



Town of Kill Devil Hills

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

FEB 23 2021

Planning and Inspection Department

BJ2021-045	BUILDING JOINT
PROJECT NAME: SAGA New 4 Bedroom House	ISSUED: 02/22/2021
SITE ADDRESS: 1307 HARPOON DR Kill Devil Hills	EXPIRES: 08/21/2021

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

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

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

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

License: 62306
Expires: 12/31/2021

PARCEL:

PIN: 988414225829

Parcel Number:

Address: 1307 HARPOON DR Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 25, Water Oak Residential Community

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$1,742.90	\$0.00	Residential Heated Space	2070 sq. Ft.
Covered Porch Residential	\$250.50	\$0.00	(.75)	
T-Pole	\$50.00	\$0.00	Covered Porches/Decks	334 SQFT
			# of Temporary Poles	1 EA
Totals :	\$2,043.40	\$0.00	Residential Unheated (.40)	476 Sq. Ft

PROJECT DESCRIPTION: New 4 Bedroom 3 bath single family dwelling

Town of Kill Devil Hills

Water Charges

PAID

Water Tap #: 724463

BJ2021-045**PROJECT NAME:** SAGA New 4 Bedroom House
SITE ADDRESS: 1307 HARPOON DR Kill Devil Hills**BUILDING JOINT****ISSUED:** 02/22/2021**EXPIRES:** 08/21/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	KDHWWT
# 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	225000.00
LOT COVERAGE	38.90
LIVING SPACE (SQFT)	2070
COVERED PORCHES/DECKS (SQFT)	334
GARAGE (SQFT)	476
TOTAL SQUARE FOOTAGE	2880
SURVEYOR NAME AND NUMBER	Michael Robinson 18994
ENGINEER AND LICENSE NUMBER	Barrett Crook 027540
CULVERT	Y
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2021-045

PROJECT NAME: SAGA New 4 Bedroom House
SITE ADDRESS: 1307 HARPOON DR Kill Devil Hills

BUILDING JOINT

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

REQUIRED INSPECTIONS

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

Insulation
Final
Zoning Final

CONDITIONS

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

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: Gracelmurck **Date:** 2.23.21



Town of Kill Devil Hills

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

FEB 23 2021

Planning and Inspection Department

BJ2021-046

PROJECT NAME: OBX Cottages LLC
SITE ADDRESS: 605 West Palmetto Street Kill Devil Hills

BUILDING JOINT

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

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

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

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

License: 67524
Expires: 01/01/2022

PARCEL:

PIN: 987408994897

Parcel Number:

Address: 605 West Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 9R, Block 76, Virginia Dare Shores Recombination

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$63.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$1,375.50	\$0.00	Covered Porches/Decks	84 SQFT
Open Deck Fee	\$150.00	\$0.00	Residential Heated Space (.75)	1786 sq. Ft.
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Totals :	\$1,638.50	\$0.00	Residential Unheated (.40)	90 Sq. Ft

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T 24464

BJ2021-046

PROJECT NAME: OBX Cottages LLC

SITE ADDRESS: 605 West Palmetto Street Kill Devil Hills

BUILDING JOINT

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

REQUIRED INSPECTIONS

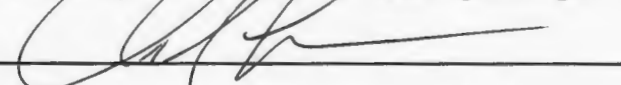
In-Slab Plumbing
Slab/Foundation/Piling
Framing
Rough In


Insulation
Final
Zoning Final

CONDITIONS

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

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

Issued By: 

Contractor or Authorized Agent:  **Date:** 2-23-21



Town of Kill Devil Hills

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

FEB 23 2021

Planning and Inspection Department

BJ2021-044

PROJECT NAME: Lukaczyk New House
SITE ADDRESS: 611 CEDAR DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/23/2021

EXPIRES: 08/22/2021

APPLICANT: LUKACZYK, MICHAEL
702 CEDAR DR
Kill Devil Hills, NC 27948

OWNER: LUKACZYK, MICHAEL
702 CEDAR DR
Kill Devil Hills, NC 27948

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

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

License: 62339
Expires: 12/01/2021

PARCEL:

PIN: 988413232414

Parcel Number: 026952000

Address: 611 CEDAR DR KILL DEVIL HILLS

Zoning:

Addition: FIRST FLIGHT VLG PH A SEC 3

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

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$222.00	\$0.00	Covered Porches/Decks	296 SQFT
Land Disturbing	\$100.00	\$0.00	Residential Unheated (.40)	364 Sq. Ft
Res. Building Permit Fee	\$1,224.85	\$0.00	Residential Heated Space	1439 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Totals :	\$1,596.85	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

Town of Kill Devil Hills

Water Charges

PAID

Water Tap #: T24462

BJ2021-044

PROJECT NAME: Lukaczyk New House
SITE ADDRESS: 611 CEDAR DR KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/23/2021

EXPIRES: 08/22/2021

REQUIRED INSPECTIONS

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

Insulation
Final
Zoning Final

CONDITIONS

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

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

Issued By: _____ 

Contractor or Authorized Agent: _____ 

Date: 2/23/21



Town of Kill Devil Hills

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

FEB 22 2021

Planning and Inspection Department

BJ2021-035

PROJECT NAME: Heather and Anthony Versic
SITE ADDRESS: 203 HAYMAN BLVD E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/17/2021

EXPIRES: 08/16/2021

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

OWNER: Versic, Heather
221 E. Chowan Street
Kill Devil Hills, NC 27948

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

License: 78583
Expires:

PARCEL:

PIN: 988513125500

Parcel Number: 000787000

Address: 203 HAYMAN BLVD E KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES AMD BLK 6

Zoning:

Block: 6 **Lot(s):** PT 10 & 11

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
T-Pole	\$50.00	\$0.00	Residential Unheated (.40)	909 Sq. Ft
Covered Porch Residential	\$167.25	\$0.00	Covered Porches/Decks	223 SQFT
Res. Building Permit Fee	\$1,820.85	\$0.00	Residential Heated Space (.75)	1943 sq. Ft.
Totals :	\$2,038.10	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling.

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #:

124420

BJ2021-035

PROJECT NAME: Heather and Anthony Versic
SITE ADDRESS: 203 HAYMAN BLVD E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/17/2021

EXPIRES: 08/16/2021

REQUIRED INSPECTIONS

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

CONDITIONS

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

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Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-22-21



Town of Kill Devil Hills

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

FEB 16 2021

Planning and Inspection Department

BUILDING JOINT
ISSUED: 02/12/2021
EXPIRES: 02/08/2022

BJ2021-031
PROJECT NAME: SAGA New 3 Bedroom House
SITE ADDRESS: 603 Zen Lane Kill Devil Hills

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

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

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

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

License: 62306
Expires: 12/31/2021

PARCEL:

PIN: 988414225650

Parcel Number:

Address: 603 Zen Lane Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 52, Water Oak Subdivision

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$1,073.90	\$0.00	Residential Unheated (.40)	461 Sq. Ft
T-Pole	\$50.00	\$0.00	Residential Heated Space (.75)	1186 sq. Ft.
Totals :	\$1,123.90	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 3 Bedroom Single Family ~~Town of Kill Devil Hills~~
Town of Kill Devil Hills
Water Charges

PAID

T244119

BJ2021-031**PROJECT NAME:** SAGA New 3 Bedroom House**SITE ADDRESS:** 603 Zen Lane Kill Devil Hills**BUILDING JOINT****ISSUED:** 02/12/2021**EXPIRES:** 02/08/2022**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
# PARKING SPACES/BEDROOM	3
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 COST	325000.00
LOT COVERAGE	39.30
SURVEYOR NAME AND NUMBER	Michael Robinson 18994
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	T-Pole

CONDITIONS

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

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

BJ2021-031

PROJECT NAME: SAGA New 3 Bedroom House
SITE ADDRESS: 603 Zen Lane Kill Devil Hills

BUILDING JOINT

ISSUED: 02/12/2021

EXPIRES: 02/08/2022

- * 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.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Note: This permit does not include a fence. Site plan notes "future fence" and fees have not been included in this permit.

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: Grace Muncie Date: 2.16.21



Town of Kill Devil Hills

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

FEB 12 2021

Planning and Inspection Department

BJ2021-030

PROJECT NAME: Group Holdings New House
SITE ADDRESS: 600 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2021

EXPIRES: 02/03/2022

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

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

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

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

License: 25529
Expires: 01/01/2022

PARCEL:

PIN: 988312766208

Parcel Number: 004512000

Address: 600 AIRSTRIP RD W KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:

Block: 40 **Lot(s):** 4

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$204.00	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Covered Porches/Decks	272 SQFT
T-Pole	\$50.00	\$0.00	Residential Heated Space	2519 sq. Ft.
Res. Building Permit Fee	\$1,889.25	\$0.00	(.75)	
Totals :	\$2,293.25	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 7 Bedroom SFD

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T24421

BJ2021-030**PROJECT NAME:** Group Holdings New House
SITE ADDRESS: 600 AIRSTRIP RD W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/11/2021**EXPIRES:** 02/03/2022

DETAILS**Permit**

Name	Value
# OF DUMPSTERS	1.00
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	10
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	30455
# PARKING SPACES/BEDROOM	7
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	12.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	320000.00
LOT COVERAGE	31.79
LIVING SPACE (SQFT)	2519
COVERED PORCHES/DECKS (SQFT)	272
OPEN DECK (SQFT)	80
TOTAL SQUARE FOOTAGE	2871
SURVEYOR NAME AND NUMBER	Fredrick House
ENGINEER AND LICENSE NUMBER	Frederick House 24740
CULVERT	N
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2021-030

PROJECT NAME: Group Holdings New House
SITE ADDRESS: 600 AIRSTRIP RD W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/11/2021

EXPIRES: 02/03/2022

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: Matt Tapman

Date: 2/12/21



Town of Kill Devil Hills

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

FEB 12 2021

Planning and Inspection Department

BJ2021-007

PROJECT NAME: Cross New House
SITE ADDRESS: 1101 AVALON DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

APPLICANT: Cross, David
4013 seaford rd
SEAFORD, VA 23696

OWNER: Cross, David
4013 seaford rd
SEAFORD, VA 23696

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 987408997248

Parcel Number: 001629000

Address: 1101 AVALON DR W KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH

Block: 0 **Lot(s):** 275

Legal Description:

FEE:	Paid	Due	BUILDING AREA:	
Covered Porch Residential	\$195.00	\$0.00	Covered Porches/Decks	260 SQFT
Land Disturbing	\$100.00	\$0.00	Residential Heated Space	1597 sq. Ft.
Res. Building Permit Fee	\$1,197.75	\$0.00	(.75)	
T-Pole	\$50.00	\$0.00	# of Temporary Poles	1 EA
Totals :	\$1,542.75	\$0.00		

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T24368

BJ2021-007**PROJECT NAME:** Cross New House**SITE ADDRESS:** 1101 AVALON DR W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/10/2021**EXPIRES:** 08/09/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	29887
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	9.30
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential New
CONSTRUCTION COST	160000.00
LOT COVERAGE	39.80
LIVING SPACE (SQFT)	1597
COVERED PORCHES/DECKS (SQFT)	260
TOTAL SQUARE FOOTAGE	1857
SURVEYOR NAME AND NUMBER	Timothy Fish L-4631
ENGINEER AND LICENSE NUMBER	Barrett Crook 027540
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2021-007

PROJECT NAME: Cross New House
SITE ADDRESS: 1101 AVALON DR W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

REQUIRED INSPECTIONS

In-Slab Plumbing

Insulation

Slab/Foundation/Piling

Final

Framing

Zoning Final

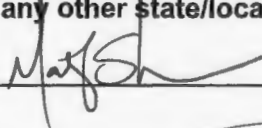
Rough In

CONDITIONS

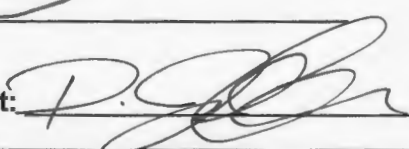
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built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

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/12/2021



Town of Kill Devil Hills

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

FEB - 5 2021

Planning and Inspection Department

BJ2021-027	BUILDING JOINT
PROJECT NAME: Sandy Bottom Homes New House	ISSUED: 02/02/2021
SITE ADDRESS: 531 EDEN STREET W Kill Devil Hills	EXPIRES: 08/01/2021

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

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

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

License: 67524
Expires: 01/01/2022

PARCEL:

PIN: 987520906203

Parcel Number:

Address: 531 EDEN STREET W Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lots 5 & 6, Block 74, Virginia Dare Shores

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Covered Porch Residential	\$63.00	\$0.00	Covered Porches/Decks	84 SQFT
Land Disturbing	\$100.00	\$0.00	Open Decks	1 EA
Open Deck Fee	\$150.00	\$0.00	Residential Unheated (.40)	68 Sq. Ft
Res. Building Permit Fee	\$1,428.20	\$0.00	Residential Heated Space	1868 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
Totals :	\$1,791.20	\$0.00	# of Temporary Poles	1 EA

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

Town of Kill Devil Hills

Water Charges

PAID

Water Tap #:

T 24415

BJ2021-027**PROJECT NAME:** Sandy Bottom Homes New House
SITE ADDRESS: 531 EDEN STREET W Kill Devil Hills**BUILDING JOINT****ISSUED:** 02/02/2021**EXPIRES:** 08/01/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	30436
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	Y
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	7.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	225000.00
LOT COVERAGE	39.90
LIVING SPACE (SQFT)	1868
COVERED PORCHES/DECKS (SQFT)	84
STORAGE (SQFT)	68
OPEN DECK (SQFT)	128
TOTAL SQUARE FOOTAGE	2148
SURVEYOR NAME AND NUMBER	Ray Meekins L-2592
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling



Town of Kill Devil Hills

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

FEB - 3 2021

Planning and Inspection Department

BJ2021-026

PROJECT NAME: Water Oak Residential LLC
SITE ADDRESS: 1305 Harpoon Drive Kill Devil Hills

BUILDING JOINT

ISSUED: 01/28/2021

EXPIRES: 07/27/2021

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

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

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

License: 62306
Expires: 12/31/2021

PARCEL:

PIN: 988414225854

**Parcel
Number:**

Address: 1305 Harpoon Drive Kill Devil Hills

Addition:

Zoning:

Block:

Lot(s):

Legal Description: Lot 26, Phase 1, Water Oak Residential Community

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	# of Temporary Poles	1 EA
Pool/Hot Tub	\$200.00	\$0.00	Open Decks	1 EA
Res. Building Permit Fee	\$1,822.25	\$0.00	Residential Heated Space	2195 sq. Ft.
T-Pole	\$50.00	\$0.00	(.75)	
			Residential Unheated (.40)	440 Sq. Ft
Totals :	\$2,222.25	\$0.00		

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills
Water Charges

PAID

Water Tap #: T24414

BJ2021-026**PROJECT NAME:** Water Oak Residential LLC
SITE ADDRESS: 1305 Harpoon Drive Kill Devil Hills**BUILDING JOINT****ISSUED:** 01/28/2021**EXPIRES:** 07/27/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	KDHWTP
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	YES
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	300000.00
LOT COVERAGE	39.80
LIVING SPACE (SQFT)	2195
GARAGE (SQFT)	440
OPEN DECK (SQFT)	253
TOTAL SQUARE FOOTAGE	2888
ENGINEER AND LICENSE NUMBER	Barrett Crook 027540
CULVERT	Y
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling

BJ2021-026

PROJECT NAME: Water Oak Residential LLC
SITE ADDRESS: 1305 Harpoon Drive Kill Devil Hills

BUILDING JOINT

ISSUED: 01/28/2021

EXPIRES: 07/27/2021

REQUIRED INSPECTIONS

In-Slab Plumbing

Insulation

Slab/Foundation/Piling

Final

Framing

Zoning Final

Rough In

CONDITIONS

- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * A final elevation certificate will be required prior to issuance of a Certificate of Occupancy or a Certificate of Compliance in accordance with 151.41(C).
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Per §153.082(B)(1)(c) Mechanical equipment, including HVAC equipment and LP Gas equipment shall not project into a minimum yard setback more than four (4) feet.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Stamped engineered truss design, layout required prior to installation.
- * Letter from engineer detailing truss tie down and specified on page A11 detail 2 Roof Edge Detail, prior to truss installation.

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

Issued By: _____

Contractor or Authorized Agent: Grace Mueck Date: 2.3.2021



Town of Kill Devil Hills

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

PAID

FEB - 8 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2021-036

PROJECT NAME: Scango Repairs
SITE ADDRESS: 1412 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/05/2021

EXPIRES: 08/04/2021

APPLICANT: SCANGO, DAVID E
CATHERINE SCANGO
4233 BERRITT STREET
FAIRFAX, VA22030

OWNER: SCANGO, DAVID E
CATHERINE SCANGO
4233 BERRITT STREET
FAIRFAX, VA22030

CONTRACTOR: Perry, Ronald
1411 Pirates Loop
Kill Devil Hills, NC 27948
252-202-3635

UNLICENSED - REMODELING: Perry, Ronald
1411 Pirates Loop
Kill Devil Hills, NC 27948

License: 12345
Expires:

PARCEL:

PIN: 988417117476

Parcel Number: 004046042

Address: 1412 FIRST ST W KILL DEVIL HILLS

Addition: WRIGHT WOODS

Zoning:

Block: 0 **Lot(s):** 42

Legal Description:

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

PROJECT DESCRIPTION: repair existing rear yard walkway, replace deck railings, replace driveway sections, replace slider doors, reinforce top level west wall

PAID
2/8/21
paypal

BJ2021-036**PROJECT NAME:** Scango Repairs**SITE ADDRESS:** 1412 FIRST ST W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/05/2021**EXPIRES:** 08/04/2021**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	Y
FLOOD ZONE	AE
BASE FLOOD ELEVATION	5
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	11000.00
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.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * No work on the pier and dock shall be started until a CAMA Permit/exemption has been issued and approved and permitted by the KDH Planning and Inspections Department.

BJ2021-036

PROJECT NAME: Scango Repairs

SITE ADDRESS: 1412 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/05/2021

EXPIRES: 08/04/2021

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: Ronald L Perry Date: 02/05/2021



Town of Kill Devil Hills

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

PAID
FEB - 9 2021

Planning and Inspection Department

BJ2021-029

PROJECT NAME: Taylor Front Porch and Kitchen Extension
SITE ADDRESS: 2018 NEWPORT NEWS ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/08/2021

EXPIRES: 08/07/2021

APPLICANT: Taylor, Lisa
305 N. Snead St.
ASHLAND, VA 23005
840-647-8887

OWNER: Taylor, Lisa
305 N. Snead St.
ASHLAND, VA 23005
840-647-8887

CONTRACTOR: WINGO, RICHARD
PO BOX 2667
kitty hawk, nc 27949

UNLICENSED BUILDER: Wingo, Richard
PO BOX 2667
kitty hawk, nc 27949

License: 12345
Expires:

PARCEL:

PIN: 988405196375

Parcel Number: 000930000

Address: 2018 NEWPORT NEWS ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 1215

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
T-Pole	\$50.00	\$0.00	# of Temporary Poles
Building Permit Fee - Minimum Fee	\$150.00	\$0.00	1 EA
Totals :	\$200.00	\$0.00	

PROJECT DESCRIPTION: Extend living space towards the front of house by 8'x12.5'

BJ2021-029**PROJECT NAME:** Taylor Front Porch and Kitchen Extension
SITE ADDRESS: 2018 NEWPORT NEWS ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/08/2021**EXPIRES:** 08/07/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	30419
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	26000.00
LOT COVERAGE	34.70
LIVING SPACE (SQFT)	96
SURVEYOR NAME AND NUMBER	Ray Meekins L-2592
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

BJ2021-029

PROJECT NAME: Taylor Front Porch and Kitchen Extension
SITE ADDRESS: 2018 NEWPORT NEWS ST KILL DEVIL HILLS

BUILDING JOINT

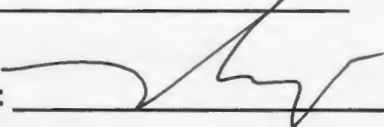
ISSUED: 02/08/2021

EXPIRES: 08/07/2021

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

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

Issued By: 

Contractor or Authorized Agent:  Date: 2/9/21



Town of Kill Devil Hills

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

PAID
FEB - 1 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2021-032

PROJECT NAME: WEST GROUND FLOOR ADDITION
SITE ADDRESS: 309 HELGA ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/01/2021

EXPIRES: 07/31/2021

APPLICANT: WEST, AARON
309 W HELGA ST
Kill Devil Hills, NC 27948
252-621-0154

OWNER: WEST, AARON
309 W HELGA ST
Kill Devil Hills, NC 27948
252-621-0154

PARCEL:

PIN: 987516933560

Parcel Number: 002970000

Address: 309 HELGA ST W KILL DEVIL HILLS

Addition: ORVILLE BEACH WEST

Zoning:

Block: 0 **Lot(s):** 213

Legal Description:

FEES:

Res. Building Permit Fee

Paid

\$350.95

Due

\$0.00

Totals : \$350.95

BUILDING AREA:

Residential Heated Space
(.75)

357 sq. Ft.

Residential Unheated (.40)

208 Sq. Ft

PROJECT DESCRIPTION: CLOSE IN CARPORT FOR GARAGE, LIVING AREA, BEDROOM, BATH, AND WET BAR

*\$30,000.00
Value*



PAID

*2/1/21
Paypal*

BJ2021-032**PROJECT NAME:** WEST GROUND FLOOR ADDITION
SITE ADDRESS: 309 HELGA ST W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/01/2021**EXPIRES:** 07/31/2021**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
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.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Smoke alarms shall be installed in compliance with R314 of the 2018 NCRBC.

BJ2021-032

PROJECT NAME: WEST GROUND FLOOR ADDITION
SITE ADDRESS: 309 HELGA ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/01/2021

EXPIRES: 07/31/2021

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: Jordan Blythe

Contractor or Authorized Agent: Aaron West Date: 02/01/2021



Town of Kill Devil Hills

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

FEB - 1 2021

Planning and Inspection Department

BJ2021-024

PROJECT NAME: Moseley Addition
SITE ADDRESS: 113 RALEIGH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/29/2021

EXPIRES: 07/28/2021

APPLICANT: Annette & rory Moseley
63 Deel St.
LEBANON, VA 24266
276-889-5236

OWNER: Annette & rory Moseley
63 Deel St.
LEBANON, VA 24266
276-889-5236

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

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

License: 14364
Expires:

PARCEL:

PIN: 988419710962

Parcel Number: 003959000

Address: 113 RALEIGH AVE KILL DEVIL HILLS

Zoning:

Addition: KITTY HAWK SHORES - REVISED

Block: 0 **Lot(s):** 19

Legal Description:

FEES:	Paid	Due	BUILDING AREA:	
Open Deck Fee	\$150.00	\$0.00	Residential Heated Space	360 sq. Ft.
Res. Building Permit Fee	\$270.00	\$0.00	(.75)	
Totals :	\$420.00	\$0.00	Open Decks	1 EA

PROJECT DESCRIPTION: 12'x30' rear addition to same floor height as existing house, removing and replacing driveway to make parking and driveway compliant

BJ2021-024

PROJECT NAME: Moseley Addition
SITE ADDRESS: 113 RALEIGH AVE KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 01/29/2021

EXPIRES: 07/28/2021

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
- * The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Install a 1.5" to 2.0" invert 8 to 10 feet back from edge of pavement falling to the east. The first 3 feet of concrete back from edge of pavement needs to be 6 inches thick. No fill will be allowed in the right of way.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2/01/21



Town of Kill Devil Hills

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

FEB 10 2021

Planning and Inspection Department

BJ2021-016

PROJECT NAME: Chrisman remodel
SITE ADDRESS: 3308 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

APPLICANT: Chrisman, Harold
318 Oak Run
kitty hawk, nc 27949

OWNER: Chrisman, Harold
318 Oak Run
kitty hawk, nc 27949

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988509054086

Parcel Number: 000064000

Address: 3308 VA DARE TRL N KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 2

Zoning:
Block: 2 **Lot(s):** 7

Legal Description:

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

PROJECT DESCRIPTION: replace siding, windows, doors, decks, stairs, outdoor shower and septic, add 2 parking spaces

BJ2021-016**PROJECT NAME:** Chrisman remodel**SITE ADDRESS:** 3308 VA DARE TRL N KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/10/2021**EXPIRES:** 08/09/2021**DETAILS****Permit**

Name	Value
ZONING DISTRICT	C
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	30331
# PARKING SPACES/BEDROOM	2
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	25000.00
LOT COVERAGE	24.20
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

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.

BJ2021-016

PROJECT NAME: Chrisman remodel

SITE ADDRESS: 3308 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-10-2021



Town of Kill Devil Hills

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

PAID

FEB 12 2021

Planning and Inspection Department

DM2021-001

PROJECT NAME: 709 NVDT LLC
SITE ADDRESS: 709 VA DARE TRL S KILL DEVIL HILLS

DEMOLITION

ISSUED: 02/11/2021

EXPIRES: 08/10/2021

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

OWNER: 709 NVDT LLC
PO Box 90
Kill Devil Hills, NC 27948
252-441-9003

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

License: 62306
Expires: 12/31/2021

PARCEL:

PIN: 988416726545

Parcel Number: 003692004

Address: 709 VA DARE TRL S KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:

Block: 8

Lot(s): 4 & 5

Legal Description:

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

PROJECT DESCRIPTION: Demo house, decks, walkway, garage, gazebo, driveway and septic

DETAILS

Permit

Name	Value
ZONING DISTRICT	OIR
FLOOD ZONE	X
CONSTRUCTION COST	10000.00

DM2021-001

PROJECT NAME: 709 NVDT LLC

SITE ADDRESS: 709 VA DARE TRL S KILL DEVIL HILLS

DEMOLITION

ISSUED: 02/11/2021

EXPIRES: 08/10/2021

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2.12.21



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

BJ2021-040

PROJECT NAME: REYNOLDS INTERIOR
SITE ADDRESS: 1109 VA DARE TRL N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

APPLICANT: REYNOLDS, DAN
552 BUCK SEAFORD RD
MOCKSVILLE, NC 27028
908-294-5070

OWNER: REYNOLDS, DAN
552 BUCK SEAFORD RD
MOCKSVILLE, NC 27028
908-294-5070

BUILDING LIMITED: INDEHOUSE BUILD LLC
6475 B. CROATAN HWY
KITTY HAWK, NC 27949
252-207-8932

License: 80238
Expires: 05/06/2021

PARCEL:

PIN: 988415638961

Parcel Number: 003710000

Address: 1109 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

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

Legal Description:

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

PROJECT DESCRIPTION: INSTALL NEW SLIDERS, ADD LIGHT FIXTURES, NEW LVT FLOORING THROUGH ENTIRE HOME, REPLACE FIREPLACE

PAID

FEB 10 2021

TRUST OF
KILL DEVIL HILLS

BJ2021-040**PROJECT NAME:** REYNOLDS INTERIOR**SITE ADDRESS:** 1109 VA DARE TRL N KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/10/2021**EXPIRES:** 08/09/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	OIR
FRONT YARD SETBACK	30
REAR YARD SETBACK	CAMA
SIDE YARD SETBACK	10
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	1000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Rough In	Final
Insulation	Zoning Final

CONDITIONS

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

BJ2021-040

PROJECT NAME: REYNOLDS INTERIOR

SITE ADDRESS: 1109 VA DARE TRL N KILL DEVIL HILLS

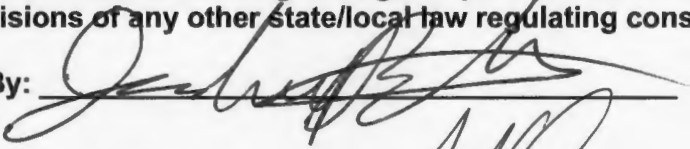
BUILDING JOINT

ISSUED: 02/10/2021

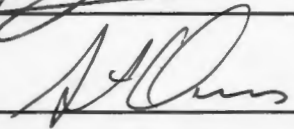
EXPIRES: 08/09/2021

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

Issued By: _____



Contractor or Authorized Agent: _____



Date: _____

2/10/21



Town of Kill Devil Hills

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

PAID

FEB 19 2021

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2021-042

PROJECT NAME: Paul Whiddon
SITE ADDRESS: 115 ST CLAIR ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/12/2021

EXPIRES: 08/11/2021

APPLICANT: TABB, WILLIAM D
PO Box 1077
Nags Head, NC 27959
252-207-2630

OWNER: Whiddon, Christen and Paul
2744 WEST Meadow DR
CHESAPEAKE, VA 23321
757-676-4029

GENERAL: TABB, WILLIAM D
PO Box 1077
Nags Head, NC 27959
252-207-2630

License: 18884
Expires:

PARCEL:

PIN: 988308893620

Parcel Number: 003801000

Address: 115 ST CLAIR ST E KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 32 **Lot(s):** 19

Legal Description:

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

PROJECT DESCRIPTION: Enclose under house for garage/storage

PAID
2/29/21
check # 7166

BJ2021-042**PROJECT NAME:** Paul Whiddon**SITE ADDRESS:** 115 ST CLAIR ST E KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/12/2021**EXPIRES:** 08/11/2021**DETAILS****Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7500.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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.
- * Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

BJ2021-042

PROJECT NAME: Paul Whiddon

SITE ADDRESS: 115 ST CLAIR ST E KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/12/2021

EXPIRES: 08/11/2021

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: WD All Date: 02/18/2021



Town of Kill Devil Hills

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

PAID
FEB 19 2021

Planning and Inspection Department

BJ2021-047

PROJECT NAME: Bath and laundry area remodel
SITE ADDRESS: 216 SHILOH ST KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/17/2021

EXPIRES: 08/16/2021

APPLICANT: LAWSON, CHRISTOPHER
1917 ROSEMARY LN
CHESAPEAKE, VA 23321

OWNER: LAWSON, CHRISTOPHER
1917 ROSEMARY LN
CHESAPEAKE, VA 23321

BUILDING: Foley Construction
4300 Worthington Lane
Kitty hawk, nc 27949
610-804-3517

License: 74465
Expires: 08/31/2021

PARCEL:

PIN: 988513031277

Parcel Number: 000995000

Address: 216 SHILOH ST KILL DEVIL HILLS

Addition: MOOR SHORES

Zoning:

Block: 0 **Lot(s):** 33

Legal Description:

FEES:	Paid	Due
Renovation/ Remodel/Relocate (MIN)	\$100.00	\$0.00
Totals :	\$100.00	\$0.00

PROJECT DESCRIPTION: Move washer and dryer, convert old laundry area to bathroom, relocate fixtures in original bathroom. No changes to framing



PAID

2/17/21 PA
Pay pal

BJ2021-047**PROJECT NAME:** Bath and laundry area remodel
SITE ADDRESS: 216 SHILOH ST KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/17/2021**EXPIRES:** 08/16/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	5000.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

BJ2021-047

PROJECT NAME: Bath and laundry area remodel
SITE ADDRESS: 216 SHILOH ST KILL DEVIL HILLS

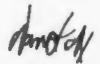
BUILDING JOINT

ISSUED: 02/17/2021

EXPIRES: 08/16/2021

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: 02 / 18 / 2021



Town of Kill Devil Hills

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

PAID

FEB 10 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2021-041

PROJECT NAME: ROLLASON WET BAR
SITE ADDRESS: 300 THIRD ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

APPLICANT: ROLLASON, EVELYN D
300 WEST THIRD STREET
KILL DEVIL HILLS, NC 27948

OWNER: ROLLASON, EVELYN D
300 WEST THIRD STREET
KILL DEVIL HILLS, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988410278444

Parcel Number: 002479000

Address: 300 THIRD ST W KILL DEVIL HILLS

Addition: CROATAN SHORES INC SEC 1

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

Legal Description:

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

PROJECT DESCRIPTION: INSTALL WET BAR IN GROUND FLOOR LIVING AREA



PAID

JLB
2/10/21 *chk*

BJ2021-041**PROJECT NAME:** ROLLASON WET BAR
SITE ADDRESS: 300 THIRD ST W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/10/2021**EXPIRES:** 08/09/2021**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	150.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

- * This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.
- * Permit is to install a wet bar on the ground floor only. The installation of a full kitchen or permanent provisions for cooking is not permitted.
- * Structure is approved a Single Family Dwelling. Separation as a Duplex is not permitted.

BJ2021-041

PROJECT NAME: ROLLASON WET BAR
SITE ADDRESS: 300 THIRD ST W KILL DEVIL HILLS


BUILDING JOINT

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

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: Jordan Blythe

Contractor or Authorized Agent:  Date: 02/10/2021



Town of Kill Devil Hills

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

PAID

FEB 23 2021

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BJ2021-043	BUILDING JOINT
PROJECT NAME: William Martin	ISSUED: 02/23/2021
SITE ADDRESS: 305 WILBUR CT KILL DEVIL HILLS	EXPIRES: 08/22/2021

APPLICANT: Emanuelson and Dad PO Box 448 6705 S. Croatan Hwy. nags head, nc 27959 252-261-2212	OWNER: WILLIAM MARTIN P. O. Box 1578 Kill Devil Hills, NC 27948
---	--

RESIDENTIAL, LIMITED:	Emanuelson and Dad PO Box 448 6705 S. Croatan Hwy. nags head, nc 27959 252-261-2212	License: 79801 Expires: 01/01/2022
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PARCEL:			
PIN:	988405282673	Parcel Number:	002123000
Address:	305 WILBUR CT KILL DEVIL HILLS		
Addition:	WRIGHT'S SHORES	Zoning:	
Legal Description:		Block:	0 Lot(s): 164

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

PROJECT DESCRIPTION: Replace all pilings under house, deck, steps

PAID
m 2/23/21
Pw Pu

BJ2021-043**PROJECT NAME:** William Martin**SITE ADDRESS:** 305 WILBUR CT KILL DEVIL HILLS**BUILDING JOINT**

ISSUED: 02/23/2021

EXPIRES: 08/22/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	30485
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	23560.00
ENGINEER AND LICENSE NUMBER	Harold Goodman 20446
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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.

* 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.

BJ2021-043

PROJECT NAME: William Martin

SITE ADDRESS: 305 WILBUR CT KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/23/2021

EXPIRES: 08/22/2021

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: J. Lewis Date: 02/23/2021



Town of Kill Devil Hills

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

FEB 24 2021

Planning and Inspection Department

BJ2021-049

PROJECT NAME: Clark Addition
SITE ADDRESS: 509 CHOWAN ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/24/2021

EXPIRES: 08/23/2021

APPLICANT: CLARK, WILLIAM
509 Chowan St
Kill Devil Hills, NC 27948

OWNER: CLARK, WILLIAM
509 Chowan St
Kill Devil Hills, NC 27948

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 987520910745

Parcel Number: 001951000

Address: 509 CHOWAN ST W KILL DEVIL HILLS

Zoning:

Addition: VIRGINIA DARE SHORES

Block: 68 **Lot(s):** 16-17

Legal Description:

FEES:	<u>Paid</u>	<u>Due</u>	BUILDING AREA:	
Res. Building Permit Fee	\$618.00	\$0.00	Residential Heated Space	824 sq. Ft.
Totals :	\$618.00	\$0.00	(.75)	

PROJECT DESCRIPTION: enclose under existing house for additional living space, add additional driveway

BJ2021-049**PROJECT NAME:** Clark Addition**SITE ADDRESS:** 509 CHOWAN ST W KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/24/2021**EXPIRES:** 08/23/2021**DETAILS****Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	30356
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	8.20
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	20000.00
LOT COVERAGE	38.00
LIVING SPACE (SQFT)	824
SURVEYOR NAME AND NUMBER	William S. Jones L-2532
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

In-Slab Plumbing	Final
Framing	Zoning Final
Rough In	Vapor Barrier
Insulation	

CONDITIONS

BJ2021-049

PROJECT NAME: Clark Addition

SITE ADDRESS: 509 CHOWAN ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/24/2021

EXPIRES: 08/23/2021

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

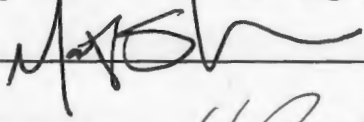
* NOTICE: Call Public Services Department (252) 480-4080 before pouring driveway!

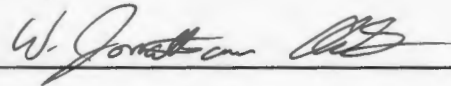
* Development must meet all aspects of Chapter 151 Flood Damage Prevention Ordinance including use and elevation.

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

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

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

Issued By: 

Contractor or Authorized Agent: 

Date: 2/24/21



Town of Kill Devil Hills

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

PAD

FEB 25 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BJ2021-053	BUILDING JOINT
PROJECT NAME: Duff Bedroom Addition above Garage	ISSUED: 02/24/2021
SITE ADDRESS: 313 QUAIL LN KILL DEVIL HILLS	EXPIRES: 08/23/2021

APPLICANT: DUFF, SHANNON 313 QUAIL LN Kill Devil Hills, NC 27948 410-370-6047	OWNER: DUFF, SHANNON 313 QUAIL LN Kill Devil Hills, NC 27948 410-370-6047
---	---

GENERAL:	Self UNKNOWN UNKNOWN, XX 00000 000-000-0000	License: Unlicensed Expires: 12/31/2021
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PARCEL:

PIN: 988316844352	Parcel Number: 027007000
Address: 313 QUAIL LN KILL DEVIL HILLS	Zoning:
Addition: WHISPERING PINES SEC 2 & 3	Block: E Lot(s): 13
Legal Description:	

FEES:	Paid	Due	BUILDING AREA:	
Res. Building Permit Fee	\$360.00	\$0.00	Residential Heated Space	480 sq. Ft.
Totals :	\$360.00	\$0.00	(.75)	

PROJECT DESCRIPTION: Add bedroom on 2nd floor above existing garage for 4 total bedrooms, remove ground floor deck for parking space, add gravel driveway for parking spot

BJ2021-053**PROJECT NAME:** Duff Bedroom Addition above Garage**SITE ADDRESS:** 313 QUAIL LN KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/24/2021**EXPIRES:** 08/23/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	30
SIDE YARD SETBACK	15
HEALTH DEPARTMENT PERMIT #	29569
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	10000.00
LIVING SPACE (SQFT)	480
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
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.

BJ2021-053

PROJECT NAME: Duff Bedroom Addition above Garage

SITE ADDRESS: 313 QUAIL LN KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/24/2021

EXPIRES: 08/23/2021

* Per 153.076 (A)(7)(c) Loose stone surface shall be bordered by concrete or salt-treated timbers in a manner which retains the stone in the driveway or parking area.

* Zoning Final Inspection is required.

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

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

Issued By:  _____

Contractor or Authorized Agent:  _____

Date: 2/25/2021



Town of Kill Devil Hills

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

PAD

FEB - 1 2021

Planning and Inspection Department

BJ2021-033

PROJECT NAME: Re-pipe Unit K8
SITE ADDRESS: 700 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/01/2021

EXPIRES: 07/31/2021

APPLICANT: OYSTER PT. HOME OWNERS ASS./CO
Seaside Management
700 W. 1st. St.
KILL DEVIL HILLS, NC 27948
261-1200

OWNER: OYSTER PT. HOME OWNERS ASS./CO
Seaside Management
700 W. 1st. St.
KILL DEVIL HILLS, NC 27948
261-1200

PLUMBING CLASS I: Roper Plumbing
2849 N Banana River Dr
MERRITT ISLAND, FL 32954
407-467-6772

License: 31497
Expires: 12/31/2021

PARCEL:

PIN: 98841314042600

Parcel Number: 008075999

Address: 700 FIRST ST W KILL DEVIL HILLS

Addition:

Zoning:

Block: 0

Lot(s): COMMON PROPERTY

Legal Description:

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

PROJECT DESCRIPTION: Remove and replace water distribution lines

BJ2021-033

PROJECT NAME: Re-pipe Unit K8

SITE ADDRESS: 700 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/01/2021

EXPIRES: 07/31/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	AE
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	575.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Rough In	Final
Insulation	

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-1-21



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

BJ2021-054

PROJECT NAME: Holy Cow Creamery, LLC
SITE ADDRESS: 1006 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

APPLICANT: LIFESAVER SHOPS LLC
PO BOX 206
kitty hawk, nc 27949

OWNER: LIFESAVER SHOPS LLC
PO BOX 206
kitty hawk, nc 27949

PLUMBING CLASS I: Gray's Plumbing
235 Woodland Dr.
Southern Shores, nc 27949
252-207-6560

License: 31306
Expires:

PARCEL:

PIN: 988308985302

Parcel Number: 004305000

Address: 1006 VA DARE TRL S KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:

Block: 8 **Lot(s):** 4 & PT 3

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Renovation/Remodel/Relocate	\$432.00	\$0.00	Remodel/Renovation 960 SQFT
Totals :	\$432.00	\$0.00	

PROJECT DESCRIPTION: Partitian wall, countertop, 3 bay sink and hand sink

FEB 25 2021

PND
ATTN
CASH

BJ2021-054**PROJECT NAME:** Holy Cow Creamery, LLC
SITE ADDRESS: 1006 VA DARE TRL S KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 02/25/2021**EXPIRES:** 08/24/2021**DETAILS****Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	7500.00
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

Issued By: _____**Contractor or Authorized Agent:** _____**Date:** 2/25/2021



Town of Kill Devil Hills

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

FEB - 2 2021

Planning and Inspection Department

BUILDING JOINT

ISSUED: 01/14/2021

EXPIRES: 07/13/2021

BJ2021-017

PROJECT NAME: Swell Brewing Upstairs Mezzanine
SITE ADDRESS: 1802 VA DARE TRL S KILL DEVIL HILLS

APPLICANT: SWELL BREWING LLC
414 CAMERON ST
Kill Devil Hills, NC 27948

OWNER: SWELL BREWING LLC
414 CAMERON ST
Kill Devil Hills, NC 27948

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

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

License: 79892
Expires: 12/31/2021

PARCEL:

PIN: 989313143846

Parcel Number: 022897000

Address: 1802 VA DARE TRL S KILL DEVIL HILLS

Addition: BESSIE C HARRISON&N C DOUGLAS

Zoning:

Block: 0

Lot(s): B & C & 1

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Com. Building Permit Fees	\$489.60	\$0.00	Commercial Space 612 Sq. Ft.
Totals :	\$489.60	\$0.00	

PROJECT DESCRIPTION: finish upstairs mezzanine area, add interior stairs. add door to exterior mezzanine, rearrange boiler room, change bar layout.

BJ2021-017**PROJECT NAME:** Swell Brewing Upstairs Mezzanine
SITE ADDRESS: 1802 VA DARE TRL S KILL DEVIL HILLS**BUILDING JOINT****ISSUED:** 01/14/2021**EXPIRES:** 07/13/2021

DETAILS**Permit**

Name	Value
ZONING DISTRICT	C
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	X
BASE FLOOD ELEVATION	8
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	25000.00
LIVING SPACE (SQFT)	612
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

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

CONDITIONS

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

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

BJ2021-017

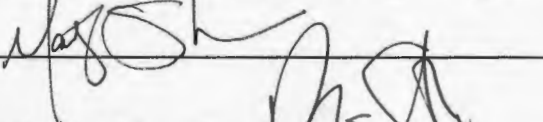
PROJECT NAME: Swell Brewing Upstairs Mezzanine
SITE ADDRESS: 1802 VA DARE TRL S KILL DEVIL HILLS


BUILDING JOINT

ISSUED: 01/14/2021

EXPIRES: 07/13/2021

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

Issued By:  _____

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



Town of Kill Devil Hills

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

PAID

FEB - 2 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-017

PROJECT NAME: Matyas Deck Repair
SITE ADDRESS: 429 EDEN ST ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/01/2021

EXPIRES: 07/31/2021

APPLICANT: MATYAS, DENNIS
43 Carol Ln
MALVERN, PA 19355

OWNER: MATYAS, DENNIS
43 Carol Ln
MALVERN, PA 19355

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988517001522

Parcel Number: 000644000

Address: 429 EDEN ST ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 51 **Lot(s):** 6-8

Legal Description:

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

PROJECT DESCRIPTION: repair existing deck, no change to footprint

PAID
2/1/21 DG
Paypal

BP2021-017**PROJECT NAME:** Matyas Deck Repair**SITE ADDRESS:** 429 EDEN ST ST W KILL DEVIL HILLS**BUILDING****ISSUED:** 02/01/2021**EXPIRES:** 07/31/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3800.00
SURVEYOR NAME AND NUMBER	Doug Styons L3227

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.

* Kotching of 4x4 handrail post not permitted, please refer to 2018 NCRBC Appendix M for handrail details.

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: 02/01/2021



Town of Kill Devil Hills

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

PAID
FEB - 3 2021

Planning and Inspection Department

FEB 11 2021
MARRIOTTSVILLE

BP2021-019	BUILDING
PROJECT NAME: Morrison Stair Replacement	ISSUED: 02/03/2021
SITE ADDRESS: 1311 PERCY ST KILL DEVIL HILLS	EXPIRES: 08/02/2021

APPLICANT: Morrison, Zachary
18689 Middleton RD
MARRIOTTSVILLE, MD 21120
252-715-3335

OWNER: Morrison, Zachary
18689 Middleton RD
MARRIOTTSVILLE, MD 21120
252-715-3335

CONTRACTOR: Smith, Dale
3118 N Croatan Highway
Kill Devil Hills, NC 27948
252-256-1930

UNLICENSED - REMODELING: Smith, Dale
3118 N Croatan Highway
Kill Devil Hills, NC 27948
252-256-1930

License: 12345
Expires:

PARCEL:

PIN: 988316749981-1951

Parcel Number: 004766000

Address: 1311 PERCY ST KILL DEVIL HILLS

Addition: KILL DEVIL BEACH EXTENDED

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: replace front steps to existing footprint

PAID
2/4/2021 DL
CK# 006700

BP2021-019

PROJECT NAME: Morrison Stair Replacement
SITE ADDRESS: 1311 PERCY ST KILL DEVIL HILLS

BUILDING**ISSUED:** 02/03/2021**EXPIRES:** 08/02/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2900.00
SURVEYOR NAME AND NUMBER	Doug Styons L3227
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.

BP2021-019

PROJECT NAME: Morrison Stair Replacement
SITE ADDRESS: 1311 PERCY ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/03/2021

EXPIRES: 08/02/2021

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: Dale A Smith Date: 02/03/2021



Town of Kill Devil Hills

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

PAID

FEB - 5 2021

Planning and Inspection Department

TO DATE
KILL DEVIL HILLS

BP2021-020

PROJECT NAME: Runion sunroom
SITE ADDRESS: 806 THIRD ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/05/2021

EXPIRES: 08/04/2021

APPLICANT: RUNYON, ROY
806 Third Street
Kill Devil Hills, NC 27948
757-613-2962

OWNER: RUNYON, ROY
806 Third Street
Kill Devil Hills, NC 27948
757-613-2962

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988409164607

Parcel Number: 002501000

Address: 806 THIRD ST W KILL DEVIL HILLS

Addition: CROATAN SHORES INC SEC 1

Zoning:
Block: 11 **Lot(s):** 4

Legal Description:

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

PROJECT DESCRIPTION: Enclose area under house and deck for unconditioned sunroom



PAID

EB
2/5/2021 chK

BP2021-020**PROJECT NAME:** Runion sunroom
SITE ADDRESS: 806 THIRD ST W KILL DEVIL HILLS**BUILDING****ISSUED:** 02/05/2021**EXPIRES:** 08/04/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2500.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

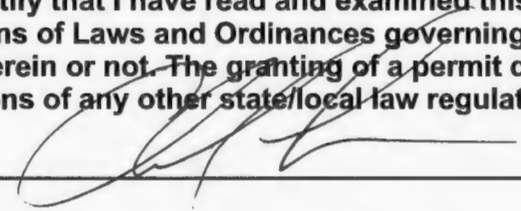
Zoning Final

Final

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent: Roy A. Runyon Date: 2/5/2021



Town of Kill Devil Hills

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

PAID
FEB - 5 2021

Planning and Inspection Department

T 10 25
K 10 25

BP2021-011

PROJECT NAME: Raabe deck repair
SITE ADDRESS: 2011 ELIZABETH CITY ST KILL DEVIL HILLS

BUILDING

ISSUED: 01/25/2021
EXPIRES: 07/24/2021

APPLICANT: RAABE, THOMAS W JR
7508 COMET ROAD
RICHMOND, VA 23294

OWNER: RAABE, THOMAS W JR
7508 COMET ROAD
RICHMOND, VA 23294

CONTRACTOR: Full Faith Painting and Remodeling
605 W Fourth St
Kill Devil Hills, NC 27948
607-374-1655

UNLICENSED - REMODELING: Full Faith Painting and Remodeling
605 W Fourth St
Kill Devil Hills, NC 27948
607-374-1655

License: 12345
Expires:

PARCEL:

PIN: 988405293540

Parcel Number: 001199000

Address: 2011 ELIZABETH CITY ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 2 & 3

Block: 0 **Lot(s):** 742

Legal Description:

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

PROJECT DESCRIPTION: replace decking and rails and joists on front porch



PAID
Mc 2/5/21
Check # 1037

BP2021-011**PROJECT NAME:** Raabe deck repair**SITE ADDRESS:** 2011 ELIZABETH CITY ST KILL DEVIL HILLS**BUILDING****ISSUED:** 01/25/2021**EXPIRES:** 07/24/2021

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
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	7000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Doug Styons L3227
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.

BP2021-011

PROJECT NAME: Raabe deck repair

SITE ADDRESS: 2011 ELIZABETH CITY ST KILL DEVIL HILLS

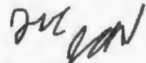
BUILDING

ISSUED: 01/25/2021

EXPIRES: 07/24/2021

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: 02/04/2021



Town of Kill Devil Hills

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

PAID
FEB - 8 2021
TOWNSHIP
KILL DEVIL HILLS

Planning and Inspection Department

BP2021-022	BUILDING
PROJECT NAME:	ISSUED: 02/05/2021
SITE ADDRESS: 112 CARLTON AVE E KILL DEVIL HILLS	EXPIRES: 08/04/2021

APPLICANT: JEZO, MARTINE
2023 SMITHFIELD STREET
KILL DEVIL HILLS, NC 27948

OWNER: Jezo, Martine
1601 NORTH Va Dare TR 103
Kill Devil Hills, NC 27948
757-454-6775

PARCEL:

PIN: 988420708441

Parcel Number: 003851000

Address: 112 CARLTON AVE E KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 36 **Lot(s):** 6

Legal Description:

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

PROJECT DESCRIPTION: Add new trussed pitched roof over existing flat roof dwelling per engineer's details.

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
FINAL ELEVATION CERTIFICATE	N

Handwritten: Value \$26,000⁰⁰
Flood "X"

BP2021-022

PROJECT NAME:

SITE ADDRESS: 112 CARLTON AVE E KILL DEVIL HILLS

BUILDING

ISSUED: 02/05/2021

EXPIRES: 08/04/2021

REQUIRED INSPECTIONS

Zoning Final

Framing

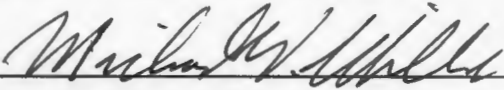
Final

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.

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

Issued By: 

Contractor or Authorized Agent:  Date: 02-09-21



Town of Kill Devil Hills

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

PAID
FEB - 8 2021
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2021-021	BUILDING
PROJECT NAME: James Kelly	ISSUED: 02/05/2021
SITE ADDRESS: 1402 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 08/04/2021

APPLICANT: COASTAL ROOFING & SIDING 8181 Caratoke Hwy. Unit A Powels Point, NC 27966 252-480-0515	OWNER: Kelly, James PO Box 271 TAPPAHANNOCK, VA22560 703-409-6087
--	---

GENERAL:	COASTAL ROOFING & SIDING 8181 Caratoke Hwy. Unit A Powels Point, NC 27966 252-480-0515	License: Unlicensed Expires: 12/31/2021
-----------------	--	--

PARCEL:

PIN: 988415549999	Parcel Number: 004047000
Address: 1402 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: SUBDIVISION - NONE	Block: 0 Lot(s): 0
Legal Description:	

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

PROJECT DESCRIPTION: Replace siding, windows, sliding doors

PAID
2/8/21 by
paypal

BP2021-021**PROJECT NAME:** James Kelly
SITE ADDRESS: 1402 VA DARE TRL N KILL DEVIL HILLS**BUILDING****ISSUED:** 02/05/2021**EXPIRES:** 08/04/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	57000.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: Marty Shaw

Contractor or Authorized Agent:  Date: 02/05/2021



Town of Kill Devil Hills

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

PAID

FEB 10 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-023

PROJECT NAME: ROSA DECK AND STAIR
SITE ADDRESS: 302 SHILOH ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/05/2021

EXPIRES: 08/04/2021

APPLICANT: Duane Rosa
495 Quail Run Rd.
SUMMIT POINT, WV 25446
571-233-0578

OWNER: Duane Rosa
495 Quail Run Rd.
SUMMIT POINT, WV 25446
571-233-0578

RESIDENTIAL, LIMITED: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

License: 79801
Expires: 01/01/2022

PARCEL:

PIN: 987516936182

Parcel Number: 000980001

Address: 302 SHILOH ST KILL DEVIL HILLS

Zoning:

Addition: MOOR SHORES

Block: 0 **Lot(s):** 40

Legal Description:

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

PROJECT DESCRIPTION: REBUILD DECK AND STAIR, EXPAND DECK BY 2'

PAID

2/10/21

Roy Pei

BP2021-023**PROJECT NAME:** ROSA DECK AND STAIR
SITE ADDRESS: 302 SHILOH ST KILL DEVIL HILLS**BUILDING****ISSUED:** 02/05/2021**EXPIRES:** 08/04/2021

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONSZoning Final
Final

Slab/Foundation/Piling

CONDITIONS

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

BP2021-023

PROJECT NAME: ROSA DECK AND STAIR
SITE ADDRESS: 302 SHILOH ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/05/2021

EXPIRES: 08/04/2021

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: Jordan Blythe

Contractor or Authorized Agent: DUANE ROSA Date: 02/05/2021



Town of Kill Devil Hills

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

PAID

FEB 10 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-024

PROJECT NAME: Parrish Deck Addition
SITE ADDRESS: 300 EIGHTH ST E KILL DEVIL HILLS

BUILDING

ISSUED: 02/09/2021

EXPIRES: 08/08/2021

APPLICANT: PARRISH, JOSEPH
903 DAWES ST
Chapel Hill, NC 27516

OWNER: PARRISH, JOSEPH
903 DAWES ST
Chapel Hill, NC 27516

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

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

License: 78583
Expires:

PARCEL:

PIN: 989313138511

Parcel Number: 008514006

Address: 300 EIGHTH ST E KILL DEVIL HILLS

Zoning:

Addition: NAGS HEAD SHORES AMENDED SEC 4

Block: 4 **Lot(s):** 6

Legal Description:

FEES:	Paid	Due	BUILDING AREA:
Open Deck Fee	\$300.00	\$0.00	Open Decks 2 EA
Covered Porch Residential	\$78.00	\$0.00	Covered Porches/Decks 104 SQFT
Totals :	\$378.00	\$0.00	

PROJECT DESCRIPTION: add 4x10 rear deck addition to existing rear deck and add pergola, extend existing 2nd level deck to cover existing 1st level deck



PAID
2/21/21
P. H.

BP2021-024**PROJECT NAME:** Parrish Deck Addition
SITE ADDRESS: 300 EIGHTH ST E KILL DEVIL HILLS**BUILDING****ISSUED:** 02/09/2021**EXPIRES:** 08/08/2021

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
HEALTH DEPARTMENT PERMIT #	30493
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	35000.00
LOT COVERAGE	30.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	William S Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Zoning Final	

CONDITIONS

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

BP2021-024

PROJECT NAME: Parrish Deck Addition
SITE ADDRESS: 300 EIGHTH ST E KILL DEVIL HILLS

BUILDING

ISSUED: 02/09/2021

EXPIRES: 08/08/2021

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: 02/09/2021



Town of Kill Devil Hills

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

PAID

FEB 10 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-028

PROJECT NAME: Paul Santasieri
SITE ADDRESS: 1705 WYANDOTTE ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

APPLICANT: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

OWNER: Santasieri, Paul
1705 Wyandotte Street
Kill Devil Hills, NC 27948
252-557-5678

RESIDENTIAL, LIMITED: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

License: 79801
Expires: 01/01/2022

PARCEL:

PIN: 988409263251

Parcel Number: 002694000

Address: 1705 WYANDOTTE ST KILL DEVIL HILLS

Zoning:

Addition: HIGH VIEW - HEDRICKS ADD

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

Legal Description:

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

PROJECT DESCRIPTION: Replace house pilings, deck not included with this permit.

PAID
m 2/10/21
Paul

BP2021-028

PROJECT NAME: Paul Santasieri
SITE ADDRESS: 1705 WYANDOTTE ST KILL DEVIL HILLS

BUILDING**ISSUED:** 02/10/2021**EXPIRES:** 08/09/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
HEALTH DEPARTMENT PERMIT #	30501
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	18770.50
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

BP2021-028

PROJECT NAME: Paul Santasieri

SITE ADDRESS: 1705 WYANDOTTE ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

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: Marty Shaw

Contractor or Authorized Agent: J. Lewis Date: 02/10/2021



Town of Kill Devil Hills

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

FEB 12 2021

Planning and Inspection Department

BP2021-029	BUILDING
PROJECT NAME: Cafferty Enterprises, LLC	ISSUED: 02/11/2021
SITE ADDRESS: 1937 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 08/10/2021

APPLICANT: Cafferty, Debora
4628 Seascape Dr.
kitty hawk, nc 27949
252-202-8004

OWNER: Cafferty Enterprises LLC
4628 Seascape Dr.
kitty hawk, nc 27949
252-202-9801

CONTRACTOR: Salt House Designs, LLC
PO Box 1515
kitty hawk, nc 27949
252-202-8004

License: 76178
Expires: 12/31/2021

PARCEL:

PIN: 988406398861

Parcel Number: 002806000

Address: 1937 VA DARE TRL N KILL DEVIL HILLS

Addition: Croatan Shores Amended

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

Legal Description:

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

PROJECT DESCRIPTION: Replace siding

BP2021-029

PROJECT NAME: Cafferty Enterprises, LLC
SITE ADDRESS: 1937 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/11/2021

EXPIRES: 08/10/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	17000.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

Issued By: _____

Contractor or Authorized Agent: _____ **Date:** 2/12/21



Town of Kill Devil Hills

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

PAID

FEB 16 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-025	BUILDING
PROJECT NAME: Mchone Piling Replacement	ISSUED: 02/08/2021
SITE ADDRESS: 2012 PORTSMOUTH ST KILL DEVIL HILLS	EXPIRES: 08/07/2021

APPLICANT: MCHONE, WESLEY 453 W Water St Apt A HARRISONBURG, VA 22801	OWNER: MCHONE, WESLEY 453 W Water St Apt A HARRISONBURG, VA 22801
--	--

CONTRACTOR: MILLSTONE MARINE 7000 MARITIME WOODS DR MANTEO, NC 27954 252-491-2888

GENERAL:	MILLSTONE MARINE 7000 MARITIME WOODS DR MANTEO, NC 27954 252-491-2888	License: 78077 Expires: 12/31/2021
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PARCEL:			
PIN:	988405082318	Parcel Number:	001082861
Address:	2012 PORTSMOUTH ST KILL DEVIL HILLS		
Addition:	AVALON BEACH ANNEX 2 & 3	Zoning:	
Legal Description:		Block:	0
		Lot(s):	861

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

PROJECT DESCRIPTION: replace 3 6x6 deck pilings

PAID
Sh 2/16/21
check # 10619

BP2021-025

PROJECT NAME: Mchone Piling Replacement
SITE ADDRESS: 2012 PORTSMOUTH ST KILL DEVIL HILLS

BUILDING**ISSUED:** 02/08/2021**EXPIRES:** 08/07/2021**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
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4000.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Gloria J Rogers L-3531
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.

BP2021-025

PROJECT NAME: Mchone Piling Replacement
SITE ADDRESS: 2012 PORTSMOUTH ST KILL DEVIL HILLS


BUILDING

ISSUED: 02/08/2021

EXPIRES: 08/07/2021

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: 02/09/2021



Town of Kill Devil Hills

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

PAID

FEB 16 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-030

PROJECT NAME: O'Brien Shed
SITE ADDRESS: 707 SWAN ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/11/2021

EXPIRES: 08/10/2021

APPLICANT: O'Brien, Patrick
707 Swan St
Kill Devil Hills, NC 27948
240-530-0737

OWNER: O'Brien, Patrick
707 Swan St
Kill Devil Hills, NC 27948
240-530-0737

CONTRACTOR: STATELINE BUILDERS
UNKNOWN
UNKNOWN, XX 00000

License: LEGACY UNKNOWN
Expires: 12/31/2021

PARCEL:

PIN: 988307773833

Parcel Number: 004432000

Address: 707 SWAN ST KILL DEVIL HILLS

Addition: KILL DEVIL HILLS REALTY CORP

Zoning:
Block: 25 **Lot(s):** 5

Legal Description:

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

PROJECT DESCRIPTION: Install 10'x12' shed

PAID
R 2/10/21
check # 770

BP2021-030

PROJECT NAME: O'Brien Shed
SITE ADDRESS: 707 SWAN ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/11/2021

EXPIRES: 08/10/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	4000.00
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.
- * Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1.2 and NCBC 1609.2.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
- * Zoning Final Inspection is required.

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

Issued By: Donna Elliot

Contractor or Authorized Agent: Patrick J. O'Brien **Date:** 02/12/2021



Town of Kill Devil Hills

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

PAID
FEB 18 2021

Planning and Inspection Department

K
K

BP2021-031	BUILDING
PROJECT NAME: Mary Lou Taylor	ISSUED: 02/17/2021
SITE ADDRESS: 2207 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 08/16/2021

APPLICANT: LOY, BRADFORD NEIL
5124 Virginia Dare Trail
Kitty Hawk, NC 27949

OWNER: MARY LOU TAYLOR
4253 HATTON POINT LANE
PORTSMOUTH, VA 23707

GENERAL: LOY, BRADFORD NEIL
5124 Virginia Dare Trail
Kitty Hawk, NC 27949

License: 23351
Expires:

PARCEL:

PIN: 988518217638

Parcel Number: 000848000

Address: 2207 VA DARE TRL N KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES PLAT B

Zoning:
Block: 0 **Lot(s):** 49

Legal Description:

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

PROJECT DESCRIPTION: Replace dunetop deck and walkway

BP2021-031

PROJECT NAME: Mary Lou Taylor

SITE ADDRESS: 2207 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/17/2021

EXPIRES: 08/16/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	Y
CAMA EXEMPTION	N
ZONING DISTRICT	OIR
PURPOSE	Residential Accessory
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	9500.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling

Final

Zoning Final

CONDITIONS

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

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

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

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

1. All Special Flood Hazard Areas limit the use of enclosures below the lowest floor for parking, building access and limited storage only.

2. In the VE Zone, there shall be no alteration of the sand dunes which would increase potential flood damage.

3. In the VE Zone, there shall be no fill used for structural support.

4. Elevation Certificate will be required at time of application, 21 days from the establishment of the lowest floor and at construction completion.

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

* Must comply with Wind Borne Debris requirements as defined in 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.

BP2021-031

PROJECT NAME: Mary Lou Taylor

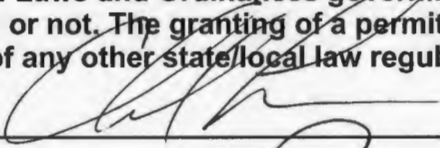
SITE ADDRESS: 2207 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/17/2021

EXPIRES: 08/16/2021

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

Issued By:  _____

Contractor or Authorized Agent:  _____

Date: 2-18-2021



Town of Kill Devil Hills

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

PAID
FEB 19 2021

Planning and Inspection Department

BP2021-034

PROJECT NAME: PACE DECK
SITE ADDRESS: 202 CLARK ST E KILL DEVIL HILLS

BUILDING

ISSUED: 02/18/2021

EXPIRES: 08/17/2021

APPLICANT: Sun, Sand, and Ocean LLC
105 Fannin Mill Rd
Wanchese, NC 27954
252-4898-5720

OWNER: Sun, Sand, and Ocean LLC
105 Fannin Mill Rd
Wanchese, NC 27954
252-4898-5720

UNLICENSED BUILDER: Kevin Guns
316 Burns Drive
Kill Devil Hills, NC 27948
252-489-3645

License: 000000
Expires:

PARCEL:

PIN: 988308889366

Parcel Number: 004218000

Address: 202 CLARK ST E KILL DEVIL HILLS

Addition: KILL DEVIL HILLS SEC 1

Zoning:
Block: 13 **Lot(s):** 11 & PT 10

Legal Description:

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

PROJECT DESCRIPTION: REPLACE (2) 4"X4" PILINGS WITH 6"X6", REPLACE JOISTS, RE-DECK, NO CHANGE TO FOOTPRINT

PAID
the 2/19/21
Ray Pol

BP2021-034**PROJECT NAME:** PACE DECK**SITE ADDRESS:** 202 CLARK ST E KILL DEVIL HILLS**BUILDING****ISSUED:** 02/18/2021**EXPIRES:** 08/17/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final	Slab/Foundation/Piling
Final	Floor box

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.

* Permit to repair deck as is where is. No change to footprint is permitted.

BP2021-034

PROJECT NAME: PACE DECK

SITE ADDRESS: 202 CLARK ST E KILL DEVIL HILLS

BUILDING

ISSUED: 02/18/2021

EXPIRES: 08/17/2021

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: Jordan Blythe

Contractor or Authorized Agent: Sandy Pace Date: 02/18/2021



Town of Kill Devil Hills

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

PAID

FEB 16 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-033

PROJECT NAME: GIULIANI STAIRS, RAILINGS, AND POOL BARRIER

SITE ADDRESS: 3320 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/12/2021

EXPIRES: 08/11/2021

APPLICANT: GIULIANI, MARK
309 WALLACE ST
Kill Devil Hills, NC 27948
252-256-3554

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

GENERAL: Self
UNKNOWN
UNKNOWN, XX 00000
000-000-0000

License: Unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 988509053322

Parcel Number: 000059000

Address: 3320 VA DARE TRL N KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 2

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

Legal Description:

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

PROJECT DESCRIPTION: REBUILD 2 SETS OF EXTERIOR STAIRS, REPLACE RAILINGS, REBUILD POOL BARRIER

"X" Flood Zone



PAID

2/16/21

JB

chk

BP2021-033

PROJECT NAME: GIULIANI STAIRS, RAILINGS, AND POOL BARRIER
SITE ADDRESS: 3320 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/12/2021

EXPIRES: 08/11/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	17500.00
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.
- * Zoning Final Inspection is required.
- * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.

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

Issued By: 

Contractor or Authorized Agent: Mark Giuliani **Date:** 2/16/21



Town of Kill Devil Hills

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

PAID
FEB 19 2021

Planning and Inspection Department

BP2021-032	BUILDING
PROJECT NAME: COLEMAN STORAGE ROOM	ISSUED: 02/19/2021
SITE ADDRESS: 815 Memorial Blvd. S. Kill Devil Hills	EXPIRES: 08/18/2021

APPLICANT: William & Roselyn Coleman 20204 Cox Rd. Sutherland, VA 23885-9454	OWNER: William & Roselyn Coleman 20204 Cox Rd. Sutherland, VA 23885-9454
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GENERAL:	HONEY DO SERVICES 217-B Soundside Road nags head, nc 27959 252-573-9416	License: unlicensed Expires: 12/31/2021
-----------------	--	--

PARCEL:

PIN: 988308980816	Parcel Number: 0
Address: 815 Memorial Blvd. S. Kill Devil Hills	Zoning:
Addition: Patel S/D	Block: 0 Lot(s): 1
Legal Description:	

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

PROJECT DESCRIPTION: ENCLOSE 14'X16' AREA OF CARPORT FOR UNCONDITIONED STORAGE

BP2021-032**PROJECT NAME:** COLEMAN STORAGE ROOM
SITE ADDRESS: 815 Memorial Blvd. S. Kill Devil Hills**BUILDING****ISSUED:** 02/19/2021**EXPIRES:** 08/18/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Addition
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	3500.00
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.

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: _____

2-18-21

BP2021-032

PROJECT NAME: COLEMAN STORAGE ROOM

SITE ADDRESS: 815 Memorial Blvd. S. Kill Devil Hills

BUILDING

ISSUED: 02/19/2021

EXPIRES: 08/18/2021



Town of Kill Devil Hills

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PAID
FEB 22 2021
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

BP2021-035	BUILDING
PROJECT NAME: SELVAGGI STAIR AND LANDING	ISSUED: 02/22/2021
SITE ADDRESS: 105 COVE CT KILL DEVIL HILLS	EXPIRES: 08/21/2021

APPLICANT: SELVAGGI, NINA
6727 HAYCOCK RD
FALLS CHURCH, VA 22043

OWNER: SELVAGGI, NINA
6727 HAYCOCK RD
FALLS CHURCH, VA 22043

UNLICENSED BUILDER: EVANS, MATTHEW
102 TIP TOE RD
Edenton, NC 27932
252-333-2379

License: XXXXXXXX
Expires: 01/01/2022

PARCEL:

PIN: 988415545775

Parcel Number: 003520000

Address: 105 COVE CT KILL DEVIL HILLS

Addition: LANDING SECTION 1, THE

Zoning:
Block: 0 **Lot(s):** 10

Legal Description:

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

PROJECT DESCRIPTION: REMOVE AND REBUILD EXTERIOR STAIR AND LANDING, EXISTING PILINGS TO REMAIN

PAID
2/22/21 DJ
pay pm

BP2021-035

PROJECT NAME: SELVAGGI STAIR AND LANDING

SITE ADDRESS: 105 COVE CT KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1800.00
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.
 - * Zoning Final Inspection is required.
 - * Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
 - * No increase to footprint permitted.
-

BP2021-035

PROJECT NAME: SELVAGGI STAIR AND LANDING
SITE ADDRESS: 105 COVE CT KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

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: Jordan Blythe

Contractor or Authorized Agent: Matthew Evans Date: 02/22/2021



Town of Kill Devil Hills

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

PAID

FEB 23 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-037

PROJECT NAME: Cafferty Stair and Landing Repair
SITE ADDRESS: 206 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

APPLICANT: Cafferty Enterprises LLC
4628 Seascape Dr.
kitty hawk, nc 27949
252-202-9801

OWNER: Cafferty Enterprises LLC
4628 Seascape Dr.
kitty hawk, nc 27949
252-202-9801

CONTRACTOR: Salt House Designs, LLC
PO Box 1515
kitty hawk, nc 27949
252-202-8004

CONTRACTOR: Salt House Designs, LLC
PO Box 1515
kitty hawk, nc 27949
252-202-8004

License: 76178
Expires: 12/31/2021

PARCEL:

PIN: 988420719264

Parcel Number: 003760000

Address: 206 VA DARE TRL N KILL DEVIL HILLS

Addition: KITTY HAWK SHORES - REVISED

Zoning:
Block: 26 **Lot(s):** 2

Legal Description:

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

PROJECT DESCRIPTION: Repair existing stairs and landing to same footprint

PAID
M 2/23/21
Chk # 175

BP2021-037

PROJECT NAME: Cafferty Stair and Landing Repair
SITE ADDRESS: 206 VA DARE TRL N KILL DEVIL HILLS

BUILDING**ISSUED:** 02/22/2021**EXPIRES:** 08/21/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RH
PURPOSE	Residential Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
STREET SIDE SETBACK	15
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5900.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

BP2021-037

PROJECT NAME: Cafferty Stair and Landing Repair
SITE ADDRESS: 206 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

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: Debara Cafferty Date: 02/23/2021



Town of Kill Devil Hills

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

PAID
FEB 24 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-039	BUILDING
PROJECT NAME: Wayland	ISSUED: 02/22/2021
SITE ADDRESS: 2010 BAY DR KILL DEVIL HILLS	EXPIRES: 08/21/2021

APPLICANT: WAYLAND, PHILLIP
2010 Bay Drive
Kill Devil Hills, NC 27948

OWNER: WAYLAND, PHILLIP
2010 Bay Drive
Kill Devil Hills, NC 27948

CONTRACTOR: MILLSTONE MARINE
7000 MARITIME WOODS DR
MANTEO, NC 27954
252-491-2888

GENERAL: MILLSTONE MARINE
7000 MARITIME WOODS DR
MANTEO, NC 27954
252-491-2888

License: 78077
Expires: 12/31/2021

PARCEL:

PIN: 987408977831

Parcel Number: 002016000

Address: 2010 BAY DR KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

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

Legal Description:

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

PROJECT DESCRIPTION: Dock Rebuild

PAID
10/22 2/24/21
Check # 10066

BP2021-039

PROJECT NAME: Wayland

SITE ADDRESS: 2010 BAY DR KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	CAMA
FLOOD ZONE	AE
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	47806.00
LOT COVERAGE	31.60
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	Jason Mizelle L4917
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.

BP2021-039

PROJECT NAME: Wayland

SITE ADDRESS: 2010 BAY DR KILL DEVIL HILLS


BUILDING

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

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: 02 / 22 / 2021



Town of Kill Devil Hills

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

PAID
FEB 23 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

BP2021-040

PROJECT NAME: Jason Owens
SITE ADDRESS: 105 GREENSBORO ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/23/2021

EXPIRES: 08/22/2021

APPLICANT: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

OWNER: Owens, Jason
127 Cowpen Neck Road
Edenton, NC 27932
252-312-8389

RESIDENTIAL, LIMITED: Emanuelson and Dad
PO Box 448
6705 S. Croatan Hwy.
nags head, nc 27959
252-261-2212

License: 79801
Expires: 01/01/2022

PARCEL:

PIN: 988406296861

Parcel Number: 001883000

Address: 105 GREENSBORO ST KILL DEVIL HILLS

Zoning:

Addition: AVALON BEACH ANNEX 1

Block: 0 **Lot(s):** 439

Legal Description:

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

PROJECT DESCRIPTION: Replace 12 pilings

PAID
R 2/23/21
Peg Pel

BP2021-040

PROJECT NAME: Jason Owens

SITE ADDRESS: 105 GREENSBORO ST KILL DEVIL HILLS

BUILDING

ISSUED: 02/23/2021

EXPIRES: 08/22/2021

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
HEALTH DEPARTMENT PERMIT #	30524
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	12270.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONSSlab/Foundation/Piling
Zoning Final

Final

CONDITIONS

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Issued By: _____

Marty Shaw

Contractor or Authorized Agent: _____

J. Lewis

Date: 02 / 23 / 2021



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

BP2021-041

PROJECT NAME: Scango Pier Repair
SITE ADDRESS: 1412 FIRST ST W KILL DEVIL HILLS

BUILDING

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

APPLICANT: SCANGO, DAVID E
CATHERINE SCANGO
4233 BERRITT STREET
FAIRFAX, VA22030

OWNER: SCANGO, DAVID E
CATHERINE SCANGO
4233 BERRITT STREET
FAIRFAX, VA22030

CONTRACTOR: Perry, Ronald
1411 Pirates Loop
Kill Devil Hills, NC 27948
252-202-3635

UNLICENSED - REMODELING: Perry, Ronald
1411 Pirates Loop
Kill Devil Hills, NC 27948

License: 12345
Expires:

PARCEL:

PIN: 988417117476

Parcel Number: 004046042

Address: 1412 FIRST ST W KILL DEVIL HILLS

Zoning:

Addition: WRIGHT WOODS

Block: 0 **Lot(s):** 42

Legal Description:

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

PROJECT DESCRIPTION: repair existing pier per CAMA Exemption Permit



PAID

Mc 2/25/21

Peg Paul

BP2021-041PROJECT NAME: Scango Pier Repair
SITE ADDRESS: 1412 FIRST ST W KILL DEVIL HILLS**BUILDING**

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

DETAILS**Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	Y
ZONING DISTRICT	RL
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AE
BASE FLOOD ELEVATION	8
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1200.00
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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Issued By: Charles ThumanContractor or Authorized Agent: Ronald L Perry Date: 02 / 25 / 2021



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

BP2021-038	BUILDING
PROJECT NAME: Clatterbock Deck and step repair	ISSUED: 02/22/2021
SITE ADDRESS: 209 FRESH POND DR E KILL DEVIL HILLS	EXPIRES: 08/21/2021

APPLICANT: Shake Your Bouy LLC
14199 Hollows Dr
Montpelier, VA23192

OWNER: Shake Your Bouy LLC
14199 Hollows Dr
Montpelier, VA23192

UNLICENSED BUILDER: JOE HANTON
121 White Acres DR
JARVISBURG, NC 27947
252-207-3553

License: unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 989313142196

Parcel Number: 004942010

Address: 209 FRESH POND DR E KILL DEVIL HILLS

Addition: LAKE DRIVE DEVELOPMENT SEC 2

Zoning:
Block: 0 **Lot(s):** 10

Legal Description:

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

PROJECT DESCRIPTION: Replace stairs, decking and handrails



PAID
02/24/21
check # 1935

BP2021-038**PROJECT NAME:** Clatterbock Deck and step repair
SITE ADDRESS: 209 FRESH POND DR E KILL DEVIL HILLS**BUILDING****ISSUED:** 02/22/2021**EXPIRES:** 08/21/2021**DETAILS****Permit**

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	17000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: Joe Hanton Date: 02 / 22 / 2021



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

BP2021-036

PROJECT NAME: Hevelone Pilings
SITE ADDRESS: 1307 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

APPLICANT: Hevelone, James
PO Box 460
TEN MILE, TN 37880

OWNER: Hevelone, James
PO Box 460
TEN MILE, TN 37880

UNLICENSED BUILDER: JOE HANTON
121 White Acres DR
JARVISBURG, NC 27947
252-207-3553

License: unlicensed
Expires: 12/31/2021

PARCEL:

PIN: 989309060255

Parcel Number: 027656014

Address: 1307 WRIGHTSVILLE BLVD KILL DEVIL HILLS

Addition: KILL DEVIL BEACH SEC 1 REVISED

Zoning:
Block: G **Lot(s):** 14

Legal Description:

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

PROJECT DESCRIPTION: Replace three 6x6 pilings with 8x8's on front covered deck

PAID
12 2/24/21
Chuck H 1986

BP2021-036

PROJECT NAME: Hevelone Pilings

SITE ADDRESS: 1307 WRIGHTSVILLE BLVD KILL DEVIL HILLS

BUILDING

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	2000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Slab/Foundation/Piling Final
 Zoning Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: Joe Hanton Date: 02 / 22 / 2021



Town of Kill Devil Hills

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

1702 5 - 831
FEB 5 2021

Planning and Inspection Department

OP2021-006

PROJECT NAME: Water Oak Residential, LLC
SITE ADDRESS: 607 Zen Lane Kill Devil Hills

OCCUPANCY
ISSUED: 02/05/2021

EXPIRES:

PARENT PERMIT #: BJ2020-090

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

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

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

License: 62306
Expires: 12/31/2021

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

License: 62306
Expires: 12/31/2021

PARCEL:

PIN: 988413224544

Parcel Number:

Address: 607 Zen Lane Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 54, Phase 1, Water Oak Residential Community

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

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

OP2021-006

PROJECT NAME: Water Oak Residential, LLC
SITE ADDRESS: 607 Zen Lane Kill Devil Hills

OCCUPANCY

ISSUED: 02/05/2021

EXPIRES:

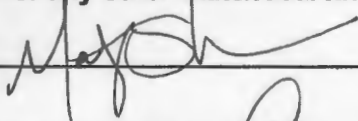
DETAILS

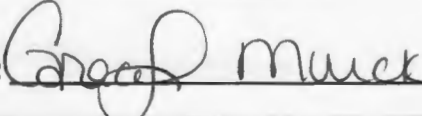
Permit

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

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 2.5.21



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

OP2021-008

PROJECT NAME: Sandy Bottom Homes New House
SITE ADDRESS: 507 Palmetto Street W Kill Devil Hills

OCCUPANCY

ISSUED: 02/18/2021

EXPIRES:

PARENT PERMIT #: BJ2020-159

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

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

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

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

License: 67524
Expires: 01/01/2022

PARCEL:

PIN: 988517000025

Parcel Number:

Address: 507 Palmetto Street W Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 14R, Block 75, Virginia Dare Shores

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

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

FEB 18 2021

OP2021-008

PROJECT NAME: Sandy Bottom Homes New House
SITE ADDRESS: 507 Palmetto Street W Kill Devil Hills

OCCUPANCY

ISSUED: 02/18/2021

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 2-18-21



Town of Kill Devil Hills

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

PAD
FEB 18 2021

Planning and Inspection Department

OP2021-007	OCCUPANCY
PROJECT NAME: First Flight Hotel Ocean Front Amenity Area	ISSUED: 02/17/2021
SITE ADDRESS: 2029 S VA DARE TRL Kill Devil Hills	EXPIRES:

PARENT PERMIT #: BJ2020-031

APPLICANT: First Flight Hotel, LLC
1880 Richmond Road
WILLIAMSBURG, VA 23185
757-218-3888

OWNER: First Flight Hotel, LLC
1880 Richmond Road
WILLIAMSBURG, VA 23185
757-218-3888

CONTRACTOR: PREMIERE CONTRACTING INC.
PO Box 269
kitty hawk, nc 27949
252-261-7244

GENERAL, UNLIMITED: PREMIERE CONTRACTING INC.
PO Box 269
kitty hawk, nc 27949
252-261-7244

License: 58986
Expires: 12/31/2021

PARCEL:

PIN: 989313241064

Parcel Number:

Address: 2029 S VA DARE TRL Kill Devil Hills

Addition:

Zoning:

Block:

Lot(s):

Legal Description: Lot 6 Block 3 Sec 4 Nags Head Shores Amended

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

PROJECT DESCRIPTION: Pool with accessory restroom and storage buildings, walkway to ocean. SEE SPECIAL CONDITIONS OF PERMIT

DETAILS

CONDITIONS

*Flood AE
use zone C*

OP2021-007

PROJECT NAME: First Flight Hotel Ocean Front Amenity Area
SITE ADDRESS: 2029 S VA DARE TRL Kill Devil Hills

OCCUPANCY

ISSUED: 02/17/2021

EXPIRES:

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 2-18-21



Town of Kill Devil Hills

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

PAID

FEB 22 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

OP2021-009

PROJECT NAME: Haddon Homes New 3 Bedroom SFD
SITE ADDRESS: 512 Palmetto Street Kill Devil Hills

OCCUPANCY

ISSUED: 02/19/2021

EXPIRES:

PARENT PERMIT #: BJ2020-160

APPLICANT: HADDON HOMES, INC.
PO Box 1868
Nags Head, NC 27959
267-2287

OWNER: HADDON HOMES, INC.
PO Box 1868
Nags Head, NC 27959
267-2287

CONTRACTOR: HADDON HOMES, INC.
PO Box 1868
Nags Head, NC 27959
267-2287

License: 55566
Expires: 01/01/2022

CONTRACTOR: HADDON HOMES, INC.
PO Box 1868
Nags Head, NC 27959
267-2287

License: 55566
Expires: 01/01/2022

PARCEL:

PIN: 987520908224

**Parcel
Number:**

Address: 512 Palmetto Street Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Lot 27R, Block 74, Virginia Dare Shores

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

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling

OP2021-009

PROJECT NAME: Haddon Homes New 3 Bedroom SFD

SITE ADDRESS: 512 Palmetto Street Kill Devil Hills

OCCUPANCY

ISSUED: 02/19/2021

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: 

Contractor or Authorized Agent:  Date: 2/22/21



Town of Kill Devil Hills

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

PAID

Planning and Inspection Department

FEB - 2 2021

OP2021-005

PROJECT NAME: East Coast Construction New SFD
SITE ADDRESS: 805 Sixth Avenue Kill Devil Hills

OCCUPANCY

ISSUED: 02/02/2021

EXPIRES:

PARENT PERMIT #: BJ2020-175

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

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

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

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

License: 34495
Expires: 01/01/2022

PARCEL:

PIN: 988311772352
Address: 805 Sixth Avenue Kill Devil Hills

Parcel Number:

Addition:
Legal Description: Lot 8 Block 32 Kill Devil Hills Realty Corp

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

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

PROJECT DESCRIPTION: New 4 Bedroom 3.5 Bath Single family dwelling with fence

OP2021-005

PROJECT NAME: East Coast Construction New SFD

SITE ADDRESS: 805 Sixth Avenue Kill Devil Hills

OCCUPANCY

ISSUED: 02/02/2021

EXPIRES:

DETAILS

Permit

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

CONDITIONS

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

Issued By: _____

Contractor or Authorized Agent: _____

Date: 2-2-2021



Town of Kill Devil Hills

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

FEB 23 2021

Planning and Inspection Department

MC2021-042

PROJECT NAME: Doran HVAC
SITE ADDRESS: 236 WILKINSON ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

APPLICANT: DORAN, MARY ELLEN
159 Timothy Place
PARAMUS, NJ 07652

OWNER: DORAN, MARY ELLEN
159 Timothy Place
PARAMUS, NJ 07652

MECHANICAL, H-2, H-3:

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

License: 34340
Expires: 12/31/2021

PARCEL:

PIN: 987516929785

Parcel Number: 000544000

Address: 236 WILKINSON ST W KILL DEVIL HILLS

Addition: VIRGINIA DARE SHORES

Zoning:

Block: 34 **Lot(s):** 39-40

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC System

PAID
02/23/21
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MC2021-042

PROJECT NAME: Doran HVAC

SITE ADDRESS: 236 WILKINSON ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

DETAILS**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6850.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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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 ThumanContractor or Authorized Agent: Andrew L Buchanan Date: 02/22/2021



Town of Kill Devil Hills

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

PAID

FEB 16 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-035
PROJECT NAME:
SITE ADDRESS: 3208 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 02/12/2021
EXPIRES: 08/11/2021

APPLICANT: WOLCOTT, LANA HOBBS
929 DITCHLEY ROAD
VIRGINIA BEACH, VA23451

OWNER: WOLCOTT, LANA HOBBS
929 DITCHLEY ROAD
VIRGINIA BEACH, VA23451

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

License: 13056
Expires: 12/31/2021

PARCEL:

PIN: 988513047617

Parcel Number: 000081000

Address: 3208 VA DARE TRL N KILL DEVIL HILLS

Addition: ORVILLE BEACH BLK 5

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

PAID
DL 2/16/21
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MC2021-035
PROJECT NAME:
SITE ADDRESS: 3208 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL
ISSUED: 02/12/2021
EXPIRES: 08/11/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	13731.00
CONSTRUCTION TYPE	III
FLOOD ZONE	AO
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Jaclyn Stater Date: 02 / 15 / 2021



Town of Kill Devil Hills

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

PAID

FEB 16 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-036

PROJECT NAME:

SITE ADDRESS: 1701 WYANDOTTE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/16/2021

EXPIRES: 08/15/2021

APPLICANT: ANGE, WESLEY THOMAS
1701 WYANDOTTE ST
KILL DEVIL HILLS, NC 27948

OWNER: ANGE, WESLEY THOMAS
1701 WYANDOTTE ST
KILL DEVIL HILLS, NC 27948

H-1, H-2, H-3, CLASS I:

POP'S REPAIR
PO Box 1130
Kill Devil Hills, NC 27948

License: 34144
Expires: 12/31/2021

PARCEL:

PIN: 988409264110

Parcel Number: 002695013

Address: 1701 WYANDOTTE ST KILL DEVIL HILLS

Addition: HIGH VIEW - HEDRICKS ADD

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement



PAID

Vh 2/16/21
Chk # 1120

MC2021-036

PROJECT NAME:

SITE ADDRESS: 1701 WYANDOTTE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/16/2021

EXPIRES: 08/15/2021

DETAILS

Permit

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

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Julia Scheer Date: 02/16/2021



Town of Kill Devil Hills

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

PAID

FEB 16 2021

Planning and Inspection Department

MC2021-034
PROJECT NAME:
SITE ADDRESS: 524 LANDING DR W KILL DEVIL HILLS

MECHANICAL
ISSUED: 02/12/2021
EXPIRES: 08/11/2021

APPLICANT: Daniels, Terry & Joan
524 WEST Landing DR
Kill Devil Hills, NC 27948

OWNER: Daniels, Terry & Joan
524 WEST Landing DR
Kill Devil Hills, NC 27948

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

License: 13056
Expires: 12/31/2021

PARCEL:

PIN: 988414235350

Parcel Number: 003634000

Address: 524 LANDING DR W KILL DEVIL HILLS

Addition: LANDING SECTION 3, THE

Zoning:

Block: 0 **Lot(s):** 118

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

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Mc 2/16/21
Dy Pd

MC2021-034

PROJECT NAME:

SITE ADDRESS: 524 LANDING DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/12/2021

EXPIRES: 08/11/2021

DETAILS**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	10692.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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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: Marty ShawContractor or Authorized Agent: Jaclyn Slater Date: 02/12/2021



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

MC2021-032	MECHANICAL
PROJECT NAME:	ISSUED: 02/12/2021
SITE ADDRESS: 631 CANAL DR KILL DEVIL HILLS	EXPIRES: 08/11/2021

APPLICANT: Heim, Natalie Sawyer 631 Canal DR Kill Devil Hills, NC 27948 252-573-1769	OWNER: Heim, Natalie Sawyer 631 Canal DR Kill Devil Hills, NC 27948 252-573-1769
--	--

H3, CLASS 1:	One Hour Heating and Air Conditioning 701 Fresh Pond West Kill Devil Hills, NC 27948 441-1740	License: 12643 Expires: 12/31/2021
---------------------	--	---

PARCEL:

PIN: 988413148990	Parcel Number: 003335000
Address: 631 CANAL DR KILL DEVIL HILLS	Zoning:
Addition: FIRST FLIGHT VILLAGE SEC 1	Block: 0 Lot(s): 52
Legal Description:	

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

PROJECT DESCRIPTION: HVAC replacement

PAID
#1972
M. Shaw
2-12-2021

MC2021-032

PROJECT NAME:

SITE ADDRESS: 631 CANAL DR KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/12/2021

EXPIRES: 08/11/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4879.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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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: Marty Shaw

Contractor or Authorized Agent: Tom McDonald **Date:** 02/12/2021



Town of Kill Devil Hills

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

PAID

FEB 10 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-031
PROJECT NAME:
SITE ADDRESS: 308 QUAIL LN KILL DEVIL HILLS

MECHANICAL
ISSUED: 02/10/2021
EXPIRES: 08/09/2021

APPLICANT: LABUFF, HAROLD D
308 QUAIL LANE
KILL DEVIL HILLS, NC 27948

OWNER: LABUFF, HAROLD D
308 QUAIL LANE
KILL DEVIL HILLS, NC 27948

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

License: 13056
Expires: 12/31/2021

PARCEL:

PIN: 988316846398

Parcel Number: 027004010

Address: 308 QUAIL LN KILL DEVIL HILLS

Addition: WHISPERING PINES SEC 2 & 3

Zoning:
Block: E **Lot(s):** 10

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

PAID
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Pog Bol

MC2021-031

PROJECT NAME:

SITE ADDRESS: 308 QUAIL LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3782.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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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: Marty Shaw

Contractor or Authorized Agent: Jaclyn Slater Date: 02/10/2021



Town of Kill Devil Hills

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

PAID

FEB 10 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-030	MECHANICAL
PROJECT NAME:	ISSUED: 02/10/2021
SITE ADDRESS: 1705 WYANDOTTE ST KILL DEVIL HILLS	EXPIRES: 08/09/2021

APPLICANT: Santasieri, Paul 1705 Wyandotte Street Kill Devil Hills, NC 27948 252-557-5678	OWNER: Santasieri, Paul 1705 Wyandotte Street Kill Devil Hills, NC 27948 252-557-5678
---	---

MECHANICAL:	R A HOY PO Box 265 Kitty Hawk, NC 27949 252-261-2008	License: 13056 Expires: 12/31/2021
--------------------	---	---

PARCEL:

PIN: 988409263251	Parcel Number: 002694000
Address: 1705 WYANDOTTE ST KILL DEVIL HILLS	
Addition: HIGH VIEW - HEDRICKS ADD	Zoning:
Legal Description:	Block: D Lot(s): 11

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

PROJECT DESCRIPTION: HVAC replacement

PAID
Pa 2/10/21
Pay 0-1

MC2021-030
PROJECT NAME:
SITE ADDRESS: 1705 WYANDOTTE ST KILL DEVIL HILLS

MECHANICAL
ISSUED: 02/10/2021
EXPIRES: 08/09/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8825.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Jaclyn Slater Date: 02/10/2021



Town of Kill Devil Hills

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

PAID

FEB 11 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-027

PROJECT NAME:

SITE ADDRESS: 501 AVALON DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

APPLICANT: GASSNER, JOHN F
137 RONDA CIRCLE
NEWPORT NEWS, VA 23602

OWNER: GASSNER, JOHN F
137 RONDA CIRCLE
NEWPORT NEWS, VA 23602

H3, CLASS 1: One Hour Heating and Air Conditioning
701 Fresh Pond West
Kill Devil Hills, NC 27948
441-1740

License: 12643
Expires: 12/31/2021

PARCEL:

PIN: 988517100040

Parcel Number: 001523000

Address: 501 AVALON DR W KILL DEVIL HILLS

Addition: AVALON BEACH

Zoning:

Block: 0 **Lot(s):** 155

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

PAID
2/11/21
CK # 1967

MC2021-027

PROJECT NAME:

SITE ADDRESS: 501 AVALON DR W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3051.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Tom McDonald **Date:** 02/10/2021



Town of Kill Devil Hills

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

PAID

FEB - 5 2021

TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2021-023

PROJECT NAME: CONCH HVAC
SITE ADDRESS: 106 CHARLOTTE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2021

EXPIRES: 08/03/2021

APPLICANT: Conch II, LLC
2-C Fountain Manor Dr
Greensboro, NC 27405
252-473-2233

OWNER: Conch II, LLC
2-C Fountain Manor Dr
Greensboro, NC 27405
252-473-2233

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

License: 15578
Expires: 12/31/2021

PARCEL:

PIN: 988406297755

Parcel Number: 001891000

Address: 106 CHARLOTTE ST KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 1

Zoning:

Block: 0 **Lot(s):** 448

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT



PAID

2/4/21 OK

paypal

MC2021-023

PROJECT NAME: CONCH HVAC

SITE ADDRESS: 106 CHARLOTTE ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2021

EXPIRES: 08/03/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5050.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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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: Jordan Blythe

Contractor or Authorized Agent: Paul Smith Date: 02 / 04 / 2021



Town of Kill Devil Hills

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

PAID
FEB - 3 2021

Planning and Inspection Department

MC2021-021

PROJECT NAME: Williams HVAC
SITE ADDRESS: 302 DURHAM ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/03/2021

EXPIRES: 08/02/2021

APPLICANT: Williams, John
2548 Tulip Lane
FEASTERVILLE TREVOSSE, PA 19053

OWNER: Williams, John
2548 Tulip Lane
FEASTERVILLE TREVOSSE, PA 19053

H3, CLASS 1: One Hour Heating and Air Conditioning
701 Fresh Pond West
Kill Devil Hills, NC 27948
441-1740

License: 12643
Expires: 12/31/2021

PARCEL:

PIN: 988405290170

Parcel Number: 001335000

Address: 302 DURHAM ST W KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 619

Legal Description:

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

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system



PAID
2/3/21 DG
CR#1949

MC2021-021

PROJECT NAME: Williams HVAC

SITE ADDRESS: 302 DURHAM ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/03/2021

EXPIRES: 08/02/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6712.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: Tom McDonald Date: 02/03/2021



Town of Kill Devil Hills

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

PAID
FEB - 4 2021
KILL DEVIL HILLS

Planning and Inspection Department

MC2021-024

PROJECT NAME: CONNOLLY HVAC
SITE ADDRESS: 208 EIGHTH ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2021

EXPIRES: 08/03/2021

APPLICANT: WILLIAM CONNOLLY
3171 Zack's Pl.
Huntingtown, MD 20639

OWNER: WILLIAM CONNOLLY
3171 Zack's Pl.
Huntingtown, MD 20639

H3, CLASS 1: One Hour Heating and Air Conditioning
701 Fresh Pond West
Kill Devil Hills, NC 27948
441-1740

License: 12643
Expires: 12/31/2021

PARCEL:

PIN: 989313136483

Parcel Number: 004846000

Address: 208 EIGHTH ST E KILL DEVIL HILLS

Zoning:

Addition:

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

Legal Description:

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

PROJECT DESCRIPTION: HVAC CHANGE OUT



PAID
2/4/2021
CK#1952

MC2021-024

PROJECT NAME: CONNOLLY HVAC

SITE ADDRESS: 208 EIGHTH ST E KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/04/2021

EXPIRES: 08/03/2021

DETAILS**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7986.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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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: Jordan Blythe

Contractor or Authorized Agent: Tom McDonald Date: 02/04/2021

TITLE	208 E Eighth Ave
FILE NAME	MC2021-024.pdf
DOCUMENT ID	5731d8d96611df7545d9481a25afa819f6ecd309
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

Document History



SENT

02 / 04 / 2021
09:56:59 UTC-5

Sent for signature to Tom McDonald (tom.mcdonald@obhc.com) and Jordan Blythe (permits@kdhnc.com) from permits@kdhnc.com
IP: 47.27.3.254



VIEWED

02 / 04 / 2021
10:04:51 UTC-5

Viewed by Tom McDonald (tom.mcdonald@obhc.com)
IP: 75.137.62.210



SIGNED

02 / 04 / 2021
10:06:34 UTC-5

Signed by Tom McDonald (tom.mcdonald@obhc.com)
IP: 75.137.62.210



VIEWED

02 / 04 / 2021
11:56:36 UTC-5

Viewed by Jordan Blythe (permits@kdhnc.com)
IP: 47.27.3.254



SIGNED

02 / 04 / 2021
11:56:57 UTC-5

Signed by Jordan Blythe (permits@kdhnc.com)
IP: 47.27.3.254



COMPLETED

02 / 04 / 2021
11:56:57 UTC-5

The document has been completed.



Town of Kill Devil Hills

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

PAID

FEB - 3 2021

Planning and Inspection Department

TO: [unclear]
KILL DEVIL HILLS

MC2021-022

PROJECT NAME: Conley HVAC
SITE ADDRESS: 804 DURHAM ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/03/2021

EXPIRES: 08/02/2021

APPLICANT: CONLEY, GENE A
2503 MORNING GLORY DRIVE
KERNERSVILLE, NC 27284

OWNER: CONLEY, GENE A
2503 MORNING GLORY DRIVE
KERNERSVILLE, NC 27284

H3, CLASS 1: One Hour Heating and Air Conditioning
701 Fresh Pond West
Kill Devil Hills, NC 27948
441-1740

License: 12643
Expires: 12/31/2021

PARCEL:

PIN: 988405089445

Parcel Number: 001379000

Address: 804 DURHAM ST W KILL DEVIL HILLS

Addition: AVALON BEACH ANNEX 2 & 3

Zoning:

Block: 0 **Lot(s):** 671

Legal Description:

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

PROJECT DESCRIPTION: C/O 2 Ton HVAC system

PAID
2/3/21
CK#949

MC2021-022

PROJECT NAME: Conley HVAC

SITE ADDRESS: 804 DURHAM ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/03/2021

EXPIRES: 08/02/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6414.00
CONSTRUCTION TYPE	V
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: Tom McDonald Date: 02/03/2021



Town of Kill Devil Hills

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

PAID

FEB - 1 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-020

PROJECT NAME: Johanna Parker
SITE ADDRESS: 1513 KETCH LN KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/29/2021

EXPIRES: 07/28/2021

APPLICANT: North Carolina Air Conditioning
PO Box 2209
kitty hawk, nc 27949
261-3013

OWNER: PARKER, JOHANNA
1513 Ketch Ln
Kill Devil Hills, NC 27948

MECHANICAL: North Carolina Air Cond.
PO Box 2209
kitty hawk, nc 27949
261-3013

License: 19037
Expires: 12/31/2021

PARCEL:

PIN: 988413233952

Parcel Number: 026963000

Address: 1513 KETCH LN KILL DEVIL HILLS

Addition: FIRST FLIGHT VLG PH A SEC 3

Zoning:

Block: 0 **Lot(s):** 22

Legal Description:

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

PROJECT DESCRIPTION: HVAC

PAID
2/1/21 DG
CK #15690

MC2021-020**PROJECT NAME:** Johanna Parker**SITE ADDRESS:** 1513 KETCH LN KILL DEVIL HILLS**MECHANICAL****ISSUED:** 01/29/2021**EXPIRES:** 07/28/2021**DETAILS****Permit**

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

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: George P. Vial Date: 01 / 29 / 2021



Town of Kill Devil Hills

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

A

PAID

FEB 25 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-029

PROJECT NAME: Sea Oats Condos 5C
SITE ADDRESS: 1401 5-C VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

APPLICANT: Gay, Robert & Melinda
1010 Henny PL
RALEIGH, NC 27614

OWNER: Gay, Robert & Melinda
1010 Henny PL
RALEIGH, NC 27614

MECHANICAL, H-3, I:

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

License: 18066
Expires: 12/31/2021

PARCEL:

PIN: 98841165410715

Parcel Number: 028129000

Address: 1401 5-C VA DARE TRL N KILL DEVIL HILLS

Zoning:

Addition:

Block: 0

Lot(s): UNIT 5-C

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

PAID
Mc 2/24/21
Peg Pal

MC2021-029

PROJECT NAME: Sea Oats Condos 5C

SITE ADDRESS: 1401 5-C VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	11
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: H. W. Francis Date: 02 / 10 / 2021



Town of Kill Devil Hills

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

PAID
FEB 24 2021
TOWN OF
KILL DEVIL HILLS

Planning and Inspection Department

MC2021-028

PROJECT NAME:

SITE ADDRESS: 701 BERMUDA BAY BLVD KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

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

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

MECHANICAL, H-3, I:

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

License: 18066
Expires: 12/31/2021

PARCEL:

PIN: 988307695235-7282

**Parcel
Number:**

Address: 701 BERMUDA BAY BLVD KILL DEVIL HILLS

Zoning:

Addition:

Block:

Lot(s):

Legal Description:

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

PROJECT DESCRIPTION: Public Services HVAC replacement

PAID
in 2/24/21
No Fee

MC2021-028
PROJECT NAME:
SITE ADDRESS: 701 BERMUDA BAY BLVD KILL DEVIL HILLS

MECHANICAL
ISSUED: 02/10/2021
EXPIRES: 08/09/2021

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	6250.00
CONSTRUCTION TYPE	III
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: H. W. Francis Date: 02 / 10 / 2021

PERMIT APPLICATION

TRADE AFFIDAVIT

(CHECK ONE)



TOWN OF KILL DEVIL HILLS

PHONE: 252-449-5318

FAX: 252-441-4102

TRADE: PLUMBING MECHANICAL ELECTRICAL GAS PIPING

(CHECK ALL THAT APPLY)

OWNER INFO

OWNER NAME Town of KDH DATE 2-10-21
MAILING ADDRESS P.O. Box 1719 OWNER PHONE ()
CITY K.D.H. STATE NC ZIP 27948 OWNER CELL ()

CONTRACTOR INFO

CONTRACTOR Martin Heating + Cooling
CITY Kitty Hawk STATE NC ZIP 27949 PHONE 252-255-0096
LICENSE NO. 18066 H-2, H-3 C1 SIGNATURE W.W. Francis

PROJECT INFO

PROJECT NAME Town of KDH BUILDING PERMIT # _____
PROJECT ADDRESS Public Works 701 A Bermuda Bay
SUBDIVISION _____ LOT _____ BLOCK _____ SEC _____
PROJECT DESCRIPTION Remove old and install new 2.5 ton, HSE
R410a, Lennox heat pump system with
10KW heat
PROJECT COST (INCLUDING MATERIALS & LABOR) \$ 6250.00

STAFF USE ONLY

RECEIVED BY: _____ DATE: _____ FEE: _____ PERMIT #: _____ FLOOD ZONE: _____



Town of Kill Devil Hills

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

PAID

FEB 22 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-041

PROJECT NAME: Crystal Shores HVAC
SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

APPLICANT: CRYSTAL SHORES CONDO
P.O. Box 1626
kitty hawk, nc 27949

OWNER: CRYSTAL SHORES CONDO
P.O. Box 1626
kitty hawk, nc 27949

MECHANICAL: North Carolina Air Cond.
PO Box 2209
kitty hawk, nc 27949
261-3013

License: 19037
Expires: 12/31/2021

PARCEL:

PIN: 98841156647300

Parcel Number: 002781999

Address: 1601 VA DARE TRL N KILL DEVIL HILLS

Addition:

Zoning:

Block: B

Lot(s): COMMON
PRO. 16-20

Legal Description:

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

PROJECT DESCRIPTION: Install Mini Split system in elevator room

DETAILS

Permit

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	3952.00
FLOOD ZONE	VE
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential



PAID

2/22/21 DA

CK#15697

MC2021-041

PROJECT NAME: Crystal Shores HVAC

SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/22/2021

EXPIRES: 08/21/2021

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: George P. Vial Date: 02/22/2021



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

MC2021-038

PROJECT NAME: Woodside HVAC
SITE ADDRESS: 2035 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/17/2021

EXPIRES: 08/16/2021

APPLICANT: JASON WOODSIDE
2035 S. Va. Dare tr. Unit 4
KILL DEVIL HILLS, NC 27948

OWNER: JASON WOODSIDE
2035 S. Va. Dare tr. Unit 4
KILL DEVIL HILLS, NC 27948

MECHANICAL: ALL SEASONS HEATING & COOLING
P.O. Box 244
Point Harbor, NC 27964
491-9232

License: 19091
Expires: 12/31/2021

PARCEL:

PIN: 98931323283904

Parcel Number: 028905000

Address: 2035 VA DARE TRL S KILL DEVIL HILLS

Addition:

Zoning:

Block: 3

Lot(s): 9-11 PT 12
UNIT 4

Legal Description:

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

PROJECT DESCRIPTION: C/O 3 ton HVAC system

PAID
2/17/21 DG
paypal

MC2021-038

PROJECT NAME: Woodside HVAC

SITE ADDRESS: 2035 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/17/2021

EXPIRES: 08/16/2021

DETAILS**Permit**

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	7000.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	10
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Charles ThumanContractor or Authorized Agent: Joe Sip Date: 02/17/2021



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

MC2021-033	MECHANICAL
PROJECT NAME:	ISSUED: 02/12/2021
SITE ADDRESS: 700 J12 FIRST ST W KILL DEVIL HILLS	EXPIRES: 08/11/2021

APPLICANT: Shults, Bernard & Lillian 114 Swift Creek LN Colonial Hts., Va 23834 804-712-7486	OWNER: Shults, Bernard & Lillian 114 Swift Creek LN Colonial Hts., Va 23834 804-712-7486
--	--

H3, CLASS 1:	One Hour Heating and Air Conditioning 701 Fresh Pond West Kill Devil Hills, NC 27948 441-1740	License: 12643 Expires: 12/31/2021
---------------------	--	---

PARCEL:

PIN: 98841314042648	Parcel Number: 008075012
Address: 700 J12 FIRST ST W KILL DEVIL HILLS	Zoning:
Addition:	Block: 0 Lot(s): UT 12 BLDG J
Legal Description:	

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

PROJECT DESCRIPTION: HVAC replacement

PAID
Checked
M. Gunn
2-12-2021

MC2021-033

PROJECT NAME:

SITE ADDRESS: 700 J12 FIRST ST W KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/12/2021

EXPIRES: 08/11/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5012.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
BASE FLOOD ELEVATION	4
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Marty Shaw

Contractor or Authorized Agent: Tom McDonald Date: 02/12/2021



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

MC2021-018	MECHANICAL
PROJECT NAME:	ISSUED: 01/29/2021
SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 07/28/2021

APPLICANT: Zuehlke, Christine 1601 NORTH Va Dare TR 103 Kill Devil Hills, NC 27948 919-714-2867	OWNER: Zuehlke, Christine 1601 NORTH Va Dare TR 103 Kill Devil Hills, NC 27948 919-714-2867
---	---

H-3, CLASS 1:	Thomas Joseph Nash 332 Tule Springs ST RALEIGH, NC 27610 (540) 908-9519	License: 34333 Expires: 12/31/2021
----------------------	--	---

PARCEL:

PIN: 98841156647303	Parcel Number: 002781003
Address: 1601 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition:	Block: B Lot(s): UT 103 16-20
Legal Description:	

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

PROJECT DESCRIPTION: Heat pump replacement

PAID
check # 1073
M. Juro
2-12-2021

MC2021-018

PROJECT NAME:

SITE ADDRESS: 1601 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 01/29/2021

EXPIRES: 07/28/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
BASE FLOOD ELEVATION	12
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Thomas J. Nash Date: 01/29/2021



Town of Kill Devil Hills

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

PAID

FEB 10 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

MC2021-026

PROJECT NAME: Jennings HVAC
SITE ADDRESS: 808 Eighth Avenue Unit A Kill Devil Hills

MECHANICAL

ISSUED: 02/08/2021

EXPIRES: 08/07/2021

APPLICANT: Jennings, Amber
808 Eighth Ave
Unit A
Kill Devil Hills, NC 27948

OWNER: Jennings, Amber
808 Eighth Ave
Unit A
Kill Devil Hills, NC 27948

MECHANICAL: North Carolina Air Cond.
PO Box 2209
kitty hawk, nc 27949
261-3013

License: 19037
Expires: 12/31/2021

PARCEL:

PIN: 988311666477

**Parcel
Number:**

Address: 808 Eighth Avenue Unit A Kill Devil Hills

Zoning:

Addition:

Block:

Lot(s):

Legal Description: Residential townhouse

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

PROJECT DESCRIPTION: C/O 1.5 Ton HVAC system



PAID

Feb 7/10/21

Job # 15692

MC2021-026

PROJECT NAME: Jennings HVAC

SITE ADDRESS: 808 Eighth Avenue Unit A Kill Devil Hills

MECHANICAL

ISSUED: 02/08/2021

EXPIRES: 08/07/2021

DETAILS

Permit

Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5000.00
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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Issued By: Charles Thuman

Contractor or Authorized Agent: George P. Vial, President Date: 02/08/2021



Town of Kill Devil Hills

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

PAID

FEB 25 2021

Planning and Inspection Department

TOWN OF
KILL DEVIL HILLS

SG2021-002	SIGN
PROJECT NAME: Noosa Beach Grille	ISSUED: 02/25/2021
SITE ADDRESS: 2003 CROATAN HWY S KILL DEVIL HILLS	EXPIRES: 08/24/2021

APPLICANT: ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	OWNER: Noosa Bistro LLC 2003 S. Croatan Hwy. Kill Devil Hills, NC 27948 252-506-6800
--	--

CONTRACTOR: ADLIGHT SIGNS 600 West Boundry Street Kill Devil Hills, NC 27948 252-449-2800	License: LEGACY UNKNOWN Expires: 12/31/2030
---	--

PARCEL:

PIN: 989313130872	Parcel Number: 005150000
Address: 2003 CROATAN HWY S KILL DEVIL HILLS	
Addition: SUBDIVISION - NONE	Zoning:
Legal Description:	Block: 0 Lot(s): 0

FEES:	Paid	Due
Sign Permit Fee	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Sign on the building and replace face of free-standing sign

SG2021-002

PROJECT NAME: Noosa Beach Grille

SITE ADDRESS: 2003 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

DETAILS

Permit

Name	Value
# OF SIGNS	2
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	54.03
SIGN - WALL PERMITTED (SQFT)	90.00
SIGN- WALL PROPOSED (SQ FT)	25.30
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	4200.00

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.

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

* Zoning Final Inspection is required.

SG2021-002

PROJECT NAME: Noosa Beach Grille

SITE ADDRESS: 2003 CROATAN HWY S KILL DEVIL HILLS

SIGN

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

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

Issued By: 

Contractor or Authorized Agent: M S Stumorse Date: 2-25-21



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

SG2021-001	SIGN
PROJECT NAME: Holy Cow Creamery, LLC	ISSUED: 02/25/2021
SITE ADDRESS: 1006 VA DARE TRL S KILL DEVIL HILLS	EXPIRES: 08/24/2021

APPLICANT: Holy Cow Creamery PO Box 270 Kill Devil Hills, NC 27948 252-548-0143	OWNER: LIFESAVER SHOPS LLC PO BOX 206 kitty hawk, nc 27949
---	---

CONTRACTOR: SAME AS APPLICANT 0000000 00000000, nc 00000	License: 123456 Expires: 04/30/2021
---	--

PARCEL:

PIN: 988308985302	Parcel Number: 004305000
Address: 1006 VA DARE TRL S KILL DEVIL HILLS	Zoning:
Addition: KILL DEVIL HILLS SEC 1	Block: 8 Lot(s): 4 & PT 3
Legal Description:	

FEES:	Paid	Due
Sign Permit Fee	\$200.00	\$0.00
Totals :	\$200.00	\$0.00

PROJECT DESCRIPTION: Add sign to the building and replace portion of free-standing sign

PAID
FEB 25 2021
RNO
WITH
CASH
TOWN OF
KILL DEVIL HILLS

SG2021-001

PROJECT NAME: Holy Cow Creamery, LLC
SITE ADDRESS: 1006 VA DARE TRL S KILL DEVIL HILLS

SIGN**ISSUED:** 02/25/2021**EXPIRES:** 08/24/2021**DETAILS****Permit**

Name	Value
# OF SIGNS	2
SIGN - FREE STANDING PERMITTED (SQFT)	64.00
SIGN - FREE STANDING PROPOSED (SQ FT)	6.00
SIGN - WALL PERMITTED (SQFT)	36.00
SIGN- WALL PROPOSED (SQ FT)	21.00
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	1000.00
FLOOD ZONE	X

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

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

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

* Zoning Final Inspection is required.

SG2021-001

PROJECT NAME: Holy Cow Creamery, LLC
SITE ADDRESS: 1006 VA DARE TRL S KILL DEVIL HILLS

SIGN

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

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: Chusnowski Date: 2/25/21



Town of Kill Devil Hills

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

PAID

FEB 19 2021

Planning and Inspection Department

EL2021-015

PROJECT NAME: Kellogg Lights on Building
SITE ADDRESS: 3104 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL
ISSUED: 02/18/2021
EXPIRES: 08/17/2021

APPLICANT: KELLOGG SUPPLY CO
PO BOX 99
MANTEO, NC 27954

OWNER: KELLOGG SUPPLY CO
PO BOX 99
MANTEO, NC 27954

CONTRACTOR: Outer Banks Electric
1210 Burnside Rd
Manteo, NC 27954

ELECTRICAL, UNLIMITED: Outer Banks Electric
1210 Burnside Rd
Manteo, NC 27954

License: 24451
Expires:

PARCEL:

PIN: 988513033310

Parcel Number: 000333000

Address: 3104 CROATAN HWY N KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

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

Legal Description:

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

PROJECT DESCRIPTION: install down lighting on building at roof line shining down toward signage on building

PAID
Vh 2/19/21
Roy Pal

EL2021-015

PROJECT NAME: Kellog Lights on Building
SITE ADDRESS: 3104 CROATAN HWY N KILL DEVIL HILLS

ELECTRICAL

ISSUED: 02/18/2021

EXPIRES: 08/17/2021

DETAILS

Permit

Name	Value
ZONING DISTRICT	G&I Private
PURPOSE	Commercial Accessory
CONSTRUCTION COST	6000.00
FLOOD ZONE	X
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.

* Per 153.074 Lighting: All light produced on-site shall be contained within the perimeter of the site by design, orientation or shielding of the light source.

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: Christopher L Knight Date: 02/18/2021



Town of Kill Devil Hills

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

FEB 24 2021

Planning and Inspection Department

BANNNER2021-001

PROJECT NAME: Lowes
SITE ADDRESS: 1500 CROATAN HWY N KILL DEVIL HILLS

BANNER

ISSUED: 02/18/2021

EXPIRES: 05/19/2021

APPLICANT: LOWES CORP.
P.O. Box 1111
1605 Curtis Bridge Rd.
Wilkesboro, NC 28697

OWNER: LOWES CORP.
P.O. Box 1111
1605 Curtis Bridge Rd.
Wilkesboro, NC 28697

CONTRACTOR: SAME AS APPLICANT
0000000
00000000, nc 00000

License: 123456
Expires: 04/30/2021

PARCEL:

PIN: 988410454012

Parcel Number: 002746000

Address: 1500 CROATAN HWY N KILL DEVIL HILLS

Addition: SUBDIVISION - NONE

Zoning:

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

Legal Description:

FEES:	Paid	Due
Banner Fee	\$50.00	\$0.00
Totals :	\$50.00	\$0.00

PROJECT DESCRIPTION: 4 X 10 Banner on the building

DETAILS

Permit

Name	Value
# OF BANNERS	1
ZONING DISTRICT	C
PURPOSE	Commercial Accessory
CONSTRUCTION COST	300.00
FLOOD ZONE	X

BANNNER2021-001

PROJECT NAME: Lowes

SITE ADDRESS: 1500 CROATAN HWY N KILL DEVIL HILLS

BANNER

ISSUED: 02/18/2021

EXPIRES: 05/19/2021

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

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

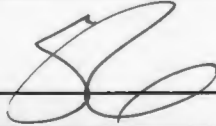
Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone.

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

Issued By: _____



Contractor or Authorized Agent: _____



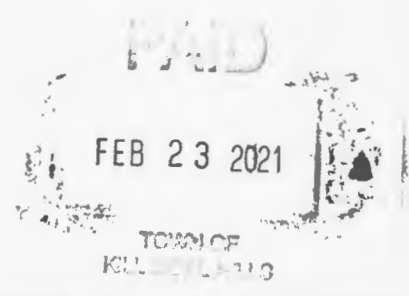
Date: _____

2/24/2021



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

MC2021-040

PROJECT NAME:

SITE ADDRESS: 1200 VA DARE TRL S KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/19/2021

EXPIRES: 08/18/2021

APPLICANT: John Kirchmier
1200 S. Va. Dare Tr.
Kill Devil Hills, NC 27948
202-1049

OWNER: John Kirchmier
1200 S. Va. Dare Tr.
Kill Devil Hills, NC 27948
202-1049

MECHANICAL, H-2, H-3:

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

License: 34340
Expires: 12/31/2021

PARCEL:

PIN: 988308978589

Parcel Number: 004278000

Address: 1200 VA DARE TRL S KILL DEVIL HILLS

Zoning:

Addition: KILL DEVIL HILLS SEC 1

Block: 6 **Lot(s):** 1-3

Legal Description:

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

PROJECT DESCRIPTION: HVAC replacement

PAID
2/22/21
paypal

MC2021-040**PROJECT NAME:****SITE ADDRESS:** 1200 VA DARE TRL S KILL DEVIL HILLS**MECHANICAL****ISSUED:** 02/19/2021**EXPIRES:** 08/18/2021**DETAILS****Permit**

Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	5400.00
CONSTRUCTION TYPE	III
FLOOD ZONE	X
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Andrew L Buchanan Date: 02/19/2021



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

BP2021-027	BUILDING
PROJECT NAME: Awful Arthurs canopy replacement	ISSUED: 02/10/2021
SITE ADDRESS: 2106 VA DARE TRL N KILL DEVIL HILLS	EXPIRES: 08/09/2021

APPLICANT: Willowbrook Estates, LLC PO Box 1653 Kill Devil Hills, NC 27948	OWNER: Willowbrook Estates, LLC PO Box 1653 Kill Devil Hills, NC 27948
---	---

CONTRACTOR: MACKO OBX CONSTRUCTION, INC
P.O. BOX 3689
Kill Devil Hills, NC 27948
252-480-6411

BUILDING UNLIMITED:	MACKO OBX CONSTRUCTION, INC P.O. BOX 3689 Kill Devil Hills, NC 27948 252-480-6411	License: 81540 Expires: 01/01/2022
----------------------------	--	---

PARCEL:

PIN: 988518216261	Parcel Number: 003075000
Address: 2106 VA DARE TRL N KILL DEVIL HILLS	Zoning:
Addition: AVALON BEACH	Block: 0 Lot(s): 11,12 & 30' OF 10
Legal Description:	

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

PROJECT DESCRIPTION: remove existing shed awnings on south side of building, replace to same foot print not extending into parking lot

PAID
FEB 16 2021
TOWN OF
KILL DEVIL HILLS

BP2021-027

PROJECT NAME: Awful Arthurs canopy replacement
SITE ADDRESS: 2106 VA DARE TRL N KILL DEVIL HILLS

BUILDING

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

DETAILS

Permit

Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	C
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
FLOOD ZONE	AO
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	24000.00
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Slab/Foundation/Piling	Final
Zoning Final	Framing

CONDITIONS

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

BP2021-027

PROJECT NAME: Awful Arthurs canopy replacement
SITE ADDRESS: 2106 VA DARE TRL N KILL DEVIL HILLS


BUILDING

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

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

Issued By:  _____

Contractor or Authorized Agent:  _____ Date: 2/16/21