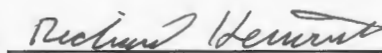
* Homeowner shall solely occupy the residence for 12 months after final inspection if work is not completed by electrician holding a valid trade license.

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: _____

3/5/2020



Town of Kill Devil Hills

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

MAR 20 2020

Planning and Inspection Department

EL2020-018

PROJECT NAME: Town of KDH Water Plant
SITE ADDRESS: 500 Eighth St. W. KDH

ELECTRICAL

ISSUED: 03/19/2020

EXPIRES: 09/15/2020

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

ELECTRICAL, LIMITED: LOWIRE
UNKNOWN
UNKNOWN, XX 00000

License: 19403
Expires: 10/02/2020

PARCEL:

PIN: PARC2010-10

Parcel Number:

Address: 500 Eighth St. W. KDH

Zoning:

Addition:

Block:

Lot(s):

Legal Description:

FEES: Paid Due

Totals :

PROJECT DESCRIPTION: Repair damaged conduit on exterior of building., pull conductors to in-ground junction box for generator, and add 120v.

DETAILS

Permit

Name	Value
ZONING DISTRICT	LI-1
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	1700.00
FLOOD ZONE	X

EL2020-018

PROJECT NAME: Town of KDH Water Plant

SITE ADDRESS: 500 Eighth St. W. KDH

ELECTRICAL

ISSUED: 03/19/2020

EXPIRES: 09/15/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 3/20/20



Town of Kill Devil Hills

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

PAID
MAR 20 2020
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

EL2020-017	ELECTRICAL
PROJECT NAME: Riva Electrical Panel Upgrade	ISSUED: 03/19/2020
SITE ADDRESS: 104 BICKETT ST E KILL DEVIL HILLS	EXPIRES: 09/15/2020

APPLICANT: Riva, Mark
104 EAST Bickett ST
Kill Devil Hills, NC 27948
757-532-0932

OWNER: Riva, Mark
24 Milford Road
Newport News, VA 23601
757-532-0932

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/31/2020

PARCEL:

PIN: 988517119134

Parcel Number: 000813000

Address: 104 BICKETT ST E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORE AMD BLK 24

Zoning:
Block: 24 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: Upgrade electrical panel from 100 amp to 200 amp service

EL2020-017

PROJECT NAME: Riva Electrical Panel Upgrade
SITE ADDRESS: 104 BICKETT ST E KILL DEVIL HILLS

ELECTRICAL
ISSUED: 03/19/2020
EXPIRES: 09/15/2020

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	500.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9.0
OCCUPANCY TYPE	One & Two Family Dwelling

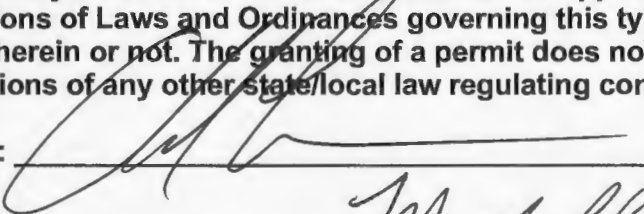
REQUIRED INSPECTIONS

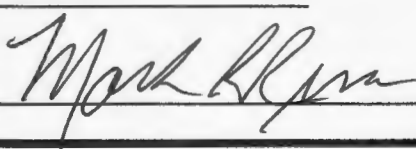
Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/20/20



Town of Kill Devil Hills

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

PAID

MAR 26 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

EL2020-019

PROJECT NAME: Police Storage
SITE ADDRESS: 701 BERMUDA BAY BLVD KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/26/2020

EXPIRES: 09/22/2020

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

ELECTRICAL, LIMITED: LOWIRE
PO Box 2751
Kill Devil Hills, NC 27948
252-256-1075

License: 19403
Expires: 10/02/2020

PARCEL:

PIN: 988307695235-7282

**Parcel
Number:**

Address: 701 BERMUDA BAY BLVD KILL DEVIL HILLS

Zoning:

Addition:

Block:

Lot(s):

Legal Description:

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

PROJECT DESCRIPTION: Install four ceiling fans with controls

EL2020-019**PROJECT NAME:** Police Storage**SITE ADDRESS:** 701 BERMUDA BAY BLVD KILL DEVIL HILLS**ELECTRICAL****ISSUED:** 03/26/2020**EXPIRES:** 09/22/2020**DETAILS****Permit**

Name	Value
ZONING DISTRICT	G&I Public
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	2558.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X

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:** 3/26/20



Town of Kill Devil Hills

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

MAR 26 2020

Planning and Inspection Department

EL2020-020

PROJECT NAME: Aviation Park Bathhouse
SITE ADDRESS: 109 Veterans Drive KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/26/2020

EXPIRES: 09/22/2020

APPLICANT: DARE COUNTY BD OF ED
P O BOX 640
MANTEO, NC 27954

OWNER: DARE COUNTY BD OF ED
P O BOX 640
MANTEO, NC 27954

ELECTRICAL, LIMITED: LOWIRE
PO Box 2751
Kill Devil Hills, NC 27948
252-256-1075

License: 19403
Expires: 10/02/2020

PARCEL:

PIN: 988311572105

Parcel Number: 008165002

Address: 109 Veterans Drive KILL DEVIL HILLS

Zoning:

Addition: SUBDIVISION - NONE

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

Legal Description:

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

PROJECT DESCRIPTION: Install LED fixtures

DETAILS

Permit

Name	Value
ZONING DISTRICT	G&I Public
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	800.00
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9

EL2020-020

PROJECT NAME: Aviation Park Bathhouse
SITE ADDRESS: 109 Veterans Drive KILL DEVIL HILLS

ELECTRICAL

ISSUED: 03/26/2020

EXPIRES: 09/22/2020

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 3/26/20



Town of Kill Devil Hills

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

PAID

MAR - 5 2020

Planning and Inspection Department

EG2020-001

PROJECT NAME: Harvey Lot Clearing
SITE ADDRESS: 202 PARK DR KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 03/03/2020

EXPIRES: 08/30/2020

APPLICANT: HARVEY, BRYAN
309 W SOUNSIDE RD
nags head, nc 27959

OWNER: HARVEY, BRYAN
309 W SOUNSIDE RD
nags head, nc 27959

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988419607560

Parcel Number: 008160000

Address: 202 PARK DR KILL DEVIL HILLS

Addition: BAUM BAY SHORES - REVISED

Zoning:
Block: C **Lot(s):** 6

Legal Description:

FEES:	Paid	Due
Land Disturbing	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Clear lot for future new single family dwelling

EG2020-001

PROJECT NAME: Harvey Lot Clearing
SITE ADDRESS: 202 PARK DR KILL DEVIL HILLS

EXCAVATION AND GRADING

ISSUED: 03/03/2020

EXPIRES: 08/30/2020

DETAILS

Permit

Name	Value
ESTIMATED CONSTRUCTION COST	5000.00
ZONING DISTRICT	RL
CAMA PERMIT	N
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
SURVEYOR NAME AND NUMBER	Carlos F. Gomez L-3241

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.

* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

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: 1/5/2020



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

MAR - 2 2020

OP2020-014

PROJECT NAME: Robert London
SITE ADDRESS: 1418 HILL ST KILL DEVIL HILLS

OCCUPANCY
ISSUED: 02/28/2020

EXPIRES:

APPLICANT: LONDON, ROBERT F
P O BOX 164
POINT HARBOR, NC 27964
252-491-8330

OWNER: LONDON, ROBERT F JR
PO Box 785
Kitty Hawk, NC 27949
252-207-8644

GENERAL: LONDON, ROBERT F. JR.
Rt 1 Box 30
Harbinger, NC 27941
252-207-8644

License: 14364
Expires:

PARCEL:

PIN: 988315730871

Parcel Number: 004841010

Address: 1418 HILL ST KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL BEACH EXTENDED

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

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$106.75	\$0.00
Totals :	\$156.75	\$0.00

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

OP2020-014

PROJECT NAME: Robert London
SITE ADDRESS: 1418 HILL ST KILL DEVIL HILLS

OCCUPANCY
ISSUED: 02/28/2020

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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: 2-28-20



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

OP2020-016

PROJECT NAME: Colson Construction Co
SITE ADDRESS: 313 ST LOUIS ST KILL DEVIL HILLS

OCCUPANCY

ISSUED: 03/05/2020

EXPIRES:

PARENT PERMIT #: BJ2019-014

APPLICANT: COLSON CONSTRUCTION CO., INC.
1305 Campground Rd.
Elizabeth city, NC 27909
252-202-2764

OWNER: COLSON CONSTRUCTION CO., INC.
1305 Campground Rd.
Elizabeth city, NC 27909
252-202-2764

GENERAL: COLSON CONSTRUCTION CO., INC.
1305 Campground Rd.
Elizabeth city, NC 27909
252-202-2764

License: 40746-u
Expires: 01/01/2021

GENERAL: COLSON CONSTRUCTION CO., INC.
1305 Campground Rd.
Elizabeth city, NC 27909
252-202-2764

License: 40746-u
Expires: 01/01/2021

PARCEL:

PIN: 987516849206

Parcel Number: 002957000

Address: 313 ST LOUIS ST KILL DEVIL HILLS

Zoning:

Addition: ORVILLE BEACH WEST

Block: 0 **Lot(s):** 85

Legal Description:

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$106.75	\$0.00
Totals :	\$156.75	\$0.00

PROJECT DESCRIPTION: New 4 bedroom 3/12 bath single family dwelling

MAR - 5 2020

OP2020-016

PROJECT NAME: Colson Construction Co
SITE ADDRESS: 313 ST LOUIS ST KILL DEVIL HILLS

OCCUPANCY
ISSUED: 03/05/2020

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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: 5 March 2020



Town of Kill Devil Hills

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

PAID

MAR - 6 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2020-017

PROJECT NAME: Bakopoulos New SFD
SITE ADDRESS: 518 Eden Street W Kill Devil Hills

OCCUPANCY
ISSUED: 03/06/2020
EXPIRES:

PARENT PERMIT #: BJ2019-143

APPLICANT: NICHOLAS BAKOPOULOS
107 St. Clair Street
Kill Devil Hills, NC 27948
252-207-5896

OWNER: NICHOLAS BAKOPOULOS
107 St. Clair Street
Kill Devil Hills, NC 27948
252-207-5896

CONTRACTOR: Hughes, Ryland James
3945 Pine Way Drive
kitty hawk, nc 27949

BUILDING LIMITED: Hughes, Ryland James
3945 Pineway Drive
kitty hawk, nc 27949

License: 76503
Expires: 01/01/2021

PARCEL:

PIN: 987520906454
Address: 518 Eden Street W Kill Devil Hills

Parcel Number:

Addition:
Legal Description: Lots 29 and 30 Block 73 Virginia Dare Shores

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

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$106.75	\$0.00
Totals :	\$156.75	\$0.00

PROJECT DESCRIPTION: New 3 Bedroom SFD

OP2020-017

PROJECT NAME: Bakopoulos New SFD
SITE ADDRESS: 518 Eden Street W Kill Devil Hills

OCCUPANCY
ISSUED: 03/06/2020

EXPIRES:

DETAILS

Permit

Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
OCCUPANCY TYPE	One & Two Family Dwelling

CONDITIONS

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: _____

3-6-20



Town of Kill Devil Hills

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

PAID
MAR 11 2020

Planning and Inspection Department

OP2020-015

PROJECT NAME: Lane Investment Properties NC, LLC
SITE ADDRESS: 1536 N. Virginia Dare Trail Kill Devil Hills

OCCUPANCY

ISSUED: 03/06/2020

EXPIRES:

PARENT PERMIT #: BJ2019-146

APPLICANT: EAST COAST CONSTRUCTION GROUP
PO Box 329
KILL DEVIL HILLS, NC 27948
252-202-1600

OWNER: Lane Investment Properties NC, LLC
PO Box 329
Kill Devil Hills, NC 27948
252-202-1600

GENERAL: EAST COAST CONSTRUCTION GROUP
PO Box 329
KILL DEVIL HILLS, NC 27948
252-202-1600

License: 34495
Expires: 01/01/2021

GENERAL: EAST COAST CONSTRUCTION GROUP
PO Box 329
KILL DEVIL HILLS, NC 27948
252-202-1600

License: 34495
Expires: 01/01/2021

PARCEL:

PIN: 988411563191

Parcel Number:

Address: 1536 N. Virginia Dare Trail Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 2, Sec. 1, Block D, W.R. Deaton Delray Beach Subdivision

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Residential Trash Can	\$213.50	\$0.00
Totals :	\$263.50	\$0.00

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

DETAILS

Permit

Name	Value
# OF TRASH CANS	2

AE Flood Zone

OP2020-015

PROJECT NAME: Lane Investment Properties NC, LLC
SITE ADDRESS: 1536 N. Virginia Dare Trail Kill Devil Hills

OCCUPANCY

ISSUED: 03/06/2020

EXPIRES:

CONDITIONS

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: _____

3/11/20



Town of Kill Devil Hills

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

PAID

MAR 23 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2020-019

PROJECT NAME: Martone New Single Family Dwelling
SITE ADDRESS: 430 EDEN ST ST W KILL DEVIL HILLS

OCCUPANCY
ISSUED: 03/23/2020

EXPIRES:

PARENT PERMIT #: BJ2019-177

APPLICANT: MARTONE, VICKI
P O BOX 469
KITTY HAWK, NC 27949

OWNER: MARTONE, VICKI
P O BOX 469
KITTY HAWK, NC 27949

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517000615

Parcel Number: 003017000

Address: 430 EDEN ST ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 52 **Lot(s):** 34-36

Legal Description:

FEES:	Paid	Due
Certificate of Occupancy Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: New 3 bedroom single family dwelling

DETAILS

CONDITIONS

AE Flood zone

OP2020-019

PROJECT NAME: Martone New Single Family Dwelling
SITE ADDRESS: 430 EDEN ST ST W KILL DEVIL HILLS

OCCUPANCY

ISSUED: 03/23/2020

EXPIRES:

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

PAID

FEB 28 2020

Planning and Inspection Department

BP2020-045	BUILDING
PROJECT NAME: REGENCY DUNE WALKOVER	ISSUED: 02/28/2020
SITE ADDRESS: 1401 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 08/26/2020

APPLICANT: LEGACY UNKNOWN

OWNER: LEGACY UNKNOWN

UNLICENSED BUILDER:

SIGNATURE TOUCH PROPERTY MANAGEMENT
2600 N CROATAN HWY
Kill Devil Hills, NC 27948
252-441-8857

License: XXXXXXXX
Expires:

PARCEL:

PIN: 98930906943008

Parcel Number: 028110000

Address: 1401 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition:

Block: B **Lot(s):** 9-10 UNIT 8

Legal Description:

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

PROJECT DESCRIPTION: REPLACE DECKING, RAILING, JOIST AND GIRDERS AS NEEDED, STAIRS

BP2020-045

PROJECT NAME: REGENCY DUNE WALKOVER
SITE ADDRESS: 1401 VA DARE TRL S KILL DEVIL HILLS

BUILDING

ISSUED: 02/28/2020

EXPIRES: 08/26/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	12
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	11000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Residential

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: _____

2-28-20



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

MAR - 2 2020

BP2020-042

PROJECT NAME: Tate Office addition
SITE ADDRESS: 406 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/24/2020

EXPIRES: 08/22/2020

APPLICANT: Tate, John
406 W Ocean Acres Dr.
Kill Devil Hills, NC 27948
804-387-8141

OWNER: Tate, John
406 W Ocean Acres Dr.
Kill Devil Hills, NC 27948
804-387-8141

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988316836550 **Parcel Number:** 004992000

Address: 406 OCEAN ACRES DR W KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2 **Zoning:**
Block: H **Lot(s):** 8

Legal Description:

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

PROJECT DESCRIPTION: add 45 sq feet to existing office

BP2020-042

PROJECT NAME: Tate Office addition

SITE ADDRESS: 406 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/24/2020

EXPIRES: 08/22/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1500.00
SURVEYOR NAME AND NUMBER	Michael D Barr L-1756
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Insulation	Zoning Final
Rough In	Final
Framing	

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.

BP2020-042

PROJECT NAME: Tate Office addition

SITE ADDRESS: 406 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/24/2020

EXPIRES: 08/22/2020

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

PAID
MAR - 5 2020

Planning and Inspection Department

BP2020-046	BUILDING
PROJECT NAME: STONE PILINGS, STAIR AND DECK	ISSUED: 03/03/2020
SITE ADDRESS: 114 VEELEE DR KILL DEVIL HILLS	EXPIRES: 08/30/2020

APPLICANT: JAMES STONE
508 Caddy Ct.
Va Beach, VA 23462

OWNER: JAMES STONE
508 Caddy Ct.
Va Beach, VA 23462

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: 988415640053

Parcel Number: 003488000

Address: 114 VEELEE DR KILL DEVIL HILLS

Zoning:

Addition: MEMORIAL OVERLOOK

Block: 0 **Lot(s):** 29

Legal Description:

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

PROJECT DESCRIPTION: REPLACE 7 HOUSE PILINGS WITH 8"X8"X16', 6 DECK AND STAIR PILINGS WITH 6"X6"X20', REBUILD EXTERIOR STAIR AND DECK ON SW CORNER

BP2020-046**PROJECT NAME:** STONE PILINGS, STAIR AND DECK
SITE ADDRESS: 114 VEELEE DR KILL DEVIL HILLS**BUILDING****ISSUED:** 03/03/2020**EXPIRES:** 08/30/2020

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	10000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Zoning Final	

CONDITIONS

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

BP2020-046

PROJECT NAME: STONE PILINGS, STAIR AND DECK
SITE ADDRESS: 114 VEELEE DR KILL DEVIL HILLS

BUILDING

ISSUED: 03/03/2020

EXPIRES: 08/30/2020

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: 3-5-2020



Town of Kill Devil Hills

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

PAID
MAR - 5 2020

Planning and Inspection Department

BP2020-048

PROJECT NAME: Denny Deck and Railing Replacement
SITE ADDRESS: 204 BAUM ST E KILL DEVIL HILLS

BUILDING

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

APPLICANT: Denny, Rupert
204 EAST Baum ST
Kill Devil Hills, NC 27948

OWNER: Denny, Rupert
204 EAST Baum ST
Kill Devil Hills, NC 27948

CONTRACTOR: Going Up Construction
117 Ridge
Kill Devil Hills, NC 27948
202-9997

BUILDING, REMODELING: Going Up Construction
117 Ridge
Kill Devil Hills, NC 27948
202-9997

License: 1236
Expires:

PARCEL:

PIN: 988308895188

Parcel Number: 004192000

Address: 204 BAUM ST E KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 11 **Lot(s):** 3

Legal Description:

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

PROJECT DESCRIPTION: replace decking and railings and stairs to same footprint

BP2020-048**PROJECT NAME:** Denny Deck and Railing Replacement**SITE ADDRESS:** 204 BAUM ST E KILL DEVIL HILLS**BUILDING****ISSUED:** 03/05/2020**EXPIRES:** 09/01/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8400.00
LOT COVERAGE	26.65
SURVEYOR NAME AND NUMBER	Michael D. Barr L-1756
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

* Zoning Final Inspection is required.

BP2020-048

PROJECT NAME: Denny Deck and Railing Replacement

SITE ADDRESS: 204 BAUM ST E KILL DEVIL HILLS

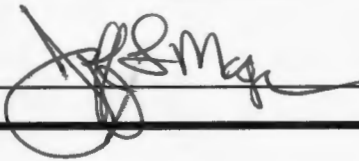
BUILDING

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

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: 3-5-20



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-049

PROJECT NAME: Strand South Condos
SITE ADDRESS: 1531 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/06/2020

EXPIRES: 09/02/2020

APPLICANT: STRAND SOUTH LTD
P O BOX 1917
KILL DEVIL HILLS, NC 27948

OWNER: STRAND SOUTH LTD
P O BOX 1917
KILL DEVIL HILLS, NC 27948

GENERAL: GODFREY CONSTRUCTION CO.
P.O. Box 694
Kill Devil Hills, NC 27948
252-202-1469

License: 66982
Expires: 01/31/2021

PARCEL:

PIN: 98841156806912

Parcel Number: 002765000

Address: 1531 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: A

Lot(s): UNIT M-1 LT 6-7&PT8

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$340.50	\$0.00	Covered Porches/Decks	454 SQFT
Totals :	\$340.50	\$0.00		

PROJECT DESCRIPTION: Replace 6 (2 stacks x3 units high) porches for timeshare units.

MAR - 9 2020

BP2020-049**PROJECT NAME:** Strand South Condos**SITE ADDRESS:** 1531 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 03/06/2020**EXPIRES:** 09/02/2020

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	58500.00
COVERED PORCHES/DECKS (SQFT)	454
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	John DeLucia 16799
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

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.

BP2020-049

PROJECT NAME: Strand South Condos

SITE ADDRESS: 1531 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/06/2020

EXPIRES: 09/02/2020

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: Stacy Parker Date: 3-9-20



Town of Kill Devil Hills

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

PAID

MAR - 6 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-047

PROJECT NAME: Tate Stair Addition
SITE ADDRESS: 406 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING

ISSUED: 03/04/2020

EXPIRES: 08/31/2020

APPLICANT: Tate, John
406 W Ocean Acres Dr.
Kill Devil Hills, NC 27948
804-387-8141

OWNER: Tate, John
406 W Ocean Acres Dr.
Kill Devil Hills, NC 27948
804-387-8141

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988316836550

Parcel Number: 004992000

Address: 406 OCEAN ACRES DR W KILL DEVIL HILLS

Addition: OCEAN ACRES TRACT 3 SEC 2

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

Legal Description:

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

PROJECT DESCRIPTION: move existing stairs to outside of existing deck footprint, finish deck area where stairs existed

BP2020-047

PROJECT NAME: Tate Stair Addition

SITE ADDRESS: 406 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING

ISSUED: 03/04/2020

EXPIRES: 08/31/2020

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	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1200.00
LOT COVERAGE	30.00
SURVEYOR NAME AND NUMBER	Micheal D. Barr L-1756
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Zoning Final	

CONDITIONS

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

BP2020-047

PROJECT NAME: Tate Stair Addition

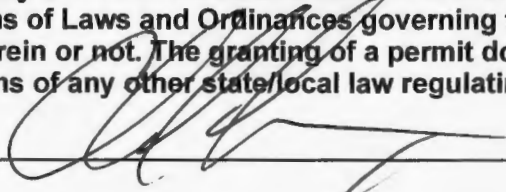
SITE ADDRESS: 406 OCEAN ACRES DR W KILL DEVIL HILLS

BUILDING

ISSUED: 03/04/2020

EXPIRES: 08/31/2020

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

PAID

MAR 11 2020

Planning and Inspection Department

BP2020-054

PROJECT NAME:

SITE ADDRESS: 201 CARLTON STREET E KILL DEVIL HILLS

BUILDING

ISSUED: 03/11/2020

EXPIRES: 09/07/2020

APPLICANT: Vess, Steven & Cheryl
Hc 34 Box 319
LEWISBURG, WV 24901
304-667-0237

OWNER: Vess, Steven & Cheryl
Hc 34 Box 319
LEWISBURG, WV 24901
304-667-0237

RESIDENTIAL-LIMITED: C. M. Chappell
350 WEST Eckner ST
kitty hawk, nc 27949
252-256-2388

License: 17618
Expires:

PARCEL:

PIN: 988420801492

Parcel Number: 003774006

Address: 201 CARLTON STREET E KILL DEVIL HILLS

Addition: MOHAMAD A AFIFY DIVISION

Zoning:
Block: 0 **Lot(s):** 6A

Legal Description:

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

PROJECT DESCRIPTION: Replace deck boards/railings/stair treads/risers and add stair stringers.

BP2020-054

PROJECT NAME:

SITE ADDRESS: 201 CARLTON STREET E KILL DEVIL HILLS

BUILDING

ISSUED: 03/11/2020

EXPIRES: 09/07/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	23000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

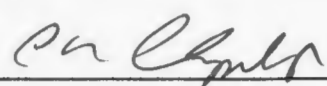
Final

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.

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: 3-11-20



Town of Kill Devil Hills

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

PAID
MAR 13 2020

Planning and Inspection Department

BP2020-057	BUILDING
PROJECT NAME: Ballance Stair Replacement	ISSUED: 03/13/2020
SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS	EXPIRES: 09/09/2020

APPLICANT: BALLANCE, ROYCE A
CARAWAN, DARLENE
1044 NORTH LAKE RD
FAIRFIELD, NC 27826

OWNER: BALLANCE, ROYCE A
CARAWAN, DARLENE
1044 NORTH LAKE RD
FAIRFIELD, NC 27826

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 987408991134

Parcel Number: 029668000

Address: 2100 BAY DR KILL DEVIL HILLS

Addition: KITTY HAWK BAY CLUB

Zoning:

Block: 0 **Lot(s):** UNIT 2 LOT 2

Legal Description:

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

PROJECT DESCRIPTION: replace front stairs to same footprint

BP2020-057

PROJECT NAME: Ballance Stair Replacement
SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 03/13/2020

EXPIRES: 09/09/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	650.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

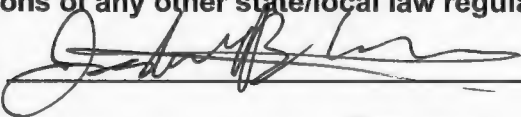
Final

CONDITIONS

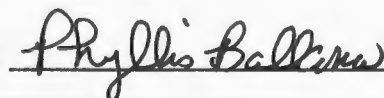
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

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: 3-13-20



Town of Kill Devil Hills

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

PAID

MAR 13 2020

Planning and Inspection Department

BP2019-143

PROJECT NAME:

SITE ADDRESS: 2202 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 06/18/2019

EXPIRES: 12/15/2019

APPLICANT: Elliott & Associates
PO Box 61007
RICHMOND, VA 23261
804-798-0325

OWNER: Elliott & Associates
PO Box 61007
RICHMOND, VA 23261
804-798-0325

BUILDING, REMODELING: BILL FROEHLICH
UNKNOWN
UNKNOWN, XX 00000
207-7999

License: 62232
Expires: 12/31/2019

PARCEL:

PIN: 988517214497

Parcel Number: 000337000

Address: 2202 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:
Block: 1 **Lot(s):** 3

Legal Description:

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

PROJECT DESCRIPTION: REPAIR/REPLACE FRONT & REAR STAIRS, DECK RAILINGS AND SOME DECK BOARDS.

BP2019-143

PROJECT NAME:

SITE ADDRESS: 2202 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 06/18/2019

EXPIRES: 12/15/2019

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
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.

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: 3-13-20



Town of Kill Devil Hills

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

PAID

MAR 16 2020

Planning and Inspection Department

BP2020-061

PROJECT NAME: SCHWARTZ PILING REPLACEMENT
SITE ADDRESS: 206 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING

ISSUED: 03/16/2020

EXPIRES: 09/12/2020

APPLICANT: SCHWARTZ, WILLIS T
2368 LONG ROAD
GRAND ISLAND, NY 14072

OWNER: SCHWARTZ, WILLIS T
2368 LONG ROAD
GRAND ISLAND, NY 14072

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988420800292

Parcel Number: 003833000

Address: 206 MEMORIAL BLVD S KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 35 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: REPLACE (3) ROOF SUPPORTING PORCH PILINGS WITH 8X8'S

BP2020-061**PROJECT NAME:** SCHWARTZ PILING REPLACEMENT
SITE ADDRESS: 206 MEMORIAL BLVD S KILL DEVIL HILLS**BUILDING****ISSUED:** 03/16/2020**EXPIRES:** 09/12/2020

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
STREET SIDE SETBACK	7.5
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1500.00
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.

BP2020-061

PROJECT NAME: SCHWARTZ PILING REPLACEMENT
SITE ADDRESS: 206 MEMORIAL BLVD S KILL DEVIL HILLS

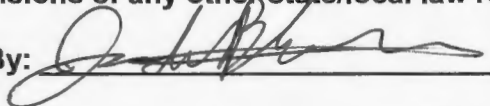
BUILDING

ISSUED: 03/16/2020

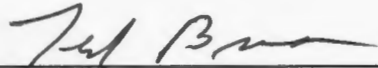
EXPIRES: 09/12/2020

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: _____

3/16/20



Town of Kill Devil Hills

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

MAR 16 2020

Planning and Inspection Department

BP2020-062

PROJECT NAME: Garnett Deck and Stair Replacement
SITE ADDRESS: 2021 NORFOLK ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/16/2020

EXPIRES: 09/12/2020

APPLICANT: GARNETT, BRENDA
2021 Norfolk Street
Kill Devil Hills, NC 27948

OWNER: GARNETT, BRENDA
2021 Norfolk Street
Kill Devil Hills, NC 27948

CONTRACTOR: W M DUNN CONSTRUCTION LLC
PO Box 201
Powels Point, NC 27966
252-207-8964

BUILDER UNLIMITED: W M DUNN CONSTRUCTION LLC
PO Box 201
Powels Point, NC 27966
252-207-8964

License: 70411
Expires: 01/02/2021

PARCEL:

PIN: 988405199599

Parcel Number: 001220000

Address: 2021 NORFOLK ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 766

Legal Description:

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

PROJECT DESCRIPTION: replace existing 2 story rear deck and stairs to same footprint

BP2020-062

PROJECT NAME: Garnett Deck and Stair Replacement
SITE ADDRESS: 2021 NORFOLK ST KILL DEVIL HILLS

BUILDING**ISSUED:** 03/16/2020**EXPIRES:** 09/12/2020**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	29513
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	8000.00
SURVEYOR NAME AND NUMBER	Gloria J. Rogers L-3531
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

Zoning Final

CONDITIONS

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

* 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.

BP2020-062

PROJECT NAME: Garnett Deck and Stair Replacement
SITE ADDRESS: 2021 NORFOLK ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/16/2020

EXPIRES: 09/12/2020

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: 3/16/20



Town of Kill Devil Hills

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

PAID

MAR 18 2020

Planning and Inspection Department

BP2020-060	BUILDING
PROJECT NAME: DUNCAN STAIRS	ISSUED: 03/16/2020
SITE ADDRESS: 602 SUFFOLK ST KILL DEVIL HILLS	EXPIRES: 09/12/2020

APPLICANT: DUNCAN, JOHN MICHAEL
602 W SUFFOLK STREET
KILL DEVIL HILLS, NC 27948

OWNER: DUNCAN, JOHN MICHAEL
602 W SUFFOLK STREET
KILL DEVIL HILLS, NC 27948

UNLICENSED BUILDER: JASON MCCALLISTER
102 COUNTRY MEADOWS DR.
South Mills, NC 27976
757-761-4614

License: XXXXXX
Expires:

PARCEL:

PIN: 988405098737

Parcel Number: 001132000

Address: 602 SUFFOLK ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 925

Legal Description:

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

PROJECT DESCRIPTION: REPLACE FRONT EXTERIOR STAIRS

BP2020-060

PROJECT NAME: DUNCAN STAIRS
SITE ADDRESS: 602 SUFFOLK ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/16/2020

EXPIRES: 09/12/2020

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	8.00
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	325.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

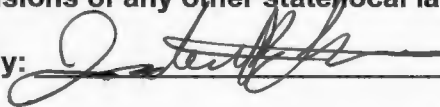
Zoning Final

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: 3/18/2020



Town of Kill Devil Hills

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

PAID

MAR 17 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-058

PROJECT NAME:

SITE ADDRESS: 2013 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/17/2020

EXPIRES: 09/13/2020

APPLICANT: CHESHIRE, GODFREY
2522 WAKE DRIVE
RALEIGH, NC 27608
919-782-0130

OWNER: McOwen, Elizabeth
1628 Oberlin Road
RALEIGH, NC 27608

CONTRACTOR: Coastal Cottage Contracting
PO Box 433
nags head, nc 27959
252-715-2576

BUILDING-UNLIMITED: Coastal Cottage Contracting
PO Box 433
nags head, nc 27959
252-715-2576

License: 75876
Expires:

PARCEL:

PIN: 988518306167

Parcel Number: 002350000

Address: 2013 VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition: MILES CLARK

Block: 0 **Lot(s):** 43 & 45

Legal Description:

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

PROJECT DESCRIPTION: Replace open deck.

BP2020-058

PROJECT NAME:

SITE ADDRESS: 2013 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/17/2020

EXPIRES: 09/13/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	Y
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	12
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	14000.00
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.
- * 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.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

BP2020-058

PROJECT NAME:

SITE ADDRESS: 2013 VA DARE TRL N KILL DEVIL HILLS

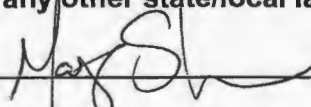
BUILDING

ISSUED: 03/17/2020

EXPIRES: 09/13/2020

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

Issued By: _____

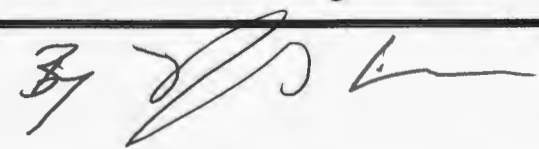


Contractor or Authorized Agent: _____

Coastal College Contracting, LLC

Date: _____

3/17/2020





Town of Kill Devil Hills

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

MAR 18 2020

Planning and Inspection Department

BP2020-066

PROJECT NAME: Lowe stair replacement
SITE ADDRESS: 1705 SEA SWEPT RD KILL DEVIL HILLS

BUILDING

ISSUED: 03/18/2020

EXPIRES: 09/14/2020

APPLICANT: Lowe, Theresa
102 Pocahontas Street
FRANKLIN, VA 23851

OWNER: Lowe, Theresa
102 Pocahontas Street
FRANKLIN, VA 23851

CONTRACTOR: Smith, Dale
3118 N Croatan Highway
Kill Devil Hills, NC 27948

UNLICENSED - REMODELING: Smith, Dale
3118 N Croatan Highway
Kill Devil Hills, NC 27948

License: 12345
Expires:

PARCEL:

PIN: 988409155789

Parcel Number: 002572000

Address: 1705 SEA SWEPT RD KILL DEVIL HILLS

Zoning:

Addition: CROATAN SHORES SUBDIV

Block: 14 **Lot(s):** 26

Legal Description:

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

PROJECT DESCRIPTION: rebuild 2 front steps and railings to same footprint

BP2020-066**PROJECT NAME:** Lowe stair replacement**SITE ADDRESS:** 1705 SEA SWEPT RD KILL DEVIL HILLS**BUILDING****ISSUED:** 03/18/2020**EXPIRES:** 09/14/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5500.00
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2020-066

PROJECT NAME: Lowe stair replacement

SITE ADDRESS: 1705 SEA SWEPT RD KILL DEVIL HILLS

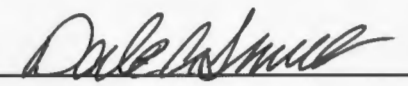
BUILDING

ISSUED: 03/18/2020

EXPIRES: 09/14/2020

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

Issued By: 

Contractor or Authorized Agent:  Date: 3/19/2020



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

BP2020-063

PROJECT NAME: Robinson Dune deck replacement
SITE ADDRESS: 2061 Virginia Dare Tr. N. Kill Devil Hills

BUILDING

ISSUED: 03/16/2020

EXPIRES: 09/12/2020

APPLICANT: Robinson, Tom
2061 N Va Dare Tr.
Kill Devil Hills, NC 27948
757-383-2145

OWNER: Robinson, Tom
2061 N Va Dare Tr.
Kill Devil Hills, NC 27948
757-383-2145

CONTRACTOR: Nelson, Ben/Southern Cottage Realty, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27949
252-207-9837

CONTRACTOR: Nelson, Ben/Southern Cottage Realty, Inc.
1706 Virginia Ave.
Kill Devil Hills, NC 27949
252-207-9837

License: 80428
Expires: 01/01/2021

PARCEL:

PIN: 988518310156

Parcel Number: 003065001

Address: 2061 Virginia Dare Tr. N. Kill Devil Hills

Zoning:

Addition: AVALON BEACH

Block: Lot(s): 2

Legal Description:

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

PROJECT DESCRIPTION: replace dune deck and walkway to existing footprint

PAID

MAR 19 2020

TOWN OF
KILL DEVIL HILLS

BP2020-063

PROJECT NAME: Robinson Dune deck replacement
SITE ADDRESS: 2061 Virginia Dare Tr. N. Kill Devil Hills

BUILDING**ISSUED:** 03/16/2020**EXPIRES:** 09/12/2020**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4000.00
SURVEYOR NAME AND NUMBER	M. Douglas Styons L- 3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.

BP2020-063

PROJECT NAME: Robinson Dune deck replacement
SITE ADDRESS: 2061 Virginia Dare Tr. N. Kill Devil Hills

BUILDING

ISSUED: 03/16/2020

EXPIRES: 09/12/2020

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: 03/19/20



Town of Kill Devil Hills

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

PAID

MAR 23 2020

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2020-068

PROJECT NAME: Mariner Cloumns
SITE ADDRESS: 1801 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/23/2020

EXPIRES: 09/19/2020

APPLICANT: C AND S REALTY CORP
301 N Va. Dare Trail
DANVILLE, VA 24543

OWNER: C AND S REALTY CORP
301 N Va. Dare Trail
DANVILLE, VA 24543

CONTRACTOR: Underground Machine Works
106 Shores Ave #1
Point Harbor, NC 27964
252-722-3204

GENERAL UNDER 30,000.00: Underground Machine Works
106 Shores Ave #1
Point Harbor, NC 27964
252-722-3204

License: 0000000
Expires: 03/20/2021

PARCEL:

PIN: 988406486187

Parcel Number: 002803000

Address: 1801 VA DARE TRL N KILL DEVIL HILLS

Addition: Croatan Shores Amended

Zoning:
Block: D **Lot(s):** 17-19

Legal Description:

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

PROJECT DESCRIPTION: Install five CMU columns to shore up existing precast roof

BP2020-068

PROJECT NAME: Mariner Cloumns

SITE ADDRESS: 1801 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/23/2020

EXPIRES: 09/19/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	Y
ZONING DISTRICT	OIR
PURPOSE	Commercial Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	26000.00

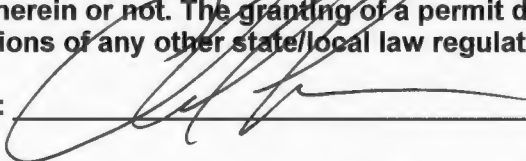
REQUIRED INSPECTIONS


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: 3-23-2020



Town of Kill Devil Hills

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

MAR 23 2020

Planning and Inspection Department

BP2020-067

PROJECT NAME:

SITE ADDRESS: 102 FERRIS AVE KILL DEVIL HILLS

BUILDING

ISSUED: 03/20/2020

EXPIRES: 09/16/2020

APPLICANT: Bailey, Richard and Karen
2216 Butler Branch RD
PETERSBURG, VA 23805
804-892-4998

OWNER: Bailey, Richard and Karen
2216 Butler Branch RD
PETERSBURG, VA 23805
804-892-4998

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: 988419625420

Parcel Number: 003999000

Address: 102 FERRIS AVE KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 45 **Lot(s):** 11

Legal Description:

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

PROJECT DESCRIPTION: Install 2 sister pilings per engineer's detail.

BP2020-067

PROJECT NAME:

SITE ADDRESS: 102 FERRIS AVE KILL DEVIL HILLS

BUILDING

ISSUED: 03/20/2020

EXPIRES: 09/16/2020

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	3400.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

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: _____

3-23-20



Town of Kill Devil Hills

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

PAID

MAR 23 2020

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2020-070	BUILDING
PROJECT NAME: Michael Shervin	ISSUED: 03/23/2020
SITE ADDRESS: 215 ORVILLE CT KILL DEVIL HILLS	EXPIRES: 09/19/2020

APPLICANT: MICHEAL SHERVIN 215 Orville Crt. K D H, NC 27948	OWNER: MICHEAL SHERVIN 215 Orville Crt. K D H, NC 27948
--	--

CONTRACTOR:	SAME AS OWNER UNKNOWN UNKNOWN, XX 00000	License: Same as Owner Expires: 12/31/2020
--------------------	---	---

PARCEL:

PIN: 988405284517	Parcel Number: 002130000
Address: 215 ORVILLE CT KILL DEVIL HILLS	
Addition: WRIGHT'S SHORES	Zoning:
Legal Description:	Block: 0 Lot(s): 171

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

PROJECT DESCRIPTION: Replace deck within same footprint

BP2020-070PROJECT NAME: Michael Shervin
SITE ADDRESS: 215 ORVILLE CT KILL DEVIL HILLS**BUILDING**

ISSUED: 03/23/2020

EXPIRES: 09/19/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	600.00
SURVEYOR NAME AND NUMBER	William S. Jones, Jr.

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.

* Zoning Final Inspection is required.

* Deck must be replaced within existing footprint. Size of the deck will remain the same.

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: _____

3/23/2020



Town of Kill Devil Hills

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

MAR 23 2020

Planning and Inspection Department

BP2020-064

PROJECT NAME: Perry Piling Replacement
SITE ADDRESS: 3128 SEA WING CT KILL DEVIL HILLS

BUILDING

ISSUED: 03/17/2020

EXPIRES: 09/13/2020

APPLICANT: Perry, James
3118 NORTH CROATAN HWY
KILL DEVIL HILLS, NC 27948
252-202-3051

OWNER: Perry, James
3118 NORTH CROATAN HWY
KILL DEVIL HILLS, NC 27948
252-202-3051

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

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: 988513037971

Parcel Number: 003041000

Address: 3128 SEA WING CT KILL DEVIL HILLS

Zoning:

Addition:

Block: 0 **Lot(s):** 18

Legal Description:

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

PROJECT DESCRIPTION: replace 3 deck pilings and 1 house piling

BP2020-064**PROJECT NAME:** Perry Piling Replacement
SITE ADDRESS: 3128 SEA WING CT KILL DEVIL HILLS**BUILDING****ISSUED:** 03/17/2020**EXPIRES:** 09/13/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	AE
BASE FLOOD ELEVATION	9
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4250.00
SURVEYOR NAME AND NUMBER	Michael Robinson
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Zoning Final	

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * 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.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

BP2020-064

PROJECT NAME: Perry Piling Replacement
SITE ADDRESS: 3128 SEA WING CT KILL DEVIL HILLS

BUILDING

ISSUED: 03/17/2020

EXPIRES: 09/13/2020

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3-23-20



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-069

PROJECT NAME: Lapman Deck Repair
SITE ADDRESS: 2907 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/20/2020

EXPIRES: 09/16/2020

APPLICANT: Christopher Lampman
7110 Bull Hill Rd
Prince George, VA 23875

OWNER: Christopher Lampman
7110 Bull Hill Rd
Prince George, VA 23875

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988513137393

Parcel Number: 000822000

Address: 2907 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: Replace decking, stair treads and risers, and handrail. Replace bad joist as needed

PAID

MAR 20 2020

**TOWN OF
KILL DEVIL HILLS**

**PAID
WITH
CASH**

BP2020-069PROJECT NAME: Lapman Deck Repair
SITE ADDRESS: 2907 VA DARE TRL N KILL DEVIL HILLS**BUILDING**

ISSUED: 03/20/2020

EXPIRES: 09/16/2020

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4000.00

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

3-20-20



Town of Kill Devil Hills

757-897-3662

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

Planning and Inspection Department

BP2020-074	BUILDING
PROJECT NAME: GATELY STAIR, DECKING, AND RAILING	ISSUED: 03/23/2020
SITE ADDRESS: 213 RANDOM ST KILL DEVIL HILLS	EXPIRES: 09/19/2020

APPLICANT: Gatley, Kenneth
149 Racine Dr
NEWPORT NEWS, VA 23608

OWNER: Gatley, Kenneth
149 Racine Dr
NEWPORT NEWS, VA 23608

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

License: Unlicensed
Expires: 12/31/2020

PARCEL:

PIN: 988517211605

Parcel Number: 000765000

Address: 213 RANDOM ST KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES AMD BLK 2

Block: 2 **Lot(s):** 11-12

Legal Description:

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

PROJECT DESCRIPTION: REBUILD EXTERIOR STAIR, DECKING AND RAILING

MAR 23 2020

BP2020-074

PROJECT NAME: GATELY STAIR, DECKING, AND RAILING
SITE ADDRESS: 213 RANDOM ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/23/2020

EXPIRES: 09/19/2020

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	9.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3600.00
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: _____

3/23/2020



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

BP2020-072

PROJECT NAME: Nixon Front Porch Replacement
SITE ADDRESS: 105 WOODMERE AVE KILL DEVIL HILLS

BUILDING

ISSUED: 03/23/2020

EXPIRES: 09/19/2020

APPLICANT: FRANCIS E DEMPSAY
2204 Volunteer Trail
Virginia Beach, Va 23455

OWNER: NIXON, MACK
475 WHITEHAT ROAD
hertford, nc 27944

CONTRACTOR: GODFREY CONSTRUCTION CO.
P.O. Box 694
Kill Devil Hills, NC 27948
252-202-1469

GENERAL: GODFREY CONSTRUCTION CO.
P.O. Box 694
Kill Devil Hills, NC 27948
252-202-1469

License: 66982
Expires: 01/31/2021

PARCEL:

PIN: 988415625521

Parcel Number: 004002000

Address: 105 WOODMERE AVE KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 45 **Lot(s):** 15

Legal Description:

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

PROJECT DESCRIPTION: remove and replace existing front porch and stairs and handrails

PAID

MAR 23 2020

BP2020-072

PROJECT NAME: Nixon Front Porch Replacement
SITE ADDRESS: 105 WOODMERE AVE KILL DEVIL HILLS

BUILDING

ISSUED: 03/23/2020

EXPIRES: 09/19/2020

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	11737.00
LOT COVERAGE	39.00
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.
- * Zoning Final Inspection is required.

BP2020-072

PROJECT NAME: Nixon Front Porch Replacement
SITE ADDRESS: 105 WOODMERE AVE KILL DEVIL HILLS

BUILDING

ISSUED: 03/23/2020

EXPIRES: 09/19/2020

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: 03-23-2020



Town of Kill Devil Hills

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

PAID

MAR 24 2020

Planning and Inspection Department

BP2020-077

PROJECT NAME: Sarah Brown
SITE ADDRESS: 2012 EDENTON ST ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/24/2020

EXPIRES: 09/20/2020

APPLICANT: Brown, Sarah
PO Box 1664
kitty hawk, nc 27949
252-202-4251

OWNER: Brown, Sarah
PO Box 1664
kitty hawk, nc 27949
252-202-4251

CONTRACTOR: SAME AS OWNER
UNKNOWN
UNKNOWN, XX 00000

License: Same as Owner
Expires: 12/31/2020

PARCEL:

PIN: 988405080214

Parcel Number: 001284000

Address: 2012 EDENTON ST ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:
Block: 0 **Lot(s):** 839

Legal Description:

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

PROJECT DESCRIPTION: Add fence, paver patio, shed roof pergola

BP2020-077

PROJECT NAME: Sarah Brown

SITE ADDRESS: 2012 EDENTON ST ST KILL DEVIL HILLS

BUILDING

ISSUED: 03/24/2020

EXPIRES: 09/20/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	29551
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.2
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3000.00
LOT COVERAGE	28.08
SURVEYOR NAME AND NUMBER	Kirk R. Foreman

REQUIRED INSPECTIONS

Zoning Final

Stringline

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.

BP2020-077

PROJECT NAME: Sarah Brown

SITE ADDRESS: 2012 EDENTON ST ST KILL DEVIL HILLS

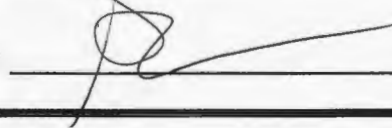
BUILDING

ISSUED: 03/24/2020

EXPIRES: 09/20/2020

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: 3/24/20



Town of Kill Devil Hills

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

PAID

Planning and Inspection Department

MAR 24 2020

BP2020-076

PROJECT NAME: Strand South Condos
SITE ADDRESS: 1531 VA DARE TRL N KILL DEVIL HILLS

BUILDING
ISSUED: 03/24/2020
EXPIRES: 09/20/2020

APPLICANT: STRAND SOUTH LTD
P O BOX 1917
KILL DEVIL HILLS, NC 27948

OWNER: STRAND SOUTH LTD
P O BOX 1917
KILL DEVIL HILLS, NC 27948

GENERAL: GODFREY CONSTRUCTION CO.
P.O. Box 694
Kill Devil Hills, NC 27948
252-202-1469

License: 66982
Expires: 01/31/2021

PARCEL:

PIN: 98841156806912

Parcel Number: 002765000

Address: 1531 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: A

Lot(s): UNIT M-1 LT 6-7&PT8

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$338.25	\$0.00	Covered Porches/Decks	451 SQFT
Totals :	\$338.25	\$0.00		

PROJECT DESCRIPTION: Replace 6 (2 stacks x3 units high) porches for timeshare units.

BP2020-076**PROJECT NAME:** Strand South Condos**SITE ADDRESS:** 1531 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 03/24/2020**EXPIRES:** 09/20/2020

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	58500.00
COVERED PORCHES/DECKS (SQFT)	454
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	John DeLucia 16799
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

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.

BP2020-076

PROJECT NAME: Strand South Condos

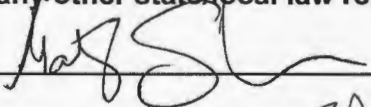
SITE ADDRESS: 1531 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/24/2020

EXPIRES: 09/20/2020

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: 03-24-2020



Town of Kill Devil Hills

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

PAID
MAR 24 2020

Planning and Inspection Department

BP2020-071

PROJECT NAME: Eure Family LLC repair walkway
SITE ADDRESS: 1109 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/24/2020

EXPIRES: 09/20/2020

APPLICANT: Eure Family LLC
c/o 7701 Forsythe Blg, Ste 1100
SAINT LOUIS, MO 63105
252-255-0717

OWNER: Eure Family LLC
c/o 7701 Forsythe Blg, Ste 1100
SAINT LOUIS, MO 63105
252-255-0717

CONTRACTOR: SEA THRU CONSTRUCTION
PO BOX 2471
Kitty Hawk, NC 27949
252-491-6964

GENERAL BUILDING-LIMITED: SEA THRU CONSTRUCTION
PO BOX 2471
Kitty Hawk, NC 27949
252-491-6964

License: 57130
Expires: 01/01/2021

PARCEL:

PIN: 988415638961

Parcel Number: 003710000

Address: 1109 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 2A **Lot(s):** S PT 5

Legal Description:

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

PROJECT DESCRIPTION: remove existing rails and post and replace with 4x4 post and new rails

BP2020-071

PROJECT NAME: Eure Family LLC repair walkway
SITE ADDRESS: 1109 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 03/24/2020

EXPIRES: 09/20/2020

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4600.00
SURVEYOR NAME AND NUMBER	Raymond G. Pate L- 3039
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.

BP2020-071

PROJECT NAME: Eure Family LLC repair walkway
SITE ADDRESS: 1109 VA DARE TRL N KILL DEVIL HILLS

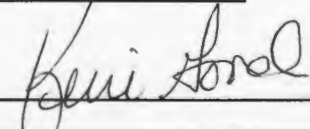
BUILDING

ISSUED: 03/24/2020

EXPIRES: 09/20/2020

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: 3/24/20



Town of Kill Devil Hills

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

PAYD
MAR 26 2020

Planning and Inspection Department

BP2020-078	BUILDING
PROJECT NAME: Reardon Piling Replacement	ISSUED: 03/26/2020
SITE ADDRESS: 112 CAMELLIA DR KILL DEVIL HILLS	EXPIRES: 09/22/2020

APPLICANT: REARDON, ELIZABETH A
P O BOX 1886
KITTY HAWK, NC 27949

OWNER: REARDON, ELIZABETH A
P O BOX 1886
KITTY HAWK, NC 27949

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

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: 988411552473	Parcel Number: 003124000
Address: 112 CAMELLIA DR KILL DEVIL HILLS	
Addition: W R DEATON - DELRAY BEACH	Zoning:
Legal Description:	Block: 2 Lot(s): PT 9 & 18

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

PROJECT DESCRIPTION: replace 21 pilings to same footprint

BP2020-078

PROJECT NAME: Reardon Piling Replacement
SITE ADDRESS: 112 CAMELLIA DR KILL DEVIL HILLS

BUILDING**ISSUED:** 03/26/2020**EXPIRES:** 09/22/2020

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
HEALTH DEPARTMENT PERMIT #	29562
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8.3
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	18640.00
SURVEYOR NAME AND NUMBER	Martin Barnette
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

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.

BP2020-078

PROJECT NAME: Reardon Piling Replacement
SITE ADDRESS: 112 CAMELLIA DR KILL DEVIL HILLS

BUILDING

ISSUED: 03/26/2020

EXPIRES: 09/22/2020

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 3/26/2020



Town of Kill Devil Hills

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

MAR 13 2020

Planning and Inspection Department

ZP2020-001

PROJECT NAME: SBS Rentals LLC
SITE ADDRESS: 1219 WRIGHTSVILLE BLVD KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 01/02/2020

EXPIRES: 06/30/2020

APPLICANT: METRO RENTAL
UNKNOWN
Kill Devil Hills, NC 27948

OWNER: SBS Rentals LLC
325 W. Hayman Blvd.
Kill Devil Hills, NC 27948

CONTRACTOR: METRO RENTAL
UNKNOWN
Kill Devil Hills, NC 27948

License: LEGACY UNKNOWN
Expires: 12/31/2020

PARCEL:

PIN: 988312976052 **Parcel Number:** 004231021
Address: 1219 WRIGHTSVILLE BLVD KILL DEVIL HILLS
Addition: KILL DEVIL HILLS SEC 1 **Zoning:**
Block: 16 **Lot(s):** 21
Legal Description:

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

PROJECT DESCRIPTION: Tent for wedding

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
CULVERT	N
DRIVEWAY INVERT 2	N

ZP2020-001

PROJECT NAME: SBS Rentals LLC

SITE ADDRESS: 1219 WRIGHTSVILLE BLVD KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 01/02/2020

EXPIRES: 06/30/2020

REQUIRED INSPECTIONS

Final

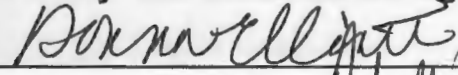
Zoning Final

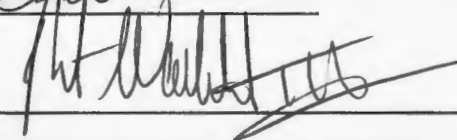
CONDITIONS

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

* Call John Risoldi - 480-4060 - for an inspection once tent is erected.

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: 3/19/2020



Town of Kill Devil Hills

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

PAID

MAR 13 2020

Planning and Inspection Department

TOWN OF KILL DEVIL HILLS

ZP2019-071 PROJECT NAME: Metro Rental SITE ADDRESS: 1113 VA DARE TRL N KILL DEVIL HILLS	ZONING PERMIT ISSUED: 10/04/2019 EXPIRES: 04/01/2020
--	---

APPLICANT: METRO RENTAL UNKNOWN Kill Devil Hills, NC 27948	OWNER: BIANNU OMMG LLC P. O. Box 90 Kill Devil Hills, NC 27948 252-489-4565
---	---

CONTRACTOR: METRO RENTAL UNKNOWN Kill Devil Hills, NC 27948	License: LEGACY UNKNOWN Expires: 12/31/2019
--	--

PARCEL:

PIN:	988415648098	Parcel Number:	003711007
Address:	1113 VA DARE TRL N KILL DEVIL HILLS		
Addition:	KITTY HAWK SHORES - REVISED	Zoning:	
Legal Description:		Block:	2A Lot(s): 7

FEES:	Paid	Due
Tent Permit Fee	\$0.00	\$0.00
Totals :	\$0.00	\$0.00

PROJECT DESCRIPTION: Tent Permit (30 X 45 with side panels)

DETAILS

Permit	Name	Value
	ZONING DISTRICT	OIR
	CAMA PERMIT	N
	CAMA EXEMPTION	N
	FLOOD ZONE	VE
	CULVERT	N
	DRIVEWAY INVERT 2	N

ZP2019-071

PROJECT NAME: Metro Rental
SITE ADDRESS: 1113 VA DARE TRL N KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 10/04/2019

EXPIRES: 04/01/2020

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

* Call John Risoldi, Fire Marshal, for an inspection once the tent is erected. 480-4060

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: 3/13/2020



Town of Kill Devil Hills

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

MAR 13 2020

Planning and Inspection Department

ZP2020-012

PROJECT NAME: Metro Rentals
SITE ADDRESS: 111 COLINGTON RD KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

APPLICANT: WADDINGTON CORP
111 OCEAN BAY BOULEVARD
KILL DEVIL HILLS, NC 27948

OWNER: WADDINGTON CORP
111 OCEAN BAY BOULEVARD
KILL DEVIL HILLS, NC 27948

CONTRACTOR: METRO RENTAL
UNKNOWN
Kill Devil Hills, NC 27948

License: LEGACY UNKNOWN
Expires: 12/31/2020

PARCEL:

PIN: 988419701059

Parcel Number: 004022003

Address: 111 COLINGTON RD KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 63 **Lot(s):** 7-13

Legal Description:

FEES:	Paid	Due
Tent Permit Fee	\$0.00	\$0.00
Totals :	\$0.00	\$0.00

PROJECT DESCRIPTION: Tent for Wedding Expo

DETAILS

Permit

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
CULVERT	N
DRIVEWAY INVERT 2	N

ZP2020-012

PROJECT NAME: Metro Rentals
SITE ADDRESS: 111 COLINGTON RD KILL DEVIL HILLS

ZONING PERMIT

ISSUED: 03/05/2020

EXPIRES: 09/01/2020

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

* Call the Fire Department for an inspection once the tent is erected.

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: 3/13/2020