

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

BJ2021-074

PROJECT NAME: Southwood Management, Inc. SITE ADDRESS: 1005 LISA CT KILL DEVIL HILLS BUILDING JOINT ISSUED: 03/25/2021

EXPIRES: 09/21/2021

APPLICANT:	CHRISTOPHER ZA 1200 W. Sportsmar K D H, NC 27948			OWNER:	Southwood Ma 5031 Pitzer Rd. ROANOKE, VA 540-353-6886	
RESIDENTIAL-L	IMITED:	ZAPPULLA, C 1200 WEST S Kill Devil Hills, 252-581-0107	portsman I			cense: 39968 cpires: 01/01/2022
PARCEL:			,			
PIN:	98840507661	9)	Parcel Number:	00218400	00
Address:	1005 LISA CT	KILL DEVIL HILLS				
				Zonii	ng:	
Addition:	WRIGHT'S S	HORES		Block	k: 0	Lot(s): 88
Legal Descr	iption:					
FEES:		Paid	Due	BUILDING ARE	:A:	
T-Pole		\$50.00	\$0.00	Residential He	ated Space	1512 sq. Ft.
Open Deck Fee		\$150.00	\$0.00	(.75)		
Res. Building Pe	rmit Fee	\$1,167.60	\$0.00	# of Temporar	y Poles	1 EA
Land Disturbing		\$100.00	\$0.00	Resdiential Un	heat ed (.40)	84 Sq. Ft
	Totals :	\$1,467.60	\$0.00	Open Decks		1 EA

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

Town of Kill Devil Hills	
Water Charges	
PAID	
Water Tap #:	
Printed by : CTHUMAN on: 03/25/2021 03:49 PM	

MAR 2 6 2021

PROJECT NAME: Southwood Management, Inc. SITE ADDRESS: 1005 LISA CT KILL DEVIL HILLS BUILDING JOINT ISSUED: 03/25/2021

EXPIRES: 09/21/2021

	D	ETAILS		
Permit				
Name	Value	-		
ZONING DISTRICT	RL			
FRONT YARD SETBACK	30			
REAR YARD SETBACK	20% Depth >30			
SIDE YARD SETBACK	10			
HEALTH DEPARTMENT PERMIT #	30625			
# PARKING SPACES/BEDROOM	3			
CAMA PERMIT	Ν			
CAMA EXEMPTION	N			
FLOOD ZONE	Х			
SUBSTANTIAL IMPROVEMENT	YES			
PURPOSE	Residential New			
CONSTRUCTION TYPE	V			
CONSTRUCTION COST	135000.00			
LOT COVERAGE	22.10			
LIVING SPACE (SQFT)	1512			
STORAGE (SQFT)	84			
OPEN DECK (SQFT)	100			
TOTAL SQUARE FOOTAGE	1696			
SURVEYOR NAME AND NUMBER	Eastern Geomatics			
ENGINEER AND LICENSE NUMBER	Mike O'Steen 032628			
CULVERT	N			
ROLL OUT CAN	1			
DRIVEWAY INVERT 2	Υ			
OCCUPANCY TYPE	One & Two Family Dwelling			

DEVIL H	
YA F	1
N.	
Porth CAROLING	
TH CARO	

PROJECT NAME: 2 Guys Services New House

SITE ADDRESS: 605 WALKER ST W KILL DEVIL HILLS

BJ2021-050

Town of Kill Devil Hills

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

Planning and Inspection Department

MAR 2 5 2021

3

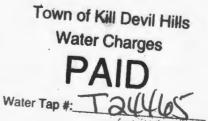
BUILDING JOINT

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

APPLICANT:	D & E Investments 605 W. Archdale St Kill Devil Hillsl, NC 261-0702			OWNER:	D & E Investmer 605 W. Archdale Kill Devil Hillsl, M 261-0702	e St.
CONTRACTOR:	2 GUYS SERVICES 605 W. Archdale St Kill Devil Hills, NC 2 252-489-8753					
GENERAL BUIL	DING - LIMITED:	2 GUYS SI 605 W. Arc Kill Devil H 252-489-87	hdale St. ills, NC 27948	3		ense: 75144 pires: 01/01/2022
PARCEL:						
PIN:	98752090152	26		Parcel Number:	00194600	9
Address:	605 WALKER	ST W KILL DE	VIL HILLS			
				Zonir	ng:	
Addition:	VIRGINIA DA	RE SHORES		Block	<: 7 9	Lot(s): 10R
Legal Desci	iption:					
FEES:		Paid	Due	BUILDING ARE	A:	
Covered Porch F	Residential	\$137.25	\$0.00	Resdiential Un	heated (.40)	731 Sq. Ft
T-Pole		\$50.00	\$0.00	# of Temporary		1 EA
Res. Building Pe	rmit Fee	\$1,630.40	\$0.00	Residential He		1784 sq. Ft.
	Totals :	\$1,817.65	\$0.00	(.75)		

PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling



Page 1 of 3

Printed by : CTHUMAN on: 02/25/2021 03:03 PM

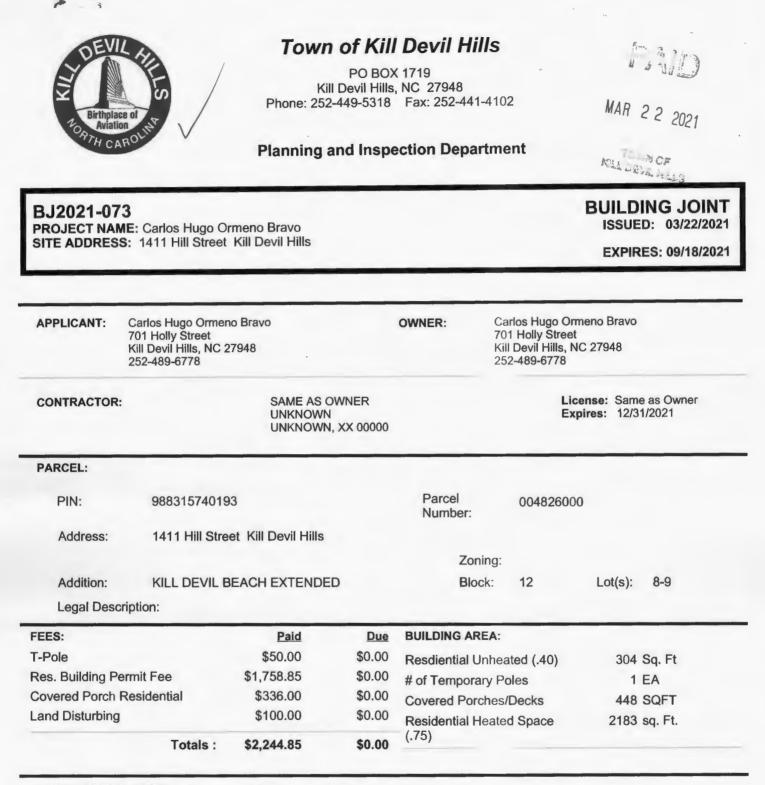
PROJECT NAME: 2 Guys Services New House SITE ADDRESS: 605 WALKER ST W KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
HEALTH DEPARTMENT PERMIT #	30427
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	Ν
CAMA EXEMPTION	Ν
FLOOD ZONE	Х
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	8.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	225000.00
LOT COVERAGE	39.60
LIVING SPACE (SQFT)	1784
COVERED PORCHES/DECKS (SQFT)	183
GARAGE (SQFT)	731
TOTAL SQUARE FOOTAGE	2698
SURVEYOR NAME AND NUMBER	Michael Robinson 18994
ENGINEER AND LICENSE NUMBER	Ray Pate 13018
CULVERT	N
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Y
OCCUPANCY TYPE	One & Two Family Dwelling



PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Town of Kill Devil Hills Water Charges PAID Water Tap #: T24518

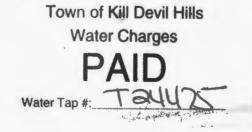
PROJECT NAME: Carlos Hugo Ormeno Bravo SITE ADDRESS: 1411 Hill Street Kill Devil Hills

EXPIRES: 09/18/2021

	DETAILS		
Permit			
Name	Value		
ZONING DISTRICT	LI-2		
FRONT YARD SETBACK	30		
REAR YARD SETBACK	20% Depth >30		
SIDE YARD SETBACK	8		
HEALTH DEPARTMENT PERMIT #	29509		
# PARKING SPACES/BEDROOM	4		
CAMA PERMIT	N		
CAMA EXEMPTION	N		
FLOOD ZONE	х		
SUBSTANTIAL IMPROVEMENT	YES		
PURPOSE	Residential New		
CONSTRUCTION TYPE	V		
CONSTRUCTION COST	250125.00		
LOT COVERAGE	35.46		
LIVING SPACE (SQFT)	2183		
COVERED PORCHES/DECKS (SQFT)	448		
GARAGE (SQFT)	304		
TOTAL SQUARE FOOTAGE	2935		
SURVEYOR NAME AND NUMBER	Coastal Engineering		
ENGINEER AND LICENSE NUMBER	Carlos Gomez 014071		
CULVERT	Y		
ROLL OUT CAN	1		
DRIVEWAY INVERT 2	Ν		
OCCUPANCY TYPE	One & Two Family Dwelling		

EY DEVI	HIL		PO BOX	Devil Hill (1719 , NC 27948	S	6 	
Birthplac Zoo		Phone: 252	2-449-5318	Fax: 252-441-4	102	MAR 1 9 2021	ł
20RTH CA	ROL	Planning	and Inspe	ection Depart	ment	13	
BJ2021-06 PROJECT NAM SITE ADDRES	9 ME: Lane Investme S: 707 Seventh Av	nt Properties NC, e. Kill Devil Hills	LLC			BUILDING JOII ISSUED: 03/17/20 EXPIRES: 03/11/20	021
APPLICANT:	EAST COAST CON PO Box 329 KILL DEVIL HILLS, 252-202-1600		UP	OWNER:	Lane Investme PO Box 329 Kill Devil Hills, 252-202-1600	nt Properties NC, LLC NC 27948	
GENERAL:		PO Box 32	9 HILLS, NC 2	UCTION GROUP 27948		icense: 34495 xpires: 01/01/2022	
PARCEL:							
PIN:	98831167837	2		Parcel Number:			
Address:	707 Seventh	Ave. Kill Devil Hil	ls				
Additions				Zonin	-		
Addition: Legal Desc	ription: Lot 8, Blo	ock 37, Kill Devil H	lill Realty Co	Block		Lot(s):	
FEES:		Paid	Due	BUILDING ARE	A:		
Covered Porch I	Residential	\$83.25	\$0.00	# of Temporary	Poles	1 EA	
T-Pole		\$50.00	\$0.00	Resdiential Uni	heated (.40)	261 Sq. Ft	
Res. Building Pe	ermit Fee	\$1,605.90	\$0.00	Residential He	ated Space	2002 sq. Ft.	
	Totals :	\$1,739.15	\$0.00	(.75)	es/Decks	111 SQFT	

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

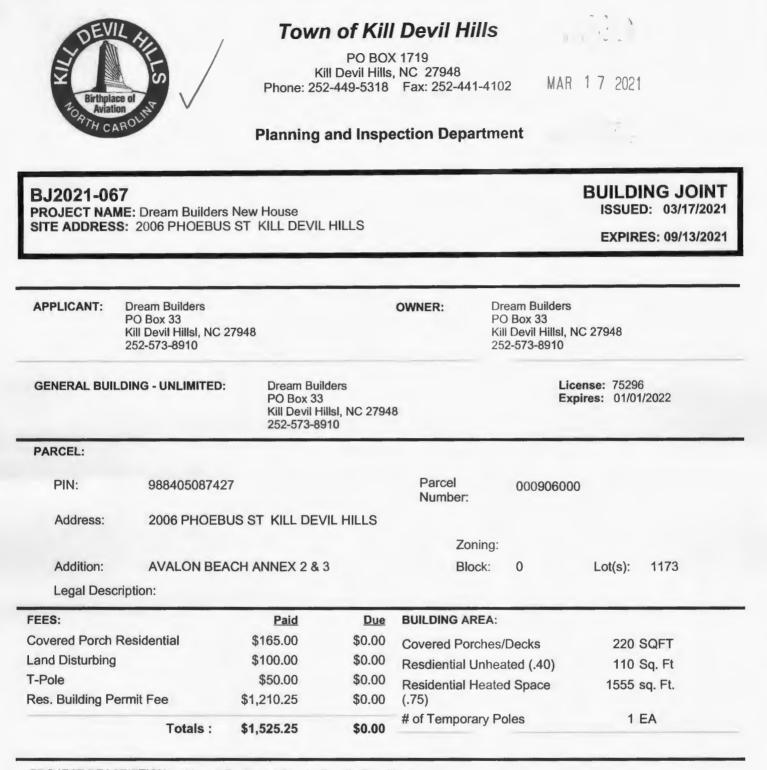


PROJECT NAME: Lane Investment Properties NC, LLC SITE ADDRESS: 707 Seventh Ave. Kill Devil Hills

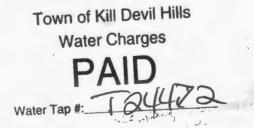
BUILDING JOINT ISSUED: 03/17/2021

EXPIRES: 03/11/2022

		DETAILS	
Permit			
Name	Value		
ZONING DISTRICT	RL		
FRONT YARD SETBACK	30		
REAR YARD SETBACK	20% Depth >30		
SIDE YARD SETBACK	10		
STREET SIDE SETBACK	15		
HEALTH DEPARTMENT PERMIT #	30579		
# PARKING SPACES/BEDROOM	4		
CAMA PERMIT	N		
CAMA EXEMPTION	N		
FLOOD ZONE	х		
SUBSTANTIAL IMPROVEMENT	YES		
PURPOSE	Residential New		
CONSTRUCTION TYPE	V		
CONSTRUCTION COST	425000.00		
LOT COVERAGE	18.50		
LIVING SPACE (SQFT)	2002		
COVERED PORCHES/DECKS (SQFT)	111		
GARAGE (SQFT)	261		
TOTAL SQUARE FOOTAGE	2374		
SURVEYOR NAME AND NUMBER	Seaboard Surveying		
ENGINEER AND LICENSE NUMBER	Melissa McAlliste 028946		
CULVERT	N		
ROLL OUT CAN	1		
DRIVEWAY INVERT 2	Υ		
OCCUPANCY TYPE	One & Two Family Dwelling		



PROJECT DESCRIPTION: New 3 Bedroom Single Family Dwelling



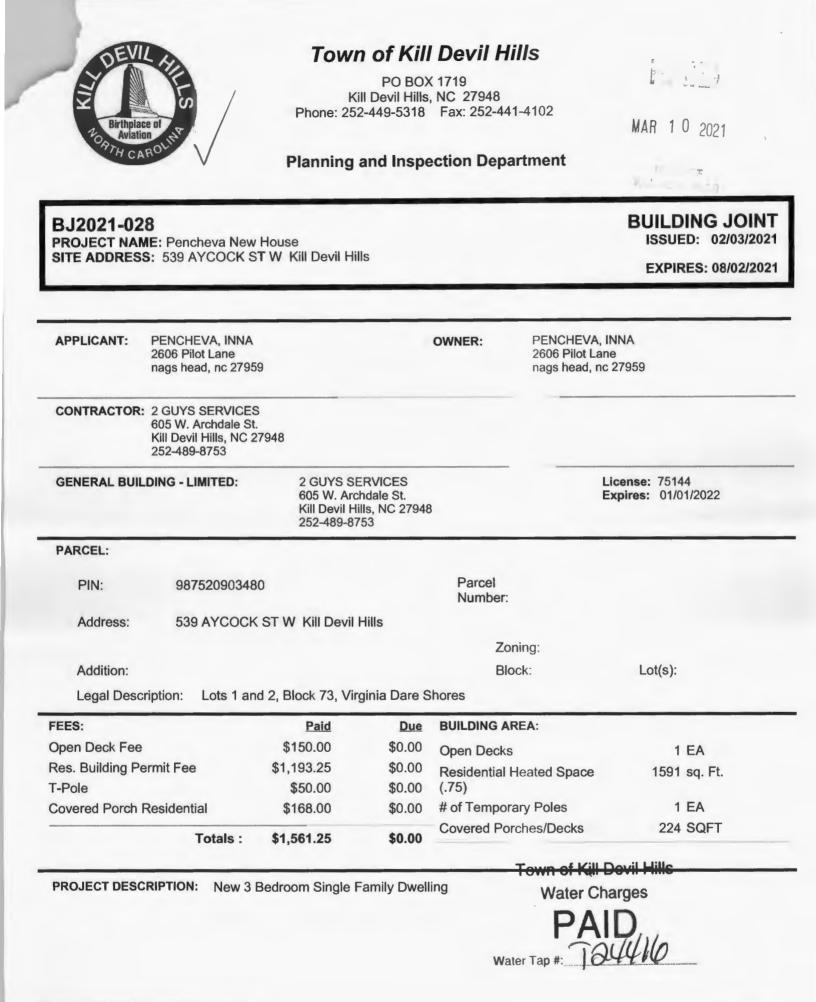
3

PROJECT NAME: Dream Builders New House SITE ADDRESS: 2006 PHOEBUS ST KILL DEVIL HILLS

BUILDING JOINT ISSUED: 03/17/2021

EXPIRES: 09/13/2021

		DETAILS
Permit		
Name	Value	
ZONING DISTRICT	RL	
FRONT YARD SETBACK	30	
REAR YARD SETBACK	20% Depth >30	
SIDE YARD SETBACK	6	
HEALTH DEPARTMENT PERMIT #	30385	
# PARKING SPACES/BEDROOM	3	
CAMA PERMIT	N	
CAMA EXEMPTION	N	
FLOOD ZONE	Х	
BASE FLOOD ELEVATION	8	
SUBSTANTIAL IMPROVEMENT	NO	
PURPOSE	Residential New	
CONSTRUCTION TYPE	V	
CONSTRUCTION COST	225000.00	
LOT COVERAGE	27.40	
LIVING SPACE (SQFT)	1555	
COVERED PORCHES/DECKS (SQFT)	220	
STORAGE (SQFT)	110	
TOTAL SQUARE FOOTAGE	1885	
SURVEYOR NAME AND NUMBER	Mike Robinson 18994	
ENGINEER AND LICENSE NUMBER	Mike Osteen 032628	
CULVERT	Ν	
ROLL OUT CAN	1	
DRIVEWAY INVERT 2	Υ	
OCCUPANCY TYPE	One & Two Family Dwelling	



_J2021-028

PROJECT NAME: Pencheva New House SITE ADDRESS: 539 AYCOCK ST W Kill Devil Hills

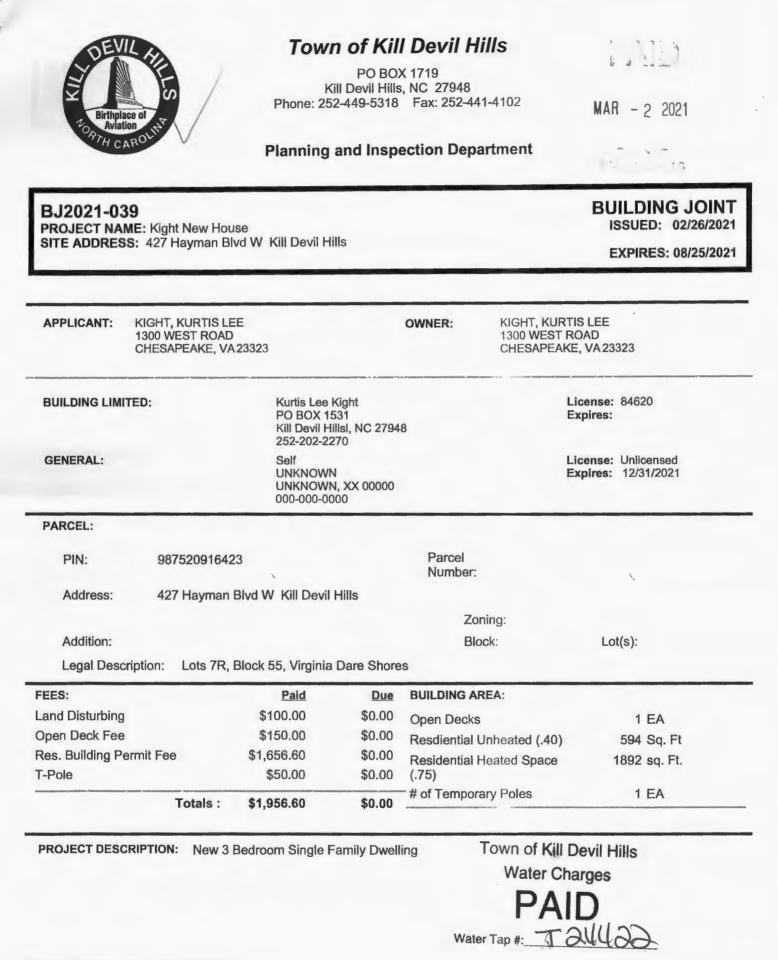
BUILDING JOINT

ISSUED: 02/03/2021

EXPIRES: 08/02/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
STREET SIDE SETBACK	7.5
HEALTH DEPARTMENT PERMIT #	30390
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	Ν
CAMA EXEMPTION	N
FLOOD ZONE	Х
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	8.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION COST	230000.00
LOT COVERAGE	39.30
LIVING SPACE (SQFT)	1591
COVERED PORCHES/DECKS (SQFT)	224
OPEN DECK (SQFT)	32
TOTAL SQUARE FOOTAGE	1847
SURVEYOR NAME AND NUMBER	Mike Robinson 18994
ENGINEER AND LICENSE NUMBER	Mike O'Steen 032628
CULVERT	Y
ROLL OUT CAN	1
DRIVEWAY INVERT 2	Ν
OCCUPANCY TYPE	One & Two Family Dwelling



Printed by : Marty Shaw on: 02/26/2021 05:01 PM

Page 1 of 3



Town of Kill Devil Hills

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

MAR - 2 2021

Planning and Inspection Department

BJ2021-051 PROJECT NAME: Van Edwards SITE ADDRESS: 1905 GEORGIA LN KILL DEVIL HILLS

BUILDING JOINT ISSUED: 03/02/2021

EXPIRES: 08/29/2021

APPLICANT:	Sandy Bottom Horr 400 DaVinci Lane kitty hawk, nc 2794 757-448-8162			OWNER:	Edwards, V 243 Memor DOVER, D	y Lane
GENERAL BUI	LDING-LIMITED:	SANDY BC 400 DaVino kitty hawk, 757-448-81	nc 27949	ËS		License: 67524 Expires: 01/01/2022
PARCEL:						
PIN:	98840517487	72		Parcel Number:	00222	22000
Address:	1905 GEORG	GIA LN KILL DEV	IL HILLS			
				Zonir	ng:	
Addition:	WRIGHT'S S	HORES SEC 2		Block	c: 0	Lot(s): 103
Legal Dese	cription:					
FEES:		Paid	Due	BUILDING ARE	A:	
Covered Porch	Residential	\$56.25	\$0.00	Covered Porch	nes/Decks	75 SQFT
Open Deck Fee	9	\$150.00	\$0.00	Open Decks		1 EA
Land Disturbing		\$100.00	\$0.00	Resdiential Un	heated (.40) 110 Sq. Ft
Res. Building P	ermit Fee	\$1,277.00	\$0.00	Residential He		
T-Pole		\$50.00	\$0.00	(.75)		
	Totals :	\$1,633.25	\$0.00	# of Temporar	y Poles	1 EA

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

Water Charges PAID Water Tap #: T 24466

Printed by : Marty Shaw on: 03/02/2021 08:15 AM

PROJECT NAME: Van Edwards SITE ADDRESS: 1905 GEORGIA LN KILL DEVIL HILLS

BUILDING JOINT ISSUED: 03/02/2021

EXPIRES: 08/29/2021

	DETAILS	
Permit		
Name	Value	
ZONING DISTRICT	RL	
FRONT YARD SETBACK	30	
REAR YARD SETBACK	30	
SIDE YARD SETBACK	10	
HEALTH DEPARTMENT PERMIT #	30532	
# PARKING SPACES/BEDROOM	4	
CAMA PERMIT	Ν	
CAMA EXEMPTION	N	
FLOOD ZONE	х	
SUBSTANTIAL IMPROVEMENT	YES	
PURPOSE	Residential New	
CONSTRUCTION COST	225000.00	
LOT COVERAGE	32.20	
LIVING SPACE (SQFT)	1644	
COVERED PORCHES/DECKS (SQFT)	75	
STORAGE (SQFT)	110	
OPEN DECK (SQFT)	131	
TOTAL SQUARE FOOTAGE	1960	
SURVEYOR NAME AND NUMBER	Seaboard Surveying	
ENGINEER AND LICENSE NUMBER	Mike Osteen 032628	
CULVERT	N	
ROLL OUT CAN	1	
DRIVEWAY INVERT 2	Y	
OCCUPANCY TYPE	One & Two Family Dwelling	

LEE OF INP	Kill I Phone: 252-4	PO BO) Devil Hills 149-5318	(1719 , NC 27948 Fax: 252-441-	4102 MA t ment	R - 3 2021
ME: Conner Enclosu					BUILDING JOINT ISSUED: 03/03/2021 EXPIRES: 08/30/2021
503 West Holly LLC PO BOX 7333 Kill Devil Hills, NC 27	7948		OWNER:	PO BOX 7333	
					cense: Unlicensed (pires: 12/31/2021
988312857135	5		Parcel Number:	00822300	01
503 Holly St. I	Kill Devil Hills				
				-	
	EACH EXTENDED		Block	:: Z	Lot(s): 2
sription:					
	Paid	Due	BUILDING ARE		
	\$387.40	\$0.00	Residential He	ated Space	364 sq. Ft.
ermit Fee Totals :	φ007.40	\$0.00	(.75)	aled opace	304 sq. 1 t.
	503 West Holly LLC PO BOX 7333 Kill Devil Hills, NC 27 988312857135 503 Holly St. H	Kill I Phone: 252-4 Planning ar 7 ME: Conner Enclosure S: 503 Holly St. Kill Devil Hills 503 West Holly LLC PO BOX 7333 Kill Devil Hills, NC 27948 Self UNKNOWN UNKNOWN, > 000-000-0000 988312857135 503 Holly St. Kill Devil Hills KILL DEVIL BEACH EXTENDED cription:	PO BOY Kill Devil Hills Phone: 252-449-5318 Planning and Inspector The conner Enclosure S: 503 Holly St. Kill Devil Hills 503 West Holly LLC PO BOX 7333 Kill Devil Hills, NC 27948 Self UNKNOWN UNKNOWN, XX 00000 000-000-0000 988312857135 503 Holly St. Kill Devil Hills KILL DEVIL BEACH EXTENDED cription:	PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441- Planning and Inspection Depart Planning and Inspection Depart ME: Conner Enclosure S: 503 Holly St. Kill Devil Hills 503 West Holly LLC PO BOX 7333 Kill Devil Hills, NC 27948 Self UNKNOWN UNKNOWN, XX 00000 000-000-0000 988312857135 988312857135 Parcel Number: 503 Holly St. Kill Devil Hills KILL DEVIL BEACH EXTENDED sription:	Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 MA Planning and Inspection Department Sold West Holly LLC PO BOX 7333 Kill Devil Hills, NC 27948 Self UNKNOWN UNKNOWN, XX 00000 988312857135 Parcel Number: 503 Holly St. Kill Devil Hills KILL DEVIL BEACH EXTENDED Block: Z

4

1 .

PROJECT DESCRIPTION: enclosing under existing house adding living space and garage, adding onto existing concrete driveway

PAID 332104 paypal BJ2021-057 **PROJECT NAME:** Conner Enclosure SITE ADDRESS: 503 Holly St. Kill Devil Hills **BUILDING JOINT**

ISSUED: 03/03/2021

EXPIRES: 08/30/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	30570
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	х
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	11.60
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION COST	24120.00
SURVEYOR NAME AND NUMBER	William S Jones
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.

PEV	HIL		PO BOX		Is	
Birthple Aviat	ace of the second	Phone: 25	2-449-5318	Fax: 252-441-	4102	MAR - 3 2021
ITH C	AROU	Planning	and Inspe	ection Depar	tment	Ki - Es
BJ2021-05 PROJECT NA SITE ADDRES	58 ME: DEVERS STOP S: 111 WOODMER	AGE ROOM	VIL HILLS			BUILDING JOINT ISSUED: 03/01/2021 EXPIRES: 08/28/2021
APPLICANT:	Devers, Douglas & E 111 Woodmere AVI Kill Devil Hillsl, NC 2 443-771-2799	E		OWNER:	Devers, Dougla 111 Woodmere Kill Devil Hillsl, 443-771-2799	e AVE
GENERAL:		Self UNKNOWI UNKNOWI 000-000-00	N, XX 00000			cense: Unlicensed kpires: 12/31/2021
PARCEL:					to the second se	
PIN:	98841562655	9		Parcel Number:	00400500	00
Address:	111 WOODME	ERE AVE KILL [DEVIL HILLS	3		
				Zoni	ng:	
Addition:	KITTY HAWK	SHORES - REV	ISED	Bloc	k: 45	Lot(s): 18
Legal Des	cription:					
FEES:		Paid	Due	BUILDING ARE	EA:	
the second se	ormit Eco	\$169.20	\$0.00	Resdiential Ur	heated (.40)	423 Sq. Ft
Res. Building P	ermit ree	+		rivourorman or		

PROJECT DESCRIPTION: ENCLOSE 423SQFT FOR STORAGE UNDER EXISTING FOOTPRINT.



PROJECT NAME: DEVERS STORAGE ROOM SITE ADDRESS: 111 WOODMERE AVE KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 03/01/2021

EXPIRES: 08/28/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
CAMA PERMIT	Ν
CAMA EXEMPTION	N
FLOOD ZONE	Х
BASE FLOOD ELEVATION	8.00
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	4500.00
STORAGE (SQFT)	423
CULVERT	N
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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.

* 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.

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

* Zoning Final Inspection is required.

N DEV N Birthpla NogTH C	ace of the second secon	Ki Phone: 25	PO BO> ill Devil Hills 2-449-5318	Devil Hil (1719 NC 27948 Fax: 252-441- ection Depar	-4102	MAR - 3 2021	ė
	60 ME: FLOSSER REN SS: 804 SWAN ST H		S			BUILDING ISSUED: 03/ EXPIRES: 08/	02/2021
APPLICANT:	FLOSSER, DAN 2559 SADDLE DR LANCASTER, PA 17 717-723-0557	601		OWNER:	FLOSSER, 2559 SADD LANCASTE 717-723-05	LE DR R, PA 17601	
GENERAL:		Self UNKNOWN UNKNOWN 000-000-00	N, XX 00000			License: Unlicensed Expires: 12/31/2021	
PARCEL:							
PIN:	988311773432	2		Parcel Number:	00446	7000	
Address:	804 SWAN ST	KILL DEVIL HI	LLS				
				Zoni	0		
Addition:		LLS REALTY CO	ORP	Bloc	k: 32	Lot(s): 3	
Legal Des	cription:						
		Paid	Due	BUILDING ARE	EA:		
	1 1 1 1 1	\$324.00	\$0.00	Remodel/Ren	ovation	720 SQFT	
F EES: Renovation/Re	model/Relocate	4021.00					

LOAD BEARING WALL AND INSTALLING NEW CEILING JOISTS

PAID 3/2/21 8/3

Dormit

PROJECT NAME: FLOSSER RENOVATION SITE ADDRESS: 804 SWAN ST KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 03/02/2021

EXPIRES: 08/29/2021

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	Х
SUBSTANTIAL IMPROVEMENT	NO
CONSTRUCTION COST	28432.00
CULVERT	Ν
DRIVEWAY INVERT 2	Ν
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing Rough In

Insulation

Final

Zoning Final

CONDITIONS

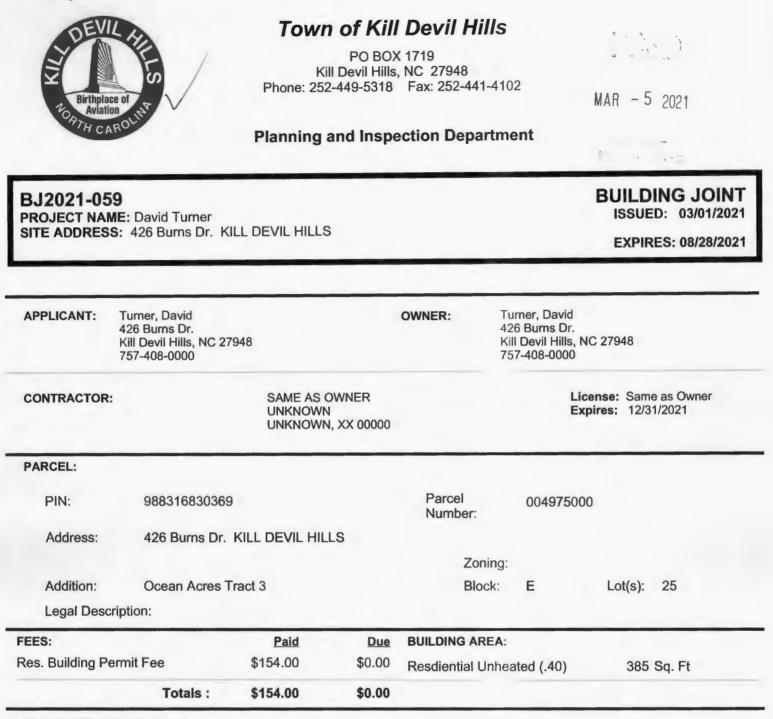
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

* 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.

* Substantial Improvement paperwork showing final cost of construction required at projects end.



PROJECT DESCRIPTION: Enclose under house for storage

BJ2021-059 PROJECT NAME: David Turner SITE ADDRESS: 426 Burns Dr. KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/01/2021

EXPIRES: 08/28/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
HEALTH DEPARTMENT PERMIT #	KDHWWTP
# PARKING SPACES/BEDROOM	3
CAMA PERMIT	Υ
CAMA EXEMPTION	Ν
FLOOD ZONE	Х
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	8000.00
LOT COVERAGE	38.00
SURVEYOR NAME AND NUMBER	William S. Jones
CULVERT	Ν
DRIVEWAY INVERT 2	Ν
OCCUPANCY TYPE	One & Two Family Dwelling

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.

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



Town of Kill Devil Hills

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

Planning and Inspection Department

MAR - 9 2021

K'

BJ2021-062

PROJECT NAME: Barker ground floor SITE ADDRESS: 805 Seventh Ave. Kill Devil Hills

BUILDING JOINT ISSUED: 03/05/2021

EXPIRES: 09/01/2021

APPLICANT:	Barker, Robert 805 Seventh Ave Kill Devil Hills, NC 27 252-202-0563	948		OWNER:	Barker, Robert 805 Seventh Av Kill Devil Hills, N 252-202-0563	/e
GENERAL:		Self UNKNOWN UNKNOWN 000-000-000	N, XX 00000			cense: Unlicensed cpires: 12/31/2021
PARCEL:						
PIN:	988311770006	5		Parcel Number:	00463100	06
Address:	805 Seventh A	ve. Kill Devil Hil	lls			
				Zonii	ng:	
Addition:	KILL DEVIL HI	LLS RLTY COR	P ADD	Block	c 38	Lot(s): 8
Legal Desc	ription:					
FEES:		Paid	Due	BUILDING ARE	A:	
Res. Building Po	ermit Fee	\$450.00	\$0.00	0 Residential Heated Space		600 sq. Ft.
	Totals :	\$450.00	\$0.00	(.75)		

PROJECT DESCRIPTION: Enclose under house for office and family room

Mr 3/4/21 Py Pal

Page 1 of 3

PROJECT NAME: Barker ground floor SITE ADDRESS: 805 Seventh Ave. Kill Devil Hills BUILDING JOINT ISSUED: 03/05/2021

EXPIRES: 09/01/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	N
CAMA EXEMPTION	Ν
FLOOD ZONE	Х
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Addition
CONSTRUCTION TYPE	V
CONSTRUCTION COST	10000.00
LIVING SPACE (SQFT)	600
TOTAL SQUARE FOOTAGE	600
CULVERT	N
DRIVEWAY INVERT 2	Ν
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

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

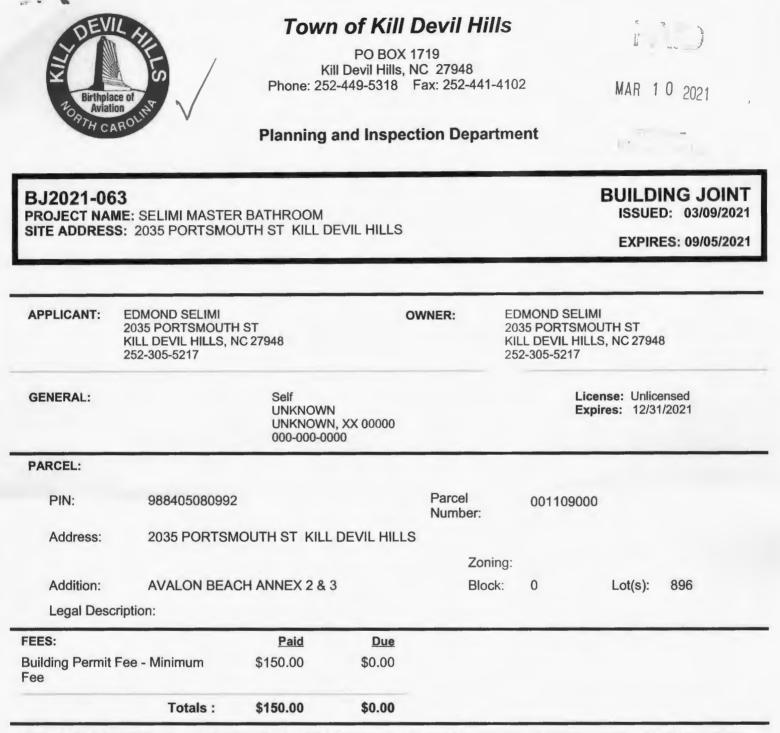
Insulation

Final

Zoning Final

CONDITIONS

	This permit becomes null and void if work or construction authorized is not commenced within 6 months or it 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.
*	Zoning Final Inspection is required.
*	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.



PROJECT DESCRIPTION: CONVERT 8'X16' AREA PREVIOUSLY PERMITTED AS CLOSET TO MASTER BATHROOM

D -----

BJ2021-063

PROJECT NAME: SELIMI MASTER BATHROOM SITE ADDRESS: 2035 PORTSMOUTH ST KILL DEVIL HILLS **BUILDING JOINT**

ISSUED: 03/09/2021

EXPIRES: 09/05/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	15
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	6
CAMA PERMIT	Ν
CAMA EXEMPTION	N
FLOOD ZONE	Х
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION TYPE	V
CONSTRUCTION COST	3800.00
CULVERT	Ν
DRIVEWAY INVERT 2	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing	Final
Rough In	Zoning Final
Insulation	

CONDITIONS

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

* Zoning Final Inspection is required.

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



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

BJ2021-066

PROJECT NAME: Home Pool SITE ADDRESS: 1408 FIRST ST W KILL DEVIL HILLS BUILDING JOINT ISSUED: 03/09/2021

EXPIRES: 09/05/2021

	Totals :	\$200.00	\$0.00				
Pool/Hot Tub		\$200.00	\$0.00				
EES:		Paid	Due				
Legal Descr	iption:						
Addition:	WRIGHT WOOD	S		Bloc	k: 0	Lot(s):	44
				Zoni	ng:		
Address:	1408 FIRST ST V	W KILL DEVIL	HILLS				
PIN:	988417117631			Parcel Number:	004046	044	
PARCEL:							
GENERAL:		CARRIBEA PO BOX 65 kitty hawk, 252-207-17	nc 27949	PAS		License: 7357 Expires: 12/3	-
CONTRACTOR:	CARRIBEAN POOLS 8 PO BOX 65 kitty hawk, nc 27949 252-207-1773	SPAS					
APPLICANT:	Horne, Steve 134 S. Abingdon St. ARLINGTON, VA22204 703-731-0015	ł	(OWNER:	Horne, Steve 134 S. Abing ARLINGTON 703-731-001	don St. I, VA 22204	

PROJECT DESCRIPTION: New inground pool in rear yard

MAR 1 5 2021

BJ2021-066 PROJECT NAME: Home Pool

4

SITE ADDRESS: 1408 FIRST ST W KILL DEVIL HILLS

BUILDING JOINT ISSUED: 03/09/2021

EXPIRES: 09/05/2021

	DETAILS	
Permit		
Name	Value	
ZONING DISTRICT	RL	
FRONT YARD SETBACK	30	
REAR YARD SETBACK	CAMA	
SIDE YARD SETBACK	10	
HEALTH DEPARTMENT PERMIT #	30334	
CAMA PERMIT	N	
CAMA EXEMPTION	Ν	
FLOOD ZONE	AE	
BASE FLOOD ELEVATION	8	
SUBSTANTIAL IMPROVEMENT	NO	
PURPOSE	Residential Accessory	
CONSTRUCTION TYPE	V	
CONSTRUCTION COST	57051.00	
LOT COVERAGE	23.00	
SURVEYOR NAME AND NUMBER	Gloria Rogers L-3531	
CULVERT	N	
DRIVEWAY INVERT 2	N	
OCCUPANCY TYPE	One & Two Family Dwelling	

REQUIRED INSPECTIONS

Final

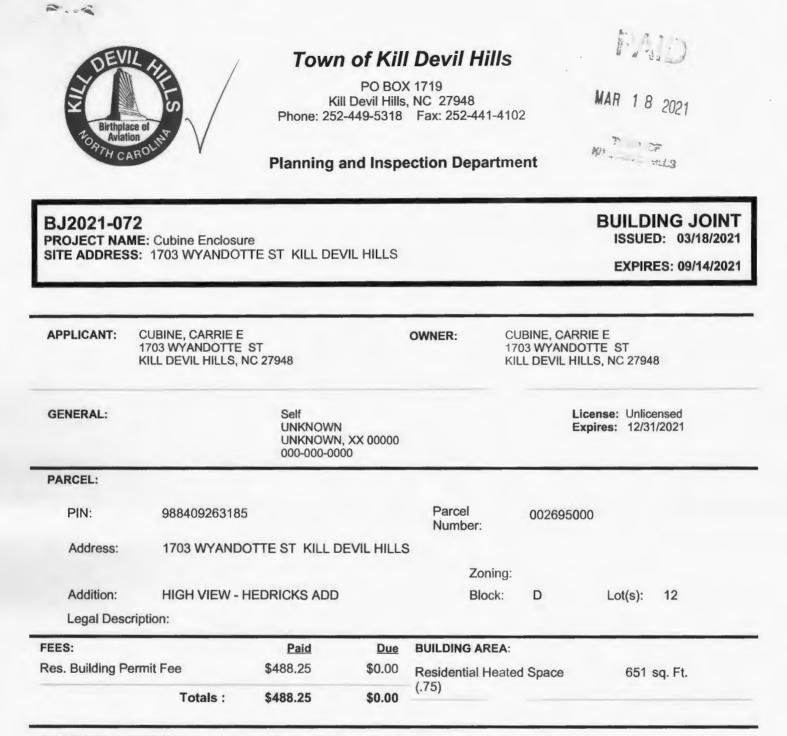
Pool Bonding

Zoning Final

CONDITIONS

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

* As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.
* Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.



PROJECT DESCRIPTION: enclosing under existing house adding living space, bedroom and bathroom

PAID STAVMAN 3/18/21 # 200

BJ2021-072 **PROJECT NAME:** Cubine Enclosure SITE ADDRESS: 1703 WYANDOTTE ST KILL DEVIL HILLS

2

BUILDING JOINT ISSUED: 03/18/2021

EXPIRES: 09/14/2021

		DETAILS	
Permit			
Name	Value		
ZONING DISTRICT	RL		
FRONT YARD SETBACK	30		
REAR YARD SETBACK	20% Depth >30		
SIDE YARD SETBACK	8		
HEALTH DEPARTMENT PERMIT #	30187		
# PARKING SPACES/BEDROOM	4		
CAMA PERMIT	N		
CAMA EXEMPTION	N		
FLOOD ZONE	Х		
SUBSTANTIAL IMPROVEMENT	NO		
PURPOSE	Residential Addition		
CONSTRUCTION TYPE	V		
CONSTRUCTION COST	27000.00		
LIVING SPACE (SQFT)	651		
TOTAL SQUARE FOOTAGE	651		
SURVEYOR NAME AND NUMBER	Marty Barnett		
CULVERT	Ν		
DRIVEWAY INVERT 2	Ν		
OCCUPANCY TYPE	One & Two Family Dwelling		

REQUIRED INSPECTIONS

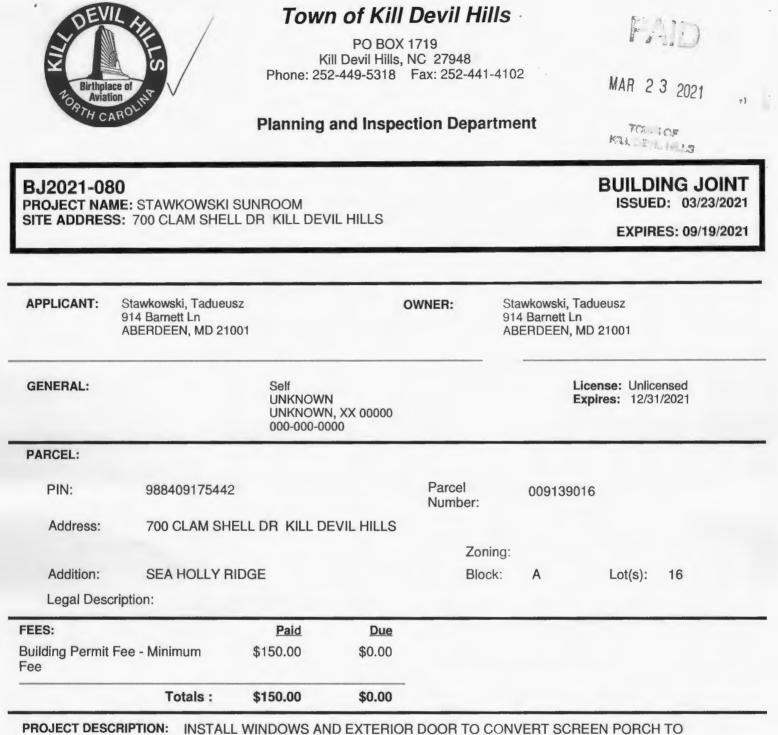
In-Slab Plumbing	
Slab/Foundation/Piling	
Framing	
Rough In	

Insulation Final

Zoning Final

CONDITIONS

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



SUNROOM, UNCONDITIONED LIVING SPACE

he 3/2

PROJECT NAME: STAWKOWSKI SUNROOM SITE ADDRESS: 700 CLAM SHELL DR KILL DEVIL HILLS ISSUED: 03/23/2021

EXPIRES: 09/19/2021

	DETAILS	
Permit		
Name	Value	
ZONING DISTRICT	RL	
FRONT YARD SETBACK	30	
REAR YARD SETBACK	20% Depth >30	
SIDE YARD SETBACK	8	
CAMA PERMIT	N	
CAMA EXEMPTION	Ν	
FLOOD ZONE	х	
SUBSTANTIAL IMPROVEMENT	NO	
PURPOSE	Residential Addition	
CONSTRUCTION TYPE	V	
CONSTRUCTION COST	1500.00	
CULVERT	Ν	
DRIVEWAY INVERT 2	N	
OCCUPANCY TYPE	One & Two Family Dwelling	

REQUIRED INSPECTIONS

Framing Rough In

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.

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



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

BJ2021-079

₹.,

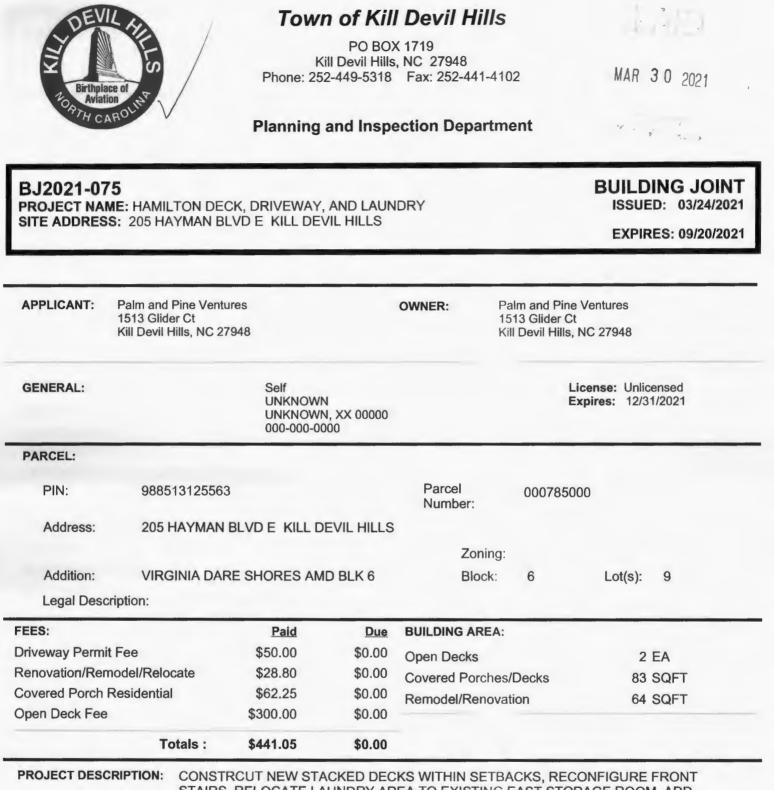
PROJECT NAME: Jamie MacKinnon SITE ADDRESS: 1405 KETCH LN KILL DEVIL HILLS BUILDING JOINT ISSUED: 03/25/2021

1000ED. 00/20/2021

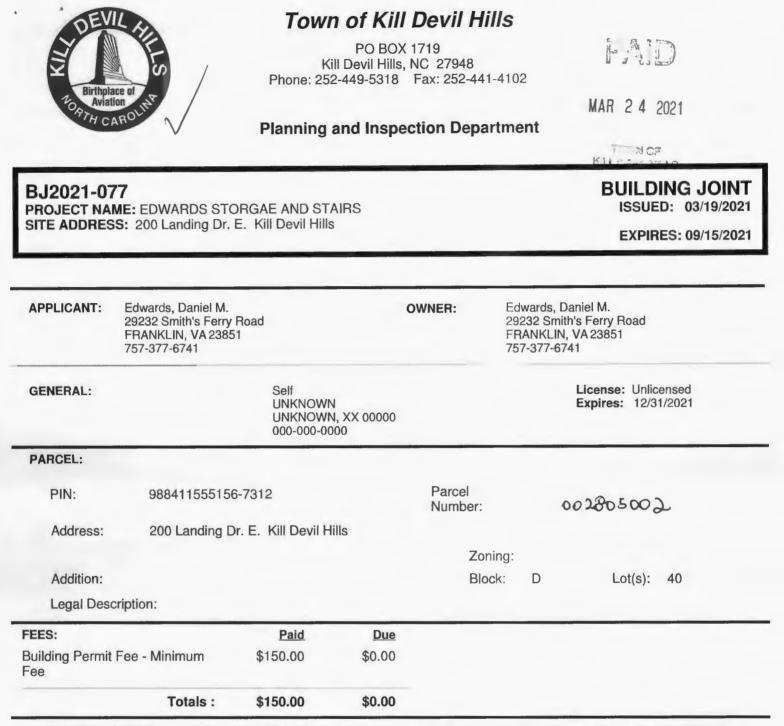
EXPIRES: 09/21/2021

APPLICANT: MacKinnon, Jamie and Cheryl 517 Elm Ave. Takoma, Md 20912 240-882-5811		OWNER:	MacKinnon, Jamie and Cheryl 517 Elm Ave. Takoma, Md 20912 240-882-5811				
CONTRACTOR: SAME AS OWNER UNKNOWN UNKNOWN, XX 00000				License: Same as Expires: 12/31/20			
PARCEL:							
PIN:	98841433187	0		Parcel Number:	003591	000	
Address:	1405 KETCH	LN KILL DEVIL I	HILLS				
				Zon	ing:		
Addition:	LANDING SE	CTION 2, THE		Bloc	ck: 0	Lot(s): 13	36
Legal Desci	ription:						
FEES:		Paid	Due				
Building Permit F Fee	Fee - Minimum	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

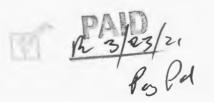
PROJECT DESCRIPTION: Remodel bathroom and add 2X12 cantilever



STAIRS, RELOCATE LAUNDRY AREA TO EXISTING EAST STORAGE ROOM, ADD COMPLIANT PARKING



PROJECT DESCRIPTION: REPLACE STRINGERS AT EXTERIOR STAIR, ENCLOSE UNDER DECK FOR STORAGE



Printed by : Jordan Blythe on: 03/19/2021 03:46 PM

Daa 10. 0. 40040060000 4560 40000 48640 ac an 4000600



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

Planning and Inspection Department

F. R.

MAR 1 2 2021

10-1 - 40

OP2021-013

PROJECT NAME: SAGA New SFD SITE ADDRESS: 1207 VA DARE TRL S KILL DEVIL HILLS

OCCUPANCY ISSUED: 03/12/2021

550LD. 03/12/2021

EXPIRES:

APPLICANT:	1207 SVDT LLC PO Box 90 Kill Devil Hills, NC 27 252-441-9003	948	C	OWNER:	1207 SVDT LLC PO Box 90 Kill Devil Hills, N 252-441-9003		
CONTRACTOR	: SAGA CONSTRUCT 1314 S Croatan Hwy PO Box 90 Kill Devil Hills, NC 27 252-441-9003	, Suite 301			20. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
GENERAL BUI	LDING - LIMITED:	1314 S Cro PO Box 90	ills, NC 27948	e 301		ense: 62306 pires: 12/31/2	2021
PARCEL:							
PIN:	989305072665			Parcel Number:	00427500	0	
Address:	1207 VA DARE	TRLS KILL D	EVIL HILLS				
				Zonin	g:		
Addition:	KILL DEVIL HI	LLS SEC 1		Block	: 5	Lot(s):	4-5
Legal Desc	ription:						
EES:		Paid	Due				
Certificate of Oc	cupancy Fee	\$50.00	\$0.00				
	Totals :	\$50.00	\$0.00				

PROJECT DESCRIPTION: New 24 Bedroom Single Family Dwelling

OP2021-013

PROJECT NAME: SAGA New SFD SITE ADDRESS: 1207 VA DARE TRL S KILL DEVIL HILLS

OCCUPANCY ISSUED: 03/12/2021

EXPIRES:

	DETAILS	
Permit		
Name	Value	
# OF TRASH CANS	0	
PURPOSE	Residential New	
ZONING DISTRICT	OIR	
FLOOD ZONE	VE	
BASE FLOOD ELEVATION	11	
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: <u>Gracelyn Mruck</u> Date: <u>3.12.21</u> .



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

Planning and Inspection Department

OP2021-014

2

PROJECT NAME: Chinchilla New SFD SITE ADDRESS: 704 AIRSTRIP RD W KILL DEVIL HILLS OCCUPANCY ISSUED: 03/17/2021

EXPIRES:

PARENT PERMIT #: BJ2019-184 CHINCHILLA, TITO **APPLICANT:** CHINCHILLA, TITO **OWNER:** 1310 Maxine Street 1310 Maxine Street Kill Devil Hills, NC 27948 Kill Devil Hills, NC 27948 License: Unlicensed **GENERAL:** Self UNKNOWN Expires: 12/31/2021 UNKNOWN, XX 00000 000-000-0000 PARCEL: Parcel PIN: 988311752952 004554000 Number: Address: 704 AIRSTRIP RD W KILL DEVIL HILLS Zoning: Addition: KILL DEVIL HILLS REALTY CORP Block: 46 Lot(s): 6 Legal Description: FEES: Paid Due Certificate of Occupancy Fee \$50.00 \$0.00 **Residential Trash Can** \$106.75 \$0.00 Totals : \$156.75 \$0.00 PROJECT DESCRIPTION: New 4 Bedroom Single Family Dwelling

OP2021-014

PROJECT NAME: Chinchilla New SFD SITE ADDRESS: 704 AIRSTRIP RD W KILL DEVIL HILLS OCCUPANCY ISSUED: 03/17/2021

Date: 3/17/20

EXPIRES:

	DETAILS	
Permit		
Name	Value	
# OF TRASH CANS	1	
PURPOSE	Residential New	
ZONING DISTRICT	RL	
FLOOD ZONE	х	
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.

Chindina

Issued By:

Contractor or Authorized Agent:



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

Planning and Inspection Department

51.2.)

MAR 1 9 2021

TO NOT

OCCUPANCY

EXPIRES:

ISSUED: 03/18/2021

OP2021-015

PROJECT NAME: Public Services Complex Phase 3 SITE ADDRESS: 701 Bermuda Bay Bvld. KILL DEVIL HILLS

PARENT PERMIT #: BJ2019-084

APPLICANT:	TOWN OF KILL DEVIL HILLS C P O BOX 1719 102 Town Hall Drive KILL DEVIL HILLS, NC 27948			WNER:	TOWN OF KILL DEVIL HILLS P O BOX 1719 102 Town Hall Drive KILL DEVIL HILLS, NC 27948
GENERAL, UN	LIMITED:	CHESSON 315 W Mai Williamstor 252-792-44	n St n, NC 27892		License: 13540 Expires: 12/31/2021
PARCEL:					
PIN:	988307582495			Parcel Number:	008165001
Address:	701 Bermuda B	ay Bvld. KILL I	DEVIL HILLS		
				Zonir	ng:
Addition:	SUBDIVISION -	NONE		Block	<: 0 Lot(s): 0
Legal Desc	cription:				
FEES:		Paid	Due		
Certificate of Oc	ccupancy Fee	\$0.00	\$0.00		
	Totals :	\$0.00	\$0.00		
PROJECT DESC	remodel,		ntrol administra		s Complex: Solid waste addition and and remodel of existing buildings, new
			DETAILS	5	
	11 . /		CONDITION		
	X	Floo	d2c	ne	

Printed by : CTHUMAN on: 03/18/2021 04:42 PM

OP2021-015 **PROJECT NAME:** Public Services Complex Phase 3 SITE ADDRESS: 701 Bermuda Bay Bvid. KILL DEVIL HILLS

OCCUPANCY ISSUED: 03/18/2021

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: Charles Thuman

371

Contractor or Authorized Agent: ______M. Chesson

Date: 03 / 19 / 2021



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

Planning and Inspection Department

MAR 1 9 2021

Killer mil.3

OP2021-016

PROJECT NAME: Group Holdings LLC SITE ADDRESS: 800 SIXTH AVENUE Kill Devil Hills

OCCUPANCY ISSUED: 03/19/2021

EXPIRES:

PARENT PERMIT #: BJ2020-147

APPLICANT:	COASTAL CONSTR 7013 Martins Pt. Rd. kitty hawk, nc 27949 480-5556		OWNER	353 SC	P HOLDINGS LLC DUNDVIEW DR /il Hills, NC 27948 2-1292
GENERAL, UN	LIMITED:	COASTAL C 7013 Martin kitty hawk, r 480-5556		С	License: 25529 Expires: 01/01/2022
GENERAL, UN	LIMITED:	COASTAL C 7013 Martin kitty hawk, r 480-5556		с	License: 25529 Expires: 01/01/2022
PARCEL:					
PIN:	988311770340)	Pare	cel nber:	
Address:	800 SIXTH AV	ENUE Kill Devil	Hills		
				Zoning:	
Addition:				Block:	Lot(s):
Legal Desc	cription: Lot 1, Blo	ck 38, Kill Devil H	ills Realty Corp Add	ition	
EES:		Paid	Due		
Certificate of Oc	ccupancy Fee	\$50.00	\$0.00		
Residential Tras	sh Can	\$106.75	\$0.00		
	Totals :	\$156.75	\$0.00		

PROJECT DESCRIPTION: Proposed 4 bedroom single family dwelling

OP2021-016

...

PROJECT NAME: Group Holdings LLC SITE ADDRESS: 800 SIXTH AVENUE Kill Devil Hills OCCUPANCY ISSUED: 03/19/2021

Date: 3/19

EXPIRES:

DETAILS

Permit	
Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	Х
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.

Anua

Issued By:

Contractor or Authorized Agent: Mgt



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

Planning and Inspection Department

OP2021-017

PROJECT NAME: SAGA New 24 Bedroom SFD SITE ADDRESS: 1209 VA DARE TRL S Kill Devil Hills OCCUPANCY ISSUED: 03/26/2021

EXPIRES:

					FAREN	PERMIT #: BJ2019
APPLICANT:	1209 SVDT LLC PO BOX 90 Kill Devil Hills, NC 279	948	(OWNER:	1209 SVDT LLC PO BOX 90 Kill Devil Hills, NC 279	48
CONTRACTOR:	SAGA CONSTRUCTION 1314 S Croatan Hwy, PO Box 90 Kill Devil Hills, NC 279 252-441-9003	Suite 301				
GENERAL BUILI	DING - LIMITED:	1314 S Cro PO Box 90	ISTRUCTION atan Hwy, Suit IIs, NC 27948 03	e 301	License: Expires:	62306 12/31/2021
PARCEL:			` .			
PIN:	989305072684			Parcel Number:		
Address:	1209 VA DARE	TRLS Kill Dev	/il Hills			
				Zoni	ng:	
Addition:				Bloc	k: Lo	ot(s):
Legal Descr	iption: Lot 5, Blk.	5, Kill Devil Hills	Sec. 1,			
FEES:		Paid	Due			
Certificate of Occ	cupancy Fee	\$50.00	\$0.00			
	Totals :	\$50.00	\$0.00			

PROJECT DESCRIPTION: New 24 Bedroom Single Family Dwelling, Pool, Pool House and walkway and dune deck



OP2021-017

PROJECT NAME: SAGA New 24 Bedroom SFD SITE ADDRESS: 1209 VA DARE TRL S Kill Devil Hills OCCUPANCY ISSUED: 03/26/2021

EXPIRES:

	DETAILS
Permit	
Name	Value
# OF TRASH CANS	0
PURPOSE	Residential New
ZONING DISTRICT	OIR
FLOOD ZONE	VE
BASE FLOOD ELEVATION	10
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: Date: 32631 Contractor or Authorized Agent: nech



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

Planning and Inspection Department

OP2021-018

PROJECT NAME: Sandy Bottom Homes New House SITE ADDRESS: 519 EDEN ST W Kill Devil Hills OCCUPANCY ISSUED: 03/26/2021

EXPIRES:

APPLICANT:	Sandy Bottom Home 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162		(WNER:	Sandy Both 400 DaVin kitty hawk, 757-448-8	nc 27949
GENERAL BUI	LDING-LIMITED:	SANDY BO 400 DaVin kitty hawk, 757-448-8	nc 27949	3		License: 67524 Expires: 01/01/2022
PARCEL:						
PIN:	987520907330)		Parcel Number:		
Address:	519 EDEN ST	W Kill Devil Hill	s			
				Zoni	ng:	`
Addition:				Bloc	k:	Lot(s):
Legal Desc	cription: Lot 11 and	12, Block 74, V	/irginia Dare S	hores		
FEES:		Paid	Due			
Certificate of Oc	ccupancy Fee	\$50.00	\$0.00			
Residential Tra	sh Can	\$106.75	\$0.00			
	Totals :	\$156.75	\$0.00			

· · · ·

MAR 2 6 2021

- T/ A/-

OP2021-018

PROJECT NAME: Sandy Bottom Homes New House SITE ADDRESS: 519 EDEN ST W Kill Devil Hills

EXPIRES:

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

CONDITIONS

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

Issued By:

Contractor or Authorized Agent:

Date: 3-26-2(



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

Planning and Inspection Department

OP2021-010

PROJECT NAME: Robert London New House SITE ADDRESS: 302 BICKETT ST W KILL DEVIL HILLS OCCUPANCY ISSUED: 03/05/2021

EXPIRES:

PARENT PERMIT #: BJ2020-150

APPLICANT:	LONDON, ROBERT P O BOX 164 POINT HARBOR, N 252-491-8330		c	OWNER:	LONDON, RC P O BOX 164 POINT HARB 252-491-8330	OR, NC 27964	
GENERAL:		LONDON, Rt 1 Box 30 Harbinger, 252-207-86	NC 27941			License: 14364 Expires:	ı
PARCEL:							
PIN:	988517100643	3		Parcel Number:	0006340	000	
Address:	302 BICKETT	ST W KILL DEV	/IL HILLS				
				Zonii	ng:		
Addition:	VIRGINIA DAR	RE SHORES		Block	<: 49	Lot(s):	21-23
Legal Desc	cription:						
FEES:		Paid	Due				
Certificate of O	ccupancy Fee	\$50.00	\$0.00				
Residential Tra	sh Can	\$106.75	\$0.00				
	Totals :	\$156.75	\$0.00				

PROJECT DESCRIPTION: New 4 Bedroom SFD

MAR - 5 2021 Killer 11 13

Printed by : Marty Shaw on: 03/05/2021 11:04 AM

OP2021-010

PROJECT NAME: Robert London New House SITE ADDRESS: 302 BICKETT ST W KILL DEVIL HILLS OCCUPANCY ISSUED: 03/05/2021

EXPIRES:

		DETAILS
Permit		
Name	Value	
# OF TRASH CANS	1	
PURPOSE	Residential New	
ZONING DISTRICT	RL	
FLOOD ZONE	Х	
BASE FLOOD ELEVATION	8 .	
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.

Date:

Issued By:

Contractor or Authorized Agent:



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

Planning and Inspection Department

MAR - 8 2021

1° ···

K. .

OP2021-011

PROJECT NAME: OBX Cottages LLC SITE ADDRESS: 534 West Eden Street Kill Devil Hills

OCCUPANCY ISSUED: 03/08/2021

EXPIRES:

					PARENT PERMIT #: BJ2020-17		
APPLICANT:	Sandy Bottom Homes 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162			200 EA nags h	OTTAGES LLC AST BLACKMAN ST ead, nc 27959 17-5475		
GENERAL BUILDING-LIMITED:		400 DaVino kitty hawk,	SANDY BOTTOM HOMES 400 DaVinci Lane kitty hawk, nc 27949 757-448-8162		License: 67524 Expires: 01/01/2022		
PARCEL:							
PIN:	987520904384		1 64	rcel mber:			
Address:	534 West Eder	Street Kill Dev	il Hills				
				Zoning:			
Addition:				Block:	Lot(s):		
Legal Des	cription: Lots 37 an	d 38, Block 73, V	Virginia Dare Shore	5			
FEES:		Paid	Due				
Certificate of O	ccupancy Fee	\$50.00	\$0.00				
Residential Tra	sh Can	\$106.75	\$0.00				
	Totals :	\$156.75	\$0.00				

PROJECT DESCRIPTION: Proposed 3 bedroom single family dwelling

DETAILS

al New
vo Family

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 statellocal law regulating construction or the performance of construction.

22 81

Issued By:

- 0

Contractor or Authorized Agent:

Date: 3-8-21



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

Planning and Inspection Department

OP2021-012

PROJECT NAME: Smith New House SITE ADDRESS: 1730 SOBLE DR KILL DEVIL HILLS

OCCUPANCY ISSUED: 03/12/2021

EXPIRES:

APPLICANT:	SMITH, CLAIR 1708 Canal Drive POINT OF ROCKS, MD 21777 FORREST SEAL LLC PO Box 2333 KITTY HAWK, NC 27949 252-599-2521		o	WNER:	SMITH, CLAIR 1708 Canal Drive POINT OF ROCKS, MD 21777		
CONTRACTOR:							
GENERAL, UNLIMITED:		PO Box 23	VK, NC 27949			cense: 57289 cpires: 12/31/2021	
PARCEL:							
PIN:	988410379479	`		Parcel Number:	00273800	00	
Address:	1730 SOBLE DI	R KILL DEVIL	HILLS				
				Zonin	g:		
Addition:	SUBDIVISION -	NONE		Block	: 0	Lot(s): 0	
Legal Descr	iption:						
EES:	Ŧ	Paid	Due				
Certificate of Oc	cupancy Fee	\$50.00	\$0.00				
Residential Tras	h Can	\$106.75	\$0.00			· .	
	Totals :	\$156.75	\$0.00				

MAR 1 2 2021 ŧ

Kil. . HE'S

Printed by : Marty Shaw on: 03/12/2021 09:17 AM

OP2021-012

PROJECT NAME: Smith New House SITE ADDRESS: 1730 SOBLE DR KILL DEVIL HILLS OCCUPANCY ISSUED: 03/12/2021

EXPIRES:

DETAILS

Permit	
Name	Value
# OF TRASH CANS	1
PURPOSE	Residential New
ZONING DISTRICT	RL
FLOOD ZONE	Х
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: 3/12/21 **Contractor or Authorized Agent:** Date:

COMM



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

Planning and Inspection Department

MAR 3 0 2021

F.AD

TONA OF KILL DEVIL NILLS

BJ2021-082

PROJECT NAME: Comfort Inn Canopy SITE ADDRESS: 1601 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT ISSUED: 03/29/2021

i)'

EXPIRES: 09/25/2021

APPLICANT:	COMFORT INN 1632 SPRING HOUSE TRAIL VIRGINIA BEACH, VA 23455 441-6333 OCEAN BUILDERS LLC PO BOX 160 Manns Harbor, NC 27953 252-480-5514			WNER:		NN G HOUSE TRA EACH, VA 2345		
GENERAL:					License: 56420 Expires: 12/31/2021			
PARCEL:								
PIN:	98930915360	7		Parcel Number:	008301	000		
Address:	1601 VA DAR	E TRL S KILL D	EVIL HILLS					
				Zon	ing:			
Addition:	OCEAN ACR	ES INC		Bloc	ck: 0	Lot(s):	191-200	
Legal Desc	cription:							
FEES:		Paid	Due					
Building Permit Fee	Fee - Minimum	\$150.00	\$0.00					
	Totals :	\$150.00	\$0.00					

PROJECT DESCRIPTION: Repar vehicle damages to canopy including replacement of or adding new lighting.

PA 1/21 12 3/30/21 Pay Pol

BJ2021-082

PROJECT NAME: Comfort Inn Canopy SITE ADDRESS: 1601 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/29/2021

EXPIRES: 09/25/2021

		DETAILS
Permit		
Name	Value	
ZONING DISTRICT	OIR	
CAMA PERMIT	N	
CAMA EXEMPTION	N	
FLOOD ZONE	Х	
SUBSTANTIAL IMPROVEMENT	NO	
CONSTRUCTION COST	25000.00	
CULVERT	Ν	
DRIVEWAY INVERT 2	Ν	
OCCUPANCY TYPE	Residential	
	RE	QUIRED INSPECTIONS

Framing Rough In Final

CONDITIONS

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

JRJ mill

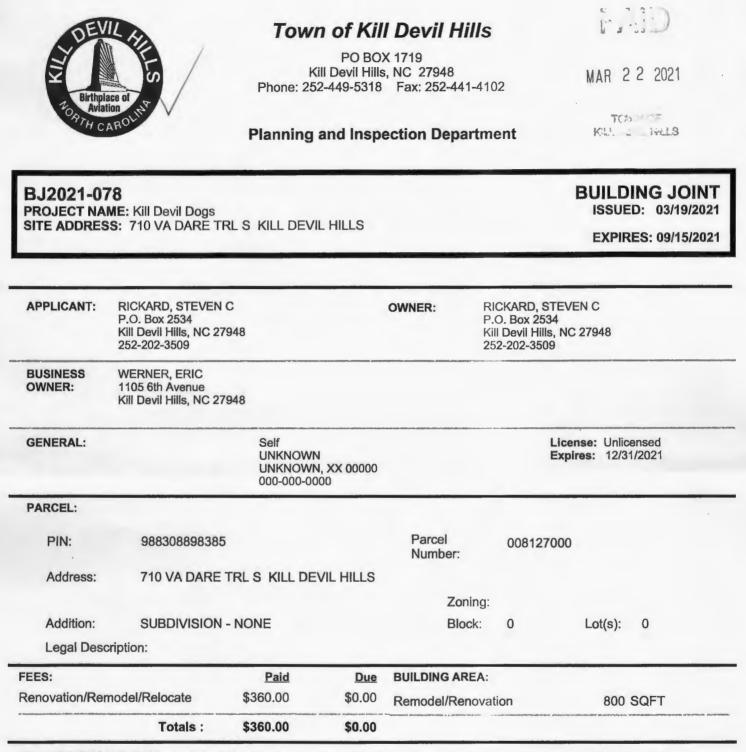
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

Marty Shaw Issued By:

Contractor or Authorized Agent: _

Date: 03 / 29 / 2021



PROJECT DESCRIPTION: build out hot dog counter in unit 2, currently existing game room, new counter in unit 3

Page 1 of 2

BJ2021-078 PROJECT NAME: Kill Devil Dogs SITE ADDRESS: 710 VA DARE TRL S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/19/2021

EXPIRES: 09/15/2021

DETAILS Permit Name Value ZONING DISTRICT C CAMA PERMIT N CAMA EXEMPTION N FLOOD ZONE Х SUBSTANTIAL NO IMPROVEMENT CONSTRUCTION COST 5000.00 ENGINEER AND LICENSE Rick House 24740 NUMBER CULVERT N **DRIVEWAY INVERT 2** N

REQUIRED INSPECTIONS

In-Slab Plumbing	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.

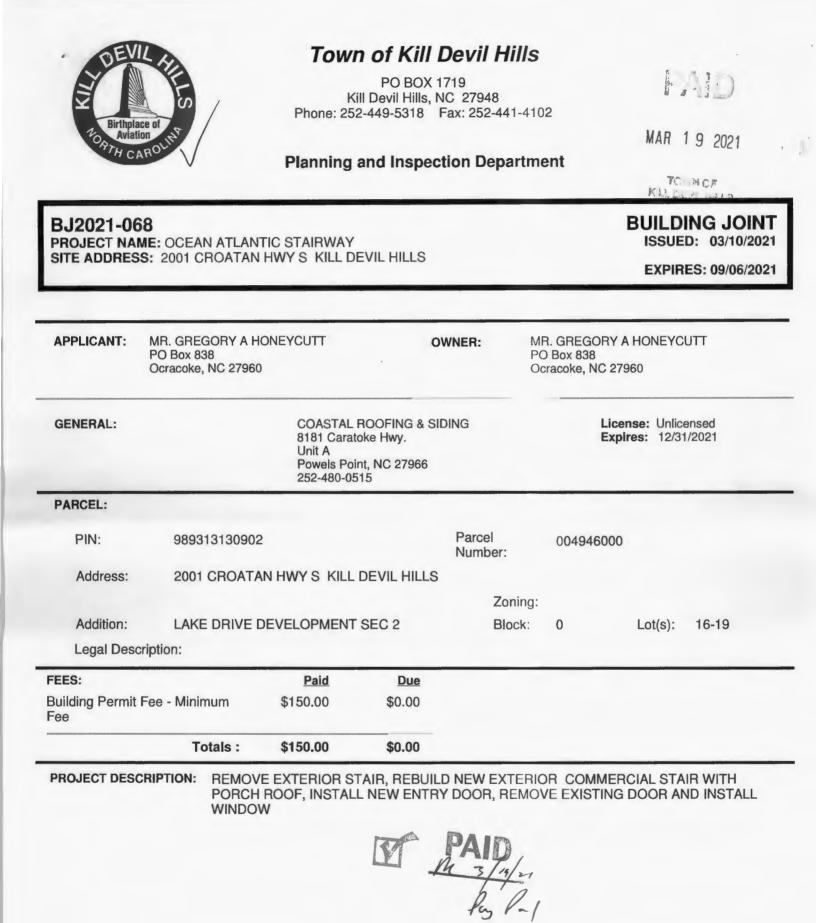
* Zoning Final Inspection is required.

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:

2

Contractor or Authorized Agent:

_ Date: 3.22.2/



BJ2021-068 PROJECT NAME: OCEAN ATLANTIC STAIRWAY **SITE ADDRESS:** 2001 CROATAN HWY S KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/10/2021

EXPIRES: 09/06/2021

DETAILS Permit Value Name ZONING DISTRICT С FRONT YARD SETBACK 30 REAR YARD SETBACK 20% Depth >30 SIDE YARD SETBACK 10 CAMA PERMIT N CAMA EXEMPTION N FLOOD ZONE X NO SUBSTANTIAL **IMPROVEMENT** PURPOSE Commercial Repair/Remodel CONSTRUCTION TYPE V CONSTRUCTION COST 11000.00 CULVERT N N **DRIVEWAY INVERT 2 OCCUPANCY TYPE** Merchantile

REQUIRED INSPECTIONS

Slab/Foundation/Piling
Framing
Rough In

Final

Zoning Final

CONDITIONS

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

	Totals :	\$150.00	\$0.00				
Building Permit I Fee	Fee - Minimum	\$150.00	\$0.00				
FEES:		Paid	Due				
Legal Desc	ription:						
Addition:		DDITION - CRO	ATAN SH	Block	k: 0	Lot(s):	0
				Zonir			
Address:	1700 CROATA	N HWY N KILL	DEVIL HILLS				
PIN:	988410374122			Parcel Number:	00273	9000	
PARCEL:							
		101 Airstrip #165	o Rd ills, NC 27948			Expires: 03/	08/2022
GENERAL, UNL	Kill Devil Hills, NC 27 240-543-9980 		Remodeling			License: 000	0000
CONTRACTOR:	Burgwald Remodelin 101 Airstrip Rd #165						
APPLICANT:	OLIVOLA, MARK NANCY O WALTON P O BOX 364 KILL DEVIL HILLS, 1		0	WNER:	OLIVOLA, I NANCY O P O BOX 30 KILL DEVIL	WALTON	48
SITE ADDRES	S: THU CROATAN	HWY N KILL D				EXPI	RES: 09/04/2021
BJ2021-06 PROJECT NAM	4 ME: Cell Surgeon S: 1700 CROATAN						DING JOINT ED: 03/08/2021
THCA		Planning	and Inspec	tion Depar	tment		1
LogTH CA	te of the of the other		2-449-5318 F		4102	MAR - 8 2	021
Ĩ	E	к	PO BOX 1 (ill Devil Hills, N			n I .	.)

PROJECT DESCRIPTION: construct two non load bearing walls to drop ceiling height, replace 2 broken doors, and install electrical outlets to new walls

BJ2021-064

2

PROJECT NAME: Cell Surgeon SITE ADDRESS: 1700 CROATAN HWY N KILL DEVIL HILLS

BUILDING JOINT

ISSUED: 03/08/2021

EXPIRES: 09/04/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	С
CAMA PERMIT	N
CAMA EXEMPTION	Ν
FLOOD ZONE	Х
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	24879.00
CULVERT	Ν
DRIVEWAY INVERT 2	Ν
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

In-Slab PlumbingInsulationSlab/Foundation/PilingFinalFramingZoning FinalRough InFinal

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.



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

Planning and Inspection Department

EL2021-018

PROJECT NAME: Awful Author's electric SITE ADDRESS: 2106 VA DARE TRL N KILL DEVIL HILLS ELECTRICAL ISSUED: 03/01/2021

EXPIRES: 08/28/2021

APPLICANT:	Willowbrook Estates, PO Box 1653 Kill Devil Hillsl, NC 2		O	WNER:	Willowbrook B PO Box 1653 Kill Devil Hills			
ELECTRICAL-I	JNLIMITED:	PO Box 12 Kill Devil H	PRECISE ELECTRICAL SERVICES PO Box 1227 Kill Devil Hills, NC 27948 252-796-7900			License: 26395 Expires: 09/29/2021		
PARCEL:								
PIN:	988518216261			Parcel Number:	003075	000		
Address:	2106 VA DARI	ETRLN KILLD	EVIL HILLS					
				Zoni	ng:			
Addition:	AVALON BEA	СН		Bloc	k: 0	Lot(s):	11,12 & 30'OF 10	
Legal Des	cription:							
FEES:		Paid	Due					
Electrical Perm	it Fee	\$150.00	\$0.00					
	Totals :	\$150.00	\$0.00					

PROJECT DESCRIPTION: Replace two weather heads and masts



EL2021-018

PROJECT NAME: Awful Author's electric SITE ADDRESS: 2106 VA DARE TRL N KILL DEVIL HILLS

EXPIRES: 08/28/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	С
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	6800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AO
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent:

Doniel Bryan Multhe

Date: 03 / 01 / 2021

Rogrith CAP	STILL'S	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		4102	MAR - 2	2021
EL2021-017 PROJECT NAMI SITE ADDRESS		HWY N KILL D	EVIL HILLS			ISS	LECTRICAL UED: 03/01/2021 PIRES: 08/28/2021
	OUTER BANKS PO 3200 N. Croatan Hw P. O. Box 1467 Kitty Hawk, NC 2794	у.	C	OWNER:	3200 N. Cr P. O. Box	ANKS POOLS a roatan Hwy. 1467 , NC 27949	& SPAS
ELECTRICAL - LI	IMITED:	151 Savan	nah Ave RG, NC 27947	Electric Services		License: 29 Expires: 01	
PARCEL:							
PIN:	987516949022	2		Parcel Number:	00004	47000	
Address:	3200 CROATA	N HWY N KILL	DEVIL HILLS	6			
				Zonir	ig:		
Addition:	ORVILLE BEA	CH AMENDED	BLK 15	Block	:: 15	Lot(s)): 1 PT 14
Legal Descri	ption:						
		Paid	Due				
FEES:		A150 00	\$0.00				
FEES: Electrical Permit I	=ee	\$150.00	φ0.00				

PROJECT DESCRIPTION: Replace 200amp panel box



EXPIRES: 08/28/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	С
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	3850.00
CONSTRUCTION TYPE	V
FLOOD ZONE	х
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

-

CONDITIONS

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

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

Issued By: Charles Thuman

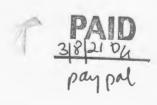
Contractor or Authorized Agent: _

John pugh

Date: 03 / 01 / 2021

N DEV N DEV N Birthpla No Aviati	Route	Ki Phone: 25	PO BOX 1 PO BOX 1 III Devil Hills, N 2-449-5318	719 NC 27948 Fax: 252-441-	4102	MAR - 9	2021
EL2021-01 PROJECT NAM SITE ADDRES	9 ME: Colony Realty Li S: 3118 CROATAN	ghts HWY N KILL D	EVIL HILLS			ISSU	ECTRICAL ED: 03/04/2021 RES: 08/31/2021
APPLICANT:	Head, John 3118 N. Croatan Hwy Kill Devil Hills, NC 27 252-441-3051	948	o	WNER:	Head, John 3118 N. Cro Kill Devil Hill 252-441-305	ls, NC 27948	
ELECTRICAL, L	-IMITED:	LOWIRE PO Box 27 Kill Devil Hi 252-256-10	ills, NC 27948			License: 194 Expires: 10/0	
PARCEL:				Parcel		0000	
PARCEL: PIN:	987516939768	03		Number:	000333	2003	
		03 N HWY N KILL	DEVIL HILLS		00033	2003	
PIN:			DEVIL HILLS			2003	
PIN:			DEVIL HILLS	Number:	ng:	Lot(s):	UNIT 1 BLDG A
PIN: Address:	3118 CROATA		DEVIL HILLS	Number: Zoni	ng:		
PIN: Address: Addition: Legal Desc	3118 CROATA		DEVIL HILLS	Number: Zoni	ng:		
PIN: Address: Addition:	3118 CROATA	N HWY N KILL	•	Number: Zoni	ng:		

PROJECT DESCRIPTION: Install LED lighting fixtures



EL2021-019

PROJECT NAME: Colony Realty Lights SITE ADDRESS: 3118 CROATAN HWY N KILL DEVIL HILLS

EXPIRES: 08/31/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	С
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	4800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	х
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

CONDITIONS

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

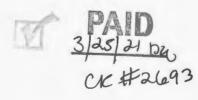
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or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

Issued By: <u>Charles Thuman</u> Contractor or Authorized Agent: <u>Edie Parsons</u>

03/05/2021 Date:

No AVIALIA	ROLINA	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		4102	MAF	R 2 5 2021
	6 IE: OUTER BANKS S: 907 CROATAN H					ISSUE	ECTRICAL ED: 03/24/2021 RES: 09/20/2021
APPLICANT:	OUTER BANKS PRE PO BOX 2199 KILL DEVIL HILLS, M		(OWNER:	OUTER BANK PO BOX 2199 KILL DEVIL H		
ELECTRICAL IN	ITERMEDIATE:	Seacoast E 4400 Ridg kitty hawk, 252-261-62	e RD nc 27949			icense: 0778 xpires:	31
PARCEL:							
PIN:	988308886310)		Parcel Number:	0085290	00	
Address:	907 CROATAN	HWYS KILL	DEVIL HILLS				
				Zonii	ng:		
Addition:	KILL DEVIL HI	LLS REALTY CO	ORP	Block	с З	Lot(s):	1-4 & 7-10 PT OF 5
Legal Desc	ription:						
FEES:		Paid	Due				
		A.F. 00	\$0.00				
Electrical Permit	Fee	\$150.00	\$0.00				

PROJECT DESCRIPTION: Add 2 receptacles for sound booth in sanctuary.



EXPIRES: 09/20/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	С
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	300.00
CONSTRUCTION TYPE	III
FLOOD ZONE	х
OCCUPANCY TYPE	Assembly

REQUIRED INSPECTIONS

Final

Downit

CONDITIONS

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

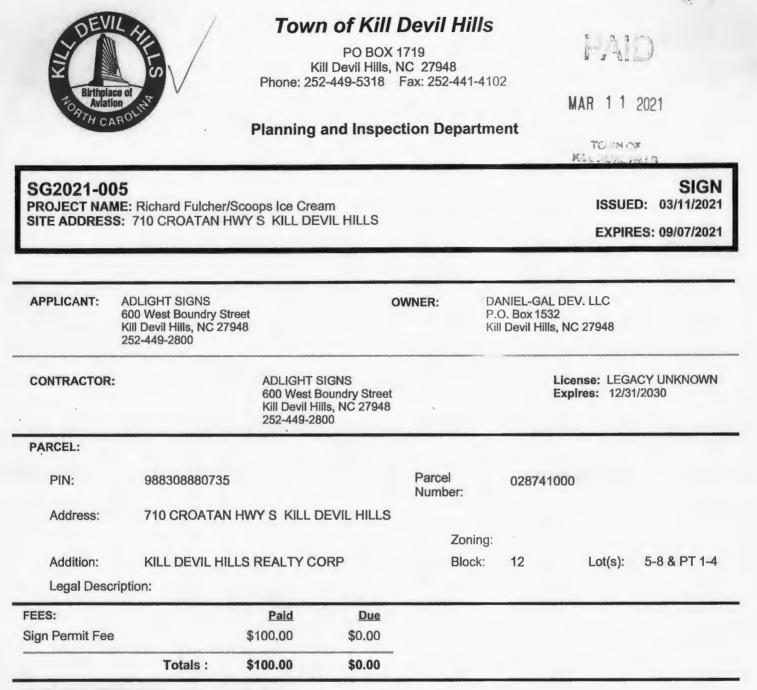
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or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

Marty Shaw Issued By:

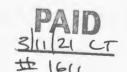
Contractor or Authorized Agent: _

Jam J. Ogue

Date: 03 / 24 / 2021



PROJECT DESCRIPTION: Sign on the building



SG2021-005

PROJECT NAME: Richard Fulcher/Scoops Ice Cream SITE ADDRESS: 710 CROATAN HWY S KILL DEVIL HILLS SIGN ISSUED: 03/11/2021

EXPIRES: 09/07/2021

DETAILS

Permit	
Name	Value
# OF SIGNS	1
SIGN - WALL PERMITTED (SQFT)	36.00
SIGN- WALL PROPOSED (SQ FT)	25.33
ZONING DISTRICT	С
PURPOSE	Commercial Accessory
CONSTRUCTION COST	1500.00
FLOOD ZONE	Х

REQUIRED INSPECTIONS

Final

CONDITIONS

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

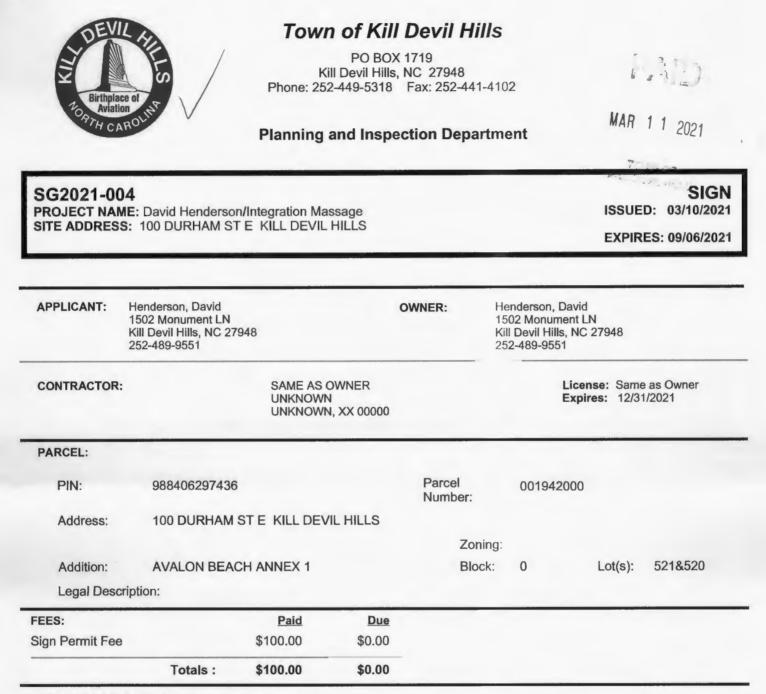
* Proposed sign cannot be flashing or intermittently illuminated or appear to be flashing or glittering or moving.

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

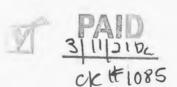
Lighting shall be shielded so as to prevent a direct view of the light from a residence or a street in a residential zone. * Zoning Final Inspection is required.

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

Issued By: Date: 3-11- 21 **Contractor or Authorized Agent:**



PROJECT DESCRIPTION: Freestanding sign



SG2021-004

PROJECT NAME: David Henderson/Integration Massage **SITE ADDRESS:** 100 DURHAM ST E KILL DEVIL HILLS SIGN ISSUED: 03/10/2021

EXPIRES: 09/06/2021

DETAILS

Value
1
64.00
50.00
С
Commercial Accessory
500.00
х

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.

* Sign cannot be any larger than 64 square feet. The proposed sign is 50 square feet. Sign on bottom is blank (18 square feet). The bottom sign cannot be used unless total sign does not exceed 64 square feet.

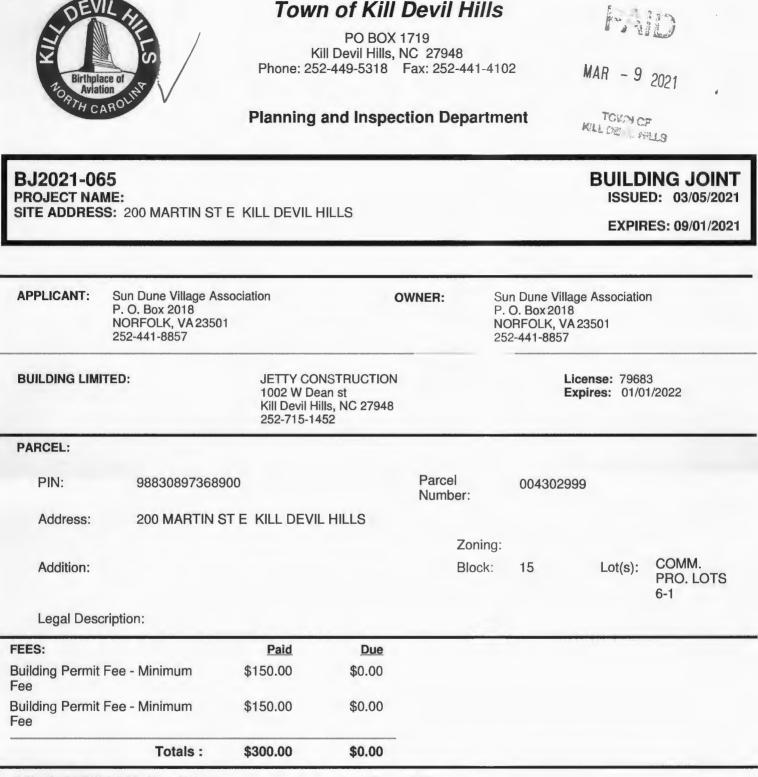
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or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

Issued By:

Contractor or Authorized Agent:

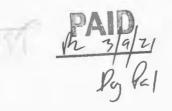
Date: ____

Printed by : Ryan Lang on: 03/10/2021 02:43 PM



Town of Kill Devil Hills

PROJECT DESCRIPTION: Water damage repairs to units 107 and 207



April

EXPIRES: 09/01/2021

Permit		DETAILS
Name	Value	
ZONING DISTRICT	С	
CAMA PERMIT	Ν	
CAMA EXEMPTION	Ν	
SUBSTANTIAL IMPROVEMENT	NO	
CONSTRUCTION TYPE	V	
CONSTRUCTION COST	40000.00	
CULVERT	Ν	
DRIVEWAY INVERT 2	Ν	
OCCUPANCY TYPE	Residential	
	REQUI	RED INSPECTIONS
Framing		Final
Rough In		Zoning Final
Insulation		
	CC	ONDITIONS
		ion authorized is not commenced within 6 months or if construction
work is suspended for a period		me after work has started. 4080 before pouring driveway!

All provisions of Laws and Ordinances gove specified herein or not. The granting of a per the provisions of any other state/local law re Marty Shaw	rning this type of wo mit does not presur	ork will be complied with whether ne to give authority to violate or cancel
Contractor or Authorized Agent:	Key Hay	Date: 03 / 08 / 2021

Printed by : Marty Shaw on: 03/05/2021 04:38 PM



Town of Kill Devil Hills

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

Planning and Inspection Department

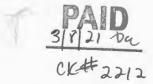
BJ2020-130 PROJECT NAME: Doug Williams SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS

BUILDING JOINT ISSUED: 03/04/2021

EXPIRES: 08/31/2021

APPLICANT:	WILLIAMS, DOUG & GWEN 101 BLACK RIDGE RUN ELIZABETH CITY, NC 27909 252-333-5200		(OWNER:	101 BLACK	CITY, NC 27909	
CONTRACTOR		SAME AS O UNKNOWN UNKNOWN				License: Same Expires: 12/3	
PARCEL:						2.5	
PIN:	987408991176	6		Parcel Number:	029667	000	
Address:	2100 BAY DR	KILL DEVIL HIL	LS				
				Zoni	ing:		
Addition:	KITTY HAWK	BAY CLUB		Bloc	ck: 0	Lot(s):	UNIT 1 LOT
Legal Desc	ription:						
FEES:		Paid	Due				
Building Permit	Fee - Minimum	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

PROJECT DESCRIPTION: Repair and replace storage under the house



BJ2020-130

PROJECT NAME: Doug Williams SITE ADDRESS: 2100 BAY DR KILL DEVIL HILLS ISSUED: 03/04/2021

EXPIRES: 08/31/2021

DETAILS

Permit	
Name	Value
ZONING DISTRICT	RL
CAMA PERMIT	Ν
CAMA EXEMPTION	Ν
FLOOD ZONE	AE
BASE FLOOD ELEVATION	4
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	500.00
CULVERT	Ν
DRIVEWAY INVERT 2	Ν

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.

* 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.

* Zoning Final Inspection is required.

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

* CAMA maintenance and repair letter is required.

No Birtingia No Birtingia Avia	ABOLINA	Town of Kill Dev PO BOX 1719 Kill Devil Hills, NC 2 Phone: 252-449-5318 Fax: 3 Planning and Inspection	7948 252-441-4	102
	ME: Kill Devil Hills Proper	ties LLC DR W KILL DEVIL HILLS		B ISSUED: EXPIRES
APPLICANT:	HALL, HERMAN 1407 PERCY ST Kill Devil Hills, NC 27948	OWNE		Kill Devil Hills Properties, LLC 1407 Percy St Kill Devil Hills, NC 27948 252-305-7082
CONTRACTOR	t: D and B Bulkheads 1505 Goldie St. Unit C Kill Devil Hills, NC 27948 252-455-6322			
UNLICENSED	BUILDER:	D and B Bulkheads 1505 Goldie St. Unit C Kill Devil Hills, NC 27948 252-455-6322		License: Unlicense: Unlicense: 02/01/2
PARCEL:				
PIN:	988316934943		rcel imber:	008479000
Address:	301 OCEAN ACRE	S DR W KILL DEVIL HILLS		
			Zoning	j:
Addition:	OCEAN ACRES TO	ACT 2 SEC 1	Plack	G Lot(c):

Printed by : Donna Elliott on: 02/10/2021 02:52 PM

BUILDING

ISSUED: 02/10/2021

EXPIRES: 08/09/2021

License: Unlicensed Expires: 02/01/2022



PIN: 988316934943			988316934943 Parcel Number:			1		
Address:	301 OCEAN	ACRES DR W KI	LL DEVIL HIL	LS				
				Zoning:				
Addition:	OCEAN ACR	ES TRACT 3 SEC	C 1	Block:	G	Lot(s):	1	
Legal Descrip	otion:							
FEES:		Paid	Due					
Building Permit Fe Fee	e - Minimum	\$150.00	\$0.00					

\$0.00

PROJECT DESCRIPTION: Replace pilings under shed

Totals :

\$150.00

PROJECT NAME: Kill Devil Hills Properties LLC **SITE ADDRESS:** 301 OCEAN ACRES DR W KILL DEVIL HILLS

j

BUILDING ISSUED: 02/10/2021

EXPIRES: 08/09/2021

DETAILS

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

REQUIRED INSPECTIONS

Zoning Final

Piling

Final

CONDITIONS

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

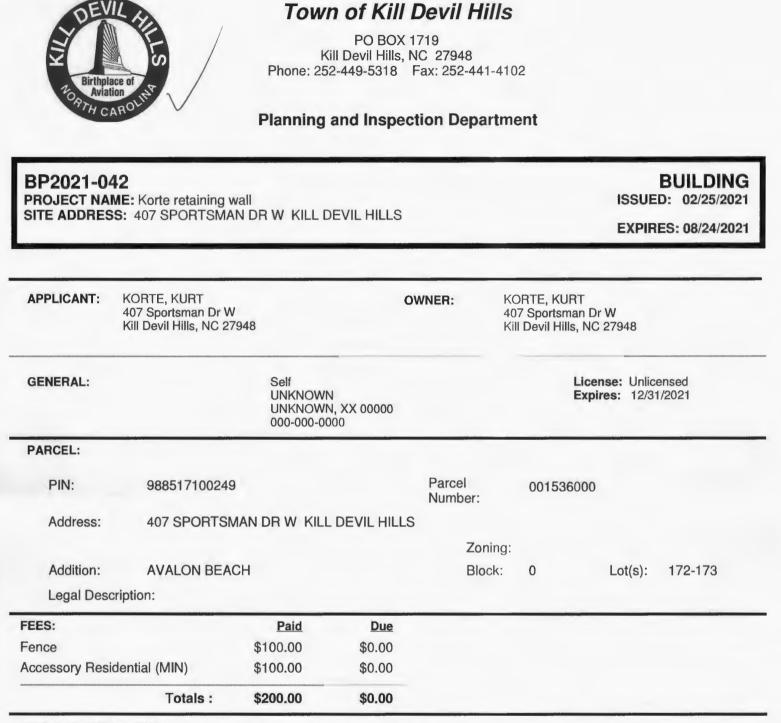
* The developer shall be responsible for maintaining erosion and sediment control at the disturbed area.

- * 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.

* Permit is to replace pilings under storage shed. This shed is for storage only. No heated/living space approved.

* Pilings must be embedded 8 feet.



PROJECT DESCRIPTION: fence and retaining wall around rear and side yards

The 2/24/21 Par Pal

PROJECT NAME: Korte retaining wall SITE ADDRESS: 407 SPORTSMAN DR W KILL DEVIL HILLS BUILDING ISSUED: 02/25/2021

EXPIRES: 08/24/2021

DETAILS

Permit	
Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	8
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	30554
FLOOD ZONE	Х
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	5000.00
SURVEYOR NAME AND NUMBER	Marty Barnette
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Special 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.



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

BP2021-043

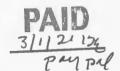
PROJECT NAME: Cahoon Driveway Addition SITE ADDRESS: 505 HOLLY ST W KILL DEVIL HILLS BUILDING ISSUED: 03/01/2021

1000ED. 00/01/2021

EXPIRES: 08/28/2021

5	AHOON, KARISSA 05 Holly St W ill Devil Hills, NC 21		(OWNER:	CAHOON, KA 505 Holly St V Kill Devil Hills	N	
GENERAL, UNLIM	ITED-UNCLASSIF	IED: HATCHEL PO Box 24 Manteo, No 252-202-15	C 27954	INC.		License: 34205 Expires: 12/31/	
PARCEL:							
PIN:	988312856172	2		Parcel Number:	0082230	002	
Address:	505 HOLLY S	T W KILL DEVIL	HILLS				
				Zoni	ng:		
Addition:	KILL DEVIL BI	EACH EXTENDE	ED	Bloc	k: Z	Lot(s):	3
Legal Descrip	tion:						
FEES:		Paid	Due				
Building Permit Fe Fee	e - Minimum	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

PROJECT DESCRIPTION: add concrete under existing house and to existing concrete driveway



4

PROJECT NAME: Cahoon Driveway Addition SITE ADDRESS: 505 HOLLY ST W KILL DEVIL HILLS BUILDING ISSUED: 03/01/2021

EXPIRES: 08/28/2021

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	Ν
CONSTRUCTION COST	3000.00
LOT COVERAGE	23.00
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	William S Jones L-2532
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

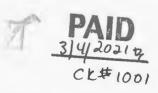
CONDITIONS

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

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

Birthplac Birthplac Aviation	ROLING	K Phone: 25	n of Kill D PO BOX 17 (ill Devil Hills, NG 2-449-5318 F and Inspect	719 C 27948 ax: 252-441-	4102		4 2021
	5 IE: Elijah Wisden S: 603 SPORTSMAN	I DR W KILL E	DEVIL HILLS			ISSUE	BUILDING D: 03/03/2021 ES: 08/30/2021
APPLICANT:	WISDEN, ELIJAH 603 Sportsman Dr Kill Devil Hills, NC 279	148	ov	VNER:	WISDEN, ELI. 603 Sportsma Kill Devil Hills,	n Dr	
CONTRACTOR:		SAME AS O UNKNOWN UNKNOWN				icense: Same Expires: 12/31	
PARCEL:							
PARCEL: PIN:	988517006088			Parcel Number:	0015420	000	
	988517006088 603 SPORTSM/	AN DR W KILL	. DEVIL HILLS		0015420	000	
PIN: Address:	603 SPORTSM/		. DEVIL HILLS	Number: Zonir	ng:		
PIN: Address: Addition:	603 SPORTSM		. DEVIL HILLS	Number:	ng:	000 Lot(s):	180-181
PIN: Address: Addition: Legal Desc	603 SPORTSM	н		Number: Zonir	ng:		180-181
PIN: Address: Addition:	603 SPORTSM		DEVIL HILLS Due \$0.00	Number: Zonir	ng:		180-181

PROJECT DESCRIPTION: Add 5' X 12' shed to rear yard



- Th

* *

Th

PROJECT NAME: Elijah Wisden SITE ADDRESS: 603 SPORTSMAN DR W KILL DEVIL HILLS BUILDING ISSUED: 03/03/2021

EXPIRES: 08/30/2021

DETAILS

Permit	
Name	Value
CAMA PERMIT	Ν
CAMA EXEMPTION	Ν
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
HEALTH DEPARTMENT PERMIT #	30376
FLOOD ZONE	Х
FINAL ELEVATION CERTIFICATE	Ν
CONSTRUCTION COST	5000.00
LOT COVERAGE	36.40
CONSTRUCTION TYPE	V
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

* The developer shall be responsible for maintaining erosion and sediment control	at the disturbed area.
* Must comply with Wind Borne Debris requirements as defined in NCBC R301.2.1	1.2 and NCBC 1609.2.
* Construction must meet all aspect of Chapter 153 Zoning including lot coverage a	and setbacks.
* Zoning Final Inspection is required.	
* Shed must be located at least 5' from side and rear property lines.	
* Ground anchors for hold down required on all corners.	
	and also and and and and and and also

Birthplac Aviation	ROLIN ^R	K Phone: 25	PO BOX (ill Devil Hills, i2-449-5318		4102	MAR -	5 2021
BP2021-04 PROJECT NAM SITE ADDRESS		TRL N KILL DE'	VIL HILLS				BUILDING ED: 03/04/2021 RES: 08/31/2021
APPLICANT:	WOLCOTT, LANA H 929 DITCHLEY ROA VIRGINIA BEACH, V	AD		OWNER:	WOLCOTT, L 929 DITCHLE VIRGINIA BE		1
BUILDING LIMIT	ED:	COASTAL PO BOX 14 kitty hawk, 252-489-03	nc 27949	S, LLC		L icense: 7930 E xpires: 01/0	
PARCEL:							
PIN:	988513047617	7		Parcel Number:	0000810	000	
Address:	3208 VA DAR	E TRL N KILL D	EVIL HILLS				
				Zonin	ng:		
Addition:	ORVILLE BEA	CH BLK 5		Block	k: 5	Lot(s):	4
Legal Descri	iption:						
FEES:		Paid	Due				
Building Permit F	ee - Minimum	\$150.00	\$0.00				
Fee							

PROJECT DESCRIPTION: Repair flat roof only

BP2021-047 **PROJECT NAME:** Wolcott SITE ADDRESS: 3208 VA DARE TRL N KILL DEVIL HILLS

EXPIRES: 08/31/2021

DETAILS

Permit	
Name	Value
CAMA PERMIT	Ν
CAMA EXEMPTION	N
ZONING DISTRICT	С
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	AO
FINAL ELEVATION CERTIFICATE	Ν
CONSTRUCTION COST	10000.00
CONSTRUCTION TYPE	III
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Framing

Final

Zoning Final

CONDITIONS

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

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

Issued By: Charles Thuman Contractor or Authorized Agent: Alex Wolcott

03/04/2021 Date:

	Totals :	\$150.00	\$0.00				
Building Permit	Fee - Minimum	\$150.00	\$0.00				
FEES:		Paid	Due				
Legal Desc	cription:						
Addition:	AVALON BEA	СН		Block	•	Lot(s):	215
				Zonin	g:		
Address:	701 SPORTS	MAN DR W KILL	DEVIL HILLS				
PIN:	988405094998	3		Parcel Number:	001573	3000	
PARCEL:							
GENERAL, UNI	LICENSED:	Paulson, M 400 W Ayc Kill Devil H 252-207-54	ock St ills, NC 27948			License: 0000 Expires: 03/0	
CONTRACTOR	: Paulson, Matt 400 W Aycock St Kill Devil Hills, NC 27 252-207-5461	7948					
APPLICANT:	GREGORY, JOHN V 701 SPORTSMAN E KILL DEVIL HILLS, I	RIVE	0	WNER:		JOHN W SMAN DRIVE HILLS, NC 2794	18
	48 ME: Gregory ramp S: 701 SPORTSMA	N DR W KILL E	DEVIL HILLS				BUILDIN D: 03/04/202 ES: 08/31/202
	- V	Planning	and Inspec	tion Depart	ment	E.	(OF () . Httl (
North CR	N LINK	Phone: 25		Fax: 252-441-4		MAR -	5 2021
Y			PO BOX 1	719	5		

BP2021-048 PROJECT NAME: Gregory ramp SITE ADDRESS: 701 SPORTSMAN DR W KILL DEVIL HILLS

BUILDING

ISSUED: 03/04/2021

EXPIRES: 08/31/2021

DETAILS

Permit	
Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	Ν
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	Х
FINAL ELEVATION CERTIFICATE	Ν
CONSTRUCTION COST	700.00
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.

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: 12 Date: 3-8-2021 Contractor or Authorized Agent:

NO Birthpla No ATH C	AROLINP	K Phone: 25	PO BOX III Devil Hills 2-449-5318	(1719 NC 27948 Fax: 252-441-	4102	MAR - 9 200 MAR - 9 200	
	49 ME: Pearson Roof Ad SS: 110 St. Clair St. V					BU ISSUED: 0 EXPIRES: 0	
APPLICANT:	DAWN PEARSON 110 W. St. Clair St. Kill Devil Hills, NC 279	948		OWNER:	DAWN PEAR 110 W. St. Cla Kill Devil Hills	air St.	
CONTRACTOR	 Shane Clark Construct 607 Indian Dr. Kill Devil Hills, NC 279 252-305-2477 						
BUILDING:		607 Indian	lls, NC 27948			.icense: 1234567 E xpires: 01/31/2022	2
PARCEL:							
PIN:	988308795356			Parcel Number:	0298220	065	
Address:	110 St. Clair St.	W Kill Devil Hi	lls				
				Zonii	ng:		
Addition: Legal Desc	Kitty Hawk Shor	res Subdivision		Block	k: 66	Lot(s): 13	
		Paid	Due	BUILDING ARE	A:		
EES:	Posidontial	\$240.00	\$0.00	Covered Porch	nes/Decks	320 SQF1	Г
FEES: Covered Porch	nesidential						



PROJECT NAME: Pearson Roof Addition SITE ADDRESS: 110 St. Clair St. W Kill Devil Hills BUILDING ISSUED: 03/04/2021

EXPIRES: 08/31/2021

DETAILS

Permit	
Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	С
PURPOSE	Residential Addition
FRONT YARD SETBACK	15
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	х
FINAL ELEVATION CERTIFICATE	Ν
CONSTRUCTION COST	28600.00
COVERED PORCHES/DECKS (SQFT)	320
CONSTRUCTION TYPE	V
SURVEYOR NAME AND NUMBER	John Maruskin L3760
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

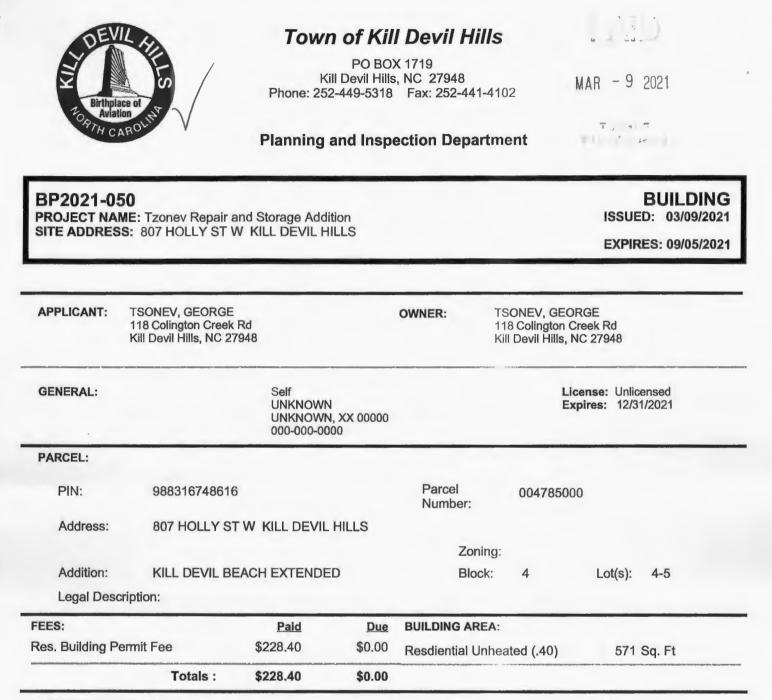
Zoning Final

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.



PROJECT DESCRIPTION: replace existing deck stairs, replace handrails and siding, enclose carport for storage

4

PROJECT NAME: Tzonev Repair and Storage Addition SITE ADDRESS: 807 HOLLY ST W KILL DEVIL HILLS

BUILDING ISSUED: 03/09/2021

EXPIRES: 09/05/2021

DETAILS Permit Name Value CAMA PERMIT N CAMA EXEMPTION N ZONING DISTRICT RL PURPOSE Residential Repair/Remodel FRONT YARD SETBACK 30 SIDE YARD SETBACK 10 REAR YARD SETBACK 20% Depth >30 FLOOD ZONE X FINAL ELEVATION N CERTIFICATE CONSTRUCTION COST 10000.00 STORAGE (SQFT) 571 CONSTRUCTION TYPE V SURVEYOR NAME AND Doug Styons L-3227 NUMBER One & Two Family OCCUPANCY TYPE Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

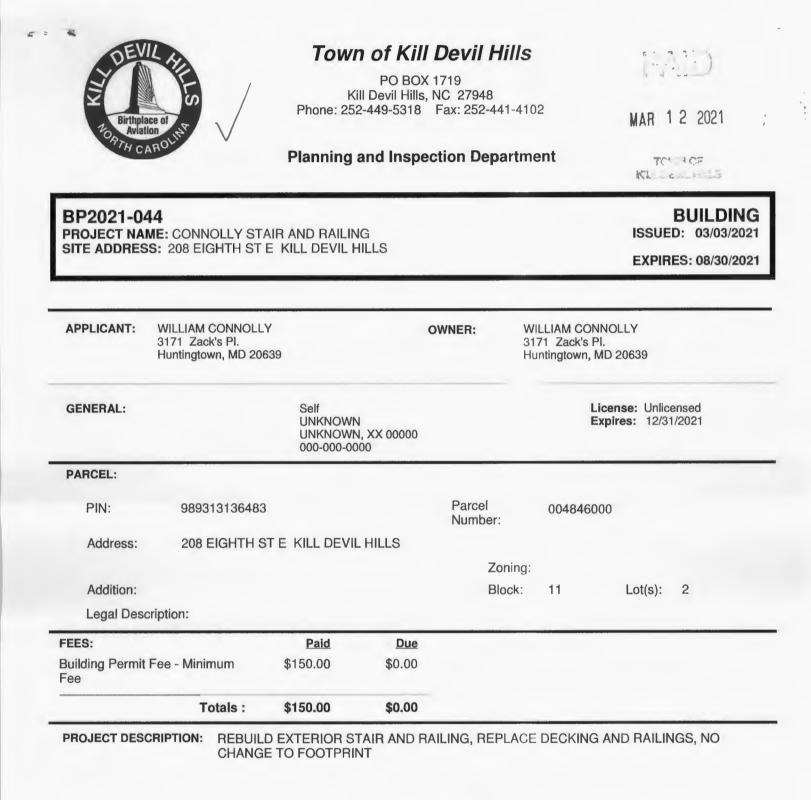
CONDITIONS

* 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.

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

Development mak meet all adpeate of employ for those Damage Frevention elements metalling also and elevation





PROJECT NAME: CONNOLLY STAIR AND RAILING SITE ADDRESS: 208 EIGHTH ST E KILL DEVIL HILLS

BUILDING ISSUED: 03/03/2021

EXPIRES: 08/30/2021

		DETAILS	
Permit			
Name	Value		
CAMA PERMIT	N		
CAMA EXEMPTION	N		
ZONING DISTRICT	С		
PURPOSE	Residential Repair/Remodel		
FRONT YARD SETBACK	30		
SIDE YARD SETBACK	8		
REAR YARD SETBACK	20% Depth >30		
FLOOD ZONE	Х		
FINAL ELEVATION CERTIFICATE	Ν		
CONSTRUCTION COST	1200.00		
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.

	A Card					
DEV	LHI	Town	of Kill	Devil Hil	ls	
Richards	L'ES	Kill Phone: 252	PO BOX Devil Hills, 1 -449-5318		-4102	MAR 1 5 2021
TORTH CA	ROLINP	Planning a	nd Inspec	tion Depar	tment	K
BP2021-05 PROJECT NAM SITE ADDRES		ill Devil Hills			A.s.	BUILDING ISSUED: 03/12/2021
APPLICANT:	Miller, Susan B			WNER:	Miller, Susan	EXPIRES: 09/08/2021
	3800 Elijah Baum kitty hawk, nc 27949 252-489-7543		Ū		3800 Elijah B kitty hawk, no 252-489-7543	aum 27949
CONTRACTOR	Midgetts Waterfront Co 334 Harbinger Ridge F Harbinger, NC 27941	ontstruction Road				
UNLICENSED E	BUILDER:		terfront Contst er Ridge Road C 27941			License: 12345 Expires:
PARCEL:						
PIN:	987408991771			Parcel Number:		600728001
Address:	2207 Bay Drive	KIII Devil Hills		Zoni	ng:	
				ZONI	ng.	
Addition:				Bloc	k:	Lot(s):
Addition: Legal Desc	ription: Lot 1 Block	76		Bloc	k:	Lot(s):
	ription: Lot 1 Block	76 <u>Paid</u>	Due	Bloc	k:	Lot(s):
Legal Desc	ription: Lot 1 Block		<u>Due</u> \$0.00	Bloc	k:	Lot(s):

PROJECT DESCRIPTION: new 250' pier

1

Printed by : Marty Shaw on: 03/12/2021 09:44 AM

BP2021-052 PROJECT NAME: Miller Pier SITE ADDRESS: 2207 Bay Drive Kill Devil Hills

BUILDING

EXPIRES: 09/08/2021

DETAILS

Permit	
Name	Value
CAMA PERMIT	Υ
CAMA EXEMPTION	Ν
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FLOOD ZONE	AE
BASE FLOOD ELEVATION	4
FINAL ELEVATION CERTIFICATE	Ν
CONSTRUCTION COST	27300.00

REQUIRED INSPECTIONS

Zoning Final

Slab/Foundation/Piling

Final

-

1

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: Mart	\sim		
Contractor or Authorized Agent: _	At MAA	Date: 3-15-21	

Birthpla NogTH C	ace of Link			X 1719 s, NC 27948 Fax: 252-441	-4102			1 7 2021
i H C	AHO	Planning	and Insp	ection Depa	rtment		ACC. SALE	- 14.98.13
	54 ME: BRYANT SHED SS: 706 VA DARE T		IL HILLS				SSUED	BUILDING 0: 03/16/2021 S: 09/12/2021
APPLICANT:	BRYANT, BENJAMI 32394 SUNBEAM R FRANKLIN, VA 2385 757-630-5742	D		OWNER:	32394 SU	BENJAMIN NBEAM RD N, VA 23851 742		
GENERAL:	·	Self UNKNOWI UNKNOWI 000-000-00	N, XX 00000			License: Expires:		
PARCEL:								
PIN:	98841972346	0		Parcel Number:	0037	31000		
Address:	706 VA DARE	TRL N KILL DE	EVIL HILLS					
				Zon	ing:			
Addition:		SHORES - REV	ISED	Bloo	ck: 21	Lo	ot(s):	4
Legal Dese	cription:							
FEES:		Paid	Due					
Accessory Res	idential (MIN)	\$100.00	\$0.00	Appl				
	Totals :	\$100.00	\$0.00					

Town of Kill Devil Hills

PROJECT DESCRIPTION: CONSTRUCT 8'X12' SHED IN REAR YARD

DEVIL

PAR 3/17/21

1 · · · · ·)

BP2021-054 PROJECT NAME: BRYANT SHED SITE ADDRESS: 706 VA DARE TRL N KILL DEVIL HILLS

EXPIRES: 09/12/2021

	DETAILS	
Permit		
Name	Value	
CAMA PERMIT	N	
CAMA EXEMPTION	N	
ZONING DISTRICT	RH	
PURPOSE	Residential Accessory	
FRONT YARD SETBACK	30	
SIDE YARD SETBACK	8	
REAR YARD SETBACK	20% Depth >30	
FLOOD ZONE	х	
FINAL ELEVATION CERTIFICATE	Ν	
CONSTRUCTION COST	900.00	
CONSTRUCTION TYPE	V	
OCCUPANCY TYPE	One & Two Family Dwelling	
	REQUIRED INSPECTIONS	X
Zoning Final	Final	
	CONDITIONS	and a general second

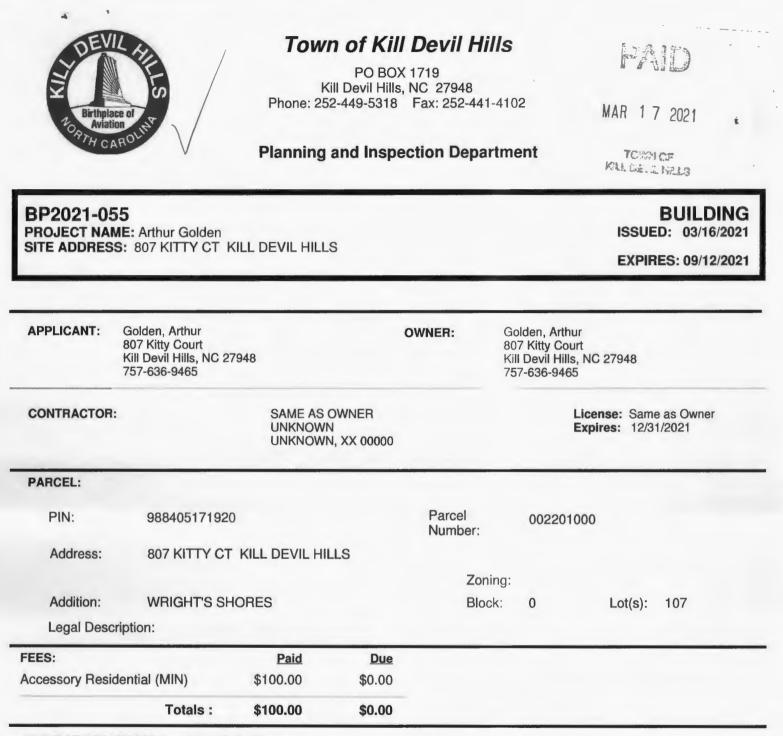
*	Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
	Zoning Final Inspection is required.

All provisions of Laws and Ordinanc specified herein or not. The granting	es governing this of a permit does r	lication and know the same to be true and correct. type of work will be complied with whether not presume to give authority to violate or cancel onstruction or the performance of construction.
Contractor or Authorized Agent-	3/33	Date: 03 / 16 / 2021

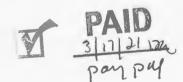
Contractor or Authorized Agent:

Printed by : Jordan Blythe on: 03/16/2021 12:10 PM

Date:



PROJECT DESCRIPTION: Add 12' X 12' shed



BP2021-055 PROJECT NAME: Arthur Golden SITE ADDRESS: 807 KITTY CT KILL DEVIL HILLS

EXPIRES: 09/12/2021

DETAILS

Permit	
Name	Value
CAMA PERMIT	Ν
CAMA EXEMPTION	Ν
ZONING DISTRICT	RL
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	10
REAR YARD SETBACK	20% Depth >30
HEALTH DEPARTMENT PERMIT #	30582
FLOOD ZONE	Х
FINAL ELEVATION CERTIFICATE	Ν
CONSTRUCTION COST	5334.00
LOT COVERAGE	19.08
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Desmalt

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.

NDEVI NOEVI No Aviation Aviation	ROLIN [®]	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		4102	MAR 18 2021
	8 NE: Robert Flintoff S: 3132 VA DARE	TRL N KILL DEV	VIL HILLS			BUILDING ISSUED: 03/18/2021 EXPIRES: 09/14/2021
APPLICANT:	FLINTOFF, ROBER 726 E RIVERVIEW I SUFFOLK, VA 2343	DRIVE	c	OWNER:		, ROBERT W ERVIEW DRIVE VA 23434
CONTRACTOR:		SAME AS O UNKNOWN UNKNOWN				License: Same as Owner Expires: 12/31/2021
PARCEL:						
PIN:	988513049312	2		Parcel Number:	02664	49000
Address:	3132 VA DAR	E TRL N KILL D	EVIL HILLS			
				Zonin	•	
Addition: Legal Desci	ORVILLE BEA	CH BLK 8		Block	.: 8	Lot(s): 3
FEES:		Paid	Due			
Building Permit I Fee	Fee - Minimum	\$150.00	\$0.00			
	Totals :	\$150.00	\$0.00			
PROJECT DESC	RIPTION: Replace	e stairs and railing	gs on deck			PAID 3/18/21 04

BP2021-058 PROJECT NAME: Robert Flintoff SITE ADDRESS: 3132 VA DARE TRL N KILL DEVIL HILLS

-

EXPIRES: 09/14/2021

DETAILS

Permit	
Name	Value
CAMA PERMIT	Ν
CAMA EXEMPTION	Ν
ZONING DISTRICT	С
PURPOSE	Residential Repair/Remodel
FLOOD ZONE	Х
FINAL ELEVATION CERTIFICATE	Ν
CONSTRUCTION COST	3200.00
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 complete the second	menced within 6 months or if construction
or work is suspended for a period of 12 months at any time after work has started	I.

*	The developer shall	l be	responsible	for	maintaining	erosion a	and	sediment	control	at	the	disturbed are	ea.
---	---------------------	------	-------------	-----	-------------	-----------	-----	----------	---------	----	-----	---------------	-----

* Cons	truction must m	eet all aspect of Ch	napter 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: Charles The	man	
Contractor or Authorized Agent:	RATO	Date: 03 / 18 / 2021

Zo Birthple Aviat	ace of st	К	PO BO	Devil Hil (1719 , NC 27948 Fax: 252-441-		MAR 2 4 2021
RTHCI	AROLINP	Planning	and Inspe	ection Depar	tment	Rel Letterne
BP2021-03 PROJECT NAI SITE ADDRES	57 ME: Woodard Framin S: 1635 VILLAGE L	ng Enclosure N KILL DEVIL ł	HILLS			BUILDING ISSUED: 03/16/2021 EXPIRES: 09/12/2021
APPLICANT:	WOODARD, JASON 1635 VILLAGE LN Kill Devil Hills, NC 27			OWNER:	WOODARD, JASC 1635 VILLAGE LN Kill Devil Hills, NC	
CONTRACTOR	: Surfside Construction 9506 S Old Oregon I nags head, nc 27959 252-548-9253	nlet Rd.				
UNLICENSED I	BUILDER:	Surfside Co 9506 S Old nags head, 252-548-92	Oregon Inlet nc 27959	Rd.		nse: Unlicensed es: 01/26/2029
PARCEL:						
PIN:	988410361054	ı		Parcel Number:	027169253	
Address:	1635 VILLAGE	ELN KILL DEVI	L HILLS			
Addition:	FIRST FLIGHT	T VILLAGE SEC	2	Zonii Block		Lot(s): 253
Legal Desc	cription:					
		Paid	Due	BUILDING ARE	A:	
FEES:		A100.00	\$0.00	Design and a little	hastad (40)	400 Ca Et
FEES: Res. Building P	ermit Fee	\$192.00	φ0.00	Resdiential Un	ineated (.40)	480 Sq. Ft

PROJECT DESCRIPTION: Frame in ground floor, no electrical, plumbing, or siding. House is 3 Bedroom currently

3

PROJECT NAME: Woodard Framing Enclosure SITE ADDRESS: 1635 VILLAGE LN KILL DEVIL HILLS BUILDING ISSUED: 03/16/2021

EXPIRES: 09/12/2021

DETAILS Permit Name Value CAMA PERMIT N N CAMA EXEMPTION ZONING DISTRICT RL PURPOSE **Residential Addition** FRONT YARD SETBACK 30 SIDE YARD SETBACK 10 REAR YARD SETBACK 20% Depth >30 HEALTH DEPARTMENT 30468 PERMIT # FLOOD ZONE Х **BASE FLOOD ELEVATION** 8 FINAL ELEVATION N CERTIFICATE CONSTRUCTION COST 7000.00 LOT COVERAGE 30.00 SURVEYOR NAME AND Carlos F. Gomez L3241 NUMBER **OCCUPANCY TYPE** One & Two Family Dwelling

REQUIRED INSPECTIONS

Zoning Final

Final

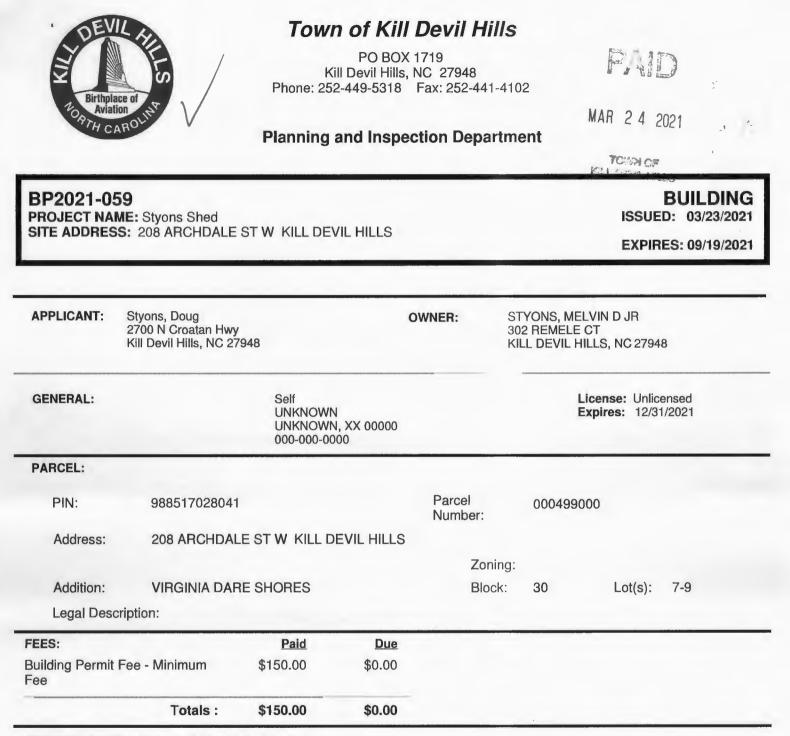
CONDITIONS

* 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.

* Permit is for framing ground floor addition only, does not include plumbing, mechanical or electrical.

* 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.



PROJECT DESCRIPTION: Add 6'x12' shed in rear yard

P - 3/25/21 P. P.

BP2021-059 PROJECT NAME: Styons Shed SITE ADDRESS: 208 ARCHDALE ST W KILL DEVIL HILLS

EXPIRES: 09/19/2021

	DET
Permit	
Name	Value
CAMA PERMIT	Ν
CAMA EXEMPTION	Ν
ZONING DISTRICT	С
PURPOSE	Residential Accessory
FRONT YARD SETBACK	30
SIDE YARD SETBACK	6
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	Х
FINAL ELEVATION CERTIFICATE	Ν
CONSTRUCTION COST	4500.00
LOT COVERAGE	34.80
SURVEYOR NAME AND NUMBER	Doug Styons L-3227
OCCUPANCY TYPE	Storage

REQUIRED INSPECTIONS

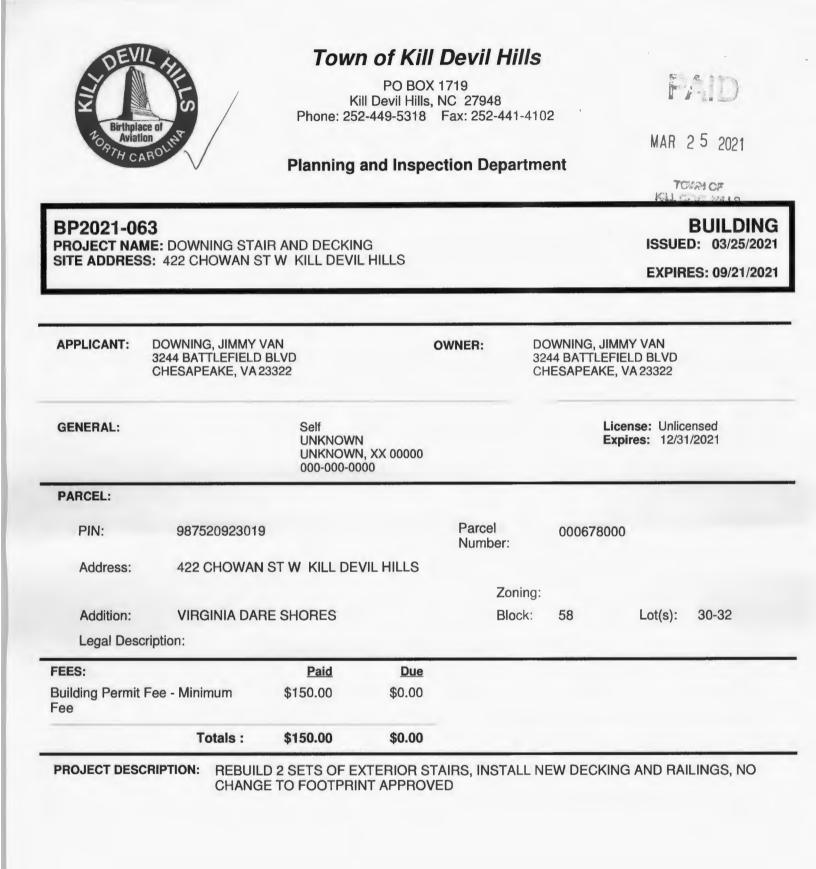
Zoning Final

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.



EXPIRES: 09/21/2021

	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	х	
FINAL ELEVATION CERTIFICATE	Ν	
CONSTRUCTION COST	2500.00	
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.

TO RITH CA	ROUMP	k Phone: 25	PO BO (ill Devil Hills (2-449-5318)	I Devil H X 1719 S, NC 27948 Fax: 252-44 ection Depa	1-4102	MAR 2	5 2021
	4 IE: Randy Metzger 3: 1507 DOGWOO	d ln kill dev	IL HILLS				BUILDING D: 03/25/2021 RES: 09/21/2021
APPLICANT:	METZGER, RANDY 2049 BAY DR KILL DEVIL HILLS,			OWNER:	METZGER, 2049 BAY I KILL DEVIL		8
CONTRACTOR:		SAME AS UNKNOWI UNKNOWI			Co Contraction Contraction	License: Same Expires: 12/3	
PARCEL:							
PIN:	98841313977	3		Parcel Number:	02698	2000	
Address:	1507 DOGWC	OD LN KILL DE	EVIL HILLS				
				Zor	ning:		
Addition: Legal Descr		Γ VLG Ρ̀Η Α SEC	03	Blo	ck: 0	Lot(s):	54-55
FEES:		Paid	Due				e over järdet
Building Permit F Fee	Fee - Minimum	\$150.00	\$0.00				
the definition of the state of	Totals :	\$150.00	\$0.00				

PROJECT DESCRIPTION: Shed

BP2021-064

8 . 7

PROJECT NAME: Randy Metzger SITE ADDRESS: 1507 DOGWOOD LN KILL DEVIL HILLS

EXPIRES: 09/21/2021

	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	20% Depth >30	
HEALTH DEPARTMENT PERMIT #	30666	
FLOOD ZONE	X	
FINAL ELEVATION CERTIFICATE	Ν	
CONSTRUCTION COST	3800.00	
LOT COVERAGE	16.10	
OCCUPANCY TYPE	One & Two Family Dwelling	

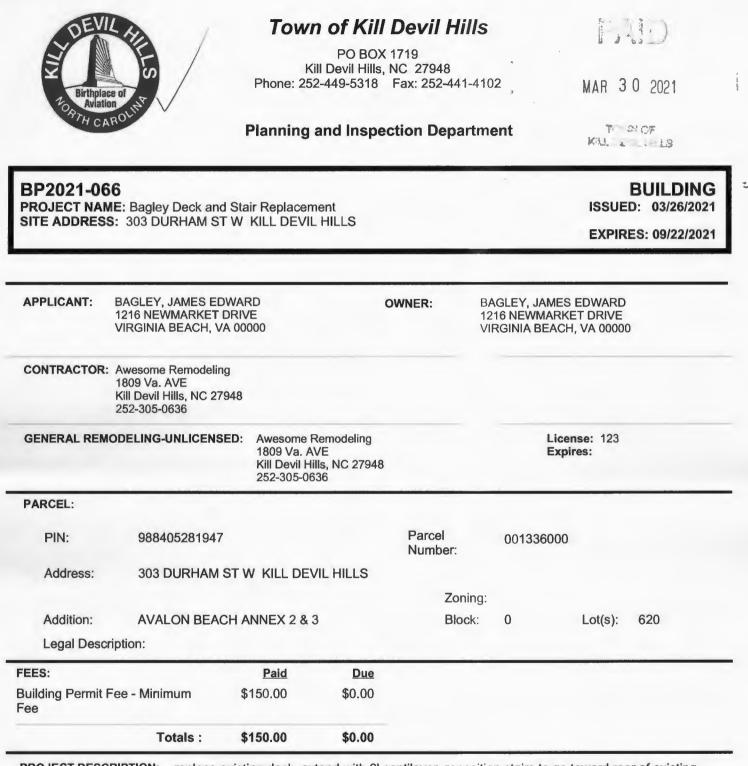
REQUIRED INSPECTIONS

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.	
* Shed must be located 5' from property lines.	



PROJECT DESCRIPTION: replace existing deck, extend with 2' cantilever, reposition stairs to go toward rear of existing house

Printed by : Marty Shaw on: 03/26/2021 04:39 PM

Page 1 of 3

BP2021-066

PROJECT NAME: Bagley Deck and Stair Replacement SITE ADDRESS: 303 DURHAM ST W KILL DEVIL HILLS

BUILDING ISSUED: 03/26/2021

EXPIRES: 09/22/2021

	DET	TAILS
Permit		
Name	Value	
CAMA PERMIT	Ν	
CAMA EXEMPTION	Ν	
ZONING DISTRICT	RL	
PURPOSE	Residential Repair/Remodel	
FRONT YARD SETBACK	15	
SIDE YARD SETBACK	6	
REAR YARD SETBACK	20% Depth >30	
HEALTH DEPARTMENT PERMIT #	30658	
FLOOD ZONE	Х	
FINAL ELEVATION CERTIFICATE	Ν	
CONSTRUCTION COST	6700.00	
LOT COVERAGE	36.00	
SURVEYOR NAME AND NUMBER	William S Jones L-2532	
OCCUPANCY TYPE	One & Two Family Dwelling	

REQUIRED INSPECTIONS

Zoning Final

Final

CONDITIONS

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

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

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

					(DMM		
Birthplace of Aviation	CHILLS .	Ki Phone: 252	PO BOX 7 ill Devil Hills, 1 2-449-5318		s 4102	, MAR	2 9 202	
BP2021-065 PROJECT NAME: SITE ADDRESS:							BUIL UED: 03/ PIRES: 09/	26/2021
	O. Box 1532 Il Devil Hills, NC 27	DEST I NATI PD 7948	ON FUN	WNER:	P.O. Box 1 Kill Devil Hi	ND C	4N	
GENERAL:		Self UNKNOWN UNKNOWN 000-000-00	N, XX 00000			License: U Expires: 1		
GENERAL: PARCEL:		UNKNOWN	N, XX 00000					
	988312965709		N, XX 00000	Parcel Number:	00432	Expires: 1		
PARCEL:			N, XX 00000 000	Number:	00432	Expires: 1		
PARCEL: PIN:			N, XX 00000 000	Number:		Expires: 1	2/31/2021	
PARCEL: PIN:	1217 CROATA		N, XX 00000	Number:	ng:	Expires: 1	2/31/2021	PT 10-
PARCEL: PIN: Address:	1217 CROATA	UNKNOWN UNKNOWN 000-000-00	N, XX 00000	Number: Zonir	ng:	Expires: 1:	2/31/2021	PT 10-
PARCEL: PIN: Address: Addition: Legal Descript	1217 CROATA	UNKNOWN UNKNOWN 000-000-00	N, XX 00000	Number: Zonir	ng:	Expires: 1:	2/31/2021	PT 10-
PARCEL: PIN: Address: Addition:	1217 CROATA KILL DEVIL H	UNKNOWN UNKNOWN 000-000-00 AN HWY S KILL ILLS REALTY CO	N, XX 00000 DEVIL HILLS	Number: Zonir	ng:	Expires: 1:	2/31/2021	PT 10-

EL2021-005

PAID CTHIMAN 3/38 (21 # 1837

P

BP2021-065 PROJECT NAME: DESTINATION FUN BUMPER CARS SITE ADDRESS: 1217 CROATAN HWY S KILL DEVIL HILLS

BUILDING

ISSUED: 03/26/2021

EXPIRES: 09/22/2021

DETAILS

Permit	
Name	Value
CAMA PERMIT	N
CAMA EXEMPTION	N
ZONING DISTRICT	С
PURPOSE	Commercial Repair/Remodel
FRONT YARD SETBACK	30
SIDE YARD SETBACK	20
REAR YARD SETBACK	20% Depth >30
FLOOD ZONE	X
FINAL ELEVATION CERTIFICATE	N
CONSTRUCTION COST	1000.00
CONSTRUCTION TYPE	IV
OCCUPANCY TYPE	Assembly

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

A DEVI A DEVI Birthplac Aviation Brithplac Aviation	Round	K Phone: 25	PO BO) (ill Devil Hills 2-449-5318	I Devil Hil X 1719 3, NC 27948 Fax: 252-441 ection Depar	4102	MAR 25	2021
BP2021-06 PROJECT NAM SITE ADDRESS	2 E: Brewing Station : 600 CROATAN	Stage Relocatio HWY S KILL DE	n VIL HILLS				BUILDING ED: 03/25/2021 RES: 09/21/2021
APPLICANT:	OUTER BANKS BRI P O BOX 2584 KILL DEVIL HILLS,			OWNER:	P O BOX 258	IKS BREWING 84 HILLS, NC 2794	
GENERAL:		Self UNKNOWI UNKNOWI 000-000-00	V, XX 00000			License: Unlia Expires: 12/3	
PARCEL:							
PIN:	988308799003	3		Parcel Number:	004035	000	
Address:	600 CROATA	N HWY S KILL (DEVIL HILLS	6			
				Zoni	ng:		200
Addition:	KITTY HAWK	SHORES - REV	ISED	Bloc	k: 68	Lot(s):	BLK 68 & JIB LOTS
Legal Descr	iption:						
FEES:		Paid	Due				
Building Permit F Fee	ee - Minimum	\$150.00	\$0.00				

PROJECT DESCRIPTION: relocate existing 12'x15' stage per site plan

BP2021-062

PROJECT NAME: Brewing Station Stage Relocation SITE ADDRESS: 600 CROATAN HWY S KILL DEVIL HILLS BUILDING ISSUED: 03/25/2021

EXPIRES: 09/21/2021

	DETAILS	
Permit		
Name	Value	
CAMA PERMIT	N	
CAMA EXEMPTION	Ν	
ZONING DISTRICT	С	
PURPOSE	Commercial Accessory	
FRONT YARD SETBACK	30	
SIDE YARD SETBACK	10	
STREET SIDE SETBACK	15	
FLOOD ZONE	X	
FINAL ELEVATION CERTIFICATE	Ν	
CONSTRUCTION COST	5000.00	
COVERED PORCHES/DECKS (SQFT)	180	
CONSTRUCTION TYPE	V	
SURVEYOR NAME AND NUMBER	Ben Cahoon 5413	
OCCUPANCY TYPE	Business	

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
0	work is suspended for a period of 12 months at any time after work has started.
*	Construction must meet all aspect of Chapter 153 Zoning including lot coverage and setbacks.
*	Zoning Final Inspection is required.
*	As-built survey will be required prior to Certificate of Occupancy or Certificate of Compliance.



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

BP2021-053 PROJECT NAME: Bird Store Roof SITE ADDRESS: 807 CROATAN HWY S KILL DEVIL HILLS

BUILDING ISSUED: 03/15/2021

EXPIRES: 09/11/2021

APPLICANT:	HARVEY, PHILLIP S PO Box 2502 Kill Devil Hills, NC 279 252-480-2951	948	O	WNER:	PO Bo Kill De	EY, PHILLI x 2502 vil Hills, NC 80-2951		
GENERAL BUIL	DING INTERMEDIATE	673 Old W	harf Road , NC 27981	REMODELING,	NC.		nse: 3250 res: 01/01	
PARCEL:								
PIN:	988308884594			Parcel Number:	0	08237000		
Address:	807 CROATAN	HWY S KILL	DEVIL HILLS					
				Zonin	g:			
Addition:	KILL DEVIL HIL	LS REALTY C	ORP	Block	: 2	2	Lot(s):	4,6,7
Legal Descr	ription:							
FEES:		Paid	Due					
Building Permit F Fee	Fee - Minimum	\$150.00	\$0.00					
	Totals :	\$150.00	\$0.00					

PROJECT DESCRIPTION: Remove and replace roof shingles

- 2 1505 0 1 AAM

Printed by : CTHUMAN on: 03/15/2021 04:41 PM

BP2021-053

PROJECT NAME: Bird Store Roof SITE ADDRESS: 807 CROATAN HWY S KILL DEVIL HILLS BUILDING ISSUED: 03/15/2021

EXPIRES: 09/11/2021

DETAILS Permit Name Value CAMA PERMIT N N CAMA EXEMPTION C ZONING DISTRICT PURPOSE Commercial Repair/Remodel FLOOD ZONE X **FINAL ELEVATION** Ν CERTIFICATE CONSTRUCTION COST 12885.00 CONSTRUCTION TYPE V OCCUPANCY TYPE Merchantile

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: aller **Contractor or Authorized Agent:** Date



Town of Kill Devil Hills

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

Planning and Inspection Department

MAR 1 1 2021

10 10

1.20

BP2021-051

PROJECT NAME: Comfort Inn Canopy SITE ADDRESS: 1601 S Virginia Dare Trl Kill Devil Hills

APPLICANT: COMFORT INN OWNER: COMFORT INN **1632 SPRING HOUSE TRAIL 1632 SPRING HOUSE TRAIL** VIRGINIA BEACH, VA 23455 VIRGINIA BEACH, VA 23455 441-6333 441-6333 OCEAN BUILDERS LLC License: 56420 **GENERAL:** PO BOX 160 Expires: 12/31/2021 Manns Harbor, NC 27953 252-480-5514 PARCEL: Parcel PIN: 989309153607 008301000 Number: 1601 S Virginia Dare Trl Kill Devil Hills Address: Zoning: Block: 0 Lot(s): 191-200 Addition: OCEAN ACRES INC Legal Description: FEES: Paid Due \$0.00 **Building Permit Fee - Minimum** \$150.00 Fee Totals : \$150.00 \$0.00

PROJECT DESCRIPTION: Removed damaged portions of the front entry canopy. Permit does not include repairs.

BUILDING ISSUED: 03/11/2021

EXPIRES: 09/07/2021

BP2021-051 PROJECT NAME: Comfort Inn Canopy SITE ADDRESS: 1601 S Virginia Dare Trl Kill Devil Hills

BUILDING ISSUED: 03/11/2021

EXPIRES: 09/07/2021

		DETAILS
Permit		
Name	Value	
CAMA PERMIT	N	
CAMA EXEMPTION	Ν	
ZONING DISTRICT	OIR	
PURPOSE	Commercial Repair/Remodel	
FLOOD ZONE	х	
FINAL ELEVATION CERTIFICATE	Ν	
CONSTRUCTION COST	2500 0.00	
CONSTRUCTION TYPE	111	
OCCUPANCY TYPE	Residential	

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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



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

MC2021-044 PROJECT NAME: Petrakis HVAC SITE ADDRESS: 1541 VA DARE TRL N KILL DEVIL HILLS

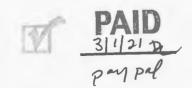
MECHANICAL

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

APPLICANT:	Petrakis, Paul 2828 Hidden Lake D WILLIAMSBURG, V/			OWNER:	Petrakis, Paul 2828 Hidden I WILLIAMSBU		
MECHANICAL:	NICAL: R A HOY PO Box 265 Kitty Hawk, NC 279 252-261-2008					license: 1305 Expires: 12/3	
PARCEL:							
PIN:	988411567286	616		Parcel Number:	0280590	000	
Address:	1541 VA DARI	ETRLN KILLD	EVIL HILLS				
				Zoni	ing:		
Addition:	GOLDEN STR	AND CONDOS		Bloc	sk: A	Lot(s):	1-5 - UNIT F-1
Legal Desci	ription:						
EES:		Paid	Due				
Mechanical Perr	nit Fee	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

PROJECT DESCRIPTION: C/O 2 ton HVAC system



• •

MC2021-044 PROJECT NAME: Petrakis HVAC SITE ADDRESS: 1541 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL

ISSUED: 02/25/2021

EXPIRES: 08/24/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6728.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

. . .

CONDITIONS

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

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

Charles Thuman Issued By: C

Contractor or Authorized Agent:

Jackyn Slater

Date: 02 / 25 / 2021

TO ATH CA	BOLINY	Town of Kill PO BO2 Kill Devil Hills Phone: 252-449-5318 Planning and Inspe	X 1719 5, NC 27948 Fax: 252-441-	4102	
MC2021-04 PROJECT NAI SITE ADDRES	43 ME: Arthur Beyer S: 1817 SEA SWEPT R	D KILL DEVIL HILLS			MECHANICAL ISSUED: 02/24/2021 EXPIRES: 08/23/2021
APPLICANT:	American Refrigeration He Electrical LLC 116 Johy Lloyd RD Point Harbor, NC 27964 252-715-3335	eating Cooling &	OWNER:	BODNER, JAC 121 Old Duck I kitty hawk, nc 2	Road
ELECTRICAL -	LIMITED:	American Refrigeration LLC 116 Johy Lloyd RD Point Harbor, NC 27964 252-715-3335			icense: 32136 xpires: 01/28/2022
PARCEL:					
PIN:	988409069964		Parcel Number:	0023800	00
Address:	1817 SEA SWEPT	RD KILL DEVIL HILLS			
			Zonir	ng:	
Addition:	SEA HOLLY RIDGE		Block	C C	Lot(s): 7
Legal Desc	ription:				
FEES:		Paid Due			

FEES:		Paid	Due
Mechanical Permit Fe	e	\$150.00	\$0.00
	Totals :	\$150.00	\$0.00

PROJECT DESCRIPTION: HVAC

3

PAID 311/21 Da Pay pag

MC2021-043 PROJECT NAME: Arthur Beyer SITE ADDRESS: 1817 SEA SWEPT RD KILL DEVIL HILLS

3

ISSUED: 02/24/2021

EXPIRES: 08/23/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6550.00
FLOOD ZONE	х
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

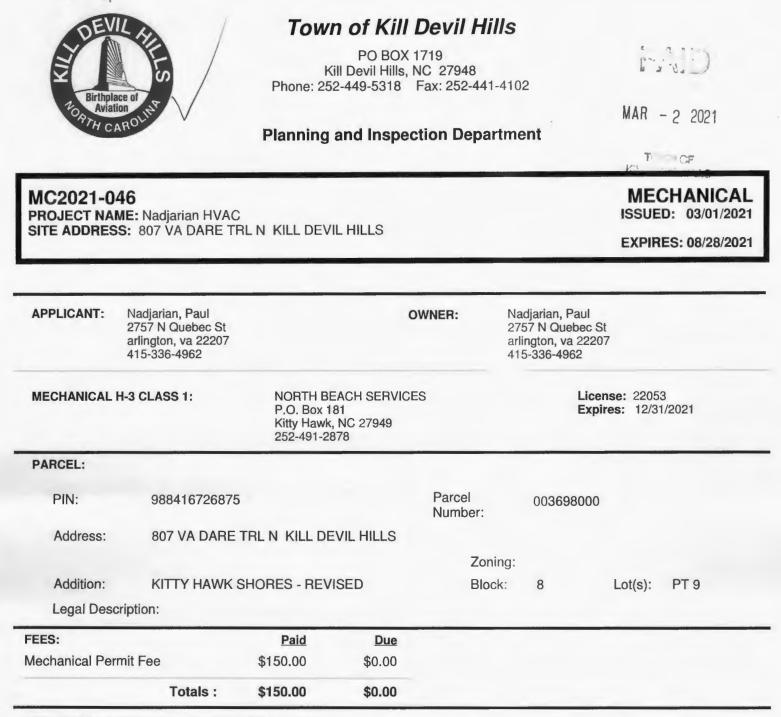
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

Contractor or Authorized Agent:

Mark Coleman

Date: 02 / 26 / 2021



PROJECT DESCRIPTION: C/O 2 HVAC systems

M 3/2

MC2021-046

13

PROJECT NAME: Nadjarian HVAC SITE ADDRESS: 807 VA DARE TRL N KILL DEVIL HILLS MECHANICAL

ISSUED: 03/01/2021

EXPIRES: 08/28/2021

DETAILS

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

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

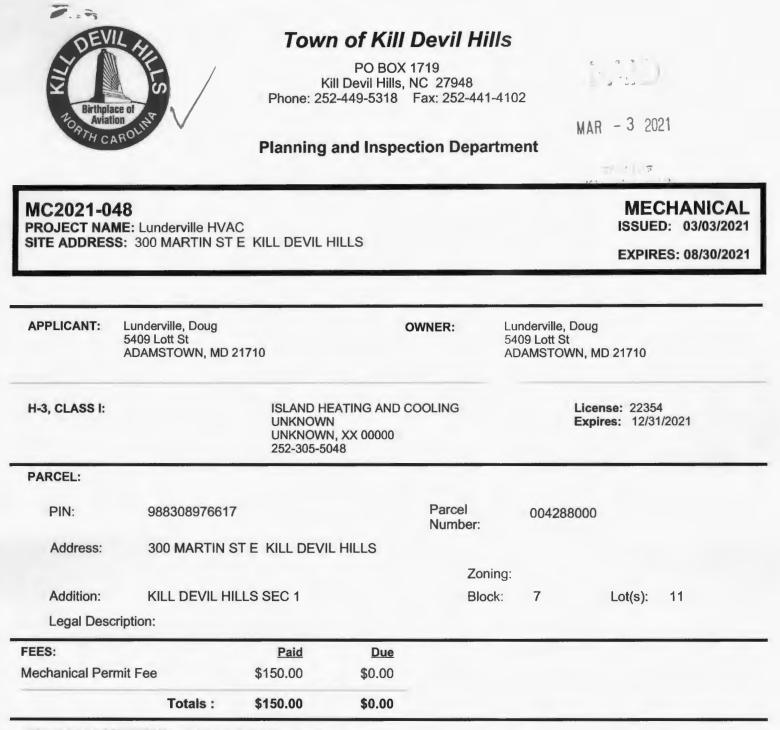
Issued By:

charles Thuman

Contractor or Authorized Agent:

Gabby WILLis

Date: _____03 / 01 / 2021



PROJECT DESCRIPTION: C/O 2.5 & 3.5 Ton heat pumps only

MC2021-048

PROJECT NAME: Lunderville HVAC **SITE ADDRESS:** 300 MARTIN ST E KILL DEVIL HILLS MECHANICAL ISSUED: 03/03/2021

EXPIRES: 08/30/2021

DETAILS Permit Value Name PURPOSE Residential Repair/Remodel 5675.00 CONSTRUCTION COST V CONSTRUCTION TYPE X FLOOD ZONE NATURAL GAS SIGNOFF N OCCUPANCY TYPE One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

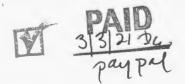
Issued By:

Contractor or Authorized Agent:

_ Date: ____

Birthplac Zorrhy CA	ROLINE	K Phone: 25	PO BO) ill Devil Hills 2-449-5318	I Devil Hil (1719 , NC 27948 Fax: 252-441- ection Depar	4102	MAR	- 5 2021
	17 IE: Akers HVAC 5: 222 WILKINSON	STE KILL DEV	/IL HILLS			ISSU	CHANICAL ED: 03/03/2021 RES: 08/30/2021
APPLICANT:	Akers, Katherine 10 Allaine St. BRONXVILLE, NY 10 917-747-2898	0708		OWNER:	Akers, Katho 10 Allaine S BRONXVILL 917-747-285	t. _E, NY 10708	
MECHANICAL:		R A HOY PO Box 26 Kitty Hawk, 252-261-20	NC 27949			License: 130 Expires: 12/3	
PARCEL:							
PIN:	988513132448	3		Parcel Number:	03083	4000	
Address:	222 WILKINSC	ON STE KILL D	EVIL HILLS				
				Zoni	ng:		
Addition:	VIRGINIA DAF	RE SHORES		Bloc	k: 10	Lot(s):	30-32
Legal Desci	ription:						
FEES:		Paid	Due				
Mechanical Pern	nit Fee	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

PROJECT DESCRIPTION: C/O 1.5 ton HVAC system on lower level



MC2021-047

PROJECT NAME: Akers HVAC SITE ADDRESS: 222 WILKINSON ST E KILL DEVIL HILLS MECHANICAL

ISSUED: 03/03/2021

EXPIRES: 08/30/2021

DETAILS

Value
Residential Repair/Remodel
6276.00
V
Х
N
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

rles Thuman Issued By:

Contractor or Authorized Agent: _

Jackyn Slater

Date: 03 / 03 / 2021

NO BITHPIA	ce of the second	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		-4102	MAR - 9 2021
MC2021-0 PROJECT NAI SITE ADDRES		ST KILL DEVIL H	IILLS			MECHANICA ISSUED: 03/09/202 EXPIRES: 09/05/202
APPLICANT:	Jorgensen, Anne Ka 1723 Apache ST Kill Devil Hillsl, NC 2			OWNER:	1723 Apac	Anne Katherine ne ST Isl, NC 27948
H-3, CLASS I:			Dogwood Trail hores, NC 279			License: 30070 Expires: 12/31/2021
PARCEL:						
PIN:	988409168544	ţ		Parcel Number:	00270	3002
Address:	1723 APACHE	ST KILL DEVIL	HILLS			
				Zon	ing:	
Addition:	HIGH VIEW - I	HEDRICKS ADD	1	Bloc	ck: E	Lot(s): 2
Legal Desc	ription:					
FEES:		Paid	Due			
		\$150.00	\$0.00			
Mechanical Per	mit Fee	φ100.00	φ0.00			

PROJECT DESCRIPTION: HVAC replacement

Pur 3/9/21 Pur Del

ISSUED: 03/09/2021

EXPIRES: 09/05/2021

DETAILS

Value
Residential Repair/Remodel
6600.00
V
Х
Ν
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

. . .

CONDITIONS

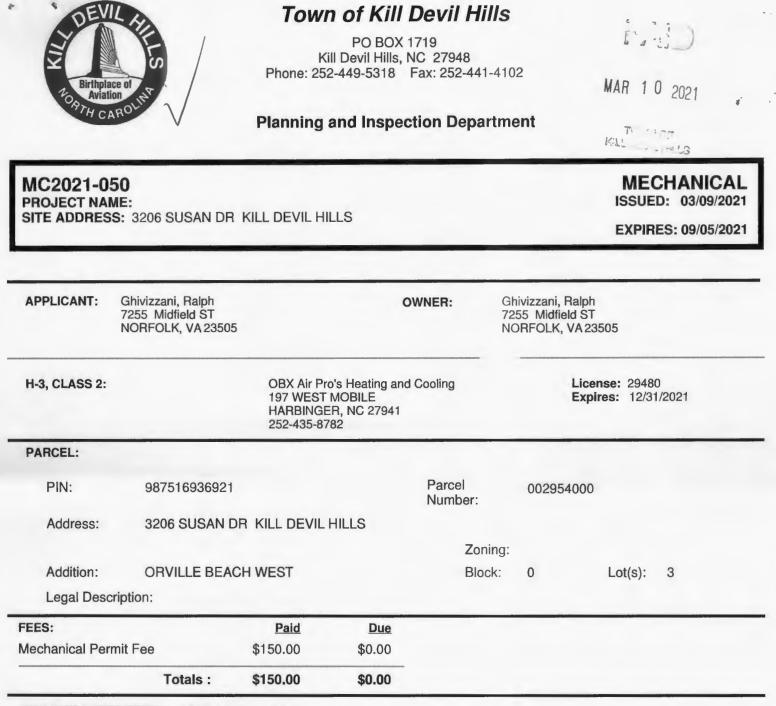
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

Issued By: Marty Shaw

Contractor or Authorized Agent: Steve Smith

Date: 03 / 09 / 2021



PROJECT DESCRIPTION: HVAC replacement

ISSUED: 03/09/2021

EXPIRES: 09/05/2021

DETAILS

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

REQUIRED INSPECTIONS

Final

Downit

CONDITIONS

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

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

Issued By:

Lee Guthrie

Date: 03 / 09 / 2021

Contractor or Authorized Agent:

-	
VDE	VIL HI
Ž	LS I
2 Birth	place of s
ORTH	CAROLINA

PROJECT NAME: SAGA New 4 Bedroom House SITE ADDRESS: 605 ZEN LANE Kill Devil Hills

BJ2021-055

Town of Kill Devil Hills

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

Planning and Inspection Department

MAR 1 0 2021

- vi

BUILDING JOINT

ISSUED: 03/08/2021

EXPIRES: 09/04/2021

APPLICANT:	Water Oak Residen PO Box 90 Kill Devil Hills, NC 2 252-441-9003				Water Oak Resid PO Box 90 Kill Devil Hills, N 252-441-9003			
CONTRACTOR	SAGA CONSTRUC 1314 S Croatan Hw Kill Devil Hills, NC 2 252-441-9003							
GENERAL BUILDING - LIMITED:		1314 S Cro PO Box 90 Kill Devil Hi	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:	98841422550	7		Parcel Number:				
Address:	605 ZEN LAN	E Kill Devil Hills						
				Zoning	j:			
Addition:				Block:		Lot(s):		
Legal Desc	ription: Lot 53, W	/ater Oak Resider	ntial Commu	inity				
FEES:		Paid	Due	BUILDING AREA	:			
Res. Building Pe	ermit Fee	\$1,890.40	\$0.00	Resdiential Unh	eated (.40)	436 Sq. Ft		
Covered Porch I	Residential	\$28.50	\$0.00	Covered Porche	s/Decks	38 SQFT		
		\$50.00	\$0.00	# of Temporary	Poles	1 EA		
T-Pole						2288 sq. Ft.		

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

Water Charges PAID Water Tap #: T244108

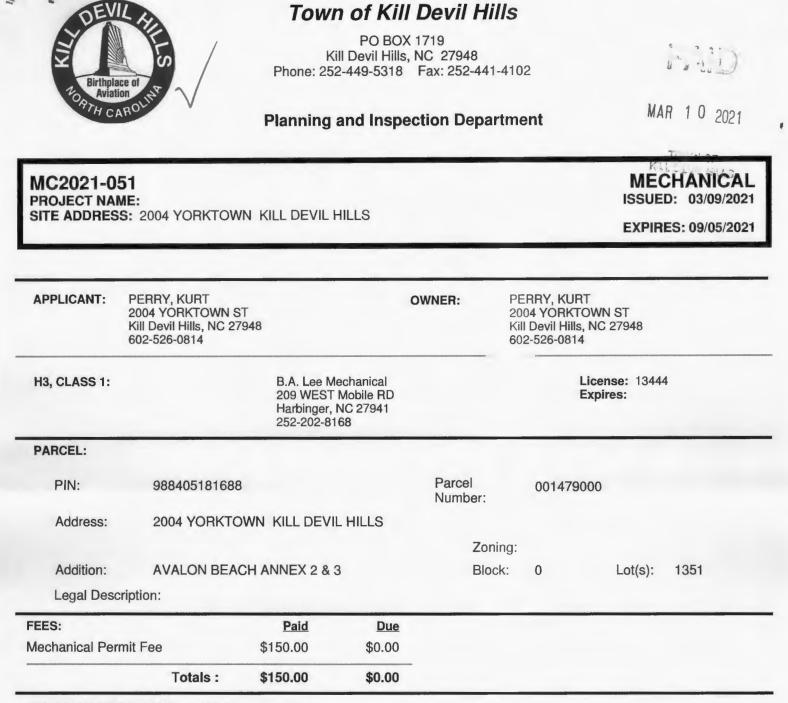
BUILDING JOINT ISSUED: 03/08/2021

EXPIRES: 09/04/2021

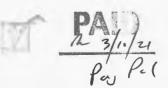
BJ2021-055 PROJECT NAME: SAGA New 4 Bedroom House SITE ADDRESS: 605 ZEN LANE Kill Devil Hills

DETAILS	
---------	--

Permit	
Name	Value
ZONING DISTRICT	RL
FRONT YARD SETBACK	30
REAR YARD SETBACK	20% Depth >30
SIDE YARD SETBACK	8
# PARKING SPACES/BEDROOM	4
CAMA PERMIT	N
CAMA EXEMPTION	N
FLOOD ZONE	Х
BASE FLOOD ELEVATION	8
Proposed First Floor Elevation	8.30
SUBSTANTIAL IMPROVEMENT	NO
PURPOSE	Residential New
CONSTRUCTION TYPE	V
CONSTRUCTION COST	275000.00
LOT COVERAGE	35.20
LIVING SPACE (SQFT)	2288
COVERED PORCHES/DECKS (SQFT)	38
GARAGE (SQFT)	436
TOTAL SQUARE FOOTAGE	2762
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



PROJECT DESCRIPTION: HVAC replacement



SITE ADDRESS: 2004 YORKTOWN KILL DEVIL HILLS

ISSUED: 03/09/2021

EXPIRES: 09/05/2021

DETAILS

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

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

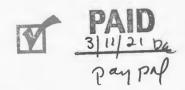
Issued By:

Contractor or Authorized Agent:

Date: 03/09/2021

N DEVI N DEVI Birthplac Aviatio	ROLINP.	Town of Kill Devil Hills PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 Planning and Inspection Department				MAR 1 1 2021		
MC2021-05 PROJECT NAM SITE ADDRESS		LN KILL DE	VIL HILLS			ISSUE	CHANICAL D: 03/10/2021 ES: 09/06/2021	
APPLICANT:	HERBERT LEE PAUL I 307 College Ave. Ashland, VA 00000	II		OWNER:	HERBERT L 307 College Ashland, VA	Ave.		
MECHANICAL:		American F P.O. Box 8 nags head, 252-305-53	nc 27959			License: 1557 Expires: 12/3		
PARCEL:								
PIN:	988513220874			Parcel Number:	003033	3000		
Address:	2709 VA DARE T		EVIL HILLS					
				Zoni	ng:			
Addition:	VIRGINIA DARE	SHORES PL	AT B	Bloc	k: 0	Lot(s):	25	
Legal Desci	ription:							
		Paid	Due					
FEES:								
FEES: Mechanical Pern	nit Fee	\$150.00	\$0.00					

PROJECT DESCRIPTION: Replace heat pump only.



ISSUED: 03/10/2021

EXPIRES: 09/06/2021

DETAILS Permit Name Value PURPOSE Residential Repair/Remodel CONSTRUCTION COST 4400.00 V CONSTRUCTION TYPE VE FLOOD ZONE 12 BASE FLOOD ELEVATION NATURAL GAS SIGNOFF N OCCUPANCY TYPE One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By:

Contractor or Authorized Agent: Vonna Chesson

03/10/2021 Date:

N DEVI N DEVI No Birthplac No Aviation	ROLINA	Town of Kill Devil Hills PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102			MAR 1 1 2021			
MC2021-05 PROJECT NAM SITE ADDRESS		RLN KILL DEV	VIL HILLS			ME	CHANIC/ ED: 03/10/2 RES: 09/06/2	021
APPLICANT:	CRAIG, ELAINE JOH 4106 PRINCESS ANN WILSON, NC 27896	NSON N CIRCLE	C	OWNER:	CRAIG, ELA 4106 PRINCI WILSON, NO	INE JOHNSON ESS ANN CIR C 27896	N CLE	
MECHANICAL:		R A HOY PO Box 26 Kitty Hawk, 252-261-20	NC 27949			License: 130 Expires: 12/		
PARCEL:								_
PIN:	988518302906			Parcel Number:	002319	0000		
Address:	2051 VA DARE	TRL N KILL D	EVIL HILLS					
				Zonir	ng:			
Addition:	MILES CLARK			Block	c: 0	Lot(s):	7	
Legal Desc	ription:							
		D 11	Due					
FEES:		Paid	DUG					
FEES: Mechanical Perr	nit Fee	<u>Paid</u> \$150.00	\$0.00					

PROJECT DESCRIPTION: HVAC replacement



ISSUED: 03/10/2021

EXPIRES: 09/06/2021

DETAILS Permit Value Name PURPOSE Residential Repair/Remodel CONSTRUCTION COST 3858.00 CONSTRUCTION TYPE V FLOOD ZONE VE BASE FLOOD ELEVATION 12 NATURAL GAS SIGNOFF N OCCUPANCY TYPE One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By:

Jackyn Slater

Date: 03 / 11 / 2021

Contractor or Authorized Agent:

Birthplace of Aviation Print CAROUNT	Phone: 2	PO BOX Kill Devil Hills, 52-449-5318	1719 NC 27948 Fax: 252-44	1-4102	MAR 1 1 2021
MC2021-056 PROJECT NAME: SITE ADDRESS: 405 VA	DARE TRL S KILL DEV	/IL HILLS		,9	MECHANICAL ISSUED: 03/10/2021 EXPIRES: 09/06/2021
APPLICANT: ON TRADI P. O. Box Kill Devil Hi		(OWNER:	ON TRADING P. O. Box 389 Kill Devil Hills,)
PARCEL:					
PIN: 98842	0809320L1		Parcel	0081180	000
Address: 405 V	A DARE TRL S KILL D	EVIL HILLS	Number:		
Addition: SUBD	IVISION - NONE		Zor Blo	ning: ck: 0	Lot(s): PAR. 2 & 3 & UNBRD.
FEES:	Paid	Due			
Mechanical Permit Fee	\$150.00	\$0.00			
То	tals : \$150.00	\$0.00			
PROJECT DESCRIPTION:	HVAC replacement				
and a state of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	DETAIL	S		
Permit					
Name	Value				
PURPOSE	Commercial Repair/Remodel			12	PAID
CONSTRUCTION COST	25959.00			0	3/11/21 04
CONSTRUCTION TYPE	III				paypap
FLOOD ZONE	х				
NATURAL GAS SIGNOFF	Ν				
	Residential				

Printed by : Marty Shaw on: 03/10/2021 11:27 AM

Page 1 of 2

MC2021-056 PROJECT NAME: SITE ADDRESS: 405 VA DARE TRL S KILL DEVIL HILLS MECHANICAL ISSUED: 03/10/2021

EXPIRES: 09/06/2021

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.

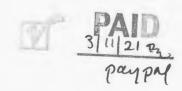
I hereby certify that I have read and examined this application and know the same to be true and correct.
All provisions of Laws and Ordinances governing this type of work will be complied with whether
specified herein or not. The granting of a permit does not presume to give authority to violate or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

Contractor or Authorized Agent: _______Jaclyn Slater

Date: 03/11/2021

Birthplace RogTH CAR	Town of Kill Devil Hills PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 Planning and Inspection Department			MAR 1 1 2021				
MC2021-055 PROJECT NAMI SITE ADDRESS		TRL N KILL DEV	/IL HILLS			l:	MECHAN SSUED: 03 EXPIRES: 09	/10/2021
	CROCKFORD, WILI 5910 BENFIELD DR ALEXANDRIA, VA 2			OWNER:	5910 BENI	ord, Willi Field Dr Ria, Va 223		
MECHANICAL:		R A HOY PO Box 26 Kitty Hawk, 252-261-20	NC 27949			License: Expires:	13056 12/31/2021	
PARCEL:								
PIN:	988411567286	621		Parcel Number:	0280	64000		
Address:	1529 VA DAR	E TRL N KILL D	EVIL HILLS					
				Zoni	ng:			
Addition:	GOLDEN STR	AND CONDOS		Bloc	k: A	Lo	ot(s): 1-5 - G-3	UNIT
Legal Descri	ption:							
FEES:		Paid	Due					
		\$1E0.00	\$0.00					
Mechanical Permi	it Fee	\$150.00	φ0.00					

PROJECT DESCRIPTION: HVAC replacement



ISSUED: 03/10/2021

EXPIRES: 09/06/2021

DETAILS Permit Name Value PURPOSE Residential Repair/Remodel CONSTRUCTION COST 3453.00 CONSTRUCTION TYPE V VE FLOOD ZONE **BASE FLOOD ELEVATION** 12 N NATURAL GAS SIGNOFF OCCUPANCY TYPE Residential REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By:

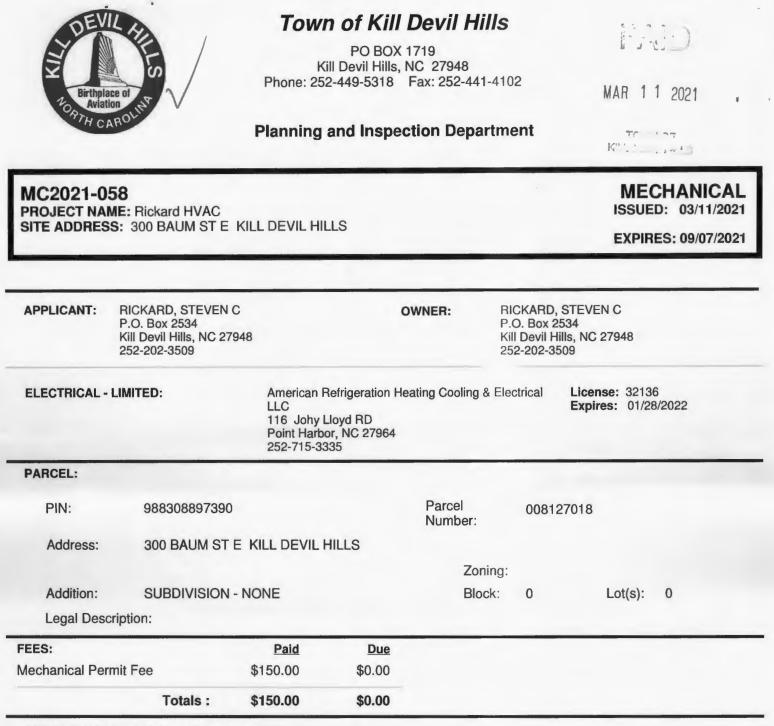
Jackyn Slater

Date: 03 / 11 / 2021

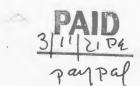
Printed by : Marty Shaw on: 03/10/2021 11:22 AM

Marty Shaw

Contractor or Authorized Agent:



PROJECT DESCRIPTION: C/O 2 Ton HVAC system in Unit C



MC2021-058 **PROJECT NAME: Rickard HVAC**

SITE ADDRESS: 300 BAUM ST E KILL DEVIL HILLS

ISSUED: 03/11/2021

EXPIRES: 09/07/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5400.00
CONSTRUCTION TYPE	V
FLOOD ZONE	х
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

Downit

CONDITIONS

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

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

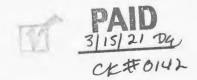
Issued By: Charles	Thuman	
--------------------	--------	--

Contractor or Authorized Agent: Donna Chesson

03/11/2021 Date:

Aviati	CE OF UNIT	ĸ	PO BO	I Devil Hil (1719 , NC 27948 Fax: 252-441-		
20RTH CR	ROL	Planning	and Inspe	ection Depar	tment TC -PHOF KN S - CH MALO	
MC2021-0 PROJECT NAI SITE ADDRES		D W KILL DEV	IL HILLS		MECHANICA ISSUED: 03/12/20 EXPIRES: 09/08/20	021
APPLICANT:	Dobie, Seth 24 Marshall Rd. NATICK, MA 01760 781-941-4565			OWNER:	Dobie, Seth 24 Marshall Rd. NATICK, MA01760 781-941-4565	
MECHANICAL	H-3, CLASS 1:	PO Box 39	6 , NC 27949	cooling Co., LLC	License: 31438 Expires: 12/31/2021	
PARCEL:				11.02/2		_
PIN:	988312767280)		Parcel Number:	004489000	
Address:	507 AIRSTRIP	RD W KILL DE	VIL HILLS			
				Zoni	ng:	
Addition:		LLS REALTY C	ORP	Bloc	k: 35 Lot(s): 7	
Legal Desc	cription:					
FEES:		Paid	Due			
Mechanical Per	mit Fee	\$150.00	\$0.00			
	Totals :	\$150.00	\$0.00			

PROJECT DESCRIPTION: HVAC replacement



MC2021-059 PROJECT NAME: SITE ADDRESS: 507 AIRSTRIP RD W KILL DEVIL HILLS

ISSUED: 03/12/2021

EXPIRES: 09/08/2021

DETAILS

Value
Residential Repair/Remodel
6645.00
V
х
N
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

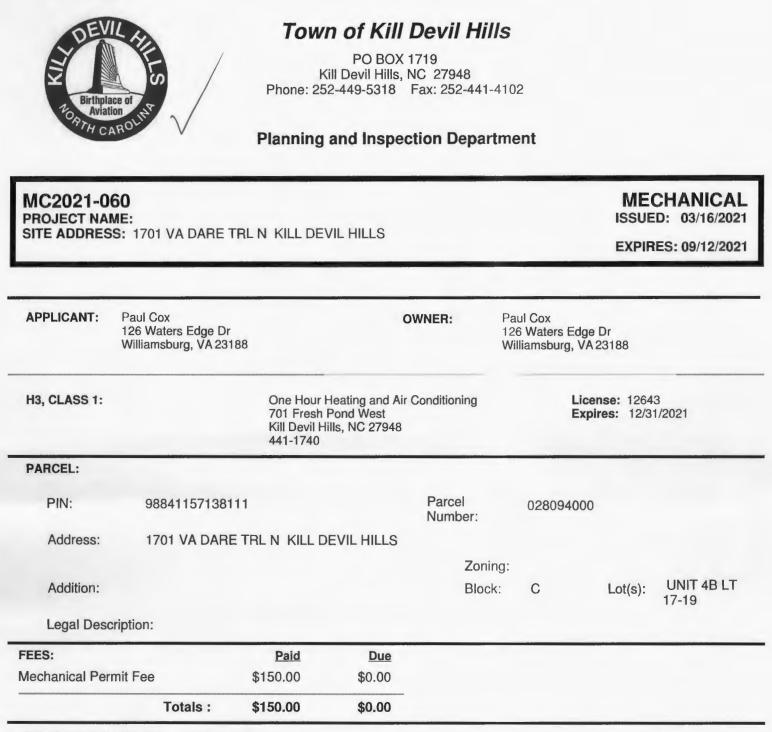
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

Marty Shaw **Issued By:**

Contractor or Authorized Agent: Dil Anderson

Date: 03 / 12 / 2021



PROJECT DESCRIPTION: HVAC replacement

P

- -



MC2021-060 PROJECT NAME:

2

9

SITE ADDRESS: 1701 VA DARE TRL N KILL DEVIL HILLS

EXPIRES: 09/12/2021

DETAILS

Permit		
Name	Value	
CONSTRUCTION COST	4306.00	
CONSTRUCTION TYPE	V	
FLOOD ZONE	VE	
BASE FLOOD ELEVATION	12	
NATURAL GAS SIGNOFF	N	
OCCUPANCY TYPE	Residential	

REQUIRED INSPECTIONS

Final

Dormit

CONDITIONS

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

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

issued By:

Contractor or Authorized Agent: Tom McDonOld

Date: 03 / 16 / 2021



-

10

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

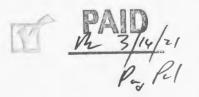
ZP2021-018 PROJECT NAME: Karen Yundak SITE ADDRESS: 311 GUNAS DR KILL DEVIL HILLS

ZONING PERMIT ISSUED: 03/15/2021

EXPIRES: 09/11/2021

APPLICANT:	Yundak, Karen 311 Gunas Drive Kill Devil Hills, NC 27 952-486-3024	7948		OWNER:	Yundak, Kare 311 Gunas D Kill Devil Hills 952-486-3024	rive 5, NC 27948	
CONTRACTOR	:	SAME AS O UNKNOWN UNKNOWN				License: Same Expires: 12/31/	
PARCEL:						4	
PIN:	988316934557	,		Parcel Number:	008438	000	
Address:	311 GUNAS D	R KILL DEVIL H	HILLS				
				Zoni	ng:		
Addition:	OCEAN ACRE	S TRACT 3 SEC	C 1	Bloc	k: D	Lot(s):	17
Legal Desc	cription:						
FEES:		Paid	Due				
ence		\$100.00	\$0.00				
······································	Totals :	\$100.00	\$0.00	-			

PROJECT DESCRIPTION: Fence



Downia

ZP2021-018 **PROJECT NAME: Karen Yundak** SITE ADDRESS: 311 GUNAS DR KILL DEVIL HILLS

ZONING PERMIT ISSUED: 03/15/2021

EXPIRES: 09/11/2021

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	Х
PURPOSE	Residential Accessory
CONSTRUCTION COST	850.00
CULVERT	N
DRIVEWAY INVERT 2	N

REQUIRED INSPECTIONS

Final

Zoning Final

CONDITIONS

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

Call for a string line inspection before installing the fence.

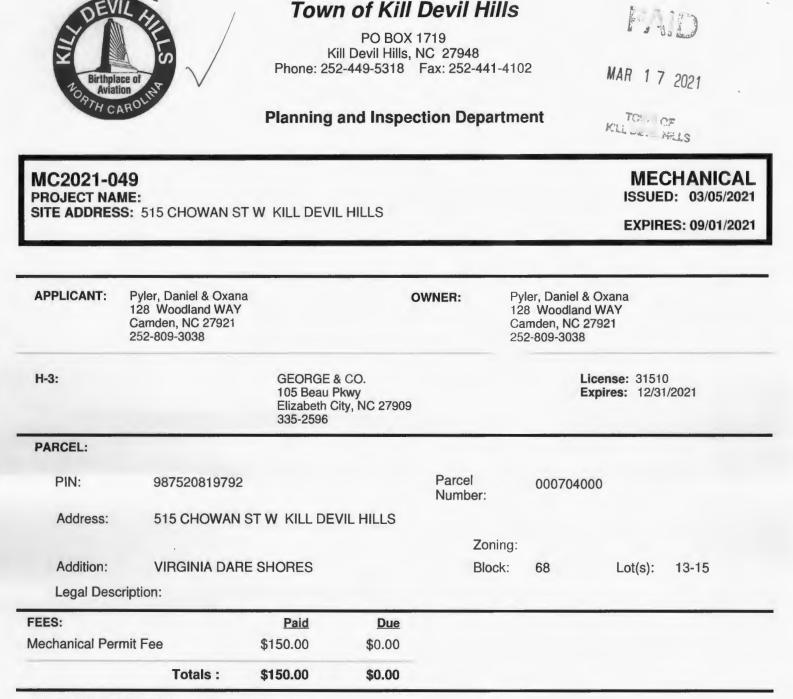
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or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

other state/local Belliot Karenyforduk Issued By:

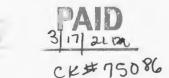
03/15/2021 Date:

Printed by : Donna Elliott on: 03/15/2021 03:09 PM

Contractor or Authorized Agent:



PROJECT DESCRIPTION: HVAC replacement



ISSUED: 03/05/2021

EXPIRES: 09/01/2021

DETAILS

Value
Residential Repair/Remodel
4500.00
V
Х
N
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By:

Marty Shaw

Contractor or Authorized Agent: BEORDE HARRELL

03700. Date: 03/05/2021

Birthplace of Aviation R7H CAROLINE	K Phone: 25	PO BOX 1 ill Devil Hills, N 2-449-5318		MAR 1 7 2021
MC2021-061 PROJECT NAME: SITE ADDRESS: 504 LOBL	OLLY CT KILL DEVIL	HILLS		MECHANICAL ISSUED: 03/16/2021 EXPIRES: 09/12/2021
APPLICANT: MASLIN SEA 504 Lobioliy C Kill Devil Hills	öt.	0	504 Lo	N SEAL blolly Ct. vil Hills, NC 27948
MECHANICAL, PLUMBING, EI	2039 Newb		ND MECHANICAL, LLC	License: 20044 H-3, P, 22217-L Expires: 12/31/2021
PARCEL:				
PIN: 9884092			Parcel 00 Number:	02520272
Address: 504 LOE	BLOLLY CT KILL DEV	IL HILLS	7	
Addition: FIRST F	LIGHT VILLAGE SEC	2	Zoning: Block: 0	Lot(s): 272
EES:	Paid	Due		
Mechanical Permit Fee	\$150.00	\$0.00		
Total	s: \$150.00	\$0.00		
PROJECT DESCRIPTION: H	VAC replacement			
		DETAILS	3	
Permit				
Name	Value		130	PAIN
CONSTRUCTION COST	6050.00		12	3/17/2/17
CONSTRUCTION TYPE	V			pay pal
FLOOD ZONE	X			
NATURAL GAS SIGNOFF OCCUPANCY TYPE	N One & Two Family Dwelling			

Printed by : Marty Shaw on: 03/16/2021 11:00 AM

Page 1 of 2

MC2021-061 PROJECT NAME: SITE ADDRESS: 504 LOBLOLLY CT KILL DEVIL HILLS

MECHANICAI ISSUED: 03/16/2021

EXPIRES: 09/12/2021

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. Marty Shaw

Issued By:

Contractor or Authorized Agent: _____ Christopher & Sterner

Date: 03 / 16 / 2021

EY DEVIL		к	PO BOX ill Devil Hills, I	NC 27948		
Birthplace of Aviation	LINIP			Fax: 252-441		MAR 1 8 2021 .
						TORMOF
MC2021-057 PROJECT NAME: SITE ADDRESS:	Milasus HVAC	Unit 111-B1 Kill	Devil Hills			MECHANICAI ISSUED: 03/11/202 EXPIRES: 09/07/202
17 Ui	ilasus, Victor 700 Paget Rd nit 111-B1 Il Devil Hills, NC 2	7948	C)WNER:	Milasus, 1700 Pa Unit 111- Kill Devil	get Rd
MECHANICAL, H-3	, l:	MASTER H P.O. Box 7 Kitty Hawk, 255-0095		COOLING		License: 18066 Expires: 12/31/2021
PARCEL:						
PIN:	98830927406	114		Parcel Number:		
Address:	1700 Paget Re	d Unit 111-B1 K	ill Devil Hills			
Addition:				Zoni Bloc	0	Lot(s):
Legal Descript	Unit 111-E					
		Paid	Due			
FEES:						
FEES: Mechanical Permit	Fee	\$150.00	\$0.00			

PROJECT DESCRIPTION: C/O 2.5 Ton HVAC system

3] 18/21 124 Pay pag

ISSUED: 03/11/2021

EXPIRES: 09/07/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6750.00
CONSTRUCTION TYPE	V
FLOOD ZONE	Х
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

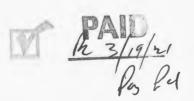
harles Thuman Issued By:

Contractor or Authorized Agent: H. W. Francis

Date: 03 / 11 / 2021

Y DEVIL	ALL'S	к	PO BO	I Devil Hil X 1719 S, NC 27948 Fax: 252-441-	1		PAIL)	•
Porthplace of Aviation	LING	Thone. 20	2 445-5510	1 44. 202 441	102	N	IAR 192	021	•
TCAN		Planning	and Insp	ection Depar	tment		TOXIN OF KILL DEVEL H		
MC2021-062 PROJECT NAME: SITE ADDRESS:	Neal HVAC	E ST KILL DEV	IL HILLS				ISSUED	HANIC 03/18/2 S: 09/14/2	2021
81	EAL, DAVID 1 Wild Swan Ln tty hawk, nc 27949			OWNER:	NEAL, DA 81 Wild Sv kitty hawk,	van Ln	49		
ELECTRICAL, LIMI	ITED:	Coastal Ele 172 Bean I Harbinger, 252-548-42	anding Rd. NC 27941				nse: 31329 res: 04/06/2	2021	
PARCEL:									
PIN:	988406296760)		Parcel Number:	0019	37000			
Address:	102 CHARLOT	ITE ST KILL DE	VIL HILLS						
				Zoni	ng:				
Addition:	AVALON BEA	CH ANNEX 1		Bloc	k: 0		Lot(s):	512	
Legal Descript	tion:								
FEES:		Paid	Due						
Mechanical Permit	Fee	\$150.00	\$0.00						
	Totals :	\$150.00	\$0.00						

PROJECT DESCRIPTION: Install 2 Ton HVAC system with duct work



MC2021-062 PROJECT NAME: Neal HVAC SITE ADDRESS: 102 CHARLOTTE ST KILL DEVIL HILLS

EXPIRES: 09/14/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6000.00
CONSTRUCTION TYPE	III
FLOOD ZONE	Х
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

rles Thuman Issued By

Contractor or Authorized Agent:

BRF,

Date: 03 / 18 / 2021

DEV	LHI	Tow		Devil Hill	S	E.	
Birthpla		K Phone: 25	PO BOX ill Devil Hills, I 2-449-5318		102	MAR	1 9 2021
PORTH C	AROLINY	Planning	and Inspec	ction Depart	ment		, 1 g H.,
MC2021-0 PROJECT NAI	64 ME: Major HVAC S: 503 VA DARE T						HANICAL 03/18/2021
	S. SUS VA DARE I					EXPIRE	S: 09/14/2021
APPLICANT:	Major, Jeffery 12002 Settle Ct Fairfax, VA 22033		c	OWNER:	Major, Jeffery 12002 Settle Ct Fairfax, VA 2203	3	
H3, CLASS 1:		701 Fresh	Heating and Air Pond West	Conditioning		ense: 12643 bires: 12/31/	2021
		Kill Devil H 441-1740	ills, NC 27948				·
PARCEL:			ills, NC 27948				
PARCEL: PIN:	988420719999	441-1740	ills, NC 27948	Parcel Number:	003686008	3	
		441-1740			003686008	3	
PIN: Address:		441-1740 908				3	
PIN:		441-1740 908		Number:	g:	B Lot(s):	1,2 UNIT 8
PIN: Address:	503 VA DARE	441-1740 908		Number: Zonin	g:		1,2 UNIT 8
PIN: Address: Addition: Legal Desc FEES:	503 VA DARE	441-1740 908 TRL N KILL DE <u>Paid</u>		Number: Zonin	g:		1,2 UNIT 8
PIN: Address: Addition:	503 VA DARE	441-1740 908 TRL N KILL DE	EVIL HILLS	Number: Zonin	g:		1,2 UNIT 8

PROJECT DESCRIPTION: Replace 2 Ton heat pump only

M 2/19/21 Unch # 2010

1:00

MC2021-064 **PROJECT NAME: Major HVAC**

SITE ADDRESS: 503 VA DARE TRL N KILL DEVIL HILLS

MECHANICAL ISSUED: 03/18/2021

EXPIRES: 09/14/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	4185.00
CONSTRUCTION TYPE	V
FLOOD ZONE	AE
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

harles Thuman Issued By:

Contractor or Authorized Agent: Tom McDonold

Date: 03 / 19 / 2021

Page 2 of 2

Birthplac Port Aviation	E OT INP	K Phone: 25	PO BO) ill Devil Hills 2-449-5318	I Devil Hil (x 1719 (s, NC 27948 Fax: 252-441 Ection Depar	4102	MAR 1 9 2021	,
MC2021-06 PROJECT NAM SITE ADDRESS		VE KILL DEVIL	HILLS			MECHANI ISSUED: 03/19 EXPIRES: 09/15	/2021
APPLICANT:	McEwen, John 905 Spar Court NEW BERN, NC 285	560		OWNER:	McEwen, John 905 Spar Cour NEW BERN, N	t	
MECHANICAL:		American F P.O. Box 8 nags head, 252-305-53	nc 27959			cense: 15578 xpires: 12/31/2021	
PARCEL:							
PIN:	988409065531	1		Parcel Number:	0025150	12	
Address:	1811 SUNSET	AVE KILL DEV	IL HILLS				
				Zoni	ng:		
Addition:	CROATAN SH	IORES INC SEC	1	Bloc	k: 17	Lot(s): 12	
Legal Descr	iption:						
FEES:		Paid	Due				
Mechanical Pern	nit Fee	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

PROJECT DESCRIPTION: HVAC replacement

Por Por Por

EXPIRES: 09/15/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5800.00
CONSTRUCTION TYPE	V
FLOOD ZONE	Х
NATURAL GAS SIGNOFF	Ν
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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: Donna Chesson

Date: 03 / 19 / 2021

1				•
THE THE	т	OWN OF KIII	719	
Birthplace of Aviation PRTH CAROLINE	Phor	Kill Devil Hills, N ne: 252-449-5318 I		02 MAR 1 9 2021
TH CAROL	Plan	ning and Inspec	tion Departm	Met in s
MC2021-063 PROJECT NAME: Slice SITE ADDRESS: 710 C		LL DEVIL HILLS		MECHANICAI ISSUED: 03/18/202 EXPIRES: 09/14/202
P.O. Box	GAL DEV. LLC 1532 Hills, NC 27948	0	P	ANIEL-GAL DEV. LLC .O. Box 1532 ill Devil Hills, NC 27948
H3, CLASS 1:	701 Kill D	Hour Heating and Air (Fresh Pond West Devil Hills, NC 27948 1740	Conditioning	License: 12643 Expires: 12/31/2021
PARCEL:				
PIN: 988	308880735		Parce! Number:	028741000
Address: 710	CROATAN HWY S	KILL DEVIL HILLS		
			Zoning	
Addition: KILI	DEVIL HILLS REAL	TY CORP	Block:	12 Lot(s): 5-8 & PT 1-4
Legal Description:				
EES:	Pai	d Due		
Aechanical Permit Fee	\$150.0	0 \$0.00		
٦	otals : \$150.0	0 \$0.00		
PROJECT DESCRIPTION:	Replace roof top 5	Ton heat pump		
Permit		DETAILS		
Name	Value			
PURPOSE	Commercial	h (-	1/1	PAID,
CONSTRUCTION TYPE	Repair/Remo	del Jall	23900	12 3/19/21
CONSTRUCTION TYPE FLOOD ZONE	III X	HAT	23%	Chech # 2040
NATURAL GAS SIGNOR		即10		
OCCUPANCY TYPE	Business	w		

Printed by : CTHUMAN on: 03/18/2021 12:33 PM

Page 1 of 2

0 sta

MC2021-063 PROJECT NAME: Slice Pizza HVAC SITE ADDRESS: 710 CROATAN HWY S KILL DEVIL HILLS

MECHANICAL ISSUED: 03/18/2021

EXPIRES: 09/14/2021

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: Charles Thuman

Contractor or Authorized Agent: Tom McDonald

03/19/2021 Date:

Birthplace of Aviation		K	Town of Kill Devil Hills PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102			PAID MAR 2 3 2021		
RTHC	AROLI	Planning	and Inspect	tion Departm	nent	ton Kali den	n ca Vil Halls	1
	67 ME: Carter HVAC S: 115 ROCKY MO	UNT ST KILL D	EVIL HILLS			ISSUE	CHANIC D: 03/22// RES: 09/18//	2021
APPLICANT:	Carter, Jeff 9152 Ivy Springs Plac	се	OV	(Carter, Jeff 3152 Ivy Spr	ings Place		
	Mechanicsville, VA 2			(Vechanicsvil	lle, VA 23116		
MECHANICAL,		3116 ICAL: CHRIS'S El 2039 Newb		annandurunn lentu éndudésiteti na tutenner	seesse and the first and and a start of	lle, VA 23116 License: 2004 Expires: 12/3		217-L
MECHANICAL, PARCEL:	Mechanicsville, VA 2	3116 ICAL: CHRIS'S El 2039 Newb Kill Devil Hi	ern St.	annandurunn lentu éndudésiteti na tutenner	seesse and the first and and a start of	License: 2004		217-L
	Mechanicsville, VA 2	3116 ICAL: CHRIS'S El 2039 Newb Kill Devil Hi 480-0738	ern St.	annandurum tenhu indudialiseitus huteanar	seesse and the first and and a start of	License: 2004 Expires: 12/3		217-L
PARCEL:	Mechanicsville, VA 2 PLUMBING, ELECTR 988518206325	3116 ICAL: CHRIS'S El 2039 Newb Kill Devil Hi 480-0738	ern St. Ils,, NC 27948	D MECHANICAL	, LLC	License: 2004 Expires: 12/3		217-L
PARCEL: PIN:	Mechanicsville, VA 2 PLUMBING, ELECTR 988518206325	3116 ICAL: CHRIS'S El 2039 Newb Kill Devil Hi 480-0738	ern St. Ils,, NC 27948	D MECHANICAL	, LLC 001840	License: 2004 Expires: 12/3		217-L
PARCEL: PIN:	Mechanicsville, VA 2 PLUMBING, ELECTR 988518206325	3116 ICAL: CHRIS'S El 2039 Newb Kill Devil Hi 480-0738	ern St. Ils,, NC 27948	D MECHANICAL Parcel Number:	, LLC 001840	License: 2004 Expires: 12/3		217-L
PARCEL: PIN: Address:	Mechanicsville, VA 2 PLUMBING, ELECTRI 988518206325 115 ROCKY M AVALON BEAC	3116 ICAL: CHRIS'S El 2039 Newb Kill Devil Hi 480-0738	ern St. Ils,, NC 27948	D MECHANICAL Parcel Number: Zoning	, LLC 001840 :	License: 2004 Expires: 12/3	1/2021	217-L
PARCEL: PIN: Address: Addition: Legal Desc	Mechanicsville, VA 2 PLUMBING, ELECTRI 988518206325 115 ROCKY M AVALON BEAC cription:	3116 ICAL: CHRIS'S EI 2039 Newb Kill Devil Hi 480-0738	ern St. Ils,, NC 27948 DEVIL HILLS <u>Due</u>	D MECHANICAL Parcel Number: Zoning	, LLC 001840 :	License: 2004 Expires: 12/3	1/2021	217-L
PARCEL: PIN: Address: Addition: Legal Desc	Mechanicsville, VA 2 PLUMBING, ELECTRI 988518206325 115 ROCKY M AVALON BEAC cription:	3116 ICAL: CHRIS'S EI 2039 Newb Kill Devil Hi 480-0738	ern St. Ils,, NC 27948 DEVIL HILLS	D MECHANICAL Parcel Number: Zoning	, LLC 001840 :	License: 2004 Expires: 12/3	1/2021	217-L

PROJECT DESCRIPTION: C/O both upper and lower HVAC systems

Re 3/23/21 Ryfil

MC2021-067 PROJECT NAME: Carter HVAC SITE ADDRESS: 115 ROCKY MOUNT ST KILL DEVIL HILLS

EXPIRES: 09/18/2021

DETAILS

Value
Residential Repair/Remodel
10539.00
V
х
N
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By:

harles Thuman

Contractor or Authorized Agent:

Christopher J Sterner

Date: 03 / 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

MC2021-068 PROJECT NAME: John McEwen

SITE ADDRESS: 1811 SUNSET AVE KILL DEVIL HILLS

MECHANICAL ISSUED: 03/24/2021

EXPIRES: 09/20/2021

APPLICANT:	ICANT: One Hour Heating and Air Conditioning O 701 Fresh Pond West Kill Devil Hills, NC 27948 441-1740			OWNER:	McEwen, Joh 905 Spar Cou NEW BERN,	ırt	
H3, CLASS 1:		701 Fresh I	Heating and Air Pond West ills, NC 27948	Conditioning		License: 12643 Expires: 12/31/:	2021
PARCEL:							
PIN:	988409065531			Parcel Number:	002515	012	
Address:	1811 SUNSET	AVE KILL DEV	IL HILLS				
				Zoni	ng:		
Addition:	CROATAN SH	IORES INC SEC	: 1	Bloc	k: 17	Lot(s):	12
Legal Desc	cription:						
FEES:		Paid	Due		*****		
Mechanical Per	mit Fee	\$150.00	\$0.00				
	Totals :	\$150.00	\$0.00				

PROJECT DESCRIPTION: HVAC

Pr 10/21 Ch # 2050

MC2021-068

6

PROJECT NAME: John McEwen SITE ADDRESS: 1811 SUNSET AVE KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/24/2021

EXPIRES: 09/20/2021

DETAILS

Value
Residential Repair/Remodel
5309.00
Х
Ν
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Denmit

CONDITIONS

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

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

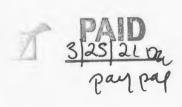
Issued By:

Contractor or Authorized Agent: _____ McDonald

Date: 03 / 24 / 2021

To RTH CAR	STITLES STITLES	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		4102			
MC2021-06 PROJECT NAMI SITE ADDRESS		ille blvd kili	_ DEVIL HILLS	S		l:	SSUE	HANICAL 0: 03/22/2021 ES: 09/18/2021
	PPLICANT: BLACK, FREDERICK E 907 Wrightsville Blvd Kill Devil Hillsl, NC 27948			WNER:	907 Wright	REDERICK sville Blvd illsl, NC 279		
MECHANICAL H-3 CLASS 1:		NORTH BEACH SERVICES P.O. Box 181 Kitty Hawk, NC 27949 252-491-2878		License: 22053 Expires: 12/31/2021				
PARCEL:		and the second						· · · · · · · · · · · · · · · · · · ·
PIN:	988308888498	8		Parcel Number:	0042	20001		
Address:	907 WRIGHTS	VILLE BLVD K	LL DEVIL HIL	LS				
				Zoni	ng:			
Addition:	KILL DEVIL HI	LLS SEC 1		Bloc	k: 13	Lo	ot(s):	14
Legal Descri	ption:							
FEES:		Paid	Due					
Mechanical Perm	it Fee	\$150.00	\$0.00					
	Totals :	\$150.00	\$0.00					

PROJECT DESCRIPTION: C/O 2 Ton system on lower floor



MC2021-066 PROJECT NAME: Black HVAC SITE ADDRESS: 907 WRIGHTSVILLE BLVD KILL DEVIL HILLS

EXPIRES: 09/18/2021

DETAILS

Value
Residential Repair/Remodel
5000.00
V
х
Ν
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Thuman ps Issued By: Gabby WILLis

Contractor or Authorized Agent:

Printed by : CTHUMAN on: 03/22/2021 10:58 AM

Date: 03 / 22 / 2021

Birthplac BogTH CA	ROLINA	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		-4102	MAR 25 2021
MC2021-07 PROJECT NAM SITE ADDRESS		Tr. S. Kill Devi	l Hills			MECHANICAL ISSUED: 03/24/2021 EXPIRES: 09/20/2021
APPLICANT:	2NC KDH LLC 1350St. Mortiz Dr. Wilmington, DE 19807	7	(OWNER:	2NC KDH 1350St. M Wilmingto	
MECHANICAL H-3 CLASS 1:		NORTH BE P.O. Box 1 Kitty Hawk, 252-491-28	NC 27949	ES		License: 22053 Expires: 12/31/2021
PARCEL:						
PIN:	988308993415			Parcel Number:	0081	145001
Address:	801 Virginia Da	re Tr. S. Kill De	vil Hills			
				Zoni	ng:	
Addition:	Baum Beach			Bloc	k:	Lot(s): 2
Legal Descr	ription:					
FEES:		Paid	Due			
Mechanical Permit Fee		\$150.00	\$0.00			
Mechanical Pern	nit Fee	<i><i>(</i></i>)				

PROJECT DESCRIPTION: HVAC replacement

PAID 3/25/21 Du paypag

EXPIRES: 09/20/2021

DETAILS

Value
Residential Repair/Remodel
8000.00
V
х
Ν
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Desmail

CONDITIONS

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

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

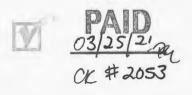
Marty Shaw **Issued By:**

Contractor or Authorized Agent: ______ WILLis

Date: 03 / 24 / 2021

HARDEVI HARDEVI Birthplac Aviation Aviation	ROLINA	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		4102		0.02
	71 ME: Landis HVAC S: 1701 VA DARE 1	"RL N KILL DE\	/IL HILLS			ME(ISSUE	CHANICAL D: 03/25/2021 ES: 09/21/2021
APPLICANT:	LANDIS, CAROLYN 440 PEAR STREET HARRISONBURG, V		C	OWNER:	LANDIS, CAR 440 PEAR ST HARRISONBI		1
H3, CLASS 1:		701 Fresh	Heating and Air Pond West ills, NC 27948	Conditioning		icense: 1264 Expires: 12/3	
PARCEL:							
PIN:	988411571381	09		Parcel Number:	0280920	000	
Address:	1701 VA DARE	TRLN KILL D	EVIL HILLS				
				Zoni	ng:		
Addition:				Bloc	k: C	Lot(s):	UNIT 3C LT 17-19
Legal Desc	ription:						
		Paid	Due				
FEES:							
FEES: Mechanical Perr	mit Fee	\$150.00	\$0.00				

PROJECT DESCRIPTION: Replace 2Ton heat pump



MC2021-071 **PROJECT NAME: Landis HVAC** SITE ADDRESS: 1701 VA DARE TRL N KILL DEVIL HILLS

ISSUED: 03/25/2021

EXPIRES: 09/21/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	3821.00
CONSTRUCTION TYPE	V
FLOOD ZONE	VE
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Residential

REQUIRED INSPECTIONS

Final

Downait

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent: _____ McDonald

Date: 03 / 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

MC2021-072 PROJECT NAME: Coleman HVAC SITE ADDRESS: 202 Oregon Ave Kill Devil Hills

MECHANICAL

ISSUED: 03/25/2021

EXPIRES: 09/21/2021

5	oleman, Robert 00 Sterling Rd irginia Beach, VA 23	464	c	WNER:	Coleman, Robert 500 Sterling Rd Virginia Beach, V	
H3, CLASS 1:		701 Fresh F	leating and Air Pond West Ils, NC 27948	Conditioning		ense: 12643 ires: 12/31/2021
PARCEL:						
PIN:	988420803306			Parcel Number:		
Address:	202 Oregon Ave	e Kill Devil Hills				
				Zoni	ing:	
Addition:				Bloc	k:	Lot(s):
Legal Descrip	tion: 202 E Oreg Kill Devil H	on Rd ills, NC 27948				
FEES:		Paid	Due			
Mechanical Permit	Fee	\$150.00	\$0.00			
	Totals :	\$150.00	\$0.00			

PROJECT DESCRIPTION: C/O 1.5 Ton heat pump

M 1 3/24/24 1 4/ 2041

EXPIRES: 09/21/2021

DETAILS

Value
Residential Repair/Remodel
4717.00
V
Х
N
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

Downait

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. les Thuman

Issued By:

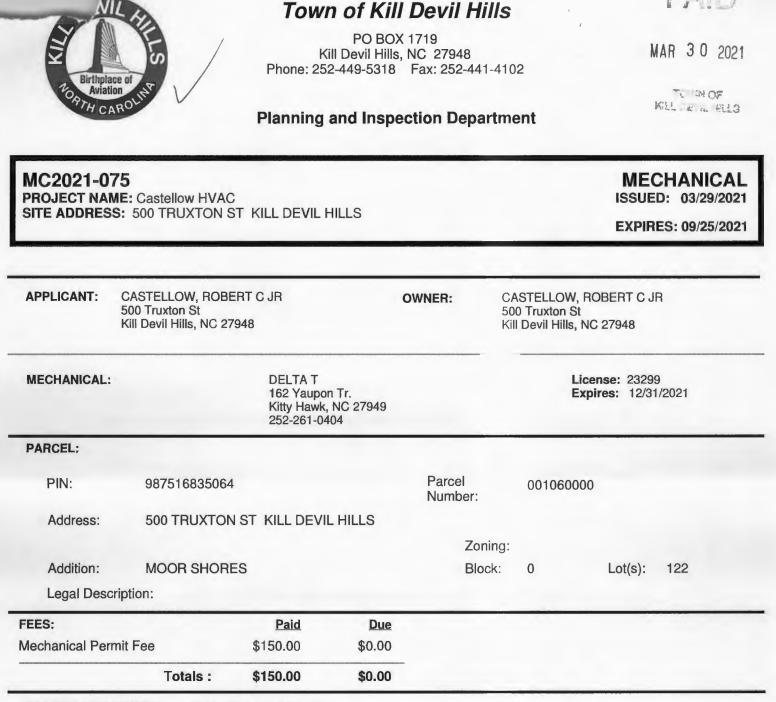
Contractor or Authorized Agent:

Tom McDonald

03/25/2021

Date:

Page 2 of 2



PROJECT DESCRIPTION: C/O 2.5 ton HVAC system

Ĩ#9497

WC2021-075 PROJECT NAME: Castellow HVAC SITE ADDRESS: 500 TRUXTON ST KILL DEVIL HILLS

MECHANICAL

ISSUED: 03/29/2021

EXPIRES: 09/25/2021

DETAILS

Value
Residential Repair/Remodel
4530.00
V
Х
Ν
One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

human rips Issued By

Contractor or Authorized Agent: _

Date: 03 / 29 / 2021

NORTH C	ace of the AROLINE	Town of Kill Devil Hills PO BOX 1719 Kill Devil Hills, NC 27948 Phone: 252-449-5318 Fax: 252-441-4102 Planning and Inspection Department				MAR 31 2021 MAR 31 2021		
	78 ME: Town of Kill Devil H SS: 102 Town Hall Dr K					MECHANICAL ISSUED: 03/31/2021 EXPIRES: 09/27/2021		
APPLICANT:	MASTER HEATING ANI P.O. Box 707 Kitty Hawk, NC 27949 255-0095	D COOLING	OWN	ER:	P O BOX 171 102 Town Hal			
MECHANICAL	, H-3, I:	P.O. Box 707		DLING		icense: 18066 Expires: 12/31/2021		
		Kitty Hawk, N 255-0095	0 27040					
PARCEL:								
PARCEL: PIN:	9876543210			Parcel Number:	23			
	9876543210 102 Town Hall Dr	255-0095			23			
PIN: Address:		255-0095		Number: Zonii	ng: LIGHT II	NDUSTRIAL 2		
PIN: Address: Addition:	102 Town Hall Dr	255-0095 Kill Devil Hill	ľ	Number:	ng: LIGHT II	NDUSTRIAL 2 Lot(s): lot		
PIN: Address:	102 Town Hall Dr	255-0095	ľ	Number: Zonii	ng: LIGHT II			
PIN: Address: Addition:	102 Town Hall Dr	255-0095 Kill Devil Hill	ľ	Number: Zonii	ng: LIGHT II			

2 2

MC2021-078 **PROJECT NAME:** Town of Kill Devil Hills SITE ADDRESS: 102 Town Hall Dr Kill Devil Hill

ISSUED: 03/31/2021

EXPIRES: 09/27/2021

DETAILS

Permit	
Name	Value
PURPOSE	Commercial Repair/Remodel
CONSTRUCTION COST	12600.00
CONSTRUCTION TYPE	V
FLOOD ZONE	Х
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	Business

REQUIRED INSPECTIONS

Final

Downit

CONDITIONS

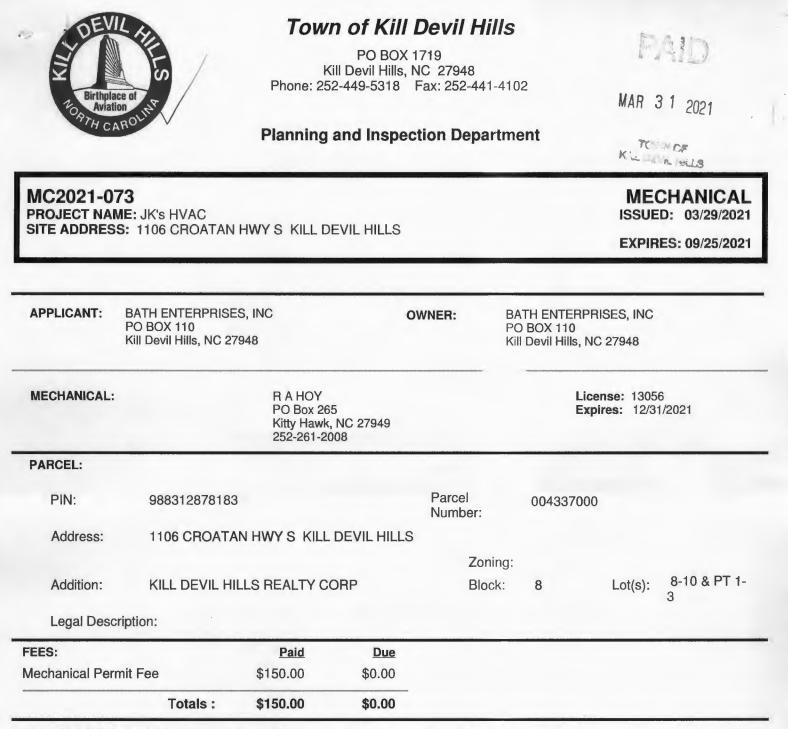
* This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended for a period of 12 months at any time after work has started.

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

Issued By:

Contractor or Authorized Agent: H. W. Francis

Date: 03 / 31 / 2021



PROJECT DESCRIPTION: C/O 5 Ton HVAC system add new duct work to bar area, new registers

MC2021-073 PROJECT NAME: JK'S HVAC SITE ADDRESS: 1106 CROATAN HWY S KILL DEVIL HILLS

ISSUED: 03/29/2021

EXPIRES: 09/25/2021

DETAILS

Fernin		
Name	Value	
PURPOSE	Commercial Repair/Remodel	
CONSTRUCTION COST	15000.00	
CONSTRUCTION TYPE	V	
FLOOD ZONE	Х	
NATURAL GAS SIGNOFF	N	
OCCUPANCY TYPE	Assembly	

REQUIRED INSPECTIONS

Final

Dormit

CONDITIONS

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

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

Issued By: Charles Thuman

Contractor or Authorized Agent:

Jackyn Slater

Date: 03 / 29 / 2021

Participation of the second se	L HILLS	K Phone: 25	PO BOX ill Devil Hills, 2-449-5318		4102	MAR 3	AID B 1 2021	. M
MC2021-07 PROJECT NAM SITE ADDRESS	74 ME: Vaughan HVAC S: 402 ST LOUIS ST	KILL DEVIL H	IILLS			ISSU	ECHANIC JED: 03/29 PIRES: 09/25	/2021
APPLICANT:	VAUGHAN, WILLIAM 3151 Sterling Way PORTSMOUTH, VA2			OWNER:	VAUGHAN 3151 Sterlir PORTSMO		3	
MECHANICAL:		R A HOY PO Box 26 Kitty Hawk, 252-261-20	NC 27949			License: 13 Expires: 12		
PARCEL:								
PIN:	987516844278			Parcel Number:	00017	76000		
Address:	402 ST LOUIS	ST KILL DEVIL	HILLS					
				Zoni	ng:			
Addition:	ORVILLE BEAC	CH WEST		Bloc	k: 0	Lot(s)): 66	
Legal Desc	ription:							
FEES:		Paid	Due					
	mit Eoo	\$150.00	\$0.00					
Mechanical Perr	init i ee							

PROJECT DESCRIPTION: C/O Top floor 2 ton HVAC system

Re 2/31/21 Popul

EXPIRES: 09/25/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	5199.00
CONSTRUCTION TYPE	V
FLOOD ZONE	Х
NATURAL GAS SIGNOFF	N
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Issued By: 03 / 31 / 2021

Contractor or Authorized Agent: Jaclyn Slater

Date: 03 / 29 / 2021

Birthplac Aviation	HILLS ROLINP	K Phone: 25	PO BO ill Devil Hills 2-449-5318	I Devil Hil X 1719 5, NC 27948 Fax: 252-441- ection Depar	4102		PAID AR 31 2021
MC2021-07 PROJECT NAM SITE ADDRESS		TRLS KILL DEV	/IL HILLS			ISSUE	CHANICAL D: 03/30/2021 RES: 09/26/2021
APPLICANT:	High Dunes Condom PO BOX 144 Kill Devil Hillsl, NC 2 252-475-0208		INC	OWNER:	High Dunes C PO BOX 1 Kill Devil Hills 252-475-0208	44 I, NC 27948	ssociation INC
MECHANICAL:		R A HOY PO Box 26 Kitty Hawk, 252-261-20	NC 27949			.icense: 1305 Expires: 12/3	
PARCEL:							
PIN:	989309069372	200		Parcel Number:	0046749	999	
Address:	1405 VA DARI	E TRL S KILL D	EVIL HILLS				
				Zoni	ng:		
Addition:				Bloc	k: B	Lot(s):	COM. PROP. LTS 11,1
Legal Desc	ription:						
FEES:		Paid	Due				
Mechanical Perr	nit Fee	\$150.00	\$0.00				

PROJECT DESCRIPTION: HVAC replacement

PL 3/31/21 Pay Pal

MC2021-076 PROJECT NAME: Unit 206 SITE ADDRESS: 1405 VA DARE TRL S KILL DEVIL HILLS

ISSUED: 03/30/2021

EXPIRES: 09/26/2021

DETAILS

Permit	
Name	Value
PURPOSE	Residential Repair/Remodel
CONSTRUCTION COST	6468.00
CONSTRUCTION TYPE	V
FLOOD ZONE	Х
NATURAL GAS SIGNOFF	Ν
OCCUPANCY TYPE	One & Two Family Dwelling

REQUIRED INSPECTIONS

Final

CONDITIONS

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

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

Marty Shaw Issued By:

Contractor or Authorized Agent: Jaclyn Slater

Date: 03 / 30 / 2021