

Town of Kill Devil Hills
Special Event Permit Application

Applicant

Name: Matthew Ottavio
Address: 4012 Midgette Rd
K-21-NC
Phone: 252-207-1467
Fax: _____
Cell: 252-207-1407

Property Owner

Name: Nick Wazzi
Name: D.Q. / EVELYNE OTTAVIO
Address: 109 Ocean Blvd
K-21-NC
Phone: Nick-202-3037
Fax: EVELYNE-207-9247
Cell: evelyne obx@gmail.com

Event Location

Address: 109 Ocean Bay Blvd
K-21-NC

Event Date & Time

Date(s): ~~11/19~~ 11/25 - 12/13
Hours: ~~10-12~~ 9AM - 9PM

Estimated Number of Attendees (including Spectators): 2-4

Non-Profit Organization event is being held for: _____

Event Activities and General Description:

SELLING XMAS TREES
on south PARKING AREA

Please provide information as to how the following will be addressed:

(a) Crowd control procedures: N/A

(b) Traffic and parking control (permission to use proposed parking areas):

Designated parking already marked

(c) Impact of the performance or event on existing parking areas, streets, highways and the burden placed upon public agencies for traffic and crowd security and control

N/A

(d) Effects of such performance or event on fire control and fire prevention, including safety precautions _____

on site

(e) Provisions for emergency medical services and first aid _____

(f) Provisions for collection and disposal of solid wastes, including trash and garbage, and sanitary provisions, including human waste collection and disposal and the providing of sanitary facilities _____

site already has dumpsters & trash cans

(g) Provisions for returning the site to its pre-event conditions, including but not limited to the removal of all debris and trash immediately after the event _____

site will be left in condition that was found all debris and trash removed

(h) The square footage, type, and location of temporary signage _____

0

Please attach the following:

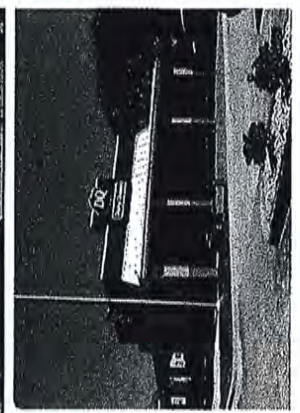
1. A certificate of health inspection, or letter of exemption, from the Dare County Health Department with respect to any food products prepared by any food operation required to be licensed. Sanitary facilities must be provided as required by the Dare County Health Department and the North Carolina Building Code
2. Written permission from the land owner(s) where the event or event parking will be located.
3. Sketch of the lay-out of the proposed event.
4. Written description of the proposed event, including but not limited to the location.

Staff Use Only:

Received By: _____

Date: _____

Fee: _____



109 E Ocean Bay BLVD
Kill Devil Hills NC, 27948
Parcel: 003858001
Pin: 988420706411

Owners: Overrun II, LLC - Primary
Owner

Land Value: \$486,000
Misc Value: \$22,400
Building Value: \$222,700
Total Value: \$731,100

Tax District: Kill Devil Hills
Subdivision: Kitty Hawk Shores - Revised
Lot BLK-Sec: Lot 13-17 Blk 36 Sec
Property Use: Restaurant
Building Type: Franchise Food
Year Built: 1988

This map is prepared from data used for the inventory of the real property for tax purposes. Primary information sources such as recorded deeds, plats, wills, and other primary public records should be consulted for verification of the information contained in this map.

