DATE	PERMIT	LAST NAME	LOCATION	KIND	INFO	EST COST	PERMIT FEE	R/C	CONTRACTOR	CONTACT #	HRF
6/4/2014	8720	CLOSE	131 S DOGWOOD TRL	NEW	SFH W/DTCHD GARAGE, DECK, POOL, DOCK , BULKHEAD, BOAT LIFT =6322 CON 3330 UNCON	$980,000.00	$5,152.20	R	HADDON HOMES	267-2287	$10
6/13/2014	8740	WRIGHT	6475 N CROATAN HWY	NEW	NEW 2 STORY 2 BEDROOM	$150,000.00	$2,035.00	C	JEFFEREY THOMPSON	441-4208	$0
6/2/2014	8741	BROWN	276 HLLCREST DR	NEW	NEW SFH 1520 CON 1130 UNCON	$230,000.00	$1,411.00	R	SECOND WIND BUILDERS	255-1849	$10
6/4/2014	8745	MENZIE	226 OTTER SLIDE LN	ADDITON	ADD 611 CON SQ FT/REMODEL	$77,000.00	$1,146.60	R	JB EDWARDS CUSTOM HOMES	255-0007	$10
6/2/2014	8746	MOIR	5 EIGHTH AVE	OTHER	HVAC	$10,858.00	$100.00	R	RA HOY	261-2008	$0
6/2/2014	8747	GRIEVE	29 HICKORY TRL	OTHER	HVAC	$5,397.00	$100.00	R	RA HOY	261-2008	$0
6/5/2014	8748	SMITH	42 TENTH AVE	OTHER	HVAC	$22,149.00	$100.00	R	RA HOY	261-2008	$0
6/9/2014	8749	RELLINS	12 NINTH AVE	OTHER	POOL AND FENCE	$22,608.70	$100.00	R	CASNCALS POOLS	491-2084	$0
6/10/2014	8751	EDWARD/MOBLEY	89 SPINDRIFT TRL	OTHER	HVAC	$5,609.00	$100.00	R	RA HOY	261-2008	$0
6/10/2014	8752	BUCHERT	151 HOLLY TRL	OTHER	HVAC	$5,188.00	$100.00	R	RA HOY	261-2008	$0
6/11/2014	8753	STONE	52 DUCK WOODS DR	OTHER	DOCK	$2,000.00	$100.00	R	TOM BATTAGLIA	202-9260	$0
6/13/2014	8754	WALKER	3 TENTH AVE	OTHER	HVAC	$6,909.00	$100.00	R	RA HOY	261-2008	$0
6/10/2014	8755	COASTAL PROVISIONS	1 OCEAN BLVD	OTHER	SIGN	$1,350.00	$100.00	C	ACCESS DESIGN	202-8194	$0
6/11/2014	8756	SAGA	6195 CROATAN HWY	OTHER	SIGN	$4,700.00	$100.00	C	RODNEY'S SIGN CO	489-4565	$0
6/11/2014	8757	SSCA	O TWELFTH AVE	OTHER	ADDING BENCH	$600.00	$100.00	R	VOLUNTEERS	261-8617	$0
6/16/2014	8758	SMITH	340 SEA OATS TRL	OTHER	HVAC	$3,000.00	$100.00	R	NC AIR	261-3013	$0
6/23/2014	8759	ARNONE	2 EIGHTH AVE	OTHER	HVAC	$4,266.00	$100.00	R	NORTH BEACH SERVICES	491-2879	$0
6/13/2014	8760	DENNY	85 POTESKEET TRL	OTHER	HVAC	$4,537.00	$100.00	R	RA HOY	261-2008	$0
6/18/2014	8761	BERRY	239 N DOGWOOD TRL	NEW	SFH= 7449 CON 2098 UNCON	$864,000.00	$5,258.80	R	FINCH & CO INC	261-8710	$10
6/16/2014	8762	KULENGUSKI	150 HOLLY TRL	OTHER	HVAC	$5,220.00	$100.00	R	RA HOY	261-2008	$0
6/18/2014	8763	BUCKHOUT	50 NORTH DUNE LOOP	OTHER	ROOF ENCLOSURE	$10,260.00	$110.00	R	ALBEMARLE CONTRACTORS	261-1080	$10
6/18/2014	8764	ARCH ST ASSOC	60 OCEAN BLVD	OTHER	HVAC	$6,988.00	$100.00	R	RA HOY	261-2008	$0
6/18/2014	8765	CORNELIUS	141 CLAM SHELL TRL	OTHER	SHED	$4,000.00	$100.00	R	HOMEOWNER	434-960-5747	$0
6/20/2014	8766	CAMP	38 OCEAN BLVD	OTHER	HVAC	$7,380.00	$100.00	R	NORRIS MECHANICAL	491-2673	$0
6/25/2014	8767	MACEACHREN	1 REDBAY LN	REMODEL	CONVERT SCREENED PORCH	$26,000.00	$270.00	R	SYKES CONSTRUCTION	261-2809	$10
6/23/2014	8768	STRICKLAND	49 OCEAN BLVD	OTHER	HOTTUB/STEP REPAIR/SHED	$8,000.00	$200.00	R	HOMEOWNER	339-1711	$0
6/24/2014	8769	SCHAIN	112 LANDING TRL	OTHER	LANDING/STEPS	$1,500.00	$110.00	R	SOUNDSIDE CONST	305-2526	$10
6/27/2014	8770	RICHFIELD/FRATZ	212 WAX MYRTLE TRL	OTHER	HVAC	$6,000.00	$100.00	R	MASTER HEATING & A/C	255-0095	$0
6/26/2014	8771	LEGUTKI	208 OCEAN BLVD	OTHER	CHANGE OUT METER BASE	$800.00	$100.00	R	KDH ELECTRIC	256-1759	$0
					TOTALS= 29 PERMITS	$2,476,319.70	$17,693.60				$70
					26 RESIDENTIAL	$2,320,269.70	$15,458.60				
					3 COMMERCIAL	$156,050.00	$2,235.00				
					=	$2,476,319.70	$17,693.60				

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 8771
Fee $100

EXISTING Permit Number, NO FEE ☐

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6-26-14
PROJECT ADDRESS 208 OCEAN BLVD
Owner Robert Legutki
Mailing Address 116 Pebble Beach Blvd
City, State, Zip Naples Fla. 34113
Subdivision SOSH
Lot 13 14 Block 28 Section 3
PIN 9868196149 09
Flood Zone: VE 12

ELECTRICAL = Licensee Name William Hooper NC License/Classification 1040-L
Company Name KPH Electric
Address 301 Wallace St Phone 252 256-1759
City State & zip K.D.H. - NC 27948 Estimated Project Cost 850.00
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 NC License/Classification
Company Name
Address Phone
City State & zip Estimated Project Cost
Description of Work: New Supply side Service Cable
New point of Attachment
Change out Meter Base, upgrade ground rods

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.

W D Sly II 6-26-14
Signature of Licensee Date

Buddy Shelton (cm) 6/26/14
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 8770

Date 6-26-14

Owner NAOMI RICHFIELD-FRATZ

Address 8112 LION'S CREST WAY

City State, Zip GAITHERSBURG, MD 20879

Telephone Number

Fee $100 E ___ P ___ M ✓

Street Address 212 WAX MYRTLE TRL

Lot 45 Block 64 Section ___

Subdivision SOUTH BEACH BLK 64 AMENDED

PIN 9868195127600

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 252-255-0095

City State & zip KITTY HAWK NC 27949 Estimated Project Cost $5000

Description of Work: CHANGING 3TON HEAT PUMP SYSTEM LENNOX 13 SEER, HIOA

SIGNATURE OF LICENSEE DATE

6/26/14 Buddy Shelton (CM)

SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8769

Date: 6/23/14

AE7 FLOOD ZONE

☐NEW ☐ADDITON ☐REMODEL ☐FLOODPLAIN ☒LANDING/STEPS

Parcel: 010069040
PIN: 986606495602
Location: 112 LANDING TRL
District: [20] SOUTHERN SHORES
Subdiv: [S709] SOUTHERN SHORES LANDING

Owner: SCHAIN, PAUL
Owner: SCHAIN, PATRICIA A
Address: 112 LANDING TRL
KITTY HAWK NC 27949

TELEPHONE:		MOBILE :		FAX:	

CONTRACTOR: Soundside Construction
ADDRESS: PO Box 956 MANTEO 27954
TELEPHONE: 305-2526 MOBILE: FAX: 305-2526
NC LICENSE/CLASS: 26579 L:R

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 #		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 = $	1,500		
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	10.00
		PLAN REVIEW FEE	
		TOTAL FEE $	110.00

DESCRIPTION OF WORK TO BE PERFORMED:

ADD LANDING AND STEPS OFF BACK 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.**

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

Building/Code/Zoning Official Date Approved

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8768

AE9 FLOOD ZONE

Date: 6/23/14

☐ NEW ☐ ADDITON ☐ REMODEL ☐ FLOODPLAIN [X] HOTTUB/DECK REPAIR/SHED

Parcel: 022649000
PIN: 986716947115
Location: 49 OCEAN BLVD
District: [20] SOUTHERN SHORES
Subdiv: [S499] SO/SH AMENDED SECTION 1
Lot-Block-Sect: LOT: 11-12 BLK: 12 SEC: 1

Owner: STRICKLAND, EDDIE H
Owner: STRICKLAND, KATIE S
Address: PO BOX 746

ELIZABETH CITY NC 27907

TELEPHONE:	339-1711	MOBILE :		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#		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 = $	8,000		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	100.00
		OTHER=	100.00
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	
		TOTAL FEE $	200.00

Required to call in Building for inspections initial

DESCRIPTION OF WORK TO BE PERFORMED:

INSTALL AND WIRE HOTTUB AND POOL PUMP. PIPE FOR GAS GRILL. REPLACE ENTRY DOOR. REPAIR STEPS AND DECKING. 10' X 16' BOAT/STORAGE BLDG.

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 # 8767

Date: 6/20/14

[X] FLOOD ZONE

[ ] NEW [ ] ADDITON [X] REMODEL [ ] FLOODPLAIN [ ] CONVERT SCREENED PORCH

Parcel: 021422001
PIN: 986813221544
Location: 1 REDBAY LN
District: [20] SOUTHERN SHORES
Subdiv: [S635] SO/SH SOUNDSIDE BLK 104
Lot-Block-Sect: LOT: 8R BLK: 104 SEC:

Owner: MACEACHREN, ALAN M TTEE
Owner: MACEACHREN, FRANCES R TTEE
Address: 176 STONE BAM LN
BOALSBURG PA 16827

TELEPHONE:	814-466-2803	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#		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=					

No Zoning Permit Needed

ESTIMATED PROJECT COST = $	26,000		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)	26,000	x $10/$1000 =	260.00
		POOL/HOTTUB	
		OTHER=	
		HOMEOWNER RECOVERY FEE	10.00
		PLAN REVIEW FEE	
		TOTAL FEE $	270.00

DESCRIPTION OF WORK TO BE PERFORMED:

REWORK EXISTING SCREENED PORCH BY CLOSING IN SOUTH AND WEST WALLS FINISHED WITH PANELING, SHEETROCK AND EXTERIOR PAINT. FLOOR TO BE TILED & ELECTRICAL OUTLETS AND TRACK LIGHTING TO BE ADDED. NO CHANGE IN FOOTPRINT.

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 6-25-14

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 6/19/14 Permit # 8766

Fee $100 E ___ P ___ M X G ___

Owner Christopher Camp
Mailing Address 440 Monticello Ave Ste 2200
City State, Zip Norfolk, VA 23510
Telephone Number ___

Street Address 38 Ocean Blvd
Lot 1-2 Block 4 Section ___
Subdivision ___
PIN 987713032888

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 Hersey B Norris NC License 11100
Company Name Norris Mechanical
Address 100 Freedom Ave Phone 252-491-2673
City State & zip Powells Point NC 27966 Estimated Project Cost 7380.00
Description of Work: Install new Trane 1.5 ton 13 seer heat pump with new Trane air handler 410A

6/19/14 Buddy Shelton (cm) 6/19/14

SIGNATURE OF LICENSEE DATE SIGNATURE OF PERMIT OFFICIAL DATE

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8765

Date: 6/18/14

[X] FLOOD ZONE

[ ] NEW [ ] ADDITON [ ] REMODEL [ ] FLOODPLAIN [X] SHED

Parcel: 022383083
PIN: 986707689269
Location: 141 CLAM SHELL TRL
District: [20] SOUTHERN SHORES
Subdiv: [C290] CHICAHAUK
Lot-Block-Sect: LOT: 83 BLK: SEC:

Owner: CORNELIUS, RICHARD M
Owner: CORNELIUS, KATHY L
Address: 729 NORTHWOOD AVE

CHARLOTTESVILLE VA 22902

TELEPHONE:	434-960-5747	MOBILE :	434-960-5998	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#		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 = $	4,000		
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:

REPLACE EXISTING SHED WITH LARGER SHED TO MATCH HOUSE. NEW SHED TO BE 10' X 16'

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

Bud Mellen 6-26-14

Building/Code/Zoning Official Date Approved

by: WH

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 8764

$ Fee 100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6/17/14

Owner ARCH ST ASSOCIATES

Mailing Address 20408 SILVER LAKE DR #1

City State,Zip REHOBOTH BCH, DE 19971

Street Address 60 OCEAN BLVD

Subdivision

Lot Block Section

PIN 9867169 4-7930

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 $ 6988

Description of Work:

C/O 5 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 6/17/14 Date

Signature of Permit Official 6/17/14 Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit # 8763

[X] FLOOD ZONE

Date: 6/17/14

[ ] NEW [ ] ADDITON [ ] REMODEL [ ] FLOODPLAIN [x] ROOF ENCLOSURE

Parcel: 022523063
PIN: 986805094253
Location: 50 NORTH DUNE LOOP
District: [20] SOUTHERN SHORES
Subdiv: [S593] SO/SH BLK 61-A LOTS 45-68 PH 3
Lot-Block-Sect: LOT: 63 BLK: 61A SEC:

Owner: BUCKHOUT, DANA E
Owner: BUCKHOUT, MICHELLE R
Address: 50 NORTH DUNE LOOP
KITTY HAWK NC 27949

TELEPHONE:		MOBILE :		FAX:	

CONTRACTOR: Albemarle Contractors Inc
ADDRESS: PO box 146 Kitty Hawk 27949
TELEPHONE: 261-1080 MOBILE: 202-9994 Lori FAX:
NC LICENSE/CLASS: 53847 I:B

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 #		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 = $	10,260		
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	10.00
		PLAN REVIEW FEE	
		TOTAL FEE $	110.00

DESCRIPTION OF WORK TO BE PERFORMED:

CONSTRUCT ROOF ENCLOSURE WITH .032 ALUMINUM ROOFING OVER EXISTING TIKI BAR.

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 (CM) 6/18/14

Building/Code/Zoning Official Date Approved

C/O

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 8762

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6/16/14

Owner MICHAEL KULENGUSKI

Mailing Address 721 CAIRN HEIGHTS CT

City State,Zip CHARLOTTSVILLE, VA 27903

Street Address 150 HOLLY TRL

Subdivision

Lot Block Section

PIN 986706391533

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 $ 5220.-

Description of Work:

C/O 2.5 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 6/16/14 Date

Signature of Permit Official (CM) 6/16/14 Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8761

Date: 6/13/14

[X] FLOOD ZONE

[XX] NEW [ ] ADDITON [ ] REMODEL [ ] FLOODPLAIN

Parcel: 021770000
PIN: 986817123321
Location: 239 N DOGWOOD TRL
District: [20] SOUTHERN SHORES
Subdiv: [S502] SO/SH AMENDED SECTION A
Lot-Block-Sect: LOT: 37 38 BLK: H SEC:

Owner: BERRY, GEORGE H TRUSTEES
Owner: BERRY, KATHLEEN G
Address: 18151 CAMDENHURST DR
GAINESVILLE VA 20155

TELEPHONE:	703-473-0528	MOBILE :		FAX:	

CONTRACTOR: Finch and Company
ADDRESS: 116 Sandy Ridge Rd Duck 27949
TELEPHONE: 261-8710 MOBILE: 207-4565 Rob FAX: 261-6719
NC LICENSE/CLASS: 52567 U:B

LIEN AGENT INFORMATION:
CHICAGO TITLE CO, LLC
19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [ ] INITIAL

SEPTIC PERMIT #	23017	DATE	5/8/14	WATER TAP#	424709	DATE	5/8/14
CAMA PERMIT #		SETBACK		ELEVATIONS:LOT		LOWEST FLOOR	
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25		
LAND AREA		LAND USE		SFR			

BUILDING TYPE=	SFH	OCCUPANCY TYPE=		FOUNDATION=	PILE	#BEDROOMS=	5
#BATHROOMS=	6	=FULL		=HALF	IN WALL FINISH=	DRYWALL	OUT WALL FINISH=	FIBER-CEMENT
ROOF TYPE=	ASPHALT	INSULATION TYPE=	BATT				
HEATING TYPE=	ELEC HT PMP	AC TYPE=	ELEC HT PMP				

ESTIMATED PROJECT COST = $	864,000		
LIVING AREA (sf)	7449	x .60/sf =	4469.40
NON-LIVING AREA(sf)	2098	x .30/sf =	629.40
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	
		OTHER=	
		HOMEOWNER RECOVERY FEE	10.00
		PLAN REVIEW FEE	150.00
		TOTAL FEE $	5258.80

DESCRIPTION OF WORK TO BE PERFORMED:

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

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 8760

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6/12/14

Owner HAL DENNY

Mailing Address 85 POTESKEET TRL

City State,Zip SO. SHORES, NC 27949

Street Address RESD

Subdivision

Lot Block Section

PIN 986711553397

Flood Zone:

COPY

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 $4537.00

Description of Work:

C/O 5 TON FLORIDA A/H

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 6/12/14 Date

Signature of Permit Official 6-12-14 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 6/12/2014 Permit # 8759

Fee $100 E ✓ P ___ M ✓ G ___

COPY

Owner Lillian Arnone
Mailing Address 2 Eighth Ave
City State, Zip Kitty Hawk NC 27949
Telephone Number

Street Address 2 Eighth Ave
Lot ___ Block ___ Section ___
Subdivision
PIN 9868103792 87

ELECTRICAL PERMIT

Licensee Name Jimmy Weaver
Company Name North Beach Services, Inc.
Address P.O Box 181
City State & zip Kitty Hawk NC 27949
Description of Work: All necessary hookups for a new 5 ton heat pump system

NC License 24744
Phone 252-491-2878
Estimated Project Cost 1100

SIGNATURE OF LICENSEE 6/12/14 DATE

SIGNATURE OF PERMIT OFFICIAL By: WH 6-12-14 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 Jimmy Weaver
Company Name North Beach Services, Inc
Address P.O. Box 181
City State & zip Kitty Hawk NC 27949
Description of Work: Replacement of existing HVAC system with a new 5 ton TRANE heat pump system. To include all necessary electrical hookup.

NC License
Phone 252-491-2878
Estimated Project Cost 4,666

SIGNATURE OF LICENSEE 6-12-14 DATE

SIGNATURE OF PERMIT OFFICIAL By: WH 6-12-14 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 6-12-14 Permit # 8758

Fee 100.00 E ✓ P ___ M ✓ G ___

COPY

Owner Marsha L Smith
Mailing Address
City State, Zip
Telephone Number

Street Address 340 Sea Oats Trl
Lot 11 Block 60 Section
Subdivision SOISH BLK 60
PIN 986809174498

ELECTRICAL PERMIT

Licensee Name GEORGE P VIAL NC License 23856-L
Company Name NC AIR CONDITIONING INC
Address PO Box 2209 Phone 261-3013
City State & zip KITTY HAWK 27949 Estimated Project Cost 100
Description of Work: necessary electrical to replace heat pump

6/12/14 SIGNATURE OF LICENSEE DATE

6-12-14 SIGNATURE OF PERMIT OFFICIAL DATE
By: WH

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 JOHN W. PUGH II NC License 19037
Company Name NC AIR CONDITIONING INC
Address PO Box 2209 Phone 261-3013
City State & zip KITTY HAWK 27949 Estimated Project Cost 3000
Description of Work: replace heat pump with 1½ T 13 Seer Rund heat pump

6/12/14 SIGNATURE OF LICENSEE DATE

6-12-14 SIGNATURE OF PERMIT OFFICIAL DATE
By: WH

TOWN OF SOUTHERN SHORES #8757
RESIDENTIAL BUILDING AND FLOODPLAIN APPLICATION FORM

NOTE: Although the Town of Southern Shores does not enforce or consider the effect of covenants in the various subdivisions of Southern Shores, applicants for a building permit should be advised that their building plans may be affected by subdivision covenants and are advised to consult with the appropriate property owners' association.

You are strongly urged to obtain approval from the appropriate association before you apply for a permit and begin construction. Failure to do so could result in legal action by the association to enforce the covenants.

APPLICANT NAME: SSCA **DATE:** 10 JUN 14

TOTAL ESTIMATED PROJECT COST: $600.00 **Flood Zone** _____

PROJECT ADDRESS: 12TH AVE DUNE CROSSING

PIN/PARCEL _____

Pd $100

SUBDIVISION, LOT #, BLOCK #, SEC. #: _____

6/11/1

PROPERTY OWNER: SSCA **PHONE:** 261-8617

ADDRESS: 5377 N. VIRGINIA DARE TRL **CITY** SOUTHERN SHORES **STATE** NC **ZIP** 27949

TYPE OF CONSTRUCTION: ✓ NEW ____ EXISTING ✓ ADDITION ____ N/A

EQUIPMENT: ____ NEW ____ EXISTING ____ ADDITION ____ N/A

PROPERTY USE: ____ SINGLE FAMILY ____ TWO FAMILY ✓ OTHER

____ CONDITIONED SPACE (NEW SPACE) 40 UNCONDITIONED SPACE (NEW SPACE)

____ REMODELING COST ONLY (SEPARATE FROM ANY NEW SPACE)

BUILDING HEIGHT: ____ FEET ____ # OF STORIES

UTILITIES APPROVALS: ____ WATER ____ SEPTIC

ACCESSORY BUILDINGS: ____ SIZE ____ SWIMMING POOL ____ FENCE

____ OTHER

LIEN AGENT INFORMATION: NEEDED ONLY IF NOT THE OWNER'S PRIMARY RESIDENCE OR MORE THAN $30,000.00

WWW.LIENSNC.COM PRINT OUT FOR POSTING ON JOB SITE AND COMPLETE NAME BELOW.

Name: GO TO THE WEBSITE AND GET LIEN AGENT COMPANY

PHYSICAL AND MAILING ADDRESS: 19 W Harnett Street Ste 507, Raleigh NC 27601

TELEPHONE NUMBER: 888-69000

FAX NUMBER:919-489-5231

EMAIL ADDRESS:support@liensnc.com

DESCRIPTION OF WORK TO BE DONE

CONSTRUCT A 5' WIDE X 8' LONG DECK WITH A BENCH ON THE NORTH SIDE. DECK & BENCH WILL BE AN INTEGRAL PART OF THE EXISTING 12TH AVE DUNE CROSSING.

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

PERMIT# 8756
FEE $ 100.00

SIGN APPLICATION

DATE 6/5/14

PROPERTY OWNER Ginguite, LLC. PHONE 252-441-9003 FAX 252-489-4565

MAILING ADDRESS P.O Box 90, Kill Devil Hills, North Carolina 27948

TENANT NAME (IF DIFFERENT)

PROJECT ADDRESS 6195 Croatan Highway (U.S. Route 158) FLOOD ZONE AE 7
SUBDIVISION LOT BLOCK SECTION
Pin# 986606491459 PARCEL#

CONTRACTOR NAME SAGA Construction & Development

PHONE 252-441-9003 FAX 252-489-4565

MAILING ADDRESS P.O. Box 90, Kill Devil Hills, North Carolina 27948

DESCRIPTION OF PROPOSED SIGN (ATTACH DRAWINGS WITH MEASUREMENTS)

Sign copy is 4'x8' double-sided marketing sign by owner. free-standing non-illuminated, perpendicular to U.S. Route 158, outside of street Right-of-Way, sign is made of alumacore.

SIGN FEATURES:

- [ ] ILLUMINATED
- [x] FREESTANDING SIGN
- [x] NON-ILLUMINATED
- [ ] WALL SIGN
- [ ] TENANT 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. 919-830-1268

OWNER/AGENT SIGNATURE Fred G. Vollat DATE 6/5/14
SAGA Construction & Development
Director of Land Development

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

PERMIT# 8155
FEE $ 100.00

SIGN APPLICATION

DATE 6/9/14

PROPERTY OWNER RAM - Southern Shores 123 LLC PHONE 561 630 6110 FAX 561 282 4808

MAILING ADDRESS 4801 PGA Blvd. Palm Beach Gardens FL 33418

TENANT NAME (IF DIFFERENT) Coastal Provisions

PROJECT ADDRESS 1 Ocean Blvd. FLOOD ZONE
SUBDIVISION LOT BLOCK SECTION
Pin# PARCEL#

CONTRACTOR NAME Access Design
PHONE 252 202 8194 (Adam Baldwin) FAX
MAILING ADDRESS 115 W. Meadowlark St. KDH NC 27948

COST OF PROJECT: $ 1350.00

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

96" x 48" and 45" x 32" to replace existing signs of same overall size of ones installed by Access Design in 2006.

SIGN FEATURES:

- [ ] ILLUMINATED
- [ ] NON-ILLUMINATED
- [ ] TENANT SIGN
- [ ] FREESTANDING SIGN
- [x] 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 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 8754

Fee $100.00

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6/11/14

Owner NANCY WALKER

Mailing Address 3 TENTH AVE

City State,Zip So SHORES NC 27949

Street Address RESD

Subdivision

Lot Block Section

PIN 986806385282

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 $6909.00

Description of Work:

C/O 3.5 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 6/11/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit # 8753

Date: 6/10/14

AE7 FLOOD ZONE

☐NEW ☐ADDITON ☐REMODEL ☐FLOODPLAIN ☒DOCK

Parcel: 022698000
PIN: 986715621628
Location: 52 DUCK WOODS DR
District: [20] SOUTHERN SHORES
Subdiv: [S608] SO/SH BLKS 148,149,228,229
Lot-Block-Sect: LOT: 1 BLK: 148 SEC:

Owner: STONE, MARTIN KEVIN
Owner: STONE, DEBRA ANN
Address: 26110 CORNOR DR
DAMASCUS MD 20872

TELEPHONE:	301-253-6536	MOBILE :		FAX:	

CONTRACTOR: «NAME» Tom Battaglia
ADDRRESS: 136 SOUNDSIDE ESTATES GRANDY NC 27939
TELEPHONE: 252-202-9260 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#		DATE	
CAMA PERMIT #	63674	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 = $	2,000		
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:

UNCOVERED 16' X 16' WODEN 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

6-10-14

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

Permit Number 8752

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6/9/14

Owner BLAKE BUCHERT

Mailing Address 151 HOLLY TRL

City State,Zip SO SHORES, NC 27949

Street Address RESD

Subdivision

Lot Block Section

PIN 986706296592

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 $ 5188

Description of Work:

C/O 2.5 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 6/9/14 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 8751

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6/9/14

Owner LEON, MARC-EDOUARD, T. L. MOBLEY

Mailing Address P.O. BOX 304

City State,Zip KILMARNOCK, VA 22482

Street Address 89 SPINDRIFT TRL

Subdivision

Lot Block Section

PIN 98671285 2800

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-I

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 $ 5609.-

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 6/9/14 Date

Signature of Permit Official Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8749

Date: 6/5/14

AE9 FLOOD ZONE

☐NEW ☐ADDITON ☐REMODEL ☐FLOODPLAIN [XX] POOL/FENCE

Parcel: 021232000
PIN: 986806371982
Location: 12 NINTH AVE
District: [20] SOUTHERN SHORES
Subdiv: [S265] SEA CREST VILLAGE
Lot-Block-Sect: LOT: 23 BLK: 55 SEC:

Owner: RELLINS, DONALD EDWARD JR
Owner: RELLINS, SHANNON KEEVER
Address: 13024 S SUNSET DR

BROADWAY VA 22815

TELEPHONE:		MOBILE :		FAX:	

CONTRACTOR: CASNCALS POOL
ADDRESS: 7578 CARATOKE HWY JARVISBURNG 27947
TELEPHONE: 491-2084 MOBILE: 573-0474 FAX:
NC LICENSE/CLASS:

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 #		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 = $	25,608.70		
LIVING AREA (sf)		x .60/sf =	
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	100.00
		OTHER=	
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	
		TOTAL FEE $	100.00

DESCRIPTION OF WORK TO BE PERFORMED:

INSTALL POOl AND FENCE

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

6-5-14

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

Permit Number 8748

Fee $100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6/4/14

Owner JAMES SMITH

Mailing Address 42 TENTH AVE

City State,Zip SO SHORES, NC 27949

Street Address RESD

Subdivision

Lot Block Section

PIN 986805174848

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 $22,149.00

Description of Work:

C/O 2 & 4 TON LENNOX 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 6/4/14 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 8747

Fee 100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6/2/14

Owner JAMES GRIEVE

Mailing Address 144 PINEHURST CT

City State,Zip LURAY, VA 22835

Street Address 29 HICKORY TRL

Subdivision

Lot Block Section

PIN 986814338742

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 $5397.00

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 6/2/14 Date

Signature of Permit Official 6/2/14 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 8746

$ Fee 100

SUBCONTRACTOR SIGN OFF AND/OR PERMIT

Date 6/2/14

Owner ROBERT MOIR

Mailing Address 7853 RAILROAD ST

City State,Zip VIENNA, VA 22027

Street Address 5 EIGHTH AVE

Subdivision

Lot Block Section

PIN 986810378073

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 $ 10,858.00

Description of Work:

C/O 2 & 3 TON TRANE SYS'S

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 6/2/14 Date

Signature of Permit Official 6/2/14 Date

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8745

Date: 5/30/14

[X] FLOOD ZONE

[ ] NEW [x] ADDITON [ ] REMODEL [ ] FLOODPLAIN

Parcel: 022383559
PIN: 986707678511
Location: 126 OTTER SLIDE LN
District: [20] SOUTHERN SHORES
Subdiv: [C290] CHICAHAUK
Lot-Block-Sect: LOT: 559 BLK: SEC:

Owner: MENZIE, CYNTHIA
Owner: MENZIE, JOSEPH M
Address: 126 OTTER SLIDE LN

TELEPHONE:		MOBILE :		FAX:	

CONTRACTOR: J B Edwards Custom Homes
ADDRESS: 21 Skyline Rd Southern Shores 27949
TELEPHONE: 255-0007 MOBILE: 599-6900 FAX: --
NC LICENSE/CLASS: 37657 I:R

LIEN AGENT INFORMATION:
OLD REPUBLIC NATIONAL TITLE INSURANCE
19 W HARGETT STREET STE 507 RALEIGH NC 27601

**NO LIEN AGENT REQUIRED [ ] 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=	SFH	OCCUPANCY TYPE=		FOUNDATION=	PILE	#BEDROOMS=	3
#BATHROOMS=	3	=FULL		=HALF	IN WALL FINISH=	DRYWALL/PANEL	OUT WALL FINISH=	FIBERMESH/LAP
ROOF TYPE=	ASPHALT	INSULATION TYPE=	BATT				
HEATING TYPE=	ELEC HT PUMP	AC TYPE=	SAME				

ESTIMATED PROJECT COST = $	77,000		
LIVING AREA (sf)	611	x .60/sf =	366.60
NON-LIVING AREA(sf)		x .30/sf =	
REMODEL (ESTIMATED COST)	77,000	x $10/$1000 =	770.00
		POOL/HOTTUB	
		OTHER=	
		HOMEOWNER RECOVERY FEE	10.00
		PLAN REVIEW FEE	
		TOTAL FEE $	1146.60

DESCRIPTION OF WORK TO BE PERFORMED:

ADD 1 BEDROOM AND PLAYROOM AT GROUND LEVEL UNDER EXISTING HOUSE. REMODEL EXISTING 2 SOUTH BEDROOMS INTO ONE BEDROOM AND BATH.

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

Bradley Shelton 6-2-14

Building/Code/Zoning Official Date Approved

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

X FLOOD ZONE

Permit #8741

Date: 5/28/14

X NEW ☐ADDITON ☐REMODEL ☐FLOODPLAIN

Parcel: 021557000
PIN: 986814246305
Location: 276 HILLCREST DR
District: [20] SOUTHERN SHORES
Subdiv: [S530] SO/SH BEACH BLKS 63 73 83 82A
Lot-Block-Sect: LOT: 28 BLK: 83 SEC:

Owner: BROWN, DOUG & MELISSA
Owner:
Address: 2551 OAK VALLEY RD
VIENNA VA 22181

TELEPHONE:	703-786-1152	MOBILE :		FAX:	

CONTRACTOR: Second Wind Builders, Inc.
ADDRESS: PO Box 243 Point Harbor 27964-0243
TELEPHONE: 255-1849 MOBILE: 599-1836 FAX: 255-1849
NC LICENSE/CLASS: 58892 L:B

LIEN AGENT INFORMATION:
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED ☐ INITIAL

SEPTIC PERMIT #	23078	DATE	5/28/14	WATER TAP#	424784	DATE	5/27/14
CAMA PERMIT #		SETBACK		ELEVATIONS:LOT		LOWEST FLOOR	
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25		
LAND AREA		LAND USE		SFR			

BUILDING TYPE=	SFH	OCCUPANCY TYPE=		FOUNDATION=	PILE/SLAB	#BEDROOMS=	3
#BATHROOMS=	2	=FULL		=HALF	IN WALL FINISH=	DRYWALL	OUT WALL FINISH=	FIBERCEMENT
ROOF TYPE=	ASPHALT	INSULATION TYPE=	BATT				
HEATING TYPE=	ELEC HEAT PUMP	AC TYPE=	ELEC HEAT PUMP				

ESTIMATED PROJECT COST = $	230,000		
LIVING AREA (sf)	1520	x .60/sf =	912.00
NON-LIVING AREA(sf)	1130	x .30/sf =	339.00
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	
		OTHER=	
		HOMEOWNER RECOVERY FEE	10.00
		PLAN REVIEW FEE	150.00
		TOTAL FEE $	1411.00

DESCRIPTION OF WORK TO BE PERFORMED:

NEW 3 BR 2 BA SFD, NEW SEPTIC STYSTEM. NEW DRIVEWAY, CLEARING AND CLEAN UP.

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 6-2-14

Building/Code/Zoning Official Date Approved

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit #8740

Date: 5/28/14

AE7 FLOOD ZONE

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

Parcel: 021865010
PIN: 986605283990
Location: 6475 N CROATAN HWY
District: [22] MARTIN'S POINT
Subdiv: [M270] MARTIN'S POINT COMMERCIAL LOTS
Lot-Block-Sect: LOT: 10 BLK: SEC:

Owner: 6475 NORTH CROATAN HIGHWAY PROFESSIONAL
Owner: GROUP, LLC
Address: 6475 N CROATAN HWY SUITE 102

TELEPHONE:	562-0194	MOBILE :		FAX:	

CONTRACTOR JEFFREY C THOMPSON
ADDRESS: 6071 Currituck Rd Kitty Hawk 27949
TELEPHONE: 441-4208 MOBILE: 202-2675 FAX: 491-8184
NC LICENSE/CLASS: 49467 L:B

LIEN AGENT INFORMATION:
CHICAGO TITLE COMPANY
19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [ ] 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=	COM	OCCUPANCY TYPE=			FOUNDATION=	MONO SLAB	#BEDROOMS=	2
#BATHROOMS=	2	=FULL	0	=HALF	IN WALL FINISH=	DRYWALL	OUT WALL FINISH=	VINYL
ROOF TYPE=	ASPHALT	INSULATION TYPE=	BATT					
HEATING TYPE=	ELECTRIC HEAT PUMP	AC TYPE=	ELEC HEAT PUMP					

ESTIMATED PROJECT COST = $	150,000		
LIVING AREA (sf)	1600	x .75/sf =	1200.00
NON-LIVING AREA(sf)	2100	x .35/sf =	735.00
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	
		OTHER=	
		HOMEOWNER RECOVERY FEE	
		PLAN REVIEW FEE	100.00
		TOTAL FEE $	2035.00

DESCRIPTION OF WORK TO BE PERFORMED:

TWO STORY WOOD STRUCTURE WITH STORAGE BELOW AND (2) TWO BEDROOM TWO BATHROOMS ABOVE.

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

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Jeffrey C Thompson — Jeffrey C. Thompson — 6-12-14
Applicant/Owner/Contractor (Please print and sign name) Date

for Buddy Shelton — 6/9/14
Building/Code/Zoning Official Date Approved

TOWN OF SOUTHERN SHORES DEVELOPMENT/FLOODPLAIN PERMIT

Permit # 8720

Date: 5/14/14

[X] FLOOD ZONE

[X] NEW [ ] ADDITON [ ] REMODEL [ ] FLOODPLAIN [ ] OTHER

Parcel: 022332000
PIN: 986705282432
Location: 131 S DOGWOOD TRL
District: [20] SOUTHERN SHORES
Subdiv: [S665] SO/SH SOUNDSIDE BLKS 124-125
Lot-Block-Sect: LOT: 5 BLK: 124 SEC:

Owner: CLOSE, NICOLE
Owner:
Address: 13694 SAM HILL DR
MOUNT AIRY MD 21771

TELEPHONE:	301-524-4104	MOBILE :		FAX:	

CONTRACTOR: Haddon Homes Inc.
ADDRESS: PO Box 1868 Nags Head 27959
TELEPHONE: MOBILE: 252-267-2287 FAX: 252-715-0152
NC LICENSE/CLASS: 55566 U:B

LIEN AGENT INFORMATION:
CHICAGO TITLE COMPANY, LLC
19 W HARGETT STREET STE 507 RALEIGH NC 27601 **NO LIEN AGENT REQUIRED [ ] INITIAL

SEPTIC PERMIT #	23035	DATE	5/14/14	WATER TAP#	424190	DATE	5/5/14
CAMA PERMIT #		SETBACK		ELEVATIONS:LOT		LOWEST FLOOR	
SETBACKS: FRONT	25	SETBACKS: SIDE	15	SETBACKS: REAR	25		
LAND AREA		LAND USE		SFR			

BUILDING TYPE=	SFH	OCCUPANCY TYPE=			FOUNDATION=		#BEDROOMS=	4
#BATHROOMS=	3	=FULL	3	=HALF	IN WALL FINISH=	DRYWALL,WOOD	OUT WALL FINISH=	FIBERCEMENT
ROOF TYPE=	ASHPALT/METAL	INSULATION TYPE=	BATT					
HEATING TYPE=	ELEC HEAT PUMP	AC TYPE=	ELEC HEAT PUMP					

ESTIMATED PROJECT COST = $	980,000		
LIVING AREA (sf)	6322	x .60/sf =	3,793.20
NON-LIVING AREA(sf)	3330	x .30/sf =	999.00
REMODEL (ESTIMATED COST)		x $10/$1000 =	
		POOL/HOTTUB	100.00
		OTHER=DOCK/BULKHEAD	100.00
		HOMEOWNER RECOVERY FEE	10.00
		PLAN REVIEW FEE	150.00
		TOTAL FEE $	5,152.20

DESCRIPTION OF WORK TO BE PERFORMED: CONSTRUCT SINGLE FAMILY HOME, DETACHED GARAGE, DECK, POOL, DETACHED SCREEN PORCH, NEW BULKHEAD, DOCK AND BOAT LIFT

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

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

5-15-14

Building/Code/Zoning Official Date Approved