### Issued Trade and DPA Monthly Permit Log

From Date: 09/01/2021 Town of Southern Shores

| To Date:   |                  | 09/30/202               | 1 10(                                | $\omega$ n $\phi$                                 | Γ   | 201    | uthern 5  | nore     | S            |
|------------|------------------|-------------------------|--------------------------------------|---|-----|--------|---|----------|--------------|
| Date       | Permit#          | Project                 | Owner Name                           | Contractor  | Use | Permit | Work Description  | Permit   | Total Projec |
|            |                  | Address                 |                                      |   |     | Type   |   | Cost     | Cost         |
| 09/01/2021 | TP21-<br>000198  | 282<br>HILLCREST<br>DR  | COHN,<br>NICHOLAS T                  | North Beach<br>Services<br>Heating and<br>Cooling | R   | M      | Replace HVAC<br>system with Trane 15<br>Seer 1.5 ton h/p and<br>matching a/h  | 100.00   | 7,000.00     |
| 09/02/2021 | TP21-<br>000196  | 250 WAX<br>MYRTLE TRL   | CHASE,<br>GEORGE W                   | Air-O-Smith                                       | R   | M      | REPLACE ONE 2<br>TON & 3 TON<br>TRANE 14 SEER<br>410A HEAT PUMP<br>SYSTEMS  | 100.00   | 12,700.00    |
| 09/03/2021 | DPA21-<br>000137 | 256 N<br>DOGWOOD<br>TRL | DAY, MICHAEL<br>B                    | Affordable<br>Bill's House<br>Maintenance         | R   | R      | ACCESSORY -<br>Installing 108' +/- of<br>vinyl bulkhead   | 100.00   | 29,000.00    |
| 09/03/2021 | DPA21-<br>000149 | 166 TALL<br>CLIFF CT    | GIBBONS,<br>EDWARD J                 | Premiere<br>Contracting,<br>Inc.                  | R   | R      | NEW CONSTRUCTION - construction of a new custom home, pool, and retaining walls   | 2,500.60 | 771,901.00   |
| 09/08/2021 | DPA21-<br>000153 | 280 N<br>DOGWOOD<br>TRL | KUEHN,<br>KENNETH<br>CHARLES<br>TTEE |   | R   | R      | ADDITION - CONVERT GROUND FLOOR SHOP INTO LIVING SPACE & ADD A BATHROOM, KITCHEN & BEDROOM- 3 WALLS TO BE BUILT WITH LUMBER & EXISITING SIDING . ALL WALLS INSIDE FINISHED WITH DRYWALL | 341.40   | 25,000.00    |
| 09/08/2021 | DPA21-<br>000139 | 3 EIGHTH<br>AVE         | HOLDEN,<br>SCOTT R                   | Shoreline<br>Builders, Inc.                       | R   | R      | NEW CONSTRUCTION - NEW CONSTRUCTION OF A SINGLE FAMILY DWELLING WITH POOL AND ACCESSORY BUILDING WITH LIVING SPACE (NO BEDROOMS)  | 4,996.50 | 1,650,000.00 |
| 09/08/2021 | DPA21-<br>000148 | 23<br>ELEVENTH<br>AVE   | HANSAN,<br>ALISON                    | Emanuelson<br>& Dad, Inc.                         | R   | R      | REPAIR - replace 6 pilings  | 110.00   | 8,100.00     |
| 09/08/2021 | DPA21-           | 8                       | KYLE, ADAM                           | Frasca  | R   | R      | REMODEL - Siding  | 644.00   | 63,360.00    |

|            | 000150           | THIRTEENTH<br>AVE      | CHARLES                      | Custom<br>Homes, LLC         |   |   | replacement  |        |            |
|------------|------------------|------------------------|------------------------------|------------------------------|---|---|--|--------|------------|
| 09/09/2021 | TP21-<br>000201  | 108 OCEAN<br>BLVD      | M.B.L.M.S.L,<br>LLC          | R.A. Hoy<br>Heating &<br>A/C | R | М | REPLACING TRANE 14 SEER 3.5TON UPSTAIRS WEST HEAT PUMP ONLY.   | 100.00 | 4,937.00   |
| 09/09/2021 | TP21-<br>000202  | 3 REDBAY<br>LN         | TCHALEKIAN,<br>KEVORK        | Kreiser<br>Electric Inc      | R | Е | ADD PANEL FOR<br>POOL EQUIPMENT<br>& WIRE POOL   | 100.00 | 1,500.00   |
| 09/09/2021 | DPA21-<br>000152 | 10 PURPLE<br>MARTIN LN | TOMBES<br>PROPERTIES<br>LLC  | All County<br>Builders       | R | R | REMODEL - REMOVE EXISTING KITCHEN CABINETS, COUNTERTOPS, APPLIANCES & INSTALL NEW. DEMO EXISTING STAIRS 2ND FLOOR DECK REAR TO GROUND FLOOR. CONCRETE STORAGE ROOM & POOL EQUIPMENT ROOM IN REAR OF HOME AND PARTIAL FENCE. INSTALL NEW CONCRETE WHERE REMOVED, RELOCATE STORAGE & POOL EQUIPMENT - ADD NEW STAIRS WITH LANDING EXTERIOR SHOWERS,OUTSIDE BAR & LIVING AREA |        | 172,500.00 |
| 09/09/2021 | TP21-<br>000200  | 2 EIGHTH<br>AVE        | ARNONE,<br>LILLIAN A<br>TTEE | Electric-Al<br>Inc.          | R | E | REPLACE 400 A METER AND 2 SERVICE DISCONNECTS  | 100.00 | 3,000.00   |
| 09/10/2021 | DPA21-<br>000155 | 321 SEA<br>OATS TRL    | MICHAEL<br>COSTIN            | Mike Costin                  | R | R | REMODEL/REPAIR-EXISTING DECK & STAIRS, REPAIR ALL PLUMBING IN BATHROOM - DIVIDE BATHROOM INTO 2 BATHS, INSULATE UNDER HOUSE & INSTALL NEW UNDERPINNING   | 328.00 | 15,900.00  |
| 09/13/2021 | DPA21-<br>000147 | 8 ELEVENTH<br>AVE      | IRWIN-<br>MCCAUGHEY,         | Mark A<br>Romano             | R | R | INSTALLATION OF<br>SOLAR PANELS ON   | 100.00 | 24,480.00  |

|            |                  |                         | ELIZABETH                     |  |   |   | THE ROOF OF THE HOME  |        |           |
|------------|------------------|-------------------------|-------------------------------|--|---|---|---|--------|-----------|
| 09/13/2021 | TP21-<br>000204  | 37 NINTH<br>AVE         | CLARY,<br>SUSAN<br>GLENN TTEE | Comfort First<br>Heating &<br>Cooling, Inc           | R | М | CHANGEOUT 2.5 TON HEAT PUMP SYSTEM UPSTAIRS & 3 TON HEAT PUMP SYSTEM SYSTEM DOWNSTAIRS  | 100.00 | 19,187.00 |
| 09/13/2021 | DPA21-<br>000161 | 26 NINTH<br>AVE         | KAHN, JOEL S<br>TTEE          | Gallop<br>Roofing &<br>Remodeling                    | R | R | REMOVE & REPLACE ASPHALT SHINGLE ROOF INCLUDING REPLACEMENT OF 9 SHEETS OF PLYWOOD  | 145.00 | 13,500.00 |
| 09/14/2021 | DPA21-<br>000151 | 77 GRAVEY<br>POND LN    | JOHNSON,<br>DIANA             |  | R | R | REMODEL - INSTALL WASHER/DRYER IN CLOSET, CONVERT GARAGE INTO GYM & BATHROOM, CONVERT BEDROOM TO GAME ROOM  | 220.00 | 6,400.00  |
| 09/15/2021 | DPA21-<br>000158 | 12 GINGUITE<br>TRL      | FIEDLER,<br>JERRY B           | Shoreline<br>Electric of Kill<br>Devil Hills<br>Corp | R | R | ACCESSORY - BACKUP GENERATOR INSTALLATION WITH PRESSURE TREATED STAND (27" X 54")   | 100.00 | 14,000.00 |
| 09/16/2021 | TP21-<br>000203  | 54 NORTH<br>DUNE LOOP   | SWENSON,<br>JOHN<br>JEFFREY   | North Beach<br>Services<br>Heating and<br>Cooling    | R | М | Replace HVAC<br>system with Trane 14<br>Seer 2.5 ton h/p and<br>matching a/h  | 100.00 | 6,500.00  |
| 09/16/2021 | TP21-<br>000199  | 152 S<br>DOGWOOD<br>TRL | SCHAEFER,<br>JEROME H         | North Beach<br>Services<br>Heating and<br>Cooling    | R | М | Install one ductless<br>mini split with one wall<br>mount   | 100.00 | 4,400.00  |
| 09/17/2021 | DPA21-<br>000167 | 221 SEA<br>OATS TRL     | 221 SEA OATS<br>TRAIL LLC     | Outer Banks<br>Tile and<br>Stone                     | R | R | REMODEL - Remodel of 2-1/2 bathrooms and 2 bedrooms and change layout ,Includes layout change of the North side of the home including turning 3 bedrooms into 2 bedrooms and moving and remodeling 2 and a half baths. Includes reworking the |        | 75,000.00 |

|            |                  |                         |                            |   |   |   | electrical and plumbing layout. Includes moving the heat pump to the south side of the home and install of new system. |        |                   |
|------------|------------------|-------------------------|----------------------------|---|---|---|--|--------|-------------------|
| 09/21/2021 | DPA21-<br>000168 | 73 TRINITIE<br>TRL      | SWAIN,<br>WILLIAM M        | KJ<br>Construction<br>and<br>Remodeling,<br>Co.         | R | R | ADDITION - enclose under house storage/garage. unheated  | 178.30 | 32,000.00         |
| 09/21/2021 | TP21-<br>000206  | 127<br>CHICAHAUK<br>TRL | GLAZER,<br>HELEN F<br>TTEE | Delta T<br>Heating & Air<br>Conditioning,<br>Inc        | R | М | REPLACE EXISTING SYSTEM WITH 2.5 TON 14 SEER AMERICAN STANDARD INDOOR/OUTDOOR HEAT PUMP SYSTEM                         | 100.00 | 6,100.00          |
| 09/21/2021 | TP21-<br>000207  | 230<br>HILLCREST<br>DR  | SILLIES,<br>MELONY L       | Delta T<br>Heating & Air<br>Conditioning,<br>Inc        | R | М | REPLACE EXISTING SYSTEM WITH 2 TON 14 SEER AMERICAN STANDARD INDOOR/OUTDOOR HEAT PUMP SYSTEM                           | 100.00 | 5,800.00          |
| 09/23/2021 | TP21-<br>000205  | 152 CLAM<br>SHELL TRL   | CARPENTIERI,<br>MICHAEL W  | Air-O-Smith   | R | M | REPLACE 16 SEER 3.5 TON 410A HEAT PUMP & AIR HANDLER LINE & LOW VOLTAGE WIRING   | 100.00 | 7,500.00          |
| 09/24/2021 | DPA21-<br>000166 | 218 SEA<br>OATS TRL     | SENGEL, KEN                | DeBoy<br>Construction<br>&<br>Remodeling,<br>Inc        | R | R | REMODEL -<br>RENOVATE 3<br>BATHROOMS PER<br>PLANS  | 389.00 | 37,880.00         |
| 09/24/2021 | TP21-<br>000208  | 263 DUCK<br>RD          | SHAFFER,<br>MARY M         | Soundside<br>Heating and<br>Air<br>Conditioning,<br>LLC | R | M | Replacing 3 ton 14<br>SEER heat pump split<br>system   | 100.00 | 6,749.00          |
| 09/27/2021 | DPA21-<br>000169 | 146 HIGH<br>DUNE LOOP   | MCCLENDON,<br>ROBERT       | J B Sims<br>Construction<br>Co Inc                      | R | R | REMODEL - Window<br>Replacement  | 410.00 | 40,000.00         |
| 09/27/2021 | DPA21-<br>000172 | 23<br>SPINDRIFT<br>TRL  | HOLLAND,<br>LEO L TTEE     | Sea Grove<br>Homes                                      | R | R | ADDITION -<br>ADDITION OF BACK<br>DECK & REPLACING<br>ALL DECK BOARDS  | 110.00 | 26,100.00         |
| 09/27/2021 | DPA21-           | 23 NINTH                | WORMSER,                   | Honeycomb   | R | R | REMODEL - Remove   | 168.00 | 15,7 <b>35,00</b> |

| 10/1/21, 12:23 P                     | IVI              |                        |                             |  | Quei | ry Tool Ne | ew   |           |              |
|--------------------------------------|------------------|------------------------|-----------------------------|--|------|------------|--|-----------|--------------|
|                                      | 000143           | AVE                    | DAVID A                     | Construction                                     |      |            | and replace Kitchen Cabinets and Appliances with no trade work or utility relocation.                                  |           |              |
| 09/28/2021                           | DPA21-<br>000170 | 86 S<br>DOGWOOD<br>TRL | WHALEY,<br>KEVIN C          | Swimme and<br>Son Building<br>Contractors        | R    | R          | ADDITION - Install<br>Swimme and Son<br>Sunroom on existing<br>deck with a studio<br>roof                              | 110.00    | 39,876.00    |
| 09/28/2021                           | DPA21-<br>000175 | 15 OCEAN<br>VIEW LOOP  | CALABRESE,<br>CHARLES A     | THE<br>DESIGN LAB<br>7 INC                       | R    | R          | REMODEL - RENOVATION OF EXISTING STRUCTURE - KITCHEN , BATHROOMS, WINDOWS, SIDING AND FLOORING, ALSO POOL INSTALLATION | 3,435.00  | 329,955.04   |
| 09/28/2021                           | TP21-<br>000209  | 2 SEA BASS<br>CIR      | MONROE,<br>ROBERT L<br>TTEE | Delta T<br>Heating & Air<br>Conditioning,<br>Inc | R    | М          | REPLACE EXISITING<br>SYSTEM WITH 3<br>TON 14 SEER<br>AMERICAN<br>STANDARD<br>INDOOR/OUTDOOR<br>SYSTEM                  | 100.00    | 6,400.00     |
| Total All<br>Permits                 | 33               |                        |                             |  |      |            |  | 18,532.70 | 3,482,460.04 |
| Development<br>Permit<br>Application | 20               |                        |                             |  |      |            |  | 17,232.70 | 3,390,687.04 |
| Trade<br>Permit                      | 13               |                        |                             |  |      |            |  | 1,300.00  | 91,773.00    |
| Total<br>Commercial                  | 0                |                        |                             |  |      |            |  |           |              |
| Total<br>Residential                 | 33               |                        |                             |  |      |            |  | 18,532.70 | 3,482,460.04 |

TP21-000198

## TOWN OF SOUTHERN SHORES PLANNING AND CODE ENFORCEMENT

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southemshores-nc.gov



#### **Residential Trade Contractor Permit**

Date August 31, 2021

| Mechanical Trade Permit   |                                    |   |   |
|---|------------------------------------|---|---|
| Project Address: 282 HILLCREST DR   | PIN #:                             | 021554000   |   |
| Property Owner: COHN, NICHOLAS T  | Mailing Address:                   | 282 HILLCREST<br>SOUTHERN SHO                           |   |
| Permit Types:   |                                    |   |   |
| Plumbing Electrical Mechanica Contractor:   | ıl 🗆 Gas                           |   |   |
| Company Name: North Beach Services Hea  | ting and Cooling                   | Qualifier:  | Jimmy Weaver  |
| Phone: (252) 491-2878   | J J                                | Address:  | PO Box 181  |
| N. C. License Number: 22053   |                                    |   | Kitty Hawk , NC 27949                                   |
| Description of Work: Replace HVAC syst  | em with Trane 15 Seer 1.5          | ton h/p and matc  | hing a/h  |
| Project Cost Estimate: \$7,000.00   | Permit Amount: 100.00              |   |   |
|   | Payment:<br>Date Type Reference Re | ceipt ReceivedFro                                       | om Amount   |
| I hereby certify that all information in this appli<br>other local laws and ordinances and regulation<br>approved plans and specification for the project | ns. The Inspection Departme        | c will comply with the control will be notified control | ne State Building Code and all<br>of any changes in the |

Signature of Licensee or Duly Authorized Representative

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



#### **Residential Trade Contractor Permit**

**Date** August 27, 2021

| TP21-00019 | 6     |        |
|------------|-------|--------|
| Mechanical | Trade | Permit |

Project Address: 250 WAX MYRTLE TRL
PIN #: 021625000

Property Owner: CHASE, GEORGE W
Mailing Address: 250 WAX MYRTLE TRL
KITTY HAWK, NC 27949

| Permit Types: Plumbing Contractor:                   | Electrical       | Mechanica    | I □Gas Î  |             |                 |             |    |  |
|--|------------------|--------------|---|-------------|-----------------|-------------|----|--|
| Company Nam  |                  |              |   |             | Steven Smith    | Trail       |    |  |
| Phone: (252) 261-5238<br>N. C. License Number: 30070 |                  | ı            | Address: 330 N. Dogwood Trail Southern Shores, NC 27949 |             |                 |             |    |  |
| Description of                                       | Work: REPL       | ACE ONE 2 TO | ON & 3 TON T  | ΓRANE 14 SE | EER 410A HEAT I | PUMP SYSTEM | MS |  |
| Project Cost Es                                      | stimate: \$12,70 | F            | Permit Amou<br>Payment:<br>Date Type I                  |             | eceipt Received | From Amou   | nt |  |

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Buly Authorized Representative Da

Signature of Permit Official

Date



#### RESIDENTIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

| CAROLINA  |  |  |  |   |  |
|---|--|--|--|---|--|
| PIN:  | 021391000<br>986813137216<br>256 N DOGWC | iON TPI  | Owner:<br>Address:   | DAY, MICHAEL B<br>132 FREEDOM AVE<br>POWELLS POINT, NC 27966  |  |
| District:<br>Subdiv   |  | mily Residential District<br>ISIDE BLK 109                           | Phone #:   | 252-489-9555  |  |
|   |  |  |  |   |  |
| BUSINESS NAME: AFFORDABLE BILI CONTRACTOR'S NAME: WILLIAM EGER ADDRESS: 300 W ALBEMARLI CITY, STATE, ZIP: NAGS HEAD, NC 27 OFFICE#: 252-489-9555 CELL# SAME   |  | M EGER<br>ALBEMARLE AVENUE<br>IEAD, NC 27959                         | NC G.C. LICENSE<br>LIMITATION:<br>CLASSIFICATION<br>QUALIFIER:<br>LIEN AGENT NAM | J:<br>ME: n/a   |  |
| FAX#:<br>EMAIL:   | AFFORI                                   | DABLEBILLS@GMAIL.COM   | ENTRY#:<br>LIEN AGENT ADI  | n/a<br>D <b>RESS</b> ; n/a  |  |
|   | TION: Nev                                |  |  | Renovation / Repair - Accessory - Other Swimming Pools - Workshop - Gazebo  |  |
|   |  | Storage Building - Dune Deck   |  | ,   |  |
| OCCUPANCY:  |  | TYPE OF FOUNDAT  |  | PERMITTED/CONDITIONAL USE: Single Family Dwelling   |  |
| HEATED/LIVING ARE   |  | HEAT:  |  | RESIDENTIAL TYPE: Residence   |  |
| ON-HEATED AREAS   | S (SqFt):                                | A/C:   |  | BUILDING USE: Single Family   |  |
| NUMBER OF STORIE  | S:                                       | INTERIOR WALLS:  |  | ZONING DISTRICT: RS1 - Single Family<br>Residential District  |  |
| BEDROOMS:   |  | EXTERIOR WALLS:  |  | ZONING PERMIT#:   |  |
| SEPTIC CAP. # OF PE   | RSONS:                                   | FIREPLACE:   |  | DATE APPROVED:  |  |
| BATHS: 1/2 BATHS:   |  | ROOF:  |  |   |  |
| GARAGE - DETACHE  |  |  |  | CAMA PERMIT #: 79369  DATE ISSUED: 08/02/2021   |  |
| STORAGE ENCLOSU<br>POOL: SHED:  | KE:                                      | ELEVATOR (SqFt):<br>DECKS (SqFt):                                    |  | DATE 1990ED: 00/02/2021   |  |
| LOOD ZONE: Shade  | d V                                      | WINDOWS MAKE:  |  | SEPTIC PERMIT #:  |  |
| BASE FLOOD ELEVA  |  |  |  | DATE ISSUED:  |  |
|   |  |  |  |   |  |
| Name of the State |  | TOTAL CONSTR   | UCTION COST: \$29,000  | .00   |  |
| PERMIT FEES:<br>Description<br>Bulkhead, Dock, Pier, R  | etaining Wall Fed                        | 9  |  | Total Cos<br>100.00<br>TOTAL FEE: 100.00  |  |
| with all Ordinances o<br>duly authorized agent o  | f the Town of S<br>f owner; that al      | outhern Shores. The applicant ce<br>I construction shall be as shown | ertifies that the informat<br>on the submitted plans                             | sonally inspect all construction and be certain to comply ion on this permit is correct; that he/she is the owner or and specifications; the he/she understands this permit inply with applicable regulations and laws. |  |
| William Eger  | William Eger Willian                     |  | am Egor  | 08/31/2021  |  |
| Applicant - Owner/Co  | ntractor                                 | /Placean   | rint and sign name)  | Date Approve  |  |
| Building/Code/Zoning  |  | (i iedse þ   | inic and orgit name)   | Date Issued   |  |
| KY',W   | $\mathcal{Q}_{\ell}$                     |  |  |   |  |



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

#### RESIDENTIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

#### **BUILDING PERMIT # DPA21-000149**

| Parcel:   |  |
|-----------|--|
| PIN:      |  |
| Location: |  |

022383301

986716822604 166 TALL CLIFF CT

District: Subdiv Lot-Block-Sect: RS1 - Single Family Residential District CHICAHAUK

LOT: 301 BLK: SEC:

Owner: Address:

GIBBONS, EDWARD J 114 BAYSIDE DR MOYOCK, NC 27958

Phone #:

252-435-8418

**BUSINESS NAME:** CONTRACTOR'S NAME:

ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL#

P.O. Box 269

FAX#: EMAIL:

Premiere Contracting, Inc. Paul Henriques

Kitty Hawk, nc 27949 (252) 491-2494

Paul@premierecontractinginc.com

NC G.C. LICENSED CONTRACTOR:

NC G.C. LICENSE NUMBER: LIMITATION: **CLASSIFICATION:** 

QUALIFIER: LIEN AGENT NAME: ENTRY#:

LIEN AGENT ADDRESS:

Licensed General Contractor

58986 Unlimited Building Paul J. Henriques

Edward J. Gibbons

1510839

114 bayside drive, Moyock NC

DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): NEW CONSTRUCTION - construction of a new custom home, pool, and retaining walls

SPECIAL CONDITIONS - ALL WOOD BELOW RFPE () FT. SHALL BE TREATED

| TYPE OF CONSTRUCTION: New Construction - Addition / Expansion - Remodel / Renovation / Repair - Accessory - Other |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Bulkhead - Piers/Docks - Retaining Wall - Beach Access Walkway/Stairs - Swimming Pools - Workshop - Gazebo        |   |  |  |  |  |  |  |  |
| Detached Garage - Accessory Storage Building - Dune Deck - Generator  |   |  |  |  |  |  |  |  |
| OCCUPANCY: 8  | TYPE OF FOUNDATION: Pile  | PERMIT TYPE: Residential                                     |  |  |  |  |  |  |
| HEATED/LIVING AREAS (SqFt): 2814.0  | HEAT: Heat Pump   | RESIDENCE TYPE: Residence                                    |  |  |  |  |  |  |
| NON-HEATED AREAS (SqFt): 1,424  | A/C: Heat Pump  | BUILDING USE: Single Family                                  |  |  |  |  |  |  |
| NUMBER OF STORIES: 2  | INTERIOR WALLS: timber with sheetrock   | ZONING DISTRICT: RS1 - Single Family<br>Residential District |  |  |  |  |  |  |
| BEDROOMS: 4   | EXTERIOR WALLS: timber framing with sheetrock, and vinyl, and fiber cement siding | ZONING PERMIT #: ZP21-000087                                 |  |  |  |  |  |  |
| SEPTIC CAP. # OF PERSONS: 8   | FIREPLACE: Other  | DATE APPROVED: 9/2-2021                                      |  |  |  |  |  |  |
| BATHS: 2 1/2 BATHS: 1   | ROOF: Asphalt   | PERMITTED/CONDITIONAL USE: Single Family<br>Dwelling         |  |  |  |  |  |  |
| GARAGE - DETACHED: 0 ATTACHED: 0 571  | INSULATION: Batt  | CAMA PERMIT #:   |  |  |  |  |  |  |
| STORAGE ENCLOSURE: 0 0  | ELEVATOR (SqFt): 0  | DATE ISSUED:   |  |  |  |  |  |  |
| POOL: 368 SHED: 0   | DECKS (SqFt): 267   |  |  |  |  |  |  |  |
| FLOOD ZONE: Unshaded X  | WINDOWS MAKE: Pella 250 series  | SEPTIC PERMIT #: 30991                                       |  |  |  |  |  |  |
| BASE FLOOD ELEVATION: LES 8ft   | WINDOWS TYPE: Double hung and picture   | DATE ISSUED: 07/28/2021                                      |  |  |  |  |  |  |

**TOTAL CONSTRUCTION COST: \$771,901,00** PERMIT FEES: Description **Total Cost** Plan Review Fee - Single Family New Construction 150.00 Heated/Living Area Fee (Single Family) 1,688,40 Non-Heated Areas Fee (Single Family) 427.20 Bulkhead, Dock, Pier, Retaining Wall Fee 100.00 Swimming Pools 125.00 Homeowners Recovery Fund 10.00 \*\*\*\*The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit is valid for 180 days to begin construction and may e reveked for failure to comply with applicable regulations and laws. HENRIQUES

Applicant - Owner/Contractor

(Please print and sign name)

09/02/2021

**Date Approved** 

Building/Code/Zoning Official



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

# RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

| Parcel:  | 021380000   |  | Owner:<br>Address:  | KUEHN, KENNETH CHARLES TTEE<br>280 N. DOGWOOD TRAIL   |  |
|--|---|--|---|---|--|
| PIN:   | 986813145437<br>280 N DOGWOOD TRL   |  | Address:  | SOUTHERN SHORES, NC 27949   |  |
| ocation:<br>district:  | RS1 - Single Family Resid   | dential District   | Phone #:  | 240-205-5373  |  |
| ubdiv  | SO/SH SOUNDSIDE BLK   |  |   |   |  |
| ot-Block-Sect:   | LOT: 5 BLK: 109 SEC:  |  |   |   |  |
| BUSINESS NAME: CONTRACTOR'S NAME: KUEHN, KENNETH CHARLES T ADDRESS: 280 N DOGWOOD TRAIL CITY, STATE, ZIP: SOUTHERN SHORES, NC 27949  |   |  | NC G.C. LICENS<br>NC G.C. LICENS<br>LIMITATION:<br>CLASSIFICATIOI<br>QUALIFIER: |   |  |
| FFICE#:<br>ELL#  | 240-205-5373<br>240-205-5373  |  | LIEN AGENT NA   | ME:   |  |
| AX#:   | 240-200 0070  |  | ENTRY#:   |   |  |
| MAIL:  |   |  | LIEN AGENT AD   | DRESS:  |  |
| SHOP INTO LIVING WALLS INSIDE FIN SPECIAL CONDITI TYPE OF CONSTR   | S SPACE & ADD A BATHRO- NISHED WITH DRYWALL IONS - ALL WOOD BELOW RUCTION: New Construc | OM, KITCHEN & BEDR  RFPE () FT. SHALL BI  tion - Addition / Expa | E TREATED NO PERI   | orior approval): ADDITION - CONVERT GROUND FLOOR E BUILT WITH LUMBER & EXISITING SIDING . ALL  MANENT FOR RANGE ALLOWED  / Renovation / Repair - Accessory - Other  Swimming Pools - Workshop - Gazebo      |  |
| ***************************************  | parent  | ,  |   | Swiffining Fools - Workshop - Cazebo  |  |
| Detached Gara  | age - Accessory Storage B   | TYPE OF FOUNDAT  |   | PERMIT TYPE: Residential  |  |
| OCCUPANCY:   | DE 10 (0E4), E60.0  | HEAT: Other  | ION.  | RESIDENCE TYPE: Residence   |  |
| The state of the s | AREAS (SqFt): 569.0   | A/C: Other   |   | BUILDING USE: Single Family   |  |
| NON-HEATED AR  | EAS (SQFt): 0   |  |   | ZONING DISTRICT: RS1 - Single Family  |  |
| NUMBER OF STO  | RIES:   | INTERIOR WALLS:  |   | Residential District  |  |
| BEDROOMS: 5  |   | EXTERIOR WALLS:  | CEDAR SHAKES  | ZONING PERMIT #: ZP21-000089  |  |
| SEPTIC CAP. # OF   | F PERSONS: 10   | FIREPLACE:   |   | DATE APPROVED: 09/08/2021   |  |
| BATHS: 5 ½ BATH  | HS:   | ROOF:  |   | PERMITTED/CONDITIONAL USE: Single Famili<br>Dwelling  |  |
| GARAGE - DETAC   | CHED: ATTACHED: 569   | INSULATION: Batt   |   | CAMA PERMIT #:  |  |
| STORAGE ENCLO  |   | ELEVATOR (SqFt):   |   | DATE ISSUED:  |  |
| POOL: SHED:  |   | DECKS (SqFt):  |   |   |  |
| FLOOD ZONE: Ur   | nshaded X   | WINDOWS MAKE: A  | ANDERSON  | SEPTIC PERMIT #: S22-5726   |  |
|  | EVATION: LES 8ft  | WINDOWS TYPE: D  | ouble Hung  | DATE ISSUED: 08/27/2021   |  |
|  |   |  |   |   |  |
|  |   | TOTAL CONSTR   | RUCTION COST: \$25,00   | 00.00   |  |
|  | Fee (Single Family)   |  |   | Total Cost<br>341.40<br>TOTAL FEE: 341.40   |  |
| with all Ordinances  | af the Town of Southern Sh  | ores. The applicant cert<br>ction shall be as shown              | ifies that the informati<br>on the submitted plai                               | sonally inspect all construction and be certain to comply on on this permit is correct; that he/she is the owner or as and specifications; the he/she understands this permit is able regulations and laws. |  |
| Kur  | Jul 19pt  | dest 1   |   | 09/08/202   |  |
| Applicant - Owne   | r/Contractor  | (Please p  | orint and sign name)  | Date Approved   |  |
| Kevin (  | lark  |  |   | 9-8.2<br>Date Issued  |  |
| Building/Code/Zo   | oning Official By! M  | 8  |   | Date issued   |  |
|  | U   |  |   |   |  |



Building/Code/Zoning Official 843

TOWN OF SOUTHERN SHORES
PLANNING AND CODE ENFORCEMENT
5375 N Virginia Dare Trail, Southern Shores, NC 27949
(252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax
www.southernshores-nc.gov

### RESIDENTIAL BUILDING/FLOODPLAIN **DEVELOPMENT PERMIT**

| CAROLINA  | •  |  |  | - BOILDING : EKKIN # B.77121 000 .  |   |  |  |
|---|--|--|--|---|---|--|--|
| Parcel:<br>PIN:<br>Location:<br>District:   | 021164000<br>986810470067<br>3 EIGHTH AVE<br>RS1 - Single Family Resid |  | ential District                            | Owner:<br>Address:<br>Phone #:  | HOLDEN, SCOT<br>2000 SUMMIT TE<br>ALEXANDRIA, V<br>703-577-2626 | ER .   |  |
| Subdiv<br>Lot-Block-Sect:   | SEA CRES<br>LOT: 3 BLK   | T VILLAGE<br>(: 52 SEC:                                  |  |   |   |  |  |
| CONTRACTOR'S NAME: Kenny Reid ADDRESS: 6475 N. Croats   |  | 475 N. Croatan Highway, Suite 101<br>itty Hawk, NC 27949 |  | NC G.C. LICENSE<br>NC G.C. LICENSE<br>LIMITATION:<br>CLASSIFICATION<br>QUALIFIER: |   | Licensed General Contracto<br>34433<br>Unlimited<br>Kenneth W. Reid                                      |  |
| CELL#   | •  | •  |  | LIEN AGENT NAM  | ΛE:   | Fidelity National Title Compa  |  |
| FAX#:   | (25)   | 2) 255-1766  |  | ENTRY#:   |   | LLC<br>1515276   |  |
| EMAIL:  | •  | reline@shorelin  | ebuilders,com                              | LIEN AGENT ADD  | PRESS:  | 223 S. WEST ST SUITE 900<br>RALEIGH N.C 27603  |  |
| CONSTRUCTION OF SPECIAL CONDITIO  | A SINGLE F   | FAMILY DWELL<br>OOD BELOW F                              | ING WITH POOL AND<br>RFPE (8) FT. SHALL BE | ACCESSORY BUILDI<br>E TREATED   | NG WITH LIVING SPA  | CONSTRUCTION -NEW ACE (NO BEDROOMS)  Accessory -   Other   |  |
|   |  | _  | _  |   | Swimming Pools -  | Workshop - Gazebo  |  |
|   | - Acces  | sory Storage Bu  | liding - Dune Deck -                       |   |   |  |  |
| OCCUPANCY: 16   | 510 (0 EV)   | C724 0   | TYPE OF FOUNDATION                         | ON: Pile  | PERMIT TYPE   |  |  |
| HEATED/LIVING AR  |  |  | HEAT: Heat Pump                            |   |   | TYPE: 2nd Home   |  |
| NON-HEATED AREA   | 45 (SqFt): 4,  | 203  | A/C: Heat Pump                             |   |   | E: Single Family RICT: RS1 - Single Family   |  |
| NUMBER OF STORI   | <b>ES:</b> 3   |  | INTERIOR WALLS: D                          | )rywall   | Residential Dis   |  |  |
| BEDROOMS: 6   |  |  | EXTERIOR WALLS: Cedar Shakes               |   | ZONING PERI   | MIT #: ZP21-000088   |  |
| SEPTIC CAP. # OF P  | ERSONS: 1  | 6  | FIREPLACE: Gas                             |   |   | VED:07/15/2021 09/03/2021  |  |
| BATHS: 6 ½ BATHS:   |  |  | ROOF: Metal                                |   | Dwelling  | CONDITIONAL USE: Single Fa   |  |
| GARAGE - DETACH   |  |  | INSULATION: Batt                           |   | CAMA PERMI  |  |  |
| STORAGE ENCLOS  | URE:   |  | ELEVATOR (SqFt): 25                        |   | DATE ISSUED   | : 07/12/2021   |  |
| POOL: 455 SHED:   |  |  | DECKS (SqFt): 2,642                        |   | 050510 0501   | UT. II. 00 5444100 5440  |  |
| LOOD ZONE: Unsh   |  | 04   | WINDOWS MAKE: Pe                           |   | DATE ISSUED   | IIT #: S3-5141/S8-5143   |  |
| BASE FLOOD ELEV   | ATION: LES   | лв   | WINDOWS TYPE: Do                           | uble nung   | DATE ISSUED   | : 0//28/2021   |  |
| PERMIT FEES:<br>Description<br>Plan Review Fee - Sin<br>Heated/Living Area Fe<br>Non-Heated Areas Fee<br>Swimming Pools<br>Homeowners Recoven | e (Single Fam<br>s (Single Fami  | ily)   | TOTAL CONSTRUC                             | TION GOST: \$1,650,00   | 0.00  | Total<br>15<br>3,45<br>1,26<br>12<br>10<br>10TAL FEE: 4,98   |  |
| vith all Ordinances of<br>luly authorized agent   | the Town of of owner; the  | Southern Shore<br>at all constructi                      | s. The applicant certific                  | es that the information<br>n the submitted plans<br>o comply with applicab        | on this permit is corr<br>and specifications; th                | ruction and be certain to comp<br>ect; that he/she is the owner o<br>e he/she understands this per<br>s. |  |
| Applicant - Owner/Co  | ontractor  |  | (Please prin                               | nt and sign name)   |   | 709/03/<br>Date Appro  |  |
| Kevin Cl  |  |  | li iedae hiii                              | ar and sign name)   |   | Q.Q.   |  |
| revirce   | WK.  | ) <u>.</u>   |  | •   |   | Date Iss   |  |
|   |  | # 1 20   |  |   |   | Pare 12:   |  |



# RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

| Parcel:<br>PIN:  | 02124<br>98680       | 19000<br>15283403                        |                           | Owner:                                 |                             | HANSAN, ALISON                           |  |
|--|----------------------|--|---------------------------|--|-----------------------------|--|--|
| Location:  | 23 ELEVENTH AVE      |  |                           | Address:                               | 11306 STONELE               | DGE CT                                   |  |
| District:  | RS1 -                | RS1 - Single Family Residential District |                           | Phone #:                               | RESTON, VA 201              | 91                                       |  |
| Subdiv   | SEA CREST VILLAGE    |  | i noite #:                | 703-851-6285                           |                             |  |  |
| _ot-Block-Sect:  | LOT: 14 BLK: 56 SEC: |  |                           |  |                             |  |  |
| BUSINESS NAME:   |                      | Emanuelson &                             | Dad, Inc.                 | NC G.C. LICENS                         | ED CONTRACTOR:              | Linguish Court 10                        |  |
| CONTRACTOR'S N.<br>ADDRESS:  | AME:                 | Jackie Lewis                             |                           | NC G.C. LICENS                         | E NUMBER:                   | Licensed General Contractor 79801        |  |
| CITY, STATE, ZIP:  | PO Box 448           |  | LIMITATION:               |  | Limited                     |  |  |
| OFFICE#:   |                      | Nags Head, NC 27959                      |                           |  | CLASSIFICATION: Residential |  |  |
| ELL#   |                      | (252) 261-2212                           |                           | QUALIFIER:                             |                             | Elizha Barrett                           |  |
| AX#:   |                      | (252) 261-1115                           |                           |  | LIEN AGENT NAME:            |  |  |
| MAIL:  |                      | emanuelson67                             | 05@outlook.com            | ENTRY#:<br>LIEN AGENT ADI              | DRESS:                      |  |  |
| PECIAL CONDITIO  | NS - AL              | L WOOD BELO                              | W RFPE (8) FT. SHALI      | L BE TREATED                           |                             | R - Replace 6 pilings and 32'            |  |
| YPE OF CONSTRU   | ICTION:<br>Piers/Doc | New Constr                               | uction - Addition / Ex    | pansion - Remodel /                    | Renovation / Repair         | Accessory - Other                        |  |
| Detached Gorana  | ,=101200<br>} .      |  | 8 AANI - TO Reach Voces   | ss Walkway/Stairs -                    | Swimming Pools - V          | Vorkshop - Gazebo                        |  |
| CCUPANCY:  | A                    | cessory Storage                          | Building - Dune Dec       | k Generator                            |                             |  |  |
| EATED/LIVING AR  | EAC /C-              | Fal. 0.0                                 | TYPE OF FOUNDA            | TION:                                  | PERMIT TYPE                 | Residential                              |  |
| ON-HEATED AREA   | S /Sar4              | rg: 0.0                                  |                           | HEAT:                                  |                             | RESIDENCE TYPE: 2nd Home                 |  |
|  |                      | .; U                                     | A/C:                      |  | BUILDING USE                | BUILDING USE: Single Family              |  |
| UMBER OF STORI   | ES:                  |  | INTERIOR WALLS:           | INTERIOR WALLS:                        |                             | ZONING DISTRICT: RS1 - Single Family     |  |
| EDROOMS:   |                      |  |                           | Residential Dist                       | Residential District        |  |  |
| PTIC CAP. # OF P   | ERSON                | 3: 10                                    | EXTERIOR WALLS:           |  |                             | ZONING PERMIT #:                         |  |
|  |                      | FIREPLACE:                               |                           | DATE APPROV                            | DATE APPROVED:              |  |  |
| ATHS: 1/2 BATHS:   |                      |  | ROOF:                     | ROOF:                                  |                             | PERMITTED/CONDITIONAL USE: Single Family |  |
| ARAGE - DETACHE  | D: ATT               | ACHED:                                   | INSULATION:               |  | Dweiling                    |  |  |
| ORAGE ENCLOSE  | IRE:                 |  | ELEVATOR (SqFt):          |  | CAMA PERMIT                 | #:                                       |  |
| OOL: SHED:   |                      |  | DECKS (SqFt):             |  | DATE ISSUED:                |  |  |
| OOD ZONE: Unsha  | ded X                |  | WINDOWS MAKE:             |  |                             |  |  |
| ASE FLOOD ELEVA  | TION: I              | .ES 8ft                                  | WINDOWS TYPE:             |  | SEPTIC PERMI                | Γ#: S22-5699                             |  |
|  |                      |  |                           | ······································ | DATE ISSUED:                | 08/26/2021                               |  |
| ERMIT FEES:  |                      |  | TOTAL CONSTR              | RUCTION COST: \$8,100.0                | 0                           |  |  |
| escription   |                      |  |                           | +-1.00.0                               | -                           |  |  |
| emodel / Renovation /  | Repair F             | ee                                       |                           |  |                             | Total Cost                               |  |
| omeowners Recovery<br>inimum Permit Fee  | Fund                 |  |                           |  |                             | 81.00                                    |  |
|  |                      |  |                           |  |                             | 10.00                                    |  |
| AMIGNITY CHIMICI EE  | er are re-           | nonelble to                              |                           |  |                             | 19.00<br>TOTAL FEE: 110.00               |  |
| The owner and build  | naities              | of Southern Sh                           | iply with all regulations | and laws; should person                | ally inspect all constru    | ction and be certain to comply           |  |
| The owner and builde   | IC IOMII             |  |                           |  |                             |  |  |
| The owner and builde<br>h all Ordinances of the<br>v authorized agent of   |                      | ruction and ma                           | be revoked for failure t  | o comply with applicable               | regulations and laws        | ne/sne understands this permit is        |  |
| he owner and builden all Ordinances of the authorized agent of   |                      |  | 10 - 11101                | Inc ( 1/2.                             | n . t                       |  |  |
| he owner and builden all Ordinances of the authorized agent of   |                      | EManue                                   | 21.20A " 1 1/4/4          | 1110 \ 1 'W/4 d                        | M7.                         |  |  |
| The owner and builded in all Ordinances of the part of | or 8                 | EMANU                                    | 2150K: DUA                |  |                             | 001011000                                |  |
|  | or 8                 | EMANU                                    | (Please pri               | int and sign name)                     |                             | 08/31/2021                               |  |
| The owner and builded in all Ordinances of the part of | or 8                 | EMANU                                    | (Please pri               | int and sign name)                     |                             | 08/31/2021<br>Date Approved              |  |
| he owner and builden all Ordinances of the yauthorized agent of the formal of the  | or 8                 | Emanu<br>CK                              | (Please pri               | int and sign name)                     |                             | Date Approved                            |  |
| in the owner and builden all Ordinances of the authorized agent of the for 180 days to be the for 180 days to be the formal of t | der E                | K  | (Please pri               | int and sign name)                     | _                           | Date Approved                            |  |
| he owner and builden all Ordinances of to all ordinances of the value of the last of the l | der E                | K<br>By! nu                              | (Please pri               | int and sign name)                     | _                           |  |  |



### TOWN OF SOUTHERN SHORES

PLANNING AND CODE ENFORCEMENT 5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

#### RESIDENTIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

| CONTRACTOR'S NAME: William Fra 2401 Coling Kill Devil Hi OFFICE#: CELL# (252) 480-0 FAX#:  |   |  |  |  |  |
|--|---|--|--|--|--|
| District: RS1 - Single Famili SEA CREST VILLA LOT: 4 BLK: 59 SE LOT: 5 LOT: 5 LOT: 6 LOT: |   | Owner:<br>Address:   | KYLE, ADAM CH<br>3433 GREEN PIN  | IE LN  |  |
| USINESS NAME: DISINESS NAME: ONTRACTOR'S NAME: USINESS NAME: ONTRACTOR'S NAME: ONTRA |   |  | VIRGINIA BEACH   | H, VA 23452  |  |
| JSINESS NAME:  JSINESS NAME:  JORESS:  JORESCRIPTION OF WORK — (Any deviating system with new siding system. Repected to the period of the p |   | Phone #:   | 361-946-2493   |  |  |
| JSINESS NAME: DISTRACTOR'S NAME: DISTRACTOR'S NAME: DISTRACTOR'S NAME: DISTRACTOR'S NAME: DISTRACTOR'S NAME: William Fra 2401 Coling TY, STATE, ZIP: ELL# (252) 480-0 XX#: MAIL: frascacustor  ESCRIPTION OF WORK - (Any deviate ding system with new siding system. Repecial Conditions - All WOOD BISPECTOR WILL INSPECT INDIVIDUAL YPE OF CONSTRUCTION: New Colling Bulkhead - Piers/Docks - Repecial Coupancy: EATED/LIVING AREAS (SqFt): 0.0 ON-HEATED AREAS (SqFt): 0.0 UMBER OF STORIES: EDROOMS: EPTIC CAP. # OF PERSONS: ATHS: ½ BATHS: ARAGE - DETACHED: ATTACHED: TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: LES 8ft  ERMIT FEES: DESCRIPTION OF WORK - (Any deviate display authorized agent of owner; that all collid for 180 days to begin construction applicant - Owner/Contractor  |   |  |  |  |  |
| ONTRACTOR'S NAME: William Fra 2401 Coling TY, STATE, ZIP: Kill Devil His FFICE#: (252) 480-0 AX#: (252) AX#: (252) AX#: (252) AX#: (252) AX#:  | LO1. 4 BLN. 39 SEC.   |  |  |  |  |
| ELL# (252) 480-0 AX#:  MAIL: frascacusto  ESCRIPTION OF WORK - (Any deviated in the procession of the  |   | NC G.C. LICENSED CONTRACTOR: NC G.C. LICENSE NUMBER: LIMITATION: CLASSIFICATION: QUALIFIER: LIEN AGENT NAME: |  | Licensed General Contractor<br>72094<br>Building   |  |
| ESCRIPTION OF WORK — (Any deviated system with new siding system. Repectal Conditions - ALL WOOD BISPECTOR WILL INSPECT INDIVIDUAL YPE OF CONSTRUCTION: New College Bulkhead - Piers/Docks - Repetached Garage - Accessory Stoccupancy:  EATED/LIVING AREAS (SqFt): 0.0  ON-HEATED AREAS (SqFt): 0  UMBER OF STORIES:  EDROOMS:  EPTIC CAP. # OF PERSONS:  ATHS: ½ BATHS:  ARAGE - DETACHED: ATTACHED:  TORAGE ENCLOSURE:  OOL: SHED:  LOOD ZONE: Unshaded X  ASE FLOOD ELEVATION: LES 8ft  PERMIT FEES:  Description  Remodel / Renovation / Repair Fee domeowners Recovery Fund  Performed of the Town of Souther Company of the Town of Souther Company and | 515   |  |  | Chicago Title Company, LLC   |  |
| ESCRIPTION OF WORK - (Any deviating system with new siding system. Repecial CONDITIONS - ALL WOOD BY SPECTOR WILL INSPECT INDIVIDUAL YPE OF CONSTRUCTION: New College Bulkhead - Piers/Docks - Reperson Accessory Struction (Accessory Struction) Repair Fee Bulkhead - Piers/Docks - Report Accessory Struction (Accessory Struction) Repair Fee Bulkhead - Piers/Docks - Report Accessory Struction (Accessory Struction) Repair Fee Bulkhead - Piers/Docks - Report Accessory Struction (Accessory Struction) Repair Fee Bulkhead (Accessory Fund) Repair Fee Bulkhe | 313   | ENTRY#:  | II han 1   | 1531364  |  |
| ding system with new siding system. Repecial Conditions - All Wood Bispector Will Inspect Individual YPE OF CONSTRUCTION: New College Bulkhead - Piers/Docks - Repeated Garage - Accessory Structure GCUPANCY:  EATED/LIVING AREAS (SqFt): 0.0 ON-HEATED AREAS (SqFt): 0  UMBER OF STORIES:  EDROOMS:  EPTIC CAP. # OF PERSONS:  ATHS: ½ BATHS:  ARAGE - DETACHED: ATTACHED: TORAGE ENCLOSURE:  OOL: SHED:  LOOD ZONE: Unshaded X  ASE FLOOD ELEVATION: LES 8ft  PERMIT FEES:  Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  ATTHE OWNER and builder are responsible with all Ordinances of the Town of Souther July authorized agent of owner; that all call of 180 days to begin construction applicant - Owner/Contractor   | mhomes@gmail.com  | LIEN AGENT ADI   | DRESS:   | 223 S. West Street, Suite 900 /<br>Raleigh, NC 27603   |  |
| DCCUPANCY: REATED/LIVING AREAS (SqFt): 0.0 RION-HEATED AREAS (SqFt): 0 RIUMBER OF STORIES: REDROOMS: REPTIC CAP. # OF PERSONS: RATHS: ½ BATHS: RARAGE - DETACHED: ATTACHED: ROOL: SHED: ROOL: SHED: ROOL: SHED: REPTIC CAP. # OF PERSONS: REPTIC CAP. # OF P | ELOW RFPE (8) FT. SHALL E L WALLS IF NEEDED. ROT  construction - Addition / Exp  taining Wall - Beach Acces | REPAIR TO BE INSPE<br>pansion - Remodel /<br>ss Walkway/Stairs - S   | Renovation / Repair -  |  |  |
| EATED/LIVING AREAS (SqFt): 0.0 ION-HEATED AREAS (SqFt): 0 IUMBER OF STORIES: EEDROOMS: EEPTIC CAP. # OF PERSONS: EATHS: ½ BATHS: EARAGE - DETACHED: ATTACHED: ETORAGE ENCLOSURE: FOOL: SHED: LOOD ZONE: Unshaded X EASE FLOOD ELEVATION: LES 8ft  EERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  The owner and builder are responsible ith all Ordinances of the Town of Southeuly authorized agent of owner; that all callid for 180 days to begin construction a   |   |  | PERMIT TYP   | E. Davidontial   |  |
| ON-HEATED AREAS (SqFt): 0  IUMBER OF STORIES:  EDROOMS:  EPTIC CAP. # OF PERSONS:  ATHS: ½ BATHS:  ARAGE - DETACHED: ATTACHED:  TORAGE ENCLOSURE:  OOL: SHED:  LOOD ZONE: Unshaded X  ASE FLOOD ELEVATION: LES 8ft  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  The owner and builder are responsible ith all Ordinances of the Town of Southeuly authorized agent of owner; that all calid for 180 days to begin construction a  |   |  |  | TYPE: 2nd Home   |  |
| EDROOMS:  EPTIC CAP. # OF PERSONS:  ATHS: ½ BATHS:  ARAGE - DETACHED: ATTACHED:  TORAGE ENCLOSURE:  OOL: SHED:  LOOD ZONE: Unshaded X  ASE FLOOD ELEVATION: LES 8ft  PERMIT FEES: Description termodel / Renovation / Repair Fee Homeowners Recovery Fund  The owner and builder are responsible in all Ordinances of the Town of Southerly authorized agent of owner; that all challed for 180 days to begin construction applicant - Owner/Contractor  | HEAT:   |  |  | SE: Single Family  |  |
| EDROOMS:  EPTIC CAP. # OF PERSONS:  ATHS: ½ BATHS:  ARAGE - DETACHED: ATTACHED: TORAGE ENCLOSURE:  OOL: SHED:  LOOD ZONE: Unshaded X  ASE FLOOD ELEVATION: LES 8ft  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  The owner and builder are responsible ith all Ordinances of the Town of Souther all ord | A/C:  |  | Company of the American State of the State o | FRICT: RS1 - Single Family   |  |
| EPTIC CAP. # OF PERSONS:  ATHS: ½ BATHS:  FARAGE - DETACHED: ATTACHED: TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: LES 8ft  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  The owner and builder are responsible ith all Ordinances of the Town of Souther all ordinances of t | INTERIOR WALLS:   | INTERIOR WALLS: Resid  |  |  |  |
| ARAGE - DETACHED: ATTACHED: DARAGE ENCLOSURE: DOOL: SHED: DOOD ZONE: Unshaded X DASE FLOOD ELEVATION: LES 8ft  DESCRIPTION Remodel / Renovation / Repair Fee domeowners Recovery Fund  The owner and builder are responsible ith all Ordinances of the Town of Southerly authorized agent of owner; that all call of 180 days to begin construction and publicant - Owner/Contractor   | EXTERIOR WALLS:   | EXTERIOR WALLS: Vinyl Siding - Cedar Impression  |  | ZONING PERMIT #: DATE APPROVED:  |  |
| ARAGE - DETACHED: ATTACHED: ATTORAGE ENCLOSURE: COOL: SHED: LOOD ZONE: Unshaded X BASE FLOOD ELEVATION: LES 8ft  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  The owner and builder are responsible ith all Ordinances of the Town of Southeuly authorized agent of owner; that all called for 180 days to begin construction a  | FIREPLACE:  | FIREPLACE:   |  |  |  |
| TORAGE ENCLOSURE: OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: LES 8ft  PERMIT FEES: Pescription Remodel / Renovation / Repair Fee Homeowners Recovery Fund  The owner and builder are responsible with all Ordinances of the Town of Southe uly authorized agent of owner; that all coalid for 180 days to begin construction a  | ROOF:   | ROOF:  |  | CONDITIONAL USE: Single Family   |  |
| OOL: SHED: LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: LES 8ft DESCRIPTION: LES 8ft DESCRIPTIO | INSULATION:   |  | CAMA PERM  | IT #:  |  |
| LOOD ZONE: Unshaded X ASE FLOOD ELEVATION: LES 8ft  ERMIT FEES: Description Demodel / Renovation / Repair Fee Demodel / Renovation / Repair Fee Demoders Recovery Fund  The owner and builder are responsible the all Ordinances of the Town of Souther ally authorized agent of owner; that all could for 180 days to begin construction a population of the popu | ELEVATOR (SqFt):  |  | DATE ISSUE   | D:   |  |
| PERMIT FEES: Description Demodel / Renovation / Repair Fee Demodel / Renovation / Ren | DECKS (SqFt):   |  |  |  |  |
| PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  *The owner and builder are responsible ith all Ordinances of the Town of Southe uly authorized agent of owner; that all or alid for 180 days to begin construction a  | WINDOWS MAKE:   |  | SEPTIC PER   | MIT #:   |  |
| Pescription Remodel / Renovation / Repair Fee Homeowners Recovery Fund  The owner and builder are responsible with all Ordinances of the Town of Souther all ordinances of the Town of S | WINDOWS TYPE:   |  | DATE ISSUE   | D:   |  |
| Description Remodel / Renovation / Repair Fee domeowners Recovery Fund  The owner and builder are responsible with all Ordinances of the Town of Southerly authorized agent of owner; that all coalid for 180 days to begin construction a spelicant - Owner/Contractor  |   |  |  |  |  |
| Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  The owner and builder are responsible Hith all Ordinances of the Town of Southe Uly authorized agent of owner; that all calid for 180 days to begin construction a   | TOTAL CONSTR  | RUCTION COST: \$63,360   | 0.00   |  |  |
| with all Ordinances of the Town of Souther uly authorized agent of owner; that all coalid for 180 days to begin construction a   |   |  |  | Total Cost<br>634.00<br>10.00<br>TOTAL FEE: 644.00   |  |
|  | ern Shores. The applicant cert<br>construction shall be as shown  | tifies that the information<br>on the submitted plans  | n on this permit is co<br>and specifications; t  | struction and be certain to comply<br>rrect; that he/she is the owner or<br>he he/she understands this permit is |  |
|  | (Please r   | orint and sign name)   |  | Date Approved  |  |
| DEMINI DAVE  |   | - ,  |  | 9.8.20   |  |
|  | . 0   |  |  | Date Issued  |  |
| Building/Code/Zoning Official By: N  | と   |  |  | 240 100400   |  |

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



#### **Residential Trade Contractor Permit**

Date September 08, 2021

| TP21-000201      |               |
|------------------|---------------|
| Mechanical Trade | <b>Permit</b> |

Project Address: 108 OCEAN BLVD

Property Owner: M.B.L.M.S.L, LLC

PIN #: 022530000

Mailing Address: PO BOX 150

KITTY HAWK, NC 27949

| Permit Types:  Plumbing Electrical Mechanical Contractor:                              | © Gas  |  |
|--|--|--|
| Company Name: R.A. Hoy Heating & A/C Phone: (252) 261-2008 N. C. License Number: 13056 | Qualifier: Douglas Wakeley  Address: P.O. Box 179  Kitty Hawk, NC 27949          |  |
| Description of Work: REPLACING TRAN  | E 14 SEER 3.5TON UPSTAIRS WEST HEAT PUMP ONLY.                                   |  |
| Project Cost Estimate: \$4,937.00  | Permit Amount: 100.00  Payment:  Date Type Reference Receipt ReceivedFrom Amount |  |

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

Date

Signature of Permit Official

<u>9-9-202</u> Date

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



#### **Residential Trade Contractor Permit**

Date September 09, 2021

| TP21-000202             |               |
|-------------------------|---------------|
| <b>Electrical Trade</b> | <b>Permit</b> |

| Project Address: 3 REDBAY LN Property Owner: TCHALEKIAN, KEVOR              | PIN #: 021422000<br>RK Mailing Address: 3 REDBAY LN<br>SOUTHERN SHROES, NC 27949 |
|---|--|
| Permit Types:  Plumbing Electrical Mecha Contractor:                        | anical Gas   |
| Company Name: Kreiser Electric Inc<br>Phone:<br>N. C. License Number: 31684 | Qualifier: Chris Kreiser  Address: 248 Ocean Blvd  Southern Shores, NC 27949     |
| Description of Work: ADD PANEL FO   | OR POOL EQUIPMENT & WIRE POOL  |
| Project Cost Estimate: \$1,500.00   | Permit Amount: 100.00  Payment:  Date Type Reference Receipt ReceivedFrom Amount |

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

Date

Signature of Permit Officia

Date



#### RESIDENTIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

| CHROLINA   |  |  |  |  |  |
|--|--|--|--|--|--|
| Parcel:<br>PIN:<br>Location:   | 021659000<br>986815532972<br>10 PURPLE MARTIN L  | N  | Owner:<br>Address:   | TOMBES PROPE<br>3011 RIVER HILL<br>MIDLOTHIAN, VA                          | SLN  |
| District:<br>Subdiv<br>Lot-Block-Sect:   | RS1 - Single Family Residential District<br>SO/SH AMENDED BLKS 34-37 SEC 3<br>LOT: 2 BLK: 37 SEC: 3  |  | Phone #:   |  |  |
| USINESS NAME: All County Builders ONTRACTOR'S NAME: Ermal Sinanaj DDRESS: 204 W FIFTH STREET ITY, STATE, ZIP: KILL DEVIL HILLS, NC 27: FFICE#: |  | TREET  | NC G.C. LICENSE<br>NC G.C. LICENSE<br>LIMITATION:<br>CLASSIFICATION:<br>QUALIFIER: | NUMBER:  | 84912<br>LIMITED<br>BUILDING   |
| CELL#  | (252) 480-6468   |  | LIEN AGENT NAM   | E:   | Fidelity National Title Company,   |
| FAX#:  | • •  |  | ENTRY#:  |  | LLC<br>1531562   |
| EMAIL:   | info@allcountyb  | uilders.com  | LIEN AGENT ADD   | RESS:  | 223 S. WEST ST SUITE 900<br>RALEIGH N.C 27603  |
| CONCRETE STORAG<br>REMOVED, RELOCA<br>AREA<br>SPECIAL CONDITION<br>TYPE OF CONSTRU   | GE ROOM & POOL EQUITE STORAGE & POOL INS - ALL WOOD BELOW  | IPMENT ROOM IN REAR EQUIPMENT - ADD NEW  N RFPE (8) FT. SHALL E                          | OF HOME AND PARTI<br>STAIRS WITH LANDIN<br>BE TREATED                              | IAL FENCE. INSTALL<br>IG EXTERIOR SHOW<br>Renovation / Repair -            | •  |
| Bulkhead - F   |  | g Wall - Beach Access  | -  | wimming Pools -  | Workshop - Gazebo  |
| Detached Garage  | - Accessory Storage  | Building - Dune Deck   |  |  |  |
| OCCUPANCY:   |  | TYPE OF FOUNDATI   | ION: Monolithic slab   | PERMIT TYPE  |  |
| HEATED/LIVING AR   |  | HEAT: Electric   |  |  | FYPE: Rental > 30 days   |
| NON-HEATED AREA  |  | A/C:   |  |  | E: Single Family RICT: RS1 - Single Family   |
| NUMBER OF STORI  | ES:  | INTERIOR WALLS:  |  | Residential Dis  |  |
| BEDROOMS:  |  | EXTERIOR WALLS:  | HARDI PLANK  | ZONING PER   |  |
| SEPTIC CAP. # OF P   | ERSONS:  | FIREPLACE:   | <u> Anthewanti na ramana ata ata ata ata ata ata ata ata ata </u>                  | DATE APPRO   |  |
| BATHS: ½ BATHS:  | The second secon | ROOF: Asphalt  |  | Dwelling   | CONDITIONAL USE: Single Family   |
| GARAGE - DETACH<br>STORAGE ENCLOS  |  | INSULATION:  |  | CAMA PERMI   | The second section of the section of th |
| POOL: 392 SHED: 2  | THE RESIDENCE OF THE PARTY OF T | ELEVATOR (SqFt):<br>DECKS (SqFt): 1,148  |  | DATE ISSUED  |  |
| FLOOD ZONE: Unsh   |  | WINDOWS MAKE:  |  | SEPTIC PERM  | AIT #:   |
| BASE FLOOD ELEV  |  | WINDOWS TYPE:  |  | DATE ISSUED  |  |
| PERMIT FEES: Description Non-Heated Areas Fer Remodel / Renovation Homeowners Recover  | / Repair Fee   | TOTAL CONSTRU  | CTION COST: \$172,500.   | .00  | Total Cost<br>351.90<br>1,725.00<br>10.00  |
| with all Ordinances of<br>duly authorized agent  | the Town of Southern SI of owner; that all constr  | nores. The applicant certif<br>uction shall be as shown o<br>ay be revoked for failure t | ies that the information<br>on the submitted plans<br>o comply with applicab       | on this permit is corr<br>and specifications; th<br>le regulations and lav |  |
| zual >   | wowen  | Ermals   | Sinanaj All Cour   | tty Builders, W  | 09/07/2021   |
| Applicant - Owner/C  | ontractor /  |  | int and sign name)   | J  | Date Approved  |
| Kevin (  | lark   |  |  |  | 9-8-202  |
| Building/Code/Zonir  | ng Official By! MB   |  |  |  | Date Issued  |

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



### **Residential Trade Contractor Permit**

Date September 07, 2021

| Project Address: 2 EIGHTH AVE Property Owner: ARNONE, LILLIAN A                  | PIN #: 021184000  TTEE Mailing Address: 2 EIGHTH AVE SOUTHERN SHORES, NC 27949   |
|--|--|
| Permit Types:  Plumbing Electrical Mech Contractor:                              | anical Gas   |
| Company Name: Electric-Al Inc.   | Qualifier: Allen M Bell  |
| <b>Phone:</b> (252) 261-4500   | Address: P.O. Box 2114   |
| N. C. License Number: 12292  | Kitty Hawk, NC 27949   |
| Description of Work: REPLACE 400   | A METER AND 2 SERVICE DISCONNECTS  |
| Project Cost Estimate: \$3,000.00  | Permit Amount: 100.00 Payment: Date Type Reference Receipt ReceivedFrom Amount   |
| Project Cost Estimate: \$3,000.00  I hereby certify that all information in this | Permit Amount: 100.00 Payment: Date Type Reference Receipt ReceivedFrom Amount  application is correct and all work will comply with the State Building Code and all lations. The Inspection Department will be notified of any changes in the |



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

# RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

| PIN:<br>Location:<br>District:<br>Subdiv<br>Lot-Block-Sect:   | 020953000 986809166386 321 SEA OATS TRL RS1 - Single Family Residential District So/sh Beach Blks 62 72 82 Lot: 4 Blk: 82 Sec: |   | Owner:<br>Address:<br>Phone #:                |  | X MYRTLE TRAIL<br>IERN SHORES, NC 24749                      |   |  |
|---|--|---|---|--|--|---|--|
| BUSINESS NAME: Mike Costin CONTRACTOR'S NAME: Mike Costin ADDRESS: 309 WAX MYRTLE CITY, STATE, ZIP: SOUTHERN SHORE OFFICE#: (252) 202-1301  CELL# FAX#: EMAIL: atlanticride@hotma |  | TRAIL LIMITATION: ES, NC 27949 CLASSIFICATION: QUALIFIER: LIEN AGENT NAM ENTRY#:  |   | DN:<br>AME:  | E NUMBER: 16954 LIMITED I: BUILDING FLOYD MICHAEL COSTIN ME: |   |  |
| STAIRS, REPAIR A JNDERPINNING SPECIAL CONDITI  TYPE OF CONSTR  Bulkhead -   | ONS - AL CUCTION:  | L WOOD BELOW I  New Construct ks - Retaining V  | M - DIVIDE BATHRO                             | DOM INTO 2 BATHS, IN  L BE TREATED                 | SULATE UNDER HOUS  / Renovation / Repair -                   |   |  |
|   | ge - 📖 A   | ccessory Storage Bu   | ilding - Dune De                              |  | DEDMIT TYPE  | · Davidantial   |  |
| OCCUPANCY:  | DEAC (C  | -F4). O O   | TYPE OF FOUND                                 | AHON:  | PERMIT TYPE  |   |  |
| HEATED/LIVING A   |  |   | HEAT:   |  |  | RESIDENCE TYPE: Residence   |  |
| NON-HEATED ARE  | AS (SqF  | <b>():</b> ()   | A/C:  |  |  | BUILDING USE: Single Family   |  |
| NUMBER OF STORIES:  |  | INTERIOR WALLS:   |   |  | ZONING DISTRICT: RS1 - Single Family<br>Residential District |   |  |
| BEDROOMS:   |  |   | EXTERIOR WALLS:                               |  |  | ZONING PERMIT #:  |  |
| SEPTIC CAP. # OF  | DEDSON   | · •   | FIREPLACE:                                    |  |  | DATE APPROVED:  |  |
| BATHS: 1/2 BATHS  |  | J   | ROOF:   |  |  | PERMITTED/CONDITIONAL USE:  |  |
| GARAGE - DETAC  |  | TACHED:   | INSULATION:                                   |  |  | CAMA PERMIT#:   |  |
| STORAGE ENCLO   |  | IAGIILD.  | ELEVATOR (SqFt):                              |  |  | DATE ISSUED:  |  |
| POOL: SHED:   | OUIVE.   |   | DECKS (SqFt):                                 |  | DAIL 1000LL  |   |  |
| LOOD ZONE: Uns  | shaded X   | - the same of the | WINDOWS MAKE                                  |  | SEPTIC PERM  | NIT #:  |  |
| BASE FLOOD ELE  |  | I FS 8ft  | WINDOWS MAKE. WINDOWS TYPE:                   |  | DATE ISSUED  |   |  |
|   |  |   |   |  |  |   |  |
|   |  |   | TOTAL CONST                                   | RUCTION COST: \$15,90                              | 0.00   |   |  |
| PERMIT FEES:<br>Description<br>Remodel / Renovation<br>Homeowners Recover<br>Misc. Fee VIOLATIO   | ery Fund   | Fee   |   | ,  |  | Total Cost<br>159.00<br>10.00<br>159.00<br>TOTAL FEE: 328.00  |  |
| vith all Ordinances<br>luly authorized age  | of the Toy   | n of Southern Shor  | es. The applicant cer<br>ion shall be as show | rtifies that the information on the submitted plar | on on this permit is corr                                    | ruction and be certain to comply<br>ect; that he/she is the owner or<br>e he/she understands this permit is |  |
| pplicant - Owner/Contractor   |  | (Please   | print and sign name)                          |  | Date Approved  |   |  |
| Applicant - Owner,  | 100  | uk  |   |  |  | 9/10/21   |  |



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

# RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

|  | 021288000   |  |  | Owner:  | IRWIN-MCCAUG  | IRWIN-MCCAUGHEY, ELIZABETH   |  |
|--|---|--|--|---|---|--|--|
| PIN:   | 986806380745 ation: 8 ELEVENTH AVE rict: RS1 - Single Family Residential District |  | Address:   | 8 ELEVENTH AV   |   |  |  |
|  |   |  |  | •   | KITTY HAWK, NC 27949  |  |  |
|  |   |  | Phone #:   | 609-558-8062  |   |  |  |
|  |   |  |  |   |   |  |  |
| .or-block-sect.  |   |  | 190 - W. And W. Kan 1940 W. D. 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 19   |   |   |  |  |
| BUSINESS NAME: Mark A Romano CONTRACTOR'S NAME: Mark Romano  |   | NC G.C. LICENSED (<br>NC G.C. LICENSE NU   |  |   | Licensed General Contractor 69405   |  |  |
| DDRESS: 119 N Main St  |   | LIMITATION:  |  |   |   |  |  |
| CITY, STATE, ZIP:  | Mooresville, Nc 28115   |  | CLASSIFICATION:  |   | Limted  |  |  |
| OFFICE#:<br>:ELL#  |   | (704) 995-3690<br>(704) 995-3690   |  | QUALIFIER:<br>LIEN AGENT NAI  |   |  |  |
| AX#:   | (104)   | 330-0030   |  | ENTRY#:   | *IL.  |  |  |
| MAIL:  | Mark(   | @fanmaninc.co  | om   | LIEN AGENT ADI  | ORESS:  |  |  |
|  | S-<br>CTION:  | lew Construction   |  |   |   | Accessory - Other  Workshop - Gazebo   |  |
|  |   | -  | ding - Dune Decl   | -   | Swittining 1 00io   | Workshop C. Gazobo   |  |
| OCCUPANCY:   |   |  |  |   | PERMIT TYPE   | PERMIT TYPE: Residential   |  |
| HEATED/LIVING ARE  | AS (SaFt): 0  |  |  |   |   | TYPE: Residence  |  |
| NON-HEATED AREAS   |   |  | A/C:   |   |   | BUILDING USE: Single Family  |  |
| NUMBER OF STORIES:   |   |  | INTERIOR WALLS:  |   | ZONING DIST   | ZONING DISTRICT: RS1 - Single Family Residential District  |  |
| BEDROOMS:  |   |  | EXTERIOR WALLS:  |   | ZONING PER  |  |  |
|  |   |  | FIREPLACE:   |   | DATE APPRO  |  |  |
| SEPTIC CAP. # OF PE  |   |  | ROOF:  |   | PERMITTED/0<br>Dwelling   |  |  |
|  |   | GARAGE - DETACHED: ATTACHED:   |  | INSULATION:   |   | CAMA PERMIT#:  |  |
| BATHS: ½ BATHS:<br>BARAGE - DETACHE  |   | CHARLES AND ADDRESS OF THE PARTY OF THE PART |  |   | 1   |  |  |
| BATHS: ½ BATHS:<br>BARAGE - DETACHE<br>BTORAGE ENCLOSU   |   |  | ELEVATOR (SqFt):   |   | DATE ISSUE  | ):   |  |
| BATHS: ½ BATHS:<br>BARAGE - DETACHE<br>BTORAGE ENCLOSU<br>POOL: SHED:  | RE:   |  | ELEVATOR (SqFt):<br>DECKS (SqFt):  |   |   |  |  |
| BATHS: ½ BATHS:  BARAGE - DETACHE BTORAGE ENCLOSU  POOL: SHED: FLOOD ZONE: Unsha   | RE:<br>ded X  |  | ELEVATOR (SqFt):<br>DECKS (SqFt):<br>WINDOWS MAKE:   |   | SEPTIC PERM   | NIT #:   |  |
| BATHS: ½ BATHS:  GARAGE - DETACHE STORAGE ENCLOSU POOL: SHED: FLOOD ZONE: Unsha  | RE:<br>ded X  |  | ELEVATOR (SqFt):<br>DECKS (SqFt):  |   |   | NIT #:   |  |
| BATHS: ½ BATHS:<br>GARAGE - DETACHE<br>STORAGE ENCLOSU<br>POOL: SHED:<br>FLOOD ZONE: Unsha   | RE:<br>ded X  |  | ELEVATOR (SqFt):<br>DECKS (SqFt):<br>WINDOWS MAKE:<br>WINDOWS TYPE:  |   | SEPTIC PERM<br>DATE ISSUED  | NIT #:   |  |
| BATHS: ½ BATHS:  GARAGE - DETACHE STORAGE ENCLOSU POOL: SHED: FLOOD ZONE: Unsha BASE FLOOD ELEVA   | RE:<br>ded X  |  | ELEVATOR (SqFt):<br>DECKS (SqFt):<br>WINDOWS MAKE:<br>WINDOWS TYPE:  | RUCTION COST: \$24,480  | SEPTIC PERM<br>DATE ISSUED  | NIT #:   |  |
| BATHS: ½ BATHS:  | RE:<br>ded X  |  | ELEVATOR (SqFt):<br>DECKS (SqFt):<br>WINDOWS MAKE:<br>WINDOWS TYPE:  |   | SEPTIC PERM<br>DATE ISSUED  | //IT #:<br>D:<br>Total Cos<br>100.00   |  |
| BATHS: ½ BATHS:  GARAGE - DETACHE STORAGE ENCLOSU POOL: SHED: FLOOD ZONE: Unsha BASE FLOOD ELEVA  PERMIT FEES: Description Minimum Permit Fee  | RE:  ded X TION: LES 8f   | ft<br>sible to comply  | ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE: WINDOWS TYPE: TOTAL CONSTR  | RUCTION COST: \$24,480  | SEPTIC PERM DATE ISSUED  .00  onally inspect all cons   | AIT #: D: Total Cos 100.00 TOTAL FEE: 100.00 truction and be certain to comply   |  |
| BATHS: ½ BATHS:  GARAGE - DETACHE BTORAGE ENCLOSU POOL: SHED: FLOOD ZONE: Unsha BASE FLOOD ELEVA  PERMIT FEES: Description Minimum Permit Fee  **The owner and build with all Ordinances of tuly authorized agent of the control of the | RE:  ded X  TION: LES 81  er are respon he Town of S of owner; that               | sible to comply<br>outhern Shores  | ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE: WINDOWS TYPE:  TOTAL CONSTR  / with all regulations s. The applicant cert on shall be as shown                                  | RUCTION COST: \$24,480<br>s and laws; should persifies that the informatio                                  | SEPTIC PERI DATE ISSUED  Onally inspect all consens on this permit is consensed and specifications; the | AIT #:  Total Cos  100.00  TOTAL FEE: 100.00  truction and be certain to comply ect; that he/she is the owner or le he/she understands this permit       |  |
| BATHS: ½ BATHS:  GARAGE - DETACHE STORAGE ENCLOSU POOL: SHED: FLOOD ZONE: Unsha BASE FLOOD ELEVA  PERMIT FEES: Description Minimum Permit Fee  **The owner and build vith all Ordinances of to bully authorized agent of the service of | RE:  ded X  TION: LES 81  er are respon he Town of S of owner; that               | sible to comply<br>outhern Shores  | ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE: WINDOWS TYPE:  TOTAL CONSTR  / with all regulations s. The applicant cert on shall be as shown                                  | RUCTION COST: \$24,480<br>s and laws; should perso<br>ifies that the informatio<br>n on the submitted plans | SEPTIC PERI DATE ISSUED  Onally inspect all consens on this permit is consensed and specifications; the | AIT #:  Total Cos 100.00 TOTAL FEE: 100.00 truction and be certain to comply ect; that he/she is the owner or le he/she understands this permit i        |  |
| BATHS: ½ BATHS:  GARAGE - DETACHE STORAGE ENCLOSU POOL: SHED: FLOOD ZONE: Unsha BASE FLOOD ELEVA  PERMIT FEES: Description Minimum Permit Fee  **The owner and buildwith all Ordinances of to be a lid for 180 days to be  | ded X TION: LES 8f er are responde Town of Sof owner; that gin construct          | sible to comply<br>outhern Shores<br>all construction  | ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE: WINDOWS TYPE:  TOTAL CONSTR  / with all regulations s. The applicant cert in shall be as shown e revoked for failure  (Please p | RUCTION COST: \$24,480<br>s and laws; should perso<br>ifies that the informatio<br>n on the submitted plans | SEPTIC PERI DATE ISSUED  Onally inspect all consens on this permit is consensed and specifications; the | Total Cos 100.00 TOTAL FEE: 100.00 truction and be certain to comply rect; that he/she is the owner or he he/she understands this permit ivs.            |  |
| BATHS: ½ BATHS:  GARAGE - DETACHE STORAGE ENCLOSU POOL: SHED: FLOOD ZONE: Unsha BASE FLOOD ELEVA  PERMIT FEES: Description Minimum Permit Fee  **The owner and build with all Ordinances of to bully authorized agent of the service of | ded X TION: LES 8f er are responde Town of Sof owner; that gin construct          | sible to comply<br>outhern Shores  | ELEVATOR (SqFt): DECKS (SqFt): WINDOWS MAKE: WINDOWS TYPE:  TOTAL CONSTR  / with all regulations s. The applicant cert in shall be as shown e revoked for failure  (Please p | s and laws; should persifies that the information on the submitted plans to comply with applica             | SEPTIC PERI DATE ISSUED  Onally inspect all consens on this permit is consensed and specifications; the | Total Cos 100.0 TOTAL FEE: 100.0 truction and be certain to comply ect; that he/she is the owner or the he/she understands this permit is vs.  08/27/202 |  |

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



#### **Residential Trade Contractor Permit**

Date September 10, 2021

| Mechanical Trade Permit  |   |
|--|---|
| Project Address: 37 NINTH AVE Property Owner: CLARY, SUSAN GLENN TTEE                                      | PIN #: 020995047  Mailing Address: 1815 KRESS RD  RAWLINGS, VA 23876    |
| Permit Types:  Plumbing Electrical Mechanical Gas Contractor:  |   |
| Company Name: Comfort First Heating & Cooling, Inc<br>Phone: (252) 772-9991<br>N. C. License Number: 33486 | Qualifier: Arthur Harmon  Address: 148 Irie Ln  Powells Point, NC 27966 |
| Description of Work: CHANGEOUT 2.5 TON HEAT F SYSTEM DOWNSTAIRS  | PUMP SYSTEM UPSTAIRS & 3 TON HEAT PUMP SYSTEM                           |
| Payment  | mount: 100.00<br>::<br>ne Reference Receipt ReceivedFrom Amount         |

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

Date

KWIN Wark Signature of Permit Official By MB

Date



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

# RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

| Parcel:<br>PIN:<br>Location:                             | 0212270<br>9868052<br>26 NINT | 74708  | The second secon | Owner:<br>Address:                                |  | NATIONAL TERRACE  |  |  |
|--|-------------------------------|--|--|---|--|---|--|--|
| Location:<br>District:<br>Subdiv<br>Lot-Block-Sect:      | RS1 - Si                      | ngle Family Reside<br>EST VILLAGE<br>BLK: 55 SEC:  | ential District  | Phone #:  | LEESBURG, VA 2<br>703-801-0946                     | 20176   |  |  |
| BUSINESS NAME:<br>CONTRACTOR'S NAME:                     | AME: D                        | Gallop Roofing & R<br>DEVON HOLSHAU<br>CO. Box 157 |  | NC G.C. LICENSE<br>NC G.C. LICENSE<br>LIMITATION: | ED CONTRACTOR:<br>E NUMBER:                        | Licensed General Contractor<br>32504  |  |  |
| CITY, STATE, ZIP:<br>DFFICE#:<br>CELL#                   |                               | anchese, NC 27981<br>52) 473-2888                  |  | CLASSIFICATION<br>QUALIFIER:<br>LIEN AGENT NAI    |  | INTERMEDIATE  |  |  |
| FAX#:<br>EMAIL:  |                               | 252) 473-1430<br>emodel@galloprod                  | ENTRY#:  |   |  |   |  |  |
| SHINGLE ROOF ING<br>SPECIAL CONDITION<br>TYPE OF CONSTRI | CLUDING FONS -                | New Construction                                   | on - Addition / E  | YWOOD   | Renovation / Repair -                              | Accessory - Other Workshop - Gazebo   |  |  |
| Detached Garag   | e - 🗌 Acc                     | essory Storage Bu                                  | lding - Dune De  |   |  | ,   |  |  |
| OCCUPANCY:   |                               |  | TYPE OF FOUND  | ATION:  | PERMIT TYPE  |   |  |  |
| IEATED/LIVING AF   |                               |  | HEAT:  |   |  | RESIDENCE TYPE: 2nd Home  |  |  |
| ON-HEATED ARE  | AS (SqFt):                    | 0  | A/C:   |   |  | E: Single Family  |  |  |
| IUMBER OF STOR   | IES:                          |  | INTERIOR WALLS:  |   | ZONING DIST<br>Residential Dis                     | RICT: RS1 - Single Family strict  |  |  |
| EDROOMS:   |                               |  | EXTERIOR WALLS:  |   | ZONING PER   |   |  |  |
| EPTIC CAP. # OF  | PERSONS:                      |  | FIREPLACE:   |   | DATE APPRO   |   |  |  |
| ATHS: ½ BATHS:   |                               |  | ROOF:  |   | PERMITTED/0 Dwelling                               | PERMITTED/CONDITIONAL USE: Single Family<br>Dwelling  |  |  |
| ARAGE - DETACH   | IED: ATTA                     | CHED:  | INSULATION:  |   | CAMA PERM  | IT #:   |  |  |
| TORAGE ENCLOS  | SURE:                         |  | ELEVATOR (SqFt)  |   | DATE ISSUE   | ):  |  |  |
| OOL: SHED:   |                               |  | DECKS (SqFt):  |   |  |   |  |  |
| LOOD ZONE: Unsl  |                               |  | WINDOWS MAKE:  |   | SEPTIC PERM  | MIT #:  |  |  |
| BASE FLOOD ELE\<br>ft                                    | /ATION: P                     | LUS 3FT or LES                                     | WINDOWS TYPE:  |   | DATE ISSUED  | ):  |  |  |
| PERMIT FEES:<br>Description                              |                               |  | TOTAL CONST  | RUCTION COST: \$13,500                            | .00  | Total Cost  |  |  |
| Remodel / Renovatior<br>Homeowners Recove                |                               | <del>9</del> e                                     |  |   |  | 135.00<br>10.00<br><b>TOTAL FEE: 145.0</b> 0  |  |  |
| vith all Ordinances o<br>uly authorized agen             | f the Town<br>t of owner;     | of Southern Shore<br>that all constructi           | es. The applicant ce<br>on shall be as show  | rtifies that the informatio                       | າ on this permit is cori<br>and specifications; th | truction and be certain to comply<br>rect; that he/she is the owner or<br>ne he/she understands this permit is<br>vs. |  |  |
| Juny 1   | Sime                          | <u> </u>   | _  | 3-21  |  |   |  |  |
| Applicant - Owner/C                                      | Contractor                    |  | (Please  | print and sign name)                              |  | 09/13/2021  |  |  |
|  | _                             | 1. 1   | (Flease  | print and sign name)                              |  | Date Approved   |  |  |
| Kevi   | n C                           | lack   |  |   | ***************************************            | 7.137   |  |  |
| Building/Code/Zoni                                       | ng Official                   | Pil'MAR  |  |   |  | Date Issue  |  |  |



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

# RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

|   |   | ····   | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>  |
|---|---|--|---|
| Parcel: 022475381   |   | Owner:   | JOHNSON, DIANA  |
| PIN: 986715644527<br>Location: 77 GRAVEY POND LN  |   | Address:   | 77 GRAVEY POND LN<br>SOUTHERN SHORES, NC 27949  |
| District: RS1 - Single Family Resident  | ential District   | Phone #:   | 850-776-1017  |
| Subdiv CHICAHAUK  |   |  |   |
| .ot-Block-Sect: LOT: 381 BLK: SEC:  |   |  |   |
| BUSINESS NAME:<br>CONTRACTOR'S NAME: JOHNSON, DIANA   |   | NC G.C. LICENS<br>NC G.C. LICENS   | ED CONTRACTOR:<br>E NUMBER:   |
| DDRESS: 77 GRAVEY POND  |   | LIMITATION:  | NI.   |
| CITY, STATE, ZIP: SOUTHERN SHORE 850-776-1017   | ES, NC 27949  | CLASSIFICATION QUALIFIER:  | N:  |
| ELL# 850-776-1017   | LIEN AGENT NAME:  |  | ME:   |
| AX#:  |   | ENTRY#:  |   |
| EMAIL:  |   | LIEN AGENT AD  | DRESS:  |
| N CLOSET, CONVERT GARÀGÉ INTO GYM & E SPECIAL CONDITIONS - ALL WOOD BELOW F  TYPE OF CONSTRUCTION: New Constructi | BATHROOM, ČONVER' RFPE (8) FT. SHALL E                                      | T BEDROOM TO GA BE TREATED  nsion - Remodel /                              | Accessory - Other  Swimming Pools - Workshop - Gazebo   |
| Detached Garage - Accessory Storage Bu  | ıilding - 🔲 Dune Deck -   | - Generator  |   |
| OCCUPANCY:  | TYPE OF FOUNDATI  | ON:  | PERMIT TYPE: Residential  |
| HEATED/LIVING AREAS (SqFt): 260.0   | HEAT:   |  | RESIDENCE TYPE: Residence   |
| ION-HEATED AREAS (SqFt): 0  | A/C:  |  | BUILDING USE: Single Family   |
| NUMBER OF STORIES:  | INTERIOR WALLS:   |  | ZONING DISTRICT: RS1 - Single Family<br>Residential District  |
| BEDROOMS:   | EXTERIOR WALLS:   |  | ZONING PERMIT #:  |
| SEPTIC CAP. # OF PERSONS:   | FIREPLACE:  |  | DATE APPROVED:  |
| BATHS: 1 ½ BATHS:   | ROOF:   |  | PERMITTED/CONDITIONAL USE: Single Family<br>Dwelling  |
| GARAGE - DETACHED: ATTACHED:  | INSULATION:   |  | CAMA PERMIT #:  |
| STORAGE ENCLOSURE:  | ELEVATOR (SqFt):  |  | DATE ISSUED:  |
| POOL: SHED:   | DECKS (SqFt):   |  |   |
| LOOD ZONE: Unshaded X   | WINDOWS MAKE:   | 403000000000000000000000000000000000000                                    | SEPTIC PERMIT #:  |
| BASE FLOOD ELEVATION: LES 8ft   | WINDOWS TYPE:   |  | DATE ISSUED:  |
|   | TOTAL CONSTRI   | UCTION COST: \$6,400   | 3.00  |
| PERMIT FEES:  |   | ,-,  |   |
| <b>Description</b><br>Heated/Living Area Fee (Single Family)  |   |  | Total Cos<br>156.0  |
| Remodel / Renovation / Repair Fee   |   |  | 64.0  |
|   |   |  | TOTAL FEE: 220.00   |
| vith all Ordinances of the Town of Southern Shor  | res. The applicant certiftion shall be as shown of be revoked for failure t | ies that the information<br>on the submitted plan<br>o_comply with applica | sonally inspect all construction and be certain to comply<br>on on this permit is correct; that he/she is the owner or<br>is and specifications; the he/she understands this permit<br>able regulations and laws. |
|   | Thaw \  | Johnson  | 09/13/202   |
|   |   |  |   |
| Applicant - Owner/Contractor  | (Please pr  | int and sign name)   | Date Approve  |
| Applicant - Owner/Contractor  Kovin Clauk   | (Please pr  | int and sign name)   | 9.14-2  |



### **TOWN OF SOUTHERN SHORES**

PLANNING AND CODE ENFORCEMENT 5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

#### **RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

| <b>PIN:</b> 98   | 2519095<br>6718318263<br>GINGUITE TRL   |   | Owner:<br>Address:  | FIEDLER, JERRY B<br>12 GINGUITE TRL<br>KITTY HAWK, NC 27949   |
|--|---|---|---|---|
| District: RS<br>Subdiv SC  | RS1 - Single Family Residential District<br>BO/SH BLK 129 SEC D<br>OT: 65 BLK: 129 SEC: D |   | Phone #:  |   |
| BUSINESS NAME:   | Shoreline Electric  | of Kill Devil Hills Corp  | NC C C LICENSEE   | A CONTRACTOR.   |
| CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL# Gary Justice S561 N Croatan H Kill Devil Hills, NC (252) 599-1967 |   | vy  | NC G.C. LICENSED<br>NC G.C. LICENSE I<br>LIMITATION:<br>CLASSIFICATION:<br>QUALIFIER: | NUMBER: U.09716 Unlimited Unlimited GARY DEAN JUSTICE   |
| FAX#:  |   |   | LIEN AGENT NAME<br>ENTRY#:  | <b>:</b> :  |
| EMAIL:   | shorelineelectrickd   | h@gmail.com   | LIEN AGENT ADDR   | RESS:   |
| REQUIRED PRIOR TO FI   | ALL WOOD BELOW F NAL INSPECTION - GI TIONS FOR GENERATO  DN: New Constructi               | RFPE (8) FT. SHALL BI<br>ENERATOR MUST MEE<br>DR - MUST BE ABOVE<br>on - Addition / Expan | T-MANUFACTORS CL<br>8' BFE<br>sion - Remodel / Re                                     | EARANCES AND YOU MUST PROVIDE THE  enovation / Repair - Accessory - Gazebo  Workshop - Gazebo   |
| Detached Garage -  | Accessory Storage Bu  | ilding - 🔲 Dune Deck -  | Generator   |   |
| OCCUPANCY:   |   | TYPE OF FOUNDATIO   | N:  | PERMIT TYPE: Residential  |
| HEATED/LIVING AREAS  |   | HEAT:   |   | RESIDENCE TYPE: Residence   |
| NON-HEATED AREAS (S  | <b>igFt):</b> 0   | A/C:  |   | BUILDING USE: Single Family   |
| NUMBER OF STORIES:   |   | INTERIOR WALLS:   |   | ZONING DISTRICT: RS1 - Single Family<br>Residential District  |
| BEDROOMS:  |   | EXTERIOR WALLS:   |   | ZONING PERMIT #: ZP21-000090  |
| SEPTIC CAP. # OF PERS  | ONS:  | FIREPLACE:  |   | DATE APPROVED: 09/14/2021   |
| BATHS: ½ BATHS:  |   | ROOF:   |   | PERMITTED/CONDITIONAL USE:  |
| GARAGE - DETACHED:   |   | INSULATION:   |   | CAMA PERMIT #:  |
| STORAGE ENCLOSURE  | *   | ELEVATOR (SqFt):  |   | DATE ISSUED:  |
| POOL: SHED:  |   | DECKS (SqFt):   |   |   |
| FLOOD ZONE: AE - 4 ft  |   | WINDOWS MAKE:   |   | SEPTIC PERMIT #:  |
| BASE FLOOD ELEVATIO  | N: LES 8 ft   | WINDOWS TYPE:   |   | DATE ISSUED:  |
| PERMIT FEES: Description   |   | TOTAL CONSTRUC  | TION COST: \$14,000.00  |   |
| Minimum Permit Fee   |   |   |   | Total Cost<br>100.00<br>TOTAL FEE: 100.00   |
| with all Ordinances of the   | ו own of Southern Shore<br>wner; that all constructi                                      | es. The applicant certifie:<br>on shall be as shown on                                    | s that the information o<br>the submitted plans ar                                    | ally inspect all construction and be certain to comply<br>in this permit is correct; that he/she is the owner or<br>nd specifications; the he/she understands this permit is<br>regulations and laws. |
| Van 1  | LAGA -  | bary  | , Justi   | 09/13/2021  |
| Applicant - Owner/Contra   | actor   | (Please print   | t and sign name)  | Date Approved   |
| Kevin Clark  |   |   |   | 9-15-20   |
| Building/Code/Zoning Of  | ficial BL'MB  |   |   | Date Issued   |

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



#### **Residential Trade Contractor Permit**

Date September 09, 2021

| Project Address: 54 NORTH DUNE LOOF                                     |   | 022523061                                      |
|---|---|--|
| Property Owner: SWENSON, JOHN JEFF                                      | REY Mailing Address:                                  | 16212 SAVILLE CHASE CT<br>MIDLOTHIAN, VA 23112 |
| Permit Types: Plumbing Selectrical Mechanic Contractor:                 | cal □Gas  |  |
| Company Name: North Beach Services He                                   | eating and Cooling                                    | Qualifier: Jimmy Weaver                        |
| Phone: (252) 491-2878   |   | Address: PO Box 181                            |
| N. C. License Number: 22053   |   | Kitty Hawk , NC 27949                          |
|   |   |  |
| Description of Work: Replace HVAC sy                                    | stem with Trane 14 Seer 2.5 ton                       | h/p and matching a/h                           |
| Description of Work: Replace HVAC sy                                    | stem with Trane 14 Seer 2.5 ton                       | h/p and matching a/h                           |
|   | stem with Trane 14 Seer 2.5 ton Permit Amount: 100.00 | h/p and matching a/h                           |
| Description of Work: Replace HVAC sy  Project Cost Estimate: \$6,500.00 | Permit Amount: 100.00 Payment:                        | <u> </u>                                       |
|   | Permit Amount: 100.00                                 | <u> </u>                                       |

icensee or Duly Authorized Representative

approved plans and specification for the project permitted herein.

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



#### **Residential Trade Contractor Permit**

Date September 07, 2021

| TP21-00019 | 9            |        |
|------------|--------------|--------|
| Mechanical | <b>Trade</b> | Permit |

| Project Address: 152 S DOGWOOD TRL Property Owner: SCHAEFER, JEROME H                                    | 021678000<br>152 S DOGWOOD TRL<br>KITTY HAWK, NC 27949 |          |   |
|--|--|----------|---|
| Permit Types:  Plumbing Electrical Mechanical Ga  Contractor:  | s  |          |   |
| Company Name: North Beach Services Heating and C<br>Phone: (252) 491-2878<br>N. C. License Number: 22053 | ooling   | Address: | Jimmy Weaver<br>PO Box 181<br>Kitty Hawk , NC 27949 |
| Description of Work: Install one ductless mini spli  | t with one wall mo                                     | unt      |   |

Project Cost Estimate: \$4,400.00

Permit Amount: 100.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee of Duly Authorized Representative



#### RESIDENTIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

| BUSINESS NAME: CONTRACTOR'S NAME: Address: ADAYSES: ADAYSES. ADAYSES: ADAYSES: ADAYSES. ADAYS    | Parcel:<br>PIN:  | 02178700<br>98681841  |   |  |  | Owner:<br>Address:   | 411  | SEA OATS TE<br>WALNUT ST I   | NO. 16785  |  |
|---|--|---|---|--|--|--|--|--|--|--|
| Subdiv SO/SH BEACH BLK 94 LOTE 16 BLK 94 SECT CONTRACTOR'S NAME: Methrew Hegadone NC G.C. LICENSE NUMBER: LIMITATION: Limitation DEVILENT ACRES NUMBER: LIMITATION: L    |  |   |   |  |  | Diama di   |  |  | PRINGS, FL 32043   |  |
| Lichelsock-Sect: LOT: 16 BLK: 94 SEC:  BUSINESS NAME: Outer Sanks: Tile and Stone NC G.C., LICENSE NUMBER: 94972  BUSINESS NAME: Matthew Hagadone NC G.C., LICENSE NUMBER: 94972  ADDRESS: 519 Wax Myrito Ct LIMITATION: Limitad Limit    |  |   |   | ential Distric   | t  | Phone #:   | /81-   | 200-0997   |  |  |
| ADDRESS: ADDRESS: Mill Devil Hills, NC 27948 ADDRESS: CITY, STATE, ZIP: OFFICER: CELL#: CHARC#: CELL#: CHARC#: CELL#: CHARC#: CHA    |  |   |   |  |  |  |  |  |  |  |
| CONTRACTOR'S NAME: ADDRESS: SI 9 Wax Myrte Ct CITY, STATE, ZIP: CI    | BUSINESS NAME:   | O   | uter Banks Tile an  | d Stone  |  | NC G.C. LICE   | NSED CONT  | RACTOR:  | Licensed General Contr   | actor                                    |
| CITY STATE, ZIP: ORD HIRLS, NC 27948  CILLSSIFICATION: QUALIFIER: LIEM AGENT NAME: Chicago Tile Company Lic 1538604  EMAIL: obxrenovationcompany@gmall.com  LIEM AGENT ADDRESS: Chicago Tile Company Lic 1538604  EMAIL: obxrenovationcompany@gmall.com  LIEM AGENT ADDRESS: Chicago Tile Company Lic 1538604  223 S. West Street Suite 900 Raleigh, NC 27963  DESCRIPTION OF WORK (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - Remodel of 2-1/2 bathroor and 2 badrooms and change layout, Includes layout, Includes layout, Includes moving at remodeling 2 and a half baths. Includes reworking the electrical and plumbing layout. Includes moving the heat pump to the south side of the home and install of new system.  SPECIAL CONDITIONS - ALL WOOD BELOW RFPE ( 8) FT. SHALL BE TREATED  PYPE OF CONSTRUCTION: New Construction - Addition / Expansion - Remodel / Renovation / Repair - Accessory - Other  Bullchead - Plers/Docks - Retaining Wall - Beach Access Waltway/States - Swimming Pools - Workshop - Gazebo  Datached Garage - Accessory Storage Building - Dune Deck - Generator  OCCUPANCY: 2 TYPE OF FOUNDATION: PERMIT TYPE: Residential  HEATEDILINING AREAS (SqFt): 0 A/G: Bull.DING USE: Single Family  NOM-HEATED AREAS (SqFt): 0 A/G: Bull.DING USE: Single Family  NOM-HEATED AREAS (SqFt): 0 A/G: Bull.DING USE: Single Family  NUMBER OF STORIES: International District  BEROOMS: 2 EXTERIOR WALLS: DATE APPROVED: 09/17/2021  BEROOMS: 2 EXTERIOR WALLS: DATE APPROVED: 09/17/2021  BATHS: W BATHS: BATHS: BOTH TYPE: PERMIT #: S2-21-000091  DATE ISSUED: DATE ISSUED: DATE ISSUED: DATE ISSUED: PERMIT #: S2-25000091  FOOL: SHED:  |  | AME: M  | atthew Hagadone   |  |  |  | NSE NUMBE  | ER:  |  |  |
| OFFICE#: CELL# LIEM AGENT NAME: Chicago Tile Company Lic 1538604 FAX#: LIEN AGENT NAME: LIEN AGENT NAME: 1538604 FAX#: LIEN AGENT ADDRESS: 229 S. West Street Suite 900 Raielgh, NC 27603  DESCRIPTION OF WORK – (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - Remodel of 2-1/2 bathroom and 2 badrooms and change layout, includes layout change of the North side of the home including turning 3 badrooms and rowing an and rowing and a half baths. Includes reworking the electrical and plumbing layout. Includes moving the heat pump to the south side of the home and including row system.  TYPE OF CONSTRUCTION: New Construction - Addition / Expansion - Remodel / Renovation / Repair - Accessory - Other Bulkhead - Piers/Docks - Retaining Wall - Beach Access Walkway/Stairs - Swimming Pools - Workshop - Gazebo  Description of CoCUPANCY; 2 TYPE OF FOUNDATION: PERMIT TYPE: Residential  TYPE OF CONSTRUCTION: New Construction - Addition / Expansion - Remodel / Renovation / Repair - Accessory - Other  Bulkhead - Piers/Docks - Retaining Wall - Beach Access Walkway/Stairs - Swimming Pools - Workshop - Gazebo  Description - Dune Deck - Generator  CoCUPANCY; 2 TYPE OF FOUNDATION: PERMIT TYPE: Residential  RESIDENCE TYPE: Carl Home  NON-HEATED AREAS (SqFt): 0.0 HEAT: RESIDENCE TYPE: Carl Home  NON-HEATED AREAS (SqFt): 0.0 A/C: BullLinus USE: Single Family  NUMBER OF STORIES: NTERIOR WALLS: Zoning Permit #: Z221-00091  DATE APPROVED: 04/17/2021  SEPTIC CAP # OF PERSONS: 4 FIREPLACE: DATE APPROVED: 04/17/2021  PERMITTED/CONDITIONAL USE: Single Family  FRAME - DATE APPROVED: 04/17/2021  PERMITTED/CONDITIONAL USE: Single Family  TOTAL CONSTRUCTION COST: \$75,000.00  TOTAL FEE: 760.  **TOTAL CONSTRUCTION COST: \$75,000.00  TOTAL FEE: 760.  **TOTAL CONSTRUCTION COST: \$75,000.00  TOTAL FEE: 760.  **APPLICATION of Supplication and be certain to comply with applicable progulations and laws: should personally inspect all construction and be certain to comply with all ordinances of the Town of Southern Shores. T |  |   |   |  |  |  | 101  |  |  |  |
| ELIEN AGENT NAME: Chicago Tile Company Lc FAX#: ENTRY#: 1538604 223 S. West Street Suite 900 Railed, No. 27603  DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - Remodel of 2-1/2 bathroom and 2 badrooms and change layout, includes layout change of the North side of the home including turning 3 badrooms into 2 badrooms and moving at remodeling 2 and a half baths. Includes reworking the electrical and plumbing layout. Includes moving the heat pump to the south side of the home and install of new system.  SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED  TYPE OF CONSTRUCTION: New Construction - Addition / Expansion - Remodel / Renovation / Repair - Accessory - Other  Builknead - Piers/Docks - Retaining Wall - Beach Access Walkway/Stairs - Swimming Pools - Workshop - Gazebo  Detached Garago - Accessory Storage Building - Dune Deck - Generator  CCUPANCY: 2  HEATED.LIVING AREAS (SqFt): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (SqFt): 0.1 AC: BUILDING USE: Single Family  NUMBER OF STORIES: NTERIOR WALLS: ZONING DISTRICT: STS - Single Family  NUMBER OF STORIES: NTERIOR WALLS: ZONING DISTRICT: ST2-1-C00091  BEDEROOMS: 2  EXTERIOR WALLS: ZONING PERMIT #; S2-2-000091  BEDEROOMS: 2  EXTERIOR WALLS: DATE APPROVED: 99/17/2021  BATHS: '/ BATHS: DATE APPROVED: 99/17/2021  BATHS: '/ BATHS: DATE APPROVED: 99/17/2021  BATHS: '/ BATHS: DATE APPROVED: 99/17/2021  DATE APPROVED: 99/17/2021  PERMIT TEDICONDITIONAL USE: Single Family  With all Ordinances of the Company with all regulations and laws; should personally inspect all construction and be certain to comply with all ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that helshe is the owner or duly authorized approvious rip and all construction and may be revoked for failure to comply with applicable regulations and laws.  **TOTAL CONSTRUCTION COST: \$75,000.00  Date Approv  Date Approv  Date Approv  Date Approv                   |  | Ki  | Il Devil Hills, NC 2  | 27948  |  |  | ION:   |  | Building   |  |
| ENTRY#: 1538604 EMAIL: obxrenovationcompany@gmail.com   |  |   |   |  |  |  | NAME:  |  | Chicago Tile Company I   | Llc                                      |
| DESCRIPTION OF WORK - (Any deviation from the Building Plan or Site Plan requires prior approval): REMODEL - Remodel of 2-1/2 bathroom and 2 bedrooms and change layout .Includes layout change of the North side of the home including turning 3 bedrooms into 2 bedrooms and deal and the baths. Includes reworking the electrical and plumbing layout. Includes reworking the heat pump to the south side of the home and install of new system.  SPECIAL CONDITIONS - ALL WOOD BELOW RFPE ( 8 ) FT. SHALL BE TREATED  TYPE OF CONSTRUCTION: New Construction - Addition / Expansion - Remodel / Renovation / Repair - Accessory - Other  Builkhead - Piers/Docks - Retaining Wall - Beach Access Walkway/Stairs - Swimming Pools - Workshop - Gezebo  Detached Garage - Accessory Storage Building - Dune Deck - Generator  OCCUPANCY: 2 TYPE OF FOUNDATION: PERMIT TYPE: Residential HEATED/LUNING AREAS (SqFt): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (SqFt): 0 A/C: BUILDING USE: Single Family Residential District  NON-HEATED AREAS (SqFt): 0 NITERIOR WALLS: Residential District  Residenti    |  |   |   |  |  |  |  |  |  |  |
| and 2 bedrooms and change layout Includes layout change of the North side of the home including turning 3 bedrooms into 2 bedrooms and moving at remodeling 2 and a half baths. Includes reworking the electrical and plumbing layout. Includes moving the heat pump to the south side of the home and install of new system.  SPECIAL CONDITIONS - ALL WOOD BELOW RFPE (8) FT. SHALL BE TREATED  TYPE OF CONSTRUCTION: New Construction - Addition / Expansion - Remodel / Renovation / Repair - Accessory - Other  Bulkhead - Plers/Docks - Retaining Wall - Beach Access Walkway/Stairs - Swimming Pools - Workshop - Gazebo  Detached Garage - Accessory Storage Building - Dune Deck - Generator  OCCUPANCY: 2 TryE OF FOUNDATION: PERMIT TYPE: Residential HEATEDLIVING AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NORTH RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NON-HEATED AREAS (Saft): 0.0 HEAT: RESIDENCE TYPE: 2nd Home  NORTH    | EMAIL:   | ob  | xrenovationcomp   | any@gmail  | l.com  | LIEN AGENT   | ADDRESS:   |  |  | ≥ 900                                    |
| Bulkhead - Piers/Docks - Retaining Wall - Beach Access Walkway/Stairs - Swimming Pools - Workshop - Gazebo  Detached Garage - Accessory Storage Building - Dune Deck - Generator  OCCUPANCY: 2 TYPE OF FOUNDATION: PERMIT TYPE: Residential HEATED/LIVING AREAS (SqFt): 0.0 HEAT: RESIDENCE TYPE: 2nd Home NON-HEATED AREAS (SqFt): 0.0 HEAT: RESIDENCE TYPE: 2nd Home NON-HEATED AREAS (SqFt): 0.0 A/C: Bull.DING USE: Single Family NON-HEATED AREAS (SqFt): 0.0 A/C: Bull.DING USE: Single Family Residential District Residen    | and 2 bedrooms and<br>remodeling 2 and a h<br>install of new system  | change lay-<br>nalf baths. Ir<br>   | out ,Includes layo<br>cludes reworking                      | ut change c<br>the electric  | of the North si<br>al and plumbi   | de of the home ir<br>ing layout. Includ                                | ncludina turni   | ina 3 bedroom  | is into 2 bedrooms and m   | oving and                                |
| Bulkhead - Piers/Docks - Retaining Wall - Beach Access Walkway/Stairs - Swimming Pools - Workshop - Gazebo  Detached Garage - Accessory Storage Building - Dune Deck - Generator  OCCUPANCY: 2 TYPE OF FOUNDATION: PERMIT TYPE: Residential HEATED/LIVING AREAS (SqFt): 0.0 HEAT: RESIDENCE TYPE: 2nd Home NON-HEATED AREAS (SqFt): 0.0 HEAT: RESIDENCE TYPE: 2nd Home NON-HEATED AREAS (SqFt): 0.0 A/C: Bull.DING USE: Single Family NON-HEATED AREAS (SqFt): 0.0 A/C: Bull.DING USE: Single Family Residential District Residen    | TYPE OF CONSTRI  | UCTION:   | New Construction  | on Ad  | dition / Expans  | sion - Remod   | iel / Renovatio  | on / Repair -  | Accessory - Other  |  |
| Detached Garage - Accessory Storage Building - Dune Deck - Generator  OCCUPANCY: 2  | Bulkhead -   | Piers/Docks   | - Retaining W   | /all - Be  | each Access W  | /alkway/Stairs - 🧎   | Swimming   | Pools -  | Workshop - Gazebo  |  |
| HEATEDILIVING AREAS (SqFt): 0.0 HEAT: RESIDENCE TYPE: 2nd Home NON-HEATED AREAS (SqFt): 0 A/C: BUILDING USE: Single Family NUMBER OF STORIES: INTERIOR WALLS: ZONING DISTRICT: RS1 - Single Family Residential District BEDROOMS: 2 EXTERIOR WALLS: ZONING PERMIT #: ZP21-00091 SEPTIC CAP, # OF PERSONS: 4 FIREPLAGE: DATE APPROVED: 09/17/2021 BATHS: ½ BATHS: ROOF: PERMITTED/CONDITIONAL USE: Single Family Moving ARAGE - DETACHED: ATTACHED: INSULATION: CAMA PERMIT #: STORAGE ENCLOSURE: ELEVATOR (SqFt): DATE ISSUED: POOL: SHED: DECKS (SqFt): FLOOD ZONE: Unshaded X WINDOWS MAKE: SEPTIC PERMIT #: S2-5870 BASE FLOOD ELEVATION: LES 8ft WINDOWS TYPE: DATE ISSUED: 09/07/2021  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  TOTAL CONSTRUCTION COST: \$75,000.00  **The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct, that he/she is the owner or duly authorized agamy for owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 day those in construction and may be revoked for failure to comply with applicable regulations and laws.  ATTHEW HOMEOWNE 9/17021  Applicant - Owner/Contractor (Please print and sign name) Date Approv   | Detached Garag   |   |   | lding -  | Dune Deck -  | Generator  |  |  |  |  |
| NON-HEATED AREAS (SqFI): 0  NON-HEATED AREAS (SqFI): 0  NON-HEATED AREAS (SqFI): 0  NUMBER OF STORIES:  INTERIOR WALLS:  Residential District:  BEDROOMS: 2  EXTERIOR WALLS:  ZONING PERMIT #: ZP21-000091  DATE APPROVED: 09/17/2021  BATHS: ½ BATHS:  ROOF:  DATE APPROVED: 09/17/2021  BATHS: ½ BATHS:  ROOF:  DATE ISSUED:  DOWNING PERMIT #: ZP21-000091  DATE APPROVED: 09/17/2021  BATHS: ½ BATHS:  ROOF:  DATE ISSUED:  DOWNING PERMIT #: ZP21-000091  DATE APPROVED: 09/17/2021  BATHS: ½ BATHS:  ROOF:  DATE ISSUED: 00-MILITIONAL USE: Single Family  ROOF:  DATE ISSUED:  DATE ISSUED:  DATE ISSUED:  DATE ISSUED:  TOTAL CONSTRUCTION COST: \$75,000.00  PERMIT FEES:  DESCRIPTION:  PERMIT FEES:  DESCRIPTION:  TOTAL CONSTRUCTION COST: \$75,000.00  PERMIT FEES:  DESCRIPTION:  TOTAL FEET: Solution / Repair Fee  Homeowners Recovery Fund  TOTAL FEET: Solution and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner on this permit is correct; that he/she understands this permit valid for 180 day the gin-poinstruction and may be revoked for failure to comply with applicable regulations and laws.  MATTHEW  APPLICATION  (Please print and sign name)  Date Approv  Date Approv  Date Approv   | OCCUPANCY: 2   |   |   | The state of the s | FOUNDATIO  | N:   | CONTRACTOR OF CO |  | the second secon |  |
| NUMBER OF STORIES:  NTERIOR WALLS:  EDEDROOMS: 2  EXTERIOR WALLS:  SCONING PERMIT #: ZP21-000091  SEPTIC CAP, # OF PERSONS: 4  FIREPLACE:  DATE APPROVED: 09/17/2021  BATHS: ½ BATHS:  ROOF:  DATE APPROVED: 09/17/2021  PERMITTED/CONDITIONAL USE: Single Family Medical Personal Persona    | The second secon |   |   | THE PARTY NAMED IN COLUMN 2 IN |  |  |  |  |  | ***************************************  |
| NUMBER OF STORIES: INTERIOR WALLS: Residential District BEDROOMS: 2 EXTERIOR WALLS: ZONING PERMIT #: ZP21-000091 SEPTIC CAP, # OF PERSONS: 4 FIREPLACE: DATE APPROVED: 09/17/2021 BATHS: ½ BATHS: ROOF: PERMITTED/CONDITIONAL USE: Single Fami Dwelling GARAGE - DETACHED: ATTACHED: INSULATION: CAMA PERMIT #: STORAGE ENCLOSURE: ELEVATOR (SqFt): DATE ISSUED: POOL: SHED: POOL: SHED: PECKS (SqFt): PLOOD ZONE: Unshaded X WINDOWS MAKE: SEPTIC PERMIT #: S2-5870 BASE FLOOD ELEVATION: LES 8ft WINDOWS TYPE: DATE ISSUED: 09/07/2021  PERMIT FEES: DATE ISSUED: 09/07/2021  PERMIT FEES: TOTAL CONSTRUCTION COST: \$75,000.00  PERMIT FEES: DATE ISSUED: 09/07/2021  **The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 days to seglip-construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor (Please print and sign name)  Date Approv  | NON-HEATED ARE   | AS (SgFt):  | 0   | A/C:   |  |  |  |  |  |  |
| SEPTIC CAP. # OF PERSONS: 4 FIREPLACE: DATE APPROVED: 09/17/2021  BATHS: ½ BATHS: ROOF: PERMITTED/CONDITIONAL USE: Single Fami Dwelling  GARAGE - DETACHED: ATTACHED: [INSULATION: CAMA PERMIT #: STORAGE ENCLOSURE: ELEVATOR (SqFt): DATE ISSUED:  POOL: SHED: DECKS (SqFt): DECKS (SqFt): DATE ISSUED:  FLOOD ZONE: Unshaded X WINDOWS MAKE: SEPTIC PERMIT #: S2-5870  BASE FLOOD ELEVATION: LES 8ft WINDOWS TYPE: DATE ISSUED: 09/07/2021  PERMIT FEES: DESCRIPTION: DATE ISSUED: 09/07/2021  PERMIT FEES: DESCRIPTION: TOTAL CONSTRUCTION COST: \$75,000.00  PERMIT FEES: TOTAL CONSTRUCTION COST: \$75,000.00  PERMIT FEES: DESCRIPTION: TOTAL FEE: 760.4  "The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 day in regin construction and may be revoked for failure to comply with applicable regulations and laws.  APTINEW HACAPONE 9/172021  Applicant - Owner/Contractor (Please print and sign name)  Date Approv   | NUMBER OF STOR   | IES:  |   | INTERIOR   | WALLS:   |  | F  | Residential Dis  | strict   | /  |
| BATHS: '% BATHS: ROOF: Dwelling GARAGE - DETACHED: ATTACHED: INSULATION: CAMA PERMIT #:  STORAGE ENCLOSURE: ELEVATOR (SqFt): DATE ISSUED: POOL: SHED: DECKS (SqFt): FLOOD ZONE: Unshaded X WINDOWS MAKE: SEPTIC PERMIT #: S2-5870 BASE FLOOD ELEVATION: LES 8ft WINDOWS TYPE: DATE ISSUED: 09/07/2021  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  TOTAL CONSTRUCTION COST: \$75,000.00  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  ***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 day who gin construction and may be revoked for failure to comply with applicable regulations and laws.  ***The Owner/Contractor (Please print and sign name)  Date Approv   | BEDROOMS: 2  |   |   |  |  |  |  |  |  | 1  |
| BATHS: ½ BATHS: ROOF: Dwelling  GARAGE - DETACHED: ATTACHED: (INSULATION: CAMA PERMIT #:  STORAGE ENCLOSURE: ELEVATOR (SqFt): DATE ISSUED:  POOL: SHED: DECKS (SqFt): FLOOD ZONE: Unshaded X WINDOWS MAKE: SEPTIC PERMIT #: S2-5870  BASE FLOOD ELEVATION: LES 8ft WINDOWS TYPE: DATE ISSUED: 09/07/2021  PERMIT FEES: TOTAL CONSTRUCTION COST: \$75,000.00  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund TOTAL FEE: 750.00  ***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 days appeals construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor (Please print and sign name) Date Approv   | SEPTIC CAP. # OF   | PERSONS:  | 4   | FIREPLAC   | CE:  |  |  |  |  |  |
| STORAGE ENCLOSURE: ELEVATOR (SqFt): DATE ISSUED:  POOL: SHED: DECKS (SqFt):  FLOOD ZONE: Unshaded X WINDOWS MAKE: SEPTIC PERMIT #: \$2-5870  BASE FLOOD ELEVATION: LES 8ft WINDOWS TYPE: DATE ISSUED: 09/07/2021  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  ***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent for owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 day of owner; that all construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor (Please print and sign name)  Date Approv  |  |   |   | ROOF:  |  |  |  | Owelling   |  | lie Family                               |
| POOL: SHED:  DECKS (SqFt): FLOOD ZONE: Unshaded X WINDOWS MAKE: BASE FLOOD ELEVATION: LES 8ft WINDOWS TYPE:  DATE ISSUED: 09/07/2021  PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  Total Construction and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or valid for 180 days the gian construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor  (Please print and sign name)  Date Approv.   |  |   | CHED:   |  |  |  |  |  |  |  |
| FLOOD ZONE: Unshaded X WINDOWS MAKE: SEPTIC PERMIT #: \$2-5870  BASE FLOOD ELEVATION: LES 8ft WINDOWS TYPE: DATE ISSUED: 09/07/2021  TOTAL CONSTRUCTION COST: \$75,000.00  PERMIT FEES: Description Total Construction / Remodel / Renovation / Repair Fee Total Construction and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 day and egip-construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor (Please print and sign name) Date Approv  |  | SURE:   |   | The state of the s |  |  | L  | DATE ISSUED  | 1  | CANTON ACCIONE MANAGEMENTO AND ANGLE AND |
| PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  ***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 day to begin construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor  (Please print and sign name)  Date Approv  |  |   |   |  |  | era he <del>a l'activitat d'astrollament de l'activitat d'activi</del> |  | EDTIC DEDN   | MIT #. 00 5070   |  |
| PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  ***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor  (Please print and sign name)  Date Approv   |  |   | -0.05   | The second second second   | The same of the sa |  |  | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU |  | ***************************************  |
| PERMIT FEES: Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  ***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 day to begin construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor  (Please print and sign name)  Date Approv  | BASE FLOOD ELE   | VATION: LE  | :S 8ft  | WINDOW   | S IYPE:  |  | <u> </u>   | DATE ISSUED  | , 09/01/2021   |  |
| Description Remodel / Renovation / Repair Fee Homeowners Recovery Fund  ***The owner and builder are responsible to comply with all regulations and laws; should personally inspect all construction and be certain to comply with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 days in begin construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor  (Please print and sign name)  Date Approv  |  | territorio de como de |   | TOTA   | L CONSTRUC   | TION COST: \$75  | ,000.00  |  |  |  |
| with all Ordinances of the Town of Southern Shores. The applicant certifies that the information on this permit is correct; that he/she is the owner or duly authorized agent of owner; that all construction shall be as shown on the submitted plans and specifications; the he/she understands this permit valid for 180 days to begin construction and may be revoked for failure to comply with applicable regulations and laws.  Applicant - Owner/Contractor  (Please print and sign name)  Date Approv  | Description<br>Remodel / Renovatio<br>Homeowners Recove  | ery Fund  |   |  | •.   |  |  |  | TOTAL FE   | 4  |
| Applicant - Owner/Contractor (Please print and sign name)  Date Approv  | with all Ordinances of   | of the Town   | of Southern Shore<br>that all construct<br>truction and may | es, The app<br>ion shall be<br>be revoked  | licant certifie<br>as shown on<br>for failure to   | s that the informathe submitted popular comply with app                | ation on this<br>lans and spe<br>licable regul   | permit is corr<br>cifications; th<br>ations and law  | ect; that ne/sne is the ow<br>e he/she understands this  | ner or                                   |
| Kevin Clark   | 10011  | <u> </u>  | MATTI   | 1EW  | HACHO  | ONE  | <u> </u>   | 021  | 0  | 9/17/2021                                |
| Kevin Clark  Building/Code/Zoning Official By MB  | Applicant - Owner/   | Contractor  |   |  | (Please prin   | t and sign name  | e)   |  | Date A   | Approved                                 |
| Building/Code/Zoning Official By MB   | Kevin (  | Clark   | ζ   |  |  |  |  |  |  |  |
|   | Building/Code/Zoni   | ing Official  | By MB   |  |  |  | ·  |  | Da   | ite Issued                               |



#### RESIDENTIAL **BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

| CAROLINA  |   |   | BUILDING PERMIT # DPA21-000168   |  |   |  |
|---|---|---|--|--|---|--|
| PIN:         9867           Location:         73 Ti           District:         RS1-           Subdiv         CHIC  | 022480000<br>986715640652<br>73 TRINITIE TRL<br>RS1 - Single Family Residential District<br>CHICAHAUK<br>LOT: 395 BLK: SEC: |   | Owner: SWAIN, WILLIAM M Address: 73 TRÎNITIE TRL SOUTHERN SHORES, NC 27949 Phone #: 252-573-1646 |  |   |  |
| BUSINESS NAME: CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#:  KJ Construction and Remodeling, Co. Keith Dobie P.O. Box 242 Kitty Hawk, NC 27949 (252) 207-6589 |   | 5.  | NC G.C. LICENSED<br>NC G.C. LICENSED<br>LIMITATION:<br>CLASSIFICATION:<br>QUALIFIER:             |  | Licensed General Contractor<br>59936<br>Unlimited<br>Building<br>WILLIAM KEITH DOBIE, JR                              |  |
| CELL#   |   |   | LIEN AGENT NAMI  | Ξ:   | Fidelity National Title Company, LLC  |  |
| AX#:  |   |   | ENTRY#:  |  | 1543069   |  |
| EMAIL:  | kjconstructionco@y  | ahoo.com  |  |  | 223 S. WEST ST SUITE 900<br>RALEIGH N.C 27603   |  |
| TYPE OF CONSTRUCTION  | E MUST REMAIN OF  New Construction  Retaining W   | PEN OR IF ENCLOSING<br>on - Addition / Expan<br>'all - Beach Access V | S MUST HAVE 5/8 FIR<br>sion - Remodel / Re<br>Valkway/Stairs - Sw                                | enovation / Repair -   | Morkshop - Gazebo   |  |
| OCCUPANCY: 6  | recognition of the second   | TYPE OF FOUNDATIO   |  | PERMIT TYP   | ≣: Residential  |  |
| HEATED/LIVING AREAS (S  | iq <b>Ft):</b> 0.0  | HEAT:   |  |  | TYPE: Residence   |  |
| ION-HEATED AREAS (Sql   | t): 561   | A/C:  |  |  | E: Single Family  |  |
| NUMBER OF STORIES: INTERIOR V   |   | INTERIOR WALLS: no  | ne   | ZONING DIST<br>Residential Di  | RICT: RS1 - Single Family<br>strict   |  |
| BEDROOMS:   |   | EXTERIOR WALLS: m   | atch siding  | ZONING PER   |   |  |
| SEPTIC CAP. # OF PERSO  | NS: 6   | FIREPLACE:  |  | DATE APPRO   |   |  |
| BATHS: 0 1/2 BATHS: 0   |   | ROOF:   |  | Dwelling   | CONDITIONAL USE: Single Family  |  |
| ARAGE - DETACHED: AT  |   | INSULATION:   |  | CAMA PERM  | Τ#:   |  |
| TORAGE ENCLOSURE:   | 561   | ELEVATOR (SqFt):  |  | DATE ISSUE   | ):  |  |
| OOL: SHED:  |   | DECKS (SqFt):   |  |  |   |  |
| LOOD ZONE: Unshaded X   |   | WINDOWS MAKE:   |  | THE RESERVE AND THE PROPERTY OF THE PARTY OF | MIT #: s22 -5939  |  |
| BASE FLOOD ELEVATION:   | LES 8ft   | WINDOWS TYPE: 2 Vi  | vinco windows  | DATE ISSUE   | D: 09/10/2021   |  |
| PERMIT FEES:<br>Description<br>Non-Heated Areas Fee (Singl<br>Homeowners Recovery Fund  | e Family)   | TOTAL CONSTRUC  | TION COST: \$32,000.0  | 0  | Total Cost<br>168.30<br>10.00<br>TOTAL FEE: 178.30  |  |
| **The owner and builder are   | wn of Southern Shore<br>er, that all construction   | s. The applicant certifie<br>on shall be as shown on                  | s that the information of<br>the submitted plans a   | on this permit is cor<br>nd specifications; th   | truction and be certain to comply<br>rect; that he/she is the owner or<br>he he/she understands this permit is<br>vs. |  |
| vith all Ordinances of the To<br>luly authorized agent of own   | onstruction and may be  | W. Ken  | the Dobin  | 2 10   | 09/17/2021  |  |
| vith all Ordinances of the To-<br>uly authorized agent of own<br>alid for 180 days to begin co  | 1616  | W. Kei  | t and sign name)   | e Jr   | 09/17/2021<br>Date Approved   |  |
| vith all Ordinances of the To   | 1616  | W. Kei  | the Dobin  | <u> </u>   |   |  |

9/21/21, 9:39 AM View File

### TOWN OF SOUTHERN SHORES PLANNING AND CODE ENFORCEMENT

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



#### Residential Trade Contractor Permit

Date September 21, 2021

TP21-000206 Mechanical Trade Permit

Project Address: 127 CHICAHAUK TRL

Property Owner: GLAZER, HELEN F TTEE

PIN #: 005068105

Mailing Address: 8424 CARLYNN DR

BETHESDA, MD 20817

Permit Types:

Plumbing Electrical

Mechanical

Gas

Contractor:

Company Name: Delta T Heating & Air Conditioning, Inc

Phone: (252) 261-0404

N. C. License Number: 23299

Qualifier: Edwin Miller

Address: 162 Yaupon Trail

Kitty Hawk, NC 27949

**Description of Work:** 

REPLACE EXISTING SYSTEM WITH 2.5 TON 14 SEER AMERICAN STANDARD

INDOOR/OUTDOOR HEAT PUMP SYSTEM

Project Cost Estimate: \$6,100.00

Permit Amount: 100.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

9/21/21 Date

Signature of Permit Official

Date

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



#### **Residential Trade Contractor Permit**

Date September 21, 2021

TP21-000207 **Mechanical Trade Permit** 

Project Address: 230 HILLCREST DR

Property Owner: SILLIES, MELONY L

PIN #: 021796000

Mailing Address: 230 HILLCREST DR

SOUTHERN SHORES, NC 27949

Permit Types:

Plumbing

Electrical

Mechanical

Gas

Contractor:

Company Name: Delta T Heating & Air Conditioning, Inc

Phone: (252) 261-0404

N. C. License Number: 23299

Qualifier: Edwin Miller

Address: 162 Yaupon Trail

Kitty Hawk, NC 27949

**Description of Work:** 

REPLACE EXISTING SYSTEM WITH 2 TON 14 SEER AMERICAN STANDARD

INDOOR/OUTDOOR HEAT PUMP SYSTEM

Project Cost Estimate: \$5,800.00

Permit Amount: 100.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

nature of Licensee or Duly Authorized Representative

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



### **Residential Trade Contractor Permit**

Date September 20, 2021

| T | P | 2 | 1 | -000205 |
|---|---|---|---|---------|
|   |   |   |   |         |

**Mechanical Trade Permit** 

Project Address: 152 CLAM SHELL TRL

Property Owner: CARPENTIERI, MICHAEL W

PIN #: 022383045

Mailing Address: 152 CLAMSHELL TRL

SOUTHERN SHORES NO 27040

|  |                          |            | OCCUPATION OF CALCALITY   |
|--|--------------------------|------------|---|
| Permit Types:  Plumbing Electrica  Contractor:                               | Mechanical               | Gas        | :   |
| Company Name: Air-O-Sm<br>Phone: (252) 261-5238<br>N. C. License Number: 300 |                          |            | Qualifier: Steven Smith  Address: 330 N. Dogwood Trail  Southern Shores, NC 27949 |
| Description of Work: REI   | PLACE 16 SEER 3.<br>RING | 5 TON 410A | A HEAT PUMP & AIR HANDLER LINE & LOW VOLTAGE                                      |

Project Cost Estimate: \$7,500.00

Permit Amount: 100.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee or Duly Authorized Representative

Kerri Clark
Signature of Permit Official
By: MB



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

# RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

| PIN: Location: District: Subdiv Lot-Block-Sect: BUSINESS NAME: CONTRACTOR'S NAM ADDRESS:   | 021823000<br>986818417710<br>218 SEA OATS TRL<br>RS1 - Single Family Res<br>SO/SH BEACH BLK 74<br>LOT: 48 BLK: 74 SEC: |   |                                   |  |   |  |
|--|--|---|-----------------------------------|--|---|--|
| Location: District: Subdiv Lot-Block-Sect: BUSINESS NAME: CONTRACTOR'S NAM ADDRESS:  | 218 SEA OATS TRL<br>RS1 - Single Family Res<br>SO/SH BEACH BLK 74  |   | Owner:<br>Address:                | SENGEL, KEN<br>5 SUNNY CT  |   |  |
| Subdiv Subdiv Subdiv Subdiv Subdiv Subdiv Subdive Subd | SO/SH BEACH BLK 74   |   | Address.                          | SOMERSET, NJ (   | 08873   |  |
| Lot-Block-Sect: I BUSINESS NAME: CONTRACTOR'S NAM ADDRESS:   |  | idential District                             | Phone #:                          |  |   |  |
| BUSINESS NAME:<br>CONTRACTOR'S NAMADDRESS:   | LOT: 48 BLK: 74 SEC:   |   |                                   |  |   |  |
| CONTRACTOR'S NAM<br>DDRESS:  |  |   |                                   |  |   |  |
| DDRESS:  |  | ion & Remodeling, Inc                         |                                   | D CONTRACTOR:  | Licensed General Contractor                           |  |
|  |  |   | NC G.C. LICENSE NU<br>LIMITATION: |  | 61498<br>INTERMEDIATE                                 |  |
| ITY, STATE, ZIP:   | Kill Devil Hills, NO   | 27948   | CLASSIFICATION                    | l:   | BUILDING  |  |
| FFICE#:  | (252) 480-9921   |   | QUALIFIER:                        |  |   |  |
| ELL#   |  |   | LIEN AGENT NAM                    | ΛE:  | Old Republic National Title<br>Insurance Company      |  |
| AX#:   |  |   | ENTRY#:                           |  | 1533716   |  |
| MAIL:  | outerbankscontra   | ctor@gmail.com                                | r@gmail.com LIEN AGENT ADDRES     |  | 223 S. WEST ST SUITE 900<br>RALEIGH N.C 27603         |  |
| ER PLANS   |  | om the Building Plan or<br>RFPE(8)FT. SHALL B |                                   | ior approval): REMO  | DEL - RENOVATE 3 BATHROOMS                            |  |
|  |  |   |                                   | در المعادلة المعادلة<br>حدر  |   |  |
|  |  |   |                                   |  | Accessory - Other                                     |  |
|  |  | Wall - Beach Access                           |                                   | Swimming Pools -   | Workshop - Gazebo                                     |  |
|  | Accessory Storage B  | uilding - Dune Deck -                         |                                   |  |   |  |
| CCUPANCY:  |  | TYPE OF FOUNDATION                            | ON:                               | PERMIT TYPE  |   |  |
| EATED/LIVING AREA  |  | HEAT:   |                                   | The state of the s | YPE: 2nd Home   |  |
| ON-HEATED AREAS  | (SqFt): 0  | A/C:  |                                   |  | E: Single Family                                      |  |
| UMBER OF STORIES   | S:   | INTERIOR WALLS:                               |                                   |  | NING DISTRICT: RS1 - Single Family sidential District |  |
| EDROOMS:   |  | EXTERIOR WALLS:                               |                                   |  | AIT #:  |  |
| EPTIC CAP. # OF PE   | RSONS:   | FIREPLACE:                                    | FIREPLACE:                        |  | VED:  |  |
| ATHS: 1/2 BATHS:   |  | ROOF:   |                                   | PERMITTED/C<br>Dwelling  | ONDITIONAL USE: Single Family                         |  |
| ARAGE - DETACHED   | : ATTACHED:  | INSULATION:                                   |                                   | CAMA PERMI   | Γ#:   |  |
| TORAGE ENCLOSUF  | RE:  | ELEVATOR (SqFt):                              |                                   | DATE ISSUED  |   |  |
| OOL: SHED:   |  | DECKS (SqFt):                                 |                                   |  |   |  |
|  | led X  | WINDOWS MAKE:                                 |                                   | SEPTIC PERM  | IT #:   |  |
| LOOD ZONE: Unshad  |  | WINDOWS TYPE:                                 |                                   | DATE ISSUED  |   |  |
| LOOD ZONE: Unshad  |  |   | *                                 |  |   |  |
| LOOD ZONE: Unshad  |  | TOTAL CONSTRU                                 | CTION COST: \$37 990              | ሰበ   |   |  |
| LOOD ZONE: Unshad<br>BASE FLOOD ELEVAT<br>PERMIT FEES:   |  | TOTAL CONSTRU                                 | CTION COST: \$37,880.             | 00   |   |  |
| LOOD ZONE: Unshad LASE FLOOD ELEVAT PERMIT FEES: Description   | ION: LES 8ft   | TOTAL CONSTRU                                 | CTION COST: \$37,880.             | 00   | Total Cost  |  |
| LOOD ZONE: Unshad ASE FLOOD ELEVAT PERMIT FEES:  | ION: LES 8ft   | TOTAL CONSTRU                                 | CTION COST: \$37,880.             | 00   | Total Cost<br>379.00<br>10.00                         |  |

9/22/21, 9:44 AM

View File

#### **TOWN OF SOUTHERN SHORES** PLANNING AND CODE ENFORCEMENT

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



### Residential Trade Contractor Permit

Date September 22, 2021

TP21-000208

**Mechanical Trade Permit** 

Project Address: 263 DUCK RD

Property Owner: SHAFFER, MARY M

PIN #: 021512000

Mailing Address: 17421 STAY SAIL CT

CORNELIUS, NC 28031

Permit Types:

Plumbing

Electrical

Mechanical

Gas

Contractor:

Company Name: Soundside Heating and Air Conditioning, LLC

Phone: (252) 473-7769

N. C. License Number: 34278

Qualifier: Joseph Mabry

Address: 106 Robert Bruce Dr

Manteo, NC 27954

Description of Work: Replacing 3 ton 14 SEER heat pump split system

Project Cost Estimate: \$6,749.00

Permit Amount: 100.00

Payment:

Date Type Reference Receipt ReceivedFrom Amount

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

icensee or Duly Authorized Representative



#### **RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

| CAROLINA   |                       |   |  |   |  |   |  |
|--|-----------------------|---|--|---|--|---|--|
| Parcel:<br>PIN:<br>Location:   | 146 F                 | 15733155<br>IIGH DUNE LOOP  | and and a second se | Owner:<br>Address:  | MCCLENDON, R<br>146 HIGH DUNE<br>SOUTHERN SHO  | LOOP  |  |
| District:<br>Subdiv<br>Lot-Block-Sect:   | CHIC                  | - Single Family Residential District<br>CAHAUK<br>: 291 BLK: SEC: |  | Phone #:  | 252-333-5310   |   |  |
| BUSINESS NAME:  CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL# FAX#:  J B Sims Construct James Sims 262 Wax Myrtle Tri Southern Shores, N (757) 748-2150 |                       | Trl   | NC G.C. LICENSED NC G.C. LICENSE I LIMITATION: CLASSIFICATION: QUALIFIER: LIEN AGENT NAME ENTRY#:              | NUMBER:   | Licensed General Contractor<br>39307<br>Limited<br>Residential<br>James Boyd Sims<br>Investors Title Insurance Co<br>1543438 |   |  |
| EMAIL:   |                       | 88ChrisSims@gr  | mail.com   | LIEN AGENT ADDR   | ESS:   | 223 S. West Street, Suite 900,<br>Raleigh, NC27603                |  |
| windows on East side<br>SPECIAL CONDITION  | of hou<br><b>IS -</b> | Se  |  |   |  | DEL - Remove and replace  |  |
| Bulkhead - P   | iers/Do               | cks - Retaining   | ction - Addition / E   | xpansion - 🧖 Remodel / Re<br>ess Walkway/Stairs - 🗍 Sw                  | enovation / Repair - L   | Accessory - Other   |  |
| Detached Garage  |                       |   |  | ess Walkway/Stairs - 📋 Sw<br>.ck - 🔲 Generator                          | imming Pools -   | workshop - └─ Gazebo  |  |
| OCCUPANCY:   | - ''                  | Accessory Storage i   | TYPE OF FOUND  |   | DEDMIT TYPE  | - Pasidontial   |  |
| EATED/LIVING ARE   | AS (S                 | aFt): 0.0   | HEAT:  | ATION.  |  | TYPE: Residential NCE TYPE: Residence                             |  |
| ON-HEATED AREA   |                       |   | A/C:   |   | BUILDING USE: Single Family  |   |  |
| UMBER OF STORIE  | ES:                   |   | INTERIOR WALLS   | INTERIOR WALLS:   |  | ZONING DISTRICT: RS1 - Single Family Residential District         |  |
| EDROOMS:   |                       |   | EXTERIOR WALL  | S:  | ZONING PERI  |   |  |
| EPTIC CAP. # OF PI   | ERSO                  | IS:   | FIREPLACE:   |   | DATE APPRO   |   |  |
| ATHS: ½ BATHS:   |                       | TAGUER  | ROOF:  |   | Dwelling   | CONDITIONAL USE: Single Family                                    |  |
| ARAGE - DETACHE<br>TORAGE ENCLOSE  |                       | TACHED:   | INSULATION:  |   | CAMA PERMI   |   |  |
| OOL: SHED:   | IKE;                  |   | ELEVATOR (SqFt)<br>DECKS (SqFt):   |   | DATE ISSUED  | );  |  |
| LOOD ZONE: Unsha   | ded X                 | CHARLES THE CHARLES THE CHARLES THE CHARLES THE                   | WINDOWS MAKE   | Manin   | SEPTIC PERM  | 11T 4.  |  |
| BASE FLOOD ELEVA   |                       |   | WINDOWS TYPE:  | VINDOWS TYPE: Aluminum Clad sliding French Ooor & Polygon fixed windows |  | ):  |  |
|  |                       |   |  |   |  |   |  |
| PERMIT FEES:   |                       |   | TOTAL CONST  | RUCTION COST: \$40,000.00   | )  |   |  |
| Description<br>Remodel / Renovation /<br>Homeowners Recovery   |                       | Fee   |  |   |  | Total Cost<br>400.00<br>10.00<br>TOTAL FEE: 410.00                |  |
| vith all Ordinances of tuly authorized agent of  | ne lov                | vn of Southern Sho<br>er: that all construc                       | ores. The applicant cer<br>ction shall be as show  | tifies that the information o   | n this permit is corr  | ruction and be certain to comply ect; that he/she is the owner or |  |
|  |                       | area <mark>de</mark> en       | 1/6//  |   | <del></del> :  | 09/17/2021  |  |
| applicant - Owner/Co   | ntract                | or  | (Please  | print and sign name)  |  | Date Approved   |  |
| Kevin (  |                       | uk  |  |   | <del></del>  | 9.27.20   |  |
| Building/Code/Zoning   | Offic                 | al By! MB   |  |   |  | Date Issued   |  |
| :  |                       | $\cup$  |  |   |  |   |  |



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

# RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

| Parcel:                                  | 022466364   |  | Owner:   | HOLLAND, LEO L TTEE  |  |  |
|--|---|--|--|--|--|--|
| PIN:                                     | 986720823395  |  | Address:   | 23 SPINDRIFT TRL   |  |  |
| _ocation:                                | 23 SPINDRIFT TRL                                      | a aldontial District                                 | Di #-  | SOUTHERN SHORES, NC 27949  |  |  |
| )istrict:<br>Jubdiv                      | RS1 - Single Family R<br>CHICAHAUK                    | esidentiai district                                  | Phone #:   | <del>-</del>   |  |  |
| ot-Block-Sect:                           | LOT: 364 BLK: SEC:                                    |  |  |  |  |  |
| USINESS NAME                             | : Sea Grove Ho  | mes  | NC G.C. LICENSE  | D CONTRACTOR: YES  |  |  |
| ONTRACTOR'S                              |   | <del>)</del>   | NC G.C. LICENSE  | NUMBER: 31525  |  |  |
| .DDRESS:<br>:ITY, STATE, ZIP:            | P.O. Box 943  | 27040  | LIMITATION:  | UNLIMITED  |  |  |
| FFICE#:                                  | Kitty Hawk, NC<br>(252) 261-018                       |  | CLASSIFICATION<br>QUALIFIER:                               | RESIDENTIAL  |  |  |
| ELL#                                     | (202) 201 010   |  | LIEN AGENT NA  | NE:  |  |  |
| AX#:                                     | (252) 261-7664  |  | ENTRY#:  |  |  |  |
| MAIL:                                    | seagrovehome  | s@gmail.com  | LIEN AGENT ADI   | DRESS:   |  |  |
| REPLACING ALI PECIAL CONDIT              | L DECK BOARDS IONS - ALL WOOD BELC RUCTION: New Const | ow RFPE () FT. SHALL                                 | BE TREATED   | rior approval): ADDITION - ADDITION OF BACK DEC  |  |  |
|  | J Piers/Docks -     J Retaini<br>age -                | . committee  |  | Swimming Pools - Workshop - Gazebo   |  |  |
| OCCUPANCY:                               | ige - C Accessory Storag                              | TYPE OF FOUND  |  | PERMIT TYPE: Residential   |  |  |
|  | AREAS (SqFt): 0.0                                     | HEAT:  |  | RESIDENCE TYPE: Residence  |  |  |
| ON-HEATED AR                             |   | A/C:   |  | BUILDING USE: Single Family  |  |  |
| UMBER OF STO                             |   | INTERIOR WALLS                                       | ٠.   | ZONING DISTRICT: RS1 - Single Family   |  |  |
|  | MLO.  |  |  | Residential District   |  |  |
| EDROOMS:                                 | T DEDCOMO.  | EXTERIOR WALL  | S:   | ZONING PERMIT #: ZP21-000092<br>DATE APPROVED: 09/20/2021  |  |  |
| SEPTIC CAP. # OF PERSONS:                |   | FIREPLACE:   |  | PERMITTED/CONDITIONAL USE: Single Far  |  |  |
| ATHS: 1/2 BATHS                          | 3:  | ROOF:  |  | Dwelling   |  |  |
| ARAGE - DETAC                            | CHED: ATTACHED:                                       | INSULATION:  |  | CAMA PERMIT #:   |  |  |
| TORAGE ENCLO                             | SURE:   | ELEVATOR (SqFt                                       | ):   | DATE ISSUED:   |  |  |
| OOL: SHED:                               |   | DECKS (SqFt): 96                                     |  |  |  |  |
| FLOOD ZONE: Unshaded X                   |   | WINDOWS MAKE   |  | SEPTIC PERMIT #:   |  |  |
| ASE FLOOD ELE                            | EVATION: LES 8ft                                      | WINDOWS TYPE:  |  | DATE ISSUED:   |  |  |
| **************************************   |   | TOTAL CONS   | TRUCTION COST: \$26,100                                    | .00  |  |  |
| PERMIT FEES:                             |   |  | •  |  |  |  |
| <b>Description</b><br>Non-Heated Areas F | Fee (Single Family)                                   |  |  | Total C<br>28  |  |  |
| Iomeowners Recov                         | very Fund   |  |  | 10   |  |  |
| linimum Permit Fe                        | е   |  |  | 71   |  |  |
| †The annual !                            |   |  |  | TOTAL FEE: 110   |  |  |
| ith all Ordinances<br>uly authorized age | of the Town of Southern S                             | shores. The applicant ce<br>ruction shall be as shov | ertifies that the information<br>vn on the submitted plans | nally inspect all construction and be certain to compl<br>on this permit is correct; that he/she is the owner or<br>and specifications; the he/she understands this perm<br>le regulations and laws. |  |  |
| Gary A. Cosgr                            | rove gary c   | osgrove  |  | 09/20/2  |  |  |
| pplicant - Owner                         |   |  | print and sign name)                                       | Date Appro   |  |  |
| Kerrin A                                 | lark  |  |  | 9-27   |  |  |
| uilding/Code/Zor                         | ning Official By. M                                   | රි   |  | Date Issu  |  |  |
| -  | ÷ U   |  |  |  |  |  |



5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 Ext 4 - Office (252) 255-0876 - Fax www.southernshores-nc.gov

# RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT

### **BUILDING PERMIT # DPA21-000143**

| Parcel:<br>PIN:<br>Location:<br>District:<br>Subdiv<br>Lot-Block-Sect:  | 23 NII<br>RS1 -<br>SEA (  | 8000<br>6276631<br>NTH AVE<br>Single Family Resid<br>CREST VILLAGE<br>12 BLK: 54 SEC: | ential District          | Owner:<br>Address:<br>Phone #:                             | WORMSER, DAVID A<br>4208 PEACHTREE PL<br>ALEXANDRIA, VA 22304<br>202-265-7283 |   |  |  |
|---|---------------------------|---|--------------------------|--|---|---|--|--|
| BUSINESS NAME: CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#: CELL# FAX#: Honeycomb Constr jeffrey schroeder 8003 Washington A Alexandria, VA 223 |                           | NC G.C. LICENSE I<br>Ave. LIMITATION:   |                          | N:   | CBC, RBC  |   |  |  |
| EMAIL:  |                           | JShoneycomb@gm  | nail.com LIEN AGENT ADDR |  | DRESS:  | ESS:  |  |  |
| The new appliances w SPECIAL CONDITION  | /ill insta<br><b>NS -</b> | lled in the existing lo   | cations so - notwithsta  | nding new GFCI outlet                                      | same. There will be no i<br>s, no utility modification                        | DEL - Remove and replace all of nterior alterations or wall removal. or relocation will be required.  Accessory - Other |  |  |
| Bulkhead - P  | iers/Doc                  | ks - 🔲 Retaining W  | All - Reach Access       | Wallaway/Staira  | Swimming Pools - V  | J Accessory - U Other   |  |  |
| Detached Garage   | _                         | coccon Storage Bui  | Iding - Dune Deck        | waikway/Stairs - 📋 :                                       | Swimming Pools - 📖 V  | Vorkshop - 📖 Gazebo   |  |  |
| OCCUPANCY:  | - \                       | coessory Storage But  | TYPE OF FOUNDAT          |  |   |   |  |  |
| HEATED/LIVING ARE   | AS (So                    | Ft): 0.0  | HEAT:                    | ION:   |   | PERMIT TYPE: Residential  |  |  |
| NON-HEATED AREA   | S (SqF1                   | ): 0  | A/C:                     |  |   | RESIDENCE TYPE: 2nd Home  |  |  |
| NUMBER OF STORIE  |                           |   |                          |  | ZONING DISTE  | BUILDING USE: Single Family ZONING DISTRICT: RS1 - Single Family  |  |  |
|   |                           |   | INTERIOR WALLS:          |  | Residential Dist  | Residential District  |  |  |
| BEDROOMS:   |                           | _   | EXTERIOR WALLS:          |  |   | ZONING PERMIT #:  |  |  |
| SEPTIC CAP. # OF PI   | ERSON                     | S:  | FIREPLACE:               |  |   | DATE APPROVED:  |  |  |
| BATHS: 1/2 BATHS:   | D. 477                    |   | ROOF:                    |  | PERMITTED/Co<br>Dwelling  |   |  |  |
| GARAGE - DETACHE<br>STORAGE ENCLOSU   |                           |   | INSULATION:              |  | CAMA PERMIT   | CAMA PERMIT #:  |  |  |
| POOL: SHED:   | IKE:                      |   | ELEVATOR (SqFt):         |  | DATE ISSUED:  | DATE ISSUED:  |  |  |
| FLOOD ZONE: Unsha   | dod V                     |   | DECKS (SqFt):            |  |   |   |  |  |
| BASE FLOOD ELEVA  |                           |   | WINDOWS MAKE:            |  |   | SEPTIC PERMIT #:  |  |  |
| DI COL I LOOD LILL YE   | HICH.                     | LLOOK   | WINDOWS TYPE:            |  | DATE ISSUED:  |   |  |  |
| PERMIT FEES:<br>Description   |                           |   | TOTAL CONSTRU            | ICTION COST: \$15,735.                                     | .00   |   |  |  |
| Remodel / Renovation /<br>Homeowners Recovery   | Fund                      |   |                          |  |   | Total Cost<br>158.00<br>10.00<br>TOTAL FEE: 168.00  |  |  |
| luly authorized agent of  | of owner                  | that all construction   | n shall be as shown o    | n the submitted plans<br>comply with applicab              | and specifications; the le regulations and laws.                              | iction and be certain to comply ct; that he/she is the owner or he/she understands this permit is                       |  |  |
|   |                           |   | JEFFER                   |  | ER, MENIBER   |   |  |  |
| applicant dwner Co  | ntracto                   |   | 竹さルモ<br>(Please prii     | nt and sign name)  |   | Date Approved   |  |  |
| Keunllau  | k                         |   |                          |  |   |   |  |  |
| Building/Code/Zoning  | Officia                   | Bu:MB   |                          | <del>alan arang ang ang ang ang ang ang ang ang ang </del> | **************************************  | Date Issued   |  |  |
| <b>V</b>  |                           |   |                          |  |   | 9-27-2021   |  |  |
|   |                           |   |                          |  |   | 1-a7-x 621  |  |  |

PG 10=26



#### **RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

| AROLINA  |  |  |   |  |  |  |  |
|--|--|--|---|--|--|--|--|
| PIN:<br>Location:<br>District:<br>Subdiv   | 022591000<br>986710351503<br>86 S DOGWOOD TRI<br>RS1 - Single Family R<br>SO/SH 114-117 126,1:<br>LOT: 9 BLK: 201 SEC: | esidential District<br>27 200-202                                    | Owner:<br>Address:<br>Phone #:  | WHALEY, KEVIN<br>86 S DOGWOOD<br>KITTY HAWK, N<br>703-357-7171   | O TRL  |  |  |
| BUSINESS NAME: CONTRACTOR'S NAME: ADDRESS: CITY, STATE, ZIP: OFFICE#:  Swimme and So Lydia Steuber 184 Lover Lane Elizabeth City, N (252) 338-8443 |  | NC 27909   | NC G.C. LICENS<br>NC G.C. LICENS<br>LIMITATION:<br>CLASSIFICATION<br>QUALIFIER: |  | 43338  |  |  |
| CELL#  |  |  | LIEN AGENT NA   | MF   | First American Title Insurance   |  |  |
| FAX#:  | (252) 338-0340   | )  | ENTRY#:   |  | Company  |  |  |
| (202) 000 0040   |  | vimmeandson.com  | LIEN AGENT ADI  | DRESS:   | 1543431<br>223 S. West Street 900 Raleigh<br>NC 27603  |  |  |
| Bulkhead - Pie Detached Garage -   | rs/Docks - 📖 Retainir  | ruction - Addition / Expang Wall - Beach Access Building - Dune Deck | s Walkway/Stairs - 📋 s<br>- 📋 Generator   | Swimming Pools -   | Workshop - Gazebo  |  |  |
| OCCUPANCY:   | 0 (0 - Et) 0 0   | TYPE OF FOUNDATION:  |   |  | PERMIT TYPE: Residential   |  |  |
| IEATED/LIVING AREA<br>ION-HEATED AREAS   |  | HEAT:  |   |  | RESIDENCE TYPE: Residence  |  |  |
| IUMBER OF STORIES  |  | A/C:<br>INTERIOR WALLS:  |   | BUILDING US<br>ZONING DIST   | BUILDING USE: Single Family ZONING DISTRICT: RS1 - Single Family   |  |  |
| BEDROOMS:  |  |  |   | Residential District   |  |  |  |
| EPTIC CAP. # OF PER  | RSONS: 8   | EXTERIOR WALLS: FIREPLACE:   |   | Control of the last of the las | ZONING PERMIT #:<br>DATE APPROVED:   |  |  |
| BATHS: ½ BATHS:  |  | ROOF:  |   | PERMITTED/CONDITIONAL USE: Single Family   |  |  |  |
| ARAGE - DETACHED   | : ATTACHED:  | INSULATION:  |   | Dwelling CAMA PERMIT #: NA   |  |  |  |
| TORAGE ENCLOSUR  | E:   | ELEVATOR (SqFt):   |   | DATE ISSUED: 09/17/2021  |  |  |  |
| OOL: SHED:   |  | DECKS (SqFt):  |   | DATE 1830ED: 09/1/12021  |  |  |  |
| LOOD ZONE: Unshade   |  | WINDOWS MAKE: W  | /EST  | SEPTIC PERM  | IIT #: N/A   |  |  |
| ASE FLOOD ELEVAT   | ON: LES 8ft  |  |   | The second secon | DATE ISSUED: 09/17/2021  |  |  |
| PERMIT FEES:   |  | TOTAL CONSTRU  | ICTION COST: \$39,876.  | 00   |  |  |  |
| Description<br>Non-Heated Areas Fee (S<br>Homeowners Recovery Fr<br>Minimum Permit Fee   | und  |  |   |  | Total Cost 57.00 10.00 43.00   |  |  |
| uly authorized agent of  | owner: that all constru  |  | es that the information   | on this permit is corre<br>and specifications; the<br>le regulations and laws  | TOTAL FEE: 110.00 ruction and be certain to comply set; that he/she is the owner or he/she understands this permit is s. |  |  |
|  |  |  | . 1. 41. 312 )00  |  | 09/20/2021   |  |  |
| pplicant - Owner/Cont  | ractor   | (Please prir   | (Please print and sign name)  |  | Date Approved  |  |  |
| Kevin C  | lack   |  |   |  | 9-20-  |  |  |
| uilding/Code/Zoning C  | Official By'ME   | 3  |   |  | 9-28-2<br>Date Issued  |  |  |
|  |  |  |   |  |  |  |  |



#### **RESIDENTIAL BUILDING/FLOODPLAIN DEVELOPMENT PERMIT**

| Parcel: 022819121 PIN: 986716938061 Location: 15 OCEAN VIEW LOOP   |   | Owner:<br>Address:                |   | CALABRESE, CHARLES A<br>15 OCEAN VIEW LOOP<br>SOUTHERN SHORES, NC 27949              |  |   |  |
|--|---|-----------------------------------|---|--|--|---|--|
| District:<br>Subdiv<br>Lot-Block-Sect:   | listrict: RS1 - Single Family Resident ubdiv OCEAN VIEW SUBDIVISION |                                   | ntial District Phone #:<br>N                    |  | 631-880-0912   |   |  |
| BUSINESS NAME: THE DESIGN LAB CONTRACTOR'S NAME: RICHARD E SESS ADDRESS: 252 SEA OATS TR CITY, STATE, ZIP: SOUTHERN SHOP |   | OMS NC G.C. LIG                   |   | NSED CONTRACTOR: Licensed General Contractor NSE NUMBER: 85985 LIMITED NON: BUILDING |  |   |  |
| OFFICE#:<br>CELL#  |   | (252) 599-2212                    |   | QUALIFIER:   | MAIT.  | RICHARD SESSOMS   |  |
| FAX#:  |   | (202) 000-2212                    |   | LIEN AGENT NA<br>ENTRY#:   | IIVIE:   |   |  |
| EMAIL:   |   | THEDESIGNLAB7                     |   |  | DRESS:   |   |  |
| STRUCTURE - KITCH<br>SPECIAL CONDITIO  | NS - AI   | ATHROOMS, WIND<br>LL WOOD BELOW R | OWS, SIDING AND FL RFPE (8) FT. SHALL I         | OORING, ALSO POOBE TREATED  ansion - Remodel   | DL INSTALLATION  Renovation / Repair -   |   |  |
| Bulkhead - D F   | Piers/Do  | cks - 🔲 Retaining W               | /all - 🔲 Beach Access                           | Walkway/Stairs -   | Swimming Pools -   | Workshop - Gazebo   |  |
| Detached Garage  | ı - 🔘 ,   | Accessory Storage Bu              | ilding - Dune Deck                              | - Generator  |  |   |  |
| OCCUPANCY: 8   |   |                                   | TYPE OF FOUNDAT                                 | ION: Pile  | PERMIT TYPE  | : Residential   |  |
| HEATED/LIVING AR   |   |                                   | HEAT: Heat Pump                                 |  |  | RESIDENCE TYPE: Residence   |  |
| NON-HEATED AREA  | S (SqF  | <b>t):</b> 0                      | A/C: Heat Pump                                  |  | BUILDING US  | BUILDING USE: Single Family   |  |
| NUMBER OF STORIES: 2   |   | INTERIOR WALLS: G.W.B.            |   |  | ZONING DISTRICT: RS1 - Single Family<br>Residential District   |   |  |
| BEDROOMS: 4  |   |                                   | EXTERIOR WALLS: Vinyl Siding                    |  | ZONING PERI  | ZONING PERMIT #: ZP21-000095  |  |
| SEPTIC CAP. # OF P   | ERSO  | VS:                               | FIREPLACE: Gas                                  |  | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN | DATE APPROVED: 09/23/2021   |  |
| BATHS: ½ BATHS:  |   |                                   | ROOF: Asphalt                                   |  | PERMITTED/C<br>Dwelling  |   |  |
| GARAGE - DETACHI   |   | TACHED:                           | INSULATION: Batt                                |  | CAMA PERMI   | CAMA PERMIT #:  |  |
| STORAGE ENCLOS   | URE:  |                                   | ELEVATOR (SqFt):                                |  | DATE ISSUED  | DATE ISSUED:  |  |
| POOL: 1,565 SHED:  |   |                                   | DECKS (SqFt):                                   |  |  |   |  |
| FLOOD ZONE: Unsh   |   |                                   | WINDOWS MAKE: STURGIS                           |  |  | SEPTIC PERMIT #:  |  |
| BASE FLOOD ELEVATION: LES 8ft  |   |                                   | WINDOWS TYPE: WINDGATE                          |  | DATE ISSUED  |   |  |
|  |   |                                   | TOTAL CONSTRU                                   | CTION COST: \$329,95   | 5.04   |   |  |
| PERMIT FEES:<br>Description<br>Remodel / Renovation<br>Swimming Pools<br>Homeowners Recovery                             | ·   | · Fee                             |   |  |  | Total Cost<br>3,300.00<br>125.00<br>10.00<br>TOTAL FEE: 3,435.00  |  |
| with all Grainances of<br>duly authorized agent  | ne lov<br>of/own  | er; that all constructi           | es. The applicant certifion shall be as shown o | ies that the information the submitted plans   | n on this permit is corn   | ruction and be certain to comply<br>ect; that he/she is the owner or<br>e he/she understands this permit is<br>s. |  |
| Applicant - Owner/Co   | ontract   | or                                | /Plassa pri                                     | nt and sign name)  | ······································   | 09/23/2021  |  |
| VALLA  | ) , ,   | ر.<br>دا                          | (Flease pri                                     | nt and sign name)  |  | Date Approved   |  |
| reviri (   | W   | K                                 |   |  |  | 7-28-c  |  |
| Building/Code/Zonin  | g Offic   | ial By! MG                        |   |  |  | Date Issued   |  |

5375 N Virginia Dare Trail, Southern Shores, NC 27949 (252) 261-2394 - Office (252) 255-0876 - Fax www.southernshores-nc.gov



### **Residential Trade Contractor Permit**

Date September 28, 2021

| PIN #: 022807000 TTEE Mailing Address: 2 SEA BASS CIR SOUTHERN SHORES, NC 27949   |
|---|
| ical Gas  |
| Address: Edwin Miller  Address: 162 Yaupon Trail  Kitty Hawk, NC 27949  |
| ING SYSTEM WITH 3 TON 14 SEER AMERICAN STANDARD<br>OR SYSTEM  |
| Permit Amount: 100.00  Payment:  Date Type Reference Receipt ReceivedFrom Amount  |
| lication is correct and all work will comply with the State Building Code and all ons. The Inspection Department will be notified of any changes in the act permitted herein. |
|   |