| N DEVI N DEVI N DEVI Birthplan Aviation Aviation | ROLINP | K Phone: 25 | PO BOX ill Devil Hills, 2-449-5318 | | 4102 | NOV - 9 | 2020 OF |
|---|--|----------------|--|-------------------|---------------------------|--|---|
| | 6 ME: Sea Oats Roof S: 1401 VA DARE | rrl n kill de' | VIL HILLS | | | | BUILDING D: 11/05/2020 ES: 05/04/2021 |
| APPLICANT: | Sea Oats Villas Prop Touch Property Mgm 2600 NORTH Croata Kill Devil Hillsl, NC 2 252-441-8857 | it. in HWY | Signature (| OWNER: | Touch Prope 2600 NORTI | erty Mgmt. H Croatan HWY Isl, NC 27948 | ners C/O Signature |
| GENERAL BUIL | DING INTERMEDIAT | 673 Old W | harf Road NC 27981 | REMODELING, | INC. | License: 3250 Expires: 01/0 | |
| PARCEL: | | | | | | | |
| PIN: | 988411654107 | 00 | | Parcel Number: | 028116 | 6999 | |
| Address: | 1401 VA DARI | ETRLN KILLD | EVIL HILLS | | | | |
| | | * | | Zonii | - | | COMMON |
| Addition: | | | | Block | k: 0 | Lot(s): | PROPERTY |
| Legal Desc | ription: | | | | | | |
| | | Paid | Due | | | | |
| FEES: | | | \$0.00 | | | | |
| FEES: Building Permit Fee | Fee - Minimum | \$150.00 | φ0.00 | | | | |

PROJECT DESCRIPTION: Replace membrane roof

2 -

BP2020-266 PROJECT NAME: Sea Oats Roof SITE ADDRESS: 1401 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 11/05/2020

EXPIRES: 05/04/2021

DETAILS Permit Name Value CAMA PERMIT N CAMA EXEMPTION N ZONING DISTRICT OIR PURPOSE Commercial Repair/Remodel VE FLOOD ZONE 11 **BASE FLOOD ELEVATION FINAL ELEVATION** N CERTIFICATE CONSTRUCTION COST 65333.00 CONSTRUCTION TYPE V OCCUPANCY TYPE Residential

REQUIRED INSPECTIONS

Zoning Final

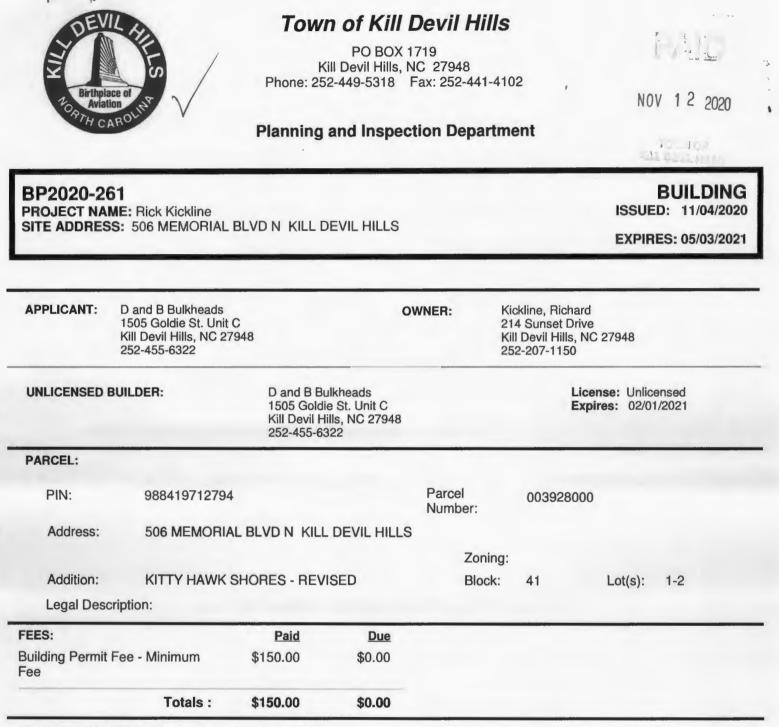
Final

CONDITIONS

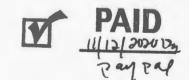
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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 statellocal law regulating construction or the performance of construction.

Issued By: Contractor or Authorized Agent: Date:



PROJECT DESCRIPTION: Replace 3 house pilings



BP2020-261 **PROJECT NAME:** Rick Kickline SITE ADDRESS: 506 MEMORIAL BLVD N KILL DEVIL HILLS

BUILDING

ISSUED: 11/04/2020

EXPIRES: 05/03/2021

DETAILS

| Permit | |
|--------------------------------|-------------------------------|
| Name | Value |
| CAMA PERMIT | N |
| CAMA EXEMPTION | Ν |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| FLOOD ZONE | Х |
| FINAL ELEVATION CERTIFICATE | Ν |
| CONSTRUCTION COST | 1200.00 |
| 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.

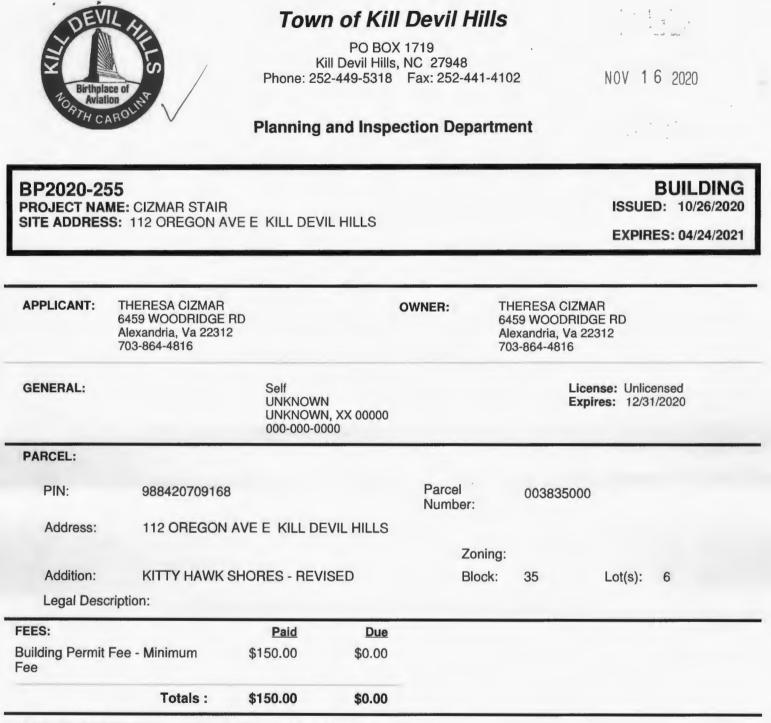
Must call for a piling inspection before installing the pilings.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether 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: Charles Thuman

Contractor or Authorized Agent: ______

Date: 11 / 04 / 2020



PROJECT DESCRIPTION: REBUILD STAIR AND RAILINGS



BP2020-255 PROJECT NAME: CIZMAR STAIR SITE ADDRESS: 112 OREGON AVE E KILL DEVIL HILLS

BUILDING

ISSUED: 10/26/2020

EXPIRES: 04/24/2021

DETAILS

| Permit | |
|--------------------------------|-------------------------------|
| Name | Value |
| CAMA PERMIT | N |
| CAMA EXEMPTION | Ν |
| ZONING DISTRICT | С |
| PURPOSE | Residential Repair/Remodel |
| FRONT YARD SETBACK | 15 |
| SIDE YARD SETBACK | 6 |
| REAR YARD SETBACK | 20% Depth >30 |
| FLOOD ZONE | Х |
| FINAL ELEVATION CERTIFICATE | Ν |
| CONSTRUCTION COST | 1700.00 |
| 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.

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

* Zoning Final Inspection is required.

* Stairs to be rebuilt in existing location, no change to footprint.



Town of Kill Devil Hills

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

Planning and Inspection Department

BP2020-270 PROJECT NAME: Gary Wise SITE ADDRESS: 102 SUTTON AVE KILL DEVIL HILLS

BUILDING

ISSUED: 11/24/2020

EXPIRES: 05/23/2021

| | D and B Bulkheads 1505 Goldie St. Unit C Kill Devil Hills, NC 27948 252-455-6322 | | | OWNER: Wise, Gary 102 Sutton St. Kill Devil Hills, NC 27948 757-621-9015 | | | |
|--------------------------|---|---------------|--------------------------------|---|---------|---|--|
| UNLICENSED BU | JILDER: | | e St. Unit C ills, NC 27948 | | | .icense: Unlicensed Expires: 02/01/2021 | |
| PARCEL: | | | | | | | |
| PIN: | 988419710408 | 3 | | Parcel Number: | 0039360 | 000 | |
| Address: | 102 SUTTON | AVE KILL DEVI | L HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | KITTY HAWK | SHORES - REV | ISED | Block | k: 41 | Lot(s): 11 | |
| Legal Descri | iption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit F Fee | ee - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

Alue

PAID Je 11/25/2000 Ry Pel

BP2020-270

PROJECT NAME: Gary Wise SITE ADDRESS: 102 SUTTON AVE KILL DEVIL HILLS

BUILDING ISSUED: 11/24/2020

EXPIRES: 05/23/2021

DETAILS

| Permit | |
|--------------------------------|-------------------------------|
| Name | Value |
| CAMA PERMIT | N |
| CAMA EXEMPTION | Ν |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| FLOOD ZONE | Х |
| FINAL ELEVATION CERTIFICATE | Ν |
| 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.

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. Marty Shaw

Issued By:

Contractor or Authorized Agent: ______ Dan and ronowitz

Date: 11 / 24 / 2020

| Birthplac Birthplac Aviation | ROLINA | K Phone: 25 | PO BO III Devil Hills 2-449-5318 | I Devil H X 1719 5, NC 27948 Fax: 252-44 ection Dep | 41-4102 | | - | 7 2020 |
|------------------------------------|--|----------------|--|---|-----------------------|--|----------------------------|---|
| | 5 IE: Weatherford Stair S: 906 DURHAM ST | | L HILLS | | RAID WITH CASYA | | | BUILDING D: 11/16/2020 ES: 05/15/2021 |
| APPLICANT: | SUSAN WEATHERFO 906 W DURHAM ST. Kill Devil Hills, NC 279 252-441-3225 | | | OWNER: | 906 V Kill D | AN WEATH W DURHAN Devil Hills, N 441-3225 | AST. | |
| CONTRACTOR: | Cressel Customs LLC 965 Washington Street Manteo, NC 27954 252-722-1340 | | | | | | | |
| BUILDING: | | | | | | | ense: 0000 pires: 02/28 | |
| PARCEL: | | | | | | | | |
| PIN: | 988405086381 | | | Parcel Number: | | 001388000 | D | |
| Address: | 906 DURHAM S | T W KILL DEV | VIL HILLS | - | | | | |
| Addition: | AVALON BEACI | ANNEY 2 8 | 3 | | oning: ock: (| 0 | Lot(s): | 683 |
| Legal Descr | | | 0 | DI | | | 201(0). | |
| FEES: | | Paid | Due | | | | | |
| Building Permit F | Fee - Minimum | \$150.00 | \$0.00 | | | | | |
| Fee | | | | | | | | |

PROJECT DESCRIPTION: rebuild stairs, new decking and new rails back to existing footprint

-

right where

BP2020-265

. ..

PROJECT NAME: Weatherford Stair Replacement SITE ADDRESS: 906 DURHAM ST W KILL DEVIL HILLS ISSUED: 11/16/2020

EXPIRES: 05/15/2021

DETAILS

| Permit | |
|--------------------------------|-------------------------------|
| Name | Value |
| CAMA PERMIT | Ν |
| 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 | Х |
| FINAL ELEVATION CERTIFICATE | Ν |
| CONSTRUCTION COST | 4500.00 |
| CONSTRUCTION TYPE | V |
| SURVEYOR NAME AND NUMBER | William S Jones L-2532 |
| OCCUPANCY TYPE | One & Two Family Dwelling |
| | |

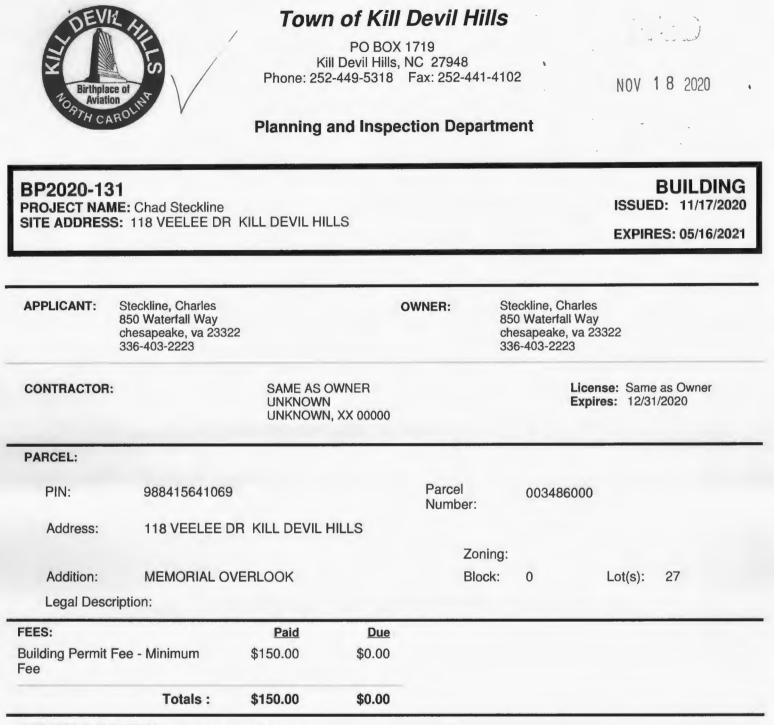
REQUIRED INSPECTIONS

Zoning Final

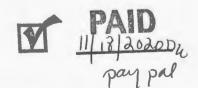
Final

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. |
| * Zoning Final Inspection is required. |



PROJECT DESCRIPTION: Add deck and steps



BP2020-131 PROJECT NAME: Chad Steckline SITE ADDRESS: 118 VEELEE DR KILL DEVIL HILLS

EXPIRES: 05/16/2021

DETAILS

| Permit | | |
|--------------------------------|-------------------------------|--|
| Name | Value | |
| CAMA PERMIT | Ν | |
| CAMA EXEMPTION | Ν | |
| ZONING DISTRICT | RL | |
| PURPOSE | Residential Repair/Remodel | |
| FRONT YARD SETBACK | 30 | |
| SIDE YARD SETBACK | 8 | |
| REAR YARD SETBACK | 20% Depth >30 | |
| HEALTH DEPARTMENT PERMIT # | 29659 | |
| FLOOD ZONE | Х | |
| FINAL ELEVATION CERTIFICATE | Ν | |
| CONSTRUCTION COST | 4500.00 | |
| 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 r 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. |
| * | 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. |

| DEV | LA | Tow | n of Kill | Devil Hill | s | | |
|------------------------|--|----------------|--|-------------------|--|--------------------------------|---|
| KIK | LES / | K Phone: 25 | PO BOX III Devil Hills, I 2-449-5318 | | 102 ` | | 5 N N |
| ZORTH C | ton RA | | | | ż | NOV 1 | 7 2020 . |
| I'H CI | AROU | Planning | and Inspec | ction Depart | ment | | C 197 Maria |
| in coolers | 69 ME: Burger King Roo S: 1513 CROATAN | | | n walk | | | BUILDING ED: 11/17/2020 RES: 05/16/2021 |
| SITE ADDRES | 3. 1913 CROATAN | TIWE S RILL D | | | | | |
| APPLICANT: | Genco Properties of 1073 Dana Crt. Antioch, IL 60002 | NC LLC | c | DWNER: | Genco Prop 1073 Dana Antioch, IL | | 3 |
| CONTRACTOR | : Aria Construction an PO Box 321 CRESWELL, NC 279 252-796-7737 | | C | | | | |
| BUILDING-UNL | IMITED: | PO Box 32 | L, NC 27928 | elopment, Inc | | License: 7892 Expires: 01/0 | |
| PARCEL: | | | | | | | |
| PIN: | 989309053227 | 7 | | Parcel Number: | 00825 | 52000 | |
| Address: | 1513 CROATA | N HWY S KILL | DEVIL HILLS | 1 | | | |
| | | | | Zonin | - | | 0.55 |
| Addition: | OCEAN ACRE | S INC | | Block | 0 | Lot(s): | SEE COMMENT |
| Legal Desc | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| | | \$150.00 | \$0.00 | | | | |
| Building Permit Fee | Fee - Minimum | ψ100.00 | | | | | |

PROJECT DESCRIPTION: add roof over existing built in walk in coolers at rear of Burger King Restuarant

4

BP2020-269

PROJECT NAME: Burger King Roof Addition over existing built in walk in coolers **SITE ADDRESS:** 1513 CROATAN HWY S KILL DEVIL HILLS

BUILDING

ISSUED: 11/17/2020

EXPIRES: 05/16/2021

DETAILS

| Permit | |
|--------------------------------|------------------------------|
| Name | Value |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | Ν |
| ZONING DISTRICT | С |
| PURPOSE | Commercial Repair/Remodel |
| FRONT YARD SETBACK | 30 |
| SIDE YARD SETBACK | 10 |
| STREET SIDE SETBACK | 15 |
| FLOOD ZONE | Х |
| FINAL ELEVATION CERTIFICATE | Ν |
| CONSTRUCTION COST | 16000.00 |
| LOT COVERAGE | 59.74 |
| CONSTRUCTION TYPE | Ш . |
| SURVEYOR NAME AND NUMBER | William S Jones L-2532 |
| OCCUPANCY TYPE | Business |

REQUIRED INSPECTIONS

Zoning Final

Framing

Final

CONDITIONS

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

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

| DEVIL |
|-------------------------------|
| |
| Birthplace of Aviation |
| TO AViation AVIATION AVIATION |

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

50.22

NOV 18 2020

BP2020-268

PROJECT NAME: James and Sandra Richardson SITE ADDRESS: 538 Walker St. W. KILL DEVIL HILLS BUILDING ISSUED: 11/17/2020

EXPIRES: 05/16/2021

| 5 M | Radford, Jeff 17 W. Archdale St. Kill Devil Hills, NC 27 252-207-2910 | 7948 | 0 | WNER: | Richardson, J 538 W. Walke Kill Devil Hills 804-380-9216 | er Street , NC 27948 | |
|---------------------------|--|---------------|---------------------------------|-------------------|---|--------------------------|-------|
| BUILDER: | | | Archdale St. illsl, NC 27948 | | | License: 345 Expires: | |
| PARCEL: | | | | | | | |
| PIN: | 987520901788 | 3 | | Parcel Number: | 000716 | 002 | |
| Address: | 538 Walker St | W. KILL DEVIL | . HILLS | | | | |
| | | | | Zonir | ng: | | |
| Addition: | VIRGINIA DAR | RE SHORES | | Block | c: 71 | Lot(s): | 39&40 |
| Legal Descrip | otion: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fe Fee | e - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Replace rails, steps, and deck surface



BP2020-268

PROJECT NAME: James and Sandra Richardson **SITE ADDRESS:** 538 Walker St. W. KILL DEVIL HILLS BUILDING ISSUED: 11/17/2020

EXPIRES: 05/16/2021

| | | 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 | | |
| STREET SIDE SETBACK | 7.5 | | |
| FLOOD ZONE | Х | | |
| FINAL ELEVATION CERTIFICATE | Ν | | |
| CONSTRUCTION COST | 7500.00 | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Marty Shaw

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether 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:

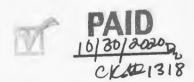
All alf

11 / 17 / 2020 Date:

Printed by : Marty Shaw on: 11/17/2020 09:11 AM

| ZO Birthpla ZO AVIA | Ce of AROLINP | K Phone: 25 | PO BO) ill Devil Hills 2-449-5318 | I Devil Hil (1719 , NC 27948 Fax: 252-441- | 4102 | 00 | T 3 0 2020 |
|------------------------|--|--|---|--|--|---------------------------|--|
| | 19 ME: Steve Horn IS: 1408 FIRST ST W | / KILL DEVIL H | HILLS | | | | BUILDING UED: 10/22/2020 PIRES: 04/20/2021 |
| APPLICANT: | Brown and Sons 118 Par Four GRANDY, NC 27939 252-457-5185 | | | OWNER: | Horne, Stev 134 S. Abir ARLINGTO 703-731-00 | ngdon St. N, VA 22204 | |
| BUILDING: | | Brown and 118 Par Fo GRANDY, 252-457-51 | ur NC 27939 | | | License: 12 Expires: 0 | |
| PARCEL: | · · · · · · · · · · · · · · · · · · · | | | | | | · · · · · · · · · · · · · · · · · · · |
| PIN: | 988417117631 | | | Parcel Number: | 00404 | 16044 | |
| Address: | 1408 FIRST ST | W KILL DEVI | HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | WRIGHT WOO | DS | | Bloc | k: 0 | Lot(s |): 44 |
| Legal Desc | cription: | | | | | _ | |
| FEES: | | Paid | Due | | | | |
| Pier/Bulkhead | | \$150.00 | \$0.00 | | | | |
| | | | | | | | |

PROJECT DESCRIPTION: Add pier, deck



-

BP2020-249 PROJECT NAME: Steve Horn SITE ADDRESS: 1408 FIRST ST W KILL DEVIL HILLS

ISSUED: 10/22/2020

EXPIRES: 04/20/2021

| DETAILO | DET | AILS |
|---------|-----|------|
|---------|-----|------|

| Permit | |
|--------------------------------|------------------------------|
| Name | Value |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | Ν |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Accessory |
| FLOOD ZONE | AE |
| BASE FLOOD ELEVATION | 5 |
| FINAL ELEVATION CERTIFICATE | Ν |
| CONSTRUCTION COST | 8865.96 |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Zoning Final

1

Final

CONDITIONS

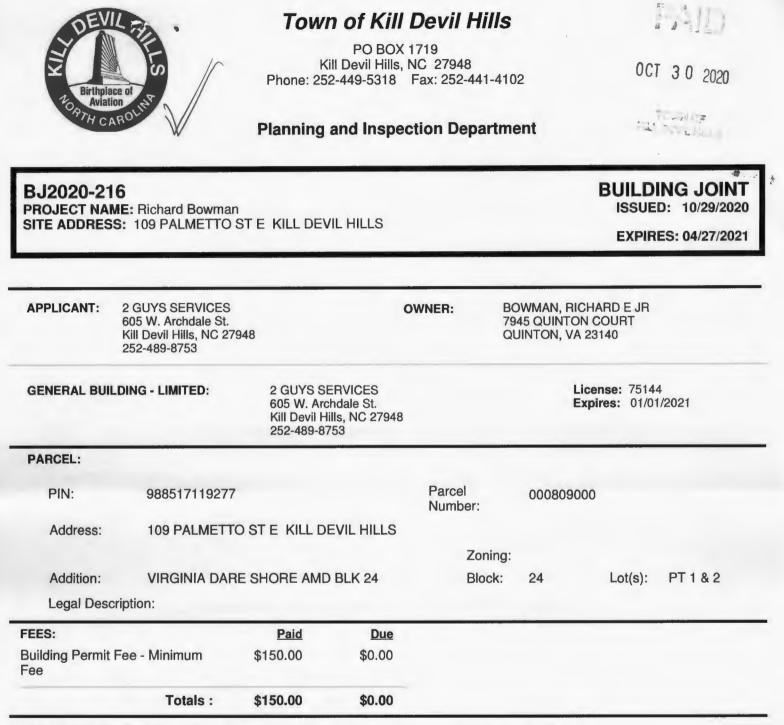
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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: Charles Thuman

Contractor or Authorized Agent: Steven Brown

Date: 10 / 29 / 2020



PROJECT DESCRIPTION: Enclose front porch for heated space/extend existing dining room

BUILDING JOINT

ISSUED: 10/29/2020

EXPIRES: 04/27/2021

DETAILS

| Permit | |
|-------------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 15 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 6 |
| STREET SIDE SETBACK | 7.5 |
| HEALTH DEPARTMENT PERMIT # | 30076 |
| # PARKING SPACES/BEDROOM | 3 |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | Ν |
| FLOOD ZONE | Х |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Addition |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 18000.00 |
| LIVING SPACE (SQFT) | 120 |
| CULVERT | Ν |
| DRIVEWAY INVERT 2 | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Framing Rough In Insulation

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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.

| P P P P P P P P P P P P P P P P P P P | ROLING | K Phone: 25 | PO BOX 1 Ill Devil Hills, N 2-449-5318 | | 1102 | NO | V - 4 2020 |
|---|---|---|--|-------------------|--|---------------------------|-----------------------------------|
| BB2020 26 | 0 | | | | | ís. | BUILDING |
| BP2020-26 PROJECT NAM SITE ADDRESS | E: Sunsatations ext 1504 CROATAN | erior repair HWY S KILL D | EVIL HILLS | | | | ED: 11/04/2020 RES: 05/03/2021 |
| APPLICANT: | SUNSATION REALT 353 Village Road Virginia Beach, VA23 757-822-8412 | | 0 | WNER: | SUNSATION 353 Village R Virginia Beacl 757-822-8412 | oad h, VA 23451 | |
| CONTRACTOR: | EDS Stucco 1201 7th Avenue Kill Devil Hills, NC 27 | 948 | C | ONTRACTOR: | EDS Stucco 1201 7th Ave Kill Devil Hills | | |
| UNLICENSED - F | REMODELING: | EDS Stucc 1201 7th A Kill Devil H | | | | License: 1234 Expires: | 5 |
| PARCEL: | | | | | | | |
| PIN: | 989309050012 | | | Parcel Number: | 0123730 | 000 | |
| Address: | 1504 CROATA | N HWY S KILL | DEVIL HILLS | | | | |
| Addition: | OCEAN ACRES | S TRACT 3 SEC | 01 | Zonin Block | | Lot(s): | 26& LT 1 DIELS COMM |
| Legal Descr | iption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit F Fee | ee - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: repair stucco and wall damage from car impact.

BP2020-260

PROJECT NAME: Sunsatations exterior repair SITE ADDRESS: 1504 CROATAN HWY S KILL DEVIL HILLS BUILDING ISSUED: 11/04/2020

EXPIRES: 05/03/2021

| | | DETAILS |
|--------------------------------|------------------------------|---------|
| Permit | | |
| Name | Value | |
| CAMA PERMIT | Ν | |
| CAMA EXEMPTION | N | |
| ZONING DISTRICT | С | |
| PURPOSE | Commercial Repair/Remodel | |
| FLOOD ZONE | Х | |
| FINAL ELEVATION CERTIFICATE | Ν | |
| CONSTRUCTION COST | 2500.00 | |
| SURVEYOR NAME AND NUMBER | Mark Kasten | |
| OCCUPANCY TYPE | Business | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Date: 1/4/2020 **Contractor or Authorized Agent:**

| THE DEVIL HILL | |
|---|---|
| Birthplace of Aviation Print CAROLING | V |

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

BP2020-259

PROJECT NAME: Creecy Girder Repair SITE ADDRESS: 3119 VA DARE TRL N KILL DEVIL HILLS BUILDING

ISSUED: 11/03/2020

EXPIRES: 05/02/2021

| APPLICANT: | CREECY, WILLIAM 3602 HARDING DR CHESAPEAKE, VA | IVE | | OWNER: | CREECY, W 3602 HARDI CHESAPEAI | | |
|--------------------------|--|--|-------------|-------------------|--------------------------------------|------------------------------------|---|
| GENERAL: | | Self UNKNOWI UNKNOWI 000-000-00 | N, XX 00000 | | | License: Unlice Expires: 12/31/ | |
| PARCEL: | | | | | | | |
| PIN: | 98851314224 | 2 | | Parcel Number: | 000105 | 6000 | |
| Address: | 3119 VA DAR | E TRL N KILL D | EVIL HILLS | | | | |
| | | | | Zon | ing: | | |
| Addition: | | | | Bloc | sk: 7 | Lot(s): | 8 |
| Legal Descr | iption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit F Fee | ee - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: repair section of girder under house

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5 m)

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NOV - 4 2020

TO SECTOR

BP2020-259

PROJECT NAME: Creecy Girder Repair SITE ADDRESS: 3119 VA DARE TRL N KILL DEVIL HILLS BUILDING

ISSUED: 11/03/2020

EXPIRES: 05/02/2021

| | C |
|--------------------------------|-------------------------------|
| Permit | |
| Name | Value |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| ZONING DISTRICT | OIR |
| PURPOSE | Residential Repair/Remodel |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 10 |
| FINAL ELEVATION CERTIFICATE | Ν |
| CONSTRUCTION COST | 2500.00 |
| SURVEYOR NAME AND NUMBER | Fredrick House 24740 |
| 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.



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

BJ2020-227

PROJECT NAME: Douglas and Mikki Styons SITE ADDRESS: 208 ARCHDALE ST W KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 11/02/2020

EXPIRES: 05/01/2021

| APPLICANT: | FORREST SEAL L PO Box 2333 KITTY HAWK, NC 252-599-2521 | | | | HARRIS, RICH, M DOUGLAS S 302 REMELE C KILL DEVIL HIL | OURT |
|-----------------|---|--|--------------------|-------------------|--|-----------------------------------|
| GENERAL, UN | LIMITED: | FORREST PO Box 233 KITTY HAV 252-599-25 | 33 VK, NC 27949 | | | cense: 57289 pires: 01/01/2021 |
| PARCEL: | | | | | | |
| PIN: | 98851702804 | 11 | | Parcel Number: | 00049900 | 0 |
| Address: | 208 ARCHDA | ALE ST W KILL D | EVIL HILLS | | | |
| | | | | Zoning | g: | |
| Addition: | VIRGINIA DA | RE SHORES | | Block: | 30 | Lot(s): 7-9 |
| Legal Des | cription: | | | | | |
| FEES: | | Paid | Due | BUILDING AREA | .: | |
| T-Pole | | \$50.00 | \$0.00 | Covered Porche | es/Decks | 222 SQFT |
| Res. Building P | ermit Fee | \$1,201.50 | \$0.00 | Residential Hea | ted Space | 1602 sq. Ft. |
| Covered Porch | Residential | \$166.50 | \$0.00 | (.75) | | |
| | Totals : | \$1,418.00 | \$0.00 | # of Temporary | Poles | 1 EA |

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills Water Charges

Water Tap #: T2465

NOV - 3 2020

Printed by : CTHUMAN on: 11/02/2020 12:32 PM

BJ2020-227

PROJECT NAME: Douglas and Mikki Styons SITE ADDRESS: 208 ARCHDALE ST W KILL DEVIL HILLS BUILDING JOINT ISSUED: 11/02/2020

EXPIRES: 05/01/2021

DETAILS

| Permit | |
|---------------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 15 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 6 |
| HEALTH DEPARTMENT PERMIT # | 30130 |
| # PARKING SPACES/BEDROOM | 3 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | Ν |
| FLOOD ZONE | Х |
| SUBSTANTIAL IMPROVEMENT | YES |
| PURPOSE | Residential New |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 300000.00 |
| LOT COVERAGE | 33.30 |
| LIVING SPACE (SQFT) | 1529 |
| COVERED PORCHES/DECKS (SQFT) | 222 |
| STORAGE (SQFT) | 73 |
| TOTAL SQUARE FOOTAGE | 1824 |
| SURVEYOR NAME AND NUMBER | Styons Surveying Services |
| ENGINEER AND LICENSE NUMBER | Mike O'Steen 032628 |
| CULVERT | Ν |
| DRIVEWAY INVERT 2 | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |

| Birthplace of Aviation | STITTE S | ł Phone: 25 | PO BO Kill Devil Hills 52-449-5318 | I Devil Hill X 1719 s, NC 27948 Fax: 252-441-4 ection Depart | 4102 | | 5 2020 | ł |
|--|---|-------------------------|--|---|--|--------------------------------|-------------------------------------|------|
| BP2020-262 PROJECT NAME: SITE ADDRESS: 2 | Ray Bass 2104 NEW BERN | I ST KILL DEV | IL HILLS | | | | BUILDI ED: 11/04/ RES: 05/03/ | 2020 |
| PC 670 nag | anuelson and Dao Box 448 05 S. Croatan Hwy gs head, nc 27959 2-261-2212 | | | OWNER: | BASS, THOM 604 YEOPIN EDENTON, I | ROAD | | |
| RESIDENTIAL, LIMI | TED: | PO Box 44 6705 S. Ci | roatan Hwy. , nc 27959 | | | License: 7980 Expires: 01/0 | | |
| PARCEL: | | | | | | | | |
| PIN: | 988517214045 | | | Parcel Number: | 001684 | 000 | | |
| Address: | 2104 NEW BEI | RN ST KILL DE | EVIL HILLS | | | | | |
| | | | | Zonin | g: | | | |
| Addition: | AVALON BEAG | СН | | Block | : 0 | Lot(s): | 28 | |
| Legal Description | on: | | | | | | | |
| FEES: | | Paid | Due | | | | | |
| Building Permit Fee | - Minimum | \$150.00 | \$0.00 | | | | | |
| Fee | | | | | | | | |

PROJECT DESCRIPTION: Replace 7 house pilings



BP2020-262 PROJECT NAME: Ray Bass SITE ADDRESS: 2104 NEW BERN ST KILL DEVIL HILLS

BUILDING

ISSUED: 11/04/2020

EXPIRES: 05/03/2021

DETAILS Permit Name Value CAMA PERMIT N CAMA EXEMPTION N RL ZONING DISTRICT PURPOSE Residential Repair/Remodel 30153 HEALTH DEPARTMENT PERMIT # FLOOD ZONE X **FINAL ELEVATION** N CERTIFICATE CONSTRUCTION COST 10580.00 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.

* Must call for a piling inspection before installing the pilings.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether 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: 11 / 04 / 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

NOV - 6 2020

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BP2020-264

PROJECT NAME: Stephen Dalton SITE ADDRESS: 713 FIRST ST W KILL DEVIL HILLS

BUILDING ISSUED: 11/05/2020

EXPIRES: 05/04/2021

| APPLICANT: | ACS Construction PO Box 1894 kitty hawk, nc 27949 252-489-0415 | | | OWNER: | Dalton, Step 713 W. First Kill Devil Hil 704-813-156 | Street Is, NC 27948 | |
|---------------|---|---|----------------|-------------------|---|-----------------------------------|------|
| GENERAL: | | ACS Const PO Box 18 kitty hawk, 252-489-04 | 94 nc 27949 | | | License: 12345 Expires: 11/30/ | - |
| PARCEL: | | | | | | | |
| PIN: | 988413145089 | | | Parcel Number: | 02754 | 6085 | |
| Address: | 713 FIRST ST | W KILL DEVIL | HILLS | | | | |
| | | | | Zonir | ng: | | |
| Addition: | | | | Block | c: 0 | Lot(s): | 85 |
| Legal Desc | cription: | | | | | | |
| FEES: | | Paid | Due | BUILDING ARE | A: | | |
| Covered Porch | Residential | \$189.75 | \$0.00 | Covered Porch | nes/Decks | 253 5 | SQFT |
| | Totals : | \$189.75 | \$0.00 | | | | |

PROJECT DESCRIPTION: Change existing deck into a screen porch within existing footprint

1 11/4 # 1063

BP2020-264

PROJECT NAME: Stephen Dalton SITE ADDRESS: 713 FIRST ST W KILL DEVIL HILLS BUILDING ISSUED: 11/05/2020

EXPIRES: 05/04/2021

DETAILS

| Value |
|-------------------------------|
| N |
| Ν |
| RL |
| Residential Repair/Remodel |
| 30 |
| 10 |
| 20% Depth >30 |
| Х |
| N |
| 15632.00 |
| 253 |
| V |
| 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 |
|-----|--|
| 0 | r work is suspended for a period of 12 months at any time after work has started. |
| * | Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks. |
| 1.0 | The second se |

* Zoning Final Inspection is required.

| P DEVIL P DEVIL P DEVIL Birthplace Aviation P DEVIL | STILL'S | K Phone: 25 | PO BOX III Devil Hills, 2-449-5318 | | -4102 | NOV - 5 | 2020 |
|--|--|--|--|-------------------|--|--------------------------------|---|
| BP2020-263 PROJECT NAMI SITE ADDRESS | Martin and Leea 1705 WRIGHTS | nn Teasdale VILLE BLVD KIL | L DEVIL HIL | LS | | | BUILDING ED: 11/04/2020 RES: 05/03/2021 |
| | Emanuelson and Da PO Box 448 6705 S. Croatan Hw nags head, nc 27959 252-261-2212 | у. | | OWNER: | Teasdale, N 3317 Raym Kill Devil Hil | | |
| RESIDENTIAL, LI | MITED: | Emanuelso PO Box 44 6705 S. Crinnags head, 252-261-22 | 8 batan Hwy. nc 27959 | | | License: 7980 Expires: 01/0 | |
| PARCEL: | | | | | | | |
| PIN: | 989313047952 | 2 | | Parcel Number: | 00826 | 3000 | |
| Address: | 1705 WRIGHT | SVILLE BLVD | KILL DEVIL H | IILLS | | | |
| | | | | Zoni | ng: | | |
| Addition: | OCEAN ACRE | S INC | | Bloc | k: 0 | Lot(s): | 85-86 |
| Legal Descri | ption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit F | ee - Minimum | \$150.00 | \$0.00 | | | | |
| Fee | | | | | | | |

PROJECT DESCRIPTION: Replace house pilings



PROJECT NAME: Martin and Leeann Teasdale SITE ADDRESS: 1705 WRIGHTSVILLE BLVD KILL DEVIL HILLS BUILDING ISSUED: 11/04/2020

EXPIRES: 05/03/2021

DETAILS

| Permit | | |
|--------------------------------|-------------------------------|--|
| Name | Value | |
| CAMA PERMIT | Ν | |
| CAMA EXEMPTION | N | |
| ZONING DISTRICT | С | |
| PURPOSE | Residential Repair/Remodel | |
| HEALTH DEPARTMENT PERMIT # | 30183 | |
| FLOOD ZONE | Х | |
| FINAL ELEVATION CERTIFICATE | Ν | |
| CONSTRUCTION COST | 10800.00 | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

REQUIRED INSPECTIONS

Zoning Final

Final

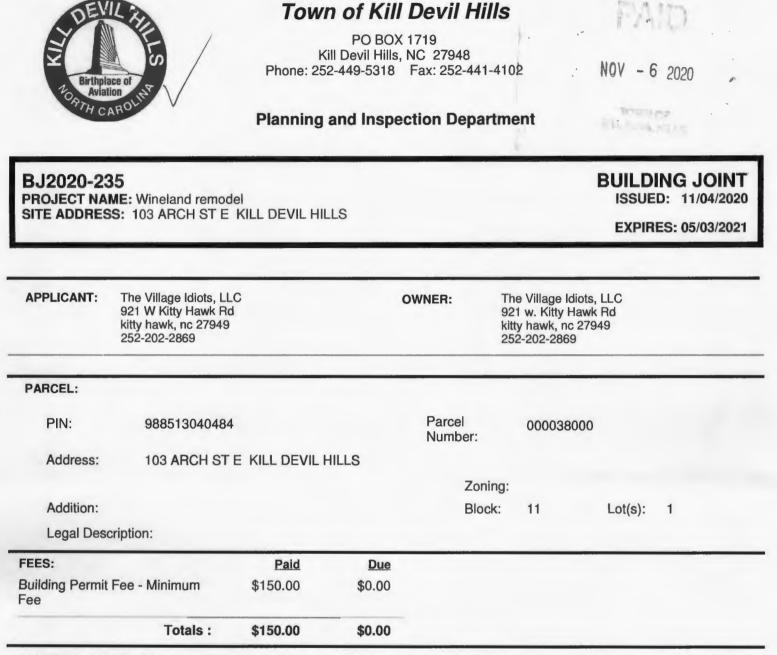
CONDITIONS

* 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.

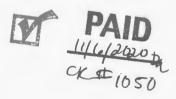
* Must inspect pilings before they are installed.

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

| Issued By: | | |
|---------------------------------|--------|----------------------|
| Contractor or Authorized Agent: | Themas | Date: 11 / 04 / 2020 |



PROJECT DESCRIPTION: Install cedar shakes, build chase and install gas fireplace



BJ2020-235 PROJECT NAME: Wineland remodel SITE ADDRESS: 103 ARCH ST E KILL DEVIL HILLS

ISSUED: 11/04/2020

EXPIRES: 05/03/2021

| | DETAILS | |
|---------------------------|-------------------------------|--|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | С | |
| CAMA PERMIT | Ν | |
| CAMA EXEMPTION | Ν | |
| FLOOD ZONE | х | |
| SUBSTANTIAL MPROVEMENT | NO | |
| PURPOSE | Residential Repair/Remodel | |
| CONSTRUCTION TYPE | V | |
| CONSTRUCTION COST | 15000.00 | |
| CULVERT | Ν | |
| DRIVEWAY INVERT 2 | Ν | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

REQUIRED INSPECTIONS

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.



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

BJ2020-238

PROJECT NAME: Carol and David Mowers SITE ADDRESS: 1002 SUFFOLK ST KILL DEVIL HILLS BUILDING JOINT ISSUED: 11/12/2020

EXPIRES: 05/11/2021

| | Mowers, CAROL W 1002 SUFFOLK STF KILL DEVIL HILLS, 441-6525 | REET | | OWNER: | | ROL W DLK STREET HILLS, NC 2794 | 8 |
|---------------------------|--|---------------------------------|----------|-------------------|--------|---------------------------------------|-----|
| CONTRACTOR: | X | SAME AS O UNKNOWN UNKNOWN | | | | License: Same Expires: 12/31 | |
| PARCEL: | | | | | | | |
| PIN: | 98740899926 | 9 | | Parcel Number: | 001163 | 3000 | |
| Address: | 1002 SUFFOL | K ST KILL DEV | IL HILLS | | | | |
| | | | | Zoni | ing: | | |
| Addition: | AVALON BEA | CH ANNEX 2 & | 3 | Bloc | k: 0 | Lot(s): | 965 |
| Legal Descri | ption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fe Fee | ee - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | ana | | | |

PROJECT DESCRIPTION: Add 12.8 X 15.4 storage under house

t I

NOV 1 2 2020 .

BJ2020-238

PROJECT NAME: Carol and David Mowers SITE ADDRESS: 1002 SUFFOLK ST KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 11/12/2020

EXPIRES: 05/11/2021

DETAILS

| Permit | |
|-------------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 15 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 6 |
| HEALTH DEPARTMENT PERMIT # | 29851 |
| # PARKING SPACES/BEDROOM | 3 |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| FLOOD ZONE | х |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Addition |
| CONSTRUCTION COST | 4000.00 |
| SURVEYOR NAME AND NUMBER | Seaboard Surveying |
| CULVERT | Ν |
| 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.

* 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.

| Birthplac | LS I I I I I I I I I I I I I I I I I I I | | | K 1719 , NC 27948 Fax: 252-441-4 | -102 | NOV - 9 2020 | |
|------------------|---|---|--------------------|--|--|--|-------|
| TORTH CA | ROLL | Planning | and Inspe | ection Depart | ment | | |
| | IE: Babb House R | aise and Remode E KILL DEVIL HI | | | | BUILDING JC ISSUED: 11/06 EXPIRES: 05/05 | /2020 |
| APPLICANT: | BABB, ROBERT 722 Jones St SUFFOLK, VA 234 | 34 | | | BABB, ROBER 722 Jones St SUFFOLK, VA | | |
| CONTRACTOR: | FORREST SEAL L PO Box 2333 KITTY HAWK, NC 252-599-2521 | | | | | | |
| GENERAL, UNL | IMITED: | FORREST PO Box 23 KITTY HAV 252-599-25 | 33 NK, NC 27949 | 9 | | cense: 57289 cpires: 01/01/2021 | |
| PARCEL: | | | | | | | |
| PIN: | 9884104598 | 98 | | Parcel Number: | 00312500 | 00 | |
| Address: | 109 FIRST S | TE KILL DEVIL I | HILLS | | | | |
| | | | | Zoning | g: | | |
| Addition: | W R DEATO | N - DELRAY BEA | СН | Block: | 2 | Lot(s): 10 | |
| Legal Desci | ription: | | | | | | |
| EES: | | Paid | Due | BUILDING AREA | A: | | |
| pen Deck Fee | | \$150.00 | \$0.00 | Open Decks | | 1 EA | |
| Res. Building Pe | rmit Fee | \$717.90 | \$0.00 | Resdiential Unh | neated (.40) | 636 Sq. Ft | |
| ool/Hot Tub | | \$200.00 | \$0.00 | Residential Hea | | 618 sq. Ft. | |
| | | \$1,067.90 | \$0.00 | ~ (.75) | | | |

PROJECT DESCRIPTION: raise existing structure adding new garage, storage and rec room on ground floor, add pool to rear yard

DEV

-

PROJECT NAME: Babb House Raise and Remodel **SITE ADDRESS:** 109 FIRST ST E KILL DEVIL HILLS

BUILDING JOINT ISSUED: 11/06/2020

EXPIRES: 05/05/2021

| | DETAILS | |
|--------------------------------|------------------------------|--|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | RL | |
| FRONT YARD SETBACK | 30 | |
| REAR YARD SETBACK | 30 | |
| SIDE YARD SETBACK | 10 | |
| HEALTH DEPARTMENT PERMIT # | 30145 | |
| # PARKING SPACES/BEDROOM | 4 | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | N | |
| FLOOD ZONE | x | |
| BASE FLOOD ELEVATION | 8 | |
| Proposed First Floor Elevation | 8.70 | |
| SUBSTANTIAL IMPROVEMENT | NO | |
| PURPOSE | Residential Addition | |
| CONSTRUCTION TYPE | V | |
| CONSTRUCTION COST | 100000.00 | |
| LOT COVERAGE | 36.10 | |
| LIVING SPACE (SQFT) | 618 | |
| STORAGE (SQFT) | 636 | |
| TOTAL SQUARE FOOTAGE | 1254 | |
| SURVEYOR NAME AND NUMBER | Ray Meekins L-2592 | |
| ENGINEER AND LICENSE NUMBER | Mike Osteen 032628 | |
| CULVERT | N | |
| DRIVEWAY INVERT 2 | Y | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |



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

Planning and Inspection Department

BJ2020-237

PROJECT NAME: OBX Cottages SITE ADDRESS: 601 West Palmetto Street Kill Devil Hills

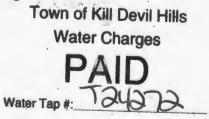
BUILDING JOINT

ISSUED: 11/12/2020

EXPIRES: 05/11/2021

| APPLICANT: Sandy Botton 400 DaVinci kitty hawk, no 757-448-816 | c 27949 | | OWNER: OBX COTTA 200 EAST E nags head, 252-207-54 | LACKMAN ST nc 27959 |
|---|--|-------------|--|---------------------------------------|
| GENERAL BUILDING-LIMITE | D: SANDY BC 400 DaVine kitty hawk, 757-448-81 | nc 27949 | ES | License: 67524 Expires: 01/01/2021 |
| PARCEL: | | | | |
| PIN: 987408 | 995940 | | Parcel Number: | |
| Address: 601 We | est Palmetto Street Kill | Devil Hills | | |
| | | | Zoning: | |
| Addition: | | | Block: | Lot(s): |
| Legal Description: Lot | t 10R, Block 76, Virginia | Dare Shore | s Subdivision | |
| FEES: | Paid | Due | BUILDING AREA: | |
| Covered Porch Residential | \$56.25 | \$0.00 | Covered Porches/Decks | 75 SQFT |
| Land Disturbing | \$100.00 | \$0.00 | Open Decks | 1 EA |
| | \$150.00 | \$0.00 | Resdiential Unheated (.40) | 76 Sq. Ft |
| Open Deck Fee | ¢1 270 CE | \$0.00 | Residential Heated Space | 1799 sq. Ft. |
| | \$1,379.65 | | | |
| Open Deck Fee Res. Building Permit Fee T-Pole | \$1,379.65 \$50.00 | \$0.00 | (.75) | |

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling



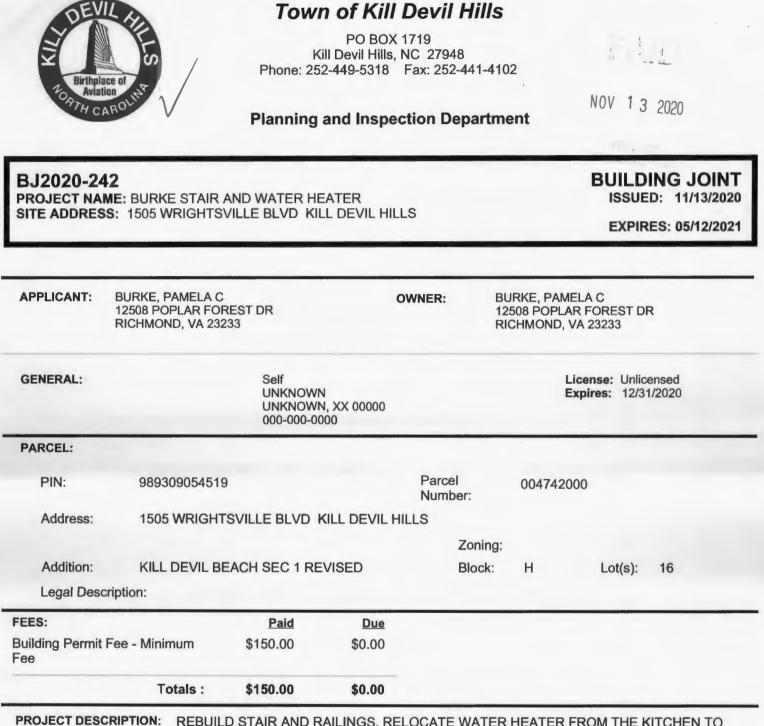
BJ2020-237 PROJECT NAME: OBX Cottages SITE ADDRESS: 601 West Palmetto Street Kill Devil Hills

BUILDING JOINT ISSUED: 11/12/2020

EXPIRES: 05/11/2021

DETAILS

| Permit | |
|---------------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 15 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 6 |
| STREET SIDE SETBACK | 7.5 |
| HEALTH DEPARTMENT PERMIT # | 30089 |
| # PARKING SPACES/BEDROOM | 3 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | Ν |
| FLOOD ZONE | Х |
| SUBSTANTIAL IMPROVEMENT | YES |
| PURPOSE | Residential New |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 210000.00 |
| LOT COVERAGE | 39.80 |
| LIVING SPACE (SQFT) | 1799 |
| COVERED PORCHES/DECKS (SQFT) | 75 |
| STORAGE (SQFT) | 76 |
| OPEN DECK (SQFT) | 116 |
| TOTAL SQUARE FOOTAGE | 2066 |
| SURVEYOR NAME AND NUMBER | Seaboard |
| ENGINEER AND LICENSE NUMBER | Mike Osteen 032628 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |
| | |



ROJECT DESCRIPTION: REBUILD STAIR AND RAILINGS, RELOCATE WATER HEATER FROM THE KITCHEN TO THE STORAGE ROOM BELOW

PROJECT NAME: BURKE STAIR AND WATER HEATER SITE ADDRESS: 1505 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 11/13/2020

EXPIRES: 05/12/2021

| Permit | |
|----------------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | С |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 8 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | Х |
| BASE FLOOD ELEVATION | 8.1 |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 2500.00 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

 Rough In
 Zoning Final

 Final
 CONDITIONS

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

 * Zoning Final Inspection is required.

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

* Water heater shall be elevated



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

Planning and Inspection Department

BJ2020-219

PROJECT NAME: SAGA New 4 Bedroom House **SITE ADDRESS:** 1305 First St W Kill Devil Hills **BUILDING JOINT**

ISSUED: 11/13/2020

EXPIRES: 05/12/2021

| APPLICANT: | Water Oak Resider PO Box 90 Kill Devil Hills, NC 2 252-441-9003 | | | OWNER: | Water Oak Resi PO Box 90 Kill Devil Hills, N 252-441-9003 | |
|---------------------------------------|--|-------------------------|----------------|-------------------|--|----------------------------------|
| CONTRACTOR | SAGA CONSTRUC 1314 S Croatan Hw Kill Devil Hills, NC 2 252-441-9003 | y, Suite 301 | | | | |
| GENERAL BUI | LDING - LIMITED: | 1314 S Cro PO Box 90 | ills, NC 27948 | uite 301 | | ense: 62306 pires: 12/31/2020 |
| PARCEL: | | | | | | |
| PIN: | 98841312959 | 5 | | Parcel Number: | | |
| Address: | 1305 First St | W Kill Devil Hills | | | | |
| | | | | Zon | ing: | |
| Addition: | | | | Bloc | sk: | Lot(s): |
| Legal Desc | ription: Lot 65, W | later Oak Resider | ntial Commu | inity | | |
| FEES: | | Paid | Due | BUILDING AR | EA: | |
| Pool/Hot Tub | | \$200.00 | \$0.00 | Resdiential U | nheated (.40) | 433 Sq. Ft |
| Res. Building Pe | ermit Fee | \$2,249.20 | \$0.00 | Residential H | eated Space | 2768 sq. Ft. |
| T-Pole | | \$50.00 | \$0.00 | (.75) | | |
| · · · · · · · · · · · · · · · · · · · | Totals : | \$2,499.20 | \$0.00 | - # of Tempora | ry Poles | 1 EA |

Water Charges

PAID Water Tap #: TZ4265

NOV 1 6 2020

1

7

PROJECT NAME: SAGA New 4 Bedroom House SITE ADDRESS: 1305 First St W Kill Devil Hills

EXPIRES: 05/12/2021

| | DETAILS | |
|--------------------------------|------------------------------|------------|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | RL | |
| FRONT YARD SETBACK | 30 | |
| REAR YARD SETBACK | 20% Depth >30 | |
| SIDE YARD SETBACK | 10 | |
| STREET SIDE SETBACK | 15 | |
| # PARKING SPACES/BEDROOM | 4 | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | N | |
| FLOOD ZONE | X | |
| BASE FLOOD ELEVATION | 8 | |
| Proposed First Floor Elevation | 8.50 | |
| SUBSTANTIAL IMPROVEMENT | NO | |
| PURPOSE | Residential New | |
| CONSTRUCTION TYPE | V | ` . |
| CONSTRUCTION COST | 300000.00 | |
| LOT COVERAGE | 39.95 | |
| LIVING SPACE (SQFT) | 2195 | |
| GARAGE (SQFT) | 433 | |
| TOTAL SQUARE FOOTAGE | 2628 | |
| SURVEYOR NAME AND NUMBER | Michael Robinson - 18994 | |
| ENGINEER AND LICENSE NUMBER | Frederick House 24740 | |
| CULVERT | N | |
| DRIVEWAY INVERT 2 | N | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |



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

Planning and Inspection Department

PAID

NOV 1 3 2020

TOWN OF

BJ2020-218

PROJECT NAME: Water Oak Residential LLC SITE ADDRESS: 1303 West First Street Kill Devil Hills BUILDING JOINT ISSUED: 11/12/2020

EXPIRES: 11/04/2021

| APPLICANT: | SAGA CONSTRUC 1314 S Croatan Hy PO Box 90 Kill Devil Hills, NC 2 252-441-9003 | vy, Suite 301 | | PO Box 90 | Residential, LLC ls, NC 27948 03 |
|-----------------|---|--|--|----------------------------|--|
| GENERAL BUI | LDING - LIMITED: | 1314 S Cro PO Box 90 | ills, NC 27948 | uite 301 | License: 62306 Expires: 12/31/2020 |
| PARCEL: | | | | | |
| PIN: | 9884172204 | 18 | | Parcel Number: | |
| Address: | 1303 West Fi | rst Street Kill Dev | /il Hills | | |
| | | | | Zoning: | |
| Addition: | | | | Block: | Lot(s): |
| Legal Desc | cription: Lot 63, P | hase 1, Water Oa | k Residentia | al Community S/D | |
| FEES: | | Paid | Due | BUILDING AREA: | |
| Covered Porch | Residential | \$249.75 | \$0.00 | Residential Heated Space | 2075 sq. Ft. |
| Res. Building P | ermit Fee | \$1,748.65 | \$0.00 | (.75) | |
| T-Pole | | \$50.00 | \$0.00 | # of Temporary Poles | 1 EA |
| Pool/Hot Tub | | \$200.00 | \$0.00 | Covered Porches/Decks | 333 SQFT |
| | I | \$100.00 | \$0.00 | Resdiential Unheated (.40) | 481 Sq. Ft |
| Land Disturbing | | and the later of the later of the second state and the second state of the second stat | and a second s | ψη ₂ | |

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Town of Kill Devil Hills Water Charges PAID Water Tap #: 724266

PROJECT NAME: Water Oak Residential LLC SITE ADDRESS: 1303 West First Street Kill Devil Hills BUILDING JOINT ISSUED: 11/12/2020

EXPIRES: 11/04/2021

| | DE | ETAILS | |
|---------------------------------|--|--------|--|
| Permit | | | |
| Name | Value | | |
| ZONING DISTRICT | RL | | |
| FRONT YARD SETBACK | 30 | | |
| REAR YARD SETBACK | 20% Depth >30 | | |
| SIDE YARD SETBACK | 10 | | |
| STREET SIDE SETBACK | 15 | | |
| HEALTH DEPARTMENT PERMIT # | KDHWWTP | | |
| # PARKING SPACES/BEDROOM | 4 | | |
| CAMA PERMIT | N | | |
| CAMA EXEMPTION | Ν | | |
| FLOOD ZONE | х | | |
| SUBSTANTIAL IMPROVEMENT | YES | | |
| PURPOSE | Residential New V 20000.00 2075 | - DD | |
| CONSTRUCTION TYPE | V | 00 | |
| CONSTRUCTION COST | (20000.00)200,0 | | |
| LIVING SPACE (SQFT) | 2075 | | |
| COVERED PORCHES/DECKS (SQFT) | 333 | | |
| GARAGE (SQFT) | 481 | | |
| TOTAL SQUARE FOOTAGE | 2889 | | |
| SURVEYOR NAME AND NUMBER | Michael Robinson | | |
| ENGINEER AND LICENSE NUMBER | Frederick House 24740 | | |
| CULVERT | Ν | | |
| ROLL OUT CAN | 1 | | |
| DRIVEWAY INVERT 2 | Y | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | |



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

NOV 20 2020

Planning and Inspection Department

BJ2020-247 PROJECT NAME: Jeffrey Cruden SITE ADDRESS: 2908 BAY DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 11/17/2020

EXPIRES: 05/16/2021

| APPLICANT: | LYN SMALL, INC. 113 Ballast Rock Dr. Powels Point, NC 279 252-491-8562 | 66 | C | WNER: | Cruden, Jeffr 2908 Bay Dri Kill Devil Hills 919-427-964 | ve s, NC 27948 | |
|---------------|---|----------------|---------------------------|-------------------|--|----------------------------------|-------|
| ENERAL BUILI | DING - INTERMEDIATE | 113 Ballast | Rock Dr. int, NC 27966 | | | License: 27960 Expires: 12/31 | |
| PARCEL: | | | | | 1 | | |
| PIN: | 987520814322 | | | Parcel Number: | 029612 | 003 | |
| Address: | 2908 BAY DR | KILL DEVIL HIL | LS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | VIRGINIA DAR | E SHORES RE | VISED | Bloc | k: 88 | Lot(s): | 13&14 |
| Legal Des | cription: | | | | | | |
| FEES: | | Paid | Due | | | 1. X. | |
| Pier/Bulkhead | | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Replace boat lift and pilings

-

PROJECT NAME: Jeffrey Cruden SITE ADDRESS: 2908 BAY DR KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 11/17/2020

EXPIRES: 05/16/2021

| | | DETAILS | | |
|----------------------------|-------------------------------|---------|--|--|
| Permit | | | | |
| Name | Value | _ | | |
| ZONING DISTRICT | RL | | | |
| FRONT YARD SETBACK | 30 | | | |
| REAR YARD SETBACK | CAMA | | | |
| SIDE YARD SETBACK | 10 | | | |
| CAMA PERMIT | Υ | | | |
| CAMA EXEMPTION | N | | | |
| FLOOD ZONE | AE | | | |
| BASE FLOOD ELEVATION | 5 | | | |
| SUBSTANTIAL IMPROVEMENT | NO | | | |
| PURPOSE | Residential Repair/Remodel | | | |
| CONSTRUCTION COST | 13000.00 | | | |
| CULVERT | Ν | | | |
| DRIVEWAY INVERT 2 | Ν | | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | | |

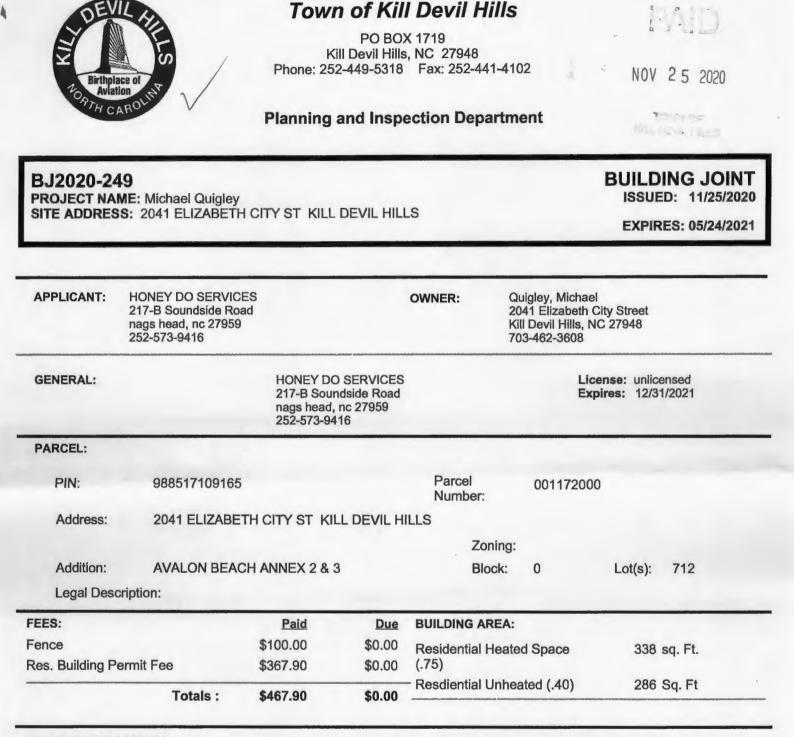
In-Slab Plumbing Slab/Foundation/Piling Framing Rough In

Insulation Final **Zoning Final**

CONDITIONS

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

Page 2 of 3



PROJECT DESCRIPTION: Construct a garage under house, change storage to game room, add bathroom to gameroom, add fence

PROJECT NAME: Michael Quigley SITE ADDRESS: 2041 ELIZABETH CITY ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 11/25/2020

EXPIRES: 05/24/2021

DETAILS

| Permit | |
|-------------------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 15 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 6 |
| HEALTH DEPARTMENT PERMIT # | 30191 |
| # PARKING SPACES/BEDROOM | 3 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | Х |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 15900.00 |
| LIVING SPACE (SQFT) | 338 |
| GARAGE (SQFT) | 286 |
| TOTAL SQUARE FOOTAGE | 624 |
| SURVEYOR NAME AND NUMBER | William Jones |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |
| | |

REQUIRED INSPECTIONS

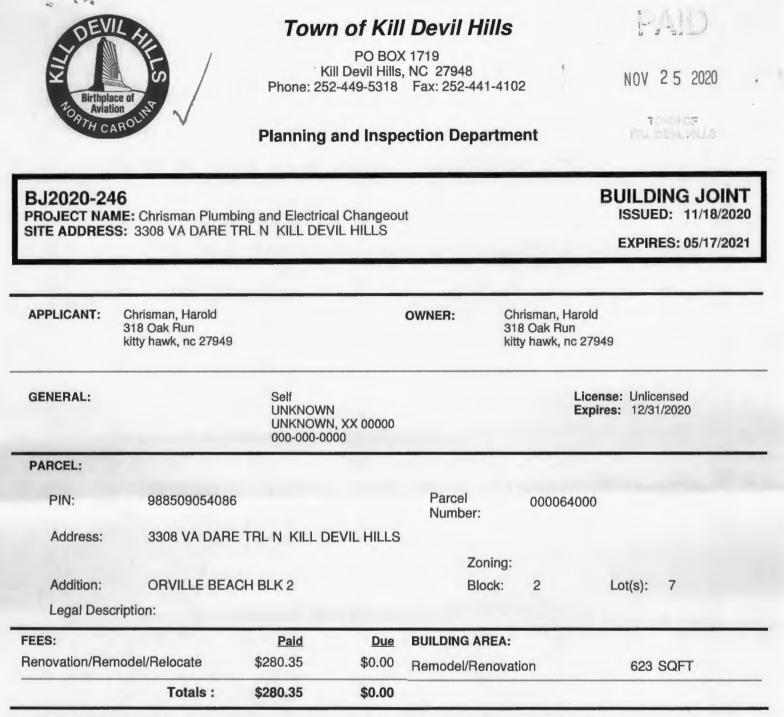
| In-Slab Plumbing | |
|------------------|--|
| Framing | |
| Rough In | |

Insulation

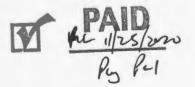
Final

Zoning Final

CONDITIONS



PROJECT DESCRIPTION: Repair/replace insulation, plumbing and electrical throughout existing residence.



PROJECT NAME: Chrisman Plumbing and Electrical Changeout SITE ADDRESS: 3308 VA DARE TRL N KILL DEVIL HILLS

ISSUED: 11/18/2020

BUILDING JOINT

EXPIRES: 05/17/2021

| | D | ETAILS |
|----------------------------|-------------------------------|----------------|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | С | |
| REAR YARD SETBACK | 20% Depth >30 | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | Ν | |
| FLOOD ZONE | Х | |
| SUBSTANTIAL IMPROVEMENT | NO | |
| PURPOSE | Residential Repair/Remodel | |
| CONSTRUCTION COST | 7000.00 | |
| CULVERT | N | |
| DRIVEWAY INVERT 2 | N | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |
| | REQUIRE | ED 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. Marty Shaw

| Issued By: | | |
|---------------------------------|----------------------|--|
| Contractor or Authorized Agent: | Hardd Bryan Chrisman | |

Date: 11/22/2020

Printed by : Marty Shaw on: 11/18/2020 09:10 AM

| Birthplace Aviation | STT ST | K Phone: 25 | PO BOX ill Devil Hills, 2-449-5318 | | 4102 | | V 25 2020 |
|--|---|---|--|-------------------|---|--------------------------------|--|
| TH CAP | 401 | Planning | and Inspe | ction Depar | tment | | Lang rolly |
| | E: Bodner Bathroo : 1817 SEA SWE | | /IL HILLS | | | ISSUE | ING JOINT ED: 11/25/2020 RES: 05/24/2021 |
| | BODNER, JACK 121 Old Duck Road kitty hawk, nc 27949 | | (| OWNER: | BODNER, J 121 Old Duo kitty hawk, r | ck Road | |
| | TODD COYLE CON PO Box 1094 kitty hawk, nc 27949 252-261-9728 | | | | | | |
| GENERAL: | | TODD CO PO Box 10 kitty hawk, 252-261-97 | nc 27949 | JCTION | | License: 6083 Expires: 01/0 | |
| PARCEL: | | | | | | | |
| PIN: | 98840906996 | 4 | | Parcel Number: | 00238 | 0000 | |
| Address: | 1817 SEA SW | EPT RD KILL D | EVIL HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | SEA HOLLY F | RIDGE | | Block | k: C | Lot(s): | 7 |
| Legal Descri | ption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit F Fee | ee - Minimum | \$150.00 | \$0.00 | | | | |
| And the second state of th | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: add 30 sq ft unheated bathroom to ground floor, house under construction

PROJECT NAME: Bodner Bathroom addition SITE ADDRESS: 1817 SEA SWEPT RD KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 11/25/2020

EXPIRES: 05/24/2021

| | DE | TAILS | | |
|-----------------------------|------------------------------|-------|--|--|
| Permit | | | | |
| Name | Value | | | |
| ZONING DISTRICT | RL | | | |
| FRONT YARD SETBACK | 30 | | | |
| REAR YARD SETBACK | 20% Depth >30 | | | |
| SIDE YARD SETBACK | 8 | | | |
| STREET SIDE SETBACK | 15 | | | |
| CAMA PERMIT | Ν | | | |
| CAMA EXEMPTION | Ν | | | |
| FLOOD ZONE | Х | | | |
| SUBSTANTIAL IMPROVEMENT | NO | | | |
| PURPOSE | Residential Addition | | | |
| CONSTRUCTION COST | 4000.00 | | | |
| SURVEYOR NAME AND NUMBER | Jamie E Furr L-4692 | | | |
| CULVERT | Ν | | | |
| DRIVEWAY INVERT 2 | Ν | | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | | |

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

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



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

Planning and Inspection Department

BJ2020-245

PROJECT NAME: HIPPIE HOUSE REMODEL SITE ADDRESS: 1903 CROATAN HWY S KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 11/16/2020

EXPIRES: 05/15/2021

| 1 4 | BERALD PONTES 903 S. CROATAN (ill Devil Hills, NC 2 52-722-1321 | | c | WNER: | GERALD PO 1903 S. CRO Kill Devil Hills 252-722-132 | ATAN HWY s, NC 27948 | |
|---------------------------|--|---------------|---|-------------------|---|----------------------------------|----|
| GENERAL BUILDI | NG INTERMEDIAT | 1508 Capta | ry Homes OBX, ains Ln. ills, NC 27948 | LLC | | License: 73029 Expires: 12/31 | |
| PARCEL: | | | | | | | |
| PIN: | 98931304806 | 7 | | Parcel Number: | 004950 | 000 | |
| Address: | 1903 CROAT | AN HWY S KILL | DEVIL HILLS | | | | |
| | | | | Zonin | ig: | | |
| Addition: | LAKE DRIVE | DEVELOPMENT | SEC 2 | Block | : 0 | Lot(s): | 22 |
| Legal Descrip | tion: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit Fe Fee | e - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

FLOOR AND UNDER DECK, REMOVE UNPERMITTED, UNINSPECTED STORAGE BUILDING FROM EAST OF STRUCTURE, REMOVE ALL UNPERMITTED ELECTRICAL

MACHINE, INSTALL NEW DRAIN LINE AND ADDRESS NONCOMPLIANT DEAD END, REMOVE DOOR AT TOP FLOOR AND INSTALL CASED OPENING, OPEN DRYWALL ON TOP FLOOR FOR ELECTRICAL INSPECTION, ELECTRICAL EVALUATION AND CHANGES PER NC LICENSED TRADESMAN, EVALUATION OF REAR DECK BEAM AND REPAIR PER

WORK, INCLUDING SECOND RANGE FROM TOP FLOOR, REMOVE REAR EXTERIOR STAIR, REBUILD FRONT EXTERIOR STAIR TO 2018 NCBC, REMOVE OUTDOOR WASHING

ENGINEER

NOV 17 2020

| BJ2020-245 PROJECT NAME: HIPPIE HOUSE REMODEL SITE ADDRESS: 1903 CROATAN HWY S KILL DEVIL HILLS | BUILDING JOINT ISSUED: 11/16/2020 EXPIRES: 05/15/2021 |
|---|--|
| Ground floor is only permitted as store front and storage, no bedrooms or bathroo Second and third floor are only permitted as a single family dwelling, creating a mixe | oms are permitted. ed use structure. |
| I hereby certify that I have read and examined this application and know All provisions of Laws and Ordinances governing this type of work will specified herein or not. The granting of a permit does not presume to g the provisions of any other state/local law regulating construction or the Marky Shaw Issued By: | I be complied with whether give authority to violate or cancel he performance of construction. |
| contractor or Authorized Agent: | Date: |
| | |
| | |

z

| Z Birthplace Aviation | S S | | PO BOX (ill Devil Hills, 52-449-5318 | | ¥102 | NOV 1 | 8 2020 , |
|--|---|----------------|--|-------------------|--|--------------------------------|-----------------------------|
| TORTH CAR | ROLL | Planning | and Inspe | ection Depart | ment | ••• | |
| | 3 E: Small house rais | se and demo po | rtions of exist | ling | | | ING JOINT ED: 11/18/2020 |
| residence SITE ADDRESS | : 1700 BAY DR K | ILL DEVIL HILL | S | | | EXPIR | RES: 05/17/2021 |
| | Small, Priscilla E. P O BOX 426 KILL DEVIL HILLS, 1 252-449-5565 | NC 27948 | | OWNER: | Small, Priscill P O BOX 426 KILL DEVIL H 252-449-5565 | ILLS, NC 279 | 48 |
| | HADDON HOMES, I PO Box 1868 Nags Head, NC 279 267-2287 | | | | | | |
| CONTRACTOR: | | PO Box 18 | HOMES, INC. 368 d, NC 27959 | | | License: 5556 Expires: 01/0 | |
| PARCEL: | | | | | | | |
| PIN: | 988413046916 | 3 | | Parcel Number: | 002554 | 000 | |
| Address: | 1700 BAY DR | KILL DEVIL HI | LLS | | | | |
| | | | | Zonin | - | | 0 79 DT |
| Addition: | CROATAN SH | IORES INC SEC | 01 | Block | :: 0 | Lot(s): | 6-7& PT. BAY VIEW |
| Legal Descri | ption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit F Fee | ee - Minimum | \$150.00 | \$0.00 | | | | |
| CONTRACTOR OF A DESCRIPTION OF A DESCRIP | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: demo part of existing home as required for lift and lift house after installation of girders and pilings

٦

PROJECT NAME: Small house raise and demo portions of existing residence SITE ADDRESS: 1700 BAY DR KILL DEVIL HILLS

BUILDING JOINT ISSUED: 11/18/2020

EXPIRES: 05/17/2021

| | DETAILS | |
|-----------------------------|-------------------------------|--|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | RL | |
| FRONT YARD SETBACK | 30 | |
| REAR YARD SETBACK | CAMA | |
| SIDE YARD SETBACK | 10 | |
| # PARKING SPACES/BEDROOM | 4 | |
| CAMA PERMIT | Ν | |
| CAMA EXEMPTION | Ν | |
| FLOOD ZONE | AE | |
| BASE FLOOD ELEVATION | 5 | |
| SUBSTANTIAL IMPROVEMENT | NO | |
| PURPOSE | Residential Repair/Remodel | |
| CONSTRUCTION COST | 65000.00 | |
| LOT COVERAGE | 20.40 | |
| SURVEYOR NAME AND NUMBER | Doug Styons L-3227 | |
| CULVERT | Ν | |
| DRIVEWAY INVERT 2 | Ν | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

REQUIRED INSPECTIONS

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

CONDITIONS

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

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



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

Planning and Inspection Department

BJ2020-244

PROJECT NAME: OBX Cottages LLC SITE ADDRESS: 538 EDEN ST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 11/19/2020

EXPIRES: 05/18/2021

| LICANT: Sandy Bottom Homes OW 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 | | | |
|---|---|--|---|--|---|--|
| IMITED: | 400 DaVinci I kitty hawk, no | Lane 27949 | ËS | | ense: 67524 ires: 01/01/2021 | |
| | | | | | | |
| 7520905491 | | | Parcel Number: | 000725032 | | |
| 38 EDEN ST ST V | KILL DEVI | L HILLS | | | | |
| | | | Zoning: | | | |
| RGINIA DARE SI | HORES | ` | Block: | 73 | Lot(s): 31-40 | |
| | | | | | | |
| | Paid | Due | BUILDING AREA: | | | |
| itial | \$56.25 | \$0.00 | Covered Porches | s/Decks | 75 SQFT | |
| | | \$0.00 | Open Decks | | 1 EA | |
| | | | Resdiential Unhe | eated (.40) | 26 Sq. Ft | |
| | | | | ed Space | 1775 sq. Ft. | |
| | 1 | Terr 2 au des Madellins, eine gestjongerijk-ginder | | Poles | 1 EA | |
| Totals : \$1, | 697.90 | \$0.00 | # OF Temporary T | UICS | | |
| N: Proposed 4 t | edroom singl | le family dv | welling | | | |
| | | | us unganded | | | |
| | | Ť | own of Kill Devi | Hills | | |
| | | | | | | |
| 20 * | | | Water Charge | 25 | | |
| | aVinci Lane awk, nc 27949 8-8162 IMITED: 37520905491 38 EDEN ST ST V IRGINIA DARE SH ntial \$ se \$1, Totals : \$1, | AVinci Lane avk, nc 27949 8-8162 IMITED: SANDY BOT 400 DaVinci I kitty hawk, nc 757-448-8162 37520905491 38 EDEN ST ST W KILL DEVII IRGINIA DARE SHORES Paid ntial \$56.25 \$100.00 \$150.00 ee \$1,341.65 \$50.00 Totals : \$1,697.90 | AVinci Lane wk, nc 27949 #8-8162 IMITED: SANDY BOTTOM HOME 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162 87520905491 38 EDEN ST ST W KILL DEVIL HILLS IRGINIA DARE SHORES Intial \$56.25 \$100.00 \$0.00 \$150.00 \$0.00 \$50.00 \$0.00 \$50.00 \$0.00 \$50.00 \$0.00 \$1341.65 \$0.00 \$50.00 \$0.00 \$100.00 \$0.00 \$50.00 \$0.00 \$100.00 \$0.00 \$100.00 \$0.00 \$100.00 \$0.00 \$50.00 \$0.00 \$1,341.65 \$0.00 \$1,697.90 \$0.00 N: Proposed 4 bedroom single family dy | AVinci Lane 2 INITED: SANDY BOTTOM HOMES 400 DaVinci Lane 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162 B7520905491 Parcel B8 EDEN ST ST W KILL DEVIL HILLS Zoning: B8 EDEN ST ST W KILL DEVIL HILLS Zoning: Broker Block: Intial \$56.25 \$0.00 \$100.00 \$0.00 Open Decks \$150.00 \$0.00 Residential Unher Residential Heat \$50.00 \$0.00 \$150.00 \$0.00 # of Temporary F N: Proposed 4 bedroom single family dwelling Town of Kill Devi | Winci Lane 200 EAST BLAC iwk, nc 27949 nags head, nc 27 iB-8662 252-207-5475 IMITED: SANDY BOTTOM HOMES Lice 400 DaVinci Lane kitty hawk, nc 27949 Exp 757-448-8162 Parcel 000725032 B7520905491 Parcel 000725032 B8 EDEN ST ST W KILL DEVIL HILLS Zoning: IRGINIA DARE SHORES Block: 73 Paid Due BUILDING AREA: ntial \$56.25 \$0.00 Covered Porches/Decks \$100.00 \$0.00 Qpen Decks \$150.00 \$1,341.65 \$0.00 Residential Unheated (.40) we \$1,341.65 \$0.00 \$1,697.90 \$0.00 # of Temporary Poles N: Proposed 4 bedroom single family dwelling Town of Kill Devil Hills Town of Kill Devil Hills | |

Water Tap #:

T24317

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PROJECT NAME: OBX Cottages LLC SITE ADDRESS: 538 EDEN ST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 11/19/2020

EXPIRES: 05/18/2021

| | DETAILS | |
|---------------------------------|------------------------------|--|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | RL | |
| FRONT YARD SETBACK | 15 | |
| REAR YARD SETBACK | 20% Depth >30 | |
| SIDE YARD SETBACK | 6 | |
| STREET SIDE SETBACK | 7.5 | |
| HEALTH DEPARTMENT PERMIT # | 30224 | |
| # PARKING SPACES/BEDROOM | 4 | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | N | |
| FLOOD ZONE | x | |
| SUBSTANTIAL IMPROVEMENT | YES | |
| PURPOSE | Residential New | |
| CONSTRUCTION TYPE | V | |
| CONSTRUCTION COST | 210000.00 | |
| LOT COVERAGE | 39.80 | |
| LIVING SPACE (SQFT) | 1775 | |
| COVERED PORCHES/DECKS (SQFT) | 75 | |
| STORAGE (SQFT) | 26 | |
| OPEN DECK (SQFT) | 116 | |
| TOTAL SQUARE FOOTAGE | 1992 | |
| SURVEYOR NAME AND NUMBER | Seaboard Surveying | |
| ENGINEER AND LICENSE NUMBER | Mike Osteen 032628 | |
| CULVERT | N | |
| ROLL OUT CAN | 1 | |
| DRIVEWAY INVERT 2 | Y | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

Page 1 of 3

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

BJ2020-220

APPLICANT:

PROJECT NAME: Sandy Bottom Homes New House **SITE ADDRESS:** 607 Palmetto St W Kill Devil Hills

OBX COTTAGES LLC

nags head, nc 27959

400 DaVinci Lane kitty hawk, nc 27949

252-207-5475

CONTRACTOR: Sandy Bottom Homes

200 EAST BLACKMAN ST

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

A t

| GENERAL BUILDING-LIMITED | D: SANDY BC 400 DaVino kitty hawk, 757-448-81 | nc 27949 | | icense: 67524 xpires: 01/01/2021 |
|--|--|--|---|-------------------------------------|
| PARCEL: | | | | |
| PIN: 9874089 | 995737 | | Parcel Number: | |
| Address: 607 Pair | metto St W Kill Devil H | ills | | |
| | | | Zoning: | |
| | | | | |
| Addition: | | | Block: | Lot(s): |
| | 12r, Block 76 Virginia [| Dare Shores | | Lot(s): |
| | 12r, Block 76 Virginia I <u>Paid</u> | Dare Shores | | Lot(s): |
| Legal Description: Lot | | | | Lot(s): 192 SQFT |
| Legal Description: Lot | Paid | Due | BUILDING AREA: Covered Porches/Decks | |
| Legal Description: Lot FEES: Covered Porch Residential | <u>Paid</u> \$144.00 | <u>Due</u> \$0.00 | BUILDING AREA: Covered Porches/Decks Open Decks | 192 SQFT 1 EA |
| Legal Description: Lot FEES: Covered Porch Residential Land Disturbing | <u>Paid</u> \$144.00 \$100.00 | <u>Due</u> \$0.00 \$0.00 | BUILDING AREA: Covered Porches/Decks Open Decks Resdiential Unheated (.40) | 192 SQFT 1 EA 73 Sq. Ft |
| Legal Description: Lot FEES: Covered Porch Residential Land Disturbing Open Deck Fee | <u>Paid</u> \$144.00 \$100.00 \$150.00 | <u>Due</u> \$0.00 \$0.00 \$0.00 | BUILDING AREA: Covered Porches/Decks Open Decks | 192 SQFT 1 EA |

PROJECT DESCRIPTION: New 3 Bedroom 3 bath SFD

Town of Kill Devil Hills Water Charges PAID

NOV - 3 2020



BUILDING JOINT

ISSUED: 11/02/2020

EXPIRES: 05/01/2021

PROJECT NAME: Sandy Bottom Homes New House SITE ADDRESS: 607 Palmetto St W Kill Devil Hills

BUILDING JOINT ISSUED: 11/02/2020

EXPIRES: 05/01/2021

| | | DETAILS |
|---------------------------------|------------------------------|---------|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | RL | |
| FRONT YARD SETBACK | 30 | |
| REAR YARD SETBACK | 20% Depth >30 | |
| SIDE YARD SETBACK | 10 | |
| HEALTH DEPARTMENT PERMIT # | 30090 | |
| # PARKING SPACES/BEDROOM | 3 | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | N | |
| FLOOD ZONE | AE | |
| BASE FLOOD ELEVATION | 4.0 | |
| SUBSTANTIAL IMPROVEMENT | NO | |
| PURPOSE | Residential New | |
| CONSTRUCTION TYPE | V | |
| CONSTRUCTION COST | 210000.00 | |
| LOT COVERAGE | 38.50 | |
| LIVING SPACE (SQFT) | 1644 | |
| COVERED PORCHES/DECKS (SQFT) | 192 | |
| STORAGE (SQFT) | 73 | |
| OPEN DECK (SQFT) | 66 | |
| TOTAL SQUARE FOOTAGE | 1975 | |
| SURVEYOR NAME AND NUMBER | Ray Meekins L-2592 | |
| ENGINEER AND LICENSE NUMBER | Mike Osteen 032628 | |
| CULVERT | Ν | |
| ROLL OUT CAN | 1 | |
| DRIVEWAY INVERT 2 | Υ | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |



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

NOV - 3 2020

Planning and Inspection Department

BJ2020-228

PROJECT NAME: Herbert Drier SITE ADDRESS: 225 BURNS DR KILL DEVIL HILLS BUILDING JOINT ISSUED: 11/03/2020

EXPIRES: 05/02/2021

| APPLICANT: | Drier, Herbert 215 Golf Aire Blvd. WINTER HAVEN, F 863-326-5514 | FL 33884 | | OWNER: | Drier, Herbe 215 Golf Air WINTER H. 863-326-55 | re Blvd. AVEN, FL 33884 | 4 |
|------------------|--|---------------------------------|--------|-------------------|---|------------------------------|---------|
| CONTRACTOR: | | SAME AS O UNKNOWN UNKNOWN | | | | License: San Expires: 12/ | |
| PARCEL: | | | | | | | |
| PIN: | 98831694328 | 36 | | Parcel Number: | 00840 | 08000 | |
| Address: | 225 BURNS | DR KILL DEVIL H | HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | OCEAN ACR | ES TRACT 3 SEC | 01 | Bloc | k: B | Lot(s): | 25 |
| Legal Desc | ription: | | | | | | |
| FEES: | | Paid | Due | BUILDING ARE | EA: | | |
| Res. Building Pe | ermit Fee | \$1,419.80 | \$0.00 | Residential He | eated Space | 1236 | sq. Ft. |
| Covered Porch F | Residential | \$81.00 | \$0.00 | (.75) | | | |
| Open Deck Fee | | \$150.00 | \$0.00 | Covered Porc | hes/Decks | 108 | SQFT |
| T-Pole | | \$50.00 | \$0.00 | Open Decks | | 1 | EA |
| | Totals : | \$1 700 90 | \$0.00 | - # of Temporar | y Poles | 1 | EA |
| | Totals : | \$1,700.80 | \$0.00 | Resdiential Ur | heated (.40 |) 1232 | Sq. Ft |

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

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

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100

PROJECT NAME: Herbert Drier SITE ADDRESS: 225 BURNS DR KILL DEVIL HILLS ISSUED: 11/03/2020

EXPIRES: 05/02/2021

DETAILS

| Permit | |
|--------------------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 10 |
| STREET SIDE SETBACK | 15 |
| HEALTH DEPARTMENT PERMIT # | KDHWWTP |
| # PARKING SPACES/BEDROOM | 3 |
| CAMA PERMIT | Υ |
| CAMA EXEMPTION | Ν |
| FLOOD ZONE | Х |
| SUBSTANTIAL IMPROVEMENT | YES |
| PURPOSE | Residential New |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 155000.00 |
| LOT COVERAGE | 29.40 |
| LIVING SPACE (SQFT) | 1236 |
| COVERED PORCHES/DECKS (SQFT) | 108 |
| GARAGE (SQFT) | 385 |
| STORAGE (SQFT) | 847 |
| OPEN DECK (SQFT) | 112 |
| TOTAL SQUARE FOOTAGE | 2688 |
| SURVEYOR NAME AND NUMBER | Timmons Group |
| ARCHITECT NAME AND LICENSE NUMBER | Barrett Crook 027540 |
| CULVERT | N |
| ROLL OUT CAN | 1 |
| DRIVEWAY INVERT 2 | Y |
| OCCUPANCY TYPE | One & Two Family Dwelling |



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

NOV - 3 2020

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Planning and Inspection Department

BJ2020-222

PROJECT NAME: SAGA New 4 Bedroom House SITE ADDRESS: 707 Zen Lane Kill Devil Hills

BUILDING JOINT ISSUED: 11/02/2020

EXPIRES: 05/01/2021

4

| APPLICANT: | Water Oak Residential, PO Box 90 Kill Devil Hills, NC 2794 252-441-9003 | | | OWNER: | Water Oak Resid PO Box 90 Kill Devil Hills, N 252-441-9003 | |
|------------------|--|-------------------------|----------------|-------------------|---|----------------------------------|
| CONTRACTOR: | SAGA CONSTRUCTION UNKNOWN UNKNOWN, XX 00000 252-441-9003 | N | | | | |
| GENERAL BUIL | DING - LIMITED: | 1314 S Cro PO Box 90 | ills, NC 27948 | ite 301 | | ense: 62306 pires: 12/31/2020 |
| PARCEL: | | | | | | |
| PIN: | 988417221327 | | | Parcel Number: | | |
| Address: | 707 Zen Lane Ki | I Devil Hills | | | | |
| | | | | Zoni | ng: | |
| Addition: | | | | Bloc | k: | Lot(s): |
| Legal Descr | ription: Lot 60, Wate | Oak Reside | ntial Commu | nity | | |
| FEES: | | Paid | Due | BUILDING ARE | EA: | |
| Covered Porch F | Residential | \$126.00 | \$0.00 | Covered Porc | hes/Decks | 168 SQFT |
| Land Disturbing | | \$100.00 | \$0.00 | Resdiential U | heated (.40) | 478 Sq. Ft |
| Res. Building Pe | rmit Fee \$ | 1,703.20 | \$0.00 | Residential He | | 2016 sq. Ft. |
| T-Pole | | \$50.00 | \$0.00 | (.75) | | |
| | Totals : \$ | 1,979.20 | \$0.00 | # of Temporar | v Poles | 1 EA |

PROJECT DESCRIPTION: New 4 Bedroom 3 bath single family dwelling Town of Kill Devil Hills

T 242los

Water Charges

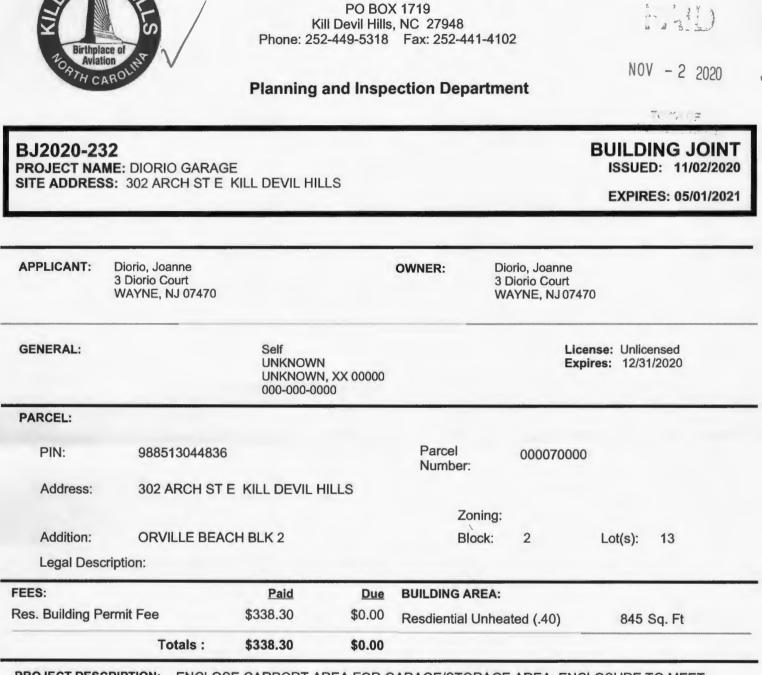
Water Tap #:

PROJECT NAME: SAGA New 4 Bedroom House SITE ADDRESS: 707 Zen Lane Kill Devil Hills

BUILDING JOINT ISSUED: 11/02/2020

EXPIRES: 05/01/2021

| | E | DETAIL |
|---------------------------------|------------------------------|--------|
| Permit | | |
| Name | Value | _ |
| ZONING DISTRICT | RL | |
| FRONT YARD SETBACK | 30 | |
| REAR YARD SETBACK | 20% Depth >30 | |
| SIDE YARD SETBACK | 8 | |
| # PARKING SPACES/BEDROOM | 4 | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | N | |
| FLOOD ZONE | Х | |
| BASE FLOOD ELEVATION | 8 | |
| SUBSTANTIAL IMPROVEMENT | NO | |
| PURPOSE | Residential New | |
| CONSTRUCTION COST | 200000.00 | |
| LOT COVERAGE | 38.40 | |
| LIVING SPACE (SQFT) | 2016 | |
| COVERED PORCHES/DECKS (SQFT) | 168 | |
| GARAGE (SQFT) | 478 | |
| TOTAL SQUARE FOOTAGE | 2662 | |
| SURVEYOR NAME AND NUMBER | Michael Robinson 18994 | |
| ENGINEER AND LICENSE NUMBER | Frederick House 24740 | |
| CULVERT | Ν | |
| ROLL OUT CAN | 1 | |
| DRIVEWAY INVERT 2 | Υ | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |



PROJECT DESCRIPTION: ENCLOSE CARPORT AREA FOR GARAGE/STORAGE AREA, ENCLOSURE TO MEET SETBACKS

K 11/2/000 Mak # 144

BJ2020-232 PROJECT NAME: DIORIO GARAGE SITE ADDRESS: 302 ARCH ST E KILL DEVIL HILLS

EXPIRES: 05/01/2021

DETAILS

| Permit | |
|----------------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | С |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 8 |
| CAMA PERMIT | Ν |
| CAMA EXEMPTION | N |
| FLOOD ZONE | Х |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Addition |
| CONSTRUCTION TYPE | V |
| CONSTRUCTION COST | 3000.00 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

| 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.

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

* Zoning Final Inspection is required.

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



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

NOV - 6 2020

Planning and Inspection Department

BJ2020-207

PROJECT NAME: Doug Penland SITE ADDRESS: 1201 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 11/05/2020

EXPIRES: 05/04/2021

| APPLICANT: | C & T CONTRACTIN 1700 Bell Ave. Kill Devil Hills, NC 2 252-202-9943 | | o | WNER: | PENLAND, T P O BOX 173 KILL DEVIL H | | 8 |
|--------------------------|--|----------------|----------------|-------------------|---|---------------------------------|----|
| BUILDING LIMI | TED: | 1700 Bell A | ills, NC 27948 | | | License: 4536 Expires: 01/01 | - |
| PARCEL: | | | | | | | |
| PIN: | 98840906354 | 9 | | Parcel Number: | 0025270 | 000 | |
| Address: | 1201 CLAM S | HELL DR KILL (| DEVIL HILLS | | | | |
| | | | | Zonir | ng: | | |
| Addition: | CROATAN SH | IORES INC SEC | 1 | Block | : 19 | Lot(s): | 15 |
| Legal Desc | ription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Building Permit I Fee | Fee - Minimum | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION:

Enclose existing porch/install windows/new siding and flooring/replace decking/rails/treads and risers/add required HVAC and electrical

BJ2020-207 PROJECT NAME: Doug Penland SITE ADDRESS: 1201 CLAM SHELL DR KILL DEVIL HILLS

BUILDING JOINT ISSUED: 11/05/2020

EXPIRES: 05/04/2021

DETAILS

| Name | Value | |
|-------------------------------|-------------------------------|--|
| ZONING DISTRICT | RL | |
| FRONT YARD SETBACK | 30 | |
| REAR YARD SETBACK | 20% Depth >30 | |
| HEALTH DEPARTMENT PERMIT # | 30061 | |
| # PARKING SPACES/BEDROOM | 3 | |
| CAMA PERMIT | Ν | |
| CAMA EXEMPTION | Ν | |
| FLOOD ZONE | х | |
| SUBSTANTIAL IMPROVEMENT | NO | |
| PURPOSE | Residential Repair/Remodel | |
| CONSTRUCTION TYPE | V | |
| CONSTRUCTION COST | 26000.00 | |
| LIVING SPACE (SQFT) | 168 | |
| CULVERT | Ν | |
| DRIVEWAY INVERT 2 | Ν | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

REQUIRED INSPECTIONS

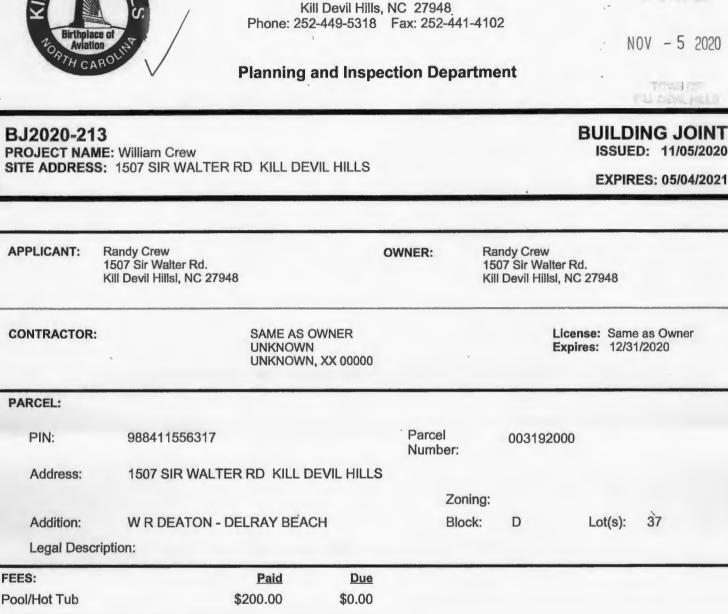
| In-Slab Plumbing | Insulation |
|------------------------|--------------|
| Slab/Foundation/Piling | Final |
| Framing | Zoning Final |
| Rough In | |

CONDITIONS

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

* 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.



\$0.00

Town of Kill Devil Hills

PO BOX 1719

PROJECT DESCRIPTION: Pool, pool deck and fence

Totals :

\$200.00



NOV - 5 2020

E.C.T

BJ2020-213 PROJECT NAME: William Crew

Dormit

SITE ADDRESS: 1507 SIR WALTER RD KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 11/05/2020

EXPIRES: 05/04/2021

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 | х |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Accessory |
| CONSTRUCTION COST | 28000.00 |
| CULVERT | N |
| DRIVEWAY INVERT 2 | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

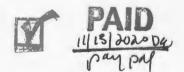
| In-Slab Plumbing | Insulation |
|------------------------|--------------|
| Slab/Foundation/Piling | Final |
| Framing | Zoning Final |
| Rough In | |

CONDITIONS

| * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started. |
|---|
| * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance. |
| * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area. |
| * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet. |
| * 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. |
| * Maximum lot coverage is 40%. |
| |

| NO BIRTIPLE | L's | K Phone: 25 | n of Kill L PO BOX 1 (ill Devil Hills, N i2-449-5318 F and Inspect | 719 IC 27948 Fax: 252-441-4 | 102 NOV 1 6 2020 | ·) 編 |
|--|--|---|--|-----------------------------------|---|-----------|
| | 11 ME: Bailets Pool SS: 904 MEMORIAL | BLVD S KILL [| DEVIL HILLS | | BUILDING ISSUED: 1 EXPIRES: 0 | 1/13/2020 |
| APPLICANT: | Bailets, Jason 109 White Birch Rd SUNBURY, PA 1780 | 1 | 01 | | Bailets, Jason 109 White Birch Rd SUNBURY, PA 17801 | |
| GENERAL: | | PO Box 29 | lills, NC 27948 | | License: 61128 Expires: 12/19/2020 | |
| PARCEL: | | | | 0 0 0 | | |
| PARCEL: | | | | Parcel | 004211001 | |
| PIN: | 988308889680 |) | | Number: | 004211001 | |
| | |) AL BLVD S KILL | DEVIL HILLS | | 004211001 | |
| PIN: Address: | 904 MEMORIA | AL BLVD S KILL | DEVIL HILLS | Zonin | : | |
| PIN: Address: Addition: | 904 MEMORIA KILL DEVIL HI | AL BLVD S KILL | _ DEVIL HILLS | | : | |
| PIN: Address: | 904 MEMORIA KILL DEVIL HI | AL BLVD S KILL | DEVIL HILLS | Zonin | : | |
| PIN: Address: Addition: Legal Desc FEES: | 904 MEMORIA KILL DEVIL HI | AL BLVD S KILL ILLS SEC 1 <u>Paid</u> | Due | Zonin | : | |
| PIN: Address: Addition: | 904 MEMORIA KILL DEVIL HI | AL BLVD S KILL | | Zonin | : | |

PROJECT DESCRIPTION: Install inground pool and barrier, relocate septic



BJ2020-241

Dormit

PROJECT NAME: Bailets Pool SITE ADDRESS: 904 MEMORIAL BLVD S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 11/13/2020

EXPIRES: 05/12/2021

DETAILS

| Name | Value |
|-----------------------------|------------------------------|
| ZONING DISTRICT | С |
| FRONT YARD SETBACK | 30 |
| REAR YARD SETBACK | 20% Depth >30 |
| SIDE YARD SETBACK | 10 |
| CAMA PERMIT | N |
| CAMA EXEMPTION | N |
| FLOOD ZONE | Х |
| SUBSTANTIAL IMPROVEMENT | NO |
| PURPOSE | Residential Accessory |
| CONSTRUCTION COST | 42000.00 |
| LOT COVERAGE | 65.00 |
| SURVEYOR NAME AND NUMBER | Michael Robinson |
| CULVERT | N |
| DRIVEWAY INVERT 2 | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |
| | |

REQUIRED INSPECTIONS

Pool Bonding

Zoning Final

Final

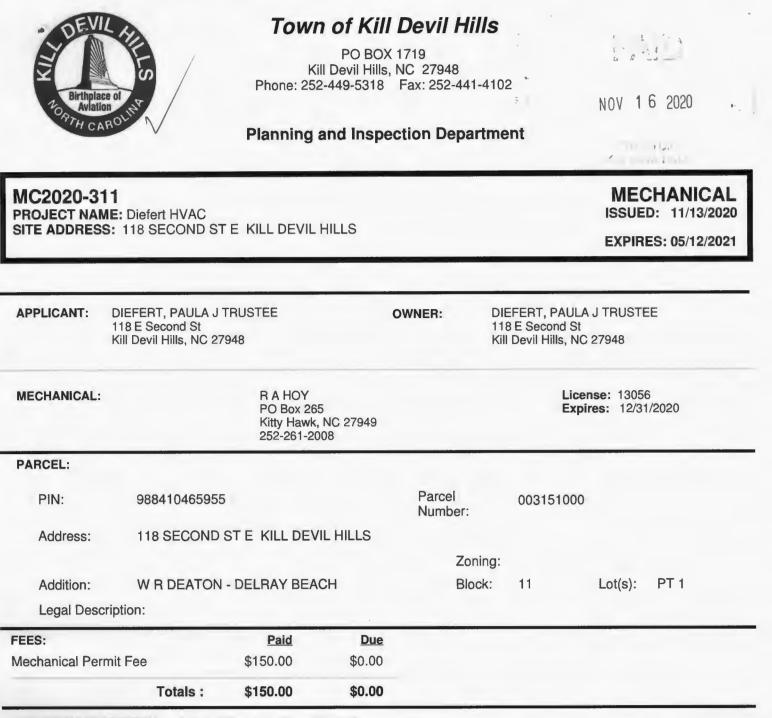
CONDITIONS

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

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

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

* Zoning Final Inspection is required.



PROJECT DESCRIPTION: C/O 2.5 Ton & 1.5Ton HVAC Systems



MC2020-311 PROJECT NAME: Diefert HVAC SITE ADDRESS: 118 SECOND ST E KILL DEVIL HILLS MECHANICAL ISSUED: 11/13/2020

EXPIRES: 05/12/2021

| | | DETAILS | | |
|---------------------|-------------------------------|---------|--|--|
| Permit | | | | |
| Name | Value | | | |
| PURPOSE | Residential Repair/Remodel | | | |
| CONSTRUCTION COST | 11952.00 | | | |
| CONSTRUCTION TYPE | V | | | |
| FLOOD ZONE | Х | | | |
| NATURAL GAS SIGNOFF | Ν | | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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charles Thuman Issued By:

Contractor or Authorized Agent

MARCEY BAUM

11 / 13 / 2020 Date:

| DEV | L HII | Tow | | Devil Hi | lls | | |
|--|--|---|--|-------------------------------------|--|---------------------------------|---|
| HIT AVIS | Lee of S | | PO BO (ill Devil Hills) 2-449-5318 | | -4102 | NO | V 17 2020 |
| TORTH C | AROLI | Planning | and Inspe | ection Depar | tment | , | 70 - 075 |
| MC2020-3 PROJECT NA SITE ADDRES | | ILL DEVIL HILLS | S | | | ISSUE | CHANICAL D: 11/16/2020 ES: 05/15/2021 |
| APPLICANT: | Piazza, Michael & Cy | ynthia | | OWNER: | 11424 Shell | | |
| | 11424 Shell Harbor CHESTERFIELD, V/ 640-2357 | | | | CHESTERFI 640-2357 | ELD, VA 23030 | |
| MECHANICAL | CHESTERFIELD, V/ 640-2357 | A 23838 DUSTY RH INC P.O. Box 4 | 44 , NC 27949 | ING AND AIR CO | 640-2357 | | |
| | CHESTERFIELD, V/ 640-2357 | A 23838 DUSTY RH INC P.O. Box 4 Kitty Hawk, | 44 , NC 27949 | ING AND AIR CO | 640-2357 | License: 2169 | |
| MECHANICAL | CHESTERFIELD, V/ 640-2357 | A 23838 DUSTY RH INC P.O. Box 4 Kitty Hawk, 252-202-68 | 44 , NC 27949 | ING AND AIR CO Parcel Number: | 640-2357 | License: 2169 Expires: 12/31 | |
| MECHANICAL PARCEL: | CHESTERFIELD, V/ 640-2357 H-3: 987408983707 | A 23838 DUSTY RH INC P.O. Box 4 Kitty Hawk, 252-202-68 | 44 , NC 27949 352 | Parcel | 640-2357 DNDITIONING | License: 2169 Expires: 12/31 | |
| MECHANICAL PARCEL: PIN: | CHESTERFIELD, V/ 640-2357 H-3: 987408983707 | A 23838 DUSTY RH INC P.O. Box 4 Kitty Hawk, 252-202-68 | 44 , NC 27949 352 | Parcel | 640-2357 ONDITIONING 001982 | License: 2169 Expires: 12/31 | |
| MECHANICAL PARCEL: PIN: | CHESTERFIELD, V/ 640-2357 H-3: 987408983707 2050 BAY DR | A 23838 DUSTY RH INC P.O. Box 4 Kitty Hawk, 252-202-68 | 44 , NC 27949 352 .LS | Parcel Number: | 640-2357 DNDITIONING 001982 ng: | License: 2169 Expires: 12/31 | |
| MECHANICAL PARCEL: PIN: Address: | CHESTERFIELD, V/ 640-2357 H-3: 987408983707 2050 BAY DR AVALON BEAC | A 23838 DUSTY RH INC P.O. Box 44 Kitty Hawk, 252-202-66 | 44 , NC 27949 352 .LS | Parcel Number: Zoni | 640-2357 DNDITIONING 001982 ng: | License: 2169 Expires: 12/31 | 1/2020 |
| MECHANICAL PARCEL: PIN: Address: Addition: Legal Desc | CHESTERFIELD, V/ 640-2357 H-3: 987408983707 2050 BAY DR AVALON BEAC | A 23838 DUSTY RH INC P.O. Box 4 Kitty Hawk, 252-202-68 KILL DEVIL HIL CH ANNEX 2 & 3 Paid | 44 , NC 27949 352 LS 3 <u>Due</u> | Parcel Number: Zoni | 640-2357 DNDITIONING 001982 ng: | License: 2169 Expires: 12/31 | 1/2020 |
| MECHANICAL PARCEL: PIN: Address: Addition: | CHESTERFIELD, V/ 640-2357 H-3: 987408983707 2050 BAY DR AVALON BEAC | A 23838 DUSTY RH INC P.O. Box 44 Kitty Hawk, 252-202-66 | 44 , NC 27949 352 LLS 3 | Parcel Number: Zoni | 640-2357 DNDITIONING 001982 ng: | License: 2169 Expires: 12/31 | 1/2020 |





M PAID 11/1 2020 CK #2839



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

MC2020-310

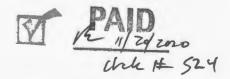
PROJECT NAME: HERNANDEZ HVAC SITE ADDRESS: 309 INDIAN DR KILL DEVIL HILLS MECHANICAL

ISSUED: 11/13/2020

EXPIRES: 05/12/2021

| APPLICANT: | SORTO, OSCAR 309 Indian Drive Kill Devil Hills, NC 27 | 948 | C | WNER: | SORTO, OSC 309 Indian Dr Kill Devil Hills | rive |
|-----------------|---|----------------|--------|-------------------|---|---------------------------------------|
| H-3, CLASS I: | | | | .N | | License: 22994 Expires: 12/31/2020 |
| PARCEL: | | | | | | |
| PIN: | 988410361385 | | | Parcel Number: | 028819 | 000 |
| Address: | 309 INDIAN DI | R KILL DEVIL H | IILLS | | | |
| | | | | Zoni | ng: | |
| Addition: | HIGH VIEW - I | HEDRICKS ADD | | Bloc | k: F | Lot(s): 5 |
| Legal Descr | iption: | | | | | |
| EES: | | Paid | Due | | | |
| Mechanical Pern | nit Fee | \$150.00 | \$0.00 | | | |
| | Totals : | \$150.00 | \$0.00 | | | |

PROJECT DESCRIPTION: HVAC CHANGE OUT



MC2020-310 PROJECT NAME: HERNANDEZ HVAC SITE ADDRESS: 309 INDIAN DR KILL DEVIL HILLS

EXPIRES: 05/12/2021

| | | DETAILS | | |
|----------------------|-------------------------------|---------|--|--|
| Permit | | | | |
| Name | Value | | | |
| PURPOSE | Residential Repair/Remodel | | | |
| CONSTRUCTION COST | 5000.00 | | | |
| CONSTRUCTION TYPE | V | | | |
| FLOOD ZONE | Х | | | |
| BASE FLOOD ELEVATION | 8.00 | | | |
| NATURAL GAS SIGNOFF | Ν | | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

| I hereby certify that I have read and exam All provisions of Laws and Ordinances go specified herein or not. The granting of a the provisions of any other state/local law Jordon Blyt | overning this type of work permit does not presume v regulating construction | will be complied with whether to give authority to violate or cancel |
|--|--|---|
| Contractor or Authorized Agent: | Dour | Date: 11 / 19 / 2020 |

| Addition: Legal Des FEES: Mechanical Pe | · · · · · · · · · · · · · · · · · · · | <u>Paid</u> \$150.00 | <u>Due</u> \$0.00 | | | | | |
|--|---|--|--------------------------|-----------|----------|---|---|--|
| | | | | | | | | |
| Addition: | cription: | | | | | | | |
| | KILL DEVIL BE | ACH SEC 1 RE | VISED | | Block: | Н | Lot(s): | 16 |
| • | | | | | Zoning: | | | |
| Address: | 1505 WRIGHT | SVILLE BLVD | | HILLS | | | | |
| PIN: | 989309054519 | 1 | | Parce | | 004742000 |) | |
| PARCEL: | | | | | | | | |
| GENERAL: | | Self UNKNOWI UNKNOWI 000-000-00 | N, XX 00000 | | | | ense: Unlica ires: 12/3 ⁻ | |
| APPLICANT: | BURKE, PAMELA C 12508 POPLAR FOR RICHMOND, VA 232 | | | OWNER: | 12 | IRKE, PAMEL 508 POPLAR CHMOND, VA | FOREST DR | 2 |
| | ME: BURKE HVAC SS: 1505 WRIGHTS | /ILLE BLVD KIL | L DEVIL HI | LLS | | | ISSUE | CHANICA D: 11/18/20 ES: 05/17/20 |
| TH C | AROL | Planning | and Inspe | ection De | epartme | ent | TC. | |
| Birthpl Zo Avia | ace of the AROLINE | Phone: 25 | 2-449-5318 | Fax: 252 | -441-410 | 2 | NOV 1 | 8 2020 |
| E I | | | PO BO III Devil Hills | K 1719 | | | e | |

NT . 5

MC2020-316 PROJECT NAME: BURKE HVAC SITE ADDRESS: 1505 WRIGHTSVILLE BLVD KILL DEVIL HILLS

MECHANICAL ISSUED: 11/18/2020

EXPIRES: 05/17/2021

| DETAILS |
|---------|
| |

| Permit | |
|----------------------|-------------------------------|
| Name | Value |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 1500.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | Х |
| BASE FLOOD ELEVATION | 8.00 |
| NATURAL GAS SIGNOFF | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

* Licensed tradesman shall sign off on installation prior to issuance of C.C.

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

Issued By: ____ Date: _///18/20 M1 SK Contractor or Authorized Agent:



Town of Kill Devil Hills

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

NOV 17 2020

£ ; - .

Planning and Inspection Department

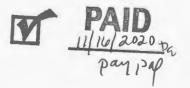
MC2020-315 PROJECT NAME: SITE ADDRESS: 807 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL ISSUED: 11/16/2020

EXPIRES: 05/15/2021

| APPLICANT: | HARVEY, PHILLIP S 3707 VIRGINIA ROA TYNER, NC 27980 | | o | WNER: | HARVEY, PH 3707 VIRGIN TYNER, NC 2 | IA ROAD | |
|----------------|---|---------------|-------------------------------------|-------------------|--|---|-------|
| MECHANICAL | , H-2, H-3: | P.O. Box 13 | HEATING AND 32 ilis, NC 27948 | COOLING | | L icense: 34340 E xpires: 12/31/ | |
| PARCEL: | | | | | | | |
| PIN: | 988308884594 | | | Parcel Number: | 008237 | 000 | |
| Address: | 807 CROATAN | HWY S KILL | EVIL HILLS | | | | |
| | | | | Zonii | ng: | | |
| Addition: | KILL DEVIL HI | LLS REALTY CO | ORP | Block | k: 2 | Lot(s): | 4,6,7 |
| Legal Des | cription: | | | | | | |
| EES: | | Paid | Due | | | | |
| Mechanical Per | rmit Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: HVAC replacement



EXPIRES: 05/15/2021

| | | DETAILS | |
|---------------------|------------------------------|---------|--|
| Permit | | | |
| Name | Value | | |
| PURPOSE | Commercial Repair/Remodel | | |
| CONSTRUCTION COST | 7250.00 | | |
| CONSTRUCTION TYPE | V | | |
| FLOOD ZONE | X | | |
| NATURAL GAS SIGNOFF | N | | |
| OCCUPANCY TYPE | Business | | |

REQUIRED INSPECTIONS

Final

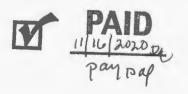
CONDITIONS

* 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.

| All provisions of Laws and Ordinances governing | application and know the same to be true and correct. this type of work will be complied with whether bes not presume to give authority to violate or cancel |
|--|--|
| the provisions of any other state/local law regulati | ng construction or the performance of construction. |
| Issued By: Marity Shaw | |
| Contractor or Authorized Agent: | Date: 11 / 16 / 2020 |

| ZORTH CR | | Ki Phone: 25/ | PO BOX 1 II Devil Hills, N 2-449-5318 | | 1102 | د ۱۰۰۰ NOV 1 | |
|--|--|------------------------|---|-------------------|--------------------------------------|--------------------------------|--|
| MC2020-3 PROJECT NAM SITE ADDRES | | RLN KILL DEV | /IL HILLS | | | ISSUE | CHANICAL D: 11/16/2020 RES: 05/15/2021 |
| APPLICANT: | Willard Moody 4201 Manchester Road PORTSMOUTH, VA 23 | | 0 | WNER: | Willard Moo 4201 Manch PORTSMO | | |
| MECHANICAL, | H-2, H-3: | P.O. Box 1: | HEATING AND 32 IIs, NC 27948 | COOLING | | License: 3434 Expires: 12/3 | |
| PARCEL: | | | | | | | |
| PIN: | 988518208884 | | | Parcel Number: | 00231 | 8000 | |
| Address: | 2052 VA DARE | TRL N KILL D | EVIL HILLS | | | | |
| | | | | Zonin | ig: | | |
| Addition: | MILES CLARK | | | Block | .: 0 | Lot(s): | 6 |
| Legal Desc | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| | and Frank | \$150.00 | \$0.00 | | | | |
| Mechanical Per | mit ree | <i><i>ϕ</i></i> | | | | | |

PROJECT DESCRIPTION: HVAC replacement



MC2020-314 **PROJECT NAME:** SITE ADDRESS: 2052 VA DARE TRL N KILL DEVIL HILLS

MECHANICAI ISSUED: 11/16/2020

EXPIRES: 05/15/2021

| | | DETAILS | |
|---------------------|-------------------------------|---------|--|
| Permit | | | |
| Name | Value | | |
| PURPOSE | Residential Repair/Remodel | | |
| CONSTRUCTION COST | 6250.00 | | |
| CONSTRUCTION TYPE | V | | |
| FLOOD ZONE | AO | | |
| NATURAL GAS SIGNOFF | Ν | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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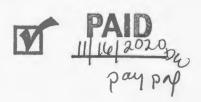
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Marty Shaw Issued By:

Contractor or Authorized Agent:

Date: 11 / 16 / 2020

| TO Birthplace Aviation | of the state | Ki Phone: 252 | PO BOX II Devil Hills, I 2-449-5318 | | 102 | NOV 1 | 7 2020 |
|--|--|----------------------|---|-------------------|--------------------------------------|--------------------------------|---|
| MC2020-31 PROJECT NAM SITE ADDRESS | | ILL DEVIL HILLS | 5 | | | ISSUE | CHANICAL ED: 11/16/2020 RES: 05/15/2021 |
| | JOHNSON, SUSAN 10615 GOLDENEYE FAIRFAX, VA 22032 | | c | | JOHNSON, 10615 GOLI FAIRFAX, V | DENEYE LN | |
| MECHANICAL, H | I-2, H-3: | P.O. Box 13 | HEATING ANE 32 IIs, NC 27948 | COOLING | | License: 3434 Expires: 12/3 | |
| PARCEL: | | | | | | | |
| PIN: | 987408988273 | 3 | | Parcel Number: | 00200 | 5000 | |
| Address: | 2021 BAY DR | KILL DEVIL HIL | LS | | | | |
| | | | | Zoning | | | |
| Addition: | | CH ANNEX 2 & 3 | 6 | Block: | 0 | Lot(s): | 1035 |
| Legal Descri | ption: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Mechanical Perm | It Fee | \$150.00 \$150.00 | \$0.00 | | | | |
| | Totals : | | | | | | |



MC2020-313 PROJECT NAME: SITE ADDRESS: 2021 BAY DR KILL DEVIL HILLS

EXPIRES: 05/15/2021

| | 1 | DETAILS | | |
|---------------------|-------------------------------|---------|--|--|
| Permit | | _ | | |
| Name | Value | | | |
| PURPOSE | Residential Repair/Remodel | | | |
| CONSTRUCTION COST | 5950.00 | | | |
| CONSTRUCTION TYPE | V | | | |
| FLOOD ZONE | Х | | | |
| NATURAL GAS SIGNOFF | N | | | |
| OCCUPANCY TYPE | One & Two Family Dwelling | | | |

Final

CONDITIONS

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Marty Shaw Issued By:

Contractor or Authorized Agent:

Date: 11 / 16 / 2020

| | nue ommercial | | | 120 | PAID. |
|-----------|--|---|---|---|---|
| | | DETAILS | 5 | | |
| C/O HV | AC System | | | | |
| tals : | \$150.00 | \$0.00 | | | |
| | \$150.00 | \$0.00 | | | |
| | | | 90 100 | | |
| Init G La | ke Drive Industria | I Park Building | | lock: | Lot(s): |
| | | | | - | |
| Lake D | orive Kill Devil Hil | s | | | |
| 693641 | 716 | | Parcel Number | : | |
| | 57190 Than Hatteras, N | nes Dr C 27943 | | | License: 17825 Expires: 12/31/2021 |
| | | | | | |
| e Dr Unit | 1 | 0 | WNER: | 306 W L | Y STOKES LLC ake Dr Unit 1 I Hills, NC 27948 |
| ake Driv | ve Kill Devil Hills | | | | EXPIRES: 05/22/2021 |
| Stokes H | HVAC | | | | MECHANICAL ISSUED: 11/23/2020 |
| | Planning | and Inspec | tion Dep | artment | 10000000 KUL 22 A.15-19 |
| | | | | 41-4102 | NOV 2 5 2020 |
| | 10111 | | | inis | |
| | Ake Driv STOKES e Dr Unit ills, NC 2 1693641 V Lake D Jnit G La otals : C/O HV | Ki Phone: 252 Planning a Stokes HVAC Lake Drive Kill Devil Hills STOKES LLC e Dr Unit 1 ills, NC 27948 Callahan, D 57190 Thar Hatteras, Nr 252-986-27 Callahan, D 57190 Thar Hatteras, Nr 252-986-27 Callahan, D 57190 Thar Hatteras, Nr 252-986-27 Collabar Value | PO BOX 1 Kill Devil Hills, M Phone: 252-449-5318 Planning and Inspect Stokes HVAC .ake Drive Kill Devil Hills STOKES LLC e Dr Unit 1 ills, NC 27948 Callahan, Darrin 57190 Thames Dr Hatteras, NC 27943 252-986-2783 Callahan, Darrin 57190 Thames Dr Hatteras, NC 27943 252-986-2783 Colored Colored Color | PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-44 Planning and Inspection Dep Stokes HVAC .ake Drive Kill Devil Hills STOKES LLC e Dr Unit 1 ills, NC 27948 Callahan, Darrin 57190 Thames Dr Hatteras, NC 27943 252-986-2783 IG93641716 V Lake Drive Kill Devil Hills V Lake Drive Kill Devil Hills V Lake Drive Kill Devil Hills Z Init G Lake Drive Industrial Park Buildings 1&3 Paid Due \$150.00 \$0.00 totals : \$150.00 \$0.00 C/O HVAC System Value | Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 Planning and Inspection Department Stokes HVAC |

NATURAL GAS SIGNOFF

Ν

MC2020-319 PROJECT NAME: Totally Stokes HVAC SITE ADDRESS: 306 W Lake Drive Kill Devil Hills MECHANICAL ISSUED: 11/23/2020

EXPIRES: 05/22/2021

REQUIRED INSPECTIONS

Final

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CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent:

ment

Date: 11 / 23 / 2020

| Port H CA | ROLINA | Ki Phone: 25 | PO BO III Devil Hills 2-449-5318 | I Devil Hil X 1719 5, NC 27948 Fax: 252-441- ection Depar | [}] 4102 | PAID NOV 23 2020 TOWN OF KELL DEVIL HILLS | \$ -5 |
|--|--|---|--|---|---|--|--------------------|
| MC2020-31 PROJECT NAM SITE ADDRESS | 7 IE: Owsley HVAC 5: 339 AYCOCK ST | r w kill devil | . HILLS | | | MECHANIC ISSUED: 11/20/2 EXPIRES: 05/19/2 | 2020 |
| APPLICANT: | OWSLEY, CHARLES 213 Graham Dr Newport News, VA 2 | | | OWNER: | OWSLEY, Cl 213 Graham Newport New | Dr | |
| CONTRACTOR: | R A HOY PO Box 265 Kitty Hawk, NC 2794 252-261-2008 | 9 | | | | | |
| MECHANICAL: | | R A HOY PO Box 26 Kitty Hawk, 252-261-20 | NC 27949 | | | License: 13056 Expires: 12/31/2020 | bathminnen-ingener |
| PARCEL: | | | | | | | |
| PIN: | 988517003955 | 5 | | Parcel Number: | 000598 | 000 | |
| Address: | 339 AYCOCK | ST W KILL DEV | /IL HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | VIRGINIA DAR | RE SHORES | | Bloc | k: 47 | Lot(s): 1-2 | |
| Legal Descr | ription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| | nit Fee | \$150.00 | \$0.00 | | | | |
| Mechanical Pern | | | | | | | |

PROJECT DESCRIPTION: 2.5 ton hvac changeout



MC2020-317 PROJECT NAME: Owsley HVAC SITE ADDRESS: 339 AYCOCK ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 11/20/2020

EXPIRES: 05/19/2021

| | | DETAILS |
|---------------------|-------------------------------|---------|
| Permit | | |
| Name | Value | |
| PURPOSE | Residential Repair/Remodel | |
| CONSTRUCTION COST | 7111.00 | |
| FLOOD ZONE | Х | |
| NATURAL GAS SIGNOFF | N | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

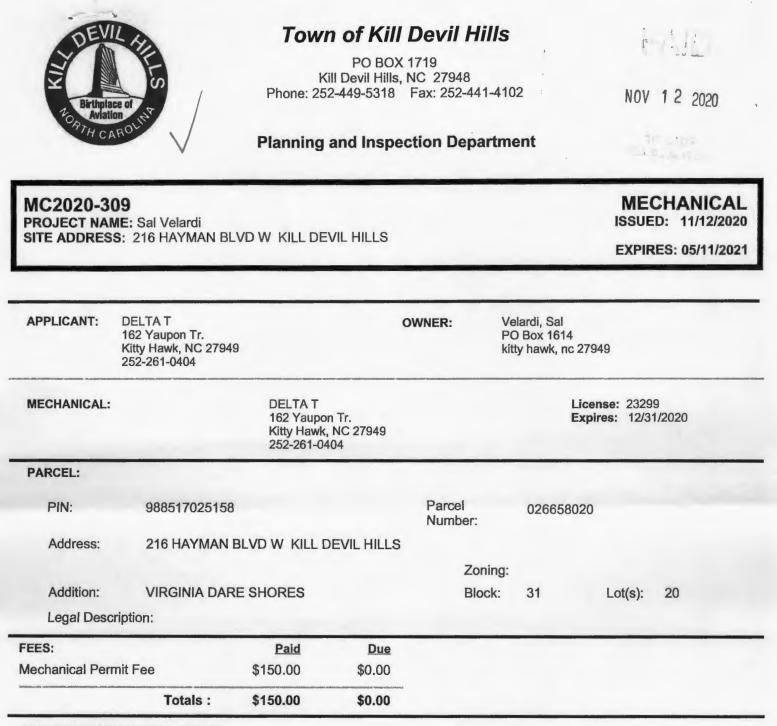
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or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

Marty Shaw Issued By: _

Contractor or Authorized Agent:

Jackyn Slater

Date: 11 / 20 / 2020



PROJECT DESCRIPTION: HVAC



MC2020-309 PROJECT NAME: Sal Velardi SITE ADDRESS: 216 HAYMAN BLVD W KILL DEVIL HILLS

1 105 h

MECHANICAL ISSUED: 11/12/2020

EXPIRES: 05/11/2021

DETAILS

| Permit | |
|---------------------|-------------------------------|
| Name | Value |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 5500.00 |
| FLOOD ZONE | Х |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

Diamon 14

CONDITIONS

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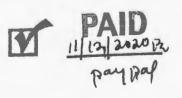
Issued By: Date: 11/12/20 Contractor or Authorized Agent:

| Birthplace of Aviation Aviatio Aviation Aviation Aviation Aviation Aviation Aviation | Ki Phone: 252 | PO BOX 1 PO BOX 1 II Devil Hills, N 2-449-5318 and Inspec | 1719 NC 27948 Fax: 252-441 | -4102 | NOV 1 2 2020 MECH/ ISSUED: | ANICAL |
|--|----------------------------------|---|----------------------------------|---|----------------------------------|--------|
| PROJECT NAME: SITE ADDRESS: 700 H3 FIR | ST ST W KILL DEVIL | . HILLS | | | EXPIRES: | |
| APPLICANT: OSMON, CARI 700 WEST FIR Kill Devil Hillsl, 252-305-0460 | IST ST H-3 | o | WNER: | OSMON, CAF 700 WEST FI Kill Devil Hills 252-305-0460 | RST ST H-3 I, NC 27948 | |
| PARCEL: | | | | | | |
| PIN: 98841314 | 40426AV | | Parcel Number: | 008075 | 087 | |
| Address: 700 H3 F | IRST ST W KILL DE | /IL HILLS | | | | |
| Addition: | | | Zoni Bloc | - | Lot(s): UT H | 3 BLDG |
| Legal Description: | | | | | | |
| FEES: Mechanical Permit Fee Totals | Paid \$150.00 s : \$150.00 | <u>Due</u> \$0.00 \$0.00 | | | | |
| | AC replacement | | | | | |
| - <u></u> | | DETAILS | 5 | | | |
| Permit | | | | | | |
| Name | Value | | | | | |
| PURPOSE | Residential Repair/Remodel | | | | | |
| CONSTRUCTION COST | 5205.00 | | | | DAID | |
| CONSTRUCTION TYPE | V | | | N | CK FLP2Y | Da |
| FLOOD ZONE | AE | | | المسالسة | an those | |
| BASE FLOOD ELEVATION | 4 | | | | Opmany | |
| NATURAL GAS SIGNOFF | N | | | | | |
| | | | | | | |

OCCUPANCY TYPE

Residential

| EY DEVI | FILL | | PO BO | I Devil Hi x 1719 s, NC 27948 | lls | i | | |
|--|---|--|------------|--|--|---------------------------|--|--------|
| Birthplac Zo. Aviatio | te of R | Phone: 25 | 2-449-5318 | Fax: 252-441 | -4102 | NO | V 1 2 2020 | |
| TORTH CA | ROLL | Planning | and Insp | ection Depar | rtment | | 76 J. 162 1 42/14/507 | ** |
| MC2020-30 PROJECT NAM SITE ADDRESS | | E KILL DEVIL H | ILLS | | | | MECHAN SSUED: 11/0 EXPIRES: 05/0 | 9/2020 |
| APPLICANT: | R A Hoy Heating & A PO Box 235 kitty hawk, nc 27949 252-261-2008 | ir | | OWNER: | Madej, Jos 2415 Mila Heathsville | eph Rd. e, Va 22473 | | |
| MECHANICAL: | | R A HOY PO Box 26 Kitty Hawk 252-261-20 | NC 27949 | | | License: Expires: | 13056 12/31/2020 | |
| PARCEL: | 1 m 1 m | | | | | | | _ |
| PIN: | 988513043390 |) | | Parcel Number: | 0000 | 20000 | | |
| Address: | 202 HELGA S | TE KILL DEVIL | HILLS | | | | | |
| | | | | Zoni | ng: | | | |
| Addition: | | CH AMENDED | BLK 4 | Bloc | k: 4 | Lo | ot(s): 6 | |
| Legal Desc | ription: | | | | | | | |
| FEES: | | Paid | Due | | | | | |
| Mechanical Perr | nit Fee | \$150.00 | \$0.00 | | | | | |
| | | | | | | | | |



MC2020-305 PROJECT NAME: Ilva Madej SITE ADDRESS: 202 HELGA ST E KILL DEVIL HILLS

MECHANICAL ISSUED: 11/09/2020

EXPIRES: 05/08/2021

DETAILS

| Permit | |
|---------------------|-------------------------------|
| Name | Value |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 10834.00 |
| FLOOD ZONE | х |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By:

Contractor or Authorized Agent:

MARCEY BAUM

Date: 11 / 09 / 2020

| Birthplace Aviation | S OLIMP | K Phone: 25 | PO BOX ill Devil Hills, 2-449-5318 | | 102 | | NOV 12 2020 | • |
|---|--|--|--|-------------------|-----------------------------------|-------|--|--------|
| MC2020-307 PROJECT NAME SITE ADDRESS: | | RE KILL DEVIL | - HILLS | | | | MECHANI ISSUED: 11/1 EXPIRES: 05/1 | 2/2020 |
| F | FURNER, BILL PO BOX 132 SEABOARD, NC 278 | 76 | | | TURNER, I PO BOX 13 SEABOAR | 32 | 7876 | |
| MECHANICAL: | | R A HOY PO Box 26 Kitty Hawk 252-261-20 | NC 27949 | | | | se: 13056 es: 12/31/2020 | |
| PARCEL: | | | | | | | | |
| PIN: | 988415541907 | | | Parcel Number: | 00345 | 58000 | | |
| Address: | 100 LANDING | DR E KILL DE | /IL HILLS | | | | | |
| | | | | Zoning | | | | |
| Addition: | | | | Block: | 0 | | Lot(s): 1 | |
| Legal Descrip | otion: | | | | | | | _ |
| F EES: Mechanical Permi | - | Paid | Due | | | | | |
| Machanical Parmi | t Fee | \$150.00 | \$0.00 | | | | | |
| Mechanical Fermi | Totals : | | \$0.00 | | | | | |

PAID HI 12/2020 PM pay par MC2020-307 PROJECT NAME: SITE ADDRESS: 100 LANDING DR E KILL DEVIL HILLS MECHANICAL ISSUED: 11/12/2020

EXPIRES: 05/11/2021

DETAILS

| Permit | |
|---------------------|-------------------------------|
| Name | Value |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 6706.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | Х |
| NATURAL GAS SIGNOFF | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By:

Contractor or Authorized Agent:

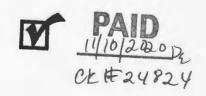
Marty Shaw

MARCEY BAUM

11 / 12 / 2020 Date:

| Y DEV | HIL | | PO BOX 1 | | 5 | P | ND | | |
|-----------------------|--|--|---|-------------------|---|--------------------------------|---|--|--|
| Birthpla 20. Aviat | | | Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 | | | | NOV 1 0 2020 | | |
| PORTH C | AROLI | Planning | and Inspec | tion Departr | nent | TC KLL | h of R. Hills | | |
| | 06 ME: Tire Choice SS: 3114 CROATAN | I HWY N KILL DI | EVIL HILLS | | | ISSUE | CHANICAL D: 11/10/2020 ES: 05/09/2021 | | |
| APPLICANT: | MASTER HEATING P.O. Box 707 Kitty Hawk, NC 279 255-0095 | | 0 | | Krahenbill As 133 Nixon Be Edenton, NC 252-220-437 | ach Road 27932 | | | |
| MECHANICAL, | , H-3, I: | MASTER H P.O. Box 70 Kitty Hawk, 255-0095 | | COOLING | | License: 1806 Expires: 12/3 | | | |
| PARCEL: | | | | | | | | | |
| PIN: | 98851303143 | 9 | | Parcel Number: | 028719 | 000 | | | |
| Address: | 3114 CROAT | AN HWY N KILL | DEVIL HILLS | | | | | | |
| Addition: | MOOR SHOR | ES TWO | | Zoning Block: | j: 0 | lot(s): | 175,176,177 | | |
| Legal Dese | | | | DIOCK. | U | 20((3). | 110,110,111 | | |
| FEES: | | Paid | Due | | | | | | |
| Mechanical Per | mit Fee | \$150.00 | \$0.00 | | | | | | |
| Woonanioarr of | Totals : | \$150.00 | \$0.00 | | | | | | |
| | | | | | | | | | |
| PROJECT DES | CRIPTION: HVAC | | | | | | | | |

| Permit | |
|---------------------|------------------------------|
| Name | Value |
| PURPOSE | Commercial Repair/Remodel |
| CONSTRUCTION COST | 7500.00 |
| FLOOD ZONE | Х |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | Business |



MC2020-306 **PROJECT NAME:** Tire Choice SITE ADDRESS: 3114 CROATAN HWY N KILL DEVIL HILLS

MECHANICA ISSUED: 11/10/2020

EXPIRES: 05/09/2021

Date:

REQUIRED INSPECTIONS

Final

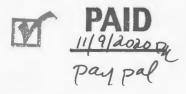
CONDITIONS

* 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:

| Port H CP | CEE OF INP | K Phone: 25 | PO BOX ill Devil Hills, I 2-449-5318 | | 102 | NOV - | 9 2020 |
|-------------------------|---|--|--|-------------------|---|--------------------------------|---|
| | 04 ME: Harold Chrisma S: 3308 VA DARE | | VIL HILLS | | | ISSUE | CHANICAL ED: 11/06/2020 RES: 05/05/2021 |
| APPLICANT: | AIR-O-SMITH 330 North Dogwood Southern Shores, NG 252-261-5238 | Trail C 27949 | c | OWNER: | Chrisman, H 318 Oak Rur kitty hawk, n | n | |
| H-3, CLASS I: | | AIR-O-SMI 330 North Southern S 252-261-52 | Dogwood Trail hores, NC 279 | 49 | | License: 3007 Expires: 12/3 | - |
| PARCEL: | | | | | | | |
| PIN: | 988509054086 | 5 | | Parcel Number: | 000064 | 4000 | |
| Address: | 3308 VA DAR | ETRLN KILLD | EVIL HILLS | | | | |
| | | | | Zonin | g: | | |
| Addition: | ORVILLE BEA | CH BLK 2 | | Block | : 2 | Lot(s): | 7 |
| Legal Desc | ription: | | | | | | |
| | | Paid | Due | | | | |
| FEES: | mit Eeo | \$150.00 | \$0.00 | | | | |
| FEES: Mechanical Per | | | | | | | |

PROJECT DESCRIPTION: HVAC



MC2020-304 **PROJECT NAME:** Harold Chrisman SITE ADDRESS: 3308 VA DARE TRL N KILL DEVIL HILLS

. 3

MECHANICAI ISSUED: 11/06/2020

EXPIRES: 05/05/2021

DETAILS

| Permit | |
|---------------------|-------------------------------|
| Name | Value |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 8000.00 |
| FLOOD ZONE | Х |
| NATURAL GAS SIGNOFF | Ν |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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

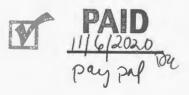
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or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

Issued By: Charles Thuman

Contractor or Authorized Agent: Steve Smith

Date: 11 / 06 / 2020

| Birthplac TO AVIATIO | STITLES | Ki Phone: 25 | PO BOX II Devil Hills, 2-449-5318 | | 4102 | | NOV - 6 2020 | 3 |
|--|---|---|---|-------------------|---------------------------------------|---------|---|------|
| MC2020-27 PROJECT NAM SITE ADDRESS | 8 IE: Christopher Lam S: 2907 VA DARE 1 | npman FRLN KILL DEN | /IL HILLS | | | | MECHANIC ISSUED: 09/29/ EXPIRES: 03/28/ | 2020 |
| APPLICANT: | AIR HANDLERS OB 8788 Caratoke Hwy Harbinger, NC 27941 252-216-8945 | | | OWNER: | Christophe 7110 Bull Prince Gee | Hill Rd | | |
| MECHANICAL, H | 1-3, I: | AIR HANDI 8788 Carat Harbinger, 252-216-89 | oke Hwy NC 27941 | | | | se: 23577 es: 12/31/2020 | |
| PARCEL: | | | | | | | | |
| PIN: | 988513137393 | 3 | | Parcel Number: | 0008 | 22000 | | |
| Address: | 2907 VA DAR | ETRL N KILL D | EVIL HILLS | | | | | |
| | | | | Zonir | ng: | | | |
| Addition: | VIRGINIA DAF | RE SHORES PL/ | AT B | Block | k: 0 | | Lot(s): 16 | |
| Legal Descr | iption: | | | | | | | |
| | | Paid | Due | | | | | |
| FEES: | 1 | \$150.00 | \$0.00 | | | | | |
| FEES: Mechanical Pern | nit Fee | | | | | | | |



MC2020-278

PROJECT NAME: Christopher Lampman SITE ADDRESS: 2907 VA DARE TRL N KILL DEVIL HILLS

MECHANICA ISSUED: 09/29/2020

EXPIRES: 03/28/2021

DETAILS

| Permit | |
|----------------------|-------------------------------|
| Name | Value |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 5916.00 |
| FLOOD ZONE | VE |
| BASE FLOOD ELEVATION | 12 |
| NATURAL GAS SIGNOFF | N |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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Marty Shaw **Issued By:**

Contractor or Authorized Agent:

Date: 09 / 29 / 2020

| Addition: Legal Desc | | Paid \$150.00 \$150.00 | Due \$0.00 \$0.00 | _ | | | | |
|----------------------------------|--|-------------------------------------|--|-------------------|---|--------------------------|--|-----|
| Addition: Legal Desc FEES: | | | | | | | | |
| Addition: | cription: | | | | | | | |
| Addition: | | | | | | | | |
| | KITTY HAWK | SHORES - REV | ISED | Bloc | k: 49 | Lot(s): | 9 & PT 10 | |
| Aug. 655. | | | | Zoni | - | | | |
| Address: | 104 LOWELL | AVE KILL DEVI | L HILLS | | | | | |
| PIN: | 988415631315 | 5 | | Parcel Number: | 0040140 | 00 | | |
| PARCEL: | | | | | | | | |
| ELECTRICAL: | | 100 S Dog | hores, nc 279 | | | icense: L-202 xpires: | 220 | |
| CONTRACTOR | BREDELL ELECTRI 100 S Dogwood Trai Southern Shores, nc 313-938-6585 | | | | | | | |
| APPLICANT: | WALTHALL, EDWAF 5604 Granby St NORFOLK, VA 2350 | | | OWNER: | WALTHALL, E 5604 Granby S NORFOLK, V/ | St | | |
| | 31 ME: Walthall Sub Pa SS: 104 LOWELL AV | | HILLS | | | ISSUE | ECTRICA D: 11/03/20 ES: 05/02/20 |)20 |
| PORTH C | AROLIN | Planning | and Inspe | ection Depar | tment | | TAL HALLS | |
| Z Birthpla | | K Phone: 25 | PO BOX ill Devil Hills, 2-449-5318 | | -4102 | NOV 2 | 2 5 2020 | |
| Ĕ, | DEVIL | | n of Kill | Devil Hil | ls | La B | | |

PROJECT DESCRIPTION: adding sub panel off main panel, moving circuits to sub panel

The "ful zaro pay Pel

EL2020-081 **PROJECT NAME:** Walthall Sub Panel SITE ADDRESS: 104 LOWELL AVE KILL DEVIL HILLS

EXPIRES: 05/02/2021

DETAILS

| Permit | | |
|-------------------|-------------------------------|--|
| Name | Value | |
| ZONING DISTRICT | RL | |
| PURPOSE | Residential Repair/Remodel | |
| CONSTRUCTION COST | 450.00 | |
| FLOOD ZONE | х | |
| OCCUPANCY TYPE | One & Two Family Dwelling | |
| | | |

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By:

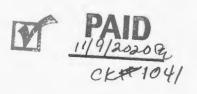
Contractor or Authorized Agent:

fart Pal

Date: 11 / 23 / 2020

| Y DEV | HIL | | PO BOX | | S | | AID |
|-----------------|--|---|---------------------------------------|-------------------|--|---------------------------|---|
| Republic Aviat | ace of the | | Phone: 252-449-5318 Fax: 252-441-4102 | | | | - 9 2020 |
| THC | AROL | Planning | and Inspec | ction Depart | ment | | nako# Evolution |
| | 33 ME: 101112, LLC SS: 302 LIVE OAK (| CT KILL DEVIL F | IILLS | | | ISSUE | ECTRICAL D: 11/09/2020 ES: 05/08/2021 |
| APPLICANT: | Schick Corp. 936 Corporate LN CHESAPEAKE, VA 757-548-1940 | 23320 | c | | 101112, LLC 3122 Bay Dr Kill Devil Hills | , NC 27948 | |
| ELECTRICAL - | UNLIMITED: | Schick Cor 936 Corpor CHESAPE 757-548-19 | ate LN AKE, VA 23320 | | | License: 2180 Expires: | 4-U |
| PARCEL: | | | | | | | |
| PIN: | 98841035242 | 2 | | Parcel Number: | 003211 | 000 | |
| Address: | 302 LIVE OA | K CT KILL DEVIL | HILLS | | | | |
| | | | | Zoning | g: | | |
| Addition: | FIRST FLIGH | T VILLAGE SEC | 2 | Block | 0 | Lot(s): | 214 |
| Legal Dese | cription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Electrical Perm | it Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Install sub-panel for irrigation pump



EL2020-083 PROJECT NAME: 101112, LLC SITE ADDRESS: 302 LIVE OAK CT KILL DEVIL HILLS

ELECTRICAL ISSUED: 11/09/2020

EXPIRES: 05/08/2021

DETAILS

| Permit | |
|-------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 2404.15 |
| FLOOD ZONE | Х |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: _ Robert Schick

_ Date: 11 / 09 / 2020

| SY DEVIL | ALL O | k | PO BOX (ill Devil Hills, | NC 27948 | | 1 | and there |
|---|--|----------------|---|-------------------|--|---------------------------------|---|
| Birthplace of Aviation | That V | Phone: 25 | 2-449-5318 | Fax: 252-441-4 | 102 | NOV 1 | 6 2020 , |
| TH CAR | | Planning | and Inspec | ction Depart | ment | | |
| EL2020-084 PROJECT NAME SITE ADDRESS: | : | R W KILL DEVIL | HILLS | | | ISSUE | ECTRICAL D: 11/16/2020 ES: 05/15/2021 |
| 1. V | VARD, JACK 221 ARTHUR COF VILLIAMSTON, NC 52-792-0658 | | C | OWNER: | WARD, JACK 1221 ARTHL WILLIAMSTC 252-792-0658 | IR COREY RD N, NC 27892 | |
| ELECTRICAL, LIM | ITED: | 127 Broad | MICHAEL PER bay Dr ills, NC 27948 | RLOT | | License: 2133 Expires: 09/01 | |
| PARCEL: | | | | | | | |
| PIN: | 988405099965 | 5 | | Parcel Number: | 0015250 | 000 | |
| Address: | 505 AVALON | DR W KILL DE | /IL HILLS | | | | |
| | | | | Zonin | g: | | |
| Addition: | AVALON BEA | СН | | Block | 0 | Lot(s): | 157 |
| Legal Descrip | tion: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Electrical Permit Fe | 90 | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |

PROJECT DESCRIPTION: Temporary power pole

EL2020-084 PROJECT NAME:

SITE ADDRESS: 505 AVALON DR W KILL DEVIL HILLS

ELECTRICAL ISSUED: 11/16/2020

EXPIRES: 05/15/2021

DETAILS

| Value |
|------------------------------|
| 1 |
| 10416167 |
| RL |
| Residential New |
| 350.00 |
| V |
| Х |
| One & Two Family Dwelling |
| |

REQUIRED INSPECTIONS

Final

CONDITIONS

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| Issued By: | | | |
|---------------------------------|--------|----|----------------|
| | Din | 11 | |
| Contractor or Authorized Agent: | Elm At | 10 | Date: 11-16-20 |

| CONTRACTOR DATABASED IN CONTRACTOR DATABASED | | | | | | | |
|---|--|--|--|---|--|---|---|
| Fee | \$150.00 | \$0.00 | | | | | |
| | Paid | Due | | | | | |
| ription: | _ | | | | | | |
| | ORES INC SEC | 1 | Block | k: 19 | Lot(s): | 13 | |
| | | | Zonii | ng: | | | |
| 1812 SUNSET | AVE KILL DEV | IL HILLS | | | | | |
| 98840906345 | 9 | | Parcel Number: | 002525 | 5013 | | |
| | | | | | | | |
| IMITED: | Kill Devil H | ills, NC 27948 | | | | | |
| Brown, Cindy 1812 Sunset Ave Kill Devil Hills, NC 2 | 7948 | | OWNER: | 1812 Sunset | Ave | | |
| E: Brown transfer | | HILLS | | | ISSUE | D: 11/0 | 2/2020 |
| ROLL | Planning | and Inspe | tment | 70-504 (JF \$100-10-10-10-10-10-10-10-10-10-10-10-10- | | | |
| Birthplace of Aviation | | Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 | | | NOV - 3 | 2020 | - h |
| ALL | PO BOX 1719 | | | ls | and the second s | | |
| | 9 IE: Brown transfer S: 1812 SUNSET A Brown, Cindy 1812 Sunset Ave Kill Devil Hills, NC 2 IMITED: 988409063455 1812 SUNSET | Phone: 25 Phone: 25 Phone: 25 Planning P E: Brown transfer switch S: 1812 SUNSET AVE KILL DEVIL Brown, Cindy 1812 SUNSET AVE KILL DEVIL MITED: LOWIRE PO Box 27 Kill Devil Hills, NC 27948 1812 SUNSET AVE KILL DEVI 988409063459 1812 SUNSET AVE KILL DEVI CROATAN SHORES INC SEC iption: Paid | PO BOX Kill Devil Hills, Phone: 252-449-5318 Planning and Inspe 9 E: Brown transfer switch S: 1812 SUNSET AVE KILL DEVIL HILLS Brown, Cindy 1812 Sunset Ave Kill Devil Hills, NC 27948 IMITED: LOWIRE PO Box 2751 Kill Devil Hills, NC 27948 988409063459 1812 SUNSET AVE KILL DEVIL HILLS OROATAN SHORES INC SEC 1 tiption: Paid Due | PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441- Planning and Inspection Depar Parcel NUTED: 988409063459 988409063459 988409063459 988409063459 Parcel Number: 1812 SUNSET AVE KILL DEVIL HILLS Parcel Number: 1812 SUNSET AVE KILL DEVIL HILLS | PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 Planning and Inspection Department Planning and Inspectio | PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 NOV - 3 Planning and Inspection Department Planning and Inspection Department ELC ISSUE EXPIRI Brown, Cindy 1812 SUNSET AVE KILL DEVIL HILLS Pown, Cindy 1812 Sunset Ave Kill Devil Hills, NC 27948 IMITED: LOWIRE PO BOX 2751 Kill Devil Hills, NC 27948 Parcel Number: 1812 SUNSET AVE KILL DEVIL HILLS Parcel Number: 1812 SUNSET AVE KILL DEVIL HILLS CROATAN SHORES INC SEC 1 Paid Due | PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 NOV - 3 2020 Planning and Inspection Department The second se |

PROJECT DESCRIPTION: Remove damaged transfer switch

.

.



EL2020-079

PROJECT NAME: Brown transfer switch SITE ADDRESS: 1812 SUNSET AVE KILL DEVIL HILLS ELECTRICAL ISSUED: 11/02/2020

EXPIRES: 05/01/2021

| Permit | |
|-------------------|-------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| PURPOSE | Residential Repair/Remodel |
| CONSTRUCTION COST | 900.00 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | х |
| OCCUPANCY TYPE | One & Two Family Dwelling |

REQUIRED INSPECTIONS

Final

CONDITIONS

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Charles Thuman Issued By:

Contractor or Authorized Agent: Edie Parsons

Date: 11 / 02 / 2020

| Town of Kill Devil PO BOX 1719 Kill Devil Hills, NC 2794 Phone: 252-449-5318 Fax: 252- Planning and Inspection Devil | | | 719 C 27948 ax: 252-441-4 | 4102 | NOV - | | |
|---|---|---|---------------------------------|-------------------|--|----------------------------|---|
| | | Flamming | and inspect | ion Depart | ment | , 1: <u>-</u> , , | 4.7 |
| EL2020-08 PROJECT NA SITE ADDRES | | UTH ST KILL D | EVIL HILLS | | | ISSUE | ECTRICAL D: 11/04/2020 ES: 05/03/2021 |
| APPLICANT: | Self, Robert 2018 Portsmouth St. Kill Devil Hillsl, NC 27 757-613-3066 | 948 | ov | VNER: | Self, Robert 2018 Portsmo Kill Devil Hills 757-613-3066 | I, NC 27948 | |
| ELECTRICAL - | LIMITED: | Power Hom 919 N. Main MOORESV 704-582-32 | n St. ILLE, NC 28115 | | | License: 60946 Expires: | 6 |
| PARCEL: | | | | | | | |
| PIN: | 988405081449 | | | Parcel Number: | 001086 | 000 | |
| Address: | 2018 PORTSM | OUTH ST KILL | DEVIL HILLS | | | | |
| | | | | Zonir | - | | |
| Addition: Legal Desc | AVALON BEAC | CH ANNEX 2 & 3 | 3 | Block | K: 0 | Lot(s): | 867 |
| FEES: | | Paid | Due | | | | |
| Electrical Perm | it Fee | \$150.00 | \$0.00 | | | | |
| | Totals : | \$150.00 | \$0.00 | | | | |
| | | to be seen of | por docian drav | winge | | | |
| PROJECT DES | CRIPTION: Add sola | r panels to roof | per design drav | wings. | | | |

| Permit | |
|-------------------|------------------------------|
| Name | Value |
| ZONING DISTRICT | RL |
| CONSTRUCTION COST | 44704.80 |
| CONSTRUCTION TYPE | V |
| FLOOD ZONE | Х |
| OCCUPANCY TYPE | One & Two Family Dwelling |



EL2020-082 PROJECT NAME: SITE ADDRESS: 2018 PORTSMOUTH ST KILL DEVIL HILLS ELECTRICAL ISSUED: 11/04/2020

EXPIRES: 05/03/2021

REQUIRED INSPECTIONS

Final

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CONDITIONS

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Marty Shaw Issued By:

Contractor or Authorized Agent:

Bryon D Sour

Date: _____11 / 04 / 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

DM2020-006 PROJECT NAME: Jack Ward SITE ADDRESS: 505 AVALON DR W KILL DEVIL HILLS DEMOLITION ISSUED: 11/17/2020

1330ED. 11/1//2020

EXPIRES: 05/16/2021

| APPLICANT: | 3923 SMI | SMITH ST nawk, nc 27949 | | OV | VNER: | WARD, JACK 1221 ARTHUR COREY RD WILLIAMSTON, NC 27892 252-792-0658 | | |
|--|------------|----------------------------|---------------|------------|-------------------|---|----------------------------------|-----|
| GENERAL BUI | LDING-LIMI | TED: | 3923 SMI | , nc 27949 | | | License: 76610 Expires: 12/31 | |
| PARCEL: | | | | | | | | |
| PIN: | 9884 | 05099965 | | | Parcel Number: | 00152 | 25000 | |
| Address: | 505 | AVALON D | R W KILL DE | VIL HILLS | | | | |
| | | | | | Zonin | g: | | |
| Addition: | AVA | LON BEAC | н | | Block | : 0 | Lot(s): | 157 |
| Legal Desc | cription: | | | | | | | |
| FEES: | | | Paid | Due | | | | |
| Demolition | | | \$100.00 | \$0.00 | | | | |
| ner, felenderspelanen, schrieten felendersteren ginde spenne | T | otals : | \$100.00 | \$0.00 | | | | |
| PROJECT DESC | CRIPTION: | Demo ho | use and drive | vay | | | s | |
| | | | | DETAILS | 1 | | | ÷ |
| Permit | | | | | ¢ | | | : . |
| Name | | Valu | ie | | | 1 | NOV 1 7 2020 | 1 1 |
| ZONING DIST | RICT | RL | | | | | | th. |
| FLOOD ZONE | | Х | | | | | TO MICE | |
| CONSTRUCT | ON COST | 700 | 0.00 | | | | | |

DM2020-006 PROJECT NAME: Jack Ward SITE ADDRESS: 505 AVALON DR W KILL DEVIL HILLS

DEMOLITION ISSUED: 11/17/2020

EXPIRES: 05/16/2021

REQUIRED INSPECTIONS

Final

CONDITIONS

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Contractor or Authorized Agent:



Town of Kill Devil Hills

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

Planning and Inspection Department

| | 4 IE: Dare Center 5: 1700 CROATAN H | IWY N KILL D | EVIL HILLS | | | | SIGN ED: 11/12/2020 RES: 05/11/2021 |
|-----------------|---|---|--------------------------------|-------------------|-------|-------------------------------|---|
| APPLICANT: | ADLIGHT SIGNS 600 West Boundry Str Kill Devil Hills, NC 279 252-449-2800 | | 01 | WNER: | POBOX | WALTON | 48 |
| CONTRACTOR: | | ADLIGHT 5 600 West E Kill Devil H 252-449-28 | oundry Street Ils, NC 27948 | | | License: LEG Expires: 12/3 | ACY UNKNOWN 1/2030 |
| PARCEL: | | | | | | | |
| PIN: | 988410374122 | | | Parcel Number: | 0027 | 39000 | |
| Address: | 1700 CROATAN | HWYN KILL | DEVIL HILLS | | | | |
| | | | | Zoni | ng: | | |
| Addition: | HEDRICKS ADD | DITION - CROA | TAN SH | Bloc | k: 0 | Lot(s): | 0 |
| Legal Descr | ription: | | | | | | |
| FEES: | | Paid | Due | | | | |
| Sign Permit Fee | | \$100.00 | \$0.00 | | | | |
| | Totals : | \$100.00 | \$0.00 | | | | |

NOV 1 9 2020

SG2020-034 PROJECT NAME: Dare Center SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

ISSUED: 11/12/2020

EXPIRES: 05/11/2021

DETAILS

| cessory |
|---------|
| |
| |
| ces |

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.

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

- * 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.

| HOEVI HOEVI Birthplac Aviatio Aviatio | ROLINIP | Ki Phone: 25 | PO BOX 1 II Devil Hills, 1 2-449-5318 | | 4102 | NOV - | 9 2020 MCF | • |
|---|---|--|---|-------------------|----------|----------------------------------|---|------|
| | 7 IE: Doug Doughtie S: 1803 CROATAN HV | VY N KILL D | EVIL HILLS | | | IS | NING PERI SUED: 11/05/2 (PIRES: 05/04/2 | 2020 |
| APPLICANT: | METRO RENTAL PO Box 77 Kill Devil Hills, NC 27948 252-480-3535 | 3 | o | WNER: | PO BOX 3 | ANKS THEAT 57 oro, NC 2785 | | |
| CONTRACTOR: | | METRO RE PO Box 77 Kill Devil Hi 252-480-35 | lls, NC 27948 | | | | LEGACY UNKNO 12/31/2020 | WN |
| PARCEL: | | | | | | | | |
| PIN: | 988406386196 | | | Parcel Number: | 0027 | 36000 | | |
| Address: | 1803 CROATAN H | HWY N KILL | DEVIL HILLS | 1 | | | | |
| | | | | Zonir | ng: | | | |
| Addition: | SUBDIVISION - N | IONE | | Block | k: 0 | Lot | (s): 0 | |
| Legal Desci | ription: | | | | | | - Annotation - | |
| FEES: | | Paid | Due | | | | | |
| Tent Permit Fee | | \$0.00 | \$0.00 | | | | | |
| | Totals : | \$0.00 | \$0.00 | | | | | |



ZP2020-077 PROJECT NAME: Doug Doughtie SITE ADDRESS: 1803 CROATAN HWY N KILL DEVIL HILLS

ZONING PERMIT ISSUED: 11/05/2020

EXPIRES: 05/04/2021

DETAILS Permit Name Value ZONING DISTRICT C CAMA PERMIT N CAMA EXEMPTION N X FLOOD ZONE PURPOSE **Commercial Accessory** CULVERT N **DRIVEWAY INVERT 2** N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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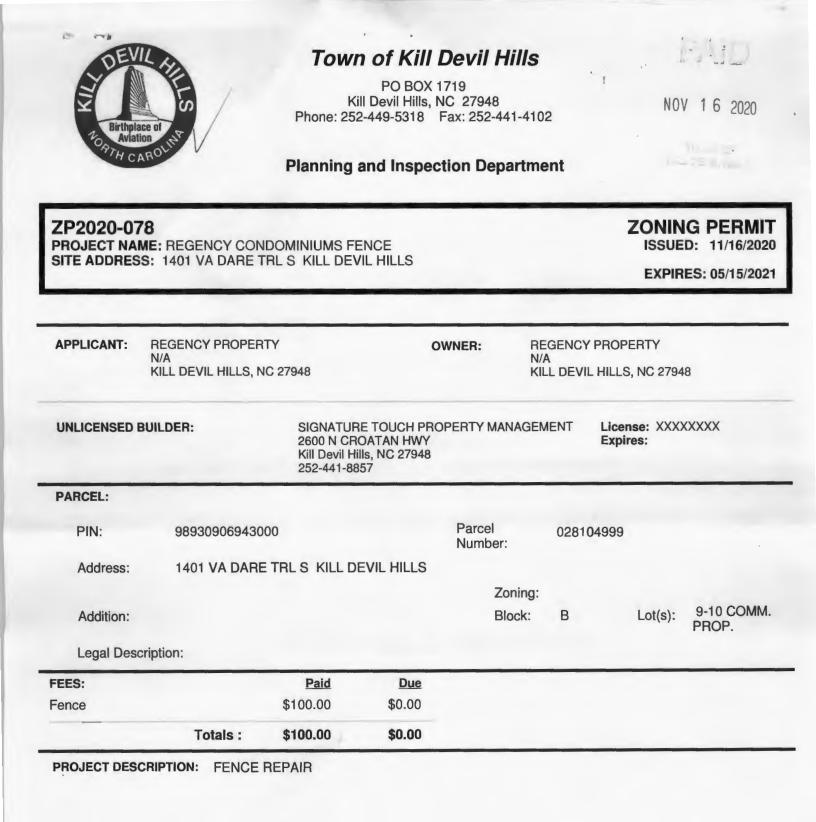
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or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

Issued By: Donna Elliot

Contractor or Authorized Agent:

Atthe

Date: 11 / 09 / 2020





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ZP2020-078 PROJECT NAME: REGENCY CONDOMINIUMS FENCE SITE ADDRESS: 1401 VA DARE TRL S KILL DEVIL HILLS

ZONING PERMIT ISSUED: 11/16/2020

EXPIRES: 05/15/2021

| | DETAILS | |
|----------------------|-----------------------|--|
| Permit | | |
| Name | Value | |
| ZONING DISTRICT | OIR | |
| FRONT YARD SETBACK | 30 | |
| REAR YARD SETBACK | CAMA | |
| SIDE YARD SETBACK | 12 | |
| CAMA PERMIT | N | |
| CAMA EXEMPTION | Ν | |
| FLOOD ZONE | VE | |
| BASE FLOOD ELEVATION | 10.00 | |
| PURPOSE | Residential Accessory | |
| CONSTRUCTION COST | 3500.00 | |
| CULVERT | N | |
| DRIVEWAY INVERT 2 | N | |

REQUIRED INSPECTIONS

Final

Stringline

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.

- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * All dune disturbance shall be minimal and kept West of the crest of the primary dune.

* Any disturbed soils shall be sprigged and inspected.