

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8710

Date: 4/30/14

NEW
 ADDITON
 REMODEL
 FLOODPLAIN
 OTHER

Parcel: 022459343
PIN: 986720828441
Location: 23 WILD PONY LN
District: [20] SOUTHERN SHORES
Subdiv: [C290] CHICAHOUK
Lot-Block-Sect: LOT: 343 BLK: SEC:
TELEPHONE: 703-642-8783 **MOBILE:**

Owner: TRUMBULL, ROBERT G
Owner: TRUMBULL, LISE L T
Address: 3807 HUMMER RD

 ANNANDALE VA 22003

FAX:

CONTRACTOR: SeaGrove Homes
ADDRESS: PO Box 943 Kitty Hawk 27949-0943
TELEPHONE: 261-0187 **MOBILE:** **FAX:** 261-7664
NC LICENSE/CLASS: 31525 U:R

LIEN AGENT INFORMATION:

NORTH AMERICAN TITLE INSURANCE COMPANY
 19 W HARGETT STREET STE 507 RALEIGH NC 27601
 ****NO LIEN AGENT REQUIRED** INITIAL

SEPTIC PERMIT # 22944	DATE 4/16/14	WATER TAP #	DATE
CAMA PERMIT #	SETBACK	ELEVATIONS: LOT	LOWEST FLOOR
SETBACKS: FRONT 25	SIDE 15	REAR 25	
LAND AREA	LAND USE	SFR	

BUILDING TYPE=SFH	OCCUPANCY TYPE=	FOUNDATION=	#BEDROOMS= 4
#BATHROOMS= 3 F H	INSIDE WALL FINISH=DRYWALL	OUTSIDE WALL FINISH= HARDI	ROOF TYPE=ASPHALT
INSULATION TYPE= BATT	HEATING TYPE= ELEC HEAT PUMP	ELEC AC	FLOOD ZONE= X

ESTIMATED PROJECT COST = \$518,200.00	
LIVING AREA (sf)	2556 x .60/sf = 1533.60
NON-LIVING AREA(sf)	1674 x .30/sf = 502.20
REMODEL (ESTIMATED COST)	x \$10/\$1000 =
POOL/HOTTUB	
LOT DISTURBANCE	100.00
HOMEOWNER RECOVERY FEE	10.00
PLAN REVIEW FEE	150.00
TOTAL FEE	2295.80

DESCRIPTION OF WORK TO BE PERFORMED:

NEW SINGLE FAMILY HOME

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 _____

WN OF SOUTHERN SHORES
75 N Virginia Dare Trl Southern
Shores, NC 27949
(2) 261-2394 tel
(2) 255-0876 fax
www.southernshores-nc.gov
X 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 4-29-14 Permit # 8709
Fee \$100 E P M G

 **COPY**

Owner William Bruce III Aitkenhead (TRTEE)
Mailing Address 1601 Clemshell Trl.
City/State/Zip So. Shores, NC 27949
Telephone Number 261-0330

Street Address 160 Clam Shell Trl.
Lot 41 Block _____ Section _____
Subdivision Chickhawk
PIN 986707682481 022383041 parcel

ELECTRICAL PERMIT

Licensee Name Jeff Fischer NC License # 15973-004
Company Name Fischer Building Co.
Address 105 Rhodons Dr. Phone 980-1840
City/State & Zip Walla NC 27948 Estimated Project Cost \$400
Description of Work: WIRE 2 air handlers & 2 heat pumps

[Signature] 4-28-14
SIGNATURE OF LICENSEE DATE

[Signature] 4-29-14
SIGNATURE OF PERMIT OFFICIAL DATE
by: WA

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 C/1851
Company Name Outer Banks Heating & Cooling
Address Box 1415 Phone 441-1740
City/State & Zip Wayside NC 27959 Estimated Project Cost 21,191
Description of Work: Replace 2 air handlers & 2 heat pumps with 16 Seer 2 ton & 4 ton Carrier air handlers & heat pumps

[Signature] 4-28-14
SIGNATURE OF LICENSEE DATE

[Signature] 4-29-14
SIGNATURE OF PERMIT OFFICIAL DATE
by: WA



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 4/28/14

Owner MARGARET JONES

Mailing Address 701 E MAIN ST

City State, Zip ELIZ. CITY, NC 27909

Street Address 6 THIRD AVE

Subdivision _____

Lot _____ Block _____ Section _____

PIN 986810456303

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 8708

\$
Fee 100

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 \$ 6488.-

Description of Work:
CLO 2 TO D 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] 4/28/14
Signature of Licensee Date

Signature of Permit Official Date

[Signature]



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 4/28/14
Owner NORMAN SPARRS
Mailing Address 259 HILLCREST DR
City State Zip SO. SHORES, NC 27949
Street Address RESID
Subdivision _____
Lot _____ Block _____ Section _____
PIN 986814239259
Flood Zone: _____

Permit Number 8707
\$
Fee 100

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 WARELEY 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 \$4310.-
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] 4/28/14
Signature of Licensee Date
[Signature] _____
Signature of Permit Official Date



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 4/28/14

Owner BANAZEK

Mailing Address _____

City State, Zip _____

Street Address 210 Ocean Blvd

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 8706

Fee 100

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 Etko NC License/Classification 20577

Company Name SURFSIDE

Address Box 3057 Phone 261-4949

City State & zip CDH D.C. 27948 Estimated Project Cost 12,000⁰⁰

Description of Work: Replace 2 carrier 13 Sec 3 1/2 to 4 HP + AHU

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]
Signature of Licensee

4/28/14
Date

Signature of Permit Official

Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit No. 8705

Date: 4/25/14

Owner: SOUTHERN SHORES CIVIC ASSOC INC
Owner:
Address: 5377 VIRGINIA DARE TRL N

 KITTY HAWK NC 27949 Telephone:
 Mobile :261-8617
 Fax :

Contractor: SYKES CONSTRUCTION
Address: Bob Sykes
 PO Box 482
 Kitty Hawk 27949-0482

 Telephone:261-2809
 Mobile: 207-1254
 Fax:261-1613
 NC License #: 37435 U:B
 Class:

TYPE OF PERMIT **
 NEW _____ ADDITION _____
 FLOODPLAIN _____ REMODEL _____
 OTHER XX DEMO _____

LIEN AGENT INFORMATION:
 19 W Hargett Street Ste 507
 Raleigh NC 27601
 No lien agent required Initial)

Parcel: 029702911
PIN: 986810466137
Location: 0 FIFTH AVE
District: [20] SOUTHERN SHORES
Subdiv: [S265] SEA CREST VILLAGE
Lot-Block-Sect: LOT: COMMON AREA BLK: SEC:

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

BUILDING TYPE=	OCCUPANCY TYPE=	ESTIMATED PROJECT COST = \$5442
FOUNDATION=		LIVING AREA (sf) x .60/sf =
# BEDROOMS= # BATHROOMS= F H		NON-LIVING AREA(sf) x .30/sf =
INSIDE FINISH=		REMODEL (ESTIMATED COST) x \$10/\$1000 =
OUTSIDE FINISH=		POOL/HOTTUB .00
ROOF TYPE=		OTHER MIN FEE 100.00
INSULATION=		HOMEOWNER RECOVERY FEE 0.00
HEATING TYPE= HEAT PUMP		PLAN REVIEW 0.00
A/C= FLOOD ZONE=		TOTAL FEE 100.00

DESCRIPTION OF WORK TO BE PERFORMED:
 REPLACE EXISTING DUNE CROSSING

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 No. 8704

Date: 4/25/14

Owner: SOUTHERN SHORES CIVIC ASSOC INC
Owner:
Address: 5377 VIRGINIA DARE TRL N

Contractor: SYKES CONSTRUCTION
Address: Bob Sykes
 PO Box 482
 Kitty Hawk 27949-0482

KITTY HAWK NC 27949 Telephone:
 Mobile :261-8617
 Fax :

Telephone:261-2809
 Mobile:207-1254
 Fax:261-1613
 NC License #: 37435 U:B
 Class:

TYPE OF PERMIT **

NEW _____ ADDITION _____
 FLOODPLAIN _____ REMODEL _____
 OTHER XX DEMO _____

LIEN AGENT INFORMATION:

19 W Hargett Street Ste 507
 Raleigh NC 27601
 No lien agent required (Initial)

Parcel: 029702905
PIN: 986806276958
Location: 0 TENTH AVE
District: [20] SOUTHERN SHORES
Subdiv: [S265] SEA CREST VILLAGE
Lot-Block-Sect: LOT: BLK: SEC:

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

BUILDING TYPE= _____ OCCUPANCY TYPE= _____
 FOUNDATION= _____
 # BEDROOMS= _____ # BATHROOMS= F H
 INSIDE FINISH= _____
 OUTSIDE FINISH= _____
 ROOF TYPE= _____
 INSULATION= _____
 HEATING TYPE= _____ HEAT PUMP
 A/C= _____ FLOOD ZONE= _____

ESTIMATED PROJECT COST = \$5049	
LIVING AREA (sf)	x .60/sf =
NON-LIVING AREA(sf)	x .30/sf =
REMODEL (ESTIMATED COST)	x \$10/\$1000 =
POOL/HOTTUB	.00
OTHER MIN FEE	100.00
HOMEOWNER RECOVERY FEE	0.00
PLAN REVIEW	0.00
TOTAL FEE	100.00

DESCRIPTION OF WORK TO BE PERFORMED:

REPLACE 8' X 8' DECK, BENCH AND OCEAN SIDE STAIRS

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

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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 8703
 Fee \$100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 4/24/14
 Owner COLGAN FMLY PROPERTIES LLC
 Mailing Address 172 OLD BILLERICA RD
 City State, Zip BEDFORD, MA 01730
 Street Address 7 TENTH AVE
 Subdivision _____
 Lot _____ Block _____ Section _____
 PIN 986806383105
 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 \$ 5870.-
 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] 4/24/14
 Signature of Licensee Date Signature of Permit Official Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit No. 8702

Date: 4/23/14

Owner: HOOVER, ROBERT A
Owner: HOOVER, CAROLYN T
Address: 610 N 11TH ST

FALLS CHURCH VA 22046

Telephone:
 Mobile :
 Fax :

Contractor: FINCH AND CO INC
Address: 116 SANDY RIDGE RD

DUCK NC 274949

Telephone: 261-8710
 Mobile: 202-9879
 Fax:
 NC License #: 52567
 Class: UNLIMITED

TYPE OF PERMIT **

NEW XX ADDITION _____
 FLOODPLAIN _____ REMODEL _____
 OTHER _____ DEMO _____

LIEN AGENT INFORMATION:

CHICAGO TITLE CO
 19 W Hargett Street Ste 507
 Raleigh NC 27601

No lien agent required Initial)

Parcel: 022423000
PIN: 986716846194
Location: 108 LAST HUNT LN
District: [20] SOUTHERN SHORES
Subdiv: [C290] CHICAHAWK
Lot-Block-Sect: LOT: 251 BLK: SEC:

SEPTIC PERMIT # 22963 DATE 4/22/14
 WATER TAP # 52221 DATE 4/22/14
 CAMA PERMIT # N/A SETBACK
 ELEVATIONS: LOT LOWEST FLOOR
 SETBACKS: FRONT SIDE REAR
 LAND AREA LAND USE SFR

BUILDING TYPE= OCCUPANCY TYPE=SF
 FOUNDATION= PILE
 # BEDROOMS= 8 # BATHROOMS=4 F H
 INSIDE FINISH= DRYWALL
 OUTSIDE FINISH= CEDAR SHAKE
 ROOF TYPE=ASPHALT
 INSULATION= BATT
 HEATING TYPE= HEAT PUMP
 A/C= ELECTRIC HEAT PUMP FLOOD ZONE=X

ESTIMATED PROJECT COST = \$460,646

LIVING AREA (sf)	2678 x .60/sf	= 1606.80
NON-LIVING AREA(sf)	567 x .30/sf	= 170.10
REMODEL (ESTIMATED COST)	x \$10/\$1000 =	
POOL/HOTTUB		125.00
OTHER LOT DISTURBANCE FEE		100.00
HOMEOWNER RECOVERY FEE		10.00
PLAN REVIEW		150.00
TOTAL FEE		2161.90

DESCRIPTION OF WORK TO BE PERFORMED:

NEW SINGLE FAMILY RESIDENTIAL DWELLING TO BE CONSTRUCTED WITH PARKING, WASTE WATER, POOL AND DOCK AS SHOWN ON SUBMITTED PLANS.

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.**

<i>Marc Murray</i>	<i>Marc Murray</i>	4/23/14
Applicant/Owner/Contractor	(Please print and sign name)	Date
<i>Buddy Shitts</i>		4-23-13
Building/Code/Zoning Official		Date Approved



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 4/22/14

Owner MARTHA MITCHE

Mailing Address 201 WALSHING DR

City State, Zip RICHMOND, VA 23229

Street Address 94 OCEAN BLVD

Subdivision _____

Lot _____ Block _____ Section _____

PIN 986712869505

Flood Zone: _____

TOWN OF SOUTHERN SHORES
5375 N Virginia Dare Trl
Southern Shores, NC 27949
(252) 261-2394 tel (252) 255-0878 fax
www.southernshores-nc.gov

Permit Number 8701

Fee \$ 100

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 \$ 3796.⁰⁰

Description of Work: C/O A TON TRANG HP

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]
Signature of Licensee

4/22/14
Date

Signature of Permit Official

Date

[Signature]

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit No. 8700

Date: 4/21/14

Owner: BLANCHARD, SCOTT CARLETON
Owner: BLANCHARD, TONI LYNN
Address: 111 POTESKEET TRL

KITTY HAWK NC 27949

Telephone: _____ Mobile: _____
 Fax: _____

Contractor: : JEFF HASKETT HOMES, INC
Address : 4711 LINDBERG AVE
 : KITTY HAWK NC 27949
 Telephone- : 261-8016
 Mobile : 267-1777
 Fax:
 NC License # and Class:46718 BUILDING INT

TYPE OF PERMIT **
 NEW _____ ADDITION _____
 FLOODPLAIN _____ REMODEL _____
 OTHER _____ DEMO _____

LIEN AGENT INFORMATION:

19 W Hargett Street Ste 507
 Raleigh NC 27601

No lien agent required _____ (Initial)

Parcel: 022383474
PIN: 986710469651
Location: 111 POTESKEET TRL
District: [20] SOUTHERN SHORES
Subdiv: [C290] CHICHAUK
Lot-Block-Sect: LOT: 474 BLK: SEC:

SEPTIC PERMIT # _____ DATE _____
 WATER TAP # _____ DATE _____
 CAMA PERMIT # 29-14 _____ SETBACK _____
 ELEVATIONS: LOT _____ LOWEST FLOOR _____
 SETBACKS: FRONT _____ SIDE _____ REAR _____
 LAND AREA _____ LAND USE _____ SFR _____

BUILDING TYPE= _____ OCCUPANCY TYPE= _____
 FOUNDATION= _____
 # BEDROOMS= _____ # BATHROOMS= _____ F H
 OUTSIDE FINISH= _____
 INSIDE FINISH= _____
 ROOF TYPE= _____
 INSULATION= _____
 HEATING TYPE= _____
 A/C= _____
 FLOOD ZONE= _____

ESTIMATED PROJECT COST = \$50,000
 LIVING AREA (sf) _____ x .60/sf = _____
 NON-LIVING AREA(sf) _____ 836 x .30/sf = 250.80
 REMODEL (ESTIMATED COST) _____ x \$10/\$1000 = _____
 POOL/OTHER _____ = _____
 HOMEOWNER RECOVERY FEE _____ = _____
 PERMIT FEE (Subtotal) _____ = _____
 PLAN REVIEW _____ = _____
TOTAL FEE = \$250.80

DESCRIPTION OF WORK TO BE PERFORMED:

BOAT BASIN/DECK/BOAT LIFT IN ACCORDANCE WITH MAJOR CAMA PERMIT

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 _____

M

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 4/19/14 Permit # 8699
 Fee _____ E X P _____ M X G _____

Owner Spencer, Joann
 Mailing Address 18 Spindrifft Trail
 City State, Zip Kitty Hawk, NC 27949
 Telephone Number 252-255-5718

Street Address 18 Spindrifft Trail
 Lot 350 Block _____ Section _____
 Subdivision Chickahawk
 PIN 986720828028

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 2 new York 2 ton/2 1/2 ton 13 SEER heat pump systems.

Jimmy J. Weaver 4/18/14
 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 11,850

Description of Work: Replacement of existing HVAC systems with 2 new York 2 ton/2 1/2 ton 13 SEER heat pump with matching air handler, heater pack and thermostat

Jimmy J. Weaver 4/18/14
 SIGNATURE OF LICENSEE DATE

 SIGNATURE OF PERMIT OFFICIAL DATE



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 4-15-14

Owner FORREST BARTLETT

Mailing Address 153 MINTOWN RD

City State Zip SMITH NC 27974

Street Address 100 OCEAN BLVD

Subdivision SOUTH SOC 2

Lot 3-4 Block 17 Section 2

PIN 02252 986712867857

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 8698

Fee \$100 by W/D
\$750 # Re-est/ins

ELECTRICAL Licensee Name STEVEN GORDIN NC License/Classification 14104-C

Company Name LIGHTHOUSE ELECTRIC

Address PO BOX 1433 Phone 491 5063

City State & zip KELLYVILLE NC Estimated Project Cost 1200.00

Description of Work: WIRE IN 2 NEW HEAT PUMP UNITS



TOWN OF SOUTHERN SHORES BUILDING PERMIT

No 8698

BARTLETT

100 OCEAN BLVD

LIGHTHOUSE ELEC

WIRE HEAT PUMPS

4/17/14
DATE

Forrest Bartlett

PLEASE POST

TOWN OF SOUTHERN SHORES
 75 N Virginia Dare Trail Southern
 Shores, NC 27949
 (252) 261-2394 tel
 (252) 265-0876 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 4/17/14 Permit # 8697
 Fee \$100 E P M X G

Owner Mary P Vaughan or her successor Street Address 236 Hillcrest Dr.
 Mailing Address 3217 High Point Dr. Lot 28 Block 84 Section
 City State & Zip Portsmouth VA 23703 Subdivision Saish Beach B1K84
 Telephone Number 757-617-7593 PIN 986818327028

ELECTRICAL PERMIT

Licensee Name Jeff Fisher NC License 15973-6001
 Company Name Fischer Building Co.
 Address 105 Rhodans Dr. Phone 480-1440
 City State & Zip Kinston NC 27948 Estimated Project Cost 200.00
 Description of Work: wire mini split

[Signature] 4-17-14 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 McDorde NC License 12043 H-2-3 Class 1
 Company Name Outer Banks Heating & Cooling
 Address Box 1415 Phone 441-1740
 City State & Zip Nagshead NC 27959 Estimated Project Cost 3220.00
 Description of Work: Install 22 seer 9,000 BTUH Quikside MINI split heat pump system.

[Signature] 4-17-14 SIGNATURE OF LICENSEE DATE
 SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES
 75 N Virginia Dare Trl Southern
 Shores, NC 27949
 (252) 261-2394 tel
 (252) 265-0878 fax
 www.southernshores-nc.gov
 X 16 255-0878

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 4/17/14 Permit # 8696
 Fee \$100 E P M X G

Owner Bonnie Lou Gallo
 Mailing Address 5264 River Club Dr
 City/State/Zip Surfside VA 22435
 Telephone Number 757-438-1749

Street Address 166 Chicahawk Trl
 Lot 522A Block Section
 Subdivision Chicahawk
 PIN 986701574972 - Parcel # 22383522

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 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 J. McDonald NC License # 12643 H2-3 class1
 Company Name Outer Banks Heating & Cooling
 Address Box 1415 Phone
 City/State & Zip Wags Head NC 27959 Estimated Project Cost 2220.00
 Description of Work: Ductwork repair in addition

SIGNATURE OF LICENSEE [Signature] DATE 4-17-14

SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit No. **8695**

Date: **4/16/14**

Owner: BOTSON, ROSS B
Owner: BOTSON, VICTORIA R
Address: PO BOX 2026

 KITTY HAWK NC 27949
 Telephone: 910-986-0033 Mobile :
 Fax :

Contractor: :DBD SERVICES, INC
Address : PO BOX 2318
 :
 Telephone- :255-1192
 Mobile :207-8440
 Fax:
 NC License # and Class:60217 BUILDING LIMITED

TYPE OF PERMIT **
 NEW _____ ADDITION _____
 FLOODPLAIN _____ REMODEL _____
 OTHER XX DEMO _____

LIEN AGENT INFORMATION: FIRST AMERICAN
 19 W Hargett Street Ste 507
 Raleigh NC 27601
 No lien agent required _____ Initial)

Parcel: 022383486
PIN: 986707571540
Location: 130 BENT OAK CT
District: [20] SOUTHERN SHORES
Subdiv: [C290] CHICAHAWK
Lot-Block-Sect: LOT: 486 BLK: SEC:

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

BUILDING TYPE= _____ OCCUPANCY TYPE= _____
 FOUNDATION= _____
 # BEDROOMS= _____ # BATHROOMS= _____ F H
 OUTSIDE FINISH= _____
 INSIDE FINISH= _____
 ROOF TYPE= _____
 INSULATION= _____
 HEATING TYPE= _____
 A/C= _____
 FLOOD ZONE= x

ESTIMATED PROJECT COST= \$43886
 LIVING AREA (sf) _____ x .60/sf = _____
 NON-LIVING AREA(sf) _____ x .30/sf = _____
 REMODEL (ESTIMATED COST) _____ x \$10/\$1000 = _____
 POOL/OTHER _____ POOL/HOTTUB = 125
 HOMEOWNER RECOVERY FEE = _____
 PERMIT FEE (Subtotal) = _____
 PLAN REVIEW =100
TOTAL FEE =225

DESCRIPTION OF WORK TO BE PERFORMED:
 1075 SQ FT OF POOL (INGROUND) & CONCRETE DECK W/ BLACK ALUMINUM PICKETT FENCE & HOTTUB
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 _____

MA

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit No. 8694

Date: 4/15/14

Applicant's Name PATRICIA LLOYD	Contractor PAUL ANDRUS
Address 35 FOXWOOD CIR	Address PO BOX 687
City, State, Zip KITTY HAWK NC 27949	City, State, Zip KITTY HAWK NC 27949
Telephone _____	Telephone 261-7903 _____ Fax _____
Fax _____	Mobile 216-8902 _____
Mobile _____	NC License # and Class: 13479 BUILDING LIMITED

<p>TYPE OF PERMIT **</p> <p>NEW _____ ADDITION _____</p> <p>FLOODPLAIN _____ REMODEL XX</p> <p>OTHER _____ DEMO _____</p>	<p>LIEN AGENT INFORMATION:</p> <p>19 W Hargett Street Ste 507</p> <p>Raleigh NC 27601</p> <p>No lien agent required <i>PA</i> (Initial)</p>
---	--

ZONING DISTRICT _____	SEPTIC PERMIT # _____	DATE _____
SUBDIVISION SOUTHERN SHORES LANDING	WATER TAP # _____	DATE _____
Lot-Block-Sect: LOT: 34 BLK: SEC: _____	CAMA PERMIT # _____	SETBACK _____
STREET ADDRESS 35 FOXWOOD CIR	ELEVATIONS: LOT _____	LOWEST FLOOR _____
Parcel: 010069034	SETBACKS: FRONT _____	SIDE _____ REAR _____
PIN: 986606497749	LAND USE _____	SFR _____
LAND AREA _____		

BUILDING TYPE	OCCUPANCY TYPE	ESTIMATED PROJECT COST \$8000
FOUNDATION		LIVING AREA (sf) x .60/sf =
# BEDROOMS	# BATHROOMS F H	NON-LIVING AREA(sf) x .30/sf =
OUTSIDE FINISH		REMODEL (ESTIMATED COST) x \$10/\$1000 MIN = 100.00
INSIDE FINISH		POOL/OTHER =
ROOF TYPE		HOMEOWNER RECOVERY FEE = 10.00
INSULATION		PERMIT FEE (Subtotal) =
HEATING TYPE	A/C	PLAN REVIEW =
FLOOD ZONE		TOTAL FEE = 110.00

DESCRIPTION OF WORK TO BE PERFORMED:

REPLACE SCREENS WITH WINDOWS AND TRIM. REPLACE SCREEN DOOR WITH STORM DOOR.

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.**

[Signature] Applicant/Owner/Contractor *Paul Andrus* (Please print and sign name) *4/17/14* Date

[Signature] Building/Code/Zoning Official *4-15-14* Date Approved

By: WA



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 8693

Fee 100.00

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 4/10/14

Owner Wells Fargo

Mailing Address PO Box 193775

City State, Zip San Francisco, CA 94119

Street Address 5425 N Croatan Hwy, Southern Shores

Subdivision _____

Lot _____ Block _____ Section _____

PIN _____

Flood Zone: _____

ELECTRICAL Licensee Name Thomas Pilkington NC License/Classification 26134 SP-PH

Company Name Dual Comfort Heating & Air Conditioning, Inc

Address PO Box 1176 Phone (919) 779-1020

City State & zip Knightdale, NC 27545 Estimated Project Cost \$800.00

Description of Work: Replace (2) Roof Top Units

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 Thomas Pilkington NC License/Classification 25513

Company Name Dual Comfort Heating & Air Conditioning, Inc

Address PO Box 1176 Phone (919) 779-1020

City State & zip Knightdale, NC 27545 Estimated Project Cost \$29,000.00



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 4/9/14

Owner VIRGINIA OWENS

Mailing Address 497 ARLINGTON AVE

City State, Zip ELMHURST, IL 60126

Street Address 52 OCEAN BLVD

Subdivision _____

Lot _____ Block _____ Section _____

PIN 986716949533

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 8692

Fee \$100

ELECTRICAL Licensee Name FREDERICK MARKLIN

NC License/Classification 22222-J / LTD

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

Address P O BOX #179

City State & zip KITTY HAWK, NC 27949

Phone (252) 261-2008

Estimated Project Cost INCL IN MECH

Description of Work:

CONNECTION FOR C/O BELOW

PLUMBING Licensee Name _____

NC License/Classification _____

Company Name _____

Address _____

City State & zip _____

Phone _____

Estimated Project Cost _____

Description of Work: _____

GAS Licensee Name _____

NC License/Classification _____

Company Name _____

Address _____

City State & zip _____

Phone _____

Estimated Project Cost _____

Description of Work: _____

MECHANICAL Licensee Name DOUGLAS WARELEY

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

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

Address P O BOX #179

City State & zip KITTY HAWK, NC 27949

Phone (252) 261-2008

Estimated Project Cost \$6778.00

Description of Work:

C/O 4 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]
Signature of Licensee

4/9/14
Date

Signature of Permit Official

Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit No. **8691**

Date: **4/14/14**

Applicant's Name ERICA JENSEN	Contractor INTREPID CONSTRUCTION
Address 68 DEVILS GARDEN RD	Address 2 GINGUITE TRL
City, State, Zip NORWALK, CT 06854	City, State, Zip KITTY HAWK, NC 27949
Telephone _____	Telephone 255-2300 _____ Fax _____
Fax _____	Mobile _____
Mobile _____	NC License # and Class: _____

TYPE OF PERMIT **	LIEN AGENT INFORMATION: _____
NEW _____ ADDITION _____	_____
FLOODPLAIN _____ REMODEL _____	_____
OTHER XX DEMO _____	No lien agent required _____ (Initial)

ZONING DISTRICT RS-1	SEPTIC PERMIT # _____ DATE _____
SUBDIVISION SO/SH BLK 61	WATER TAP # _____ DATE _____
LOT 9 BLOCK 61 SECTION _____	CAMA PERMIT # _____ SETBACK _____
STREET ADDRESS 341 SEA OATS TRL	ELEVATIONS: LOT _____ LOWEST FLOOR _____
TAX PARCEL # 029131000	SETBACKS: FRONT _____ SIDE _____ REAR _____
PIN # 986805171529	LAND AREA _____ LAND USE _____ SFR _____

BUILDING TYPE	OCCUPANCY TYPE	ESTIMATED PROJECT COST \$40,000
FOUNDATION		LIVING AREA (sf) x .60/sf =
# BEDROOMS	# BATHROOMS F H	NON-LIVING AREA(sf) x .30/sf =
OUTSIDE FINISH		REMODEL (ESTIMATED COST) x \$10/\$1000 =
INSIDE FINISH		POOL/OTHER = 100.00
ROOF TYPE		HOMEOWNER RECOVERY FEE = 10.00
INSULATION		PERMIT FEE (Subtotal) =
HEATING TYPE	A/C	PLAN REVIEW =
FLOOD ZONE		TOTAL FEE = 110.00

DESCRIPTION OF WORK TO BE PERFORMED:

PLUMBING AND ELECTRICAL DUE TO FIRE DAMAGE

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) 255-8876 fax
 www.southernshores-nc.gov
 FAX to 255-8876

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 4/8/14 Permit # 8690
 Fee \$100 E X P M X G

Owner Conklin, Walter J
 Mailing Address 48 "Tremont Ter"
 City State, Zip Wanaque NJ 07465
 Telephone Number 973-839-6899

Street Address 1 Sandfiddler Court
 Lot 1 Block 44A Section
 Subdivision 50/5H BLK 44A
 PIN 986819523126

ELECTRICAL PERMIT NC License 24744 ✓ expires 4/23/17
 Licensee Name Jimmy Weaver
 Company Name North Beach Services
 Address PO Box 181 Phone 252-491-2878
 City State & zip Kitty Hawk, NC 27949 Estimated Project Cost \$100.00
 Description of Work: All necessary electrical hook ups for a new Trane 2.5 ton 13 SEER heat pump
 Signature: Jimmy Weaver 4/8/14 Signature of Permit Official: Billy W 4-8-14
 SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

PLUMBING PERMIT NC License _____
 Licensee Name _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____
 SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

GAS PERMIT NC License _____
 Licensee Name _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____
 Description of Work: _____
 SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

MECHANICAL PERMIT NC License 22053 ✓
 Licensee Name Jimmy Weaver
 Company Name North Beach Services
 Address PO Box 181 Phone 252-491-2878
 City State & zip Kitty Hawk, NC 27949 Estimated Project Cost 3,525.00
 Description of Work: Replacement of existing heat pump with a new Trane 2 1/2 ton 13 SEER heat pump with matching TXV for existing A/H.
 Signature: Jimmy Weaver 4/8/14 Signature of Permit Official: Billy W 4-8-14
 SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES
 5375 N Virginia Dare Trl, Southern
 Shores, NC 27949
 (252) 281-2394 tel
 (252) 265-0876 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 4/7/2014 Permit # 8689
 Fee \$100 E X P M X G

Owner Mericle, John Moffett Street Address 303 Duck Road
 Mailing Address 80 Bryants Nursery Road Lot 1 Block 63 Section
 City State & zip Silver Springs, MD 20905 Subdivision 5530 50/54 BEACH TRKS 63, 73, 83, 82A
 Telephone Number 301-434-6635 PIN 986810350977

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 a new York heat pump system

Jimmy Weaver 4/7/14 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 \$5264.00
 Description of Work: Installation of a new York 2 ton 13 SEER heat pump system with matching air handler and heater pack

Jimmy Weaver 4/7/14 SIGNATURE OF LICENSEE DATE
 SIGNATURE OF PERMIT OFFICIAL DATE

111

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

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.

FAX to 255-0876

Date 4/7/14

Permit # 8688

Fee \$100

E P M G

Owner Mattress Firm

Street Address 5595 N. CROFTAN HWY

Mailing Address _____ Lot _____ Block _____ Section _____

City State, Zip _____ Subdivision _____

Telephone Number _____ PIN _____

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 _____

Licensee Name JAMES RYCE

PLUMBING PERMIT

NC License 07781-I

Company Name SEACOAST elect

Address 4400 RIDGE RD Phone X 252-261-6229

City State & zip KITTY HAWK, NC 27949 Estimated Project Cost 775.00

Description of Work: install 2 receptacle outlets in Retail Area for general use

SIGNATURE OF LICENSEE _____ DATE 4/7/14

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 Bing WA 4-7-14
Cyc WA

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

MA

Permit No. **8686** Date: **4/3/14**

Applicant's Name BLAKE BUCHERT	Contractor SAME/HOMEOWNER
Address 151 HOLLY TRL	Address _____
City, State, Zip KITTY HAWK, NC 27949	City, State, Zip _____
Telephone 202-9847	Telephone _____ Fax _____
Fax _____	Mobile _____
Mobile _____	NC License # and Class: _____

<p style="text-align: center;">TYPE OF PERMIT **</p> <p>NEW _____ ADDITION <u> X </u></p> <p>FLOODPLAIN _____ REMODEL _____</p> <p>OTHER _____ DEMO _____</p>	<p>LIEN AGENT INFORMATION: _____</p> <p>_____</p> <p>_____</p> <p>No lien agent required _____ <u> X </u>(Initial)</p>
--	---

ZONING DISTRICT RS-1	SEPTIC PERMIT # _____	DATE _____
SUBDIVISION SO/SH SOUNDSIDE BLK 106	WATER TAP # _____	DATE _____
LOT 6 BLOCK 106 SECTION _____	CAMA PERMIT # _____	SETBACK _____
STREET ADDRESS _____	ELEVATIONS: LOT _____	LOWEST FLOOR _____
TAX PARCEL # 022262000	SETBACKS: FRONT _____	SIDE _____ REAR _____
PIN # 986706296592	LAND AREA _____	LAND USE _____ SFR _____

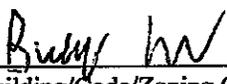
BUILDING TYPE	OCCUPANCY TYPE	ESTIMATED PROJECT COST
FOUNDATION		\$21,000
# BEDROOMS	# BATHROOMS F H	LIVING AREA (sf) x .60/sf =
OUTSIDE FINISH		NON-LIVING AREA(sf) 420 x .30/sf = 126.00
INSIDE FINISH		REMODEL (ESTIMATED COST) x \$10/\$1000 =
ROOF TYPE		POOL/OTHER =
INSULATION		HOMEOWNER RECOVERY FEE = 0
HEATING TYPE	A/C	PERMIT FEE (Subtotal) =
FLOOD ZONE		PLAN REVIEW = 100.00
		TOTAL FEE = 226.00

DESCRIPTION OF WORK TO BE PERFORMED:

BUILDING A UNCONDITIONED BUILDING ON BACK OF PROPERTY

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 by: <i>Wen Haultt</i>		4-3-14 Date Approved

MA



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 4/3/14
Owner JAMES WARD
Mailing Address 147 BAYBERRY TRL
City State, Zip SO SMORES, NC 27949
Street Address RESID
Subdivision 0
Lot _____ Block _____ Section _____
PIN 986706491642
Flood Zone: _____

Permit Number 8687
Fee \$ 100

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 \$ 5920.-
Description of Work: C/O 3 TON TRANS 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.

Douglas Wakeley
Signature of Licensee
4/3/14
Date

Bill WA
Signature of Permit Official
4-3-14
Date

pd 412

MA

CL



SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 4/1/14

Owner JAY RUSSELL

Mailing Address 135 TALL PINE LN

City State, Zip SO SHORES, NC 27949

Street Address RESID

Subdivision _____

Lot _____ Block _____ Section _____

PIN 986705187596

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 8685

Fee \$100

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 \$6282.⁰⁰

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]
Signature of Licensee

4/1/14
Date

[Signature]
Signature of Permit Official

4-1-14
Date

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TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit No. **8684** Date: **4/1/14**

Applicant's Name	RICHARD AND SHARON WESTERLUND	Contractor	HOMEOWNER
Address	3702 FAIRWAYS CT	Address	SAME
City, State, Zip	FREDRICKSBURG VA 22408	City, State, Zip	
Telephone	540-840-3317	Telephone	Fax
Fax		Mobile	
Mobile		NC License # and Class:	

TYPE OF PERMIT **	LIEN AGENT INFORMATION:
NEW _____	_____
ADDITION _____	_____
FLOODPLAIN _____	_____
REMODEL _____	_____
OTHER X DECK REPAIR _____	No lien agent required X <i>ME</i> (Initial)
DEMO _____	

ZONING DISTRICT	RS-1	SEPTIC PERMIT #	DATE
SUBDIVISION		WATER TAP #	DATE
LOT	BLOCK	SECTION	CAMA PERMIT #
STREET ADDRESS		105 CHICAHAWK TRL	SETBACK
TAX PARCEL #	022362000	ELEVATIONS: LOT	LOWEST FLOOR
PIN #986712765332	LAND AREA	SETBACKS: FRONT	SIDE REAR
		LAND USE	SFR

BUILDING TYPE	OCCUPANCY TYPE	ESTIMATED PROJECT COST	\$3,500.00
FOUNDATION		LIVING AREA (sf)	x .60/sf =
# BEDROOMS	# BATHROOMS F H	NON-LIVING AREA(sf)	x .30/sf =
OUTSIDE FINISH		REMODEL (ESTIMATED COST)	x \$10/\$1000 =
INSIDE FINISH		POOL/OTHER	=
ROOF TYPE		HOMEOWNER RECOVERY FEE	=
INSULATION		PERMIT FEE (Subtotal)	= 100 (MIN)
HEATING TYPE	A/C	PLAN REVIEW	=
FLOOD ZONE		TOTAL FEE	= 100

DESCRIPTION OF WORK TO BE PERFORMED:
 REPLACE EXISTING DECKING BOARDS, RAIL AND PICKETS AND 6X6 POST
 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.**

James A. Sadon
 Applicant/Owner/Contractor (Please print and sign name) Date **4/1/14**

Wm. H. Hatt
 Building/Code/Zoning Official Date Approved **4/1/14**

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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 4/1/14
Owner CHARLES MAYNARD
Mailing Address 7109 CLUB VIS
City State, Zip RICHMOND, VA 23229
Street Address 221 OCEAN BLVD
Subdivision _____
Lot _____ Block _____ Section _____
PIN 986B19528434
Flood Zone: _____

Permit Number 8683
Fee \$ 100

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 \$ 7100.00
Description of Work: CLO A 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] 4/1/14
Signature of Licensee Date

[Signature] 4-1-14
Signature of Permit Official Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit No. **8682** Date: **4/1/14**

Applicant's Name AMY ROBINSON	Contractor KJ CONSTRUCTION
Address 135 CHICHAUK TRL	Address PO BOX 242
City, State, Zip KITTY HAWK NC 27949	City, State, Zip KITTY HAWK, NC 27949
Telephone _____	Telephone 207-6589
Fax 256-2038	Fax _____
Mobile _____	Mobile _____
NC License # and Class: 59936-BUILDERS LEVEL UNLIMITED	

COPY

TYPE OF PERMIT **	LIEN AGENT INFORMATION: _____
NEW _____ ADDITION <u> X </u> FLOODPLAIN _____ REMODEL _____ OTHER _____ DEMO _____	_____ _____ No lien agent required _____ (Initial)

ZONING DISTRICT RS-1	SEPTIC PERMIT # _____ DATE _____
SUBDIVISION _____ CHICHAUK	WATER TAP # _____ DATE _____
LOT 101 BLOCK _____ SECTION _____	CAMA PERMIT # _____ SETBACK _____
STREET ADDRESS 135 CHICHAUK TRL	ELEVATIONS: LOT _____ LOWEST FLOOR _____
TAX PARCEL # 986711662509	SETBACKS: FRONT _____ SIDE _____
REAR _____	
PIN # 005070000	LAND AREA _____ LAND USE _____ SFR _____

BUILDING TYPE	OCCUPANCY TYPE	ESTIMATED PROJECT COST
FOUNDATION		LIVING AREA (sf) x .60/sf =
# BEDROOMS	# BATHROOMS F H	NON-LIVING AREA (sf) x .30/sf = 100 (MINIMUM)
OUTSIDE FINISH		REMODEL (ESTIMATED COST) x \$10/\$1000 =
INSIDE FINISH		POOL/OTHER =
ROOF TYPE		HOMEOWNER RECOVERY FEE = 10.00 cm
INSULATION		PERMIT FEE (Subtotal) =
HEATING TYPE	A/C	PLAN REVIEW =
FLOOD ZONE		TOTAL FEE = 108.00

DESCRIPTION OF WORK TO BE PERFORMED: \$110.00 cm
 REPLACE/ADDITION TO BACK DECK. REPLACE WINDOWS/DOORS

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

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Permit No. **8514**

Date: **January 7, 2014**

Applicant's Name Daniel and Anne Gentilcore	Contractor Owners
Address 1002 Howard Grove Ct	Address _____
City, State, Zip Davidsonville, MD 21035	City, State, Zip _____
Telephone 410-279-4743	Telephone 410-279-4743 Fax _____
Fax _____	Mobile _____
Mobile _____	NC License # and Class: _____

<p style="text-align: center;">TYPE OF PERMIT **</p> <p>NEW _____ ADDITION _____</p> <p>FLOODPLAIN _____ REMODEL _____</p> <p>OTHER XX DEMO _____</p>	<p>LIEN AGENT INFORMATION: _____</p> <p>_____</p> <p>No lien agent required OPG (Initial)</p>
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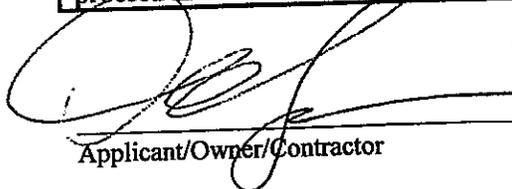
ZONING DISTRICT RS-1	SEPTIC PERMIT # _____ DATE _____
SUBDIVISION SO/SH BEACH BLK 84	WATER TAP # _____ DATE _____
LOT 2 BLOCK 84 SECTION _____	CAMA PERMIT # _____ SETBACK _____
STREET ADDRESS 249 Sea Oats Trl	ELEVATIONS: LOT _____ LOWEST FLOOR _____
TAX PARCEL # 021494000	SETBACKS: FRONT _____ SIDE _____ REAR _____
PIN # 986814323896	LAND AREA _____ LAND USE SFR

BUILDING TYPE	OCCUPANCY TYPE	ESTIMATED PROJECT COST \$29,000.00
FOUNDATION		LIVING AREA (sf) _____ x .60/sf = _____
# BEDROOMS	# BATHROOMS F H	NON-LIVING AREA(sf) _____ x .30/sf = _____
OUTSIDE FINISH		REMODEL (ESTIMATED COST) _____ x \$10/\$1000 = _____
INSIDE FINISH		POOL/OTHER = \$125.00
ROOF TYPE		HOMEOWNER RECOVERY FEE = _____
INSULATION		PERMIT FEE (Subtotal) = _____
HEATING TYPE	A/C	PLAN REVIEW = \$100.00
FLOOD ZONE X		TOTAL FEE = \$225.00

DESCRIPTION OF WORK TO BE PERFORMED: installation of 12' x 24' kidney shaped in ground pool with approximately 350' of concrete deck at the rear of existing dwelling.

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.**


Date **1/9/14**

Applicant/Owner/Contractor

(Please print and sign name)

Date



Building/Code/Zoning Official

1-7-14

Date Approved

