DATE	PERMIT	LAST NAME	LOCATION	KIND	INFO	EST COST	PERMIT FEE	R/C	CONTRACTOR	CONTACT #	HRF
5/6/2014	8711	KNIGHT	114 OCEAN BLVD	OTHER	HVAC	$3,650.00	$100.00	R	ATLANTIC HEATING & A/C	441-7642	$0
5/8/2014	8712	NOLAN	5 RED BAY LN	OTHER	DOCK	$4,500.00	$100.00	R	NE MARINE	261-3682	$0
5/27/2014	8713	WALKER	3 TENTH AVE	OTHER	HOTTUB	$14,500.00	$110.00	R	SYKES CONSTRUCTION	261-2809	$0
5/8/2014	8714	RAY	270 WAX MYRTLE TRL	OTHER	HVAC	$5,000.00	$100.00	R	SURFSIDE HEATING & A/C	261-4949	$0
5/15/2014	8715	PALMER	66 FAIRWAY DR	OTHER	DECK ADDITION	$5,000.00	$200.00	R	HOMEOWNER	757-270-2464	$0
5/29/2014	8716	GREEN	136 E HOLLY TRL	OTHER	HVAC	$6,500.00	$100.00	R	MASTER HEATING & COOLING	255-0095	$0
5/13/2014	8717	SINN	315 WAX MYRTLE TRL	OTHER	HVAC	$7,674.00	$100.00	R	OB HEATING & COOLING	441-1740	$0
5/15/2014	8718	PRICE	213 WOODLAND DR	OTHER	HVAC	$5,100.00	$100.00	R	NORTH BEACH SERVICES	491-2878	$0
5/13/2014	8719	TURNER/CHARTER COMM.	156 OCEAN BLVD	OTHER	REPLACE METER BASE @POWER POLE	$400.00	$100.00	R	BEACON ELECTRICAL CONT.	489-5680	$0
5/15/2014	8721	FINK	116 TEA PLANT CT	OTHER	HVAC	$4,000.00	$100.00	R	NORTH BEACH SERVICES	491-2878	$0
5/16/2014	8722	VLAHOS	48 HONEYSUCKLE LN	OTHER	POOL, ADDING TO DRIVEWAY	$40,000.00	$125.00	R	PUGH BROTHERS CONST	207-1468	$0
5/19/2014	8723	WALKER	3 TENTH AVE	OTHER	DECK REPAIR, GENERATOR PAD	$5,500.00	$110.00	R	SYKES CONSTRUCTION	261-2809	$10
5/29/2014	8724	POWER	255 N DOGWOOD TRL	OTHER	HVAC	$6,415.00	$100.00	R	NORTH BEACH SERVICES	491-2878	$0
5/19/2014	8725	RACKL	42 SPINDRIFT TRL	OTHER	HVAC	$5,588.00	$100.00	R	R A HOY	261-2008	$0
5/19/2014	8726	MCGUIRE	1 TWELFTH AVE	OTHER	HVAC	$4,270.00	$100.00	R	R A HOY	261-2008	$0
5/20/2014	8728	KEENAN	52 GINGUITE TRL	OTHER	HVAC	$6,100.00	$100.00	R	GEORGE & CO	335-2596	$0
5/21/2014	8729	MOORE	15 THIRD AVE	OTHER	HVAC	$6,127.00	$100.00	R	R A HOY	261-2008	$0
5/21/2014	8730	WARREN	10 SKYLINE RD	OTHER	HVAC	$5,349.00	$100.00	R	R A HOY	261-2008	$0
5/21/2014	8731	11 OCEAN VIEW LOOP LLC	11 OCEAN VIEW LOOP	OTHER	HVAC	$4,983.00	$100.00	R	R A HOY	261-2008	$0
5/21/2014	8732	SWOPE	88 DOGWOOD TRL	OTHER	HVAC	$19,225.00	$100.00	R	R A HOY	261-2008	$0
5/21/2014	8733	BURGESS	106 LANDING TRL	OTHER	HVAC	$5,700.00	$100.00	R	R A HOY	261-2008	$0
5/22/2014	8734	ASH	134 HIGH DUNE LOOP	OTHER	HVAC	$6,476.00	$100.00	R	ANDERSON HEATING AND AC	619-3105	$0
5/22/2014	8735	DAVCO ELEC/BCH HSE DREAMS	5385 N VA DARE TRL	OTHER	SIGN	$4,100.00	$100.00	C	AD LIGHT SIGNS	449-2800	$0
5/23/2014	8736	JOHNSON	13 PELICAN WATCH	OTHER	HVAC	$5,198.00	$100.00	R	OB HEATING & COOLING	441-1740	$0
5/27/2014	8737	SNEARER	36 FOX GRAPE LN	OTHER	HVAC	$5,267.00	$100.00	R	R A HOY	261-2008	$0
5/27/2014	8738	WILSON	112 DUCK WOODS DR	OTHER	HVAC	$6,900.00	$100.00	R	R A HOY	261-2008	$0
5/27/2014	8739	MYATT	77 DUCK WOOD DR	OTHER	ADDING TO DECK	$5,000.00	$100.00	R	HOMEOWNER	305-3178	$0
5/29/2014	8742	STEWART	35 CYPRESS LN	OTHER	DOCK W/FLOAT PLATFORM	$5,000.00	$100.00	R	NE MARINE	261-3682	$0
5/30/2014	8744	ANDERSON	386 SEA OATS TRL	OTHER	HVAC	$29,078.00	$100.00	R	ALL IN MECHANICAL	491-5334	$0
5/5/2014	8777	STEWART	14 FOURTH AVE	OTHER	DECK REPAIR	$4,800.00	$100.00	R	STEVENS CONSTRUCTION	339-3949	$0
*	8727	VOIDED			TOTALS= 30 PERMITS	$237,400.00	$3,145.00				$10
*	8743	VOIDED			29 RESIDENTIAL	$233,300.00	$3,045.00				
*	8777	OUT OF ORDER			1 COMMERCIAL	$4,100.00	$100.00				
					30=	$237,400.00	$3,145.00				

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8777

Date: 5/5/14

AE9 FLOOD ZONE

☐ NEW ☐ ADDITON ☐ REMODEL ☐ FLOODPLAIN ☒ OTHER

Parcel: 021115000
PIN: 986810359695
Location: 14 FOURTH AVE
District: [20] SOUTHERN SHORES
Subdiv: [S265] SEA CREST VILLAGE
Lot-Block-Sect: LOT: 18 BLK: 49 SEC:

Owner: STEWART, JESSE JEROME JR TRUSTEE
Owner: STEWART, SUE JUDKINS TRUSTEE
Address: 1600 RIVER FARM DR

ALEXANDRIA VA 22308

TELEPHONE:		MOBILE :		FAX:	

CONTRACTOR: STEVENS CONSTRUCTION, ADDITIONS AND REPAIRS
ADDRESS: 2212 W. CHURCH ST. EXT Elizabeth City 27909
TELEPHONE: 338-2741 MOBILE: FAX:
NC LICENSE/CLASS: 57304 L:B

LIEN AGENT INFORMATION:

19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [X] INITIAL

SEPTIC PERMIT #		DATE		WATER TAP#		WATER TAP #		DATE	
CAMA PERMIT #		SETBACK		ELEVATIONS:LOT		LOWEST FLOOR			
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25				
LAND AREA		LAND USE		SFR					

BUILDING TYPE=		OCCUPANCY TYPE=		FOUNDATION=		#BEDROOMS=	
#BATHROOMS=		=FULL	=HALF	IN WALL FINISH=		OUT WALL FINISH=	
ROOF TYPE=		INSULATION TYPE=					
HEATING TYPE=		AC TYPE=					

ESTIMATED PROJECT COST = $	4,800		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	
		OTHER	100
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	
		TOTAL FEE	100

DESCRIPTION OF WORK TO BE PERFORMED:

REPLACEMENT OF 2 DECK PILES

TERMS OR SPECIAL CONDITIONS: Please see attached Terms and Conditions sheet.

****All work shall conform to all applicable North Carolina State Building Codes and ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion. Work must be completed within 18 months.**

Applicant/Owner/Contractor (Please print and sign name) Date

Building/Code/Zoning Official Date Approved

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/30/14

PROJECT ADDRESS Ocean Plaza Shopping Center RHNC Unit 4

Owner Randy Saunders

Mailing Address PO Box 1922 KDH NC 27948

City, State, Zip KDH NC 27948

Subdivision

Lot Block Section

PIN

Flood Zone:

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8743

Fee

EXISTING Permit Number, NO FEE ☐

2

3523

ELECTRICAL = Licensee Name — NC License/Classification

Company Name

Address — Phone

City State & zip — Estimated Project Cost

Description of Work:

PLUMBING = Licensee Name — NC License/Classification

Company Name

Address — Phone

City State & zip — Estimated Project Cost

Description of Work:

GAS = Licensee Name — NC License/Classification

Company Name

Address — Phone

City State & zip — Estimated Project Cost

Description of Work:

MECHANICAL = Licensee Name Robert E Harwood Jr — NC License/Classification H.3. I

Company Name Harco Air

Address 124 N Harbinger Ridge Rd — Phone 252-207-1371

City State & zip Harbinger NC 27941 — Estimated Project Cost 3,495.00

Description of Work: Replacement of 5 Ton Outdoor unit only

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.

Robert E Harwood Jr 5/30/14

Date — Signature of Permit Official — Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl, Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov
FAX to 255-0876

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

All work shall conform to all applicable North Carolina State Building Codes and Ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion.

Date 5/19/14 Permit # 8727

Fee $100 E ✓ P ___ M ___ G ___

Owner William Edwards
Mailing Address 17391 Pope Swamp Trail
City State, Zip Windsor VA 23487
Telephone Number ___

Street Address 220 Loan Blvd
Lot 13 Block 2 Section 1
Subdivision Solish Amended Portion Sec 1
PIN 987713036095

ELECTRICAL PERMIT

Licensee Name Steven Gordin
NC License 14104-L
Company Name Lighthouse Electric
Address PO Box 1433
Phone 2674767
City State & zip Kill Devil Hills
Estimated Project Cost 100.00
Description of Work: Wire In Replacement Heat Pump

[signature] 5-15-14
SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

PLUMBING PERMIT

Licensee Name ___
NC License ___
Company Name ___
Address ___
Phone ___
City State & zip ___
Estimated Project Cost ___
Description of Work: ___

SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

GAS PERMIT

Licensee Name ___
NC License ___
Company Name ___
Address ___
Phone ___
City State & zip ___
Estimated Project Cost ___
Description of Work: ___

SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

MECHANICAL PERMIT

Licensee Name ___
NC License ___
Company Name ___
Address ___
Phone ___
City State & zip ___
Estimated Project Cost ___
Description of Work: ___

SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Date 5/30/14

PROJECT ADDRESS 386 Sea Oats Trail

Owner Russ & Sue Anderson

Mailing Address 386 Sea Oats Trail

City, State, Zip Southern Shores NC 27949

Subdivision SDSH BLK 60

Lot 82 Block 60 Section

PIN 9868 05194230

Flood Zone: X

Permit Number 8744

Fee $100

EXISTING Permit Number, NO FEE ☐

ELECTRICAL = Licensee Name Wallace Francis NC License/Classification

Company Name All-In-One Mechanical

Address 7360 Caratoke Hwy Phone 252-491-5334

City State & zip Jarvisburg NC 27947 Estimated Project Cost

Description of Work: Reconnect electrical

PLUMBING = Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS = Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL = Licensee Name Donald (Ray) Etheridge NC License/Classification 27675 / H3

Company Name All-In-One Mechanical

Address 7360 Caratoke Hwy Phone 252-491-5334

City State & zip Jarvisburg NC 27947 Estimated Project Cost 29,078

Description of Work: Remove 2-10 SEER Heat pump Systems & Install 2-2 Ton American Standard Geothermal heat pump Systems

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 5/30/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8742

Date: 5/29/14

AE7 FLOOD ZONE

☐NEW ☐ADDITON ☐REMODEL ☐FLOODPLAIN [X] DOCK

Parcel: 022725000
PIN: 986719618708
Location: 35 CYPRESS LN
District: [20] SOUTHERN SHORES
Subdiv: [S668] SO/SH SOUNDSIDE BLKS 170-175
Lot-Block-Sect: LOT: 1 BLK: 173 SEC:

Owner: STEWART, TERRY W
Owner: STEWART, ROBIN L
Address: 35 CYPRESS LN

KITTY HAWK NC 27949

TELEPHONE:	207-2078	MOBILE :		FAX:	

CONTRACTOR: Northeastern Marine, Inc
ADDRESS: PO Box 42 Kitty Hawk 27949
TELEPHONE: 261-3682 MOBILE: 202-3600 FAX: 261-2275
NC LICENSE/CLASS: 30026 L:S

LIEN AGENT INFORMATION:

19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [X] INITIAL

SEPTIC PERMIT #		DATE		WATER TAP#		DATE	
CAMA PERMIT #	A63625	SETBACK		ELEVATIONS:LOT		LOWEST FLOOR	
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25		
LAND AREA		LAND USE		SFR			

BUILDING TYPE=		OCCUPANCY TYPE=		FOUNDATION=		#BEDROOMS=	
#BATHROOMS=		=FULL	=HALF	IN WALL FINISH=		OUT WALL FINISH=	
ROOF TYPE=		INSULATION TYPE=					
HEATING TYPE=		AC TYPE=					

ESTIMATED PROJECT COST = $	5,000		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	
		OTHER=	100.00
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	
		TOTAL FEE $	100.00

DESCRIPTION OF WORK TO BE PERFORMED:

DOCK W/FLOAT PLATFORM

TERMS OR SPECIAL CONDITIONS: Please see attached Terms and Conditions sheet.

****All work shall conform to all applicable North Carolina State Building Codes and ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion. Work must be completed within 18 months.**

Applicant/Owner/Contractor (Please print and sign name) Date

Building/Code/Zoning Official Date Approved

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8739

Date: 5/27/14

AE7 FLOOD ZONE

☐NEW ☐ADDITON ☐REMODEL ☐FLOODPLAIN ☒ADDING TO DECK

Parcel: 022352026
PIN: 986715534747
Location: 77 DUCK WOODS DR
District: [20] SOUTHERN SHORES
Subdiv: [S566] SO/SH BLK 227
Lot-Block-Sect: LOT: 26 BLK: 227 SEC:

Owner: MYATT, MATTHEW D
Owner: MYATT, JENNIFER
Address: 77 DUCK WOODS DR
KITTY HAWK NC 27949

TELEPHONE:	305-3178	MOBILE :		FAX:	

CONTRACTOR: HOMEOWNER
ADDRESS: «ADDRESS» «CITY» «ZIP»
TELEPHONE: «PHONE» MOBILE: «MOBILE» FAX: «FAX»
NC LICENSE/CLASS: «Lic»

LIEN AGENT INFORMATION:

19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED XX DF INITIAL

SEPTIC PERMIT #		DATE		WATER TAP#		DATE	
CAMA PERMIT #		SETBACK		ELEVATIONS:LOT		LOWEST FLOOR	
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25		
LAND AREA		LAND USE		SFR			

BUILDING TYPE=		OCCUPANCY TYPE=		FOUNDATION=		#BEDROOMS=	
#BATHROOMS=		=FULL	=HALF	IN WALL FINISH=		OUT WALL FINISH=	
ROOF TYPE=		INSULATION TYPE=					
HEATING TYPE=		AC TYPE=					

ESTIMATED PROJECT COST = $	5,000		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	
		OTHER=	100.00
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	
		TOTAL FEE $	100.00

DESCRIPTION OF WORK TO BE PERFORMED:

ADDING TO DECK AND ADDING NEW STAIRS

TERMS OR SPECIAL CONDITIONS: Please see attached Terms and Conditions sheet.

****All work shall conform to all applicable North Carolina State Building Codes and ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion. Work must be completed within 18 months.**

Donald Fantone III D.T. Cant III 5/27/14

Applicant/Owner/Contractor (Please print and sign name) Date

Bill M 5-27-14

Building/Code/Zoning Official Date Approved

By: WH

CPO

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8738

Fee 100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/27/14

Owner ROBERT WILSON

Mailing Address 112 DUCKWOODS RD

City State,Zip SO. SHORES, NC 27949

Street Address RESD

Subdivision

Lot Block Section

PIN 9867 11551523

Flood Zone:

ELECTRICAL Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost $ 6900.00

Description of Work:

C/O 2 TON TRANE SYS

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 5/27/14 Date

Signature of Permit Official Date

C/C

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8737

$ Fee 100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/27/14

Owner ELIZABETH SWEARER

Mailing Address 36 FOX GRAPE LN

City State,Zip SO SHORES, NC 27949

Street Address RESD

Subdivision

Lot _____ Block _____ Section _____

PIN 986818407421

Flood Zone: _____

ELECTRICAL Licensee Name FREDERICK MARKLIN

NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179

Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949

Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name

NC License/Classification

Company Name

Address

Phone

City State & zip

Estimated Project Cost

Description of Work:

GAS Licensee Name

NC License/Classification

Company Name

Address

Phone

City State & zip

Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name DOUGLAS WAKELEY

NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179

Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949

Estimated Project Cost $5267.00

Description of Work:

C/O 3.5 TON LENNOX SYS

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 5/27/14 Date

Signature of Permit Official Date

OWN OF SOUTHERN SHORES
375 N Virginia Dare Trl, Southern
hores, NC 27949
52) 261-2394 tel
52) 255-0876 fax
ww.southernshores-nc.gov
AX to 255-0876

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

All work shall conform to all applicable North Carolina State Building Codes and Ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion.

Date 5/23/14 Permit # 8736

Fee $100 E ___ P ___ M X G ___

Owner Ernest L III Johnson
Mailing Address 132 W. Square Ct.
City State, Zip Richmond VA 23233
Telephone Number

Street Address 13 Pelican Watch Way UNIT B
Lot 12 Block ___ Section ___
Subdivision Pelican Watch
PIN 98771702836302 - 022802024 parcel

ELECTRICAL PERMIT

Licensee Name Jeff Fischer
NC License 15973-004
Company Name Fischer Building Co.
Address 105 Rhodams Dr
Phone 480-1440
City State & zip KDH NC 27948
Estimated Project Cost 200.00
Description of Work: Wire air handler & heat pump

[signature] 5-19-14
SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

PLUMBING PERMIT

Licensee Name
NC License
Company Name
Address
Phone
City State & zip
Estimated Project Cost
Description of Work:

SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

GAS PERMIT

Licensee Name
NC License
Company Name
Address
Phone
City State & zip
Estimated Project Cost
Description of Work:

SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

MECHANICAL PERMIT

Licensee Name Brian McDonald
NC License 12643 H2-3 Class 1
Company Name Outer Banks Heating & Cooling
Address Box 1415
Phone 441-1740
City State & zip Nags Head N.C 27959
Estimated Project Cost 5198.00
Description of Work: Replace air handler & heat pump with 13.00 seer 1½ ton Carrier air handler & heat pump

[signature] 5-19-14
SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl, Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

PERMIT# 8735
FEE $ 100

SIGN APPLICATION

DATE 5/22/14

PROPERTY OWNER DAVCO Electric PHONE _____ FAX _____

MAILING ADDRESS _____

TENANT NAME (IF DIFFERENT) Beach House Dreams #4

PROJECT ADDRESS 5385 N Virginia Dare Tr FLOOD ZONE FO/FH
SUBDIVISION _____ LOT 24 A BLOCK A SECTION 1
Pin# 986720917495 PARCEL# 022881000

CONTRACTOR NAME Ad Light Signs

PHONE 449-2800 FAX 715-0012

MAILING ADDRESS 600 W Bowery St
KDH 27948

DESCRIPTION OF PROPOSED SIGN **(ATTACH DRAWINGS WITH MEASUREMENTS)**

Approx 25 sf 1 sided face illuminated silver edge, blue returns mounted to brick. reserving internal LED lighting

SIGN FEATURES:

- [✓] ILLUMINATED
- [ ] NON-ILLUMINATED
- [✓] TENANT SIGN
- [ ] FREESTANDING SIGN
- [ ] WALL SIGN
- [ ] TEMPORARY SIGN

I hereby certify that all information in this application is correct and all work will comply with the NC State Building Code and all other applicable State and Local Laws, Ordinances and Regulations. The Code Enforcement Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

OWNER/AGENT SIGNATURE Tommy R Frost DATE 5/22/14

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8734

Fee 100

EXISTING Permit Number, NO FEE ☐

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/22/14

PROJECT ADDRESS 134 High Dune Loop

Owner Charles Ash

Mailing Address 134 High Dune Loop

City, State, Zip S. Shores, NC 27949

Subdivision Chicahauk

Lot 285 Block _____ Section _____

PIN 986715734874

Flood Zone: _____

ELECTRICAL = Licensee Name Anderson Heating & Cooling NC License/Classification 30003-SP-PH

Company Name Anderson Heating & Cooling

Address P.O Box 396 Phone 252 619 3105

City State & zip Kitty Hawk, NC 27949 Estimated Project Cost $6,476.00

Description of Work: Replacement of Heat Pump system & Relocation of Heat Pump

PLUMBING = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name Anderson Heating & Cooling NC License/Classification 31438 H.S.C.1

Company Name Anderson Heating & Cooling

Address P.O Box 396 Phone 252 619 3105

City State & zip Kitty Hawk, NC 27949 Estimated Project Cost $6,476.-

Description of Work: Replacement of heat pump system & relocation of heat pump

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 5/22/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8733

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/20/14

Owner JANE BURGESS

Mailing Address 106 LANDING TRL

City State,Zip So SHORES, NC 27949

Street Address RESD

Subdivision

Lot Block Section

PIN 986606495712

Flood Zone:

ELECTRICAL Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost $ 5700.--

Description of Work:

C/O 2.5 TON LENNOX SYS

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 5/20/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8732

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/20/14

Owner LINDA SWOPE

Mailing Address 88 DOGWOOD TRL

City State,Zip SO SHORES, NC 27949

Street Address RESD

Subdivision

Lot Block Section

PIN 986710350655

Flood Zone:

ELECTRICAL Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost $15,225.-

Description of Work:

C/O 4 TON TRANE SYS & DUCTWORK

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 5/20/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8731

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/20/14

Owner 11 OCEAN VIEW LOOP LLC

Mailing Address 1540 LONDON RD

City State,Zip CHARLOTTSVILLE, VA 22901

Street Address 11 OCEAN VIEW LP

Subdivision

Lot Block Section

PIN 986716929810

Flood Zone:

ELECTRICAL Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost $4983.-

Description of Work:

C/O 2 TON TRANE SYS

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 5/20/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8730

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/20/14

Owner JAMES WARREN

Mailing Address 10 SKYLINE RD

City State,Zip SO SHORES, NC 27949

Street Address RESD

Subdivision

Lot Block Section

PIN 987717012898

Flood Zone:

ELECTRICAL Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC.

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC.

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost $ 5349.-

Description of Work:

C/O 2 TON TRANE SYS

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 5/20/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8729

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/20/14

Owner MICHAEL MOORE

Mailing Address 725 CEDAR CREST LN

City State,Zip CINCINNATI, OH 45230

Street Address 15 THIRD AVE

Subdivision

Lot Block Section

PIN 986810451024

Flood Zone:

ELECTRICAL Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost $ 6127.-

Description of Work:

C/O 3 TON TRANE SYS

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] 5/20/14

Signature of Licensee Date Signature of Permit Official Date

[signature]

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8728

Fee 100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/20/14

Owner John Keenan

Mailing Address 52 Ginguite Trl

City State,Zip Southern Shores NC 27949

Street Address 52 Ginguite Trl

Subdivision SO/SH BLK 128

Lot 11 Block 128 Section

PIN 986714332259

Flood Zone: AE/X

ELECTRICAL Licensee Name _____ NC License/Classification 06857-H3-1

Company Name George and Co

Address _____ Phone _____

City State & zip _____ Estimated Project Cost 6100

Description of Work: _____

PLUMBING Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL Licensee Name (HVAC) George Harrell NC License/Classification 06587-H3-1

Company Name GEORE & CO

Address 105 BEAU PKWY Phone 335-2596

City State & zip ELIZABETH CITY NC Estimated Project Cost $6100

Description of Work: CHANGEOUT UNIT

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.

William Lilly 5/20/14

Signature of Licensee Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8726

Fee 100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/19/14

Owner JOHN McGUIRE

Mailing Address P.O. BOX 6637

City State,Zip CHARLOTTESVILLE, VA 22906

Street Address 1 TWELFTH AVE

Subdivision

Lot Block Section

PIN 986806392039

Flood Zone:

ELECTRICAL Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost $ 4270.-

Description of Work:

C/O 5 TON TRANE H/P

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 5/19/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8725

Fee 100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/19/14

Owner DONALD RACKL

Mailing Address P.O. BOX 29961

City State,Zip RICHMOND, VA 23242

Street Address 42 SPINDRIFT TRL

Subdivision

Lot Block Section

PIN 986716932304

Flood Zone:

ELECTRICAL Licensee Name FREDERICK MARKLIN NC License/Classification 22222-L / LTD

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name DOUGLAS WAKELEY NC License/Classification 13056 / H 2 & 3 P-1

Company Name R A HOY HEATING & A/C, INC

Address P O BOX #179 Phone (252) 261-2008

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost $5588.-

Description of Work:

C/O 3 TON TRANE SYS

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 5/19/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl, Southern Shores, NC 27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov
FAX to 255-0876

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

All work shall conform to all applicable North Carolina State Building Codes and Ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion.

Date 5/19/14 Permit # 8724

Fee $100 E X P ___ M X G ___

Owner Power, Lucy P
Mailing Address 255 N Dogwood Trail
City State, Zip Kitty Hawk, NC 27949
Telephone Number ___

Street Address 255 North Dogwood Trail
Lot 23 & 24 Block G Section A
Subdivision S/SH Amended Section A
PIN 986813132072

ELECTRICAL PERMIT

Licensee Name Jimmy Weaver
NC License 24744
Company Name North Beach Services
Address PO Box 181
Phone 252-491-2878
City State & zip Kitty Hawk, NC 27949
Estimated Project Cost 100-
Description of Work: All necessary electrical hook ups for the installation of a new York 3 ton 15.25 SEER AC condenser with matching gas furnace and coil.

Jimmy Weaver 5/19/14
SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

PLUMBING PERMIT

Licensee Name ___
NC License ___
Company Name ___
Address ___
Phone ___
City State & zip ___
Estimated Project Cost ___
Description of Work: ___

SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

GAS PERMIT

Licensee Name ___
NC License ___
Company Name ___
Address ___
Phone ___
City State & zip ___
Estimated Project Cost ___
Description of Work: ___

SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

MECHANICAL PERMIT

Licensee Name Jimmy Weaver
NC License 22053
Company Name North Beach Services
Address PO Box 181
Phone 252-491-2878
City State & zip Kitty Hawk, NC 27949
Estimated Project Cost 6,415.00
Description of Work: Replacement of existing HVAC system with a new York 3 ton 15.25 SEER AC condenser with matching gas furnace and coil.

Jimmy Weaver 5/19/14
SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8723

Date: 5/16/14

VE12 FLOOD ZONE

☐ NEW ☐ ADDITON ☐ REMODEL ☐ FLOODPLAIN ☒ GENERATOR PAD/DECK REPAIR

Parcel: 021214000
PIN: 986806385282
Location: 3 TENTH AVE
District: [20] SOUTHERN SHORES
Subdiv: [S265] SEA CREST VILLAGE
Lot-Block-Sect: LOT: 3 BLK: 55 SEC:

Owner: WALKER, NANCY F TTEE
Owner:
Address: 3 10TH AVE

KITTY HAWK NC 27949

TELEPHONE:	261-2353	MOBILE :		FAX:	

CONTRACTOR: SYKES CONSTRUCTION
ADDRESS: PO Box 482 Kitty Hawk 27949-0482
TELEPHONE: 261-2809 MOBILE: 207-1254 FAX: 261-1613
NC LICENSE/CLASS: 37435 U:B

LIEN AGENT INFORMATION:
19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [X] INITIAL

SEPTIC PERMIT #		DATE		WATER TAP#		WATER TAP #		DATE	
CAMA PERMIT #		SETBACK		ELEVATIONS:LOT		LOWEST FLOOR			
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25				
LAND AREA		LAND USE		SFR					

BUILDING TYPE=		OCCUPANCY TYPE=		FOUNDATION=		#BEDROOMS=	
#BATHROOMS=		=FULL	=HALF	IN WALL FINISH=		OUT WALL FINISH=	
ROOF TYPE=		INSULATION TYPE=					
HEATING TYPE=		AC TYPE=					

ESTIMATED PROJECT COST = $	5,500		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)		x $10/$1000 =MIN	100
		POOL/HOTTUB	
		OTHER	
		HOMEOWNER RECOVERY FEE	10
		PLAN REVIEW FEE	
		TOTAL FEE	110

DESCRIPTION OF WORK TO BE PERFORMED:

CONSTRUCT STAND FOR GENERATOR, REWORK SECTION O FDECK RAILING TO CHANGE FROM PICKETS TO WIRE CABLE

TERMS OR SPECIAL CONDITIONS: Please see attached Terms and Conditions sheet.

****All work shall conform to all applicable North Carolina State Building Codes and ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion. Work must be completed within 18 months.**

Applicant/Owner/Contractor (Please print and sign name) Date

Bugh W 5-16-14

Building/Code/Zoning Official Date Approved

By: WA

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8722

Date: 5/15/14

[X] FLOOD ZONE

[ ] NEW [ ] ADDITON [ ] REMODEL [ ] FLOODPLAIN [X] POOL , ADD TO DRIVEWAY

Parcel: 022234000
PIN: 986706494763
Location: 48 HONEYSUCKLE LN
District: [20] SOUTHERN SHORES
Subdiv: [S656] SO/SH SOUNDSIDE BLK 160
Lot-Block-Sect: LOT: 25 BLK: 160 SEC:

Owner: VLAHOS, LAMBROSE D
Owner: VLAHOS, LINDA W
Address: P O BOX 1944

KITTY HAWK NC 27949

TELEPHONE:	261-4678	MOBILE :		FAX:	

CONTRACTOR: PUGH BROTHERS CONSTRUCTION
ADDRESS: 172 Swan View Dr Kill Devil Hills 27948
TELEPHONE: 207-1468 MOBILE: 207-4978 Victor FAX: 441-7508
NC LICENSE/CLASS: 60261

LIEN AGENT INFORMATION:
STEWART TITLE GUARANTY CO.
19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [ ] INITIAL

SEPTIC PERMIT #	22998	DATE	5/1/14	WATER TAP#		DATE	
CAMA PERMIT #		SETBACK		ELEVATIONS:LOT		LOWEST FLOOR	
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25		
LAND AREA		LAND USE		SFR			

BUILDING TYPE=		OCCUPANCY TYPE=		FOUNDATION=		#BEDROOMS=	
#BATHROOMS=		=FULL	=HALF	IN WALL FINISH=		OUT WALL FINISH=	
ROOF TYPE=		INSULATION TYPE=					
HEATING TYPE=		AC TYPE=					

ESTIMATED PROJECT COST = $	40,000		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	125.00
		OTHER=	
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	
		TOTAL FEE $	125.00

DESCRIPTION OF WORK TO BE PERFORMED:

ADD ON TO DRIVEWAY AND INSTALL POOL

TERMS OR SPECIAL CONDITIONS: Please see attached Terms and Conditions sheet.

****All work shall conform to all applicable North Carolina State Building Codes and ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion. Work must be completed within 18 months.**

Applicant/Owner/Contractor (Please print and sign name) Date

Buddy Shelton 5-15-14

Building/Code/Zoning Official Date Approved

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl, Southern Shores, NC 27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov
FAX to 255-0876

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

All work shall conform to all applicable North Carolina State Building Codes and Ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion.

Date 5/15/14 Permit # ~~8712~~ 8721

Fee 100 E X P ___ M X G ___

Owner Fink, James Daniel
Mailing Address 1903 Ramsted Lane
City State, Zip Reston, VA 20191
Telephone Number

Street Address 116 Tea Plant Ct.
Lot 189 Block ___ Section ___
Subdivision Chicahauk
PIN 986711751422

ELECTRICAL PERMIT

Licensee Name Jimmy Weaver NC License 24744
Company Name North Beach Services
Address PO Box 181 Phone
City State & zip Kitty Hawk, NC 27949 Estimated Project Cost $100.00
Description of Work: All necessary electrical hookups for the installation of a new 3 ton 14 SEER Goodman heat pump.

Jimmy Weaver 5/15/14
SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

PLUMBING PERMIT

Licensee Name NC License
Company Name
Address Phone
City State & zip Estimated Project Cost
Description of Work:

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

GAS PERMIT

Licensee Name NC License
Company Name
Address Phone
City State & zip Estimated Project Cost
Description of Work:

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

MECHANICAL PERMIT

Licensee Name Jimmy Weaver NC License 22053
Company Name North Beach Services
Address PO Box 181 Phone 252-491-2878
City State & zip Kitty Hawk, NC 27949 Estimated Project Cost 4,000.00
Description of Work: Replacement of existing heatpump with a new 3 ton 14 SEER Goodman Heat Pump. To match existing air handler.

Jimmy Weaver 5/15/14
SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8719

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/13/14

Owner JASON TURNER / CHARTER COMM.

Mailing Address 129 SCUPPERNONG RD.

City State,Zip MANTEO NC 27954

Street Address 158 OCEAN BLVD.

Subdivision

Lot Block Section

PIN

Flood Zone:

ELECTRICAL Licensee Name JASON TURNER NC License/Classification 28692 - I

Company Name BEACON ELECTRICAL CONT. INC.

Address 129 SCUPPERNONG RD. Phone 252 489 5680

City State & zip MANTEO NC 27954 Estimated Project Cost $400.00

Description of Work: REPLACE METER BASE, RISER, DISC. MOUNTED ON POWER POLE.

PLUMBING Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

GAS Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

MECHANICAL Licensee Name NC License/Classification

Company Name

Address Phone

City State & zip Estimated Project Cost

Description of Work:

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.

Jason Turner 5/13/14 Buddy Newton (CM) 5/13/14

Signature of Licensee Date Signature of Permit Official Date

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl, Southern Shores, NC 27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov
FAX to 255-0876

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

All work shall conform to all applicable North Carolina State Building Codes and Ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion.

Date 5-13-14 Permit # 8718

Fee $100 E X P ___ M X G ___

Owner Price, Clarence M
Mailing Address 213 Woodland Drive
City State, Zip Southern Shores, NC 27949
Telephone Number 252-261-4669

Street Address 213 Woodland Drive
Lot 45 Block 95 Section ___
Subdivision SOISH Soundside BlK 95
PIN 986818319120

ELECTRICAL PERMIT

Licensee Name Jimmy Weaver NC License 24744, 4/28/15
Company Name North Beach Services, Inc.
Address P.O. Box 181 Phone (252) 491-2878
City State & zip Kitty Hawk, NC 27949 Estimated Project Cost $100.00
Description of Work: Replacement of existing HVAC system with a new 2 ton TRANE Heat Pump with matching Air Handler & heater pack. To include all necessary electrical hookups.

J Weaver 5-13-14
SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

PLUMBING PERMIT

Licensee Name ___ NC License ___
Company Name ___
Address ___ Phone ___
City State & zip ___ Estimated Project Cost ___
Description of Work: ___

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

GAS PERMIT

Licensee Name ___ NC License ___
Company Name ___
Address ___ Phone ___
City State & zip ___ Estimated Project Cost ___
Description of Work: ___

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

MECHANICAL PERMIT

Licensee Name Jimmy Weaver NC License 22053, 12/31/14
Company Name North Beach Services, Inc.
Address P.O. Box 181 Phone (252) 491-2878
City State & zip Kitty Hawk, NC 27949 Estimated Project Cost $5,100.00
Description of Work: Replacement of existing HVAC System with a new 2 ton TRANE Heat Pump with matching Air Handler & heaterpack. To include all necessary electrical hookups.

J Weaver 5-13-14
SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl, Southern
Shores, NC 27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov
FAX to 255-0876

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

All work shall conform to all applicable North Carolina State Building Codes and Ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion.

Date 5/13/14 Permit # 8917

Fee 100 E ___ P ___ M X G ___

Owner Pearl S. Sinn
Mailing Address 315 Wax Myrtle Trl
City State, Zip Kitty Hawk NC 27949
Telephone Number 261-2061

Street Address 315 Wax Myrtle Trl
Lot 7 Block 72 Section ___
Subdivision So/Sh Bch Blks 67-72-82
PIN 9868092622 54 - 020931000 parcel

ELECTRICAL PERMIT

Licensee Name Jeff Fischer
Company Name Fischer Building Co.
Address 105 Rhodams Dr.
City State & zip Kitty NC 27949
Description of Work: Wire airhandler & heat pump

NC License 15973.004
Phone 480-1440
Estimated Project Cost 200 =

SIGNATURE OF LICENSEE 5-12-14 DATE

SIGNATURE OF PERMIT OFFICIAL DATE

PLUMBING PERMIT

Licensee Name ___
Company Name ___
Address ___
City State & zip ___
Description of Work: ___

NC License ___
Phone ___
Estimated Project Cost ___

SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

GAS PERMIT

Licensee Name ___
Company Name ___
Address ___
City State & zip ___
Description of Work: ___

NC License ___
Phone ___
Estimated Project Cost ___

SIGNATURE OF LICENSEE DATE

SIGNATURE OF PERMIT OFFICIAL DATE

MECHANICAL PERMIT

Licensee Name Brian J. McDonald
Company Name Outer Banks Heating & Cooling
Address Box 1415
City State & zip Nags Head NC 27959
Description of Work: Replace airhandler & heat pump with 13.00 seer 3 ton Trane airhandler & heat pump

NC License 12643 H2-3 Class 1
Phone 441-1740
Estimated Project Cost 7674 =

SIGNATURE OF LICENSEE 5-12-14 DATE

SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES
6 Skyline Road, Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov pforrester@southernshores-nc.gov

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

FAX to 255-0876

Permit Number 8716

Date 5-12-14

Owner PETER GREEN

Address 136 E. HOLLY TRL

City State, Zip SOUTHERN SHORES

Telephone Number 252-261-0744

Fee $100 E ✓ P ___ M ✓

Street Address ___

Lot 11 Block 106A Section ___

Subdivision S/SH SOUNDSIDE

PIN ___

Flood Zone ___

ELECTRICAL PERMIT

Licensee Name ___ NC License ___

Company Name ___

Address ___ Phone ___

City State & zip ___ Estimated Project Cost ___

Description of Work: ___

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

PLUMBING OR GAS PERMIT

Licensee Name ___ NC License ___

Company Name ___

Address ___ Phone ___

City State & zip ___ Estimated Project Cost ___

Description of Work: ___

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

MECHANICAL PERMIT

Licensee Name ANTHONY R. PRITCHETT NC License 18066

Company Name MASTER HEATING & COOLING

Address PO BOX 707 Phone 255-0095

City State & zip KITTY HAWK Estimated Project Cost 6500

Description of Work: CHANGE OUT 4 TON HEAT PUMP SYSTEM LENNOX 13 SEER. 410 A

5/12/14

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8715

Date: 5/9/14

AE7 FLOOD ZONE

☐ NEW ☐ ADDITON ☐ REMODEL ☐ FLOODPLAIN [X] ADDING TO UPPER DECK

Parcel: 022344000
PIN: 986706287136
Location: 66 FAIRWAY DR
District: [20] SOUTHERN SHORES
Subdiv: [S617] SO/SH COMMUNITY BLK 118
Lot-Block-Sect: LOT: 4 BLK: 118 SEC:

Owner: PALMER, DOYLE A TTEE
Owner:
Address: 1109 POPPLETON ST

NORFOLK VA 23523

TELEPHONE:	757-270-2464	MOBILE :	757-270-2464	FAX:	

CONTRACTOR: HOMEOWNER ABOVE
ADDRESS: «ADDRESS» «CITY» «ZIP»
TELEPHONE: «PHONE» MOBILE: «MOBILE» FAX: «FAX»
NC LICENSE/CLASS: «Lic»

LIEN AGENT INFORMATION:

19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [X] INITIAL

SEPTIC PERMIT #		DATE		WATER TAP#		WATER TAP #		DATE	
CAMA PERMIT #		SETBACK		ELEVATIONS:LOT		LOWEST FLOOR			
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25				
LAND AREA		LAND USE		SFR					

BUILDING TYPE=		OCCUPANCY TYPE=		FOUNDATION=		#BEDROOMS=	
#BATHROOMS=		=FULL	=HALF	IN WALL FINISH=		OUT WALL FINISH=	
ROOF TYPE=		INSULATION TYPE=					
HEATING TYPE=		AC TYPE=					

ESTIMATED PROJECT COST = $	5,000		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)	168	x .30/sf =MINIMUM FEE	100.00
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	
		OTHER	
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	100.00
		TOTAL FEE $	200.00

DESCRIPTION OF WORK TO BE PERFORMED:

ADDING ON TO EXISTING 2ND LEVEL DECK

TERMS OR SPECIAL CONDITIONS: Please see attached Terms and Conditions sheet.

****All work shall conform to all applicable North Carolina State Building Codes and ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion. Work must be completed within 18 months.**

Applicant/Owner/Contractor (Please print and sign name) Date

Building/Code/Zoning Official Date Approved

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov

Permit Number 8714

Fee 100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 5/8/14

Owner Ray, Julia

Mailing Address 270 WAX Myrtle TRL

City State,Zip Southern Shores NC 27949

Street Address 270 WAX Myrtle TRL

Subdivision SOLSH

Lot 39 Block 63 Section

PIN 986814345212

Flood Zone:

ELECTRICAL Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

PLUMBING Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS Licensee Name _____ NC License/Classification _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL Licensee Name Robert Eike NC License/Classification 20077

Company Name Surfside

Address Box 3057 Phone 2614945

City State & zip KDH NC 27948 Estimated Project Cost 5000.00

Description of Work: Replace 2½ ton Carrier 13 Seer H/P + Airhandler

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] 5/8/14

Signature of Licensee Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8713

Date: 5/7/14

VE12 FLOOD ZONE

☐ NEW ☐ ADDITON ☐ REMODEL ☐ FLOODPLAIN ☒ HOTTUB

Parcel: 021214000
PIN: 986806385282
Location: 3 TENTH AVE
District: [20] SOUTHERN SHORES
Subdiv: [S265] SEA CREST VILLAGE
Lot-Block-Sect: LOT: 3 BLK: 55 SEC:

Owner: WALKER, NANCY F TTEE
Owner:
Address: 3 10TH AVE

KITTY HAWK NC 27949

TELEPHONE:	261-2353	MOBILE :		FAX:	

CONTRACTOR: SYKES CONSTRUCTION
ADDRESS: PO Box 482 Kitty Hawk 27949-0482
TELEPHONE: 261-2809 MOBILE: 207-1254 FAX: 261-1613
NC LICENSE/CLASS: 37435 U:B

LIEN AGENT INFORMATION:
19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [X] INITIAL

SEPTIC PERMIT #		DATE		WATER TAP#		WATER TAP #		DATE	
CAMA PERMIT #	2014-006	SETBACK		ELEVATIONS:LOT		LOWEST FLOOR			
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25				
LAND AREA		LAND USE		SFR					

BUILDING TYPE=		OCCUPANCY TYPE=		FOUNDATION=		#BEDROOMS=	
#BATHROOMS=		=FULL	=HALF	IN WALL FINISH=		OUT WALL FINISH=	
ROOF TYPE=		INSULATION TYPE=					
HEATING TYPE=		AC TYPE=					

ESTIMATED PROJECT COST = $	14,500		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	100
		OTHER	
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	
		TOTAL FEE	100

DESCRIPTION OF WORK TO BE PERFORMED:

INSTALL HOT TUB

TERMS OR SPECIAL CONDITIONS: Please see attached Terms and Conditions sheet.

****All work shall conform to all applicable North Carolina State Building Codes and ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion. Work must be completed within 18 months.**

Applicant/Owner/Contractor (Please print and sign name) Date

Building/Code/Zoning Official Date Approved

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8712

Date: 5/6/14

[X] FLOOD ZONE

[ ] NEW [ ] ADDITON [ ] REMODEL [ ] FLOODPLAIN [X] DOCK

Parcel: 021423000
PIN: 986813129736
Location: 5 REDBAY LN
District: [20] SOUTHERN SHORES
Subdiv: [S635] SO/SH SOUNDSIDE BLK 104
Lot-Block-Sect: LOT: 10 BLK: 104 SEC:

Owner: NOLAN, BARBARA J
Owner: NOLAN, KEVIN M
Address: 5 RED BAY LN

KITTY HAWK NC 27949

TELEPHONE:	715-3141	MOBILE :			FAX:	

CONTRACTOR: Northeastern Marine, Inc
ADDRESS: PO Box 42 Kitty Hawk 27949
TELEPHONE: 261-3682 MOBILE: 202-3600 FAX: 261-2275
NC LICENSE/CLASS: 30026 L:S

LIEN AGENT INFORMATION:

19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [X] INITIAL

SEPTIC PERMIT #		DATE		WATER TAP#		WATER TAP #		DATE	
CAMA PERMIT #	A63602	SETBACK		ELEVATIONS:LOT		LOWEST FLOOR			
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25				
LAND AREA		LAND USE		SFR					

BUILDING TYPE=		OCCUPANCY TYPE=		FOUNDATION=		#BEDROOMS=	
#BATHROOMS=		=FULL	=HALF	IN WALL FINISH=		OUT WALL FINISH=	
ROOF TYPE=		INSULATION TYPE=					
HEATING TYPE=		AC TYPE=					

ESTIMATED PROJECT COST = $	4500		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	
		DOCK	100
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	
		TOTAL FEE	100

DESCRIPTION OF WORK TO BE PERFORMED:

32' X 4' WIDE DOCK

TERMS OR SPECIAL CONDITIONS: Please see attached Terms and Conditions sheet.

****All work shall conform to all applicable North Carolina State Building Codes and ordinances of the Town of Southern Shores and shall be the responsibility of the undersigned. This permit is valid for 180 days in which time construction must begin and proceed in a normal fashion. Work must be completed within 18 months.**

Applicant/Owner/Contractor (Please print and sign name) Date

Buddy Shelton 5/6/14

Building/Code/Zoning Official by Smilg Date Approved

TOWN OF SOUTHERN SHORES
6 Skyline Road, Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0876 fax
www.southernshores-nc.gov pforrester@southernshores-nc.gov

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

FAX to 255-0876

Permit Number 8711
Date 5/1/14
Owner Patricia Knight
Address 817 N Lincoln Street
City State, Zip Arlington VA 22201
Telephone Number 202-778-2304

Fee $100 E ___ P ___ M ___
Street Address 114 Ocean Blvd.
Lot 5-6 Block 18 Section 2
Subdivision Southern Shores Section 2
PIN 986708874555
Flood Zone

ELECTRICAL PERMIT

Licensee Name ___ NC License ___
Company Name ___
Address ___ Phone ___
City State & zip ___ Estimated Project Cost ___
Description of Work: ___

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

PLUMBING OR GAS PERMIT

Licensee Name ___ NC License ___
Company Name ___
Address ___ Phone ___
City State & zip ___ Estimated Project Cost ___
Description of Work: ___

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

MECHANICAL PERMIT

Licensee Name Henry J. Liverman NC License 11618
Company Name Atlantic Heating & Cooling, Ltd.
Address P O Box 132 Phone ___
City State & zip Kill Devil Hills NC 27948 Estimated Project Cost 3650.00
Description of Work: Remove & replace HVAC system using a 3 ton Goodman heat pump & matching 3 ton Goodman air handler.

Henry J. Liverman 5/1/14
SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE
by: Mary Evans